Involuntary Civil Commitment – Adult Mental Health Overview

Dr. Emile Risby, M.D.
Medical Director, Georgia Regional Hospital, Atlanta
## Services Offered in DBHDD Hospitals

<table>
<thead>
<tr>
<th>Psychiatric Treatment</th>
<th>Medical Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Full array of therapeutic modalities</td>
<td>• Primary Care Provider</td>
</tr>
<tr>
<td>• Nursing Care</td>
<td>• Coordination of medical specialty care (surgical, endocrine, infectious disease, ophthalmology, GYN, etc.)</td>
</tr>
<tr>
<td>• Psychosocial Rehabilitation</td>
<td>• Respiratory Therapy</td>
</tr>
<tr>
<td>• Occupational Therapy</td>
<td>• Wound Care</td>
</tr>
<tr>
<td>• Physical Therapy</td>
<td>• Pharmacy Services</td>
</tr>
<tr>
<td>• Speech Therapy</td>
<td>• Laboratory Services</td>
</tr>
<tr>
<td>• Activity Therapy</td>
<td>• Dental</td>
</tr>
<tr>
<td>• Music Therapy</td>
<td></td>
</tr>
</tbody>
</table>
DBHDD Hospital Bed Capacity

Total Bed Capacity: 1,099

- Adult Mental Health (313 beds) - 29%
- Forensic (641 beds) - 58%
- Intellectual and Developmental Disabilities (ICF/SNF) (145 beds) - 13%

As of December 12, 2019
## DBHDD Inpatient Bed Capacity

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Adult Mental Health</th>
<th>Forensic</th>
<th>I/DD</th>
<th>Nursing Home</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRHA - Atlanta</td>
<td>114</td>
<td>124</td>
<td></td>
<td>23</td>
<td>261</td>
</tr>
<tr>
<td>WCGRH - Columbus</td>
<td>40</td>
<td>154</td>
<td></td>
<td></td>
<td>194</td>
</tr>
<tr>
<td>CSH - Milledgeville</td>
<td>182</td>
<td></td>
<td></td>
<td></td>
<td>182</td>
</tr>
<tr>
<td>ECRH - Augusta</td>
<td>90</td>
<td>71</td>
<td>97</td>
<td>25</td>
<td>283</td>
</tr>
<tr>
<td>GRHS - Savannah</td>
<td>69</td>
<td>110</td>
<td></td>
<td></td>
<td>179</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>313</strong></td>
<td><strong>641</strong></td>
<td><strong>97</strong></td>
<td><strong>48</strong></td>
<td><strong>1,099</strong></td>
</tr>
</tbody>
</table>
### Adult Mental Health (AMH) Services – FY 2019

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Discharges</th>
<th>Median Length of Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRH-Atlanta</td>
<td>811</td>
<td>21</td>
</tr>
<tr>
<td>West Central</td>
<td>55*</td>
<td>112*</td>
</tr>
<tr>
<td>East Central</td>
<td>664</td>
<td>14</td>
</tr>
<tr>
<td>GRH-Savannah</td>
<td>655</td>
<td>10</td>
</tr>
</tbody>
</table>

*West Central primarily serves people with chronic inpatient needs.*
30-Day Readmit Rate (AMH, not Court Controlled)
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

**IN VOLUNTARY 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

**EMERGENCY RECEIVING FACILITY**
1013 Good for 48 hrs.
Must be examined by M.D.

**EMERGENCY RECEIVING FACILITY**
1013 Good for 48 hrs.
Must be examined by M.D.

**EVALUATION FACILITY**
5 days excluding weekends & holidays. ITP developed

**Sign Voluntary**

**Transfer to another Eval. Fac. at request & expense of individual**

**1021**
CMO & 2 M.D.s (examined within past 5 days)
Filed within 5 days from admission to Eval Facility

**HEARING**
No sooner than 7 days & no later than 12 days After receipt of petition

**TREATMENT FACILITY**
Up to 6 months

**NOTE:** If transfer from CSU to treatment facility is required for a hearing for involuntary care, this must occur by the third day of the 5-day evaluation period

*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

Georgia Department of Behavioral Health & Developmental Disabilities
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
<table>
<thead>
<tr>
<th><strong>Questions can only be asked by:</strong></th>
<th><strong>Hospital Admission (or any forensic commitment)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• The attorneys (generally, defense)</td>
<td>• Only occurs by court order from the judge in the criminal case</td>
</tr>
<tr>
<td>• The judge</td>
<td></td>
</tr>
</tbody>
</table>
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
Behavioral Health Crisis Continuum

Crisis Response
- Georgia Crisis & Access Line (GCAL)
- Mobile Crisis Response Dispatch
- GCAL Text to Chat Line
- Crisis Bed Management System

Behavioral Health Crisis Center (BHCC)
- Crisis Services Center (BH Urgent Care Walk-in Clinic)
- Temporary Observation
- Crisis Stabilization Beds

Crisis Stabilization Unit
- Crisis Stabilization Beds

State-Funded Detox Facility
- Detox Inpatient Beds

Crisis Bed Referrals are made via:
- GCAL 800 toll-free line
- BHL Web Electronic referral system (Live Board)
- Direct Admissions by BHCC/CSU

Referrals Originate from:
- Emergency Departments
- Sheriff/Law Enforcement
- Mobile Crisis
- Providers/Professionals
- Individuals seeking assistance and/or their family

Private Psychiatric Hospitals
- Contracted Beds

State Hospital
- Psychiatric Inpatient Unit
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
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.

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
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
<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>Number of units</th>
<th>Number of beds</th>
<th>Total Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>State funded Detoxification Facility (Voluntary)</td>
<td>3</td>
<td>N/A</td>
<td>1,117</td>
</tr>
<tr>
<td>CSU/BHCC</td>
<td>23</td>
<td>509</td>
<td>26,224</td>
</tr>
<tr>
<td>State Contract Hospital Beds</td>
<td>11</td>
<td>N/A</td>
<td>4,546</td>
</tr>
<tr>
<td>Type of Facility</td>
<td>Number of units</td>
<td>Number of beds</td>
<td>Total Served</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>-----------------</td>
<td>----------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Crisis Stabilization Unit (CSU)</td>
<td>4</td>
<td>71</td>
<td>2,145</td>
</tr>
<tr>
<td>Contracted Psychiatric Hospital (SCB)</td>
<td>12</td>
<td>n/a</td>
<td>619</td>
</tr>
<tr>
<td>Psychiatric Residential Treatment Facility (PRTF)</td>
<td>6</td>
<td>n/a</td>
<td>108</td>
</tr>
<tr>
<td>Community-based, face-to-face rapid response to individuals in active crisis</td>
<td>Statewide services for individuals with BH or I/DD conditions</td>
<td>Available 24/7 through GCAL at 800-715-4225</td>
<td></td>
</tr>
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<td></td>
</tr>
<tr>
<td>Offers crisis assessment, intervention, and referral services</td>
<td>Available in homes, schools, hospital emergency departments, jails, etc.</td>
<td>Includes post-crisis follow-up to ensure linkage with recommended services</td>
<td></td>
</tr>
</tbody>
</table>
BE INFORMED
Questions?