Rose Isabel Williams Mental Health Reform Act of 2020

Status Report
April 1, 2025 – June 30, 2025

MS Department of Finance and Administration
Office of the Coordinator of Mental Health Accessibility

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Abstract

This report is submitted pursuant to the *Rose Isabel Williams Mental Health Reform Act of 2020,* as codified in Miss. Code § 41-20-5(h), which established a process for the comprehensive review and required reporting on Mississippi's mental health system to assess the structure, funding, adequacy, delivery, and availability of services throughout the State. Key topics include recent changes in Mississippi's forensic mental health system, such as expansion of bed capacity, the opening of a maximum-security forensic facility housed in a fully renovated state building, and modifications to evaluation procedures. The report reviews categories of forensic patients and length of stay patterns, noting distinctions between competency restoration and Not Guilty by Reason of Insanity (NGRI) populations. Legislative developments, including the Forensic Mental Health Act of 2019, and Rule 12 of the Mississippi Rules of Criminal Procedure, are examined in relation to evaluation and admission processes. The report also describes the transition from initial competency and sanity evaluations conducted at Mississippi State Hospital requiring an inpatient level of care to community-based evaluations conducted by certified evaluators under county authority, and the use of jail-based forensic support staff. Finally, the report assesses wait times, service demand, and coordination between DMH, the legal system, and community partners.

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The Office of the Coordinator of Mental Health Accessibility (OCMHA) has included the following topics for this report:

- Overview of Forensic Services
- Expansion of Forensic Services in Mississippi
- Initial Forensic Mental Evaluation Process
- Inpatient Forensic Services
- OCMHA Recommendations

Forensic Mental Health System Overview

Between FY 2019 and FY 2025, Mississippi's forensic mental health system expanded capacity, modified evaluation processes, and added new infrastructure. Referrals for forensic services continued to increase during this period, creating demand for both short-term competency restoration services and long-term treatment for individuals with high-risk profiles.

According to James G. Chastain, Director of Mississippi State Hospital (MSH), and Dr. Thomas Recore, Clinical and Forensic Psychiatrist and Medical Director for the MS Department of Mental Health (DMH), evaluation procedures were revised to provide clearer pathways and more consistent outcomes across facilities. An online resource, Forensic Services Overview, was launched to improve access to information and tracking for interested parties. Coordination with courts has become more structured, supporting transparency in decision-making.

The former female receiving unit at Mississippi State Hospital (MSH) was fully renovated and reopened in 2025 as the maximum-security forensic facility (Building 63), as detailed in the Expansion of Forensic Services section. Future priorities include adding resources for individuals who are at higher risk of difficulties living successfully in the community.

Overview of Forensic Patients

Forensic psychiatry is the branch of psychiatry that addresses issues at the intersection of mental health and the criminal justice system, with a particular focus on supporting offenders with mental disorders. Forensic psychiatry plays a critical role in determining fitness to stand trial, applying insanity regulations, assessing risk and dangerousness, and coordinating treatment across psychiatric and correctional facilities (Arboleda-Florez, 2006).

Forensic psychiatric care aims to improve the mental health of offenders with serious psychiatric disorders while reducing their risk of reoffending. This care must balance patient treatment needs with public safety, providing services in the least restrictive setting possible. Across countries, forensic psychiatric services are organized and regulated in different ways, but all share the core challenge of treating individuals with complex needs in secure environments.

Research also shows that the physical environment of forensic psychiatric hospitals directly influences treatment outcomes and safety. Features such as natural light, access to outdoor spaces, and homelike spaces can support recovery, while institutional or poorly designed facilities can hinder progress. At the same time, treatment areas must integrate physical security, staff-patient relationships, and clear procedures to ensure both care quality and safety. Together, these principles underscore the dual role of forensic facilities as places of treatment and protection (Seppanen, Tormanen, Shaw, & Kennedy, 2018).

Forensic patients are individuals committed to a psychiatric hospital due to involvement with the criminal justice system. This group includes:

- Defendants found incompetent to stand trial
- Persons found not guilty by reason of insanity (NGRI)
- Individuals convicted of crimes but deemed mentally unfit to serve a standard prison sentence (Center, 2024)

By contrast, patients hospitalized without criminal involvement are considered civilly committed.

When a defendant is charged with a serious crime, courts typically examine three areas:

- Competency: Defendants found unfit to stand trial are generally sent to psychiatric facilities for restoration services.
- Insanity standards: Legal tests determine whether mental illness impaired a person's ability to understand or appreciate their actions, potentially resulting in NGRI findings.
- Dangerousness: Courts and clinical teams evaluate the risk the individual poses to themselves or others, which can affect security level and treatment setting.

Expansion of Forensic Services in Mississippi

This section outlines both facility expansion and accompanying system improvements. MSH is the state's only inpatient forensic mental health provider, serving all 82 counties. Limited bed capacity in prior years contributed to delays in service access and led to defendants with serious mental illness remaining in county jails. In fall 2024, MSH completed renovations on a new maximum-security facility designed to:

1. Provide a secure environment meeting life/safety codes and CMS/Joint Commission standards.
2. Improve statewide access to forensic services.
3. Reduce the housing of defendants with mental illness in county jails.

The goals of Mississippi's forensic services are to:

- Restore competency so defendants can participate in trial proceedings.
- Transfer incompetent pretrial defendants from jail into treatment settings where they can receive medication management and counseling.
- House and supervise high-risk defendants who are not restorable, including those charged with violent crimes such as murder, rape, and arson (Mississippi Department of Mental Health).

On April 17, 2025, MSH opened its new maximum-security forensic, providing 81 beds dedicated to high-security psychiatric care (Sanchez, 2025). This increases DMH's total forensic capacity to 123 beds, with 83 specifically designed for maximum-security services.[1] The other forty beds are designated for medium-security forensic services. Before this expansion, the forensic maximum-security unit (Building 43) had 65 beds, with 35 maximum-security beds.

Even though the population in the maximum-security facility has doubled, the number of patients requiring special observation has been cut in half. This reduction reflects the impact of improvements to the physical facility and the recruitment and retention of qualified staff (*T. Recore, personal communication, 2025*).

The facility was designed with a focus on safety, cost efficiency, and accessibility. Features include enhanced video monitoring, centralized controls, artificial intelligence tools, and flood protection systems to support court-ordered treatment while protecting staff, patients, and the public (Magnolia Tribune, 2025).

Alongside the renovation, MSH implemented several improvements to strengthen forensic services. More than 100 video surveillance cameras were installed, integrated with artificial intelligence (AI) that can track individuals when directed and identify early signs of trouble. These systems also allow staff to review incidents when needed. In addition, new observation rooms enable psychological testing to be monitored externally, supporting more reliable results and reducing potential interference in the testing process (*T. Recore, personal communication, 2025*).

[1] MSH operates two forensic maximum-security beds for females that are not located on the new maximum-security forensic facility (Building 63).

Workforce development is also a priority. Forensic psychiatry requires staff with specific qualities and skills to safely manage individuals who are often aggressive, severely ill, or highly dysregulated. Recruitment focuses on staff who are clinically qualified but also resilient enough to work in high-intensity forensic settings. Matching staff characteristics with the demands of this specialized setting is essential for safety, consistency of care, and long-term workforce stability (*T. Recore, personal communication, 2025*).

The physical environment of the new facility reflects both security and therapeutic design. The building includes six wards across three floors with clear sight lines and a safe, dignified admissions area. Patients can be stratified by level of risk and clinical need, with the most ill and aggressive individuals housed in the most secure ward. This design allows patients to reside with peers of similar acuity and supports safer management. The facility also expanded observation capacity and incorporated a contingency management program in the form of a token store, which provides structured reinforcement for treatment participation and positive behavior (*T. Recore, personal communication, 2025*).

This project is part of a broader statewide expansion of forensic capacity between FY 2019 and FY 2025. Table 1 below provides a comparison of forensic bed capacity by facility between FY 2019 and FY 2025. During this period, Mississippi more than doubled its available forensic beds, growing from 61 to 140 beds across three facilities. Specific increases included:

- MSH:
  - Male beds increased from 56 to 87
- East Mississippi State Hospital (EMSH), Newton Campus
  - Established 24 new male forensic beds (none existed in 2019)
  - No female forensic beds
- EMSH, Meridian Campus:
  - Added 15 male and 2 female forensic beds

Table 1: Forensic Bed Capacity by Facility (FY 2019 vs FY 2025)

Facility	FY 2019 Beds (Male/Female)	FY 2025 Beds (Male/Female)	Net Change
MSH	56 / 5	87 / 12	+38
EMSH, Newton Campus	0 / 0	24 / 0	+24
EMSH, Meridian Campus	0 / 0	15 / 2	+17
Total	61	140	+79

This expansion reflects a substantial system-wide growth representing more than a twofold increase in bed capacity. The growth may reduce wait times for services, jail backlogs, and

demand for competency restoration services (*Recore & Chastain, Personal Communication, 2025*).

Forensic Admission Wait Times and Capacity

Access to timely treatment remains a central goal. The prior maximum-security unit, built over 70 years ago, had operational and infrastructure limitations that contributed to longer waits. In FY 2019, individuals awaiting forensic admission for competency restoration in Mississippi faced an average wait of 363 days - close to a full year. At that time, there were 44 individuals on the waitlist, though data on the average number of days spent waiting in jail is not available. No admissions were recorded under a NGRI finding in FY 2019.

In FY 2025, conditions show improvement. The average wait time for competency restoration has decreased to 264 days, while NGRI admissions reflected an average wait of 20 days. A total of 73 individuals were on the waitlist, with those in jail waiting an average of 72 days prior to transfer. Not all individuals waiting on competency restoration wait in jail (*T. Recore, personal communication, 2025*).

In previous years, the admission wait time for competency restoration was more than one year; it is now approximately six months. In 2025, MSH admits an average of two individuals per day into the new forensic service. The program's goal is to reduce the average wait time to four months by the end of 2025 (*T. Recore, personal communication, 2025*). Table 2 below summarizes the comparison between FY 2019 and FY 2025 wait times and admission trends.

Table 2: Comparison Between FY 2019 and FY 2025 Average Wait Times and Admission Trends

	Wait Time for Competency Restoration	Wait Time for NGRI	No. Days Waiting in Jail	No. Waiting
FY 2019	363	None referred	Not Available	44
FY 2025	264	20	72	73

Nationally, the Treatment Advocacy Center reports that state hospital bed shortages contribute to delays in both civil and forensic care. As of 2023, the United States had 10.8 state hospital beds per 100,000 people—the lowest on record—with 5,576 inmates awaiting admission nationwide and a median of 72 inmates waiting across 33 states. Inadequate civil bed capacity can result in individuals with serious mental illness occupying forensic beds due to lack of treatment options, while limited forensic capacity delays access for those in jail awaiting evaluation or restoration. In 2023, forensic patients made up most state hospital populations nationwide, largely due to growth in the number of individuals found incompetent to stand trial who require restoration services (Center, 2024).

Table 3 below compares Mississippi's civil and forensic hospital capacity with the U.S. average and neighboring states of Alabama, Tennessee, and Louisiana. Mississippi had 12.4 beds per 100,000 people in 2023, above the national average of 10.8 and considerably higher than Alabama (8.0) and Tennessee (7.8), though below Louisiana (15.0). Approximately 17% of Mississippi's psychiatric beds were designated for forensic use, compared to 34% in Alabama and 35% in Louisiana. Louisiana reported the highest proportion of forensic beds occupied by NGRI patients (77%), followed by Tennessee (67%). Mississippi reported 21% of its forensic beds occupied by NGRI patients.

Mississippi faces the same challenges as the rest of the country but has worked to increase capacity more quickly than many states. From FY 2019 to FY 2025, the state more than doubled its forensic bed supply, opened a new maximum-security facility, and created new evaluation pathways to help reduce jail backlogs. Wait times are still a concern, but these changes put Mississippi ahead of nearby states. In 2023, the average wait for a forensic admission in Mississippi was 287 days, with 70 people on the waitlist (Center, 2024).

Table 3: State Hospital Capacity - Mississippi vs. Contingent States and U.S. (2023)

Indicator	Mississippi	Alabama	Tennessee	Louisiana	U.S.
Beds per 100,000 (civil + forensic)	12.4	8.0	7.8	15.0	10.8
Civil beds per 100,000	9.8	5.3	6.6	9.8	5.2
% Beds Designated Forensic	17	34	0	35	Majority in most states
Number on Wait List	70	Not Available	150	153	5,576 (Nationwide total)
% Forensic Beds Occupied by NGRI	21	Not Available	67	77	Not Available
Total Beds Rank Among States	15	36	38	10	Not applicable

The newly renovated facility that opened in 2025 is expected to help reduce these wait times as new beds come fully online. It is important to establish mechanisms that discourage unnecessary admission to inpatient forensic psychiatric units. Because these services are highly valuable and can function as an effectively unlimited resource, demand and utilization are likely to rise as capacity expands. Without defined limits, newly added beds are expected to fill quickly (*T. Recore, personal communication, 2025*).

Length of Stay (LOS) Patterns

Once admitted, the length of stay for forensic patients varies considerably by legal status. Those who are most acutely ill or present the highest risk typically remain hospitalized longer (*T. Recore, personal communication, 2025*). Defendants admitted for competency restoration stayed

an average of 138 days in FY 2019 compared to 292 days in FY 2025. Longer stays in FY 2025 can be attributed to factors such as differences in prescribing practices, slower titration of psychotropic medications, and challenges related to "treatment over objection." Under new protocols and practices implemented by medical leadership, the average length of stay is expected to decrease in FY 2026, particularly for pretrial patients.

By contrast, patients adjudicated Not Guilty by Reason of Insanity (NGRI) had substantially longer stays, averaging 1,072 days in FY 2019. As of July 1, 2025, there were 19 NGRI patients statewide, including 9 housed at MSH. They represented 13.5% of the total forensic population (*Recore & Chastain, Personal Communication, 2025*). Comparable statewide data for NGRI patients in FY 2025 are not yet available (*Recore & Chastain, Personal Communication, 2025*). Table 4 below summarizes the average length of stay (LOS) for forensic patients in FY 2019 and FY 2025, highlighting differences between competency restoration and NGRI admissions.

Table 4: Average Length of Stay (LOS) for Forensic Patients (FY 2019 vs. FY 2025)

Patient Category	FY 2019 Avg. LOS (days)	FY 2025 Avg. LOS (days)
Competency Restoration	138	292
Not Guilty by Reason of Insanity (NGRI)	1,072	Data not yet available

Forensic patients, particularly those adjudicated NGRI, require significantly longer stays than civil commitments, reflecting both treatment needs and public safety considerations.

Legislative and Procedural Background

The Forensic Mental Health Act of 2019, passed as Mississippi Senate Bill 2328, strengthens constitutional protections for defendants with mental health concerns. The Act directs DMH to establish training standards for psychiatrists and psychologists performing court-ordered mental examinations in felony cases; provide training and publish a list of certified evaluators; and clarifies jurisdictional procedures for defendants with unresolved felony charges whose competency is in question.

Under the Act, if a defendant is determined incompetent and not restorable in the foreseeable future, jurisdiction is transferred to chancery court for civil commitment. Prior to discharge from civil commitment, DMH is required to notify the district attorney of the county where the crime was committed. The district attorney must then provide notification to the crime victim or a family member who has requested notification and the sheriffs of both the county where the offense was committed and the county of the committed person's destination. *See Miss. Code § 41-21-63.* This reinforces safeguards for public safety (Mississippi Forensic Mental Health Services).

When an individual is dangerous or has committed a serious crime and appears not to have been sane at the time of the crime and is still not sane, the judge may remand the person to custody or initiate the civil commitment process. *See Miss. Code Section 99-13-3.* If the mental competency of a person charged with a felony is in question, the judge may also order a forensic evaluation to determine competency or sanity. *See Miss. Code Section 99-13-11.* When a person receives services in a forensic unit for longer than half of a maximum sentence for statutorily violent offenses, or less than ¼ of the maximum sentence on statutorily non-violent offenses, they may be transitioned to civil commitment as "procedurally non-restorable" so that the treatment can continue unabated, and they can be connected with appropriate community resources to mitigate the known risks associated with criminality, such as homelessness, persistent mental health challenges, and substance use problems. (*T. Recore, personal communication, 2025*).

Mississippi Rules of Criminal Procedure Rule 12 outlines the requirements for mental examinations. Rule 12 specifically provides that "to be deemed mentally competent, a defendant must have the ability to perceive and understand the nature of the proceedings, to communicate rationally with the defendant's attorney about the case, to recall relevant facts, and to testify in the defendant's own defense, if appropriate." Rule 12 further requires that any cost or expense associated with the court-ordered mental examination(s) shall be paid by the county in which such criminal action originated. *See also Miss. Code § 99-13-11.*

Treatment Over Objection and Admission Challenges

In Mississippi, consent to treatment has periodically become a difficult issue in the forensic system. At times, defense attorneys or families object to care because they believe treatment could affect the outcome of a court case. Forensic hospitals are designed to provide treatment, not serve as holding facilities. When patients refuse all services, staff are left managing very high-risk situations with the inability to provide proper treatment. In some counties, judges have signed "treatment over objection" orders that prevent staff from providing care unless the patient agrees. These challenges show why it is necessary to decide on the front end whether an individual will accept treatment before admitting them into a forensic unit. Some states have laws that make consent to treatment a clear requirement for admission, so hospitals are not forced to house people who refuse all services (*T. Recore, personal communication, 2025*).

Initial Forensic Mental Evaluation Process

Effective November 1, 2023, MSH discontinued conducting initial forensic mental evaluations for competency and sanity. Responsibility and related costs were shifted to the counties, and resources were reallocated to expand inpatient forensic services. Pursuant to Miss. Code § 99-13-11, counties are responsible for the cost of psychiatric evaluations—a responsibility MSH had informally absorbed for years by conducting evaluations at no charge. During this transition of responsibility for initial competency exams from MSH to the counties, the county

payment processes experienced some challenges. In some counties independent evaluators experienced delinquent invoices, and some refused to continue working with the county because of delayed payments. Most of these issues have since been resolved, and payment procedures are improving statewide. Table 5 below provides a comparison of how initial forensic mental health was managed before and after 2023.

Table 5: Comparison of Forensic Processes and Outcomes Before and After 2023

Time Period	Who Paid for Evaluations	Process	Challenges	Impact
Before 2023	**MSH**	MSH conducted most evaluations, counties not billed	Resource strain on MSH; evaluations done without reimbursement	Inpatient capacity was limited; Wait time was lengthy
After 2023	**Counties (By Law)**	Independent evaluators bill counties directly; MSH oversees certification and assignment	Delinquent invoices in some counties; some evaluators declined cases due to payment delays	Most invoicing issues now resolved; expected reduction in evaluation waitlist to ~3 months

Pathways for Conducting Initial Competency and Sanity Evaluations

Since MSH no longer conducts initial evaluations of competency to proceed legally, county and circuit courts in Mississippi now follow one of two pathways. The first involves administrative coordination of evaluations through MSH's Forensic Evaluation Services (FES) staff. The second allows courts to contract directly with their own qualified evaluators. Additional information is available at: https://www.forensicservices.msh.ms.gov/initial-evaluations. With these new procedures in place, administrators are optimistic that the waitlist for initial evaluations can be reduced to about three months (*T. Recore, personal communication, 2025*).

Pathway 1 – Evaluations Conducted through MSH Forensic Evaluation Services (FES)

In this process, the court issues an order for evaluation, and the clerk submits the required form and supporting documents to FES at MSH. Different forms are used for standard competency evaluations and for defendants charged with capital murder. If a sanity evaluation is also indicated, a supplemental order must be submitted. Once received, MSH assigns a forensic ID number, notifies all relevant parties, and designates a certified independent contractor as the evaluator. Only licensed psychologists (Mississippi Board of Psychology or APIT through PSYPACT) and licensed psychiatrists (Mississippi State Board of Medical Licensure) are eligible for certification as Forensic Mental Health Evaluators in Mississippi.

MSH FES staff have provided guidance to outpatient evaluators that if they cannot clearly determine a defendant's competency during an outpatient evaluation, they should conclude the individual is incompetent and refer them for treatment. Because of this policy, admissions solely

for evaluation purposes are no longer occurring (*Recore & Chastain, Personal Communication, 2025*).

In 2023, MSH implemented a certification process to expand evaluator capacity. Under this process, MSH compiles the required data and transmits evaluation documents digitally to the evaluator. Currently, 22 evaluators (approximately half psychiatrists and half psychologists) are certified and listed on the MSH forensic website. Most evaluations are conducted via telepsychiatry and evaluators bill the counties directly. While MSH has encountered occasional delays in county payments, the majority of counties pay in a timely manner, and jails and law enforcement have generally been accommodating to this process (*Recore & Chastain, Personal Communication, 2025*).

Cost Structure:

- Competency evaluations: Up to $2,000 (no cost cap for capital murder; typically billed for approximately 40 hours)
- Sanity evaluation ordered with competency: Up to $1,000
- Sanity-only evaluation: Up to $3,000 total
- Combined competency and sanity evaluation: Up to $3,000 total
- Testimony: $250/hour for psychologists; $300/hour for psychiatrists

The evaluator submits the completed report to the county and invoices the county directly. Case progress can be tracked online using the assigned forensic ID number.

Pathway 2 – Evaluations Conducted by the Courts
In this process, the court selects and contracts with a licensed forensic psychologist, psychiatrist, or DMH-certified evaluator. The court is responsible for scheduling, document submission, and payment arrangements. Required documentation includes the court order, legal motions, case details, legal history, family contact information, defendant history, and relevant medical and mental health records. The evaluator conducts the assessment in accordance with the agreed scope and timeline, then submits a comprehensive report containing findings, conclusions, and recommendations to the court and receives payment directly from the court.

Jail-Based Support

To help manage delays in admission and evaluation, the state utilizes four forensic spanners—a grant-funded team serving all 82 counties. The team consists of master's- and bachelor's-level social workers who visit county jails to meet with individuals awaiting inpatient forensic admission to MSH. Their role is to conduct needs assessments, provide interim support, and connect defendants with community mental health resources during the wait for inpatient placement (*Recore & Chastain, Personal Communication, 2025*).

In addition to the four state-funded forensic spanners who provide support in county jails, Mississippi now has one forensic navigator. The navigator is separate from MSH and the forensic psychiatry system. The Forensic Navigator Program was established in 2024 through a partnership between DMH and the MacArthur Justice Center. The navigator serves as a statewide resource to help courts, sheriffs, emergency departments, and others connect individuals in jail with mental health evaluations and treatment services. This role is designed to assist with difficult-to-place cases and to reduce delays for individuals awaiting forensic admission. The program includes a "hotline" staffed by an experienced attorney who helps bridge the gaps between courts, law enforcement, and mental health providers, and assists in moving people with pending felony charges from jail to treatment. Together, the forensic navigator and the spanners provide additional front-end support to reduce jail wait times and improve coordination of forensic services across the state (Mississippi Department of Mental Health, n.d.).

Together, the forensic navigator and the spanners provide critical front-end support to reduce jail wait times and improve coordination of forensic services statewide. Table 6 below provides a summary of forensic system improvements.

Table 6: Summary of Forensic System Improvements

Category	Improvement
Bed Capacity Expansion	Forensic beds expanded from 61 (2019) to 140 (2025),
Facility Renovation	Renovation of existing state building at MSH.
Technology Upgrades	Installed 100+ AI-integrated surveillance cameras, new observation rooms, and centralized controls.
Evaluation Process	Shifted initial evaluations to counties (2023) with certified evaluators and telepsychiatry options; reduced evaluation-only admissions.
Workforce Development	Recruitment focused on adaptability, resilience, and motivation.
Jail-Based Support	Established four forensic spanners and forensic navigator program to reduce jail wait times and improve coordination.
Data Transparency	Launched evaluator certification lists and public-facing forensic services website; commitment to ongoing transparent reporting.

Inpatient Forensic Services

Following the initial competency evaluation process, some defendants require admission to inpatient forensic services for competency restoration, ongoing treatment, or secure care under court order. DMH and MSH provide inpatient treatment, forensic evaluations, and expert testimony regarding defendants who have been evaluated by a licensed psychologist or psychiatrist and adjudicated as incompetent to proceed legally. The cost of treatment, evaluation, and testimony is covered by DMH and MSH. Throughout the admission waiting process, a county can check the progress by entering the Forensic Identification Number (FID) into the search tab on the Forensic Evaluation Service section of the MSH website.

Mississippi's forensic system emphasizes dignity, safety, and cost-effective care. Services are provided in the least restrictive and most dignified setting possible, focusing on rehabilitation rather than punishment (*T. Recore, personal communication, 2025*). Individuals are treated not as criminals but as patients with serious brain disorders who require therapeutic intervention and structured support. Inpatient forensic services are available for criminal court–involved individuals in the following categories:

1. Pretrial felony defendants adjudicated as incompetent to proceed legally who require inpatient treatment for competency restoration.
2. Pretrial defendants adjudicated as NGRI and determined by the court to require inpatient treatment until restored to reason and no longer dangerous to themselves or the community.
3. High-risk non-competent, non-restorable (NCNR) mentally ill individuals, generally those originally referred for competency restoration on violent charges but later determined incompetent and not restorable. These individuals are then referred for civil commitment but remain in secure settings due to public safety concerns.

MSH operates both maximum- and medium-security forensic units. Placement decisions are made by a Transfer Advisory Committee, which reviews risk and determines appropriate security levels. In the past, placement decisions were handled by a 15-member Diagnostic and Assessment Committee (DAC), which often took up to two months to convene. The process has now been streamlined through the Transfer Advisory Panel, which typically includes three to four members, one of whom is a physician not involved in the individual's direct care. The Transfer Advisory Panel can meet within three days, allowing for faster determinations while distributing liability across the team and keeping the focus on the needs of the patient (*T. Recore, personal communication, 2025*).

Public safety remains central. For high-risk, non-restorable patients, the district attorney must be notified prior to any release. Similarly, NGRI patients require judicial approval before community reentry. Individuals may transition between facility-based and community care, depending on stability and assessed risk (Misssissippi Forensic Mental Health Services).

Looking ahead, MSH is considering the use of another building to expand medium-security capacity. This unit would serve patients who are stabilized on effective medication and showing progress but are not yet ready for community release. Recruitment for staff is underway, with the goal of making the new unit operational by Fall 2025 (*T. Recore, personal communication, 2025*).

OCMHA Recommendations

Issue: Inconsistent payment practices for forensic evaluators contracted by counties.	
Background	When MSH stopped absorbing the cost of evaluations in 2023, counties became fully responsible for payments. Some counties experienced problems with delinquent invoices, leading some evaluators to refuse further work. Although many of these issues have improved, there is still no standardized statewide process for billing, reimbursement, and tracking payments. Without reliable payment structures, counties risk losing evaluators and prolonging wait times for competency and sanity assessments.
Recommendation 1	Develop a standardized system for evaluator payment that ensures timely reimbursement and clear documentation of payment. This should include transparent procedures for counties, evaluators, and courts to track invoices and payment status. Establishing consistency will help maintain an adequate pool of evaluators, improve county compliance, and reduce delays in forensic evaluations.
Issue: Need for consent to treatment	
Background	MSH Forensic Services is designed to deliver treatment, not serve as a holding facility. However, when patients or their attorneys refuse consent to care, facilities are placed in a difficult position—housing individuals who may be dangerous but who cannot legally be treated. In some counties, judges have issued orders that prevent staff from administering care unless the patient agrees. This creates unsafe and resource-heavy circumstances, as staff must supervise high-risk individuals without being able to provide the services that justify admission. Some states require treatment consent as a condition of admission, ensuring that forensic facilities are not used solely for detention purposes.
Recommendation 1	Establish clear guidance requiring that treatment consent be addressed before admission to forensic units. This would prevent facilities from being used as holding centers for individuals who refuse care and would reduce risks to staff and patients.
Issue: Need for expansion for forensics support in communities	
Background	Mississippi has introduced jail-based forensic spanners and forensic navigator program to bridge gaps between county jails, courts, and treatment providers. The four spanners visit jails statewide to conduct needs assessments and provide interim support. The forensic navigator offers a hotline and direct coordination to connect difficult-to-place individuals with evaluations and treatment. These supports have helped reduce

	delays and improved coordination among courts, sheriffs, families, and mental health services. However, both programs rely on external funding and have limited staffing.
Recommendation 1	Sustain and expand jail-based forensic support through continued use of spanners and the forensic navigator to reduce jail wait times, improve continuity of care, and provide critical front-end support to counties, and courts.
Issue: Need for clear public information on forensic evaluations and wait times.	
Background	MSH has made progress by publishing evaluator certification lists and creating a public website for tracking forensic evaluations. Transparent and standardized reporting help monitor progress, identify bottlenecks, and hold systems accountable for reducing delays and improving services.
Recommendation 1	MSH should maintain and expand public-facing reporting on forensic services. Regularly update data on wait times, evaluator certification, admissions, and capacity.

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