

The *Art* and **Science** of Forensic Monitoring

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Art and **Science** of Forensic Monitoring

Has your boss just told you?



You are our New Forensic Monitor.
Good luck!!

Art and **Science** of Forensic Monitoring



Art and **Science** of Forensic Monitoring

- This workshop is not just for new forensic monitors but anyone who wants to know more.
- Why *Art* and **Science**?

Art and **Science** of Forensic Monitoring

- Why *Art* and **Science**?
- Specialized knowledge about the forensic mental health system
- Possess knowledge of the scientific basis of violence risk assessment and risk management
- Be able to apply that knowledge in an “artful” or skillful way to various and unusual situations

Art and **Science** of Forensic Monitoring

- Statewide Forensic Monitoring Program established in 1997 with SB 285
- 42 monitors cover every county
- ADAMHS/CMH Board has the responsibility to appoint the forensic monitor or designate a provider to fulfill this role

Art and **Science** of Forensic Monitoring

- Forensic Monitor may be employed by one Board or a consortium of Boards, by a community mental health provider, by a Community Forensic Psychiatry Center, or by a Community Support Network (CSN).

Art and **Science** of Forensic Monitoring

- All of the *required* Forensic Monitor duties are administrative
- However, recommended that the monitor have a strong clinical background and knowledge of forensic mental health treatment.
- Crucial role as the liaison among the individual, the court, the Boards, the community providers, and the Regional Psychiatric Hospitals

Art and **Science** of Forensic Monitoring

- Monitor needs to be knowledgeable about:
 - criminal justice system,
 - court proceedings and forensic statutes,
 - Regional Psychiatric Hospital (RPH) procedures,
 - community mental health treatment, and
 - *most importantly*, risk management principles and methods to ensure public safety

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Forensic Monitoring Value Statement

- "The Community Forensic Monitoring Program values the provision of mental health services in the least restrictive treatment setting, with a priority of public safety that is supported through regular risk assessment and risk management practices and through utilization of available evidence-based practices and implementation of the Recovery Model,"
OhioMHAS Forensic Manual, 2012

Who is Monitored and How?

- NGRI (ORC 2945.40)
 - Upon Granting of Conditional Release
- ISTU-CJ (ORC 2945.39)
 - Upon Granting of Conditional Release

Required Duties of a Forensic Monitor
 2012 Forensic Manual
<http://mha.ohio.gov/Portals/0/assets/Treatment/Forensic/ohio-forensic-manual.pdf>

- Interact with the Legal Assurance Administrator (LAA) at the RPH
- Serve as liaison between the courts/criminal justice system, LAA, hospital staff, and community treatment providers
- Involvement in the development of the CR Plan prior to discharge
- Monitor treatment provided to the person by the service provider in accordance with the CR Plan and the orders of the court

Required Duties of a Forensic Monitor
 2012 Forensic Manual

- Monitor reports of the person's criminal activity
- Optional: Maintain regular contact with person on CR while in community
- Optional: Interact with RPH Forensic Review Team regarding CR readiness
- Optional: Make recommendations for treatment to assist in developing the CR Plan

Duties in Relation to the Criminal Court:

- Attend hearing following a conditional release commitment
- Report compliance with conditional release plans as required by the court
- Immediately report to the court any violations of the terms of conditional release or deterioration in the individual's mental status
- Initiating or participate in legal and/or administrative procedures, if necessary, to facilitate hospitalization, institutionalization, or incarceration of the person who is on conditional release

Duties in Relation to the Criminal Court:

- Ensure that required reports for persons on conditional release are submitted to the court
- Reporting information regarding court hearing outcomes to treatment providers
- For persons released directly to the community from the court, developing a mechanism to identify these persons and working with the court and providers to implement CR Plans.
- Optional: provide consultation to the court
*consult w/ courts regarding their expectations

Duties in Relation to the County Boards:

- Notify Board of major unusual incidences/violation
- Prepare reports as required
- Work in conjunction with board to assist in out-of-county service planning/monitoring
- Provide training to board members/staff on forensic issues
- Consult with board on forensic policies/procedures
- Work with board in development and implementation of effective community risk management policies/procedures

Duties in Relation to OhioMHAS

- Assist in the ongoing implementation of the Forensic Tracking and Monitoring System (FTAMS)
- Send required quarterly FTAMS reports to Forensic Services, OhioMHAS
- Reporting to OhioMHAS any instances in which the monitor experiences difficulty in obtaining information needed to complete FTAMS

Duties in Relation to OhioMHAS

- Attend statewide Forensic Monitor meetings
- Participate in subgroups to further develop statewide Forensic Monitor Program, including making recommendations on policy, procedure and guidelines as necessary

Duties in Relation to Treatment Providers

- Ensure that treatment planning is guided by:
 - Circumstances of the offense
 - Community safety
 - Clinical needs
 - Recent risk assessment
 - Current conditions outlined in the conditional release plan

Duties in Relation to Treatment Providers

- Forensic monitor shall do everything possible to ensure that the community treatment agency is made aware of all of the requirements of the CR plan and their responsibilities when the person on CR violates any requirement on the CR plan.
- Ensure a plan is in place to allow prompt hospitalizations, reinstitutionalization and implement when necessary

Duties of ADAMHS Boards

- The Board is financially and programmatically responsible for the person until the CR is terminated by the court
- Each board is encouraged to designate a primary service provider for forensic clients

Maximum Time of Commitments

*For offenses committed on or after 7/1/1996

Level of Crime Committed	Competency Restoration ORC 2945.38 (C)	NGRI and IST-U-CJ ORC 2945.401 (J)
Murder/Rape Victim 13 y.o. or less	1 year	Life
F1	1 year	11 years
F2	1 year	8 years
F3	6 months	3 or 5 years
F4	6 months	18 months
F5	6 months	12 months
M1	60 days	6 months
M2	60 days	90 days
M3	30 days	60 days
M4	30 days	30 days

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Conditional Release Planning

- A Conditional Release (CR) plan is a comprehensive individualized written plan that addresses **treatment needs** and **risk management issues** for clients that have been found NGRI or IST-U-CJ

Conditional Release Planning

- Conditional Release Plan addresses:
 - Psychiatric/Developmental treatment needs
 - Medical
 - Vocational/Educational
 - Legal/Supervision
 - Monitoring & restrictions
 - Housing
 - Substance abuse treatment needs
 - Financial

Process for Conditional Release



Conditional Release straight to the Community

- Occurs when Court determines community to be least restrictive setting for the individual
 - Individual is often in jail or already receiving services in the community on bond
 - Can depend on severity of charges, risk as determined by the Court
 - often based on finding of the Eligibility for Commitment Criteria

Conditional Release straight to the Community

- Forensic Monitor must engage individual in jail or community to link to services and develop a Conditional Release Plan for monitoring within 30 days
- Forensic Monitor not involved in the process until the finding of NGRI or ISTU-CJ

Conditional Release straight to the Community

- Challenges
 - Engaging the individual
 - Identifying all risk factors & treatment needs
 - Individual's understanding of legal status & Conditional Release
 - Can vary based on their comprehension, information provided by attorney & Court

Conditional Release straight to the Community

- Benefits
 - Less disruptive to individual maintaining stability in the community
 - Individual can already have supports & services in the community (housing, employment, psychiatrist, etc.)
 - Helps to prevent possible institutionalization

Special Populations

- Individuals with Developmental Disabilities
 - Can have cases that are ID/DD only, or ID/DD with mental illness
 - Individuals are often ISTU-CJ, as opposed to NGRI due to competency
 - MI/DD cases can be institutionalized in State Hospital or Developmental Center

Special Populations

- Individuals with Developmental Disabilities
- Forensic Monitor collaborates with the appropriate treatment team(s) to develop Conditional Release Plan for the community for services and monitoring
 - Ongoing communication for monitoring and managing in community
 - Collaborates to address any changes in needs that arise
 - Forensic Monitor reports as liaison to the Court, DD can complete necessary reports for ongoing commitment if appropriate

Special Populations

- Probation/APA Supervision
 - Individuals under supervision due to conviction in a separate criminal case
 - Collaborate with Probation Department or Adult Parole Authority to ensure compliance
 - Can incorporate components into CR plan for monitoring

Special Populations

- Individuals receiving services through the VA
 - VA provides primary psychiatric services, medical, support
 - Forensic Monitor still responsible for monitoring and reporting for the Court

Addressing Conditional Release Violations

- Decompensation
 - Compliant vs. non-compliant
 - Hospital, community or State Hospital/Developmental Center
 - Crisis Stabilization Unit
 - Jail
- Substance Use
 - Use history, treatment participation
 - Can hold in jail for referral to inpatient treatment if appropriate

Addressing Conditional Release Violations

- Legal charges
 - Often held in jail pending outcome of new charges
 - Detainer can be issued

- Ability to amend Conditional Release plan or revoke Conditional Release to maintain client/community safety and address least restrictive setting

Lines of Communication



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Risk Assessment Defined

- Process by which an individual's risk for violence is assessed
 - Has moved from a "predicting dangerousness" approach to a method of "assessing risk"
 - What's the difference?
 - A broadening of scope
 - Allows for examination of individual as well as environmental factors

Types of Risk Factors

■ <u>STATIC</u>	■ <u>DYNAMIC</u>
■ Unchanging	■ Changeable
■ Typically historical	■ Typically current
■ Relatively easy to measure	■ More difficult to measure
■ Long-term risk assessment	■ Short-term risk assessment
	■ Risk management

Examples of Risk Factors

■ <u>STATIC</u>	■ <u>DYNAMIC</u>
■ Gender	■ <i>Stable</i> Dynamic
■ History of violence	■ <i>Acute</i> Dynamic
■ Number of arrests	
■ Age at first arrest	
■ History of substance abuse	

STATIC Risk Factors

- Associated with increased risk of violence
 - Do not point toward interventions that might lower the risk
 - Typically fixed / unchangeable

DYNAMIC Risk Factors

- | | |
|--|--|
| ■ STABLE
■ <i>Changeable but relatively enduring</i> | ■ ACUTE
■ <i>Changeable and highly dependent upon situational influences</i> |
| ■ Pattern of substance use | ■ Alcohol and drug intoxication |
| ■ Personality disorder | ■ Active symptoms of mental illness |
| ■ Personality traits and attitudes | ■ Anger and threatening behavior |
| ■ Negative social influences | ■ Access to weapons and/or victims |
| ■ Negative living situation | ■ Noncompliance with medication |
| | ■ Violent fantasies |

DYNAMIC Risk Factors

- Can help focus intervention efforts because they are believed to be modifiable

Protective Factors

- Reduce likelihood of violence either by lessening negative impact of a risk factor or by reducing violence risk directly
- Absence of risk factors may even be considered protective

Putting It All Together

1. The extensive archival and historical information necessary to assess long-term risk is less relevant. **Focus instead on acute dynamic and stable dynamic factors, adjusted by consideration of unique and contextual factors.**
2. An assessment of Psychopathy may not be as relevant or as pressing as an assessment of whether violence is likely to flow from **current symptoms of mental disorder.**

Putting It All Together

3. Imminence is more related to recent overt behavioral actions than it is to history
 - a. Has there been any **recent overt violence?**
 - b. Have there been any **recent overt threats of violence?**
4. Focus on dynamic risk factors
 - a. Stable dynamic
 - b. Acute dynamic

Putting It All Together

- 5. Fine tune the assessment of dynamic factors:
 - a. current stressors: interpersonal, medical, occupational
 - b. available support and willingness to use such support
 - c. coping resiliency – is it stable, improving, or deteriorating?
 - d. drug or alcohol use as current disinhibitors
 - e. weapon availability/preoccupation with violence (4-8% of ER patients are armed)
 - f. ability and intent to carry out threats
 - g. victim availability

Putting It All Together

- 6. Fine tune assessment of current psychopathology
 - a. anger
 - b. paranoia (leading to vengeance or self protection)
 - c. grandiosity and/or entitlement
 - d. hopelessness (e.g., leading to a willingness to live with the consequences of hurting someone).

Putting It All Together

- e. impulsivity: can be mediated by alcohol/ drugs, or represent a more stable pattern of behavior as evidenced by impulse buying, frequent job changes, snap decisions with little to no regard for consequences, reckless risk-taking (e.g., driving while intoxicated)
- f. control/override delusions: men
- g. command hallucinations
- h. disinhibition associated with acute manic states

Putting It All Together (cont'd)

- To be effective, risk assessment should be:
 - Focused on individualized risk factors
 - Be ongoing
 - Informed by multiple sources
 - Focused on early intervention

For individuals on Conditional Release, when are risk assessments performed?

- Within 90 days of having been placed on Conditional Release from the hospital
 - Within 30 days if released to CR from the court
- Every 180 days thereafter, and
- Whenever an incident occurs which raises concern about whether the patient poses an increased risk of violence and, therefore, may be in need of increased risk management interventions.
- Informally

When the patient poses an increased risk of violence?

- Such incidents include, but are not limited to:
 - an increase in psychiatric symptoms
 - noncompliance with medication and/or other treatment
 - suicidal ideation
 - threatening comments
 - assault or property damage
 - weapon possession,
 - substance abuse,
 - arrest, or any other change in behavior which, for this patient, has been associated with violent behavior.

Translating Risk Assessment into Risk Management

- Risk assessments performed prior to the individual being placed on Conditional Release assist in the development of a Conditional Release Plan
 - The purpose of the Plan is to identify strategies to ensure psychiatric stability, prevent reoffense, and effectively monitor and manage specific identified risk factors for the individual

Risk Management Strategies

- Compliance with outpatient mental health treatment
 - Psychiatric and medication monitoring services
 - Therapeutic services
 - Case management – often intensive - services
- Compliance with substance abuse treatment, if relevant
- Abstinence from substances
- Random drug screens

Risk Management Strategies (cont'd)

- Prohibited access to victims
- Supportive housing
 - Or if living independently, community-based wraparound case management services
- Prohibition of access to weapons
- Inability to leave a designated area (e.g., the county or the state) without court approval
- Law enforcement notified of placement on Conditional Release

Risk Management Strategies (cont'd)

- Court notified of non-compliance
- Case reviewed by the court after six months, every two years, and more often if necessary

Collaboration in Risk Management

- Effective risk management requires a systemic approach and effective communication amongst all members of the risk management team including:
 - Community treatment providers
 - Relevant collateral sources (i.e., parents, spouse, pastor)
 - Forensic Monitor
 - Prosecuting attorney
 - Law enforcement, if necessary

Collaboration in Risk Management (cont'd)

- Effective collaboration and communication among the parties mentioned, in addition to the court itself, as well as the Regional Psychiatric Hospital, are imperative to stabilizing the individual in the community and, when we are no longer able to do so, revoking Conditional Release and rehospitalizing that individual

Collaboration in Risk Management (cont'd)

- Methods of maintaining open lines of communication vary around the state:
 - Some Forensic Monitors meet regularly with the individuals on CR while others do not
 - Community treatment provider tasked with monitoring compliance
 - All Monitors are to have regular contact with the community treatment providers
 - Monthly progress reports submitted
 - Monitor to be notified of any changes in individual's presentation or treatment

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Art and **Science** of Forensic Monitoring

- R.C. Section 5119.29 requires that a coordinated system be developed to track and monitor persons who are found NGRI or IST-U-CJ and are on CR.
- Forensic Tracking and Monitoring System in place since 1997
- Low rates of re-arrests & re-hospitalizations

Art and **Science** of Forensic Monitoring

- SB7 (Deputy Suzanne Hopper Act)
 - R.C. 2945.402 requires that the Court order local law enforcement to enter information about people granted Conditional Release into national crime information center supervised release file through the law enforcement automated data system (LEADS).
 - The Forensic Monitor may be asked to assist in providing information

Art and **Science** of Forensic Monitoring

- SB7 (Deputy Suzanne Hopper Act)
 - Supreme Court of Ohio Rule 95 has developed Form 95 that delineates the information to be entered.
 - Form 95 is on Supreme Court website: "Ohio Rules of Court" ➤ "Rule of Superintendence for the Courts" ➤ "Rule 95."

Art and **Science** of Forensic Monitoring

- BCI Reporting

R.C. 5122.311 requires that if a person "is found by a court to be a mentally ill person subject to court order or becomes an involuntary patient other than one who is a patient only for purposes of observation, the probate judge who made the adjudication or the chief clinical officer of the hospital, community mental health services provider, or facility in which the person is an involuntary patient shall notify the office of the attorney general, on the form described in division (C) of this section, of the identity of the individual."

Art and Science of Forensic Monitoring

- BCI Reports:
- If a person with a forensic legal status is committed to the hospital, then the Hospital LAA completes this report
- If a person is committed to the community on CR, the Forensic Monitor is responsible to complete this report
- The form is on the Attorney General's website:
Forms ◀ BCI Forms ◀ Miscellaneous Forms ◀ Notification Form for court-ordered treatment

Art and Science of Forensic Monitoring

- Remind the court of mandatory 2-year hearings (R.C. 2945.401)
- When the court terminates a commitment, the Forensic Monitor should notify the LAA at hospital from which the person was released.

Art and Science of Forensic Monitoring

- Out-of-County Placement
 - Requires permission of the Court (the judge where the charges were filed)
 - Collaboration and agreement of both Boards
 - Involvement of both Forensic Monitors, but the monitor for the county where the charges were filed retains responsibility

Art and **Science** of Forensic Monitoring


