

LESSONS LEARNED:

BUILDING TREATMENT PATHWAYS FOR PEOPLE
FOUND NGRI



PRESENTED BY

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OVERVIEW

- Introduction and overview
- Why NG? *Events and ideas that motivated us to move forward*
- Design and Implementation
- Lessons Learned
- Q&A, Discussion with Audience Regarding the Use of the Staging Tool (to end)
- Data

WHY NG ? *EVENTS AND IDEAS THAT MOTIVATED US TO MOVE FORWARD*

- Forgiveness – Larry, events in his life during an art project
- Sam and his story about an extended hospital stay
- Recovery beyond These Walls, Moritz Maximum-Security Hospital

WHY NG ? *EVENTS AND IDEAS THAT MOTIVATED US TO MOVE FORWARD*

- Lectures by Dr. Merrill Rotter, from the last forensic conference
- Treatment must be geared and responsive to the persons treatment stage
- Stigma
- Engagement challenges
- Motivational interview
- Three principles – connecting, exploring, changing.
- Trauma survivors – our clients are traumatized as much by what they did as what others did to them
- The criminal thinking versus psychiatric decompensation

WHY NG ? *EVENTS AND IDEAS THAT MOTIVATED US TO MOVE FORWARD*

- Need for hope and optimism – quotes “all my time in Moritz is wasted time; it doesn’t count in my life”
- Unmet treatment needs – quote “compassionate structure”

DESIGN AND IMPLEMENTATION

- Hope within the Continuum of Care - Moritz, Kosar, CSN
- NG groups are only for those adjudicated NGRI
- Barriers to Movement – we tried to conceptualize, learn, and understand what got people stuck
- Non-mandatory – engagement focus to start
- Ongoing – not time-limited unless off paper

DESIGN AND IMPLEMENTATION

- Those that made it through act as peer supporters to coach and give hope to those along the way
- Staff guests in the groups bring a diversity of interesting topics and recovery endeavors
- Outpatient staff assist with groups and process throughout the continuum of care

DECISION POINTS

- What are the decision points along the NGRI pathway from Moritz to CSN ?

**DECISION POINTS IN SYSTEM OF
NGRI MOVEMENT TO CONDITIONAL
RELEASE**

- **Moritz (Maximum Security)**
- **Treatment team meets to decide for movement out of the facility**
- HCR 20 is completed with recommendations
- Forensic review team meets and decides
- Chief Clinical Officer approval
- Report to the court is completed
- Second opinion report is completed
- Court Hearing

DECISION POINTS *CONTINUED*

- **REPEAT until Judge agrees or 2 years**
- HCR 20 is completed with recommendations
- Forensic review team meets and decides
- Chief Clinical Officer approval
- Report to the court is completed
- Second opinion report is completed
- Court Hearing

DECISION POINTS *CONTINUED*

- **Two Year Mandatory Hearing**
- Treatment team meets to decide for movement out of the facility
- HCR 20 is completed with recommendations
- Forensic review team meets and decides
- Chief Clinical Officer approval
- Report to the court is completed
- Second opinion report is completed
- Court Hearing

DECISION POINTS CONTINUED

- **Kosar (Civil Forensic)**
- **TEAM DECISION**
- Treatment team meets to decide for increased level from 1 to 2
- **TEAM DECISION**
- Treatment team meets to decide for movement to level 3 and 4
- HCR 20 is completed with recommendations
- Forensic review team meets and decides
- Chief Clinical Officer approval
- Report to the court is completed
- Second opinion report is completed
- Court Hearing

DECISION POINTS CONTINUED

- **Two Year Mandatory Hearing**
- HCR 20 is completed with recommendations
- Forensic review team meets and decides
- Chief Clinical Officer approval
- Report to the court is completed
- Second opinion report is completed
- Court Hearing

DECISION POINTS CONTINUED

- **TEAM DECISION**
- Treatment team meets to decide for movement to level 5 and CR
- HCR 20 is completed with recommendations
- Forensic review team meets and decides
- Chief Clinical Officer approval
- Report to the court is completed
- Second opinion report is completed
- Court Hearing
- Discharge on CR to CSN

DECISION POINTS CONTINUED

- **Community Support Network**
- 6 month Risk Assessments by Forensic Monitors
- Prior to two year mandatory hearings:
 1. Treatment team meets to decide for continued CR (Conditional Release)
 2. Report to the court is completed
 3. At any point the FM and CSN Forensic Community Tx Team
 4. May request client hospitalization/incarceration due to safety concerns

DECISION POINTS CONTINUED

- First we got the green light after presenting this to the TVBH leadership
- Module planning
- Staff support
- Moritz started in autumn of 2015, CSN began January 2016, Kosar started summer of 2016

NG GROUP THEMES -12 MONTHS

- Stigma – forgiveness, relationships, self-esteem, “Making the most of every day.”
- Arts – music, visual art, dance, movies
- Cultural Month
- Work – fashion/dress, interview skills
- Cooking/eating
- Recreation month
- Court and process – procedures, proper attire
- Team building Month – “systems”
- Emotions Month – coping, emotional intelligence
- Taking Control of your Life – Goal building
- “Your Journey So Far...”
- “Dream Big”

LESSONS LEARNED

- Paradigm shift is difficult for any organization since most staff have a vested interest in the status quo
- The results in recent months have been noticed by all treatment teams involved.
- Sam got out and is living at home doing well
- Clozapine lessons-- problematic decompensation upon the cessation of this medication

LESSONS LEARNED

- Psychiatric decompensation often happens after or concurrent with physical health illness
- Where are we now – paradigm shift
- Data collection – what we would like to do if we had the resources
- We would like to look at who’s in the system and how they moved through each of the treatment paths/corridors
- There should be one person tracking ALL MOVEMENT STEPS for every NGRI

POLICY IMPLICATIONS

- Each RPH system needs a specific dedicated entity for tracking all movement for all NGRI individuals
- Clinical programs should be developed and maintained that focus on hope, forgiveness, reduction in stigma, recovery, peer support and “travel guides” or staff mentors.
- System change needs support from all levels of the organization. Data should be tracked for process improvement.

GROUP DISCUSSION

- Q&A,
- Discussion with Audience Regarding the Use of the Staging Tool

DATA COLLECTION IDEAS

- DATA COLLECTION TO STUDY RESULTS - We would like to look at who's in the system and how they moved through of the treatment paths/corridors

ITEMS:

- Name
- Unit
- Level
- Date of last HCR 20
- FRT decision (most recent)
- Report finding conclusion
- Next expected court hearing
- Felony level of charge
- Diagnosis
- Treatment involvement by individual
- Treatment stage of individual utilizing staging tool
- Ohio County
- Attending psychiatrist at current stage
- Specific charges
- Most significant current barrier to movement
- Clinical impression
- Transference and countertransference issues
