

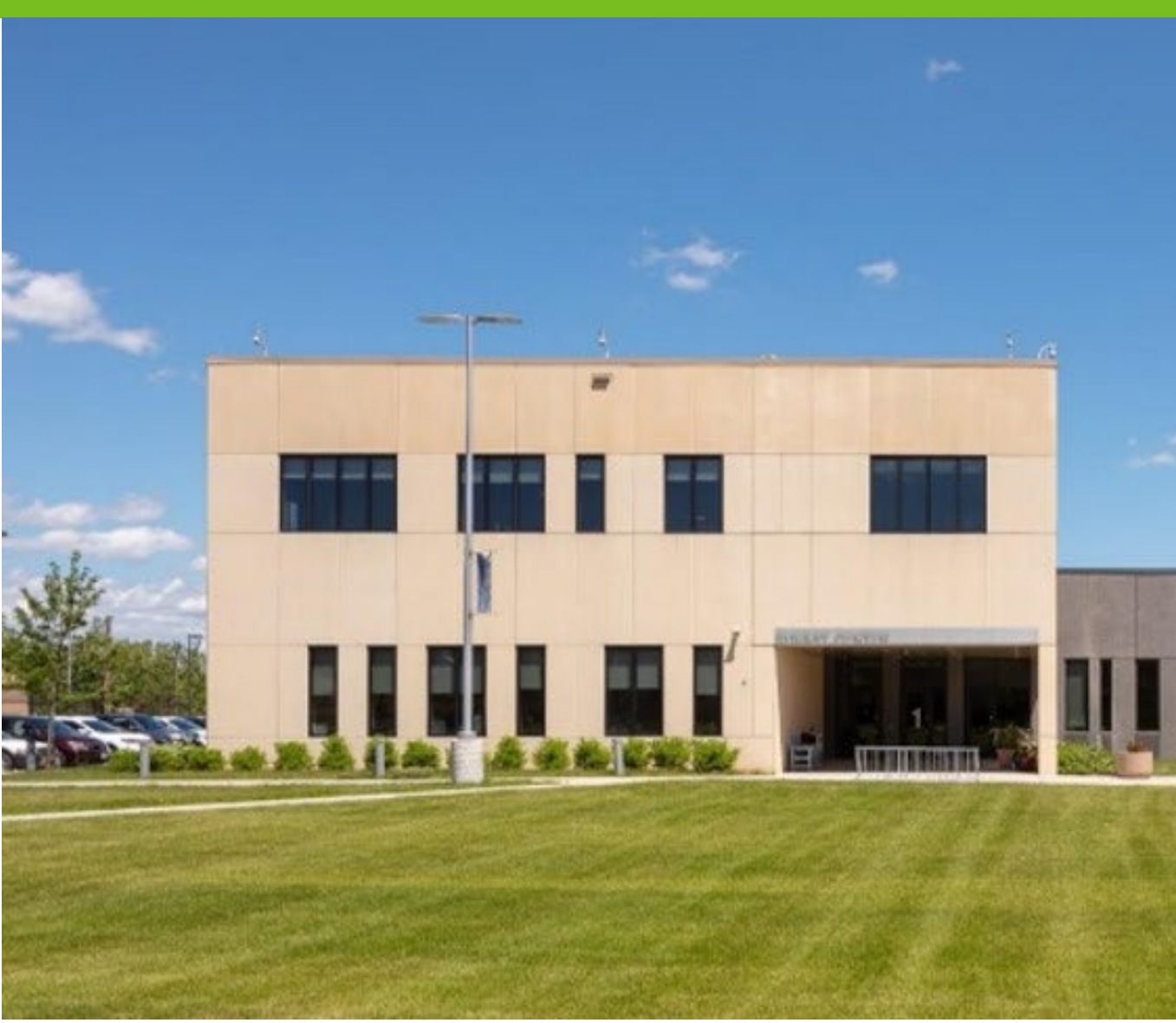


# Forensic Services

Soniya Hirachan, MD | Executive Director & Medical Director

- Forensic Services Program Overview
- Demographics
- Referrals
- Treatment Progression
- Mutual Goals
- MI&D Taskforce Objectives

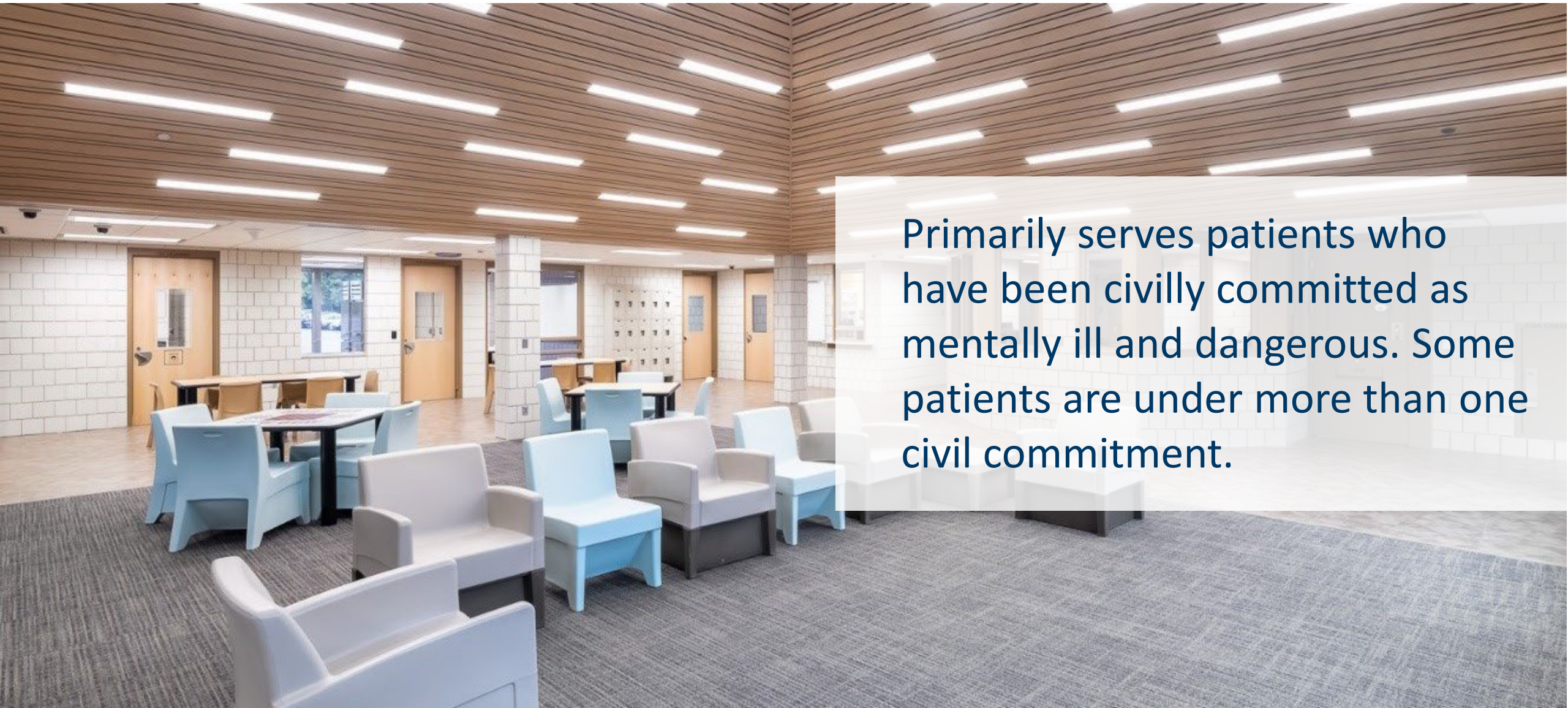
# Forensic Services



## **Forensic Services consists of**


- Forensic Mental Health Program
- Forensic Nursing Home
- Community Integrated Services
- Forensic Examiner Network

# Forensic Mental Health Program




Primarily serves patients who have been civilly committed as mentally ill and dangerous. Some patients are under more than one civil commitment.

# Forensic Mental Health Program




Provides residential treatment services in secure and non-secure settings on our main campus in St. Peter and at North Campus, a separate facility in the community.

# Forensic Nursing Home



Secure, supervised nursing home facility that provides short-term rehab, long-term placement, and end-of-life care.

# Forensic Nursing Home



Serves patients admitted from the FMHP, Minnesota Sex Offender Program and the Department of Corrections

# Community Integrated Services

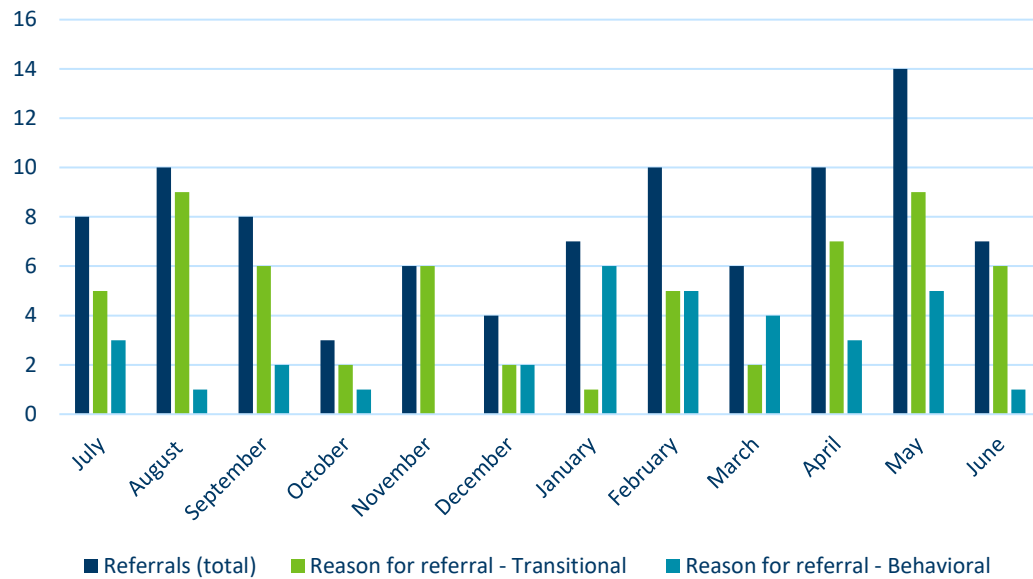


Support services for patients who have been provisionally discharged to live in a variety of community settings.

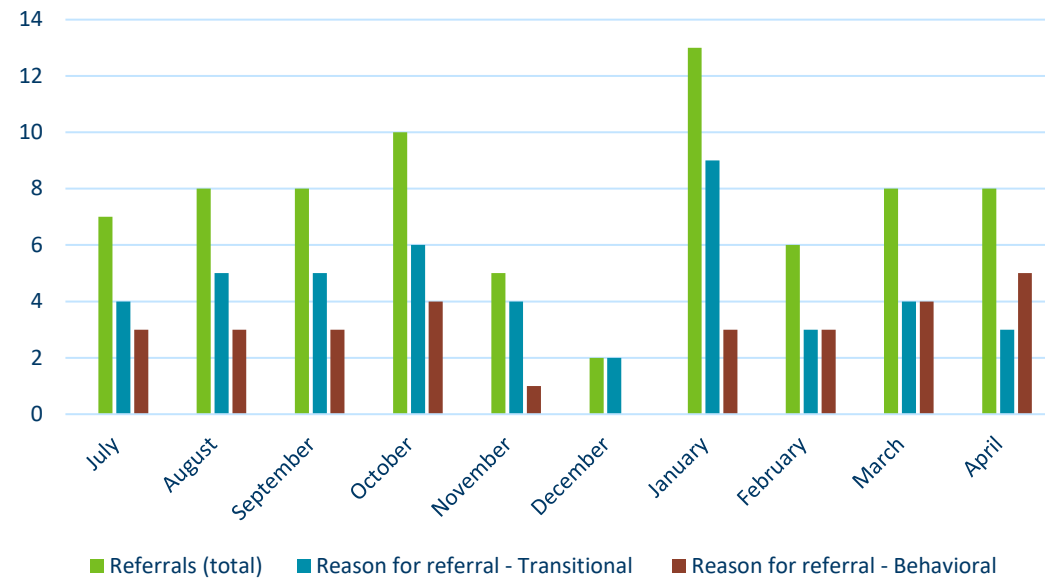


# Community Integrated Services


## CIS Referrals – FY2022-2023



## CIS Referrals – FY2023-2024



# Forensic Examiner Network



Team provides a wide variety of court-ordered mental health evaluations and forensic assessments.

# Patient Census and Bed Capacity

- Average daily census: 360 to 365 patients
  - FMHP: 335 (93%)
  - FNH: 28 (93%)
- Secure units and beds
  - Forensic Mental Health Program: 285 secure beds
    - 15 secure units in the Main Building with two secure units in Forest View (46)
  - Nursing home: 30 beds
- Non-secure units and beds = 74 non-secure beds
  - Two Prairie View units: 46 beds
  - North Campus: 28 beds

# Staffing Levels

Total number of staff: 1,207

Overall vacancy rate: 15.7 %

Security Counselors: 16.3 %

Registered Nurses: 14.5 %

LPNs: 18.1 %



# Expansion and Renovation Project



Total Investment: \$123 million

2012 predesign: \$3 million

2015 Phase I: \$50 million (occupied 2017)

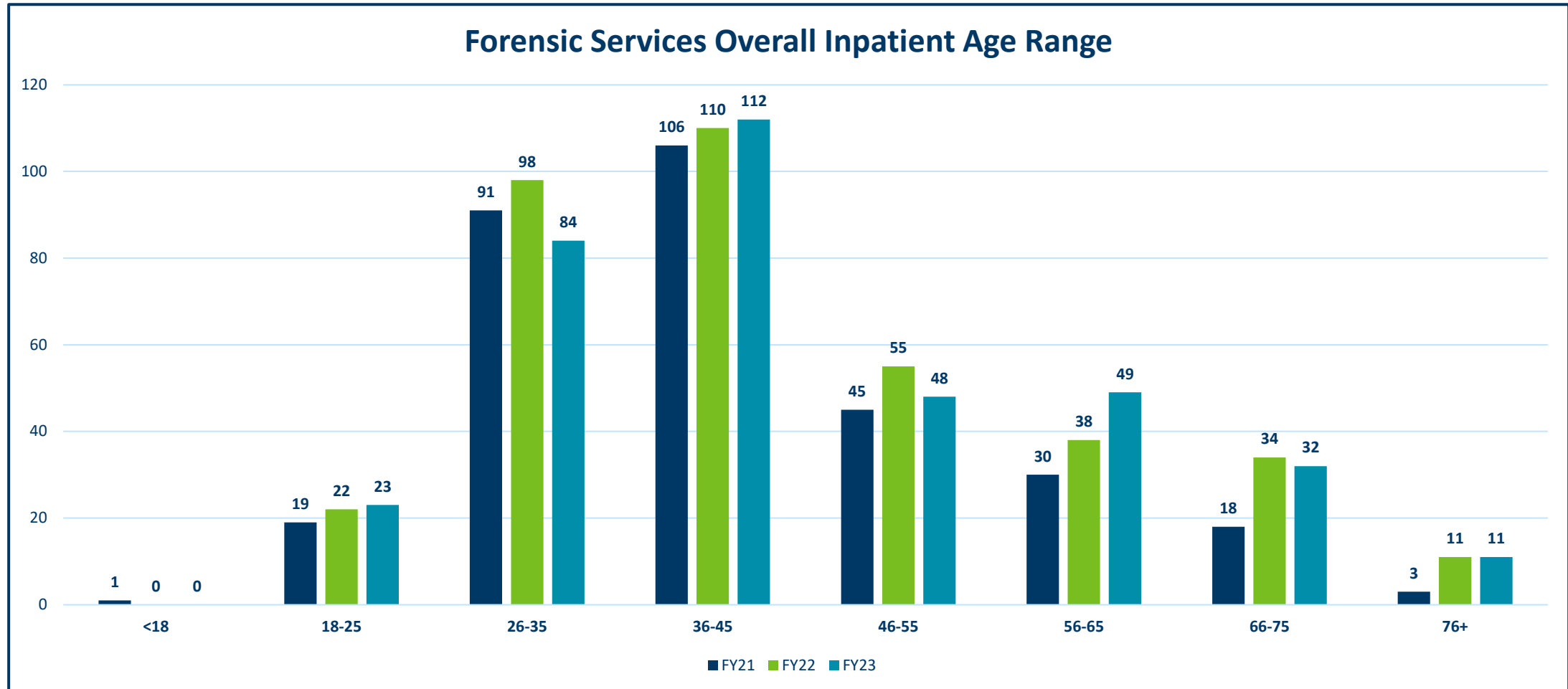
2017 Phase II: \$70 million (occupied 2020)

# Patient Demographics

The background of the slide features a collection of overlapping, semi-transparent geometric shapes in various colors including blue, yellow, orange, green, and purple. These shapes are layered to create a sense of depth and movement. A white rectangular box with a slight drop shadow is positioned in the center-right of the slide, containing the main text.

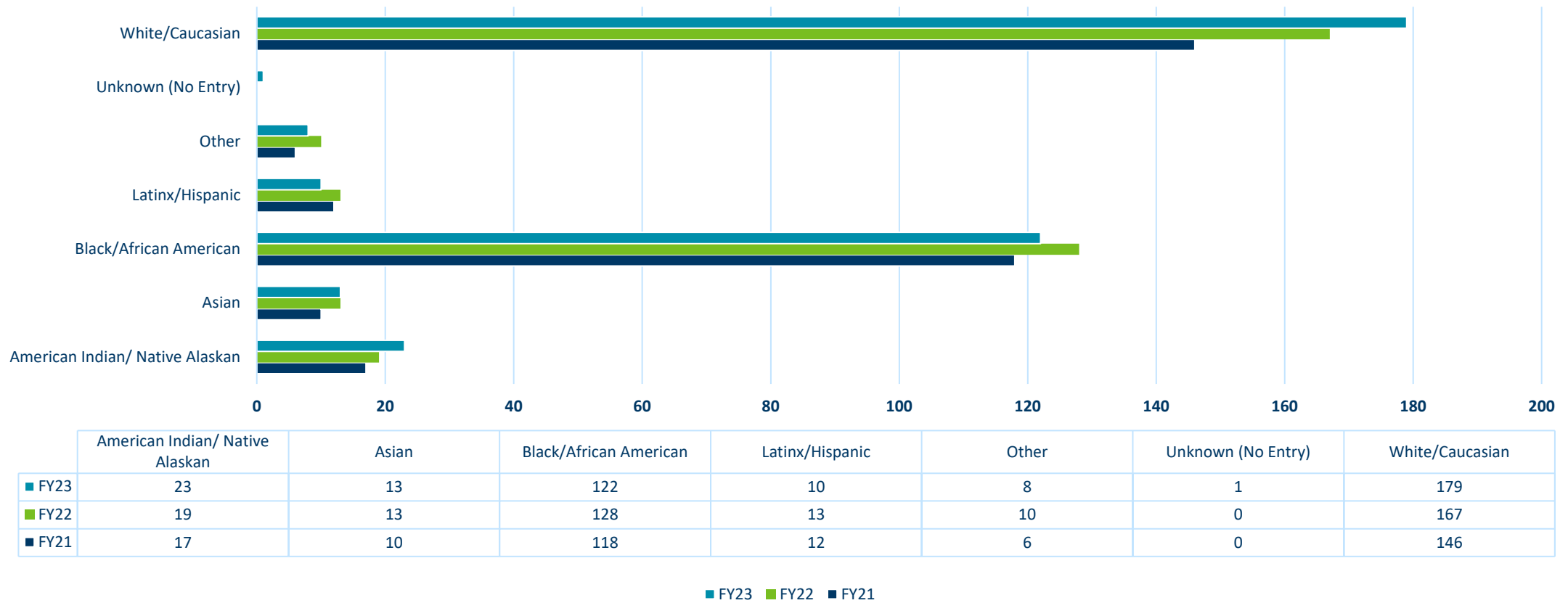
Some quick snapshots of our patients by age, race, county of commitment, and discharge status.

# Patient Age Range



# Patients by Race

## Forensic Services Patients by Identified Race

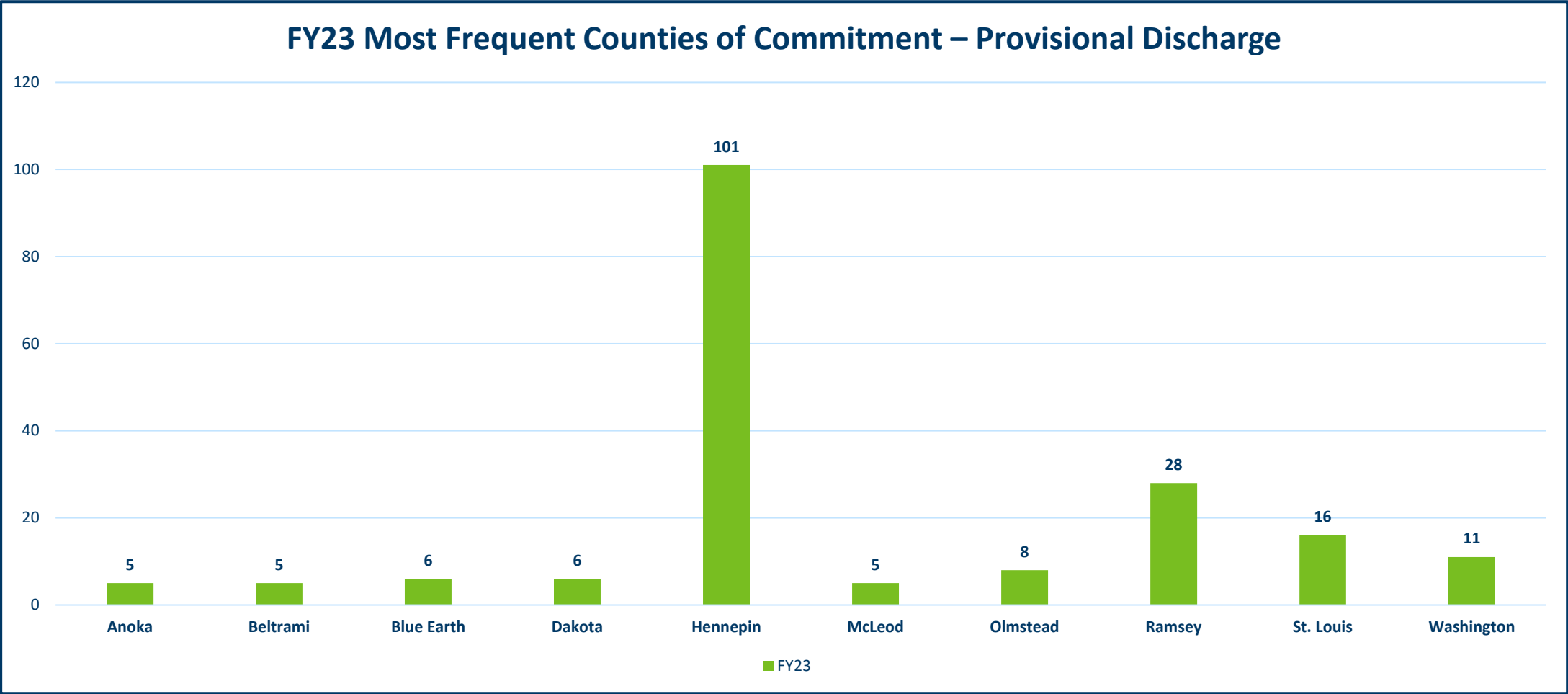




# Patients by County of Commitment

|       | Anoka | Beltrami | Blue Earth | Crow Wing | Dakota | Hennepin | Ramsey | St. Louis | Stearns | Steele | Washington |
|-------|-------|----------|------------|-----------|--------|----------|--------|-----------|---------|--------|------------|
| FY 21 | 13    | <10      | <10        | <10       | 12     | 127      | 50     | 12        | <10     | <10    | 14         |
| FY 22 | 18    | <10      | 10         | <10       | 11     | 148      | 58     | 13        | <10     | <10    | 15         |
| FY 23 | 16    | <10      | <10        | <10       | 11     | 148      | 49     | 12        | <10     | <10    | 16         |

# Patients on Provisional Discharge by County of Commitment



# Referrals to Forensic Mental Health Program

- Majority of admissions are facilitated through Central PreAdmission Services (CPA).
- The referral may come after a pre-petition screening, Initial Commitment as MI&D, or as otherwise requiring treatment in a secure treatment environment.

# Mentally Ill & Dangerous

A "person who has a mental illness and is dangerous to the public" is a person:

- (1) who has an organic disorder of the brain or a substantial psychiatric disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, capacity to recognize reality, or to reason or understand, and is manifested by instances of grossly disturbed behavior or faulty perceptions; and
- (2) who as a result of that impairment presents a clear danger to the safety of others as demonstrated by the facts that (i) the person has engaged in an overt act causing or attempting to cause serious physical harm to another and (ii) there is a substantial likelihood that the person will engage in acts capable of inflicting serious physical harm on another.

# MI&D Civil Commitment Process

- Pretrial/Preliminary hearing
- Examination by court-appointed examiner
- Initial hearing to determine whether the patient meets the criteria for commitment
- 60-day report filed by the treatment facility or state-operated treatment program
- Final hearing after 60-day treatment report

# Final Determination

...After a final determination that a patient continues to be a person who is mentally ill and dangerous to the public, the patient is indeterminately committed and is to be transferred, provisionally discharged or discharged only as provided in Minn. Stat. 253B.18.

# Treatment Progression

A look at the typical steps patients take as they progress in treatment and work toward provisional discharge



# Admission to the Secure Perimeter

## Initial focus on

- Stabilization
- Assessment
- Treatment

## Initial unit placement

## Treatment planning

- Treatment team
- Abuse prevention plan
- Admission treatment plan
- Individual treatment plan

**Step One**



# Residential Treatment

Residing in secure units with patients who have similar mental illnesses

Programming directed toward patient's individual needs

Services include:

- Mental health therapy, support groups
- Case management, crisis intervention
- Independent living skills, recreation
- Vocation, education

**Step Two**

Patients continue to live on secure units.

## Primary focus

- Continue treatment interventions
- Continue community integration
- Work towards grounds planning



**Step Three**

# Non-Secure Treatment Setting

## Supervised residential units

### Primary Focus

- Independent management
- Community integration and community supports
- Provisional discharge planning

### Services offered

- Psychosocial rehabilitation
- Skill enhancement
- Collaboration with community partners
- Crisis consultation and intervention



**Step Four**

# Provisional Discharge

Conditional discharge without termination of civil commitment.

Patients on provisional discharge live in community settings and are supported by county social services and Community Integrated Services, as needed.



**Step Five**

# Full Discharge

Final discharge with termination of civil commitment.

**Step Six**

# Barriers to Discharge

## Limited placement options

- Complexity of needs
- Housing shortage

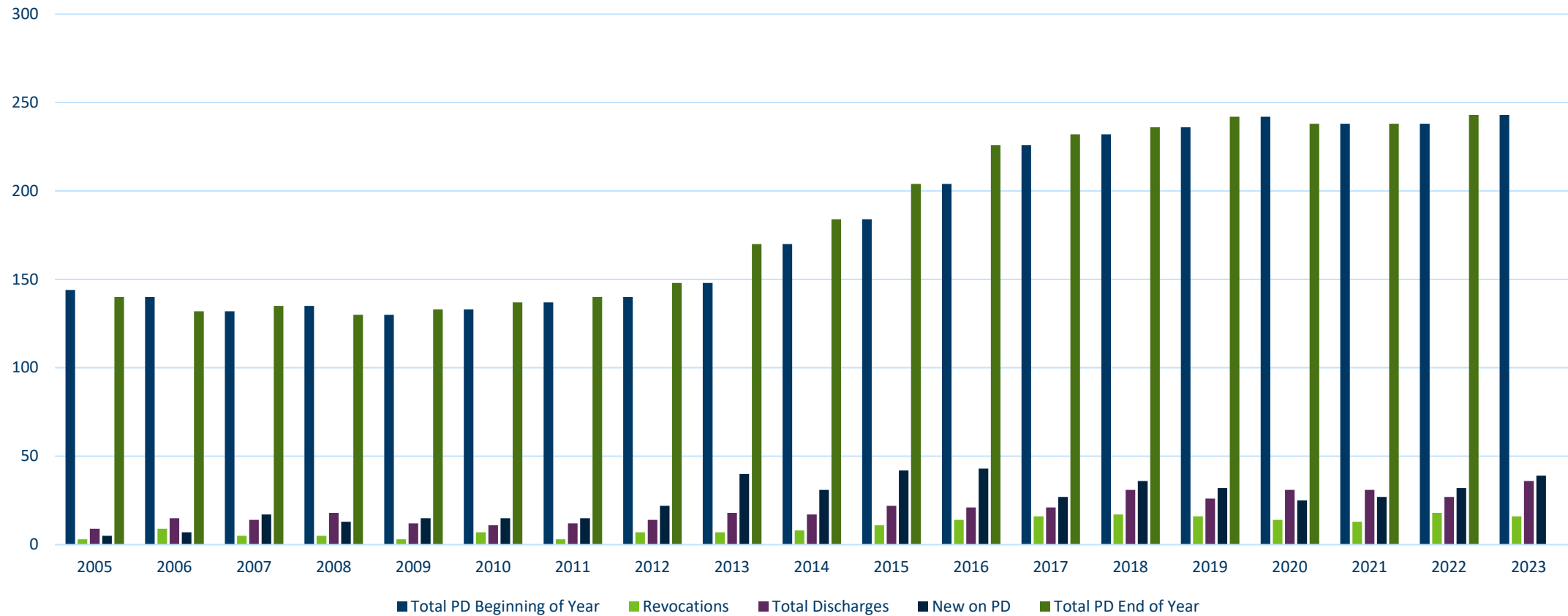
Few services for patients with sex offense histories

Cognitive limitations

Civil commitment statutory language

# Provisional Discharges

## Provisional Discharges by Year



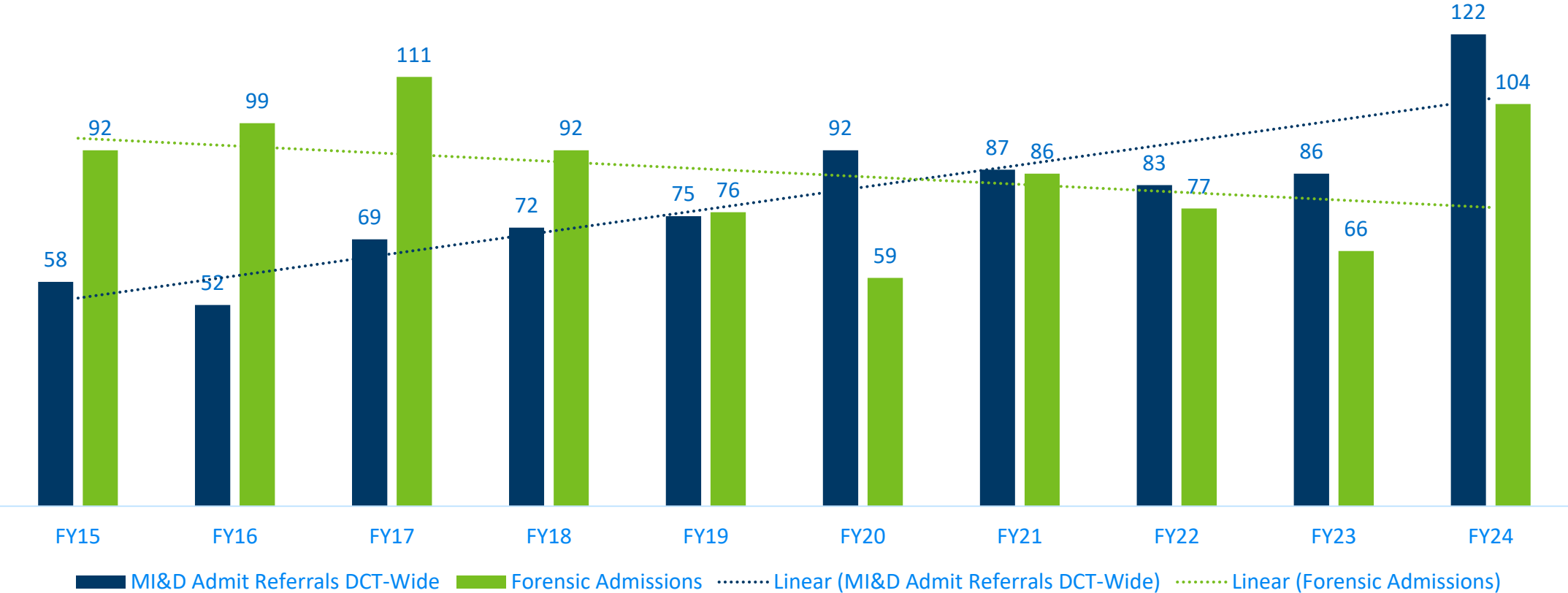
# Purpose of MI&D Task Force

- Establishment and purpose:
  - The Mentally Ill and Dangerous Civil Commitment Reform Task Force is established to evaluate current statutes related to mentally ill and dangerous civil commitments and develop recommendations to optimize the use of state-operated mental health resources and increase equitable access and outcomes for patients.



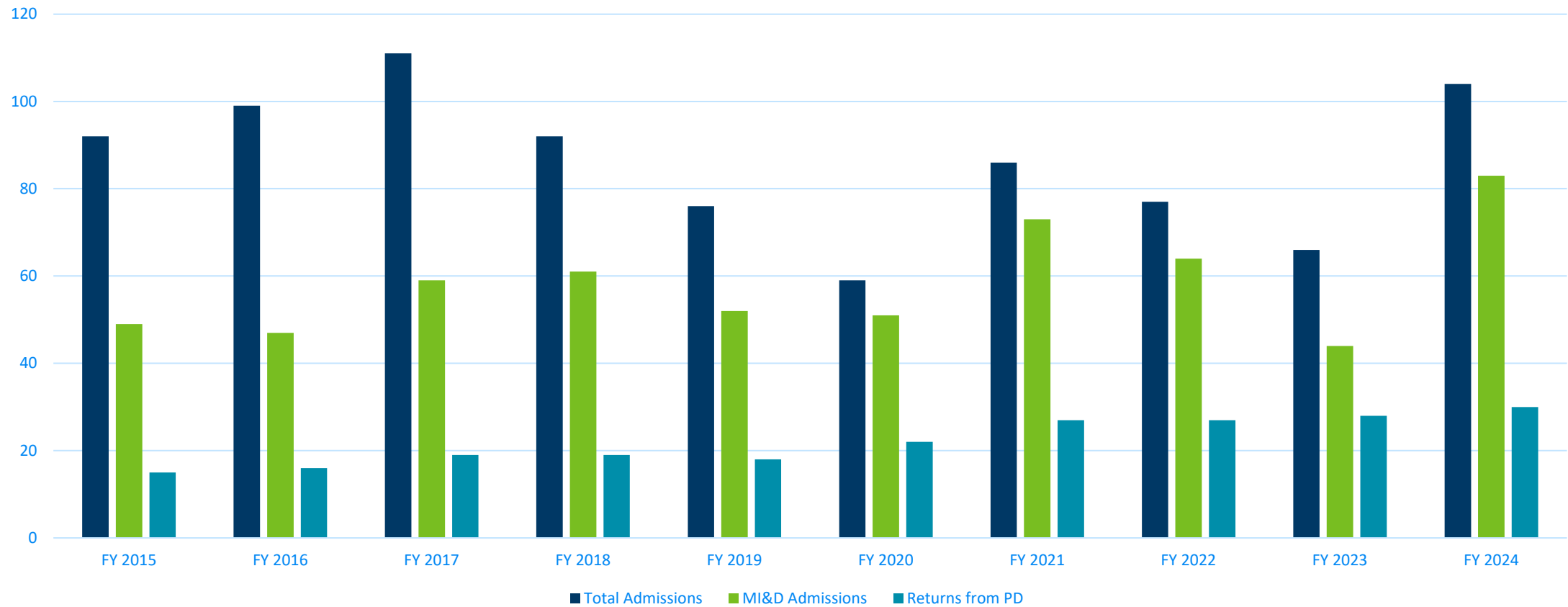
# MI&D Referrals

## MI&D Referrals & Forensic Admissions



# FMHP Admissions and Returns

## FMHP Admissions and Returns



# MI&D Task Force Objectives

The Task Force must:

(1) Analyze current trends in mentally ill and dangerous civil commitments, including but not limited to the length of stay for individuals committed in Minnesota as compared to other jurisdictions

(2) Review national practices and criteria for civil commitment of individuals who have a mental illness and represent a danger to the public

# MI&D Task Force Objectives

- (3) Develop recommended statutory changes necessary to provide services to the high number of mentally ill and dangerous civilly committed individuals
- (4) Develop funding and statutory recommendations for alternatives to the current mentally ill and dangerous civil commitment process
- (5) Identify what types of placements and services are necessary to serve individuals civilly committed as mentally ill and dangerous in the community

# MI&D Task Force Objectives

(6) Make recommendations to reduce barriers to discharge from the forensic mental health program for individuals civilly committed as mentally ill and dangerous

(7) Develop recommended plain language statutory changes to clarify operational definitions for terms used within Minnesota Statutes, section 253B.18

# MI&D Task Force Objectives

(8) Develop recommended statutory changes to provide clear direction to the commissioner of human services and facilities to which individuals are civilly committed to address situations in which an individual is committed as mentally ill and dangerous and is later determined to not have an organic disorder of the brain or a substantial psychiatric disorder of thought, mood, perception, orientation, or memory

(9) Evaluate and make statutory and funding recommendations for the voluntary return of individuals civilly committed as mentally ill and dangerous to community facilities.

# Thank you!