Outline

- Introduction of the SSP
- Historical perspectives
- Current approaches
- Seven specific forensic programs / services
- Questions and answers
What is the Forensic Statewide Service Plan (SSP)?

- Required by the Community Plan
- One of 7 SSPs in AMHD
- Presents all forensic services from previous year
- Details revisions, improvements, and additions to forensic services based on the above data
- Charts the course of forensics for the coming year
- Updated annually – it is a working document
- [http://amh.health.state hi.us/Public/REP/Planning/ServicePlans.htm](http://amh.health.state.hi.us/Public/REP/Planning/ServicePlans.htm)
Historical Perspectives

- Prior to 2002
  - No formal AMHD forensic program or staffing
- 2002-2003
  - HSH Remedial Plan
  - AMHD Forensic Services Director hired
  - Formal forensic programs began
- 2003 to present
  - Community Plan
  - Additional forensic staff hired
  - Statewide Service Plan (updated & revised annually)
Recent history

- Improvement of forensic services
- Implementation of uniform forensic procedures
- Hiring of forensic coordinators
- Inter-agency cooperation
- Tracking and monitoring of consumers on a Conditional Release (CR) status
- Improved decision-making regarding inpatient versus outpatient treatment
- Several new programs developed or updated
- Annual forensic examiners training conference
Forensic Statewide Implementation Team – Reloaded (FSIT-R)

- Workgroups convened
  - Began May 2006
  - Meets twice monthly
  - 10 workgroups developed
- Timeline constructed
  - Encourages accountability
- Performance indicators identified
  - Data-driven system
1. Jail Diversion

- Crisis intervention (aka “pre-booking”)
  - Agreement between AMHD and HPD
  - Program begins December 15, 2006
  - HPD psychologists will assist in diverting mentally ill offenders at the crime scene
  - AMHD crisis services will provide staff at (and beyond) the crime scene as needed
  - Utilized to divert people from potential incarceration or hospitalization
1. Jail Diversion

- Post-booking jail diversion
  - Steadman model successful in Hilo 2003-2005
  - Steadman model implemented statewide July 2006
  - Each county has a separate post-booking jail diversion program and coordinator
  - Currently 49 defendants in program statewide, anticipated to reach 150+ by September 2007
  - Performance indicators in place to monitor progress
  - Allows for misdemeanors and petty misdemeanors to be diverted from potential incarceration and hospitalization
2. 404 exam process

- Approximately 700 exams per year
  - Extended lengths of inpatient stay
  - Various delays in process

- Improvement of 404 process
  - Examination of entire inter-agency process
  - Utilization of community hospital placements
  - Annual forensic examiner training
  - Performance indicators in place
3. Fitness Restoration

- Inpatient fitness restoration programs
  - Length of time for restoring fitness has dropped from approximately 150 days in 2002 to 107 days in 2005
  - Continued revision of materials and programs
    - All programs / materials to be uniform
    - Including Kahi Mohala and community hospitals
  - Parking lot item: consideration of maximum time frames for the fitness restoration process
3. Fitness Restoration

- Community fitness restoration programs
  - No history of formal CFT program
  - Formal program to open July 2007
    - 6 bed cottage on HSH grounds
    - Increased security considerations
    - Will take patients from HSH / Kahi Mohala first
    - Will divert patients from HSH / Kahi secondarily
  - Other programs to open after Oahu program
4. Oahu Mental Health Court

- Pilot year completed June 2006
- Continuing small-scale but looking to expand
- East Hawaii planning MHC modeled after Oahu MHC
- AMHD increasing housing and treatment options
- Allows for diversion of non-violent felony cases from potential hospitalization and incarceration
5. Conditional Release Program

- Integral components
  - Statewide tracking and monitoring of all CR consumers (530 statewide)
  - Forensic consultation to all CR consumers and their treatment teams
  - Assistance with risk assessment, management, and reduction
  - Crisis assistance
  - Discharge planning from hospitals
5. Conditional Release Program

Specialized components / programs

- Hale Imua
  - 24 beds in 4 cottages on HSH grounds
  - Began March 2006
  - New inter-agency model
  - HSH / Kahi patients that are ready for CR but need previously unavailable specialized community placement and treatment services
  - CR consumers at risk for hospitalization / loss of CR
  - Early success (20 discharges & 2 diversions)
5. Conditional Release Program

Specialized components / programs

- HSH-operated forensic residential program
  - Approximately 20 beds
  - In planning and development stage
  - Step-down unit from HSH / Kahi Mohala
  - Rehabilitation services for consumers who do not meet need for continued hospitalization
  - Increased supervision
  - Each placement requires court approval
5. Conditional Release Program

Specialized components / programs

- Community Hospital Inpatient Units
  - Began July 2006
  - All community hospital psychiatric units statewide
  - Can take forensic patients in certain circumstances
    - 404 exams, 72-hour holds, pre-discharge placement
  - Diversions from HSH / Kahi
    - Approximately 10 placements thus far
    - Formal trainings and pathways to be implemented Jan 2007
5. Conditional Release Program

Specialized components / programs

- Legal discharge from CR
  - Developing criteria for legal discharge from CR
  - Discharge groups in development
  - Forensic coordinators and forensic specialists assisting potential discharges
  - Will ultimately reduce inpatient census by reducing the overall number of CR consumers
  - Parking lot items:
    - maximum time frames for consumers to be on CR
    - criteria for legal discharge from CR
6. Community Reintegration

- Program goal: linking incarcerated mentally ill inmates with services that continue after release
  - MOAs and MOUs between AMHD & PSD to be signed and implemented by February 2007
  - Support staff, housing, treatment materials identified
  - Identify AMHD-eligible inmates in jail / prison
  - Begin AMHD case management while incarcerated
  - Assign forensic oversight to these consumers for a fixed period of time after community release
  - Ultimately reduces recidivism and hospitalization rates
7. Orders to Treat

- Orders to Treat
  - If used appropriately, can be used to decrease a patient’s length of stay in a hospital setting
  - Reduced length of time in obtaining orders to treat (currently at approximately 30-40 days)
  - Pathways being revised to increase decision-making and efficiency of the process
Forensic Statewide Service Plan

- Thank you for your attention and collaboration
- Questions and answers