



Vermont Legislative Research Service

<http://www.uvm.edu/~vlrs/>



Forensic Hospitals

(Posted on May 16, 2017)

Mental illness is a major problem confronting both national and state judicial systems; in a 2015 report, the Urban Institute estimated “that 56 percent of state prisoners, 45 percent of federal prisoners, and 64 percent of jail inmates” had a history of mental illness.¹ In light of this, a particular issue facing states is how to handle defendants and prisoners who require psychiatric care and inpatient treatment.

Psychiatric care for those in various stages of the criminal justice system is commonly called forensic care, which can lead to some definitional confusion. The word “forensic,” as defined by the Oxford English Dictionary, is an adjective meaning “pertaining to, connected with, or used in courts of law; suitable or analogous to pleadings in court.”² For the purposes of this report, however, forensic is used as shorthand for the field of forensic psychiatry.

Broadly speaking, there are four types of patients found in forensic treatment facilities, all of which are represented in Vermont state law:

1. People who are awaiting a psychiatric evaluation as part of a trial.³
2. Those who have been found incompetent to stand trial. Often, these types of patients are housed in forensic facilities in an attempt to help them regain competency.⁴
3. Those who were tried and found not guilty by reason of insanity.⁵ Other states may use different definitions, such as not criminally responsible or not guilty by reason of mental state.
4. Inmates serving a sentence in prison who develop the need for inpatient psychiatric care.⁶

¹ KiDeuk Kim, Miriam Becker-Cohen, and Maria Serakos, “The Processing and Treatment of Mentally Ill Persons in the Criminal Justice System” (The Urban Institute, Washington, D.C., 2015), accessed April 15, 2017, http://www.urban.org/research/publication/processing-and-treatment-mentally-ill-persons-criminal-justice-system/view/full_report.

² *Oxford English Dictionary*, s.v. “forensic,” accessed April 29, 2017, <http://www.oed.com/view/Entry/73107?redirectedFrom=forensic#eid>.

³ 13 V.S.A. § 4817 (2016), accessed April 2, 2017, <http://legislature.vermont.gov/statutes/chapter/13/157>.

⁴ *Ibid.*

⁵ 13 V.S.A. §4819 (2016), accessed April 2, 2017, <http://legislature.vermont.gov/statutes/chapter/13/157>.

⁶ 28 V.S.A. § 703 (2016), accessed April 2, 2017, <http://legislature.vermont.gov/statutes/section/28/011/00703>.

Forensic patients differ from those who enter psychiatric facilities through involuntary civil commitment and voluntary admission. Forensic patients are admitted, as shown by the four categories listed above, as a result of their involvement with the criminal justice system. Civil commitments are also admitted to psychiatric facilities as a result of a court order, but this procedure usually takes place in civil court and hinges on a demonstrated developmental disability, mental illness, or substance abuse.⁷ Voluntary admissions are, as the name implies, not court ordered. These determinations influence how treatment is administered, such as whether these patients can be housed with non-forensic patients and which department can have custody.

The focus of this report is to evaluate how forensic patients and facilities are handled across the country. As criminal procedure varies state-to-state, the best methodology for doing this is evaluating how each state handles this type of care. In particular, this report focuses on states with relatively low populations whose experiences administering forensic programs may translate more easily to Vermont.

Diverting Mentally Ill Defendants through Mental Health Courts

In 2000, P.L. 106-515 created the Mental Health Courts Program in the U.S., which is jointly operated by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of Justice's Bureau of Justice Assistance (BJA).⁸ The structure of mental health courts may differ in several ways: some courts are used before sentencing and others after, some require the participant to plead guilty and others do not, some only accept misdemeanor offenders and others expand that eligibility to felony offenders as well, and some encourage compliance through incentives and others through sanctions.⁹ Some of these differences reflect larger trends. For example, Mental Health Courts initially primarily served non-violent offenders. A 2009 report, however, found that in many states people with felony charges have been increasingly present in mental health courts, depending on their mental health diagnosis.¹⁰

According to a research review from the Council of State Governments Justice Center, significant evidence suggests that individuals who take part in mental health courts are less likely to accrue new criminal charges while enrolled in the program than those who go through traditional court procedures. Some evidence also suggests that this may carry over after graduation, when the individual is no longer under court supervision.¹¹ Furthermore, that same review found that "no studies have found that participants are *more* likely to be arrested."¹² It is important to note, however, the findings of a 2014 report, which illuminated financial discrepancies between mental health costs for participants using mental health courts as opposed to being treated in the criminal

⁷ "Involuntary Civil Commitment," *Cornell University Law School Legal Information Institute*, accessed April 29, 2017, https://www.law.cornell.edu/wex/involuntary_civil_commitment.

⁸ "America's Law Enforcement and Mental Health Project," Public Law 106-515, *U.S. Statutes at Large*, accessed April 16, 2017, <https://www.gpo.gov/fdsys/pkg/PLAW-106publ515/pdf/PLAW-106publ515.pdf>; "Mental Health Courts Program" *U.S. Department of Justice Bureau of Justice Assistance*, accessed April 16, 2017, https://www.bja.gov/ProgramDetails.aspx?Program_ID=68.

⁹ Lauren Almquist and Elizabeth Dodd, "Mental Health Courts: A Guide to Research Informed Policy and Practice" (Council of State Governments Justice Center, New York City, New York, 2009), accessed April 7, 2017, https://www.bja.gov/Publications/CSG_MHC_Research.pdf.

¹⁰ *Ibid.*

¹¹ *Ibid.*

¹² *Ibid.*

justice system, stating that annual costs were approximately \$4,000 higher among the former.¹³ Additionally, this report concluded, “these courts can be very successful, but only if they enroll defendants for whom appropriate and adequate services targeting both behavioral health and criminogenic factors are actually available.”¹⁴

Any state aiming to establish a new mental health court is encouraged to begin with the BJA’s *Developing a Mental Health Court: An Interdisciplinary Curriculum*, which contains eight modules to introduce key information regarding mental health courts and facilitate their implementation.¹⁵

The ultimate goal of these mental health courts is to divert those whose mental health is the primary cause of their criminal activity out of the criminal justice system and into treatment, reducing recidivism rates. Although there is little uniform data on mental health in this regard, SAMHSA publishes a yearly report that includes readmission rates for forensic patients after 30 and 180 days in each state. The readmission rates provided by SAMHSA are the closest standardized data in assessing re-entry into forensic services within state hospitals. As such, they are included in each state (with the exception of Hawaii) to illustrate the prevalence of readmission among forensic patients.

The Structure of Forensic Hospitals and Services

Alaska

In Alaska, forensic patients are housed in the state’s only psychiatric hospital, the Alaska Psychiatric Institute, which is located in Anchorage and run by the Department of Health and Social Services’ Division of Behavioral Health.¹⁶ The facility has a total of 80 beds, which are split into several units containing between 10 and 26 beds. Of these, 50 beds are designated for adults, 10 for a juvenile unit, 10 for an extended care unit, and 10 for the forensic unit, which has medium-level security clearance.¹⁷ Forensic patients may be committed if found incompetent to stand trial, “guilty but mentally ill,” or “not guilty by reason of insanity.”¹⁸ A report from fiscal year 2015 (FY15) found that four out of 51 (7.8 percent) of forensic patients were readmitted within 30 days and 16 out of

¹³ Henry J. Steadman, Lisa Callahan, Pamela Clark Robbins, Roumen Vesselinov, Thomas G. McGuire and Joseph P. Morrissey, “Criminal Justice and Behavioral Health Care Costs of Mental Health Court Participants: A Six Year Study” *Psychiatric Services* 65 (2014): 1100-04, accessed April 10, 2017, <http://ps.psychiatryonline.org/doi/pdf/10.1176/appi.ps.201300375>.

¹⁴ Ibid.

¹⁵ “Developing a Mental Health Court: An Interdisciplinary Curriculum” *The Council of State Governments Justice Center*, accessed April 16, 2017, <https://learning.csgjusticecenter.org/>.

¹⁶ “Feasibility Study of the Privatization of the Alaska Psychiatric Institute” (Public Consulting Group, 2017), accessed April 10, 2017, http://dhss.alaska.gov/HealthyAlaska/Documents/Initiatives/API%20Privatization%20Feasibility%20Report_Jan%2026%202017.pdf.

¹⁷ Ibid.

¹⁸ AK Stat § 47.30.700 (2016), accessed March 31, 2017, <http://law.justia.com/codes/alaska/2016/title-47/chapter-47.30/article-09/section-47.30.700/>; AK Stat § 12.47.030 (2016), accessed March 31, 2017, <http://law.justia.com/codes/alaska/2016/title-12/chapter-12.47/section-12.47.030/>; AK Stat § 12.47.100 (2016), accessed March 31, 2017, <http://law.justia.com/codes/alaska/2016/title-12/chapter-12.47/section-12.47.100/>.

51 (31.4 percent) within 180 days.¹⁹ For comparison, civil patients were readmitted 8.2 percent of the time in the first 30 days and 18.5 percent within 180 days.²⁰

Alaska's Department of Corrections also provides mental health services to inmates. In the Anchorage Correctional Complex, the "Mike Mod Men's Unit" provides acute psychiatric care in a secure unit. In addition, the Palmer Correction Center has a subacute psychiatric unit (SPU), along with Spring Creek Correctional Center's "Echo Mod" unit.²¹ Women are housed in the acute psychiatric unit and subacute psychiatric unit at the Hiland Mountain Correctional Center.²²

Alaska has established three mental health courts under the Coordinated Resources Project, which are located in Anchorage, Juneau, and Palmer.²³ These alternative criminal proceedings may be utilized when a diagnosed mentally ill person is charged with a low-level offense in an attempt to divert them from the prison system by treating the underlying causes of their criminal activity.²⁴

Arkansas

Both the Division of Behavioral Health Services (DBHS) and the Arkansas Department of Corrections (ADC) oversee forensic patients in Arkansas.²⁵ DBHS oversees the Arkansas State Hospital, which has a total of 226 beds in nine units.²⁶ The forensic unit has 24 beds and administers evaluations and treatment for all persons in Arkansas who have been court-ordered for pre-trial evaluations or found incompetent to stand trial. It also serves those who are "not guilty by reason of mental disease or defect," and those who are incarcerated but transferred to a mental health facility for their own or somebody else's safety.²⁷ Additionally, there are three civil units for

¹⁹ "Alaska 2015 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System, 2015" (Substance Abuse and Mental Health Services Administration, Rockville, MD, 2015), accessed April 9, 2017, <https://www.samhsa.gov/data/sites/default/files/Alaska.pdf>.

²⁰ Ibid.

²¹ "Anchorage Correction Complex Programs," *Alaska Department of Corrections*, accessed April 9, 2017, <http://www.correct.state.ak.us/institutions/anchorage-programs>; "Palmer Correctional Center Treatment Programs," *Alaska Department of Corrections*, accessed April 9, 2017, <http://www.correct.state.ak.us/institutions/palmer-treatment-programs>; "Spring Creek Correctional Center Treatment Programs," *Alaska Department of Corrections*, accessed April 9, 2017, <http://www.correct.state.ak.us/institutions/spring-creek-treatment-programs>.

²² "HMCC Treatment Programs," *Alaska Department of Corrections*, accessed April 9, 2017, <http://www.correct.state.ak.us/institutions/hiland-mountain-treatment-programs>.

²³ "Adult Mental Health Treatment Court Locator," *Substance Abuse and Mental Health Services Administration*, accessed April 9, 2017, https://www.samhsa.gov/gains-center/mental-health-treatment-court-locator/adults?field_gains_mhc_state_value=AK.

²⁴ "Palmer Mental Health Court," *Alaska Court System*, accessed April 9, 2017, <http://courts.alaska.gov/therapeutic/palmerct.htm>.

²⁵ "Inmate Programs Page 4," *Arkansas Department of Correction*, accessed April 9, 2017, <http://adc.arkansas.gov/inmate-programs-pg-4>; "Arkansas State Hospital," *Arkansas Department of Human Services*, accessed April 9, 2017, <http://humanservices.arkansas.gov/dbhs/pages/arstatehospital.aspx>.

²⁶ "Arkansas State Hospital," *Arkansas Department of Human Services*, accessed April 9, 2017, <http://humanservices.arkansas.gov/dbhs/pages/arstatehospital.aspx>.

²⁷ "Arkansas State Hospital," *Arkansas Department of Human Services*, accessed April 9, 2017, <http://humanservices.arkansas.gov/dbhs/pages/arstatehospital.aspx>; Ben Boulden, "State Hospital: Forensic Patients Receiving Timely Care," *University of Arkansas for Medical Sciences Journal*, May 9, 2014, accessed April 9, 2017, <http://journal.uams.edu/article/forensic-patients-receiving-timely-care/>; "Annual Species Services Program Report Community Mental Health Center and Clinics in Arkansas" (Arkansas Department of Human Services Division of Behavioral Health Services, Little Rock, AK, 2015), accessed April 9, 2017,

adult patients, each with 30 beds, and two adolescent units, with 18 beds each.²⁸ A report from FY15 demonstrates that 31 out of 281 forensic patients were readmitted within the first 30 days (11 percent) and 57 of 281 were readmitted within 180 days (20.3 percent).²⁹

ADC oversees the “Special Programs Unit,” which houses approximately 66 male forensic patients at the Diagnostic Unit of the J. Aaron Hawkins Sr. Center and approximately 11 female forensic patients at the McPherson Unit.³⁰ Forensic patients in ADC custody are referred by either Mental Health Services, ADC Administration, or ADC Security and are held in the unit until they are deemed stable and able to return to the population at large.³¹

Attempts have been made since 2012 to reduce waiting periods for admission to the state hospital by expanding forensic treatment through mixed-method approaches, including the combination of inpatient and outpatient treatment, and contracting services out to community mental health centers.³² This has successfully reduced backlog.³³

In 2015, Arkansas passed the Criminal Justice Reform Act of 2015, which established three task forces to address mental health access and recidivism in the criminal justice system: the Specialty Court Task Force, the Behavioral Health Treatment Access Task Force, and the Criminal Justice Reform Task Force.³⁴ Additionally, in March 2017, Act 506 established a specialty mental health court in Arkansas, in which successful completion of the mental health program and uniform recommendations by healthcare providers, prosecutors, and the mental health court would allow the dismissal of the charges and sealing of such records.³⁵

[http://humanservices.arkansas.gov/dbhs/Documents/Special%20Services%20Program%20Report%20SFY%202015%20\(2\).pdf](http://humanservices.arkansas.gov/dbhs/Documents/Special%20Services%20Program%20Report%20SFY%202015%20(2).pdf).

²⁸ “Arkansas State Hospital,” *Arkansas Department of Human Services*, accessed April 9, 2017,

<http://humanservices.arkansas.gov/dbhs/pages/arstatehospital.aspx>.

²⁹ Ben Boulden, “State Hospital: Forensic Patients Receiving Timely Care,” *University of Arkansas for Medical Sciences Journal*, May 9, 2014, accessed April 9, 2017, <http://journal.uams.edu/article/forensic-patients-receiving-timely-care/>; “Arkansas 2015 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System” (Substance Abuse and Mental Health Services Administration, Rockville, MD, 2015) accessed April 9, 2017, <https://www.samhsa.gov/data/sites/default/files/Arkansas.pdf>.

³⁰ “Inmate Programs Page 4,” *Arkansas Department of Correction*, accessed April 9, 2017,

<http://adc.arkansas.gov/inmate-programs-pg-4>; “J. Aaron Hawkins Sr. Center Details,” *Arkansas Department of Corrections*, accessed April 9, 2017, <http://adc.arkansas.gov/facilities/details/j-aaron-hawkins-sr-center>.

³¹ “Inmate Programs Page 4,” *Arkansas Department of Correction*, accessed April 9, 2017,

<http://adc.arkansas.gov/inmate-programs-pg-4>.

³² Ben Boulden, “State Hospital: Forensic Patients Receiving Timely Care.”

³³ *Ibid.*

³⁴ “Arkansas State Hospital,” *Arkansas Department of Human Services*, accessed April 9, 2017,

<http://humanservices.arkansas.gov/dbhs/pages/arstatehospital.aspx>.

³⁵ “A Bill for an Act to be Entitled: An Act to be Known as the Mental Health Specialty Court Act of 2017; Concerning Mental Health Specialty Courts; and For Other Purposes,” 91st Ark. Gen. Assemb. (2017), accessed April 20, 2017, <http://www.arkleg.state.ar.us/assembly/2017/2017R/Acts/Act506.pdf>.

Delaware

The Delaware Psychiatric Center is Delaware's only state hospital, which is run by the Department of Human Health and Social Services.³⁶ The facility has more than 160 beds, 42 of which are designated for male and female forensic patients.³⁷

Since 1992, Delaware has used the Treatment Access Center (TASC) as a liaison to coordinate criminal justice and mental health between the Division of Substance Abuse and Mental Health and the Department of Health and Social Services.³⁸ TASC operates several programs to direct people out of the criminal justice system and into drug and mental health programs. These include the Drug Court Diversion Program, Vet Court, ReEntry Court, Mental Health Court, and Trauma Informed Probation/Women In Search of Health Program.³⁹ These programs aim to expedite the criminal proceedings and connect people with the services that would best rehabilitate them and minimize their return to the criminal justice system. DPC's forensic unit contains a mental health court for this reason, which provides case managers to oversee about 30 cases at a time to work with misdemeanor offenders with an Axis I diagnosis (i.e. depression, schizophrenia, or bipolar disorder who have been referred to the mental health court).⁴⁰ Between the program's start in November 2003 and December 2006, "92% (53 of 57) of those offenders who successfully completed the program did not incur new convictions within six months of graduating; seven (7) individuals were terminated for failure to comply with the program requirements."⁴¹ Data from FY15 shows that zero of the 40 discharged forensic patients were readmitted within 180 days of their discharge.⁴²

Delaware's prison system uses restrictive housing units to segregate prisoners in need of mental health services. A 2016 report found that 141 out of a total 453 inmates in restrictive housing were engaged in mental health treatment (31 percent) and, of those 141, 89 have been diagnosed with a "serious mental illness" (20 percent).⁴³

³⁶ "Residency Program: Clinical Sites," *Delaware Health and Social Services*, accessed April 4, 2017, <http://dhss.delaware.gov/dhss/dsamh/residency/sites.html>.

³⁷ Ibid.

³⁸ "TASC Programs and Drug Courts," *Delaware Health and Social Services*, accessed April 4, 2017, <http://dhss.delaware.gov/dhss/dsamh/bckgrnd.html>.

³⁹ Ibid.

⁴⁰ Almquist and Dodd, "Mental Health Courts"; "Delaware Mental Health Court," *Delaware Health and Social Services*, accessed April 4, 2017, <http://dhss.delaware.gov/dhss/dsamh/mhcourtprg.html>.

⁴¹ "Delaware Mental Health Court," *Delaware Health and Social Services*, accessed April 4, 2017, <http://dhss.delaware.gov/dhss/dsamh/mhcourtprg.html>.

⁴² "Delaware 2015 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System" (Substance Abuse and Mental Health Services Administration, Rockville, MD, 2015), accessed April 9, 2017, <https://www.samhsa.gov/data/sites/default/files/Delaware.pdf>.

⁴³ "Delaware Department of Correction Restrictive Housing Assessment" (American Correctional Association, Alexandria, VA, 2016), accessed April 9, 2017, <http://doc.delaware.gov/downloads/ACADelawareRestrictiveHousing-FINALReport.pdf>.

Hawaii

The Hawaii State Hospital (HSH), overseen by the Department of Health’s Adult Mental Health Division, houses both civil and forensic patients.⁴⁴ In addition, both civil and forensic patients are housed at two state-contracted facilities: the Kāhi Mōhala Behavioral Health (KMBH) or an out-of-state Correct Care facility known as Columbia Regional Care Center (CRCC).⁴⁵ The state hospital is primarily responsible for Hawaii’s forensic patients.⁴⁶ A report from FY15 showed that 55 percent of admissions were ordered by circuit courts and 50 percent of those admitted to the hospital were charged with felonies. This is a 30 percent increase from FY 2014.⁴⁷

Criminal admissions include those undergoing court-ordered evaluations (HRS §704-404), those unfit to proceed in court (HRS §704-406), defendants acquitted due to mental or physical disorder or disease (HRS §704-411(1)(a)) those transferred from a correctional facility, (HRS §334-74 and those in violation of conditional release resulting in temporary hospitalization (HRS §704-413(1)).⁴⁸ The number of patients, by legal status, who were admitted to the HSH, KMBH, and CRCC in 2016 is shown in Table 1 below.

Table 1. Forensic Patients’ Admission Status and Number of Inpatient Days at Hawaii State Hospital, Kāhi Mōhala Behavioral Health and Columbia Regional Care Center (2016)

Legal Status	Number of Patients Admitted	Number of Inpatient Days		
		HSH	KMBH	CRCC
Court-ordered evaluation (HRS §704-404)	45	8,345	1,826	-
Unfit to Proceed in Court (HRS §704-406)	150	28,675	1,826	-
Acquitted Due to Mental or Physical Disorder or Disease (HRS §704-411(1)(a))	16	12,735	1,320	850
Temporary Hospitalization for Violating Terms of Conditional Release (HRS §704-413(1))	86	1,848	138	-

Source: “Annual Report to the Legislature Summarizing Yearly Data on Forensic Patients at Hawaii State Hospital” (Hawaii Department of Health Adult Mental Health Division, Honolulu, HI, 2016) accessed April 9, 2017, <http://health.hawaii.gov/amhd/files/2016/04/HSH-Annual-Report-2016.pdf>.

⁴⁴ “Annual Report to the Legislature Summarizing Yearly Data on Forensic Patients at Hawaii State Hospital” (Hawaii Department of Health Adult Mental Health Division, Honolulu, HI, 2016), accessed April 9, 2017, <http://health.hawaii.gov/amhd/files/2016/04/HSH-Annual-Report-2016.pdf>.

⁴⁵ Ibid.

⁴⁶ Ibid.

⁴⁷ Ibid.

⁴⁸ Ibid.

There has been an upward trend in admissions for those determined to be unfit to proceed in court (HRS §704-406) and Temporary Hospitalizations for Violating Terms of Conditional Release (HRS §704-413(1)) between FY14 and FY15.⁴⁹

Overseen by the Department of Public Safety, the Halawa Correctional Facility has a separate and specialized facility, which houses inmates whose mental illness pose a risk to themselves or others.⁵⁰

Additionally, since 2005, two mental health courts have been established in Hawaii: the Hawaii Mental Health Court and the Oahu Mental Health Court, which serve anywhere between zero and 50 participants per year.⁵¹

Idaho

Idaho's State Hospital South, overseen by the Department of Health and Welfare, is a 106-bed facility that treats forensic patients who are deemed incompetent for trial and works to restore their fitness in order to proceed to trial. This facility, however, does not have a separate unit for these patients.⁵² In FY15, two out of 90 (2.2 percent) forensic patients were readmitted after 30 days and eight of those 90 (8.9 percent) were readmitted after 180 days.⁵³

Compliant with Idaho Code 66-1301, the Idaho Department of Corrections oversees the 12-bed Secure Mental Health Facility for forensic patients at the Idaho Maximum Security Prison.⁵⁴ These patients are admitted in three ways:

1. Civilly committed and are to be evaluated for pre-trial or pre-sentence investigation;
2. Civilly committed men acquitted of a crime before July 1, 1982, on the grounds of mental illness or found unfit to stand trial; and

⁴⁹ Ibid.

⁵⁰ "Halawa Correctional Facility," *Hawaii Department of Public Safety*, accessed April 9, 2017, <http://dps.hawaii.gov/halawa/>.

⁵¹ "Adult Mental Health Treatment Court Locator," *Substance Abuse and Mental Health Services Administration*, accessed April 16, 2017, https://www.samhsa.gov/gains-center/mental-health-treatment-court-locator/adults?field_gains_mhc_state_value=HI.

⁵² "About Idaho's State Hospitals," *Idaho Department of Health and Welfare*, accessed April 10, 2017, <http://healthandwelfare.idaho.gov/Medical/MentalHealth/StateHospitals/tabid/495/Default.aspx>; "Designated Examiner Source Book, 5th ed." (Idaho Department of Health and Welfare, Boise, ID, 2004), accessed April 10, 2017, <http://healthandwelfare.idaho.gov/Portals/0/Unknown/Manual%2010-25-04%20.pdf>.

⁵³ "Idaho 2015 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System" (Substance Abuse and Mental Health Services Administration, Rockville, MD, 2015), accessed April 9, 2017, <https://www.samhsa.gov/data/sites/default/files/Idaho.pdf>.

⁵⁴ Mary Perrien and R. David Haas, "Idaho Secure Mental Health Facility" (Idaho Department of Corrections, Boise, ID, 2006) accessed April 10, 2017) https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2006/interim/mentalhealth_securefacility.pdf; "Idaho Maximum Security Institution (IMSI)," *Idaho Department Correction*, accessed April 10, 2017, https://www.idoc.idaho.gov/content/locations/prisons/idaho_maximum_security_institution.

3. Mentally ill adult male prisoners from city, county, and state correctional institutions.”⁵⁵

Additionally, one bed exists at the Pocatello Women’s Correctional Center for women who fit any of the aforementioned categories.⁵⁶

Idaho has over a dozen established mental health courts and each serves anywhere between one and 50 people per year.⁵⁷

Kansas

The Kansas Department of Aging and Disability Services operates four separate psychiatric hospitals, but only the Larned State Hospital (LSH) is designated as a “state security hospital.” According to state law, LSH must maintain facilities to house mentally ill patients who are committed by criminal courts for evaluation or treatment, as well as patients transferred from correctional facilities.⁵⁸ The 525-bed LSH serves both civilly committed and forensic patients. Most forensic patients are housed in the State Security Program (SSP), which has traditionally designated 200 of 220 beds for forensic patients. The remaining 20 beds are set aside for non-forensic patients who demonstrate violent or dangerous behavior.⁵⁹ In 2016, the SSP closed two units, getting rid of 60 beds, as a result of staff shortages. Patients who were housed in those units were transferred to the custody of the Department of Corrections, which maintains a mental health facility on the LSH campus.⁶⁰ In addition, the hospital has set aside 225 beds (218 in LSH, while the remaining seven are in the Osawatomie State Hospital) for the Sexual Predator Treatment Program.⁶¹

Data from FY15 shows that five out of 307 discharged forensic patients (1.6 percent) were readmitted within 30 days, with 43 of 305 forensic patients (14 percent) after 180 days.⁶²

⁵⁵ “Designated Examiner Source Book, 5th ed.” (Idaho Department of Health and Welfare, Boise, ID, 2004), accessed April 10, 2017, <http://healthandwelfare.idaho.gov/Portals/0/Unknown/Manual%2010-25-04%20.pdf>.

⁵⁶ Ibid.

⁵⁷ “Adult Mental Health Treatment Court Locator,” *Substance Abuse and Mental Health Services Administration*, accessed April 10, 2017, https://www.samhsa.gov/gains-center/mental-health-treatment-court-locator/adults?field_gains_mhc_state_value=ID.

⁵⁸ KSA 76-1305

⁵⁹ “Larned State Hospital,” *Kansas Department for Aging and Disability Services*, accessed April 7, 2017, <https://www.kdads.ks.gov/state-hospitals-and-institutions/larned-state-hospital/larned-state-hospital---services>.

⁶⁰ Bryan Lowry, “Kansas plans inmate transfers in response to Larned hospital staffing shortage,” *Wichita Eagle*, April 7, 2016, accessed April 7, 2017, <http://www.kansas.com/news/politics-government/article70654722.html>.

⁶¹ “Larned State Hospital,” *Kansas Department for Aging and Disability Services*, accessed April 7, 2017, <https://www.kdads.ks.gov/state-hospitals-and-institutions/larned-state-hospital/larned-state-hospital---services>.

⁶² “Kansas 2015 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System” (Substance Abuse and Mental Health Services Administration, Rockville, MD, 2015), accessed April 15, 2017, <https://www.samhsa.gov/data/sites/default/files/Kansas.pdf>.

Maine

The Maine Department of Health and Human Services operates two forensic hospitals: the Dorothea Dix Psychiatric Center in Bangor and Riverview Psychiatric Center in Augusta.⁶³ Both centers take civil commitments, but the 92-bed Riverview facility is the only one which takes in forensic patients.⁶⁴ In terms of forensic patients, Riverview accepts 60-day evaluations, those incompetent to stand trial (IST), the not criminally responsible (NCR), and transfers from correctional facilities.⁶⁵

Between the third quarter of state fiscal year (SFY) 2016 and second quarter SFY17, Riverview took in a total of 102 forensic patients: 37 patients undergoing psychiatric evaluation, 31 patients deemed incompetent to stand trial, 28 patients determined to be not criminally responsible, and six transfers from the Department of Corrections.⁶⁶ Data concerning length of stay, wait for admission, and number of discharges for the first and second quarter of SFY17 are shown below in Table 2.

Table 2. Riverview Psychiatric Center: Average Length of Stay, Wait-time and Discharges, July-December 2016

	Total Number Admitted	Average Length of Stay (Days)	Average Wait for Admission (Days)	Number of Discharges
60-day Evaluation	22	21	51	17
IST	20	75	16	12
NCR	13	-	-	24
Prison Transfer	0	170	17	1

Source: Rodney Bouffard "Riverview Psychiatric Center: Quarterly Report on Organizational Performance Excellence" (Department of Health and Human Services, Augusta, ME, 2017), accessed April 2, 2017, <http://www.maine.gov/dhhs/riverview/quarterly-report/documents/2017Q2.pdf>.

Riverview's federal certification was revoked by the Centers for Medicare and Medicaid Services in September 2013 after a federal audit found that staff had used pepper spray, handcuffs, and stun guns on patients. This loss of certification also resulted in the loss of \$20 million in funding. Subsequent efforts to regain certification or contest the decision have failed. Though Maine continued to receive the \$20 million in federal funding, the state may be required to repay this to the federal government.⁶⁷

⁶³ "Dorothea Dix Psychiatric Center," *Maine Department of Health and Human Services*, accessed April 2, 2016, <http://www.maine.gov/dhhs/DDPC/index.shtml>; "Riverview Psychiatric Center," *Maine Department of Health and Human Services*, accessed April 2, 2017, <http://www.maine.gov/dhhs/riverview/index.shtml>.

⁶⁴ Rodney Bouffard "Riverview Psychiatric Center: Quarterly Report on Organizational Performance Excellence" (Department of Health and Human Services, Augusta, ME, 2017), accessed April 2, 2017, <http://www.maine.gov/dhhs/riverview/quarterly-report/documents/2017Q2.pdf>.

⁶⁵ Ibid.

⁶⁶ Ibid.

⁶⁷ Kevin Miller, "Maine loses again in bid to restore Riverview Psychiatric Center's certification," *Portland Press Herald*, August 13, 2015, accessed April 5, 2017, <http://www.pressherald.com/2015/08/13/federal-judge-rules-against-dhhs-in-riverview-case/>.

In an attempt to regain funding by moving forensic patients out of Riverview, Governor Paul LePage has proposed funding a secure residential treatment center for patients deemed not criminally responsible.⁶⁸ Though the original bill died in May 2015, Maine's legislature continued to debate the idea, settling on building a 21-bed facility adjacent to Riverview. However, efforts have been stymied by tension between the legislature and the governor, as well as executive branch attempts to move forward without legislative approval or advice.⁶⁹

According to a 2015 SAMHSA survey, 3.3 percent of forensic patients were readmitted to a state psychiatric hospital after 30 days (five of 151 discharged patients) and 12.6 percent were readmitted after 180 days (nineteen of 151 patients).⁷⁰

Mississippi

Run by the Department of Mental Health, the Mississippi State Hospital at Whitfield is the only approved state facility to treat forensic patients. Its forensic unit has 35 beds and serves individuals undergoing pre-trial court-ordered evaluations and restoration of fitness to stand trial (15 beds) and those judged not guilty by reason of insanity (20 beds).⁷¹ In FY15, only one of 132 discharged forensic patients was readmitted within 180 days. In FY16, it was reported that 58 people received forensic services at MSH.⁷²

As of January 3, 2017 the Department of Mental Health has submitted a plan to establish a new facility for forensic patients with 60 beds in hopes of addressing security and safety concerns.⁷³

Montana

Montana runs one state psychiatric hospital in Warm Springs. Prior to January 2016, forensic patients were housed in the 32-bed D-wing of the hospital. After issues of overcrowding, the state opted to renovate a youth facility in nearby Galen for use as a forensic unit, and transferred all forensic patients there.⁷⁴

⁶⁸ Eric Russell, "LePage proposes \$6 million to house some mentally ill patients in group homes," *Portland Press Herald*, May 8, 2015, accessed April 6, 2017, <http://www.pressherald.com/2015/05/08/lepage-proposes-additional-6-million-over-next-two-years-to-house-some-patients-with-mental-illness/>.

⁶⁹ Scott Thistle, "Lawmakers hear, and express, concerns about LePage plan for forensic psychiatric center," *Portland Press Herald*, January 5, 2017, accessed April 5, 2017, <http://www.pressherald.com/2017/01/05/lepage-withdraws-request-for-new-riverview-facility-as-lawmakers-seek-information/>.

⁷⁰ "Maine 2015 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System" (Substance Abuse and Mental Health Services Administration, Rockville, MD, 2015), accessed April 15, 2017, <https://www.samhsa.gov/data/sites/default/files/Maine.pdf>.

⁷¹ "FY16 Services Snapshot" (Mississippi Department of Mental Health, Jackson, MS, 2016), accessed April 4, 2017, <http://www.dmh.ms.gov/wp-content/uploads/2017/01/FY16-Snapshot-for-Legislature-2.pdf>.

⁷² Ibid.

⁷³ "Mississippi Department of Mental Health 2017 Legislative Agenda," *Mississippi Department of Health*, accessed April 10, 2017, <http://www.dmh.ms.gov/news-and-events/legislative-updates/>.

⁷⁴ Holly Michels, "Forensic mental health facility opening soon in Galen," *Independent Record*, January 11, 2016, accessed April 4, 2017, http://helenair.com/news/politics/state/forensic-mental-health-facility-opening-soon-in-galen/article_04240244-c902-51e8-9fc1-d77f1ed1c305.html.

The new Forensic Mental Health Facility (FMHF), run by the Montana Department of Health and Human Services, has 60 beds. FMHF serves those undergoing a competency evaluation, those determined incompetent to stand trial, and both voluntary and involuntary transfers from state correctional facilities.⁷⁵

Those in the custody of the Department of Corrections may be transferred to a mental health facility for up to ten days; after that, the state must begin proceedings for voluntary admission or involuntary commitment. The state prison does not offer inpatient psychiatric services. According to Montana state law, correctional facilities are explicitly excluded from the definition of “mental health facility.”⁷⁶

According to a 2015 SAMHSA report, 1.9 percent of forensic patients were readmitted to a state hospital within 180 days of discharge (one out of 52 patients).⁷⁷

Nebraska

Nebraska utilizes State Regional Centers to treat populations with specialized mental health needs, which includes juveniles, forensic patients, and sex offenders. The Lincoln Regional Center (LRCS) has a total of 250 beds and is the only regional center that treats forensic patients.⁷⁸ Patients in the LRC are admitted for competency evaluation and restoration, or after they are deemed “not responsible by reason of insanity” by the court.⁷⁹ In FY15, 1.5 percent (one out of 66) discharged forensic patients were readmitted within 30 days. This number rose to four (6.1 percent) when measuring readmission within 180 days.⁸⁰

New Hampshire

New Hampshire runs one state psychiatric hospital in Concord, but it does not take forensic patients. Instead, forensic patients receive treatment at the Secured Psychiatric Unit (SPU) at the

⁷⁵ “Montana State Hospital Forensic Mental Health Facility Policy and Procedure: Admission Criteria for the Forensic Mental Health Facility” (Department of Health and Human Services, Evanston, MT, 2016), accessed April 11, 2017, <http://dphhs.mt.gov/Portals/85/amdd/documents/MSH/forensicmentalhealthfacility/AdmissionCriteria.pdf>.

⁷⁶ 53 MCA §21-102(10), accessed April 25, 2017,

http://leg.mt.gov/bills/mca/title_0530/chapter_0210/part_0010/section_0020/0530-0210-0010-0020.html

⁷⁷ “Montana 2015 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System” (Substance Abuse and Mental Health Services Administration, Rockville, MD, 2015), accessed April 25, 2017 <https://www.samhsa.gov/data/sites/default/files/Montana.pdf>.

⁷⁸ “Strategic Plan and Progress Report” (Nebraska Department of Health and Human Services Division of Behavioral Health, Omaha, NE, 2015), accessed April 10, 2017, http://www.nebraskalegislature.gov/FloorDocs/104/PDF/Agencies/Health_and_Human_Services_Department_of/544_20151015-203000.pdf.

⁷⁹ “FY 2016/2017 – State Behavioral Health Assessment and Plan” (Nebraska Department of Health and Human Services Division of Behavioral Health, Omaha NE, 2015), accessed April 10, 2017, http://dhhs.ne.gov/behavioral_health/Documents/NE-FINAL-SAMHSA-UniformBlockGrantApplicationFY2016-2017.pdf.

⁸⁰ “Nebraska 2015 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System” (Substance Abuse and Mental Health Services Administration, Rockville, MD, 2015), accessed April 9, 2017, <https://www.samhsa.gov/data/sites/default/files/Nebraska.pdf>.

New Hampshire State Prison for Men.⁸¹ The SPU is run by the Department of Corrections and is not an accredited hospital.⁸² Both male and female forensic patients are treated here, as well as patients from the New Hampshire Hospital who are considered dangerous or violent but have never been convicted of a crime.⁸³ Because New Hampshire does not operate a state psychiatric hospital that accepts forensic patients, there is no SAMHSA data on readmission rates.

New Mexico

The New Mexico Behavioral Health Institute is the only state-run psychiatric hospital in New Mexico. Of the hospital's five divisions, one is dedicated specifically to forensic patients. This division is made up of the 72-bed Forensic Treatment Unit and the 8-bed Sex Offender Treatment Program. The forensic unit houses those who are facing felony charges and have been deemed incompetent to stand trial.⁸⁴

The Department of Corrections runs the Mental Health Treatment Center, a 104-bed facility that serves inmates in the correctional system. This is broken down into the Acute Care Unit, which offers "hospital-level psychiatric care," the Treatment Restrict Unit, and the Chronic Care Unit for those who need long-term residential care.⁸⁵

According to a 2015 SAMHSA Survey, 2.8 percent of forensic patients were readmitted to a psychiatric hospital after 30 days (three of 107 discharged patients) and 7.5 percent after 180 days (eight of 107 discharged patients).⁸⁶

Nevada

Nevada's inpatient mental health system is managed by the Nevada Division of Public and Behavioral Health. Inpatient services are fulfilled by the Northern Nevada Adult Mental Health System, Southern Nevada Adult Mental Health Services (SNAMHS) and Lake's Crossing Center (LCC).⁸⁷ LCC is an exclusively forensic facility and takes no civil admissions. LCC performs competency evaluations for the state. It houses those deemed incompetent to stand trial for purposes of restoration of competency, those not guilty by reason of insanity, and those who cannot

⁸¹ "Medical and Forensic Services Division," *New Hampshire Department of Corrections*, accessed April 5, 2017, <https://www.nh.gov/nhdoc/divisions/forensic/>.

⁸² "Despite Recommendations, N.H. One of Few States with Psychiatric Unit on Prison Grounds," *New Hampshire Public Radio*, accessed April 5, 2017, <http://nhpr.org/post/despite-recommendations-nh-one-few-states-psychiatric-unit-prison-grounds#stream/0>.

⁸³ Ibid.

⁸⁴ "New Mexico Behavioral Health Institute," *New Mexico Department of Health*, accessed April 10, 2016, <https://nmhealth.org/about/ofm/lctcf/nmbhi/>.

⁸⁵ "Mental Treatment Center: Psychiatry, Medical and Nursing Care" (New Mexico Corrections Department, Santa Fe, NM), accessed April 10, 2017, <http://cd.nm.gov/policies/docs/CD-172300.pdf>.

⁸⁶ "New Mexico 2015 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System" (Substance Abuse and Mental Health Services Administration, Rockville, MD, 2015), accessed April 15, 2017, <https://www.samhsa.gov/data/sites/default/files/NewMexico.pdf>.

⁸⁷ "Clinical Behavioral Services," *Nevada Division of Public and Behavioral Health*, accessed April 4, 2017, http://dpbh.nv.gov/Programs/ClinicalBehavioralServ/Clinical_Behavioral_Services_-_Home/.

regain competency and are considered dangerous.⁸⁸ SNAMHS' Stein Forensic Unit was opened in 2015 and primarily serves patients deemed incompetent to stand trial in hopes of restoration.⁸⁹

According to a 2015 SAMHSA survey, Nevada saw a 71.1 percent 30-day readmission rate to a state psychiatric hospital (513 of 722 discharged patients) and a 100 percent readmission rate after 180 days (722 of 722 discharged forensic patients).⁹⁰

North Dakota

The North Dakota Department of Human Services runs one psychiatric hospital center in Jamestown, where it shares a campus with the James River Correctional Center (JRCC).⁹¹ As of 2016, 65 of the 140 beds are designated for forensic patients.⁹²

The North Dakota State Hospital also houses the Tompkins Rehabilitation and Corrections Center for addiction treatment. This facility is funded by the Department of Corrections and Rehabilitation (DOCR) and all residents are in the custody of DOCR, but services are provided by the State Hospital.⁹³

The JRCC, one of four adult state correctional facilities in North Dakota, operates a 24-inmate forensic unit for male inmates with serious mental illnesses, known as the Special Assistance Unit. This unit provides care for inmates with serious mental health problems and has 9 beds dedicated to "crisis" inmates, six for "stabilization," and 11 for "transition."⁹⁴

According to a 2015 SAMHSA survey, there was a 7.4 percent readmission rate for forensic patients to a state hospital (four of 54 patients) within 30 days and a 25.9 percent readmission rate within 180 days (14 of 54 discharged forensic patients).⁹⁵

Rhode Island

The Rhode Island Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH) operates one state psychiatric hospital, the Eleanor Slater Hospital System (ESH), which has one campus in Burrillville and one campus in Cranston. ESH takes in forensic patients who are undergoing psychiatric evaluation, prisoners demonstrating a need for inpatient care, those

⁸⁸ Ibid.

⁸⁹ "Program Guide 2016" (Department of Public and Behavioral Health, Carson City, NV, 2016), accessed April 10, 2017, <http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/About/Nevada%20Division%20of%20Public%20and%20Behavioral%20Health%20-%20March%202016.pdf>.

⁹⁰ "Nevada 2015 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System" (Substance Abuse and Mental Health Services Administration, Rockville, MD, 2015) accessed April 25, 2017, <https://www.samhsa.gov/data/sites/default/files/Nevada.pdf>.

⁹¹ "Tompkins Rehabilitation and Corrections Center," *North Dakota Department of Human Services*, accessed April 11, 2017, <http://www.nd.gov/dhs/locations/statehospital/tompkins-prea.html>.

⁹² Fuller et al., "Going, Going, Gone: Trends and Consequences of Eliminating State Psychiatric Beds, 2016."

⁹³ "Tompkins Rehabilitation and Corrections Center," *North Dakota Department of Human Services*.

⁹⁴ "JRCC: Housing Units, Special Assistance Unit," *North Dakota Department of Corrections and Rehabilitation*, accessed April 11, 2017, <https://www.nd.gov/docr/adult/units/jrccsau.html>.

⁹⁵ "North Dakota 2015 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System" (Substance Abuse and Mental Health Services Administration, Rockville, MD, 2015), accessed April 15, 2017, <https://www.samhsa.gov/data/sites/default/files/NorthDakota.pdf>.

deemed incompetent to stand trial, and those deemed not criminally responsible. Forensic patients are housed only on the Cranston campus. Male forensic patients are housed in the Philippe Pinel Building, while female patients and overflow from Pinel are housed in the Adolph Meyer Building alongside civil commitments.⁹⁶

According to a 2015 Health Inventory, ESH took in fifty-seven forensic patients in 2014.⁹⁷ In an October 2016 state senate hearing, the chief medical officer of BHDDH noted that between January 2016 and the time of the hearing, ESH had been unable to accept any new civil admissions due to a staff shortage. The hospital cannot refuse court ordered patients, however, resulting in 50 new patients over the summer, up from the average of 47.⁹⁸

Plans to build a new 140-bed facility to replace all buildings on the Pastore Campus were scrapped in favor of renovating a wing of the juvenile detention facility in Cranston. The plan is included in the state's 2018 budget.⁹⁹

According to a 2015 SAMHSA Survey, 3.3 percent of forensic patients were readmitted to a state hospital within 180 days (one of 30 patients).¹⁰⁰

South Dakota

In South Dakota, some forensic patients may be held in the A-Unit at the South Dakota State Penitentiary at Sioux Falls, which is overseen by the Department of Corrections. Alternatively, forensic patients may also be treated at the Department of Human Services' Human Services Center (HSC).¹⁰¹ HSC is a hospital meant to serve the state's mentally ill. In the 295-bed facility, there is a 61-bed Psychiatric Rehabilitation Program and a 14-bed Intensive Treatment Unit, which both serve forensic and civilly committed patients.¹⁰² In FY15, one out of eight discharged forensic

⁹⁶ Elinore McCance-Katz, "10-13-2016 Senate Hearing" (Department of Behavioral Health, Development Disability and Hospitals, Providence, RI, 2016) accessed April 5, 2017, http://www.rilin.state.ri.us/committeepages/hhs/commdocs/Dr.%20McCance-Katz%20testimony-101316.pdf?Mobile=1&Source=%2Fcommitteepages%2Fhhs%2F_layouts%2Fmobile%2Fview.aspx%3FList%3Df4e6cf61%252D2c07%252D42c9%252D9440%252D56aa75c43bf3%26View%3Defb94fe4%252D30f3%252D41f3%252Dabb4%252D5b9595a2c851%26CurrentPage%3D1.

⁹⁷ Theodore Long, "Rhode Island Department of Health 2015 Statewide Health Inventory Utilization and Capacity Study" (Rhode Island Department of Health, Providence, RI, 2015), accessed April 5, 2017, <http://www.health.ri.gov/publications/reports/2015HealthInventory.pdf>.

⁹⁸ Elinore McCance-Katz, "10-13-2016 Senate Hearing."

⁹⁹ Lynn Arditi, "Plans to revamp Slater Hospital faces legal, logistical hurdles," *The Providence Journal*, February 28, 2017, accessed April 2, 2017, <http://www.providencejournal.com/news/20170228/plan-to-revamp-slater-hospital-faces-legal-logistical-hurdles>.

¹⁰⁰ "Rhode Island 2015 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System" (Substance Abuse and Mental Health Services Administration, Rockville, MD, 2015), accessed April 15, 2017, <https://www.samhsa.gov/data/sites/default/files/RhodeIsland.pdf>.

¹⁰¹ "Adult Prison System," *South Dakota Department of Health*, accessed April 12, 2017, <http://doh.sd.gov/corrections/Adult.aspx>; "Behavioral Health Services," *South Dakota Department of Social Services*, accessed April 12, 2017, <https://dss.sd.gov/behavioralhealth/>.

¹⁰² "South Dakota Human Services Center," *South Dakota Department of Social Services*, accessed April 12, 2017, <https://dss.sd.gov/behavioralhealth/hsc/services.aspx>.

patients was readmitted to HSC within 30 days (12.5 percent), and all eight forensic patients were readmitted within 180 days (100 percent)¹⁰³

Additionally, chemical dependency is addressed in coordination with mental illness at both HSC and correctional facilities. Accordingly, the Gateway Adult Chemical Dependency Program was established at HSC to treat co-occurring narcotic and mental health disorders, and the Intensive Methamphetamine Treatment Unit was jointly created by the Department of Corrections, the Department of Human Services, and the Department of Health and was implemented at the South Dakota Women's' Prison.¹⁰⁴

Utah

The Utah Department of Human Services is in charge of the state-run psychiatric hospitals: the Utah State Hospital (USH) and Utah State Development Center (USDC). USH offers forensic services, and has 100 beds for this purpose. USH houses those who are deemed incompetent to stand trial and undergoing restoration, those not guilty by reason of insanity, those who are guilty but mentally ill, and transfers from prisons who require mental health stabilization services.¹⁰⁵ Additionally, the USDC has five units that are considered "semi-secure"; as such, it houses lower-risk forensic patients than USH.¹⁰⁶ Two units, the Transitional Living Center (TLC) and Woodland, are the most secure of those five units, and these units may house up to eight juveniles or eight adults, respectively. Forensic patients in TLC and Woodland may later be transitioned to one of the other lower-security units, Oakridge or Quail Run, which serve up to 38 adult patients each, or Twin Home #4, which has ten beds for either adults or adolescents.¹⁰⁷

In FY15, none of the 79 forensic patients treated at USH were readmitted within 30 days and only one was readmitted within a 180-day period (1.3 percent).¹⁰⁸

The Department of Corrections oversees the two state prisons in Utah, the Utah State Prison (USP) and the Central Utah Correctional Facility, both of which have forensic units. USP's forensic unit, Olympus, serves as a temporary stabilization facility and can house up to 168 inmates whose

¹⁰³ "South Dakota 2015 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System," (Substance Abuse and Mental Health Services Administration, Rockville, MD, 2015), accessed April 9, 2017, <https://www.samhsa.gov/data/sites/default/files/SouthDakota.pdf>.

¹⁰⁴ "South Dakota Human Services Center," *South Dakota Department of Social Services*, accessed April 12, 2017, <https://dss.sd.gov/behavioralhealth/hsc/services.aspx>; "South Dakota Legislator Reference Book – December 2012" (Legislative Research Council, Pierre, SD, 2012), accessed April 9, 2017, <http://sdlegislature.gov/docs/legsession/2014/LegislatorReferenceBook.pdf>.

¹⁰⁵ Darin Underwood, Janice Coleman, David Pulsipher, Aaron Eliason, Joel A. Dvoskin, "A Performance Audit of the Utah State Hospital," Number 2008-04, 2008, (Office of the Utah Legislative Auditor General, Salt Lake City, UT, 2008), accessed April 10, 2017, https://le.utah.gov/audit/08_04rpt.pdf.

¹⁰⁶ "Consultant for Feasibility Study on Privatization of Portions of the Utah State Hospital and the Utah State Development Center" (Utah State Legislature Executive Appropriations Committee, Salt Lake City, UT, 2009), accessed April 10, 2017, http://le.utah.gov/documents/RFPmesquite@utah.gov_20091117_200210_1.pdf.

¹⁰⁷ Ibid.

¹⁰⁸ "Utah 2015 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System" (Substance Abuse and Mental Health Services Administration, Rockville, MD, 2015) April 9, 2017, https://www.samhsa.gov/data/sites/default/files/Utah_2015.pdf.

mental illness makes them a danger to themselves or others.¹⁰⁹ The Central Utah Correctional Facility's forensic patients are housed in Section A and F of the Dogwood unit; Section A houses an average of four to six inmates with persistent mental illness who need long-term treatment, and Section F houses those who pose a serious security risk or suicidal mentally ill inmates in two closely-monitored cells.¹¹⁰ For women, mental health is primarily addressed in the ExCell Program at the Timpanogos Women's Correctional Facility at USP, which links substance abuse and unresolved trauma to address the underlying causes of criminal activity.¹¹¹ To reduce the placement of mentally ill persons in correctional facilities, Utah also utilizes several mental health courts.¹¹²

Washington, D.C.

The Department of Behavioral Health in Washington, D.C. operates one public psychiatric hospital named St. Elizabeth's Hospital (SEH). SEH consolidated its services into one building with a 293-patient capacity in April 2010 and takes both civil and forensic patients.¹¹³ It performs psychiatric evaluations, as well as housing those who are ruled not guilty by reason of insanity. In Washington, D.C., if a defendant is found not guilty only on grounds of insanity, they are automatically committed to a psychiatric facility until they are found to have regained sanity and do not pose a threat to themselves or others.¹¹⁴

Every month, SEM publishes a Performance Related Information for Staff and Managers (PRISM) Report, which includes monthly data on demographics and hospital admissions/discharges. Per the February 2017 PRISM report:

- In February, there were 28 admissions to St. Elizabeth's, 21 of which were pre-trial evaluations and seven of which were civil admissions.
- There were also 35 discharges – 20 pre-trial patients, 12 civil patients, and three post-trial patients.
- Of the total population, 27 percent were post-trial forensic patients, 37 percent were pre-trial forensic patients, and 36 percent were civil admissions.

¹⁰⁹ "Olympus," *Utah Department of Corrections*, accessed April 10, 2017, <https://corrections.utah.gov/index.php/family-friends/prison-facilities/utah-state-prison/18-drapeer-facilities/817-olympus>.

¹¹⁰ "Henry," *Utah Department of Corrections*, accessed April 10, 2017, <https://corrections.utah.gov/index.php/family-friends/prison-facilities/central-utah-correctional-facility/19-gunnison-facilities/921-henries>.

¹¹¹ "Timpanogos Women's Facility," *Utah Department of Corrections*, accessed April 10, 2017, <https://corrections.utah.gov/index.php/family-friends/prison-facilities/utah-state-prison/18-drapeer-facilities/820-timpanogos>.

¹¹² "Adult Mental Health Treatment Court Locator," *Substance Abuse and Mental Health Service Administration*, accessed April 10, 2017, https://www.samhsa.gov/gains-center/mental-health-treatment-court-locator/adults?field_gains_mhc_state_value=UT.

¹¹³ Thomas Otto, "St. Elizabeth's: A History" (United States General Services Administration, Washington, D.C., 2013), 38, accessed April 10, 2017, <http://www.dcpreservation.org/wp-content/uploads/2013/05/0-COMLETE-St-Elizabeths-Hospital-A-History.pdf>.

¹¹⁴ D.C. Code §24-501 (2016), accessed April 12, 2017, <https://beta.code.dccouncil.us/dc/council/code/sections/24-501.html>.

- For pre-trial populations, the average length of stay as of February 28, 2017 was 168 days, while the median length of stay was 95 days.
- For post-trial populations, average length of stay was 5,884 days (roughly 16 years) while the median was 4,627 days (roughly 14 years).¹¹⁵

According to a 2015 SAMHSA survey, Washington, D.C. as a whole saw a 1.5 percent 30-day readmission rate to a psychiatric hospital for forensic patients (four of 268 discharged patients), which rose to 8.6 percent after 180 days (23 of 268 discharged patients).¹¹⁶

West Virginia

In West Virginia, forensic patients who are deemed “incompetent to stand trial-in need of restoration (IST-R), incompetent to stand trial-unable to be restored (IST-NR), or not guilty by reason of mental illness (NGRMI)” may receive forensic services under the Department of Health and Human Resources’ Bureau for Behavioral Health and Health Facilities.¹¹⁷ Forensic patients with these classifications may be housed in the 50 forensic beds at William R. Sharpe Jr. Hospital or one of 70 beds within the three forensic units at Highland-Clarksburg Hospital.¹¹⁸ Of the 132 forensic patients who were discharged from state psychiatric hospitals in West Virginia, 29 were readmitted within 30 days (22 percent) and 47 were readmitted after 180 days (35.6 percent).¹¹⁹ The Forensic Psychiatry Division at West Virginia University also performs many court-ordered forensic evaluations, including evaluations of competency, insanity, and dangerousness.¹²⁰

Overseen by the Department of Corrections, West Virginia’s correctional system offers a male Mental Health Unit at Mt. Olive Correctional Complex and a similar female Behavioral Health Unit at Lakin Correctional Center. This eventually expanded to the Northern Correctional Facility, which included a male Behavioral Health Unit. When the prison cannot meet the mental or behavioral needs of the prisoner, that prisoner may be transferred to an off-site, secure facility.¹²¹ Some

¹¹⁵ “February 2017 PRISM Report” (Department of Behavioral Health, Washington, D.C., 2017), accessed April 12, 2017, <https://dbh.dc.gov/sites/default/files/dc/sites/dmh/publication/attachments/PRISM%20February%202017.pdf>.

¹¹⁶ “District of Columbia Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System” Substance Abuse and Mental Health Services Administration, Rockville, MD, 2015) accessed April 15, 2017, <https://www.samhsa.gov/data/sites/default/files/DistrictofColumbia.pdf>.

¹¹⁷ “Forensic Services – Mental Health and Criminal Justice,” *West Virginia Bureau of Behavioral Health and Health Facilities*, accessed April 7, 2017, <http://www.dhhr.wv.gov/bhhf/sections/operations/StatewideForensic/Pages/default.aspx>.

¹¹⁸ “William R. Sharpe, Jr. Hospital,” *Department of Health and Human Resources*, accessed April 7, 2017, <http://www.dhhr.wv.gov/bhhf/facilities/WilliamRSharpeJrHospital/Documents/Forensic%20Services.pdf>; “Forensic Services,” *Highland-Clarksburg Hospital Incorporated*, accessed April 7, 2017, <https://highlandhospitalwv.com/forensic-services/>.

¹¹⁹ “West Virginia 2015 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System” (Substance Abuse and Mental Health Services Administration, Rockville, MD, 2015) <https://www.samhsa.gov/data/sites/default/files/WestVirginia.pdf>.

¹²⁰ “Forensic Psychiatry,” *West Virginia University School of Medicine*, accessed April 7, 2017, <http://wvumedicine.org/services/behavioral-and-mental-health/chestnut-ridge-center/forensic-psychiatry/>.

¹²¹ Rebecca Hildebrand, “Annual Report 2016” (West Virginia Division of Corrections, Charleston, WV, 2017), accessed April 10, 2017, <http://www.wvdoc.com/wvdoc/Portals/0/documents/2016-Annual-Report.pdf>.

people may be redirected out of the prison system prior to sentencing through the established mental health courts.¹²²

Wyoming

Wyoming operates one state hospital in Evanston, which accepts forensic patients. Under state law, this facility accepts patients undergoing psychiatric evaluation, those undergoing treatment to restore competency, inmates transferred from the department of corrections, and those who are not guilty by reason of insanity, as well as civil admissions and commitments. Evanston accepts these forensic patients for acute, intermediate, and long-term care. The hospital also expects to see increases in forensic patient admissions, and will likely house 30-40 patients by 2030.¹²³ These patients are housed in Johnson Hall in the Karn building, and treatment is administered by the Criminal Justice Treatment Service, under the Department of Health.¹²⁴

While the Department of Corrections does offer some mental health services, the prison does not offer any inpatient treatment and will transfer such prisoners to an appropriate mental health facility.¹²⁵

According to a 2015 SAMHSA survey, Wyoming had no forensic readmissions to psychiatric hospitals after 30 days, and a 14.3 percent readmission rate after 180 days (11 of 77 discharged patients).¹²⁶

Forensic Psychiatry Privatization Efforts

A 2017 report by the Public Consulting Group, commissioned by Alaska's Department of Health and Human Services and the Mental Health Trust Authority, summarized privatization efforts in states in order to inform the feasibility of privatization at the Alaska Psychiatric Institute. In doing so, the report highlighted lessons from other states. In Florida and Pennsylvania, costs were lowered and the quality of care was improved; alternatively, in Utah, Georgia, North Carolina, and parts of Texas, it was shown that lower costs would detrimentally affect the quality of care for patients.¹²⁷

¹²² "Adult Mental Health Treatment Court Locator," *Substance Abuse and Mental Health Service Administration*, accessed April 10, 2017, https://www.samhsa.gov/gains-center/mental-health-treatment-court-locator/adults?field_gains_mhc_state_value=WV.

¹²³ "Level I/II Study Statement of Work" (Wyoming Department Administration and Information and Wyoming Department of Health, Cheyenne, WY, 2015), accessed April 10, 2017, <http://legisweb.state.wy.us/InterimCommittee/2015/SHFAPPENDIX3-07-13.pdf>.

¹²⁴ "Wyoming State Hospital," *Wyoming Department of Health*, accessed April 10, 2017, <https://health.wyo.gov/behavioralhealth/statehospital/>.

¹²⁵ "Inmate Mental Health Services" (Wyoming Department of Corrections, Cheyenne, WY), accessed April 10, 2017, <https://docs.google.com/a/wyo.gov/viewer?a=v&pid=sites&srcid=d3lvLmdvdnxb2N8Z3g6NDExYWFkNWYzZDA0MzFmNQ>.

¹²⁶ "Wyoming Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System" (Substance Abuse and Mental Health Services Administration, Rockville, MD, 2015), accessed April 15, 2017, <https://www.samhsa.gov/data/sites/default/files/Wyoming.pdf>.

¹²⁷ "Feasibility Study of the Privatization of the Alaska Psychiatric Institute" (Public Consulting Group, 2017), accessed April 10, 2017, http://dhss.alaska.gov/HealthyAlaska/Documents/Initiatives/API%20Privatization%20Feasibility%20Report_Jan%2026%202017.pdf.

Additionally, New Hampshire and Texas also provided unique insights on difficulties posed by procedural and financial irregularities incurred through the transition: the “lack of transparency in the contracting process”; and the sensitivity of the workforce “to change in compensation,” possibly leading to staff shortages.¹²⁸ Kentucky, which began privatizing nursing contracts in 2000, illuminated the possible benefits of partial privatization but also demonstrated the financial pitfalls and staffing problems associated with outsourcing nurses.¹²⁹

Conclusion

Most states provide forensic services through both the state psychiatric hospitals and certain correctional facilities. With the exception of New Hampshire, the state psychiatric hospitals in every state examined above accept at least some categories of forensic patients. Most accept patients for administering competency evaluations, restoring competency and, less frequently, when they are deemed not guilty by reason of insanity (though four states have abolished this defense entirely). Five states have established facilities dedicated exclusively to forensic patients and 17 have established units with beds designated for forensic patients within the state hospitals; however, these categories are not as clear-cut as they seem, since separate forensic facilities may be located on state hospital grounds and/or overseen by state hospital administration.¹³⁰

Many states also administer some degree of mental health services in their state correctional facilities, though only nine of the 20 states studied here had a particular unit for acute inpatient psychiatric services.

Efforts have also been on the rise to divert those with mental illnesses from the criminal justice system and prisons by utilizing mental health courts, which emphasize a therapeutic, rather than punitive, approach to these types of defendants. This has shown to be effective in reducing rates of recidivism when necessary treatment services are available to the defendant.¹³¹

There has not been a nationwide study to compare the effectiveness of state psychiatric hospitals on reducing recidivism; however, there could be a potential value in using the readmission rates reported by SAMHSA to assess the quality of services in each state’s psychiatric hospitals. This data does not establish causation, but it may highlight the states whose psychiatric services have been more influential in preventing re-entry into the criminal/mental health system.

Some states, such as Alaska, have explored the potential of privatizing forensic services, especially in the face of high employee turnover and staff shortages. It is unclear as of now whether this would present any improvement, as case studies have shown varying rates of success in terms of financial feasibility and quality of care.¹³²

¹²⁸ Ibid.

¹²⁹ Ibid.

¹³⁰ Alaska, Arkansas, Delaware, Hawaii, Kansas, Maine, Mississippi, Montana, Nebraska, New Mexico, Nevada, North Dakota, Rhode Island, South Dakota, Utah, West Virginia, and Wyoming were identified above as having forensic units within their psychiatric hospitals. Kansas, Montana, Nevada, Rhode Island housed these patients in separate facilities, and Mississippi is looking to build a new facility for forensic patients.

¹³¹ Steadman et al., “Criminal Justice and Behavioral Health Care Costs of Mental Health Court Participants: A Six Year Study.”

¹³² “Feasibility Study of the Privatization of the Alaska Psychiatric Institute” (Public Consulting Group, 2017), accessed April 10, 2017,

This report was completed on May 16, 2017 by Jasmine Graham and Hannah Morgan under the supervision of Professors Eileen Burgin, Alec Ewald and Jack Gierzynski and with the assistance of Research Assistant Laura Felone in response to a request from Representative Anne Donahue.

Contact: Professor Anthony Gierzynski, 517 Old Mill, The University of Vermont, Burlington, VT 05405, phone 802-656-7973, email agierzyn@uvm.edu.

Disclaimer: This report has been compiled by undergraduate students at the University of Vermont under the supervision of Professor Anthony Jack Gierzynski, Professor Alec Ewald and Professor Eileen Burgin. The material contained in the report does not reflect the official policy of the University of Vermont.

<http://dhss.alaska.gov/HealthyAlaska/Documents/Initiatives/API%20Privatization%20Feasibility%20Report%20Jan%2026%202017.pdf>.