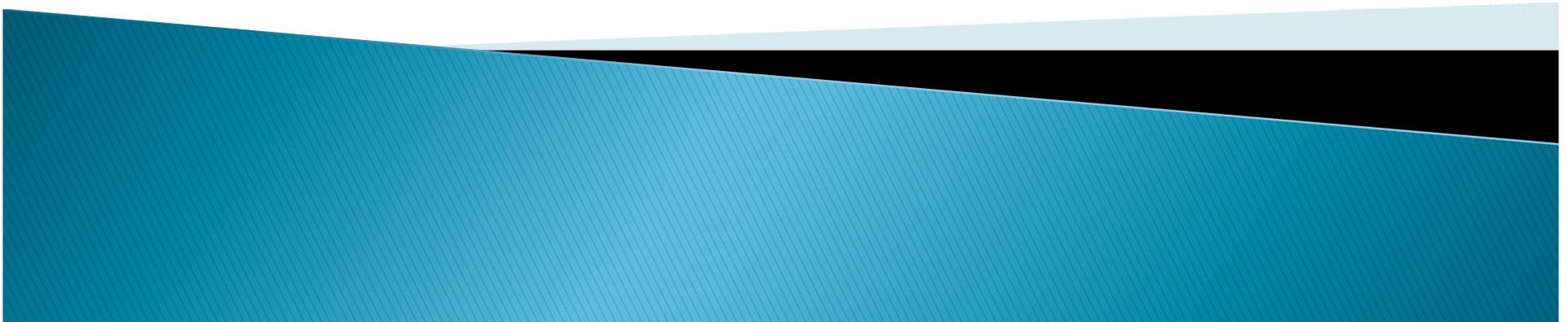


Risk Assessment in Release Decision Making

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Objectives

- ▶ Participants will develop an increased understanding of the different perspectives relevant to risk assessment.
- ▶ Participants will be able to identify ways to address differing opinions in risk assessments.
- ▶ Participants will be better able to discuss risk management planning necessary for hospital discharge.



Case #1 – Jane

- ▶ Two counts Aggravated Arson (set multiple fires in her apartment) at age 26
- ▶ Well known to forensic center and state hospital before this
 - Prior charges: Possession of Marijuana, Assault, Menacing, Felonious Assault, Pedestrian Violation, DC-Intox, Traffic Light Violation, Falsification, Prostitution, Menacing, Obstruction of Official Business, Criminal Trespass, etc.
 - Only found CST once, at age 21, with her initial contact with the forensic center – always ICST and unrestorable in subsequent ones



Relevant History – Jane

- ▶ Born/raised in metropolitan area
- ▶ Reported instability in early years
- ▶ Various reports of what schools she attended or how far she went – not thought to complete 9th grade
- ▶ Limited employment – disability benefits
- ▶ Two kids that were raised by mother out of state – but, history of delusions regarding having other children
- ▶ Problems maintaining stability in community
- ▶ Inconsistent family support



Relevant History – Jane

- ▶ **Obese and confused about own height/weight**
- ▶ **History of various diagnoses, mostly focusing on ID, neurocognitive disorder, and schizoaffective disorder**
 - Significant emotional instability, psychosis, behavioral problems
 - Noncompliance in community
 - History of substance abuse, but details not clear
- ▶ **Some records from hospital reported a prior IQ of 80, but no details about that and subsequent testing suggested much lower, in 50's**
- ▶ **She was noted to be borderline intellect for some time, although hospital identified her as mild ID with ICST-U-CJ hospitalization.**
- ▶ **Later diagnosed with neurocognitive disorder, thought to be related to her mental illness, etc.**



Timeline – Jane

- ▶ Found ICST after initial offenses – referred to state hospital for RTC
- ▶ ICST–U–CJ after 1 year of RTC
- ▶ 15 months after ICST–U–CJ finding, first request for second opinion by forensic center (which was done with a CST eval)
 - While previously called Borderline Intellectual Functioning, now identified with Mild ID



First “Second Opinion” – Jane

- ▶ Remained ISTU-CJ
- ▶ Psychiatrically stable, but cognitively impaired
- ▶ No insight into difficulties or risk management needs
- ▶ New diagnosis of Mild ID did not result in any referral to DDS
- ▶ Level IV would allow appointment of MH case manager, but no mention of DDS involvement
- ▶ Suggested that referral to DDS be pursued before Level IV, as this would help with external supports on Level IV passes and managing her risk
- ▶ Suggested that she be engaged in treatment to help her learn to identify and appreciate her various risk factors for future violence, decompensation, and poor decision making – likely individualized due to cognitive difficulties



Timeline – Jane

- ▶ 3 months after first second opinion eval completed, referred for second second opinion, this time seeking Level IV and CR
 - Since last evaluation, diagnosis of neurocognitive disorder added
 - DDS did not work out because of records issues to establish eligibility



Second “Second Opinion” – Jane

- ▶ Again, psychiatrically stable, but cognitively impaired...
- ▶ Assigned a MH case manager in preparation for Level IV, although she is confused about this
 - Exhausted DDS options
- ▶ Need for guardian, particularly in terms of current programming and eventual transition to community
- ▶ Suggested she was appropriate for Level IV with case manager to NH, as this is plan for CR
- ▶ Not appropriate for CR



Second “Second Opinion” – Jane

▶ Recommendations:

- No smoking or access to fire-related materials on Level IV passes
- Guardian – needs before NH placement
- Risk management plan for specific NH and information about proposed NH (i.e., locked/unlocked, number of individuals, access to fire-related materials)
- Fire-safety programming
- Individualized risk management programming – continued intervention



Timeline – Jane

- ▶ 7 months after receiving second “second opinion,” a third “second opinion” is initiated, this time for CR to locked NH



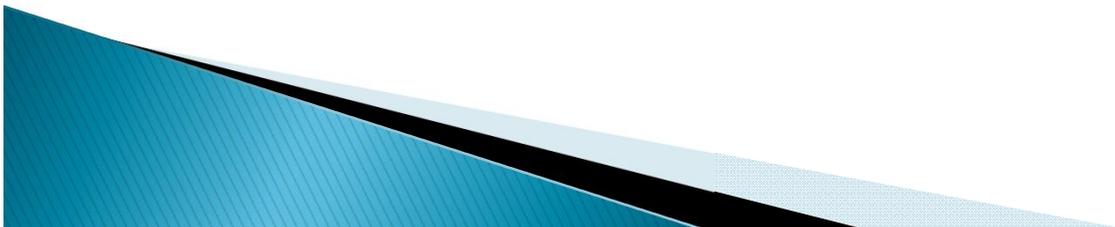
Third “Second Opinion” – Jane

- ▶ Did well with Level IV
- ▶ Same in terms of psychiatric/cognitive functioning
- ▶ Guardianship obstacles acknowledged
- ▶ Recommendation:
 - If guardian is obtained while at hospital, placement on a locked female-only unit where her potential for inappropriate sexual contact, particularly with a vulnerable NH population, could be minimized – if her functioning improves, consider other housing with another “second opinion” evaluation of such
 - If guardian is not obtained while at SBH, CR not recommended, even to locked NH



Timeline – Jane

- ▶ 3 months after third second opinion submitted, Court appointed a professional guardian
- ▶ 1 month later, family contested this and court set aside guardianship appointment until subsequent hearing
- ▶ 1 month later, Court re-appointed the professional guardian
- ▶ Hospital worked to secure NH placement
- ▶ CR was granted 9 months after the third second opinion was completed
- ▶ She has since been in a NH



Issues Encountered

- ▶ **Clarifying diagnoses**
 - Sorting out ID v. neurocognitive disorder
- ▶ **Determining DDS Eligibility**
 - Was a challenge due to inconsistent information from her and family about her educational history and what schools she attended
 - Difficulty accessing school records
- ▶ **Getting a guardian while at a state hospital**
- ▶ **Considering placing a young woman like this in a NH**
- ▶ **Managing the violence risk toward the community, as well as risk of others toward her**



Risk Perspectives

- ▶ Should she have a guardian before NH placement?
- ▶ What is the risk of fire-setting while smoking on Level IV pass?
- ▶ General risk of violence in the community or various environments?
- ▶ Risk of being exploited/abused?

END RESULT: Worked together to create viable plan for Court to address the risk management needs



Case #2 – Betsy

- ▶ 1 count Attempted Murder and 1 count of Attempted Aggravated Vehicular Homicide (tried to kill father while driving with him in the car) at age 33
 - One prior contact with the forensic center 4 years before for DV and Aggravated Menacing, but DNS for evaluations
 - 4 years before, Felonious Assault ignored by Grand Jury (likely related to incident with car where she tried to hit boyfriend) – expunged from record 2 years later



Relevant History – Betsy

- ▶ Intact family – no childhood trauma
- ▶ High School graduate with subsequent vocational training
- ▶ Worked in data entry/office jobs, although also worked for 6 months as deputy sheriff in jail – on disability for MH since age 28
- ▶ Divorced, no children – history of unstable romantic relationships
- ▶ Healthy, but history of breast cysts, which require monitoring
- ▶ Bipolar Disorder diagnosis 9 years before, later diagnosed with Schizoaffective Disorder – clear pattern of mood and psychotic symptoms
- ▶ History of alcohol abuse, as well as experimentation with cocaine



Timeline – Betsy

- ▶ Commits offense
- ▶ Immediately taken to hospital and medically cleared, then admitted to psych unit
- ▶ Probated to state hospital while criminal charge pending
- ▶ After 1 month of hospitalization, released to home for 1 day and then taken to jail
- ▶ While previously psychotic at the time of the offenses, she is stable at time of CST and NGRI evaluations
- ▶ Found CST and NGRI, with Post-NGRI indicating need for hospital level of care



Timeline – Betsy

- ▶ Months after NGRI finding, father dies from causes not related to offense
- ▶ 7 months after NGRI finding, hospital requests Level V



First “Second Opinion” – Betsy

- ▶ Did well with Level IV
- ▶ Wanted Level V to visit mom on weekends because mom has health problems – Betsy thinks she will need to care for her
- ▶ Also, wanted AA visits
- ▶ During evaluation, sister expresses concern about Betsy thinking she will move back with mom right away and the stress related to this
- ▶ Mom insists she should come home



First “Second Opinion” – Betsy

- ▶ Recommended limited unsupervised passes
 - ▶ short ones followed by longer ones, incremental increases when she demonstrates she can manage the passes
 - ▶ pointed out problems with boundaries and relationships
 - ▶ said no overnights to mom’s unless she can demonstrate increased understanding of how to manage stress/relationships
 - ▶ Emphasized need for slow integration back into community



Timeline – Betsy

- ▶ The same year as the first “second opinion,” about 1.5 years after the offenses, she is granted CR
- ▶ Remains on CR for 5 years and then revoked after incident that involved alcohol and suicidal ideation
- ▶ Returned to state hospital
- ▶ 4 months after CR revocation, Betsy is on Level IV and hospital wanted CR, with plan to “skip” Level V
- ▶ Forensic center consults with them and indicated that this would not likely be approved, so arrangements are made for re-request for Level V 3 months later
- ▶ Forensic center sees her soon after



First “Second Opinion” of Second Admission – Betsy

- ▶ At this point, mother has since died
- ▶ Betsy wants to use Level V passes to go to her apartment in the community, in addition to therapeutic programming
- ▶ It is learned that the hospital and case management team did not know the condition of her apartment
 - She has no electricity at the apartment and has not paid rent for several months
- ▶ Also wants to use her car to travel around community once at her apartment, although it is learned that she owes money for car and it is in someone else’s possession



First “Second Opinion” of Second Admission – Betsy

- ▶ Forensic Center expressed concern about movement increase being request within a few months of previous movement level, emphasizing the need for stepwise progression, particularly with stressors
- ▶ Pointed out concern about manipulating disclosure of information
- ▶ Management of stressors associated with housing and car situation not integrated into risk management plan
- ▶ Forensic Center suggested:
 - Limited Level V, allowing for passes via bus to treatment – not allowed to use vehicle and to work with treatment team about accessing this appropriately
 - 4 to 6 months of Limited Level V, while also continuing with other programming
 - Individual treatment to discuss potential stressors and develop appropriate plans to address them
 - Have hospital talk with family about involvement
 - request for financial disclosure–treatment team compile list of debts and details of debt management
 - If does well with Limited Level V for 4 to 6 months, Full Level V for 4–6 before CR
 - Need careful planning about housing, car, and belongings
 - Suggested possible re-evaluation for CR



Timeline – Betsy

- ▶ Month after “second opinion,” Limited Level V granted
- ▶ Treatment team then began planning to request Full Level V at her bi-annual hearing 3 months later
- ▶ Meanwhile, attorney got private psychiatrist to do CR evaluation – submitted this for bi-annual hearing, providing support for CR
- ▶ At bi-annual hearing, judge informed all parties in that she would remain under Limited Level V, as Forensic Center recommended this for 4–6 months before Full Level V
- ▶ The next month (4 months after being granted Limited Level V), Betsy is referred for another evaluation for Full Level V



Second “Second Opinion” of Second Admission – Betsy

- ▶ It is learned that Betsy was using Limited Level V passes at least 6x/week
- ▶ Learned that she went to apartment with others she met at AA meetings while on Limited Level V (which is not consistent with rules of Limited Level V)
- ▶ Expressed concern about pace of movement through levels and hospital’s frank disclosure that they did not need to follow the recommendations from the Forensic Center because they were not in a court order
- ▶ Concern about proposed Full Level V, particularly as it involved her visiting her apartment in preparation for the community



Second “Second Opinion” of Second Admission – Betsy

- ▶ Recommended:
 - Therapeutic programming 4–5x/week and only to the program
 - 1 other Full Level V pass per week, but not to apartment – no more than 4 hours the first month, increasing 2 hours each month if okay, until get to overnight passes
 - Passes not during treatment programming
 - Risk plan before she leaves and debrief when return
 - Addressing stressors such as reliance upon guy she met at AA to pay her electricity and rent, as well as owing money to landlord
 - Financial disclosure and debt management planning
 - Continued individual treatment
 - 6 month of Full Level V and then re-evaluation



Timeline – Betsy

- ▶ 6 months after second “second opinion” of second admission, – referred for “second opinion” regarding CR
- ▶ However, documents submitted did not address recommendations outlined in prior report, as well as recently known stressors, which judge had said needed to be
- ▶ Request was withdrawn
- ▶ 2 months later, new request for “second opinion” regarding CR



Third “Second Opinion” of Second Admission – Betsy

- ▶ Plan proposed with this request for increased privileges was comprehensive
- ▶ Forensic Center agreed that Betsy was appropriate for CR
- ▶ Also recommended:
 - no changes in treatment providers for 6 months after release (as she wanted to change case managers)
 - work with treatment providers to integrate debt owed for car into her financial planning
 - not look for work for 6 months to allow adjustment
 - Consideration of her violent behavior with motor vehicles in allowing driving privileges



Timeline – Betsy

- ▶ 21 months later, Betsy was released on CR
- ▶ She successfully completed CR when her term expired 17 months later



Issues Encountered – Betsy

- ▶ Personality disorder characteristics that impacted risk management planning
- ▶ Identification and management of stressors
- ▶ Different perspectives on how quickly to pursue/grant privileges



Risk Perspectives

- ▶ How quickly should acquittees move through levels to CR?
- ▶ Skipping levels?
 - Is there a difference between initial commitment and one for CR revocation?
- ▶ How should financial/employment stressors be considered?
- ▶ Should hospitals follow recommendations from forensic centers?
Do they have to?
- ▶ ECR10 Is there a need for Limited Level V?

END RESULT: It was a collaborative approach that helped create viable plan for Court and address risk management needs.



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ECR10

Would add: Is there a need for limited level V?

Elizabeth C Rose, 10/17/2016

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