From Waiting Lists to Recovery: Jail-based Restoration, Inpatient Specialization, and the Peer Recovery Movement in Inpatient Forensic Services

Georgia Department of Behavior Health & Developmental Disabilities

Southern States Psychiatric Hospital Association/National Association of State Mental Health Program Directors: Forensic Division Joint Conference
Forensic Services in Georgia

- Forensic Evaluation
- Forensic Evaluator Competency Certification
- Outpatient Competency Restoration/Juvenile Remediation
- Front-end initiatives
- Fulton County Jail Competency Restoration Program
- Specialized Programs
- Supervised Apartments
- Community Integration (Group) Homes
- Telecourt testimony/Telehealth evaluations
- Dashboard/Performance Management
- Annual forensic mental health conference
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• Inpatient Risk Assessment
  – Short-Term Assessment of Risk and Treatability (START; Webster, Martin, Brink, Nicholls, Desmarais, 2009)
    • 90-day window
    • Strengths and vulnerabilities/risks
    • Guides treatment planning

• Behavioral Interventions
  – Positive behavior support teams
  – Token economy (TIPS)

• Questionable critique of pretrial evaluations
Forensic Services Evaluation Model

- Institution-based, outpatient model (Melton et al., 2007; Packer & Grisso, 2011)
- State employee forensic evaluators
  - A very limited number of hourly or contract evaluators
  - Nearly all are psychologists
- Dearth of forensic ABPP diplomates
- Two formal forensic psychology postdoc programs
- Informal forensic psychology postdoc programs at four state hospitals
Year of Forensic Evaluator
Doctoral Degree
Competency Evaluator Certification Program

Driving purpose: Promotion of universal quality standards in the practice of competency evaluations.

1. Written Exam
2. Work Sample
3. Live Interview
Phase I: Written Examination

- Quarterly administration with 30-day notice
- Based upon a 25-page manual (excluding appendices)
- 40 items
- Item difficulty ranges from 40% to 100%
- Passing score = 80% (codified in policy)
Phase II: Sample Report Review

- Randomly selected
- Opinion of incompetency
- Identifying information redacted (blind review)
- Two mentors review (third tiebreaker if disagree) and provide feedback within seven business days
- Ratings using Report Review Instrument
Competency to Stand Trial Certification Report

Review Instrument (modeled after McNiel et al., 2011; Hung et al., 2012)
Phase III: Live Interview

- State hospital location
- Candidates given 30-day notice (scheduling and travel)
- 90-day evaluations of actual defendants
- No exceedingly complex cases
  - No defendants with Dementia
  - No challenging malingering cases
  - No high-profile/likely to require testimony
- Two mentors observe (at least one in the discipline of the candidate), rate using Interview Observation Instrument, discuss privately, and provide immediate feedback
- Collegial approach - assumption is that candidate will pass
Competency to Stand Trial Certification Interview Observation Instrument (modeled after McNiel et al., 2011; Hung et al., 2012)

### Competency to Stand Trial Certification Interview Observation

<table>
<thead>
<tr>
<th>Candidate:</th>
<th>Hospital/Team:</th>
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<tbody>
<tr>
<td>Mentee observe:</td>
<td>Date of observation:</td>
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</table>

### Assessment

#### 1. Task Not Done
- Task not completed
- Task completed within 2 weeks
- Task completed within 3 weeks
- Task completed within 4 weeks

#### 2. Working Toward Competency
- Competent
- Experienced
- Advanced

#### 3. Advanced
- Advanced
- Advanced
- Advanced

#### Additional
- Knowledge of purpose
- Knowledge of procedures
- Knowledge of decision-making
- Understanding of charges
- Understanding of evidence
- Understanding of potential punishment
- Understanding of role of counsel
- Understanding of privilege
- Capacity to assist in defense
- Capacity to assist in case
- Capacity to testify

### Overall Rating

- General
- Appraising Competency
- Achieved Competency

### Overall Quality of Interview

- Comments (provide general overview as well as specific areas for feedback. Begin with positive or empathetic statement. Identify skills performed well. Identify skills performed incorrectly. Specify how to change/improve incorrect performance - any ratings coded as a 1 or 2 should result in narrative. End with a positive or empathetic statement):

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### Background Information

- Medical history
- Social history
- Legal history
- Substance use
- Mental health status
- Current medication/treatment

### Mental Status Examination

- Mood/ affect
- Speech
- Suicide/ontological desirability
- Thought content/elemental
- Perceptual awareness/realization
- Cognition (judgment, etc., memory)

### Adjudicative Competency

- Adjudicative purpose of trial
- Role of courtroom personnel
- Flex options/procedural consequences
- Flex decision-making
- Understanding of charge(s)
- Appreciation of charge security
- Evidence types and sources
- Appreciation of potential punishment
- Appreciation of role of counsel
- Quality of relations to attorney
- Capacity to assist in defense
- Capacity to assist in case
- Capacity to testify, risks/benefits

### General Comments

- Preparation (via record review)
- Rehearsal
- Objectivity maintained
- Organized questioning
- Logical progression of questioning
- Control of interview maintained
- Appropriate pace/maintains attention
- Level of empathy/follow-up questions
- Culturally competent
- Responsiveness to questions
- Educate and report inquiry if needed
- Interview transect

### Section Comments:

- Opinion/Conclusion
- (Questioning)

#### Questions connoting data
- If incompetent, cause
- If incompetent, prognosis for CST
- IST, institutional/indeterminate services

### Section Comments:

- Complexity of case:
  - Low (cooperative defendant, clearly competent or incompetent)
  - Moderate
  - High (noncooperative, marginal competency ability, suspected malingering, etc.)
Side Benefits

• Interaction between forensic leadership and evaluators
• Detailed feedback on written and live performance
• Identification of especially skilled forensic clinicians
Bathtub Dynamics (Sterman, 2002) and Patient Flow
Front-end Initiatives

• Separating of Orders
• Centralization of processing of orders
• Evaluator jail consultation
• Assessment of malingering
• Psychiatric medication consultation
Fulton County Jail Competency Restoration Program

- Started in October 2011
  - County responsible for waitlist
  - Jail under DOJ
- 16-pod unit (all male)
- Restoration services for small number men and women in general population
- Jail provides general health services, pod, basic security, room and board
- Staff
  - Director (part-time)
  - Social Worker
  - Forensic psychiatrist (part-time)
  - Forensic psychologist (part-time)
  - Psychiatric fellows and psychology postdocs
  - Two additional contracted correctional officers
Deliverables

• Competency screening and evaluation in response to court orders
• Triage
• Psychiatric evaluation and medication orders
• Diversion (ACT, etc.)
• Group competency training
• Cognitive rehabilitation and social skills groups
• Case management/expedition of CST cases
• Monitoring of defendants returned to jail from the hospital
## Dispositions

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<th>General Pop Males</th>
<th>Females</th>
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<td>15</td>
<td>1</td>
<td>64</td>
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<tr>
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<td><strong>20</strong></td>
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<td>------------</td>
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<td></td>
</tr>
<tr>
<td>Diverted</td>
<td>102</td>
<td>68</td>
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<tr>
<td>Referred Inpatient</td>
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<tr>
<td>Not Restorable</td>
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<tr>
<td>Competent</td>
<td>118</td>
<td>106</td>
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</tbody>
</table>
Specialized Programming

• Shift from catchment areas to bed availability/special programming
  – High Security
  – Acute
  – Culture/language

• Safe Behavior Strategies (Safe Offender Strategies; Stinson & Becker, 2012)
  – Focus on motivational enhancement and self-regulation skill development
  – One hospital treatment mall tract for individuals with major mental illness/personality disorder (Stinson & Becker, 2011; Stinson, Robbins, & Crow, 2011)
  – One hospital treatment mall tract for individuals with intellectual disability

• Deaf Programming
Performance Management

• Hospital Monitoring and Feedback: Dashboard

• Evaluator Productivity review
  – Total number of evaluations
  – Evaluations involving consultation/re-evaluation
  – Competency opinion percentages
    • Statewide
    • Team
    • Individual evaluator
Future Directions

- New predoctoral internship program
- Sharepoint – online applications
  - Judge scheduling from the bench
  - Referrals to forensic group home
  - Referrals for outpatient restoration/juvenile remediation
- Specialized Medicaid Waiver DD Group Homes
- Ongoing Development of Risk Assessment Sophistication
  - Increased focus on Criminogenic Needs (“Offenders with Mental Illness Have Criminogenic Needs, Too;” Skeem, Winter, Keenealy, Eno Louden, & Tarter, 2014)
    - Use with HCR-20 V3 or other SPJs (SVR-20, RSVP, etc.)
    - Incremental validity for both violent and sex offenses (de Vries Robbe, de Vogel, de Spa, 2011; de Vries Robbe, de Vogel, der Hoeven Kliniek, 2010)
  - Female Additional Manual (de Vogel, de Vries Robbe, van Kalmthought, & Place, 2012)
  - Stalking Risk Profile (MacKenzie, McEwan, Pathe, James, Ogloff, & Mullen, 2009)
  - Assessment of Risk and Manageability of Individuals with Developmental and Intellectual Limitations who Offend - Sexually ARMIDILLO-S (Boer, Haaven, Lambrick, Lindsay, McVilly, Sakdalan, & Frize, 2013): www.armidilo.net
  - Piloting Risk Assessment Tools
    - Dynamic Assessment of Situational Aggression: Inpatient Version (DASA:IV; Ogloff & Daffern, 2002)
    - Imminent Risk Rating Scale (Starzomski & Wilson, 2014)
    - Current Risk of Violence (CuRV; Lofthouse, Lindsay, Tosika, Hastings, & Roberts, 2014)
- Deaf Programming
- Certification of Criminal Responsibility Evaluators
- Performance Management (Daniels & Bailey, 2014)