Community Competency Restoration Taskforce

November 20, 2019
10:00 a.m. – 1:00 p.m.
National Alliance for Mental Illness (NAMI)
Web ex login:
Community Competency Restoration Taskforce Meeting
United States Toll +1-415-655-0003
Event number (access code): 962 180 150

MEETING ATTENDEES:

Task Force Members

- Sue Abderholden
- Bill Ward
- Monette Berkevich
- Jeff Lambeson
- Michael Woods
- Raj Sethuraju
- KyleeAnn Stevens
- Mark Bliven
- Cathryn Middlebrook
- Kim Lund
- Stacy Twite
- Taryl Clark
- Becky Graves
- Tim Carey

Meeting Supporters

- Eliot Butay, meeting support
- Lea Bittner-Eddy, Facilitator
- Toni Malanaphy-Sorg, Meeting support
- Marilyn Etzbach, Notetaker
- Sam Nord, tech support

Members of Public

- Kerri French
- Kristynna Majerus
- Taska Welters
- Cara Melvin
- Laura Lane
- Lisa Lore
- Julie Pearson
- Chelsea Masadance
- Colleen Rachel
- Emily Babcock
- Kathryn Messich
- Maria Krynicki

AGENDA:

I. Welcome and Introductions, **Lea Bittner-Eddy**, Community Competency Restoration Task Force Facilitator, **10:00 a.m. – 10:15 a.m.**

II. Psych Examiner Services Judicial Workgroup Report, **Chief Judge Kathryn Davis Messerich,** Chief Judge First Judicial District**, 10:15 a.m. – 11:15 a.m.**

Chief Justice Kathryn Davis Messerich presenting, PPT displayed

- Hope that our work can merge into the important work of the taskforce as we all have the same goal
  - Please let me know if further explanation is needed; this is to be informative
  - Work group last year, were finding dramatic increase in Rule 20 exams requested by court
- Two components= competency to proceed, and second, if the person charged knew that committing that offense is wrong
  - 20.01 competency, 20.02 is sane at time of the act
  - We have seen a dramatic uptick in numbers of exams ordered; they are required by statute
- MN state court has a roster of examiners, dependent on where you live and where the defendant is, as to the access of those examiners; the cost of the exam increases if there is substantial travel
  - Tries to keep track of qualifications of examiners, manages the invoices and tracks program costs
  - It was discovered that there are many buckets providing services in some manner that aren't known – no central place that looks at how Rule 20s are done
  - Increased multiple exams
- Question: Are the reports detailed enough?
  - Provide a report to judicial council in January to make recommendations
  - Did not get into the details in terms of funding and who is responsible
  - Civil liberties but not the primary focus; they would need to be considered to make recommendations work
- Some of the work group members are here (Sue and Bill); multi-disciplinary but no legislative branch members
  - Visioning session, talked about trends and identified priorities in terms of the quickest gains and recognized there is a lot of this work already being done
- Finding 1 – 2014-2018 rules 20.01 exams increased by 73%
  - Same period, 41-44% were competent
  - 3% of 20.02 exams were acquitted due to MI or cognitive impairment
  - Forensic exam reports were missing elements, etc. – quality issues
  - Nature of court system is an issue; how many have specialized training on what is involved in managing a case involving a person with mental illness, leading to inconsistencies across the state
- Judicial branch recommendations:
  - Cross-disciplinary training
  - Detailed communications between DHS and Judicial branch
  - Revised language in 20.02
  - Support use of electronic records for examiner reports
  - Establish a judicial branch mental health advisory group, such as folks who are on this committee
- Question – rule 20.04 could assist with this dilemma?
  - 20.04 occurs when you have a situation where someone is competent but you are requesting consideration for commitment at the same time

  - 20.01 assuming you are trying to get more teeth in the order to make sure the treatment is followed and my understanding is that it is not understood in the rural counties
  - Resistance from counties as a way to get someone more care
- Rural practices, benefit is if deemed incompetent, then the examiner doing the 2001 can opine if they meet civil commitment criteria to get treatment sooner and it prevents appointment of different examiners; depends on the county and the judge's understanding of the benefit
- Children's justice initiative – supreme court, review of child protections
  - Revisions to 20.02 to reduce number of examinations, and work group would take that on
  - Support use of electronic records; important component for how the courts could do better
  - Required elements of examiner reports, examiners need to weigh in
  - Judicial branch advisory work group, a one stop shop and clearinghouse for all groups, avenue of communication
- Supreme Court established a Children's justice initiative – analysis, review of child protections
  - Every county in the state has it
  - It is a fairly good template for a mental health services advisory group that could advise the state court on these issues and also to have every person who touches this issue have a place to bring these issues to the court system
- Questions and thoughts
  - Still focused on systems-fixing, but what about community engagement? – this training needs to be provided to the community
  - Why can't that be a part of your recommendations?
  - Focused on public safety as opposed to the wellness of the community
- We recognize that community engagement is the first step
- What are the next steps?
  - Go to council and what are steps after that
  - Divvy up this work among the groups working on it
- Community has a huge role in when we have a situation where someone is in a gap case, ordered a 20.01, misdemeanor case, someone's behavior violates a law, disorderly conduct, trespassing, etc. and the cycle = person is incarcerated, not ticketed, brought to jail, sit there until heard by judge, their mental illness is decompensating, judge sees them and they are acting in a way the judge can't understand, then rule 20 is ordered, and it can take 60 days for the 20.01 exam to be performed, and person can be ordered to stay in custody until examined, or they are released without any structure in the community and they never show up for exam, then a warrant is issued
  - Need to break the cycle
- Assn of MN Counties: follow the work being done and enhance the lessons learned for all 87 counties and follow up to this
- In October we had a team of folks from the court and a senator, and state court administrator, etc. (there is a summary of this in the packet); this was a group who has been looking at this issue nationally for some time with regional summits, this was the Midwest summit in Deadwood, SD
  - Goal was to learn from each other's systems that are developing in other states to develop our own plan
  - As Sue mentioned, there are a lot of systems that might have relevant pieces
  - But that is not our lane, the courts can't rebuild the MH system
  - How do we facilitate and get the right people together?
    - We have applied for a grant assess the mental health services currently provided in MN
  - What the 87 counties are doing and the 10 judicial districts are doing, so we can map out how to get improvements and cultural competence; such a big problem, we get overwhelmed

    - We will ask the chief justice to request that the governor appoint a task force that will hold a summit based on the learning we have through the assessment and then use that as the driver for all of these other recommendations
- Court has to take care of their own issues, can't wait for summit for that to happen, but there are a host of things we could pull together; I am going to recommend that the judicial council in addition to these recommendations take a two-fold approach, courts to do something and a call to action that comes from the top; this has to be the imperative – a moral imperative to stop doing harm
    - I will send the full report when it is finalized to get comments from this group as well
- Two-fold approach, courts to do something and a call to action that comes from the top; this has to be the imperative – a moral imperative to stop doing harm
- Recommendation 2
    - Preventative strategies
    - Funded continuum of community-based services and treatment including housing
    - Assessment and treatment in jail setting
    - Community and public services that support reduction of MI in CJ system
    - Training of 911 dispatchers to divert MH crises to mobile response teams and encourage sheriffs to support that diversion -- underscore all of this; goal is keeping people from getting into the system
- What is the expectation after this goes to the council?
    - Will discuss and then Council will vote on whether or not to adopt the recommendations
    - Take the package
    - Not sue if members will agree to all
    - Enough judges weighed in that I am confident we will be able to get the recommendations approved and the details worked out, depending on what resources can be allocated and the reaction of the other two branches
- Question: You mentioned that preventative strategies are key – first appearance to a judge, they are not getting their meds, crisis intervention in first 24 hours, how critical it is for immediate crisis intervention which seems to be the big missing piece
    - Completely agree
    - Tends to be a county issue, counties run the crisis intervention teams
    - Someone is picked up, they may be suffering form MI, life-circumstance makes them look like they are mentally ill, and it might be a situation where someone is MI, but we follow the same track for each person who comes into the jail
- I will always order crisis evaluation, but by the time I see them, they have been stewing for a while
    - I would like a system where the jail addresses the crisis when someone is brought into the jail
    - Biggest problem is how we manage process in the jail; we may be making assumptions about the human being because they have been picked up
    - Person is not being evaluated
    - Monette: I disagree with that -- when we get someone in who has MI issues, we call the prosecutor and then we can do nothing; nobody does a thing, what can we do to get this person stabilized? Nothing
    - Police are our default mental health provider; need a huge shift
- Sue: In Ramsey, they refer to mobile crisis teams
    - Get to more consistent practices across all counties
    - We wanted to make sure we knew what the court committee was recommending in case we wanted to adopt some of those recommendations into our report as well
- Other questions?
    - For the full report are you including more on gap cases? Yes, and I'm happy to be a resource for this group if you have questions or comments

Sharon Mahowald-Horner, forensic evaluation director presenting, PPT Presented

- DHS forensic services has done some research, so we will hear from them
    - Initial report to be submitted in February, so trying to pull that together
- For Anoka and St. Peter, we do all evals, as well as for people provisionally discharged; it's a busy department – we did 973 evals last year
    - Quality of evaluations, timeliness and restoration services
    - Any information is helpful for this group, so looking at national lens about what is happening in the country
    - States across country are trying to figure out how to address this area
- What we discovered when we dove in on a national level
    - Five forensic examiners and support staff on WG to look at this topic
    - Literature review and then created an 18-item questionnaire and posted it on listserv, then reached out to all 50 states individually - received responses from 30 states
    - Used to be just inpatient restoration programs, huge shift since 2014 to do it outpatient or jail-based
    - Inpatient restoration is most successful and most expensive
    - Some variability of success rate
- Longer in inpatient, the higher percentage of being restored
    - $300-1000 dollars per day for inpatient, average 603 per day ER patient
    - 73 days average to be restored
    - $22,000-73,000 per case in expenses
    - Average cost $44,000
- Outpatient community restoration – 35 states, 16 of which have a formal program
    - Minnesota has a pilot in Olmsted County
    - $171,000 cost basis
    - 35% to 95% success rate for outpatient programs
    - Most OCPR have 60% restoration in half the time of inpatient
    - Outpatient is a cost savings of $350 per day per defendant
- 9 states have formal jail-based programs, full program with designated unit or a time-limited type until they can be admitted to inpatient services
    - Jail based 55-86% success, with 57 days mean length of stay to restoration
    - Full-scale programs appeared to be more successful
- Summary – states historically use inpatient restoration but more recently other states are using models to preserve the MH needs
- 35 states allow outpatient, 16 use informal, no standard model or manual
- Question: are they developing uniformity?
    - Did not look at what health programs are organized, that is another layer, and we can look at that
- Question: The wait list is extremely long?
    - Will get into that
    - Jail-based is least expensive, but does not account for those un-restored
- Question: restoring someone to stand trial, not restoring them to be well…
- Most impactful:
    - Must be an outpatient evaluation first
    - Admission within 10 days had an impact on our system
    - Diversion, medication referral and re-evaluation lead to a quality evaluation
    - Restoration treatment facilities and training of more evaluators
    - Crisis intervention training for law enforcement
- General comments from states

  - People are acknowledging that we are struggling; no one felt that we have got it, but we are trying
- Questions?
- Mark Blevin: The cost was confusing, success rate for inpatient was significantly higher? Time period was significantly shorter, but costs looked not that different but you had a cost savings?
  - The data, and the literature was varied, but overall the research shows that there is a cost savings, jail is least expensive
  - Some research was a little vague, presented the data we saw which was unclear for that exact reason
- Lunch break; 12:10 reconvene

III. Updates from Council of State Governments Justice Center Competency to Stand Trial Meeting and CCJ/COSCA Midwest Region Mental Illness Summit, Sue Abderholden, Task force Chair and Elliot Butay, NAMI Researcher, 11:15 a.m. – 11:30 a.m.

- Midwest summit; covered most of it, highlights…
  - Forensic navigators, advocate case manager when a person is deemed incompetent to navigate the systems and make sure they are going to appointments, etc.
  - Misdemeanor treatment court, expanding them, but MH court in Michigan was for misdemeanor only, requiring people to plead guilty to misdemeanors as a prerequisite to get treatment
- Sue: New York Meeting included judges and psych leaders
  - Report forthcoming, with many articles and research studies, so I will get those to DHS so they can be uploaded to the website for people to read
  - Some states presented
  - Ideas were interesting, same-day evaluations in Massachusetts and Oregon to speed things up; everyone is trying to figure out what to do

IV. Updated Reasons Why Chart and Sequential Intercept Model Implementation Chart, Elliot Butay, NAMI Researcher and Sue Abderholden, Task Force Chair, 11:30 a.m. – 11:45 a.m.

- Elliott: Intercept Model 1
  - How to divert people out of the system
  - St. Cloud area, high utilizers of jail and emergency rooms
  - Most don't have housing, so look at long-term supportive housing to help people get better
  - Sue: we could use President Eisenhower's report and it would still be valid
  - Workforce shortages in cultural competency
  - Collaboration is a general theme in what is working well
  - Stearns county CAT team meets weekly
  - Communication alone reduces strain on the system
  - Co-response and follow up (St. Paul) with a social worker, after the crisis, people are more likely to engage services when they are not in the moment of the crisis
  - Law enforcement trained, so in legislation, we hope that will shore up the standards for crisis intervention training, 4 of 6 hours are for MH intervention training
- Intercept 2
  - Blue Earth County, county social workers can see if the person is in the system, on Medicaid,
  - We get the screenings but not the assessments
  - Bail reform
- Intercept 3

  - In the system, jails and courts
  - Stearns partnered with Centra Care to have high standards of care in the jail
  - Jails should work with community MH providers
  - Access to community services to get a prescription filled easier, etc.
  - Forensic navigators, specialists, treatment courts
- Intercept 4
  - Good practices after competency
  - Recidivism and needing access to care, reentry specialists
  - Need to be re-enrolled in insurance when released from jail or prison
  - Prevent interruption of care
  - Reentry to housing, community service
  - Warrants, CMs could be notified about warrants – most are issued by mail which is problematic
- For homework, send info to Elliott, so we can put all ideas in one place, helpful for the legislators to see a variety of ideas for how to divert people out of the criminal justice system and into treatment

Break and Lunches Arrive, 11:45 a.m. – 12:00 p.m.

V. Moving forward with the Community Competency Restoration components, related costs and/or funding, Sue Abderholden, Chair, CCRT, 12:00 a.m. – 12:35 p.m.

- Standards for treatment court? Asked to back off
  - Influence how they are doing those, we could work on getting a description
  - They are all very different
  - Elliott will put together a summary of treatment courts so we can review
- Relapse is an important part of this process, let's not forget that – multiple relapses, that's the whole reason we have the system, expectation is that our problem is those who have multiple relapses and we should not be frustrated
  - There still needs to be accountability and forgiveness
- Short report, takes a while to get through the DS system
  - Do track changes so we can see your thoughts
- Before talking about the court, we need to decide what we want this to look like in MN
  - Who is eligible?
  - Who could the providers be?
  - Cost?
  - How to pay for it?
  - Barriers?
  - Who decides eligibility?
- Thoughts on eligibility:
  - Person doing the evaluation is best able to make that opinion in the moment
  - Who provides this in community and where? Worried if they don't have housing, won't work well
  - What we write about a person and who they really are can be very different
- In piloting it, we are successful – our criteria does not include level of offense
  - We require continued sobriety and maintenance of MH treatment
  - Housing supports, person-centered, we are traveling across the state, meeting individuals where they are, not in an office
  - Meeting in their home and in privacy and having great success
- Olmsted county
  - We cover the SE region CREST as well

- MN Security Hospital, we have access as well
- Funded this portion through a grant, WIT whatever it takes… Really? Thought that was for people who were stuck in the state hospital
- We also serve the mentally ill and dangerous in that facility
- We are employed by Olmsted county
- How many enrollees – on the chart
- Data is accurate
- Slowly growing, last 18 months have had some data to share

- Sue: Please submit your ideas and thoughts so we can pull it together and then talk through it
  - We will send a reminder out in two weeks to fill out two sheets so we can add the changes

VI. Community Competency Restoration Taskforce Legislative Report- Requirements, Roles, Responsibilities, Timelines, Task Force input + development of draft February report to legislature, Mikki Maruska, DHS Project Planning Director, 12:35 p.m. – 12:50 p.m.

Lea subbing for Mikki:

- Interim report is due February 1, 2020; final report is due February 1, 2021
- As you contemplate what you want to have in the report, who would like to review the documentation from this group? – form a review team and also make a timeline to get to the 2020 and time for accessibility review by DHS
- Are there other roles or responsibilities you want in that submission?
  - Sue: We have good presentations and that information should be included in the report; whatever we come up with here
  - My preference is to send it out to all committee members and those who want to respond can
- Let's invite Olmsted County person to come to next month's meeting and present their data
  - Like to see that and expand on that model
  - Set up a presentation
  - Also invite Brainerd who also have a pilot program
  - Tami from Crow Wing County would be happy to be a part of that
  - We can talk through the funding aspect, for counties that is a big thing
  - Olmsted has a grant
  - Process status report versus recommendations? Work of the task force so far, data coming at us
- Lea: The group's goals are up here for reference
  - Sue: We need recommendations everyone is going to agree to; is that "we need a grant?"
  - Let's gather information from each county on what data you collect, so we can inform future data collection; we also ask that we look at other states that have a longer period of data

VII. Public Comment, 12:50 p.m. – 1:00 p.m.

- 1:02 p.m., Are there any comments? None offered
- Adjourned

VIII. Next taskforce meeting and plans, Lea Bittner-Eddy Community Competency Restoration Task Force Facilitator. Adjourn, 1:00 p.m.

The Next Community Competency Taskforce Meeting will be held at the National Alliance for Mental Illness Office, **NAMI Minnesota 1919 University Ave West, Suite 400 St. Paul, MN 55104, and 651.645.2948 ext. 105** on **December 18, 2019**, from 10:00 a.m. to 1:00 p.m.

In 2020, Task Force meetings will be held at the Department of Corrections (DOC) Building in St. Paul

NEXT STEPS:

- For the December 18 meeting, time on agenda to look at the state information
- Send us which states you want to look into further
- Then we can decide who will call contacts in those states
- Please do your homework; we will send out the documents as a reminder
- We will also send out the slides
- The Sequential Intercept Model is a good outline, it is the beginning, the examples will help and then you have already started the report
- Get the report from the summit to DHS so they can be uploaded to the website for people to rea