

Involuntary Commitment and Behavioral Health Crisis Services Overview

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Georgia Department of Behavioral Health & Developmental Disabilities

Judy Fitzgerald, Commissioner

February 7, 2020



Involuntary Civil Commitment – Adult Mental Health Overview

Dr. Emile Risby, M.D.

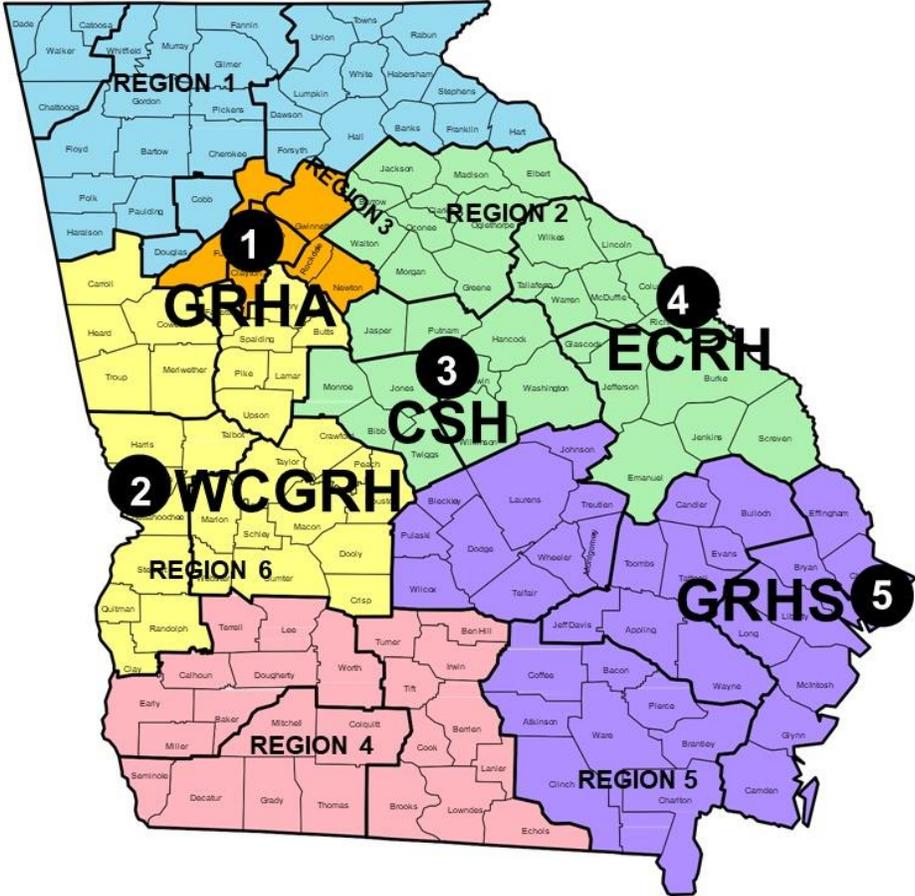
Medical Director, Georgia Regional Hospital, Atlanta



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Georgia Department of Behavioral Health
& Developmental Disabilities

DBHDD Hospitals



Services Offered in DBHDD Hospitals

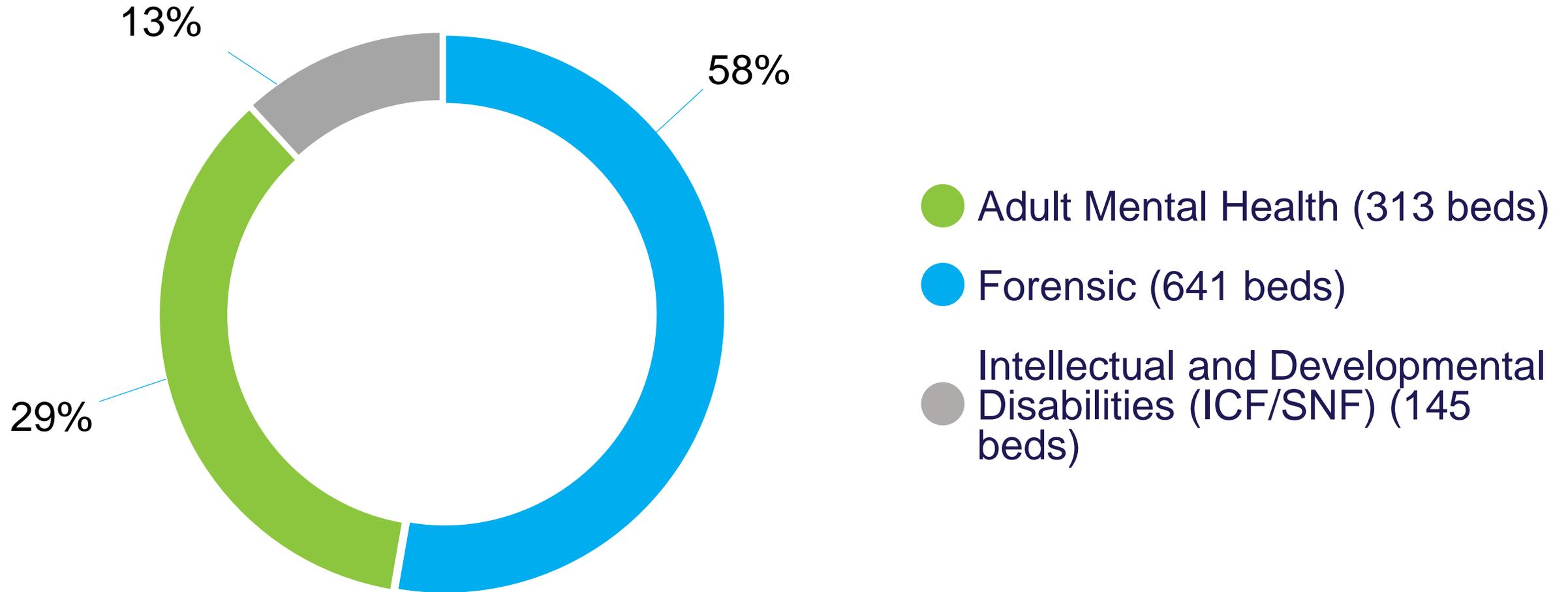
Psychiatric Treatment

- **Full array of therapeutic modalities**
- Nursing Care
- Psychosocial Rehabilitation
- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Activity Therapy
- Music Therapy

Medical Treatment

- Primary Care Provider
- Coordination of medical specialty care (surgical, endocrine, infectious disease, ophthalmology, GYN, etc.)
- Respiratory Therapy
- Wound Care
- Pharmacy Services
- Laboratory Services
- Dental

DBHDD Hospital Bed Capacity



Total Bed Capacity: 1,099

As of December 12, 2019

DBHDD Inpatient Bed Capacity

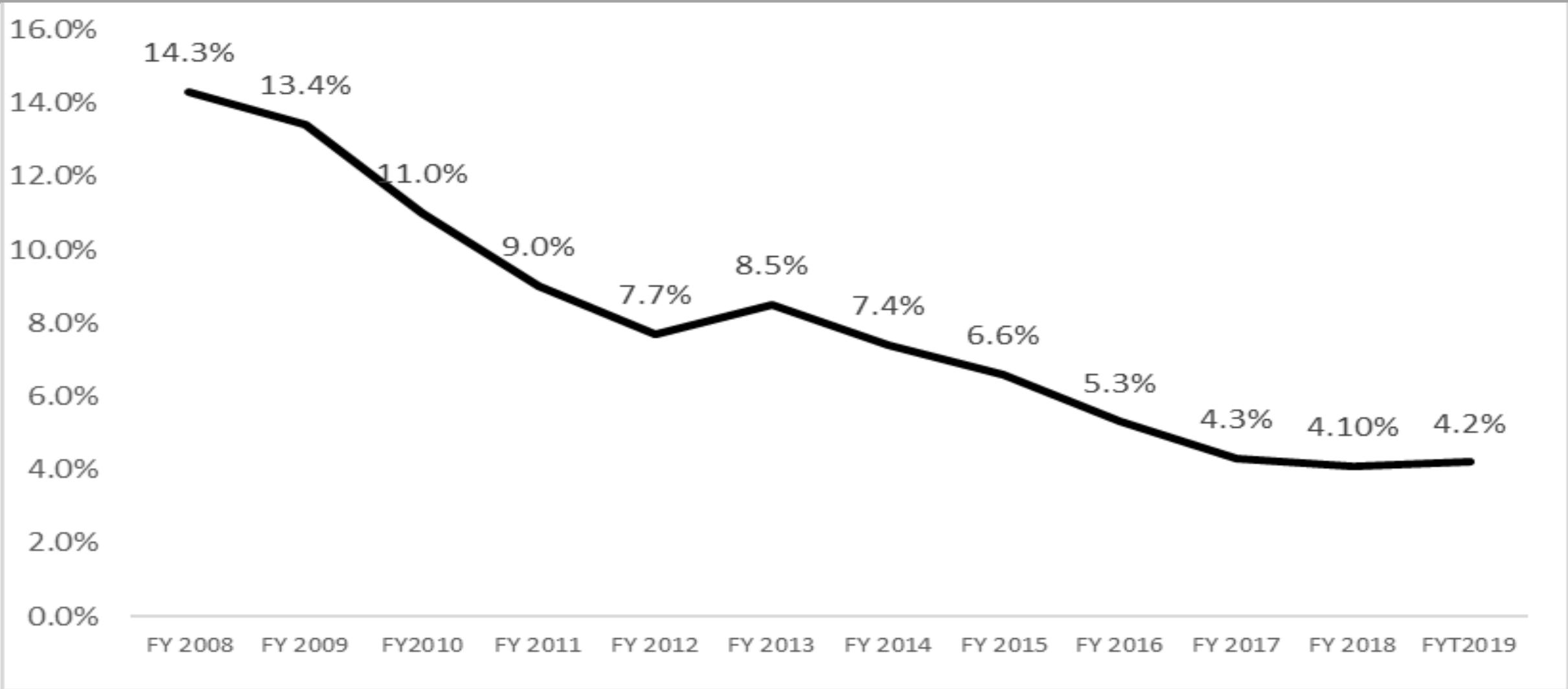
Hospital	Adult Mental Health	Forensic	I/DD	Nursing Home	TOTAL
GRHA - Atlanta	114	124		23	261
WCGRH - Columbus	40	154			194
CSH - Milledgeville		182			182
ECRH - Augusta	90	71	97	25	283
GRHS - Savannah	69	110			179
Total	313	641	97	48	1,099

Adult Mental Health (AMH) Services – FY 2019

Hospital	Discharges	Median Length of Stay
GRH-Atlanta	811	21
West Central	55*	112*
East Central	664	14
GRH-Savannah	655	10

*West Central primarily serves people with chronic inpatient needs.

30-Day Readmit Rate (AMH, not Court Controlled)



GRHA AMH Program and Legal Statuses

- The Adult Mental Health Program at GRHA includes 3 inpatient units totaling 114 beds.
 - Each unit serves adults, 18 and over, who have a variety of psychiatric diagnoses.
 - Individuals may be experiencing psychiatric crisis due to new or recurring mental illness, non-compliance with medications, use of intoxicants, psychosocial stressors, or a combination of these factors.
- The mission of the AMH Program is to stabilize and improve the functioning of persons with severe mental illness and behavioral health challenges.
- While at GRHA, individuals work closely with the hospital's Recovery Planning Teams and outside providers alike to develop clinically-appropriate discharge plans, ensure continuity of care, and achieve an independent level of functioning when integrated into the community.

AMH Program Staff Expertise

- AMH units operate under the administrative leadership of expert clinical staff including:
 - physicians;
 - registered and licensed practical nurses;
 - social workers;
 - Psychologists;
 - and direct care team members
- Staff facilitate therapeutic activities in Psychosocial Rehabilitation Treatment Malls and Recreational Centers as well as enriching on- and off-campus opportunities.
- Individuals are offered tailored services for limited English proficiency and/or sensory impairment.

AMH Involuntary Hospitalization Criteria

- The individual has mental illness consisting of a disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life. (Traumatic brain injury does not qualify as a mental illness.); AND
- Hospitalization is the least-restrictive level of care available for the individual; AND
- The individual presents a substantial risk of harm to himself/herself or others, as manifested by recent overt acts or expressed threats of violence, which present a probability of physical injury to himself/herself or others; OR
 - The individual is so unable to care for his/her own physical health and safety as to create an imminently life-endangering crisis.

Legal Status Forms

See Handout

Legal Status Guidelines and Expiration

Once an individual arrives to a State Hospital a:

- 1013 expires 48 hours (2 days).
- 1014 expires 5 business days from the date signed by the initiating or admitting physician, excluding holidays / weekends.
- 1009/1012 expires 180 days after being signed by the initiating or admitting physician.
- 1021 expires on the date specified by the probate court in the order.
- Forensic Court Order expires 365 days after the individual arrives to GRHA.

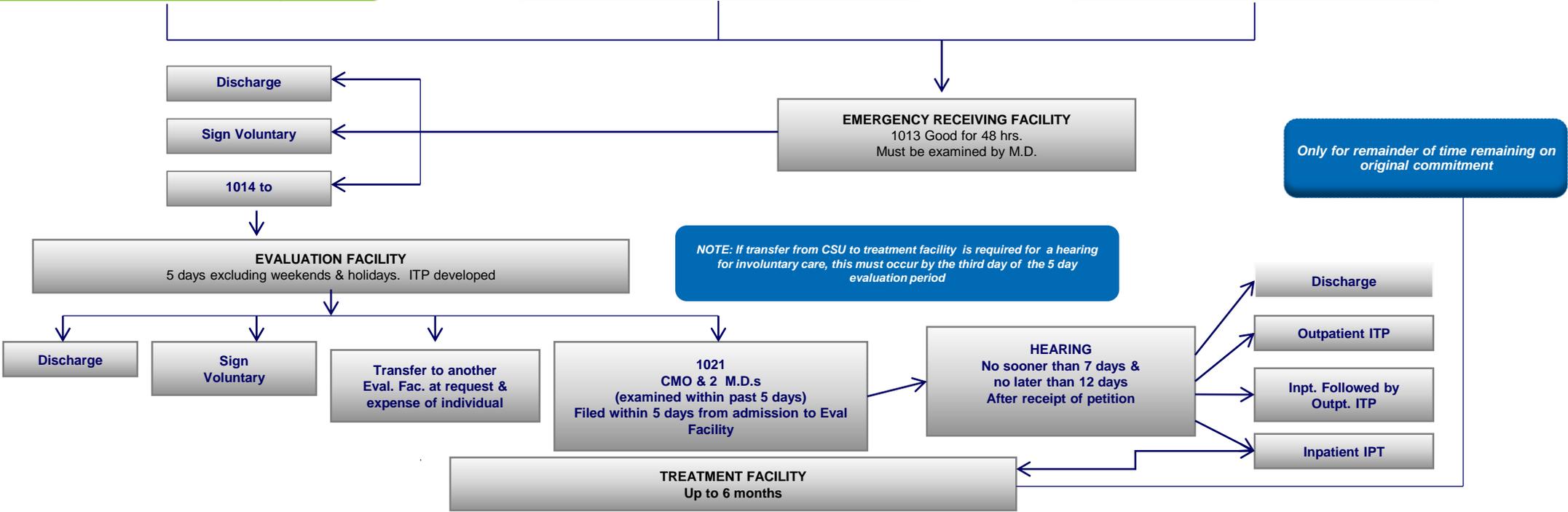
Emergency Admission Flow Chart

INVOLUNTARY CARE DECISION TREE Applicable to Georgia's Emergency Receiving, Evaluating and Treatment Facilities

1013
Good for 48 hrs. to evaluate *
Good for 7 days to apprehend

Probate Court Order
Issue based on:
1) Unexpired 1013
2) Affidavit – (2 persons who saw individual's behavior within past 48 hrs.)
* Good for 7 days to apprehend

Peace Officer
Take to M.D. or E.R.F. any person who:
1) Is committing penal offense AND
2) There is probable cause to suspect individual is mentally ill and needs involuntary treatment



*Georgia Law permits 1013 / 2013 to be signed by MD, Psychologist, LCSW, APRN [CNS].

Forensic Civil Commitment

Karen Bailey, Ph.D.

Director

Office of Forensic Services



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Georgia Department of Behavioral Health
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Forensic Commitment: Why is it Important to Understand

Occupies a significant portion of our state hospital beds

- 67% of state hospital mental health beds

Demand exceeds capacity

Increasing annually

Forensic Commitments

ONLY in response to a legal question

Not mechanism for an individual in jail to obtain treatment

- Focus of treatment different
- Access/urgency different

The Legal Questions

Competency to Stand Trial

- Present status
- Ability to participate in trial in a fair and meaningful way

Insanity/Criminal Responsibility

- Mental state at the time of the alleged offense
- Impacts whether person can be held legally responsible for their actions

COMPETENCY AND INSANITY

Questions can only be asked by:

- The attorneys (generally, defense)
- The judge

Hospital Admission
(or any forensic commitment)

- Only occurs by court order from the judge in the criminal case

NGRI (Not Guilty Be Reason of Insanity)

30-day Evaluation Period

Civil Commitment

- Annually, hospital reports opinion regarding commitment criteria
- No limit on renewals

Conditional Release

- Continue under jurisdiction of the Court and oversight of DBHDD
- Detailed plan based on a comprehensive risk assessment
- Monitored by DBHDD
- Similar to a blend of outpatient commitment and probation, but not quite
- Automatic return to the hospital if DBHDD opines that it is needed
- Relatively steady population

Incompetent to Stand Trial (IST)

Incompetent to Proceed

Judge can commit for restoration

- Inpatient or Outpatient
 - Statute – non-violent offense
 - Case Law (2018: Carr & McGourik) – bond cases

Initial Restoration Period:

- *Up to 90 days* – report to Court
- Can be extended for an additional 9 months
- Note: option for change of type of commitment

If not Restored - Considered Unrestorable

Nolle Prosequi and request DBHDD to petition in Probate Court

Criminal Court retain jurisdiction & Oversee Civil Commitment Proceedings

- Inpatient or outpatient
- Up to one year
- Review annually
 - Misdemeanors: up to one year
 - Non-Violent Felony: up to 5 years or maximum sentence
 - Violent Felonies: up to maximum sentence
- Criteria
 - Same as non-forensic civil commitment (*Jackson v. Indiana*)
 - Reality: thresholds
 - Lower for commitment
 - Higher for release

What is Outpatient Commitment for IST?

Looks like a Conditional Release, but isn't really

DBHDD provides mental health monitoring and reports to the criminal court annually

If return to hospital is needed, use probate procedures

- **Notify Criminal Court**

Outpatient Commitment (Forensic)

Monitored by Forensic Community Coordinator (FCC)

Focus: Mental Health Compliance

Other Conditions of Release Plan

- Not Probation Officers
- Substance Use

Role of CSBs/Outpatient Mental Health Providers

Issues from DBHDD Perspective

Number of individuals ordered for hospital restoration exceeds capacity

- Results in those really needing services waiting
- Not all individuals need to be in the hospital for restoration

60% of Forensic Beds are Long-Term Civilly Committed Clients

Misdemeanor Use of the Forensic System

Outpatient Commitment

- What do we want it to do?
- Are we casting forensic net to accomplish mental health needs?

Behavioral Health Services: Crisis Overview

Monica Johnson, MA, LPC

Director

Division of Behavioral Health

Debbie Atkins, MAC, LPC

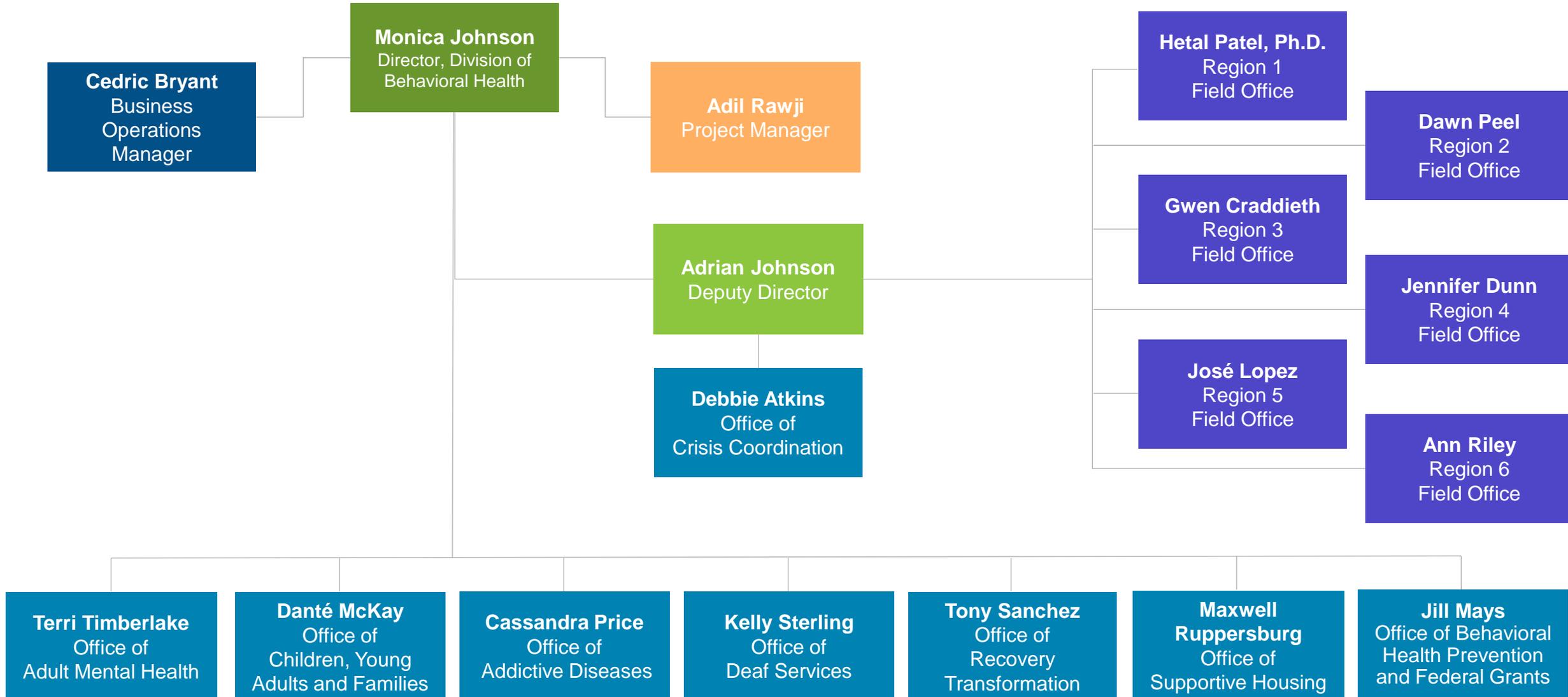
Director, Office of Crisis Coordination



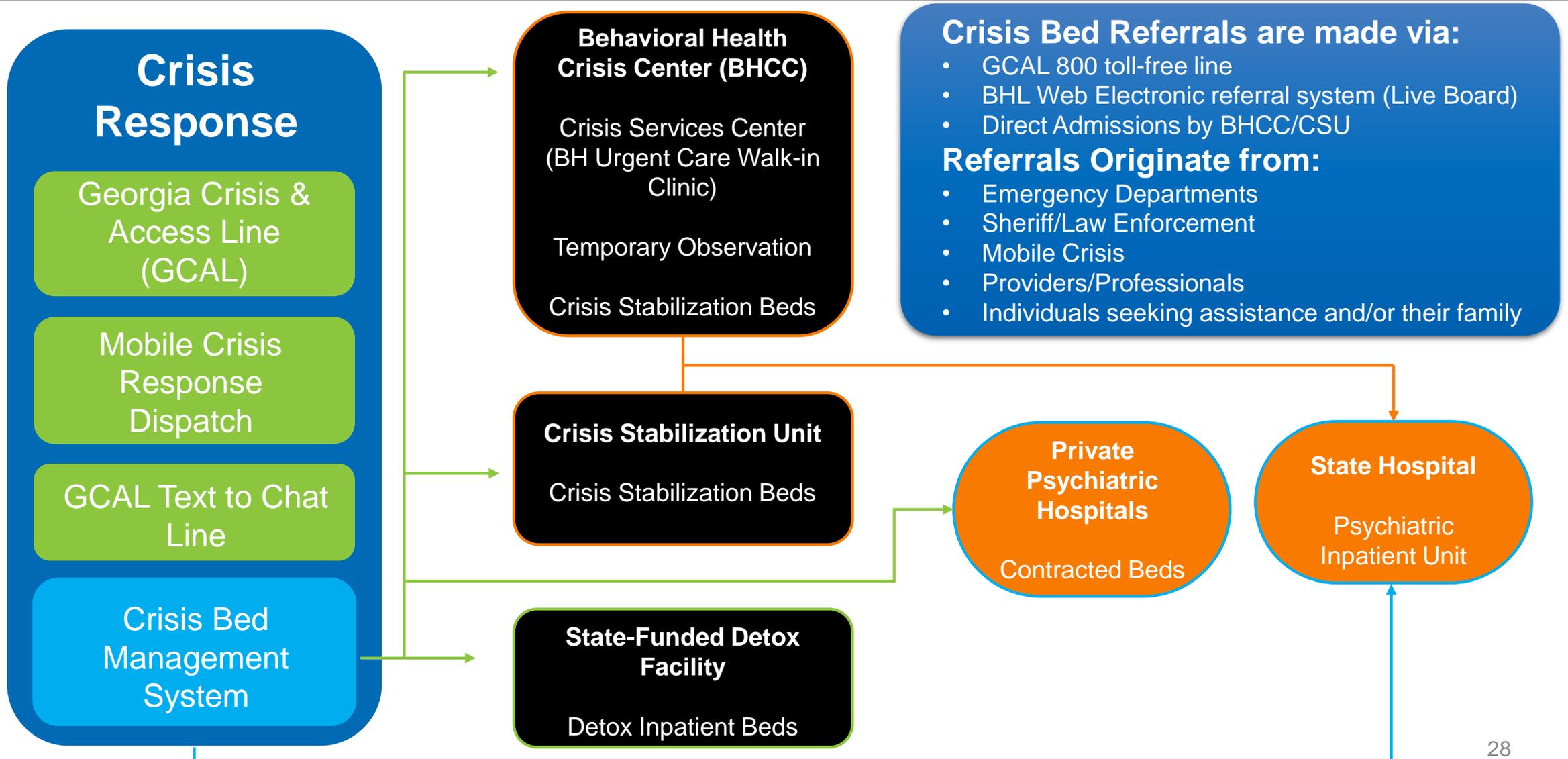
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Division of Behavioral Health Organization



Behavioral Health Crisis Continuum

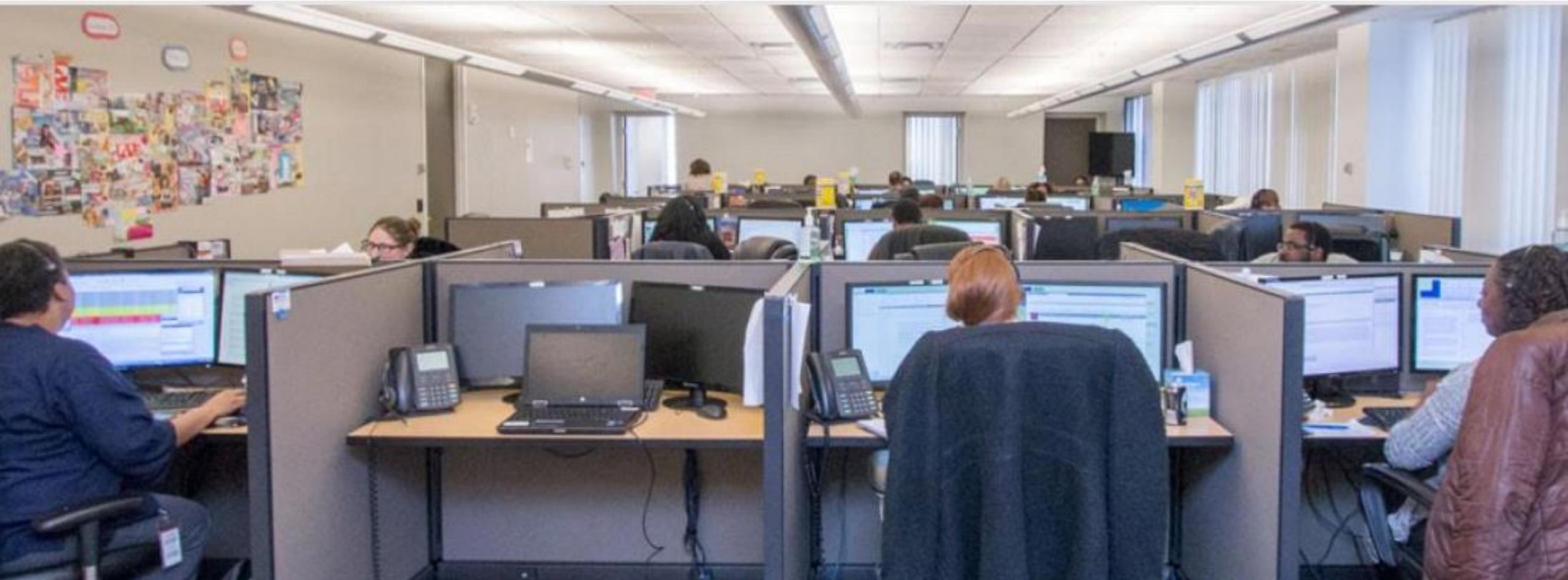


Georgia Crisis and Access Line (GCAL)

- 24 hours a day, 7 days a week
- Statewide (159 counties)
- Connects callers with licensed clinicians and trained professionals
- Deploys mobile crisis response
- Manages entry into crisis services
- For individuals with intellectual/developmental disability and/or behavioral health
- Provider referrals
- Free and confidential
- Mobile application and texting capability



GCAL Crisis Call Center



Georgia Crisis and Access Line (GCAL)

- Atlanta-based call center receives 650-1,000 contacts on most business days
 - Nearly 40% are individuals calling for themselves
 - 6% are calling for their friends or family
 - 46% are professionals seeking support for an individual under their care or in their services
- Professionals call GCAL from emergency rooms, community mental health centers, private psychiatric hospitals, family and children services, courts, schools, law enforcement, probation and parole, and juvenile justice.

GCAL Referral Board

- Electronic database to provide a real-time picture of the use and availability of state-funded crisis beds
- GCAL and DBHDD-contracted providers can easily access information about who is waiting for a bed, how long they have been waiting, and how many beds are available 24/7
- Facilitates referral to services and/or placement in an appropriate treatment facility

Function and Role of the Referral Board

Electronic access to referrals into the crisis system

- Referrals are viewable by crisis providers electronically or can be accessed via a call to the Georgia Crisis and Access Line (GCAL)
- The referral is viewable by the appropriate provider in the region where the crisis occurred
- The facilities are required to review and assess individuals

Real-time tracking of crisis bed census and availability

- Once a facility receives and evaluates a person and that person meets criteria to be placed in a bed, the facility can place the person in a bed
- This bed is considered occupied and no longer available
- DBHDD can track volume, length of stay, and many other data points to help improve the system

Benefits of the Referral Board

Air traffic control
of the referrals
to the crisis
system

Data on volume
and wait times

Ability to see
the crisis
capacity and
demand
across the
state

Better
access to
services

Crisis Supports

Crisis Stabilization Units (CSU)

- Residential alternative to inpatient hospitalization
- Community-based, medically monitored, short-term psychiatric stabilization and detoxification
- 71 CSU youth bed capacity
- 245 CSU standalone adult bed capacity
- 509 total adult crisis bed capacity (CSU and BHCC)

Crisis Supports

Behavioral Health Crisis Centers (BHCC)

- 24/7 walk-in access
- Psychiatric crisis assessment, intervention, and counseling
- Interventions include temporary observation, mobilization of natural support systems, and successful linkage to appropriate level of care
- 264 BHCC bed capacity
- 509 total adult crisis bed capacity (BHCC and CSU)
- 96 bed temporary observation capacity

Adult Crisis Utilization & Capacity FY19

Type of Facility	Number of units	Number of beds	Total Served
State funded Detoxification Facility (Voluntary)	3	N/A	1,117
CSU/BHCC	23	509	26,224
State Contract Hospital Beds	11	N/A	4,546

Children/Youth Crisis Utilization & Capacity FY19

Type of Facility	Number of units	Number of beds	Total Served
Crisis Stabilization Unit (CSU)	4	71	2,145
Contracted Psychiatric Hospital (SCB)	12	n/a	619
Psychiatric Residential Treatment Facility (PRTF)	6	n/a	108

Mobile Crisis Response Service (MCRS)

**Community-based,
face-to-face rapid
response to
individuals in active
crisis**

**Statewide services
for individuals with
BH or I/DD
conditions**

**Available 24/7
through GCAL at
800-715-4225**

**Offers crisis
assessment,
intervention, and
referral services**

**Available in homes,
schools, hospital
emergency
departments, jails,
etc.**

**Includes post-crisis
follow-up to ensure
linkage with
recommended
services**

A close-up photograph of a hand holding a blue pen, poised to write on a spiral-bound notebook. The notebook is open, and the pen is positioned over a blank page. The background is softly blurred, focusing attention on the hand and the pen.

BE INFORMED

Questions?



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