

RECOMMENDATIONS FOR LEGISLATIVE CHANGES TO THE JUDICIAL MENTAL HEALTH ADVOCATE STRUCTURE

By Kelly Yeggy

Disclaimer: The following are my personal opinions and recommendations and does not reflect the position of any group or committee of which I am affiliated.

- 1) Advocates should be identified as a core service. (Time frame: July 1, 2013)
- 2) The Supreme Court adopts new physician reporting forms currently being piloted in the Fourth and Seventh Judicial Districts. (Time frame: July 1, 2013)
 - Reason: Conservation of resources as this will allow for a more accurate number of individuals who appropriately need to remain under commitment, i.e. continue to meet legal criteria. In the 7th Judicial District they have experienced over a 40% reduction in on-going commitments.
- 3) Advocates will be appointed to *new Respondents* based on court venue criteria (229.44) versus county model of residency, i.e. if facility placement this allows local Advocate to be appointed. (Time frame July 1, 2013). A policy/procedure for the transition of current Respondent cases will be developed. (Time frame July 1, 2014 with complete transition by January 1, 2015)
 - Reason: Termination of legal settlement.
 - Reason: The local Advocate can be more responsive.
- 4) The Advocates should be placed as ‘an administratively attached unit’ under the Department of Inspections and Appeals (DIA). Other ‘administratively attached units’ are: Child Advocacy Board (CASA), State Public Defender’s Office, Employment Appeal Board and Iowa Racing and Gaming commission. (Time frame: staggered. Dollars for funding are transferred from county to state *to develop unit* under DIA on July 1, 2013. Office created by January 1, 2014. Remaining dollars transferred to the state to complete transition to the DIA unit on July 1, 2014)
 - Reason: To avoid any conflicts of interest, the Advocate structure needs to maintain its autonomy, independent from DHS, counties, Magellan, Judicial Branch, as well as provider agencies.
- 5) A Chief Advocate is appointed as head of the administratively attached unit and is responsible for development and implementation of policy and training as well as supervision of Advocates. (Time frames: appointment of Chief Advocate January 1, 2014)
 - Reason: Advocates need training, initial and on-going and none currently exists.
 - Reason: Advocates need supervision to ensure consistency state-wide as well as accountability through a supervisory audit process.
- 6) The Chief Advocate, in collaboration with the Courts, will determine such issues as case loads, geographical territories, etc. Advocates will still be appointed to individual Respondent cases by the local Court
- 7) Advocates should be expanded to individuals under a Ch. 222 commitment who do NOT have a guardian appointed and for those found guilty by reason of insanity while residing in a licensed facility (Time frames: July 1, 2014). ***Alternative*** if Ch. 222 is going to sun set, appoint Advocates to assist in closing out all cases to prevent an individual’s services from being interrupted or terminated when the Ch. 222 commitment is closed.
 - Reason: Protection of underserved and vulnerable individuals.
- 8) Advocates should NOT be expanded for those under a Ch. 125 substance abuse commitment unless there is a co-occurring mental health commitment under Ch. 229
 - Reason: To conserve resources and based on need. Following detoxification, an individual does not have a condition that would impede their ability to advocate for themselves.
- 9) The Court should be given legal authority to terminate an individual’s commitment under the circumstance of guardian appointment in which the guardian appointment is meeting the needs of the individual based off the Advocate’s recommendation (Time frame July 1, 2013).
 - Reason: Conservation of resources, however, not all commitments should be terminated. For example, due to the symptoms of a person’s illness, an individual under commitment may not recognize the authority of the guardianship and the commitment is the sole influence relating to compliance with treatment.