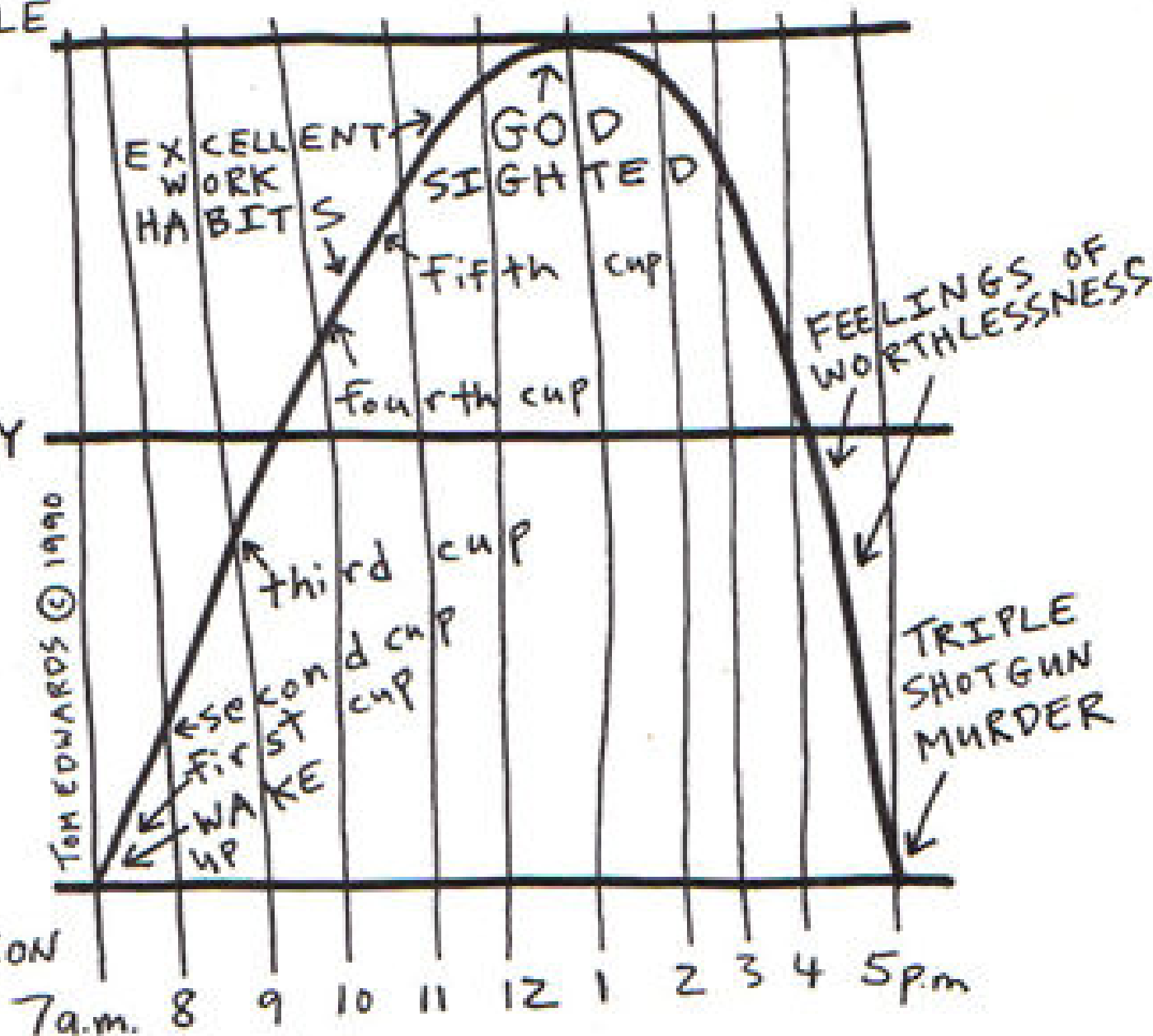


THE CAFFEINE CURVE

INCREDIBLE
ELATION

NORMALCY

SEVERE
DEPRESSION



A SUCCESSFUL FORENSIC MONITORING SYSTEM IN MISSOURI

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Background

- Missouri law provides for the Conditional Release of patients acquitted for a crime as Not Guilty by Reason of Mental Disease or Defect (NGRI)
- Revised Missouri Statutes Chapter 552
- In nearly all cases (a legal exception for Immediate Conditional Release is rarely used) the person is committed to inpatient care with Missouri DMH for an indefinite period

Background

- Missouri law Chapter 552.040 provides for release of such patients.
- There is both Conditional Release and Unconditional Release
- Unconditional Release as a first step is very rare
 - Typically for a condition such as “drug-induced psychosis” or some other condition not expected to recur absent wrongdoing by the patient

Background

- ◉ Burden of proof for any release is on the patient. The patient must show *by clear and convincing evidence* that he/she is not likely to be dangerous due to mental disease
 - Burden of proof for release is very important
 - Completely opposite the burden in “civil” cases
 - Obligates patient to accept treatment and monitoring measures in return for release



OVERCONFIDENCE

This is going to end in disaster, and you have no one to blame but yourself.

Steps for release

- Typical NGRI patient stabilizes as an inpatient, possibly progressing through various secure facilities
- Is eventually determined by his treatment team to be ready for release
- Must be approved by Forensic Review Committee (FRC) of local institution
- FRC: Body of local professionals with forensic background

Steps for release

- ◉ Head of facility must then approve
- ◉ State Forensic Director next reviews and approves
 - For “major” crimes, must also have outside review
- ◉ DMH attorney files with the court
- ◉ Prosecutor often objects-Hearing required
- ◉ Judge rules for or against release
- ◉ If granted, Court mandates “Conditions”

Aftercare Conditions

- Effectively, a court order patient must follow
- Violations jeopardize release
- Require
 - Medication compliance
 - Sobriety from alcohol and drugs-including synthetic drugs
 - May not possess weapons
 - Must follow all rules and laws of society

Aftercare conditions

- ◉ Restrictions on living arrangements and travel
- ◉ Mandate signing any requested privacy releases
- ◉ Allow for voluntary return to inpatient care
- ◉ Provide for revocation if rules are violated

Aftercare conditions

Sample conditions in your
handout

Forensic Case Monitors

Guardians of the Public



Forensic Case Monitors

- Eleven for Missouri (four regions)-supervise 464 outpatients: Approximately 1:42
- Three for NW Missouri region-cover 110 outpatients
- Bachelor's or higher degree
- Typically social work or counseling background
- Meet patient a minimum of once a month
- Are on call 24/7. Have flexibility in their job
- Liaison with community treatment providers
- Report to Forensic Review Committee

Forensic Review Committee



Forensic Review Committee

- Meet every 2-4 weeks or as needed
- Forensic psychiatrist or psychologist is chair
- Voting members are forensic experienced mental health professionals
- Forensic Case Monitors and other interested officials are non-voting members
- Receive reports on patients, approve release applications and renewals, advise head of facility and state forensic director

State Forensic Director



State Forensic Director

- ◉ Experienced forensic psychologist
- ◉ Final decision-maker
- ◉ Issues revocation orders
- ◉ Advises forensic review committees

NW Missouri Region

○ Patients re-hospitalized per annum

- Approximately 7%
- Most voluntarily (not revoked)- keep their release

○ Recidivism rate (re-offense)

- Negligible
- In Northwest Missouri region-one criminal re-offense (theft) in past 10 years [not counting elopements or simple drug abuse]
- Of approximately 110 forensic outpatients

Comparison

- Compare to general re-admission rates of Schizophrenia: **25%+ per year** ¹
- Re-arrest rate of prisoners released from penitentiary: **56.7% within first year** ²

1. Antipsychotic Drugs for the Prevention of Relapse. Leucht, Tardy, et al. *The Lancet*, 379:2063-2071

2. Durose, Matthew R., Alexia D. Cooper, and Howard N. Snyder, *Recidivism of Prisoners Released in 30 States in 2005: Patterns from 2005 to 2010*, Bureau of Justice Statistics Special Report, April 2014, NCJ 244205.

Comparison

- Law Enforcement- reacts to a criminal event
 - Burden on government to prove crime, or show “probable cause”
- Mental Health- expected to predict and prevent harmful event
 - While still protecting rights of the patient
 - Like law enforcement, burden of proof typically on the government to justify loss of liberty



MISTAKES

We all make them.
Make sure yours aren't quite this obvious.

Comparison

- The Forensic Monitoring System in Missouri acts *proactively*
- The shift in burden of proof for forensic patients helps ensure that patients remain in treatment, stay drug free, and occupy their time wholesomely
- There is a certain paternalism in this
- However, there is choice. No patient is forced to take medication, go to appointments, or sign away their privacy

Comparison

- ⦿ However, all have essentially made a deal with the State
- ⦿ They will not be punished for their crime
- ⦿ But in exchange for their freedom, they are asked to follow rules designed to ensure that they are not likely to again victimize the public by virtue of their mental illness

COST?

Fee for service mental health system

- Must be actively dangerous to admit
- Mere psychotic symptoms not enough
- Imminent danger to self or others is typically required, usually with access to means to carry it out
- A mere potential for harm rarely strong enough reason to admit
- Third party payer rules must be satisfied

COST?

Forensic Monitoring System

○ Direct costs:

- Salary for 11 Forensic Case Monitors, clerical staff for 4 Forensic Review Committees, professional provider time
- Estimated cost of \$1600 USD per patient monitored per year

Cost?

- **Indirect costs:**
 - Enhanced monitoring not covered by insurance- extra lab costs (medication levels), enhanced substance abuse screening, increased provider visits
 - Psychiatric admissions for criteria not acceptable to third party payers
 - Positive drug screens
 - Refusing medication

Success story

- Mr. “A,” 39 year old man with Paranoid Schizophrenia, hospitalized in various institutions at least 8 times in three states in four years, prior to stealing a car in 1994
- Verdict was NGRI. On arrival to state hospital, refused interview, “no frigging way,” and advised staff “you would know that (his non-cooperation) if you read my records.”

Mr. A

- Brutally assaulted physician shortly after admission, was placed on involuntary antipsychotic meds
- Ultimately placed on depot meds
- Began to progress through forensic continuum and achieved Conditional Release, with DMH support, in 1998

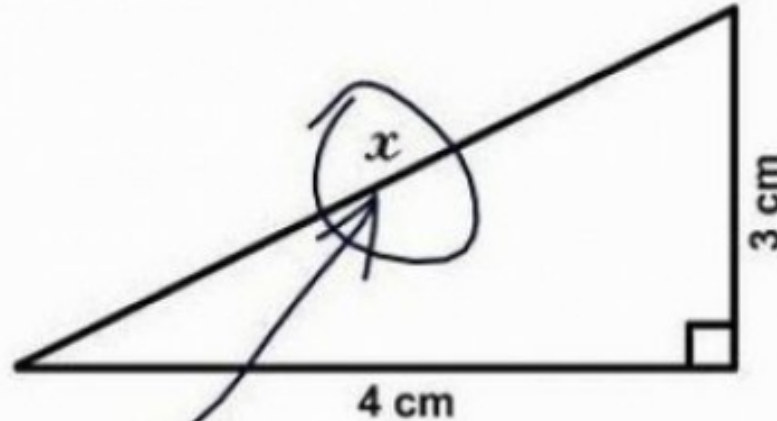
Mr. A

Followed the Rules
Stayed sober and drug-free!
Took his meds (Haldol D)
No relapse or re-hospitalization

FOR OVER 12 YEARS

Questions

3. Find x .



Here it is



Ocular Trauma - by Wade Clarke ©2005

All stupid questions

Have simple answers