

## 2008 Innovations Awards Program APPLICATION

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ID # (assigned by CSG): 08-W-06HI

**Please provide the following information, adding space as necessary:**

State: Hawaii

Assign Program Category (applicant): Human Services (Use list at end of application)

1. Program Name
2. Administering Agency
3. Contact Person (Name and Title)
4. Address
5. Telephone Number
6. FAX Number
7. E-mail Address
8. Web site Address
9. Please provide a two-sentence description of the program.
10. How long has this program been operational (month and year)? Note: the program must be between 9 months and 5 years old on March 1, 2008 to be considered.
11. Why was the program created? What problem[s] or issue[s] was it designed to address?
12. Describe the specific activities and operations of the program in chronological order.
13. Why is the program a new and creative approach or method?
14. What were the program's start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.)
15. What are the program's annual operational costs?
16. How is the program funded?
17. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number.
18. What equipment, technology and software are used to operate and administer this program?
19. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator's name, present address, telephone number and e-mail address.
20. Are you aware of similar programs in other states? If YES, which ones and how does this program differ?
21. Has the program been fully implemented? If NO, what actions remain to be taken?
22. Briefly evaluate (pro and con) the program's effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.
23. How has the program grown and/or changed since its inception?
24. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?

## 2008 Innovation Award: Hale Imua

1. Program name: Conditional Release Exit Support & Transition (CREST) program
2. Administering Agency: Primarily the State of Hawaii's Adult Mental Health Division, with partnership from various other agencies outlined below
3. Contact person (Name and Title): Neil Gowensmith, Ph.D., Forensic Services Chief
4. Address: Forensic Services / Courts and Corrections  
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8. Web address: [www.amhd.org](http://www.amhd.org) (Department of Health's Adult Mental Health Division)  
<http://www.amhd.org/About/ClinicalOperations/Forensics/CREST.pdf>

9. Please provide a two-sentence description of the program.

The program takes voluntary consumers who are currently on Conditional Release (CR) who are interested in potential legal discharge from CR and provides them with a multi-week group program designed to highlight their warning signs, triggers for violence and/or recidivism, crisis plans, symptom management, and other issues. Program leaders facilitate the entire process of legal discharge from CR, including assisting consumers / treatment teams and following up with defense counsel.

10. How long has this program been operational (month and year)? Note: the program must be between 9 months and 5 years old on March 1, 2008 to be considered.

CREST began its planning in Spring 2007 and admitted its first participant July, 2007.

11. Why was the program created? What problem[s] or issue[s] was it designed to address?

Hawaii state law allows for individuals who have been found not guilty by reason of mental disease, disorder or defect (more commonly referred to as "Not Guilty by Reason of Insanity") to be released to the community in certain circumstances. This release is through the criminal court and serves as an option to inpatient hospitalization. This release is known as a "Conditional Release (CR)," as the consumer is required to abide by various terms and conditions if they are to be allowed to live in the community. It is important not to confuse Hawaii's CR population with other states' populations of conditionally released consumers, which may be any combination of acquittees, parolees, or probationers. In Hawaii, CR refers exclusively to those mental health consumers that have previously been acquitted of their crimes by the insanity defense and subsequently released to the community under certain provisions. Most states have CR statutes similar to Hawaii's.

However, the state of Hawaii has the **highest** number of consumers on Conditional Release (CR) per capita in the nation. Currently, the Adult Mental Health Division (AMHD) serves more than 510 CR consumers in both inpatient and outpatient settings in a state with a relatively low population (just over 1.2 million). CR consumers originate from each county (295 from Oahu, 140 from Hawaii,

40 from Maui, and 35 from Kauai). Both felony and misdemeanor charges can result in a CR (323 from Circuit Court, 137 from District Court, 25 from Family Court, and 13 with multiple referral courts).

Hawaii statutes that govern the CR process have some particular quirks that make the CR population so high. First, CR is available for any level of charge (many states restrict CR for felony charges). Second, Hawaii has no time limit for CR (most states have a maximum time a person can spend on CR, often the equivalent to the maximum amount of time the person would have otherwise served in jail or prison). These two factors alone account for a great number of CR consumers, many of whom have been on CR for several years even for petty charges. Third, there is no regular court mechanism for legal discharge from CR (many states have annual court hearings to review CR cases). In Hawaii, the CR cases are shut after CR is granted and it is left to the CR consumer or their treatment team to apply for legal discharge from the court. As a result of these three factors, Hawaii has many people on CR that otherwise do not need continuing court oversight but remain on CR simply as an artifact of the system currently in place.

Therefore, many CR consumers may be ready for legal discharge from CR. Unfortunately, due to high caseloads and other work demands, many treatment professionals and court personnel are not able to devote time to this sub-population of “successful” CR consumers. Between October 2006-March 2007, treatment teams participated in legally discharging 14 CR consumers from their CRs entirely—a number that certainly would be higher if additional resources and supports were available.

CREST was created to provide “successful” CR consumers who are interested in potential legal discharge from CR with a structured mechanism and a support system to facilitate potential discharge. CREST offers an eight-session program designed to highlight consumer warning signs, triggers for violence and/or recidivism, crisis plans, symptom management, and other issues. Program leaders facilitate the entire process of legal discharge from CR, including assisting consumers and treatment teams as well as following up with defense counsel. CREST is comprised of CR consumers who have maintained stability for at least the previous six months and demonstrated a willingness to continue mental health treatment even when no longer legally mandated.

## 12. Describe the specific activities and operations of the program in chronological order.

Presentations have been made by the CREST staff to various case management agencies as well as treatment team members. Referral packets have been provided to all treatment teams. Referrals require the consent of all treatment team members, the consumer, and the consumer’s probation officer (all CR consumers are provided with a probation officer). After the referral is given to the CREST staff, CREST follows up with the referral agency to finalize the referral. If the person is determined to be eligible, the consumer schedules with CREST staff and begins participating.

CREST operates primarily as a group format, but individual sessions are available for special circumstances. Regardless, all participants go through the same process and set of materials.

There are five modules to CREST, which are introduced in the following order:

- Understanding Self and Others
- Exploring Thoughts and Actions
- Coping Skills
- Relapse Prevention
- Thriving Beyond Illness

At the end of the program, the participant completes a multi-page written project that outlines their symptoms, triggers for violence and/or recidivism, coping strategies, crisis planning, available resources, and short- and long-term goals. Once the participant has completed the program, CREST facilitators help the treatment teams with the legal process and follow up with defense counsel in setting court dates for the case to heard at court.

13. Why is the program a new and creative approach or method?

As stated above, there is no regular mechanism currently in place for CR consumers to be released from CR. It's up to the consumer or their treatment team to petition the court. For many reasons, this rarely happens. As a result, well-functioning CR consumers languish under unnecessary court requirements for years on end.

Rather than wait for the court to change their system, or for the laws to change, we have created a mechanism that never existed for these CR consumers. The CREST program gives successful CR consumers a much better chance to live freely and voluntarily in the community. CREST provides much-needed evidence to the court regarding the current functioning and future plans for the CR consumer, and forces the court to decide if continued legal encumbrances are required or not. In this way, we are forcing the court to hear these cases, while simultaneously providing the court with current, grounded, hopeful information about the consumer.

14. What were the program's start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.)

CREST was started without any additional dedicated funding or staff positions. A forensic psychologist and psychology intern (both already on staff) currently run CREST. Brochures and the program materials are created in-house.

15. What are the program's annual operational costs?

The only costs come from the salaries of the forensic psychologist (\$55,000 per year) and the psychology intern (\$18,000 per year). However, as noted above, these positions were funded prior to the CREST program being implemented. Copying, materials, brochures etc are incidental.

16. How is the program funded?

All forensic programs are funded by state general and federal Medicaid reimbursement funds.

17. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number.

No. However, the program was recognized as a standout program in Hawaii by the taskforce convened under Hawaii Senate Concurrent Resolution 117, 2007.

18. What equipment, technology and software are used to operate and administer this program?

Very little. A basic spreadsheet program is used to track and monitor progress of the individual participants, as well as collect and analyze program outcome data.

19. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator's name, present address, telephone number and e-mail address.

Yes. Neil Gowensmith, Ph.D. Address, telephone and e-mail is listed above.

20. Are you aware of similar programs in other states? If YES, which ones and how does this program differ?

Not aware of similar programs in other states.

21. Has the program been fully implemented? If NO, what actions remain to be taken?

CREST is fully implemented. We are looking to replicate the program to other counties once first-year data can be analyzed.

22. Briefly evaluate (pro and con) the program's effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.

CREST admitted its first participants in July, 2007. Seven participants have graduated from the program. Three participants have been discharged from CR. Two graduates are currently awaiting court hearings regarding their discharge from CR. Two participants are waiting for court-ordered examinations as part of the discharge process.

Presentations have been made to various agencies and community mental health clinics about CREST. However, the referral process has been slow. This is a new program addressing a sub-population that is often overlooked. As case managers and treatment teams learn about CREST, more referrals are expected.

Assisting participants and treatment teams through the legal process has taken more time than initially planned. As there are only 11 public defenders in the State of Hawaii, it has proven difficult to move each case along in a timely fashion. For example, many of our participants have been on CR for five years or more. Consequently, there is no public defender currently assigned to their case. Weeks stretch into months attempting to determine the participant's correct public defender. Once this is determined, it is difficult to keep the attention of the public defender due to their heavy case loads. However, CREST staff remain diligent and follow up with defense counsel weekly to ensure that court hearings are scheduled as soon as possible.

Overall, the program is working quite well. The small numbers are to be expected given the recent start-up of the program. CREST graduates get a new lease on life when released from CR, since many employers and housing providers have exclusionary eligibility criteria for people with current legal encumbrances. Also, consumers on CR have restricted travel and other limitations placed on them which are lifted after discharge from CR. Finally, the state is expected to save money releasing appropriate individuals from CR, since they will not be mandated to report to court, probation, or certain mental health services.

23. How has the program grown and/or changed since its inception

CREST initially began with a group format. In order to get people into CREST quickly, the facilitators have adapted the curriculum to do 1:1 sessions. This allows the participants to move through the modules at their own pace with individualized attention. To provide better access to CREST, the program has become mobile; in other words, the facilitators will meet with participants at a mental health center that is convenient for the participant.

24. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?

Other states should expect to encounter great success with the program and buy-in from treatment teams, courts, and consumers alike. In our experience, there really has been no downside to this program, which frankly unusual for us. Typically we have unforeseen barriers and challenges that compromise our program's fidelity; the CREST program has been remarkably smooth and effective since inception. Many people we work with, whether it be in mental health, at court, or in probation, have asked, "Why didn't we think of this sooner?"

Thank you for your consideration.