

Summary of the AMHD Forensic Statewide Service Plan

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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>

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