



# Court Mental Health Workgroup

## Presentation to General Assembly

January 24<sup>th</sup>, 2011



# Purpose of the Court Mental Health Workgroup

## Legislative Language HF2526

...and develop methods for the department and the judicial branch to facilitate regular meetings and other communication between representatives of the criminal justice system, service providers, county central point of coordination administrator, other pertinent state agencies and other stakeholders to improve the processes for involuntary commitment for chronic substance abuse under chapter 125 and serious mental illness under chapter 229.



# Attendees

- Beth Baldwin, District Court Administrator
- John Baldwin, Director, Iowa Department of Corrections
- David Boyd, State Court Administrator
- Linda Brundies, Assistant Ombudsman
- Bhasker Dave, MD, Superintendent, Independence Mental Health Institute
- Tom Eachus, Executive Director, Community Mental Health Center
- Neil Fagan, Director, Iowa Lutheran Hospital
- Mary Ann Gibson, Executive Director, Waubonise Mental Health Center
- Steve Hoffman, Chief Jailer, Marshalltown
- Gretchen Kraemer, Assistance Attorney General
- Deb Littlejohn, Clerk of Court, Wapello County
- Carol Logan, Central Point of Coordination Administrator Wapello County
- Jerry Mayes, PhD, Chair, Olmstead Consumer Task Force
- Jeanne Nesbit, Administrator, Department of Human Services
- Terry Rickers, Judicial Magistrate, Jasper County
- Dan Royer, Director of Advocacy, Iowa Hospital Association
- L. Jay Stein, Magistrate, Johnson County
- John Willey, Board of Supervisor, Maquoketa
- Craig Wood, Central Point of Coordination Administrator , Linn County
- Kelly Yeggy, Judicial Advocate



# Dates of meetings

- August 27<sup>th</sup>, 2010
  - September 28<sup>th</sup>, 2010
  - October 28<sup>th</sup>, 2010
  - December 17<sup>th</sup>, 2010
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- 9:30 am-3:00 pm

# Summary of Meetings

## **What is working**

- The Mental Health Advocate in Marion, Jasper and Polk County
- Cooperation with the Clerk, County Attorney and CPC
- The Behavioral Health Screenings done in Warren County
- Telepsychiatry
- Transportation (in some counties)
- CIT (Crisis Intervention Training)
- Mental Health First Aid



## **What is not working:** Areas that need to be addressed

- Education and Training: Magistrates, Judges, Physicians, Psychiatrists , Advocates
- Transportation
- Commitments as a two step process
- 24 hour hold by physicians
- Liability issue for CMHC
- The shuffle for beds
- Urban vs. Rural issues
- Sub-acute level of care is not available
- No standard procedure across the state
- Corrections / Mental Health issues
- Chapter 229



## Presentations/updates to Workgroup

- State Ombudsman's work with the CPC survey in 2010
- Acute Care Task Force work in 2009-2010
- Magellan RFP for Crisis Services
- The state of Iowa Correction System
- The Iowa Hospital Association
- Issues identified with law enforcement
- Alternatives to Guardianship
- Chapter 229 overview



## Possible solutions to improve commitment process

- Develop a tool to assist with finding a bed when commitment is determined.
- Resolve the issue of Medical pre-screens that are mandated by some hospitals.
- Provide sub-acute care
- Utilize the Mental Health Advocate
- Remove restrictions on Nurse Practitioner for Outpatient only.
- Provide a pre-commitment evaluation



## Possible solutions to improve commitment process (continued)

Provide annual training on mental health commitment procedures to:  
Magistrates, CPC's, Physicians, and Clerks of Court.

Provide a "Step by Step Committal procedure" for those magistrates across the state that encounters only one or two committals each year.

Educate Psychiatrists on the judicial process and language.

Revise the application and affidavit to include questions regarding:  
Dissolution proceedings, Domestic Violence and Custody Issues

## Recommended changes to Chapter 229

- Change “Chemotherapy” to “Prescriptive Medical Therapy.” Or Change “Chemotherapy to “Medication Treatment”.
- Change Chief Medical Officer to other language such as “Attending physician/Psychiatric Advanced Registered Nurse Practitioner (ARNP) since no hospital has a chief medical officer that deals with the commitment process. Change the wording of chief medical officer throughout the code to this language. Or omit Chief Medical Officer.
- Add Licensed Mental Health Counselors (LMHC), Licensed marriage and Family Therapist (LMFT) and Family ARNPs with experience in the treatment of mental disorders to the “Qualified mental health professional” listing.
- Add a definition for Physician Assistants which would include training, educational requirements, experience which would be necessary to allow them to testify at hearings like mental health professionals.
- Add a definition of custody as it pertains to law enforcement, emergency rooms, hospitals, courts. There is currently confusion over **when** someone is in custody.
- Modify definition of “Serious Mental Impairment” 229.15(a) to include “as evidenced by a recent overt act, attempt or threat.”
- Define “Alternate Placement” as Dept. of Inspection and Appeals licensed facility & requires reporting by the respondent’s identified CMO.



Recommendations from the group have been submitted to the Supreme Court for changes to specific Court forms

1. Physicians report to the court: Form 20
2. Periodic Report to the Court
3. Discharge Report



## Identification of opportunities

### Opportunities for the Court/Judiciary

- Advocate job description previously approved by the Judicial Council should be implemented statewide.
- Clarification and direction from the court to magistrates regarding reports accepted by Chief Medical Officers.
- New Forms developed within the Court Mental Health Workgroup need review from the Judicial Council and the Court before implementation.
- Assist with access to information possibly utilizing the existing ICIS (Iowa Court Information System) database system in the state.



## Opportunities for DHS

- Assist with training of magistrate, physicians, Clerks of Court, Advocates, CPCs, Law Enforcement, Providers (who have commitment responsibilities) and County Attorneys.
- DHS will work with Iowa Health System to search web-based options for identification of psychiatric bed availability across the state.



## Opportunities identified by Providers

- Complete assessments for the court. The workgroup recommended that this be a routine part of the commitment process.

## Opportunities identified by CPC's (County Point of Contact)

- CPC advocate group completed the Advocate job description and sent it on to the court for approval. The recommendation was made to have the court oversee the advocate training.

## Opportunities identified by Consumers

- There are 100 Peer Support Specialists trained to assist respondents. We need to utilize them. Peer Support Specialists can assist CPCs.
- Consumers need to learn and understand the process



## DHS/Court Administration Follow-up

- Discussion with Iowa Lutheran Hospital and MHI regarding court access to Psychiatric bed availability. In process of connecting Iowa Department of Public Health to inquire about their web based system.
- Discussion with Court Administrators office regarding training for Magistrates and Doctors to be held during mandated annual Magistrate training in June.
- Also development of pilot study utilizing system mapping in one area/district to set template for possible study of entire state.