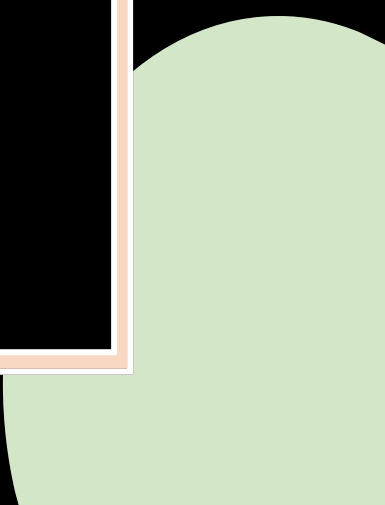


# PSRB CEU Series Community Evaluations Part 2

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# Part 1 Objectives

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## Reciprocal Learning

- High participation and engagement is encouraged!

## PSRB Values

- Overview of the Board's missions and values.

## Purpose

- Review the primary purpose of the community evaluations for both the Board and community providers.

## Foundational Concepts

- Identify key foundational skills that will assist you with writing a community evaluation.

## Organization & Future Directions

- Examine the community evaluation process and key sections.

# Part 2 Objectives

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Review the primary purpose of the community evaluations for both the Board and community providers.

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Introduction of the New Community Evaluation Template

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Review Foundational Concepts Driving each Section

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Discuss Denials



Appreciations!

Much of the changes discussed today are the product of a series of workgroup meetings with our PSRB community mental health providers.

Thank you!

# Goals of the New Community Evaluation Template

## *Regurgitation versus Independent Analysis*

Reduce/eliminate sections that are redundant or include regurgitated information (e.g. expansive psychosocial information).

Heightened focus on past dangerous incidents, not just the instant offense:  
Situations where the individual struggled with mental health symptoms with detrimental results (e.g. revocations, other criminal offenses, significant incidents).

Heightened focus on risk profile:  
Implementation and analysis of criminogenic risk factors and elaboration on destabilizing factors that all program staff should be able to identify.

Expedited process for evaluations that are denied or rescinded.

A more user-friendly template.

Development of a checklist.



# Community Evaluations

## *Board's Goals*

- Can the person be controlled with proper care, medication, supervision and treatment if conditionally released AND are the necessary resources available?
- Integration of information while maintaining an objective, independent opinion of CR readiness
- Recommendations support a “goodness of fit” between the client’s risk/needs and the chosen placement/CR plan.
- Recommendations sets forth the pathway to conditional release success and potential failures and includes elements thought to help the client thrive.
- Should be a consensus of the entire treatment team. Prescribers should have input!
- Denials have specific recommendations and are not made without consultation.



# Section One: Nature of the Evaluation

Identify that this is a Board-ordered evaluation for the purpose of determining the person's suitability for a conditional release or transfer to your program.

\*Minimum documents

## Section Two: Sources Used

### Exhibits\*

- Violence Risk Assessment
- Specialty Risk Assessments
- START
- Significant Incidents
- Criminal Responsibility Evaluation
- Police Reports
- Protective Factors

### Collateral Documents

- Social worker notes
- WRAP Plans or other documents of accomplishment / success

### Interview

- List the date(s) and amount of time you spent interviewing the individual.

### Collateral Consults

- Social worker
- Residential
- Treatment Team
- Other supports
- Specialty Services



# Section Three: Forensic Disclosure

- Community evaluations that are ordered by the Board are for the Board's purposes.
- A forensic disclosure provides information to the client about your role, the goal of the community evaluation, and how the community evaluation will be used.
- The Board recommends that you seek out supervision about whether to create a [forensic disclosure form](#) that you review and provide to the client at the outset of your interview.

# Section Four: Legal History

- Listing criminal history is sufficient—you want to demonstrate that you are familiar with the legal history.
- Ask the individual about their legal history.
- Reflect on similarities between the contributing factors related in those incidents and the instant offense—these reflections will be integrated into the next section.

# Section Five: Cause

- Independent formulation of the bio-psycho-social factors that contributed to past dangerous events.
  - Instant Offense
  - Significant Incidents
  - Revocations
  - Unauthorized Leave
  - Legal History
- Attestation that you are familiar with past incidents of danger, but equally important, this section will assist you in formulating the next section, which focuses on *future* risk.
- Use this section to integrate the client's insight

# Section Six: Risk Identification

## *Use RNR and Empirically Validated Predictors of Risk*

- Risk = higher risk → higher resources will be beneficial; matching risk to treatment intensity.
- Needs = What factors will contribute to recidivism, relapse, rehospitalization or revocation once the person is placed on conditional release? Incorporate the data from past risk assessments and Section Three.
  - *Criminogenic Risk Factors* (Risk of Recidivism of Violence--VRA)
    - Antisocial personality or temperament, Criminal thinking and antisocial attitudes, Antisocial peers, High conflict in families or personal relationships
    - Conviction history\*, Substance use, Low level of achievement in education or employment, Unstructured/lack of pro-social leisure or recreation
  - *Specialty Risk Assessments*
    - Arson, Sex Offense, Stalking, Domestic Violence, Neurocognitive
  - *Critical Items on START vulnerabilities—continuum of risk and protective*
  - *Exposure to Destabilizers* (Predict CR Failures)
    - Family, prior relationships, poor/negative peer influences, substances that have been shown to destabilize the person in the past.
  - *Exposure to Stressors* (Predict CR Failures)
    - Relates to an individual's ability to manage internal and external stress. A measure of one's coping skills. Use the Specific Risk Estimates on the START (but make sure they are accurate).
      - LOW: individual has internalized treatment, and GIVEN THE OPPORTUNITY, would be more likely to be able to utilize those internal skills to successfully cope with the risk or bypass the opportunity for violence substance use, self-neglect, self-harm, or unauthorized leave.
      - HIGH: individual will likely require more external supports because, GIVEN THE OPPORTUNITY, the person would not be able to use their current skill set to cope with the risk/bypass the opportunity for violence substance use, self-neglect, self-harm, or unauthorized leave.

# Section Seven: Risk Mitigation/Recommendations

*Notwithstanding the QMD and Risk, can the person be controlled with proper care, medication, supervision and treatment if conditionally released AND are the necessary resources available?*

- Board historically criticized for focusing too much on Risk.
  - Evolution of our mission statement.
  - Adoption of the START.
- The community evaluation must set forth the pathway to potential bad and good outcomes and include the elements required to help the client thrive and progress on conditional release.
- Responsivity: *How* are we going to target and mitigate the risks that you have just identified?
  - General Responsivity:
    - What is the evidence-based treatment modality, dosage, intensity, structure that will target and mitigate the risks you've discussed AND help the person achieve their end goal?
      - Risk Review Minutes, VRA, START will provide some insight.
      - COMAGINE is not a factor in this analysis.
  - Specific Responsivity:
    - This should be very individually tailored to the factors that will affect how well the person will respond to a particular treatment program.
    - What has gotten in the way of treatment in the past (learning styles, gender, cultural background, trauma, class, motivation/readiness to change).
      - Psychosocial History
      - Client Interview
  - Protective Factors:
    - Critical items on the START strengths
    - Client Interview/WRAP/Achievements shared

# Section Eight: Victim Analysis

- Community evaluator should consult with social worker, Board, and the victim advocate (if necessary) to ensure that the victim does not reside/work in the area being proposed for conditional release.
- Red flag is if the person's instant offense was in the same county where conditional release is proposed.
- Victim residence is not an absolute bar to conditional release; however, may indicate that the conditional release will be contested.
- Evidence for a conditional release to an area where a victim resides or works should be buttressed by evidence related to the natural supports, protective factors or specialty services that can only be accessed in that particular area.
- Consider EOJ—the person may end up there regardless of victim issues.

# Section Nine: Conclusions

- Jurisdiction statement (refer to the order)

AND

- Decision
  - Statement of Acceptance and recommended placement
    - This will require submission of the SCRP that matches the recommendations you have outlined.
  - Contingent Acceptance
    - Contingent acceptance requires follow-up once the contingency has been achieved.
  - Statement of Denial
    - See next slide

# Denials

- Problem:
  - Community Evaluations take upwards of 15-20 hours for a community evaluator to complete.
  - Denials are vague, leaving the Board, client, and treatment team confused about how to proceed.
- Solution:
  - Eliminate sections of the evaluation where an individual will be denied.
  - Add a section that details the basis of the denial and specifies the recommendations and/or things the person needs to further work on in order to be considered for a future conditional release.



# Denial Section

## This is an Experiment

- Specify why is the person not a good fit for the program
  - Diagnosis or condition that cannot be supported (e.g. medical)
  - Medication barriers (newly changed medication or type of med)
  - Victim Issues
  - Legal status violates a neighborhood agreement
  - Red Flags
    - Comagine—if this is the reason, we need to know and report.
    - “Not a good fit for our milieu” without further explanation.
    - Cultural barriers a person would have the right to (e.g. translation services)
    - We don’t have that here.
    - The person would be vulnerable here.
    - No insight
- Summary of discussions you had with the primary treatment team, the Board, HSD coordinator, or others to resolve the barrier.
- Provides specific recommendations regarding what the person needs to do in order for the person to be considered in the future.
- Denials should not be used to usurp completing an evaluation.
- It is expected that the denial section is thorough and elaborates on the concerns and future directions.

# Community Evaluation Preparation

## What's Your Protocol?

Interview 1-2 hours with the client. In-person is encouraged when safe and practicable.

Consultation with the client's current treatment team.

Full review of the exhibit file, with heightened focus on comprehensive assessments.

Problem identification and creative solutions.

Discussion with extended treatment team with respect to placement options.

TIP: Review the file PRIOR to the interview!

TIP: Pre-Reviews/Verbal Acceptance



THE BOARD IS  
YOUR  
PARTNER IN  
THIS JOURNEY!