Comments from VAHHS and VMS

Values and Observations
Vermont's mental health system honors the values of non-coercion and treatment in the least restrictive settings. These are goals to strive for, however there are times when hospitalization and external controls are necessary for the safety of the individual and society. Within this group, there are a small number of individuals who require more restrictive placements to protect themselves and to protect others.

Our vision of a forensic system of care would honor these values. We need to be able to assess justice-involved individuals and place them at the appropriate level of care. Individuals would benefit from clear expectations and support and treatment tailored to their needs. The ability to intervene, should the clinical presentation warrant, is a necessary facet of public safety.

A formal forensic system of care would also maximize mental health care resources. Most justice-involved populations are not currently eligible for Medicaid reimbursement under Vermont's 1115 Waiver and their inclusion in existing IMD settings is compromising our ability to maximize reimbursement for other eligible populations.

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Foundations of a Forensic Mental Health System of Care

- Enhances continuity of treatment
- Separates treatment from monitoring conditions of release-
- Need oversight body that is distinct from clinical services that considers the specialized expertise needed to appropriately assess risk and clinical needs for those with severe mental illness and criminal justice involvement.
- Gives equal voice to community teams providing oversight (i.e. DA teams asking for revocation but getting denied by DMH)
- Preserves access to the appropriate levels of care
- Creates centers for expertise, consultation, and training in inpatient settings that support outpatient work
- Diversion, at any point, to the civil system when appropriate

Vermont needs dedicated forensic hospital space to:
- treat persons found not guilty by reasons of insanity
- evaluate an individual's competence to stand trial and restore competency if needed to provide a day in court and resolution within the justice system
- administer complex risk assessments
- care for violent patients awaiting inpatient placement
- care for aggressive incapacitated and intoxicated individuals

Providers/Settings

As a small, rural state, we need centers of expertise. A hub and spoke model for forensic mental health system management gives us this center and resource sharing.

Hubs

- **Dedicated forensic inpatient settings—**dedicated forensic inpatient settings would more effectively distribute expertise, security, and resources
- **Secure residential settings—**stepdown care is essential for the continuum of forensic care

Spokes

- **Forensic intensive case management--** fund and resource designated agencies to create interdisciplinary teams that receive oversight, consultation, and training from inpatient settings. These teams would also provide connections to other outpatient services, states attorneys' offices, and treatment court as appropriate.
- **Oversight board—**a board comprised of diverse expertise and representation could triage individuals to most appropriate level of care in real time

Services for Oversight and Evaluation

- Assessments for competence
- Assessment for sanity
- Assessments for necessary level of care (informed by risk and treatment need)
- Competence restoration
- Dangerousness assessments
- Oversight of justice involved individuals

"Referrals" How do folks arrive in this system? How are they assigned to either level of service? Patients triaged to the appropriate level by "oversight board"		
Hubs		**Spokes**
Dedicated forensic inpatient beds Secure Residential	Patients ⟷ Information ⟷ Liaison*	Forensic Intensive Case Management at Designated Agencies
Inpatient Services • For selected assessments (Competence and Sanity) • Assessments after adjudication as NGRI or IST for necessary level of care • Competence restoration (for selected cases)	Consultation ⟷ Training	• Provide oversight of justice involved individuals • Provide services to IST during restoration or when permanently deemed IST • Provide services to NGRI who are on an OHN from criminal court. • Treatment Court individuals • Outpatient competence restoration (with support from the HUB)

• Need for higher level of care from F-ICM (Forensic Intensive Case Management) or Secure Residential • Assessment from Treatment Court • Dangerousness assessments Secure Residential • Step down from in-patient • For competence restoration (for selected cases) • For placement after assessments after adjudication (IST or NGRI)		• Individual treatment, group treatment, support for finding housing, assistance with funding sources. • A liaison from the HUB would connect with the State's Attorney's office when appropriate, who would then be in contact with the victims family. A liaison could also connect with treatment court. • Diversion, at any point, to the civil system when appropriate
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*with state's attorneys, courts, oversight boards, as appropriate to the individual

Competency Restoration Programs

State hospitals have a higher rate of successful restoration than other settings, such as prisons and outpatient, but are also resource intensive. The oversight board could assess risk and determine the most effective setting for restoration to competency. Restoration of competency would provide a day in court and resolution within the judiciary process.

Model Program

1. Systematic Competence Assessment
2. Individualized Treatment Program
3. Education
4. Anxiety Reduction
5. Additional Education for Defendants with Limited Intelligence
6. Periodic Reassessment
7. Medication
8. Assessments of Capacity
9. Risk Assessment

Conclusion

Vermont has proof of concept with its Hub and Spoke Model for opioid treatment. We should continue to build off the hub and spoke concept so that Vermont can more effectively distribute resources throughout the system and improve health care outcomes for those individuals involved in the justice system.