Law Enforcement
Background Information for Panelists
April 2024

The ✅indicates a recommended starting place for reading.
The ⭕indicates recently added information.

✅**Overview:** In 2023, Senate Bill 228 (SB 228) and House Bill 2184 (HB 2184) were pivotal in shaping law enforcement practices regarding forensic competency and involuntary psychiatric treatment cases. SB 228 introduced reimbursement for forensic competency cases, easing financial strains on law enforcement agencies, while HB 2184 provided similar support for involuntary treatment cases. Despite legislative support, challenges in managing these cases post-facility operationalization are anticipated, prompting the need for interim solutions. The Kansas Department for Aging and Disability Services (KDADS) offers crucial guidance on reimbursement procedures, emphasizing the importance of mobile competency efforts in reducing waitlists. Strategic catchment area definition and collaboration with mental health professionals are vital for effective implementation. Additionally, various reports provide extensive insights into competency evaluation programs and recommendations for improving competency to stand trial procedures.

✅State Mental Health Hospital Admissions March 2024

Extended Notes With Links on Law Enforcement

- ✅**Impact of 2023 SB 228 and 2023 HB 2184:**
  - SB 228: The passing of Senate Bill 228 in 2023 introduced reimbursement for forensic competency cases. This reimbursement alleviates the financial burden on law enforcement agencies handling such cases.
    - Expanding Forensic Competency Services: SB 228 highlights the importance of providing adequate resources to address forensic competency cases, which involve individuals who come into contact with the criminal justice system and require mental health evaluations to determine their fitness for trial.
  - HB 2184: A proviso in House Bill 2184 in 2023 also addresses reimbursement but for involuntary treatment cases. This proviso adds another layer of financial support for law enforcement agencies handling cases related to involuntary psychiatric treatment.
    - Enhancing Involuntary Treatment Procedures: HB 2184's proviso emphasizes financial assistance in managing cases where individuals require involuntary psychiatric treatment, ensuring that the associated costs do not unduly burden law enforcement agencies.
    - Navigating Until New Facility Operational: Despite the legislative support, there may be challenges in managing these cases once the new facility is fully operational. Law enforcement agencies may need to strategize interim solutions to handle forensic competency and involuntary treatment cases effectively.
- **KDADS Information on Reimbursements:**
  - State Hospitals: KDADS provides vital information regarding reimbursements for forensic competency and involuntary treatment cases.
    - Accessing Reimbursement Guidelines: Law enforcement agencies can find detailed information on reimbursement procedures and eligibility criteria for forensic competency and involuntary treatment cases on the KDADS website.
  - **Reducing Waitlist for Competency Cases:**
    - Mobile Competency Efforts: Implementing mobile competency efforts can significantly reduce competency case waitlists.

- **Definition of Catchment Areas:** Law enforcement agencies must define catchment areas strategically to ensure comprehensive coverage and efficient deployment of mobile competency units.
    - Strategic Catchment Area Definition: This involves identifying regions with high demand for competency evaluations and strategically allocating resources to address these areas first, effectively reducing wait times and improving overall service delivery.
    - Collaborative Approach: Collaboration with mental health professionals and community organizations is crucial in defining catchment areas accurately and tailoring mobile competency efforts to meet specific community needs.
- **Additional Reports**
    - ✅Robust Competency Evaluation and Restoration Program in Kansas (2 pages)
    - Rethinking How States Approach Competency to Stand Trial (31 pages with ten strategies on rethinking competency to stand trial)
    - January 31, 2024 Competency to Stand Trial in 2023: House Social Service Budget Committee Follow-Up (3 pages with statistics)
    - Report of the Judicial Council on Incompetent Defendants 2019 (149-page report of an advisory committee. Pages 1-22 provide the document's content followed by supporting appendices.)
    - Report of the Kansas Criminal Justice Reform Commission 2021 (168-page report to the legislature. Fifty-nine conclusions and recommendations are on pages 01 to 05.)
    - ✅Competency Evaluation and Competency Restoration Contract 2024 (2 pages with Q1 2024 update)
    - Number of Competency Evaluations Conducted 2024 (excel)

⭕**New Information Added 4/22/2024**

- Report of the Judicial Council Advisory Committee on 2016 HB2639 Enacting the Emergency Observation and Treatment Act (53-page pdf - headings assist readers in skimming relevant sections)
- ✅Civil Commitment Law with a Focus on Hospitalized Patients History and Practice in Kansas (3 1/2 page article from the Kansas Journal of Medicine)
- Chapter 59: Care and Treatment for Mentally Ill Persons (33 pages including definitions, computation of time, civil rights, voluntary admission and discharge, involuntary commitment, authority and duty of law enforcement officers (pg.6), and others.
- ✅**Outline of discharge process** Discharge planning for state hospitals involves the systematic process of preparing and coordinating the transition of individuals

from inpatient psychiatric care to a lower level of care or community-based services. The goal is to ensure a smooth and successful reintegration into the community while addressing the individual's ongoing mental health needs. Here is a general outline of the discharge planning process.

- **Assessment**
  - Conduct a comprehensive assessment of the patient's mental health, including their current symptoms, strengths, and resources.
  - Evaluate the individual's support system, housing situation, and community resources.
- **Treatment Plan:**
  - Develop a personalized treatment plan that outlines the ongoing care and support needed after discharge.
  - Collaborate with patients, their families, and relevant healthcare professionals to establish treatment goals.
- **Medication Management:**
  - Ensure continuity of medication management by providing prescriptions and a plan for follow-up with outpatient psychiatric services or primary care
- **Community Resources:**
  - Identify and connect the individual with community-based mental health services, support groups, vocational rehabilitation, and other relevant resources
- **Crisis Prevention:**
  - Develop a crisis prevention plan to address potential challenges and triggers that may arise post-discharge
- **Housing and Social Support:**
  - Arrange appropriate housing and support services, especially for individuals with unstable living conditions.
- **Education and Skill Building:**

        - Provide education on coping skills, relapse prevention, and strategies for managing mental health challenges in the community.
    - **Follow-up appointments:**
        - Schedule and coordinate follow-up appointments with outpatient mental health providers to monitor progress and adjust treatment plans as needed.
    - **Communication**
        - Facilitate communication and collaboration between inpatient and outpatient care providers and community-based organizations involved in the individual's care.
    - **Legal and Financial Support:**
        - Address any legal or financial issues that may impact the individual's successful transition, such as applying for disability benefits or legal assistance if needed.
    - **Patient and Family Involvement:**
        - Involve the patient and their family in the discharge planning process, ensuring they understand the treatment plan and are active participants in the transition.

- **Discharge planning overview from the Social Work department at OSH and LSH:**
  Discharge planning begins at the time of admission. Discharge planning is individualized for each patient. Regardless of the reason for admission or unit/program of admission, all individuals should be asked what their plans are upon release from LSH/OSH. If the individual is returning to jail/prison, ask what the plans would be for post-incarceration. Suppose the patient has a history of drug and or alcohol use. In that case, a referral can be made to Heartland RADAC/SACK if the patient chooses to sign an authorization for a drug and alcohol assessment to be completed while at the hospital. The social worker connects with the community mental health center upon admission and discharge and will also ensure follow-up appointments are scheduled before discharge. The social worker notifies the hospital liaisons of discharge plans and if any follow-up is required. Suppose the social worker feels the patient may benefit from

applying for Social Security benefits/Medicaid. In that case, attempts are made to assist the patient with completing these applications while at the hospital or connecting them with a SOAR worker at the community mental health center.

We have continuously operated under the philosophy that we do not discharge to homelessness unless it is the patient's request or the last option when all other resources have been exhausted, such as family support, friends, or alternate placements. If the patient requests to be discharged to a homeless shelter, the treatment team will discuss whether or not the patient would be safe to be discharged to a homeless shelter. We also notify the CMHCs to ensure they are aware of the situation and can work closely with the patient upon discharge to help secure housing resources as soon as possible.

- **Additional services and support described below would greatly benefit patients served at the State Hospitals.**

    - Availability of transitional living programs for patients who don't qualify for NFMH Many patients have medical issues or need ADL support. Besides, many patients do not have income to pay for transitional housing or a residential program*.
    - Residential program for adults for patients who continue to have symptoms and exhibit behaviors but have reached their baseline and will not get better with services provided at the state hospital (Need LSH, OSH, and AAC Numbers)*. Example of such services in NY Description of Housing Programs | Mental Health (erie.gov)
    - A housing program for patients with a criminal history who aren't eligible for services available in the community, for instance, registered sex offenders, drug offenders, violent offenders, etc. (Need LSH, OSH, AND AAC Numbers)
    - Enhance AOT and ACT for additional wrap-around services through the CMHC or Courts.
    - Enhanced collaboration with community partners. CMHCS often have too many changes in liaisons, can't ensure in-person participation in discharge planning or establishing contact with the patient, and considers additional services for which the discharging individual can qualify, including peer support.
    - Develop a mechanism for funding sources for the above programs.
    - They are developing a more comprehensive approach to address the gaps in coordinating available services, programs, and waivers. For instance, patients participating in waiver programs automatically lose access to these services if they have legal charges or need extended hospitalization. Discharge from the hospital is often postponed by weeks and months during the reapplication and approval process.

        - They are addressing the shortage of social work staff involved in discharge planning. Current pay and benefits offered at the state hospital do not match those in the community. As a result, more resources must be needed to apply for SS and other benefits.
- ✅**Currently,** 41 patients are eligible for discharge but cannot be safely discharged as they need residential placement, and 16 need transitional housing at OSH and 16 at LSH.