Overview of Forensic Mental Health Services

The Office of Forensic Mental Health Services
Alabama Department of Mental Health (ADMH)

Introduction to the Office of Forensic Mental Health Services (OFMHS)

- The OFMHS oversees and coordinates the department's forensic services system.
- The office collaborates with various internal and external entities to ensure that people served by ADMH who are forensically involved have access to quality forensic examinations, appropriate diagnostic and treatment services, and opportunities to receive services in the most appropriate setting given their needs and circumstances (https://mh.alabama.gov/forensic-mental-health-services/)

What are Forensic Services?

- Forensic Evaluations
  - Competence to Proceed-Competency to Stand Trial (CST)
    - Present mental state (Rule 11)
  - Mental State at the time of the Offense (MSO)
    - Past mental state
    - Reconstructing the defendants mental state at the time of the alleged offense. (Rule 11.2 & AL Code §13A-3-1)
  - Competence to Waive Miranda (CWM)
  - Risk Assessments
  - Standardized measures of intellectual and cognitive functioning (IQ)
    - The court should use caution when considering data from an IQ test
- Competency Restoration
- Treatment
  - Medication Management
  - Stabilization
- Placement
  - Community based services
  - Residential services

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Competency to Stand Trial (CST)

- The general assumption is that defendants are competent.
- The matter of "competency" considers a defendant's current mental state and functional capacities.
- Competency defined (11.1): A defendant is incompetent to stand trial or to be sentenced for an offense if the defendant:
  - Lacks sufficient present ability to assist with planning his or her defense by consulting with counsel
  - Reasonable degree of rational understanding of the facts and the legal proceedings against the defendant.
- **The mere presence of a "mental disorder," whatever its severity, is not a sufficient basis for finding someone incompetent**.
- When "sufficient doubt" exists as to the defendant's present competency to stand trial, then the defendant is entitled to a hearing on the question. The issue of competency may be raised at any point during the proceedings at which point a defendant may be referred for a competency evaluation as appropriate.
- The majority of defendants evaluated for competency are deemed competent to proceed. Research suggests that only around 25 to 30% of defendants evaluated are later deemed incompetent.

Competency to Stand Trial (CST)

- Defendants with the following conditions are less likely to be restored to competency:
  - Schizophrenia Spectrum Disorder
  - Schizoaffective Disorder
  - Intellectual Disability (ID) or ID with a co-occurring Developmental Disability such as Autism Spectrum Disorder (ASD)
  - Dementia or a similar neurocognitive disorder
  - Severe Traumatic Brain Injury
  - Chronic refractory psychiatric condition that has necessitated multiple hospitalizations.

- Competency is based on capacity or ability, not willingness to participate in the proceedings.

- Competency addresses current capacity and is impacted by individual factors- the characteristics of the particular defendant, during the present period of time, faced with certain circumstances, particular charge(s), existing evidence, with a particular attorney.

Competency Restoration (CR)

- Competency Restoration (CR) services prepare an individual to return to court to participate in their legal proceedings.
- CR consists of the following:
  - The use of the CR curriculum. Examples of topics include:
    - Understanding the charges and penalties
    - Understanding the adversarial nature of the legal process
    - How to communicate effectively with an attorney
    - Types of pleas
    - Court personnel
    - Courtroom procedures
    - Courtroom behavior
    - Courtroom dress
  - Interventions to assist the defendant in preparing for and participating in their legal proceedings. Examples include:
    - Medication management
    - Distress tolerance
    - Grooming, hygiene, and self-care
    - Communication skills

ADMH's OFMHS System provides treatment and evaluation services.

Forensic Outpatient Program (FOP) *Defendants are evaluated while in jail, while in an outpatient setting (bond status), or in the prison setting*

- Evaluation- CST
- Evaluation-MSO
- Evaluation-CWM
- Evaluation-Other

Inpatient Programs (Taylor Hardin Secure Medical Facility (THSMF), Hillcrest Hospital)

- Evaluation- Competence To Stand Trial (CST)
- Evaluation- Mental State at the time of Offense (MSO)
- Evaluation- Competency to Waive Miranda rights (CWM)
- Competency Restoration
- Evaluation, Treatment/Stabilization

The OFMHS is committed to the timely delivery of services Consent Decree based on Hunter v Boswell

- Competency Restoration Services are to be provided within 30 days of ADMH's receipt of the court order.

Waitlist & Bed Management

- Forensic "Mental Evaluations" must be conducted within 30 days of ADMH's receipt of the order.
- Forensic reports must be mailed to the court within 30 days after the evaluation was completed.
- Services must be delivered based on the date the court order was received by ADMH with some limited exceptions.

60 Day Timeline

Forensic Outpatient Program (FOP)

ADMINISTRATIVE SEPARATION

Inpatient Evaluation

Outpatient Evaluations

LOCATION OF EVALUATIONS

• Inpatient Evaluations

- The defendant is ordered ***into the custody*** of ADMH.

Taylor Hardin Secure Medical Facility (Males)

Bryce Hospital (Females)

Tuscaloosa, Alabama

• Outpatient Evaluations

- The defendant is in the custody of the county jail or is on bond.

The Alabama Department of Mental Health (ADMH) contracts with Jefferson Blount St. Clair Mental (JBS) Mental Health Authority for full-time permanent Certified Forensic Examiners (CFEs) assigned to conduct outpatient forensic evaluations on behalf of ADMH.

FOP CENTRALIZED EMAIL ADDRESS

Outpatient orders shall be submitted directly to the FOP:

fop.dmh@mh.alabama.gov

E-Facsimile: (334) 230-5546

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FORENSIC OUTPATIENT PROGRAM MAILING ADDRESS & TELEPHONE NUMBER

- Alabama Department of Mental Health
- Forensic Outpatient Program
- RSA Union Building
- 100 North Union Street, Suite 420
- Post Office Box 301410
- Montgomery, AL 36130-1410
- Phone: (334) 242-1665

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Inpatient Orders

- Initial Forensic examinations should be completed on an outpatient basis when possible (Rule 11.3(a) & (b)).
- The Procedure for ordering forensic services is outlined in the Bench Guide.

- **Orders for Inpatient Forensic Services- Male Defendants**

  Email: ifs.dmh@mh.alabama.gov
- **Orders for Inpatient Forensic Services- Female Defendants**

  Email: Leslie.seagle@bryce.mh.alabama.gov

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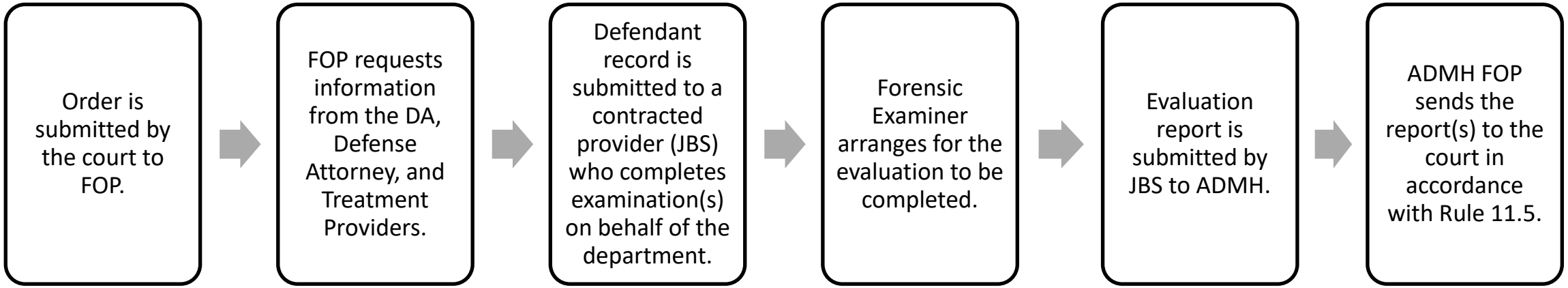
Forensic Outpatient Program (FOP)

- Initial Forensic examinations should be completed on an outpatient basis when possible (Rule 11.3(a) & (b)).
- The Procedure for ordering forensic examinations is outlined on page 13 of the Bench Guide.
- In the CST report, **the forensic examiner will provide their opinion concerning the defendant's clinical needs, available treatment options, and whether the defendant presents a danger to oneself or others**. This information should be considered when proceedings are carried out in accordance with Rule 11.6.

Forensic Outpatient Program (FOP) Procedures

- The FOP is responsible for receiving, tracking, and managing orders for outpatient forensic examinations,
  - Competency to Stand Trial (CST) (Rule 11.2),
  - Mental Condition at the Time of Offense (MSO) (Rule 11.2),
  - Other competencies (e.g., CWM), and
  - Other evaluations, e.g., risk assessment (Rule 11.6 (c)(2)(1)).
- The FOP workflow:



WHERE IS THE INFORMATION REQUESTED FOR THE CFE TO REVIEW IN ORDER TO RENDER AN OPINION?

DEFENSE ATTORNEY INFORMATION PACKET

Contents:

- Defense Attorney Instruction Sheet
- Cover Sheet (Main Information)
  - Defendant Information
  - Case Information
  - Judge
  - District Attorney
  - Defense Attorney
  - Next Court Date
  - Any Discovery Information Defense Counsel Possesses
- Defense Attorney Information Sheet (Side 1 & 2)
- Authorization to Release/Receive Protected Health Information
- Model Order for Production of Records

DEFENSE ATTORNEY INSTRUCTIONS

STEP 1: Submit the following documents to the Forensic Outpatient Services Office.

A. Defense Attorney Information Form (attached); This is a fillable Form. Signature fields are not fillable and will need to be signed by the defense counsel.

B. Original completed Authorization to Release/Receive Protected Health Information Forms (A&R Form attached) must be correctly completed, signed by the Defendant for known previous treating entities, and forwarded by the Defense Attorney to previous treating entities.

- **Do not** put client's name on the A & R where the previous treating entity's name should be placed.
- Ensure the client's name, date of birth, and social security number are ***legible*** and placed in the section indicated on the A&R form.
- **Do not** send **blank** releases that only contain your client's signature. A&Rs ***cannot*** be altered by Alabama Department of Mental Health (ADMH) Outpatient Forensics staff after the form is received.
- *A&R forms ***must*** be witnessed. *

Veterans
The included Department of Veterans Affairs Request For and Authorization To Release Health Information (VA Form 10-5345) must be completed and submitted to Veterans Affairs if your client received treatment relevant to the request for forensic mental health evaluations.

Clients Not Capable of Giving Consent
Request an Order for Production of Records from the court. The previous treating entity(ies) must be listed on the Order for Production of Records.

Intellectual Functioning
Submit a student records request to the applicable school district(s). Forward school records to the ADMH Forensic Outpatient Services office once received.

STEP 2: Send ***ORIGINAL*** signed release forms(s) and signed court orders to previous treating entity(ies).
STEP 2 IS THE RESPONSIBILITY OF THE DEFENSE ATTORENY.

STEP 3: Send the Defense Attorney Information Form and a copy of the completed A& R form(s) to the ADMH Forensic Outpatient Services centralized email at fop.dmh@mh.alabama.gov (preferred).
DO NOT SEND TO INDIVIDUAL STAFF EMAIL ADDRESSES.

or

Mail to:
Alabama Department of Mental Health
Mental Health & Substance Use Services Division
Attention: Kimberly T. Bowens, MS, LMHC, NCC
Administrator II-Forensic Outpatient Services Manager & Court Liaison
100 North Union Street, Suite 420
Montgomery, AL 36130-1410
(334) 353-4950

DEFENSE ATTORNEY INSTRUCTION SHEET

- The Defense Attorney Information form is a fillable form. This form must be completed and forwarded to the Forensic Outpatient Program.
  - **Signatures on the form are not fillable and need to be signed.**

- Authorization to Release Protected Health Information Forms must be **completed in its entirety**, **signed by the defendant** for known previous treating entities, and **must be witnessed**.

- It is the ***responsibility of the defense attorney*** to send Original release forms and signed court orders to the previous treating entities.

- An Order for Production of Records may be submitted to the Circuit Judge if the defendant is not capable of giving consent and no legal representative has been appointed.

  - **Previous treating entities must be listed on the order for production of records.**

PLEASE ENSURE TO LEGIBLY WRITE/TYPE YOUR CLIENT'S NAME, DOB, AND SSN AT THE TOP OF THE FORM IN THE SECTION INDICATED.

COVER SHEET

DEFENDANT'S NAME _____

DEFENDANT'S CURRENT LOCATION: _____ JAIL _____ ON BOND

RACE: _____ SEX: _____ DATE OF BIRTH _____

SOCIAL SECURITY NUMBER: _____

DEFENDANT'S TELEPHONE NUMBER: _____

DEFENDANT'S EMAIL ADDRESS (If known): _____

CONFIRMATION OF CASE NUMBERS(S) CHARGES(S) BY COURT FILE:

CASE NO: _____ CHARGE: _____

CASE NO: _____ CHARGE: _____

CASE NO: _____ CHARGE: _____

JUDGE: _____

DEFENSE ATTORNEY: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

DISTRICT ATTORNEY: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

NEXT COURT DATE: _____

Forward Cover Sheet with the following document to fop.dmh@mh.alabama.gov.

or

Mail to:
Alabama Department of Mental Health
Mental Health & Substance Use Services Division
Attention: Kimberly T. Bowens, MS, LMHC, NCC
Administrator II-Forensic Outpatient Services Manager & Court Liaison
100 North Union Street, Suite 420
Montgomery, AL 36130-1410
(334) 353-4950

Alabama Department of Mental Health
Forensic Outpatient Services
RSA Union Building
100 North Union Street, Suite #420
Post Office Box 301410
Montgomery, AL 36130-1410
Telephone: (334) 353-4950
E-Facsimile: (334) 230-5546

DEFENDANT NAME: _____

RACE/SEX: _____ **DOB:** _____

SOCIAL SECURITY NO.: _____

Defense Attorney Information

Side 1

Pending Charge(s)/Case Number(s): _____

_____

_____

Extent of contact with defendant/date of last contact:_____

_____

_____

Observation/Information regarding the need for clinical evaluation, including ***specific*** difficulties in communicating with the defendant: _____

_____

_____

_____

_____

Circumstances surround the alleged offense that led you to believe the defendant's mental state is an issue:

_____

_____

_____

_____

_____

Previous convictions/pertinent background information:_____

_____

_____

_____

Previous psychiatric treatment (**HAVE DEFENDANT SIGN THE AUTHORIZATION TO RELEASE/RECEIVE PROTECTED HEALTH INFORMATION FORM FOR EACH TREATING ENTITY. FORWARD FORM(S) TO THE TREATING ENTITY AND A COPY TO THE ADMH FORENSIC OUTPATIENT SERVICES OFFICE.**):

_____

_____

_____

Defense Attorney Information

Side 2

NEXT OF KIN: Name _____ Relationship: _____

Complete Address: _____

_____

Telephone Number: _____

Email Address: _____

Information received from relatives, friends, etc., relevant to defendant's mental condition: _____

_____

_____

_____

_____

Defendant's current location: _____

_____

_____

Date: _____

Attorney: _____

Address: _____

_____

Email Address: _____

Telephone Number: _____

Cell Phone Number: _____

Please return this form, copies of Authorization to Release/Receive Protected Health Information form(s), pertinent reports and/or records, and case discovery information you may have to:

ADMH Forensic Outpatient Services centralized email at fop.dmh@mh.alabama.gov (preferred).

DO NOT SEND TO INDIVIDUAL STAFF EMAIL ADDRESSES.

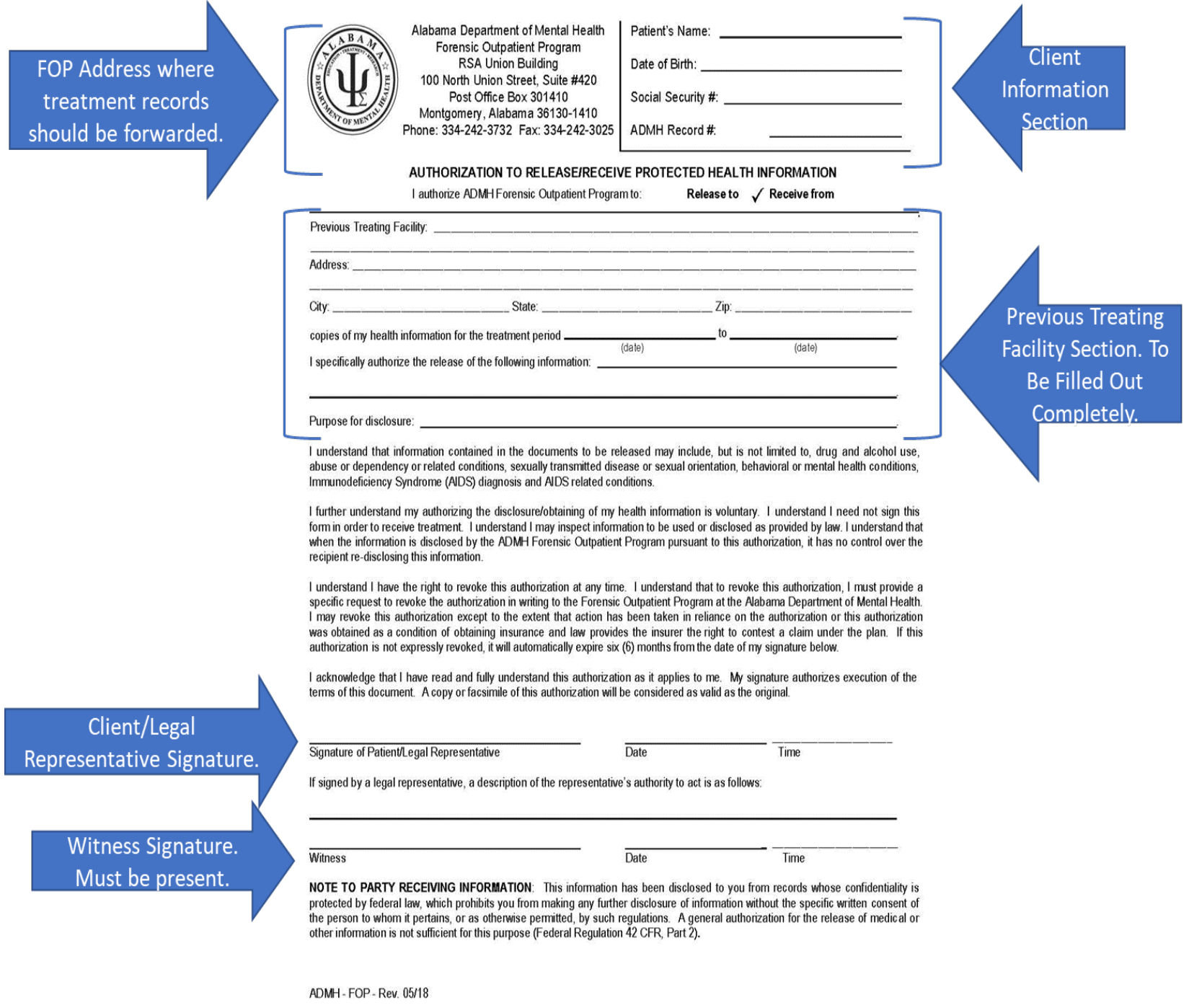
or

Mail to:

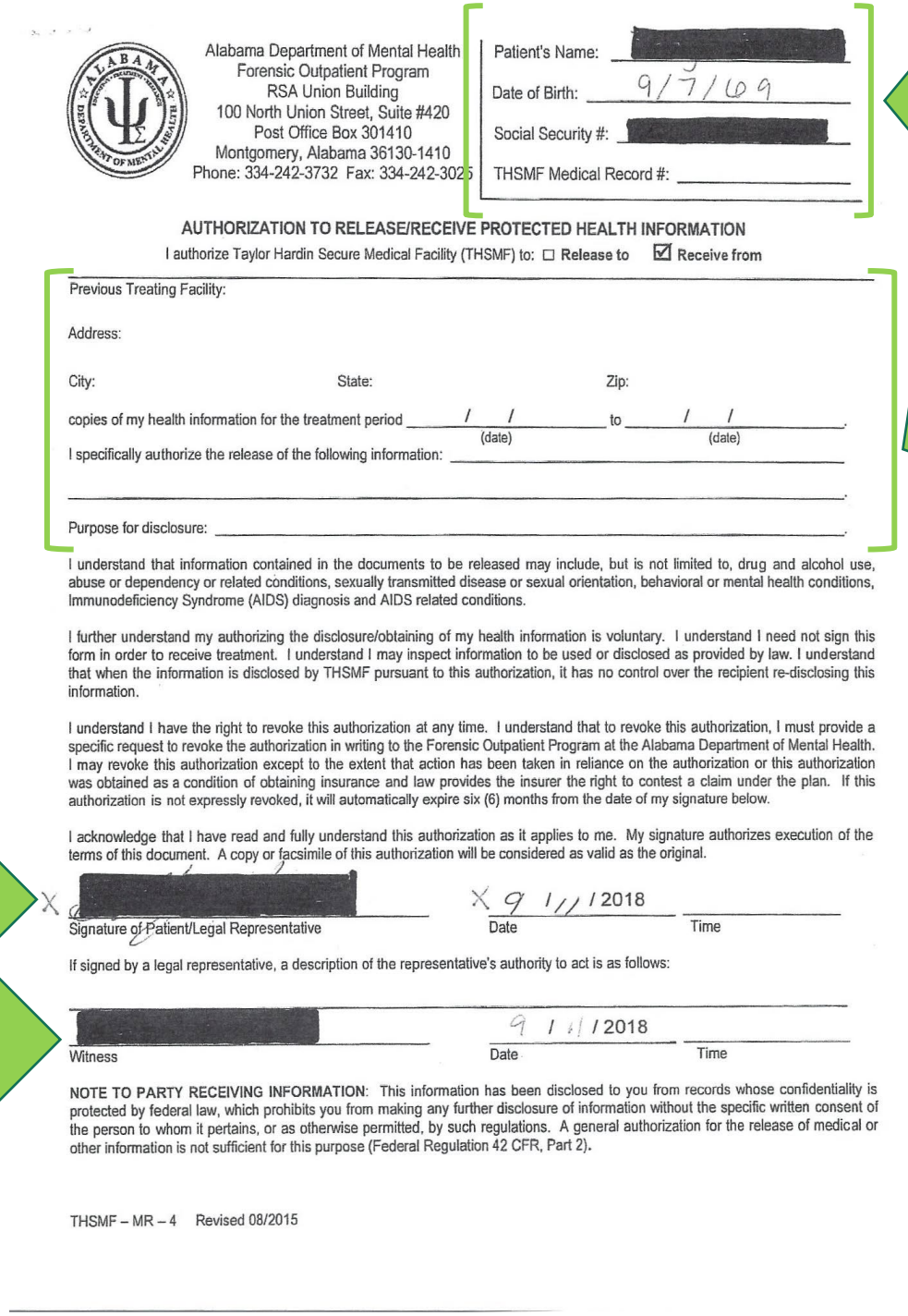
Alabama Department of Mental Health
Mental Health & Substance Use Services Division
Attention: Kimberly T. Bowens, MS, LMHC, NCC
Administrator II-Forensic Outpatient Services Manager & Court Liaison
100 North Union Street, Suite 420
Montgomery, AL 36130-1410
(334) 353-4950

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

- Authorization to Release Protected Health Information Form is included in the Defense Attorney Packet.
- The defense attorney is responsible for completing the form, to include the signature of the client and witness signature, then forwarding the completed form(s) to the previous treating entities.
- The requested records are to be sent to the Forensic Outpatient Program at the address listed in the top left corner of the form.
- The various parts of the form are shown to the right.



AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION



Alabama Department of Mental Health
Forensic Outpatient Program
RSA Union Building
100 North Union Street, Suite #420
Post Office Box 301410
Montgomery, Alabama 36130-1410
Phone: 334-242-3732 Fax: 334-242-3025

Patient's Name: [redacted]
Date of Birth: 9/7/69
Social Security #: [redacted]
THSMF Medical Record #: _____

AUTHORIZATION TO RELEASE/RECEIVE PROTECTED HEALTH INFORMATION

I authorize Taylor Hardin Secure Medical Facility (THSMF) to: ☐ Release to ☑ Receive from

Previous Treating Facility:

Address:

City: State: Zip:

copies of my health information for the treatment period ___/___/___ (date) to ___/___/___ (date).

I specifically authorize the release of the following information: _____

Purpose for disclosure: _____

I understand that information contained in the documents to be released may include, but is not limited to, drug and alcohol use, abuse or dependency or related conditions, sexually transmitted disease or sexual orientation, behavioral or mental health conditions, Immunodeficiency Syndrome (AIDS) diagnosis and AIDS related conditions.

I further understand my authorizing the disclosure/obtaining of my health information is voluntary. I understand I need not sign this form in order to receive treatment. I understand I may inspect information to be used or disclosed as provided by law. I understand that when the information is disclosed by THSMF pursuant to this authorization, it has no control over the recipient re-disclosing this information.

I understand I have the right to revoke this authorization at any time. I understand that to revoke this authorization, I must provide a specific request to revoke the authorization in writing to the Forensic Outpatient Program at the Alabama Department of Mental Health. I may revoke this authorization except to the extent that action has been taken in reliance on the authorization or this authorization was obtained as a condition of obtaining insurance and law provides the insurer the right to contest a claim under the plan. If this authorization is not expressly revoked, it will automatically expire six (6) months from the date of my signature below.

I acknowledge that I have read and fully understand this authorization as it applies to me. My signature authorizes execution of the terms of this document. A copy or facsimile of this authorization will be considered as valid as the original.

X [redacted] X 9/11/2018 _____
Signature of Patient/Legal Representative — Date — Time

If signed by a legal representative, a description of the representative's authority to act is as follows:

[redacted] 9/11/2018 _____
Witness — Date — Time

NOTE TO PARTY RECEIVING INFORMATION: This information has been disclosed to you from records whose confidentiality is protected by federal law, which prohibits you from making any further disclosure of information without the specific written consent of the person to whom it pertains, or as otherwise permitted, by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose (Federal Regulation 42 CFR, Part 2).

THSMF – MR – 4 Revised 08/2015

Often Not Completed With Name, DOB, & SSN

Previous Treating Entity Not Filled Out

Signature Often Illegible

Often Not Witnessed

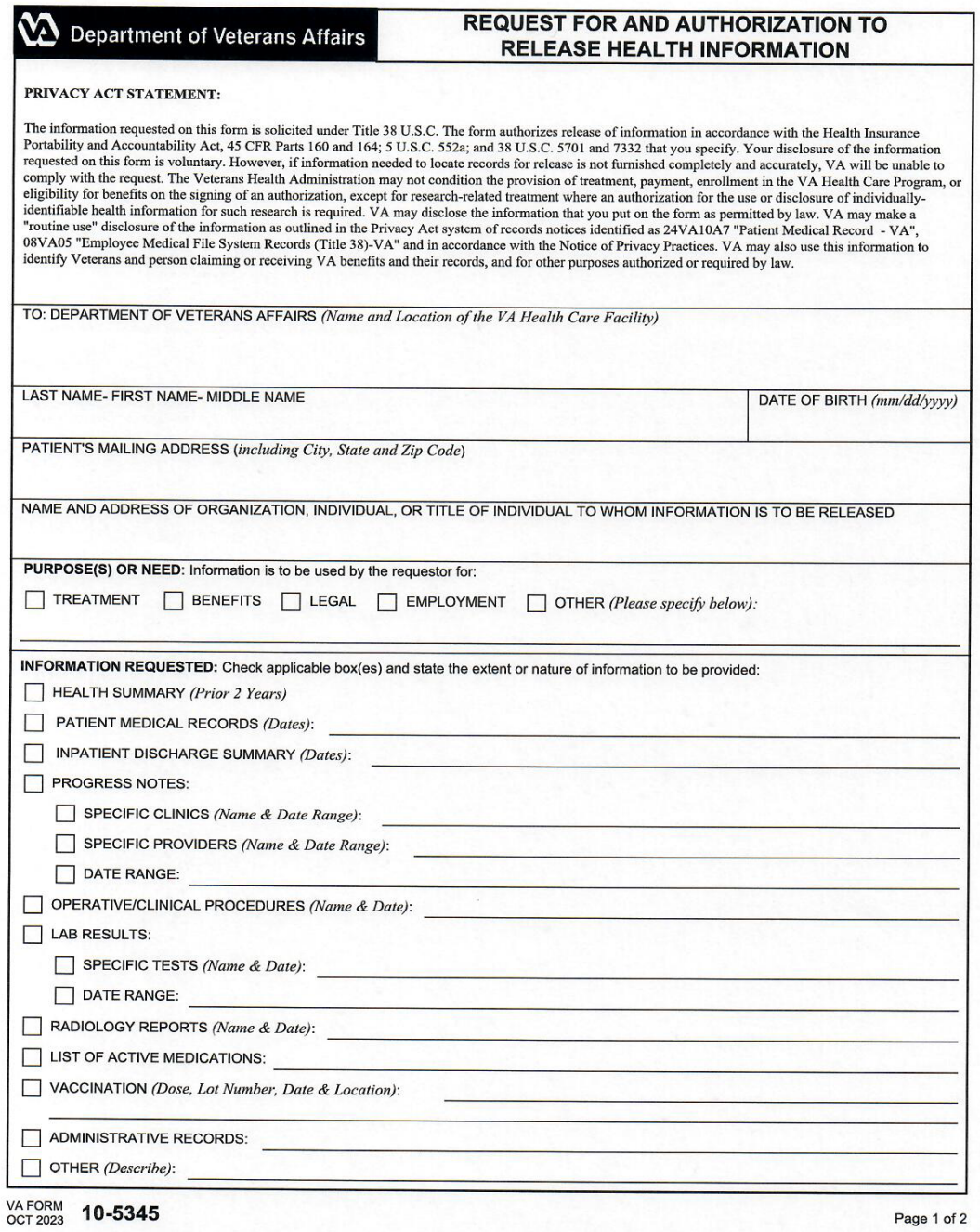
- This example of the *Authorization to Release Protected Health Information Form* to the left is one that is incomplete.
- The area identified is the '*Previous Treating Facility*' section. This section must be completed to ensure the form is being sent to the correct facility.

Veterans Administration Records

The Department of Veterans Affairs will not honor the ADMH Authorization for the Release of Protected Health Information Form.

VA Form 10-5345 must be submitted directly to the Veterans Administration authorizing the defendant's records to be submitted to ADMH.

This two page form is included in the Defense Attorney Information Packet.



Department of Veterans Affairs

REQUEST FOR AND AUTHORIZATION TO RELEASE HEALTH INFORMATION

PRIVACY ACT STATEMENT:

The information requested on this form is solicited under Title 38 U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164; 5 U.S.C. 552a; and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if information needed to locate records for release is not furnished completely and accurately, VA will be unable to comply with the request. The Veterans Health Administration may not condition the provision of treatment, payment, enrollment in the VA Health Care Program, or eligibility for benefits on the signing of an authorization, except for research-related treatment where an authorization for the use or disclosure of individually-identifiable health information for such research is required. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act system of records notices identified as 24VA10A7 "Patient Medical Record - VA", 08VA05 "Employee Medical File System Records (Title 38)-VA" and in accordance with the Notice of Privacy Practices. VA may also use this information to identify Veterans and person claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.

TO: DEPARTMENT OF VETERANS AFFAIRS *(Name and Location of the VA Health Care Facility)*

LAST NAME- FIRST NAME- MIDDLE NAME | DATE OF BIRTH *(mm/dd/yyyy)*

PATIENT'S MAILING ADDRESS (*including City, State and Zip Code*)

NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL, OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

PURPOSE(S) OR NEED: Information is to be used by the requestor for:

☐ TREATMENT ☐ BENEFITS ☐ LEGAL ☐ EMPLOYMENT ☐ OTHER *(Please specify below)*:

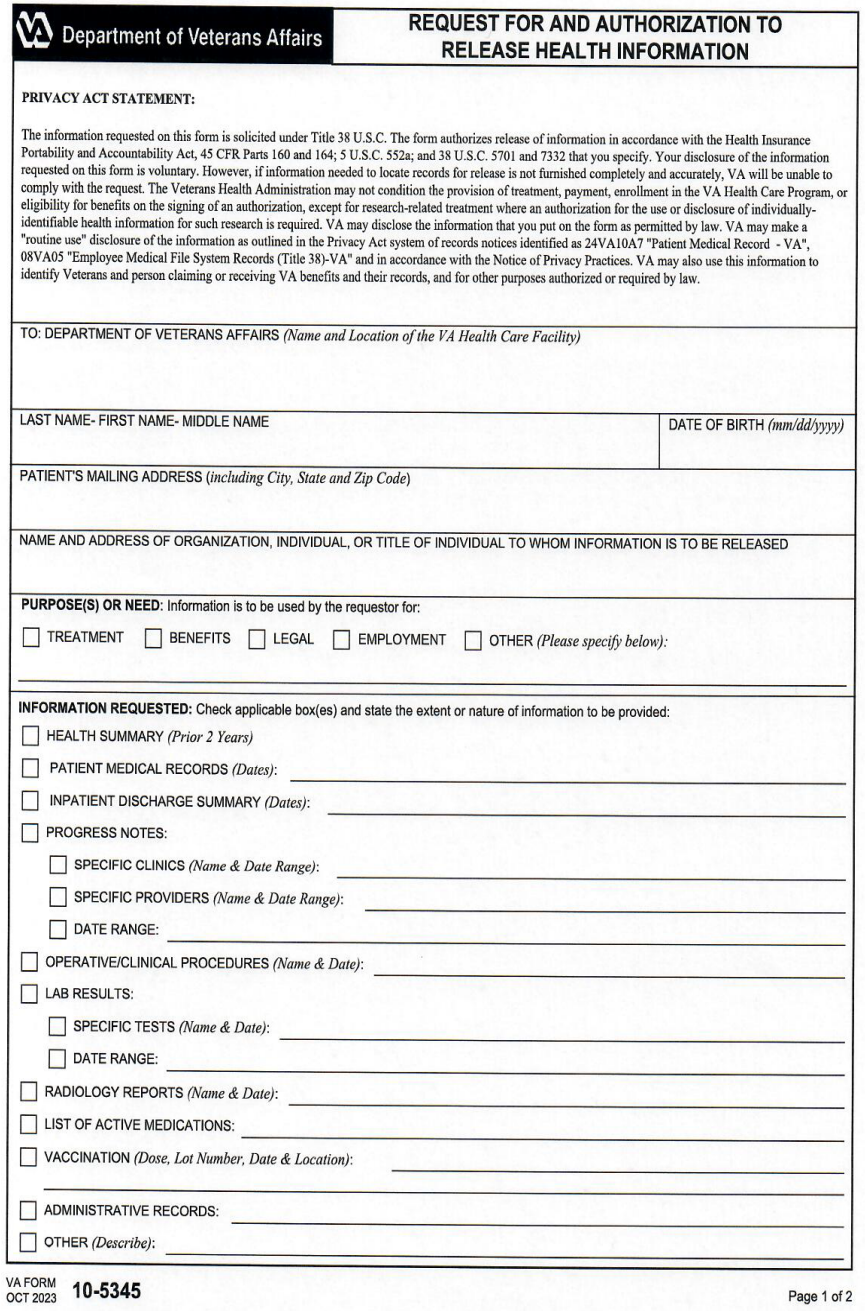
INFORMATION REQUESTED: Check applicable box(es) and state the extent or nature of information to be provided:

☐ HEALTH SUMMARY *(Prior 2 Years)*
☐ PATIENT MEDICAL RECORDS *(Dates)*:
☐ INPATIENT DISCHARGE SUMMARY *(Dates)*:
☐ PROGRESS NOTES:
  ☐ SPECIFIC CLINICS *(Name & Date Range)*:
  ☐ SPECIFIC PROVIDERS *(Name & Date Range)*:
  ☐ DATE RANGE:
☐ OPERATIVE/CLINICAL PROCEDURES *(Name & Date)*:
☐ LAB RESULTS:
  ☐ SPECIFIC TESTS *(Name & Date)*:
  ☐ DATE RANGE:
☐ RADIOLOGY REPORTS *(Name & Date)*:
☐ LIST OF ACTIVE MEDICATIONS:
☐ VACCINATION *(Dose, Lot Number, Date & Location)*:
☐ ADMINISTRATIVE RECORDS:
☐ OTHER *(Describe)*:

VA FORM OCT 2023 **10-5345** Page 1 of 2

Veterans Affairs

Form 10-5345



Department of Veterans Affairs

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LAST NAME- FIRST NAME- MIDDLE NAME | DATE OF BIRTH *(mm/dd/yyyy)*

PATIENT'S MAILING ADDRESS (*including City, State and Zip Code*)

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  ☐ DATE RANGE:
☐ OPERATIVE/CLINICAL PROCEDURES *(Name & Date)*:
☐ LAB RESULTS:
  ☐ SPECIFIC TESTS *(Name & Date)*:
  ☐ DATE RANGE:
☐ RADIOLOGY REPORTS *(Name & Date)*:
☐ LIST OF ACTIVE MEDICATIONS:
☐ VACCINATION *(Dose, Lot Number, Date & Location)*:
☐ ADMINISTRATIVE RECORDS:
☐ OTHER *(Describe)*:

VA FORM OCT 2023 **10-5345**

Page 1 of 2

DISTRICT ATTORNEY CASE DISCOVERY FILE

I. Alabama Uniform Offense and Arrest Report

II. Investigative Reports

III. Written Statements

- **Victims**
- **Witnesses**
- **Defendant**
- **Co-Defendants**

IV. Defendant's Arrest Record

V. Miranda Warning (audio/video recording if available)

VI. Accurate and detailed information about:

- **Pending Charges**
- **Specific information about the events leading to the arrest**
- **Crime Scenario**

VII. Other information that would potentially assist with the evaluation

JUVENILE INFORMATION NEEDED (NO ACCESS TO ALACOURT)

- Name of Defense Attorney
- Name of assigned District Attorney
- Guardian Ad Litem information (if appointed)
- Juvenile's current physical location
- Juvenile Probation Officer Information – to include demographic and social history information, face sheets to include history of juvenile court involvement
- Educational Records – Information regarding current school/grade/type of placement, copies of most recent Individual Education Plans, Multi-Eligibility Determination Committee Report, discipline reports, etc.
- Any significant medical records (if the juvenile has a medical condition)
- Any psychiatric or mental health records – JCL assessments
- Any psychological testing reports and/or assessments i.e., psychosocial, psychosexual risk assessments
- DHR records and/or summary of involvement
- Any other documents that are felt to be pertinent that any party to the case possesses

REPORT RECIPIENTS

- THE COURT (JUDGE)
- DEFENSE COUNSEL
- DISTRICT ATTORNEY
- CIRCUIT CLERK
- *Unless otherwise ordered by the Court*

FORENSIC EVALUATION PROCESS COMPLETED

Alabama Department
of Mental Health
connecting mind and wellness

If You Have Any Questions, Please Contact The Forensic Outpatient Program Staff.

Emailing Is The Preferred Method Of Contact.

Alethea Pittman, JD, MPA
Director
alethea.pittman@mh.alabama.gov

Kimberly Bowens, MS, LMHC, NCC
Manager/Court Liaison
kimberly.bowens@mh.alabama.gov

Kymbrianna J. Tellis, BS
Forensic Program Specialist
kymbrianna.tellis@mh.alabama.gov

Eviless T. Woods
Program Assistant
eviless.woods@mh.alabama.gov

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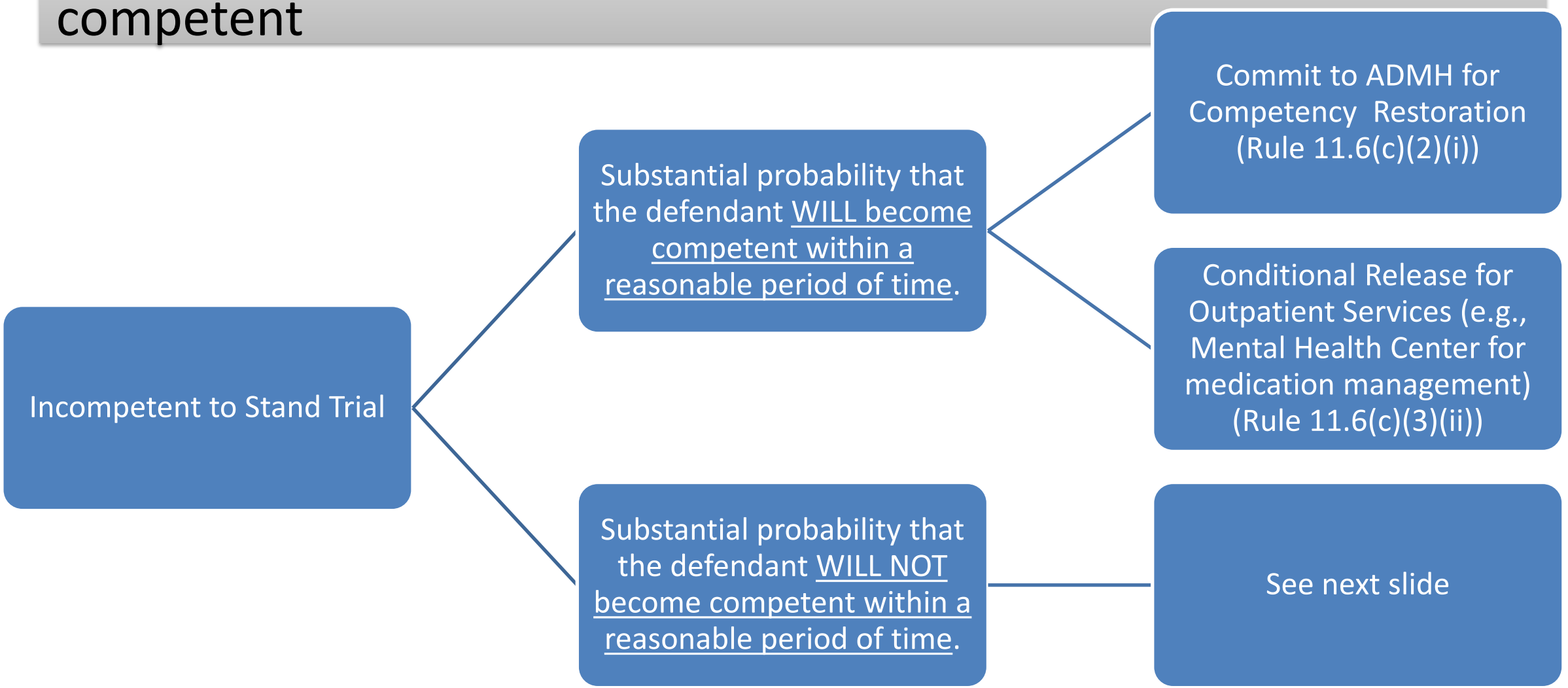
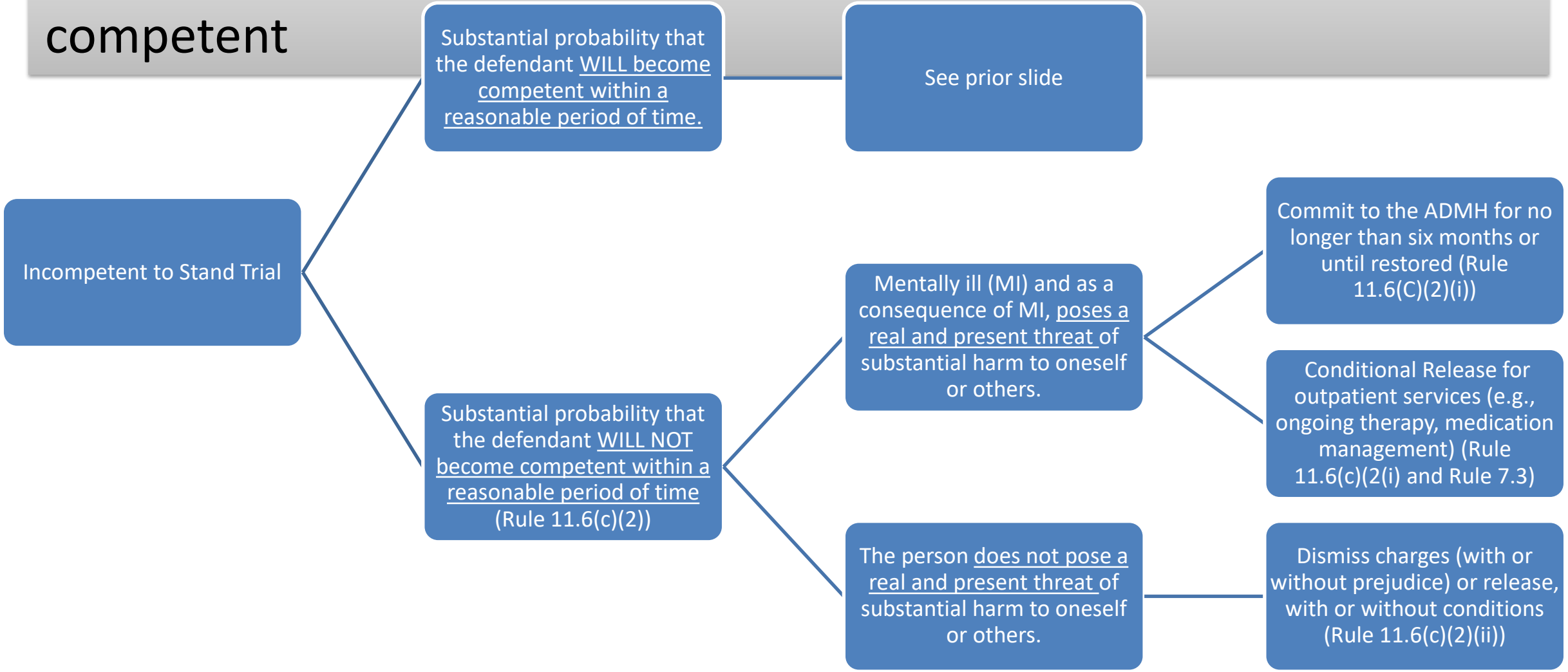
Court Action Following the Forensic Evaluation

Court Action Following the Forensic Examination: Defendant is Competent to Stand Trial

Court Action Following the Forensic Examination: Defendant is currently not competent but may become competent



Court Action Following the Forensic Examination: Defendant is currently not competent and unlikely to become competent

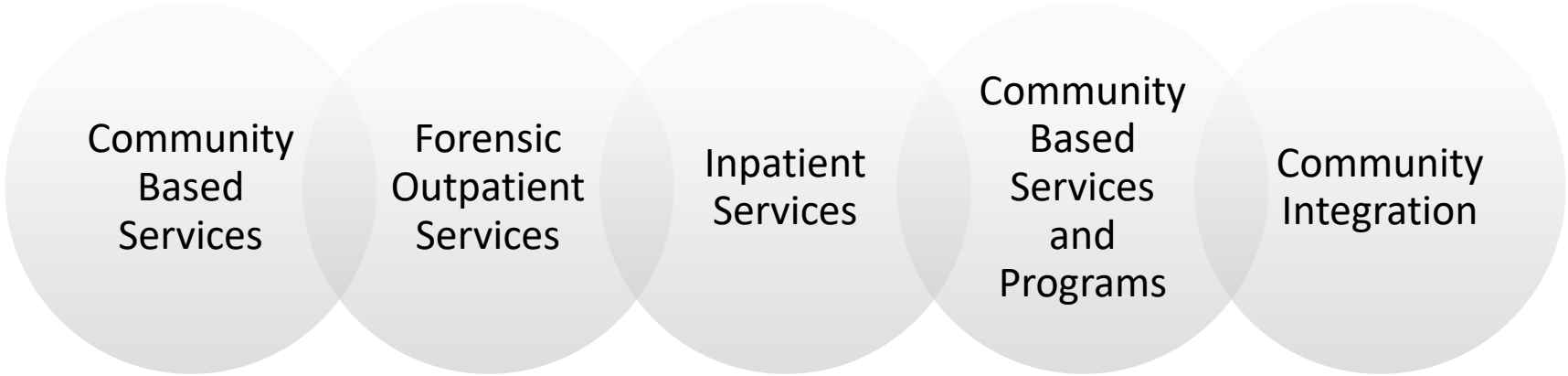


Inpatient Course of Treatment

- All patients receive an array of mental health services based on their needs and commitment/legal status:
  - Not guilty due to mental disease or defect, otherwise known as NGRI,
  - Incompetent to Stand Trial- unlikely to be restored in a reasonable period of time, also known as "no substantial probability," or
  - Incompetent to Stand Trial- likely able to be restored to become competent within a reasonable period of time, also known as "substantial probability."
- All patients have an assigned Treatment Team and an individualized Treatment Plan.
- Patients discharged to return to court/jail are provided with a discharge plan and a supply of medications.
- When the patient is recommended for release, either conditionally or unconditionally, then the patient's risk factors are identified and considered by the Treatment Team and the Hospital Review Board (HRB).
- When a conditional release is recommended, the team will notify the court of any recommendations that could mitigate areas of risk (Rule 7 and Rule 25.8)
- Patients discharged to a less restrictive setting are afforded a two-week temporary visit.

Community Integration and Risk

The pace of movement within the forensic system is contingent upon our ability to effectively support people in the community.



Strategies to ensure that defendants receive necessary services, in a timely manner:

- Defendants who have been restored to competency should be released from ADMH custody to continue with their proceedings.
- Defendants who have been found not mentally ill should be released from ADMH custody.
- Defendants who no longer pose a real or present threat of substantial harm to oneself or others should be considered for release. Rule 7 addresses Conditions for Release as well as Rule 25.8 for NGRIs.

Points of contact for questions or comments

The Office of Forensic Mental Health Services

Virginia Scott-Adams, Psy.D.- Director- (334) 201-0720

https://mh.alabama.gov/forensic-mental-health-services/

Forensic Outpatient Program

Alethea Pittman, JD- Director- (334) 242-3732

https://mh.alabama.gov/division-of-mental-health-substance-abuse-services/forensic-outpatient-services/

Inpatient Programs or Services

- Facility Director- THSMF- (205) 462-4506

https://mh.alabama.gov/taylor-hardin-secure-medical-facility/

ADMH Office of Forensic Mental Health Services

Contact Us...

Alabama Department of Mental Health
connecting mind and wellness

The Office of Forensic Mental Health Services	Visit: https://mh.alabama.gov/forensic-mental-health-services/ or call 205-554-4331
Orders for **Inpatient Forensic Services- Male Defendants** (Taylor Hardin Secure Medical Facility)	Email: ifs.dmh@mh.alabama.gov or call (205) 462-4513
Orders for **Inpatient Forensic Services- Female Defendants** (Bryce Hospital)	Email: Leslie.Seagle@bryce.mh.alabama.gov or call 205-507-8042
Orders for **Outpatient Forensic Services** and the Forensic Outpatient Program	Email: fop.dmh@mh.alabama.gov E-Fax: 334-230-5546 Visit: https://mh.alabama.gov/division-of-mental-health-substance-abuse-services/forensic-outpatient-services/
Taylor Hardin Secure Medical Facility	Visit: https://mh.alabama.gov/taylor-hardin-secure-medical-facility/ or call (205) 462-4500
Inquiries regarding **emergent admissions**	Call: 205-554-4331

The ADMH Mission:

Serve • Empower • Support

The ADMH Vision:

Promoting the health and well-being of Alabamians with mental illness, developmental disabilities and substance use disorders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Alabama Department
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Thank you