



**Mental Health Risk Retention Group, Inc.**

*A Liability Insurance Company Owned by its Policyholders*

P. O. Box 206 • 388 Pompton Avenue • Cedar Grove, New Jersey 07009  
Phone: 973-239-9107 • Fax: 973-239-6241 • 1-800-845-1209

## **INTRODUCTION**

### ***He pulled a large caliber pistol from his pocket...***

On a bright, sunny afternoon in Daytona Beach, a man with an angry scowl entered the foyer at Act's Emergency Services facility and walked to the reception window. He pulled a large caliber pistol from his pocket, leveled it at the Customer Service Representative and said, "I need to speak to someone now."

A Crisis Stabilization unit therapist, with forensic population training and experience, engaged the gunman and, using aggression control techniques (Attachment I) was able to defuse the dangerous situation. The result was assessment and treatment of the gunman, who had a history of substance abuse and mental disorder.

Act Corporation has operated crisis services for 32 years and has operated an inpatient Crisis Stabilization Unit for 19 years. Through that process, experience and knowledge have resulted in increasing expertise in managing the liability presented by patients who pose a danger to others and to self.

Those patients who are likely to act in a violent or aggressive manner have been found to possess certain characteristics.

## **Characteristics of High-Risk Patients Who May Act Out in Violent or Aggressive Acts**

Patients discharged from psychiatric hospitals who do not exhibit symptoms of alcohol or drug abuse are about as safe as their non-patient neighbors.

The presence of two or more psychiatric diagnoses approximately doubles the risk of violence.

Substance abuse triples the rate of violence in non-patients in the community and increases the rate of violence of discharged patients by up to five times.

Substance abuse is a much greater risk factor for violent behavior than mental disorder.

Paranoid patients with persecution delusions, usually direct violence at

a specific person, often relatives or friends.

Paranoid schizophrenics are likely to commit the most serious crimes because of their ability to plan and their retention of some reality testing.

Schizophrenics and manics who make threats before admission have a 33% assault risk in the hospital.

Manic patients often respond violently to any form of limit setting and one out of four attack someone within their first 24 hours of hospitalization.

"Threat/control-override" symptoms include feeling dominated, the thought that others wish harm upon the patient, and the belief that one is being followed.

Persons who reported threat control override (TCO) symptoms, were about twice as likely to engage in assaultive behavior.

## **Assessment of Risk**

Risk assessments should include:

1. The patient's thoughts and feelings before, during, and after previous violent acts.
2. Assessment of the role of mental status characteristics related to the behavior and the presence of threat/control override delusions or hallucinations along with the role of substance abuse.
3. A review of documents relevant to violence history such as mental health treatment records, jail, prison, secure hospital records, arrest reports, victim/witness statements, and employment records.

## ***Risk Reduction Plan***

The Act Corporation is accredited by the Joint Commission on Accreditation of Healthcare Organizations (See Attachment II) and has developed a wide range of procedures and practices designed to ensure patient and staff safety. In addition to a full-time Safety Officer, a Safety Committee is in place and meets regularly to deal with safety issues (See Attachment IV).

The issue of dangerous client incidents falls under the purview of the Safety Officer, and information is kept regarding these incidents (See Attachment III). Along with the Safety Committee, patient violent acts are monitored by the Quality Assurance Director (See Attachment V).

***The Act Corporation has no known incidents of violent attacks perpetrated by persons with severe mental illness or substance abuse that have caused severe injury or death or community outrage directed toward the mentally ill within at least the last ten years.***

### ***The evolution of a Center-wide system***

The programs that impact on identifying high-risk violent patients have evolved over several years. Through the years, a center-wide system has been created to form the comprehensive program, which can be categorized as prevention activities, intervention activities, and aftervention activities.

### ***Prevention Activities***

#### ***Behavioral Healthcare Law Enforcement Interface***

In an effort to assist law enforcement in making accurate assessment of situations involving mental patients, Act Corporation has designated a Licensed Clinical Coordinator to develop and deliver information regarding this interface (See Attachments VI and VII).

#### ***Aggression Control Techniques***

All persons who are employed at Act, or who will have contact with Act patients, are required to take a four hour course on the techniques of responding to acts of aggression by patients (See Attachment I).

#### ***Verbal De-Escalation Skills***

The skills taught in this process follow the anagram of CARE encouraging staff to Concentrate by giving focused attention to the patient, Acknowledge that the patient is being heard and understood, reflecting how the patient may feel, and Empathizing by trying to experience the patients feelings (See Attachment VIII).

#### ***Safety in the Natural Environment***

Attachment IX describes the procedure to conduct on site visits in a safe manner and spelling out details of how to respond when encountering a potentially dangerous patient. The case management mental status examination (See Attachment X) includes assessment of homicidal/aggressive thoughts or intent. If thoughts or plans are present, that response triggers a complete and thorough homicide/aggression risk assessment (See Attachment XI).

#### ***Out Reach Task Force***

The major thrust of the Out Reach Task Force is to reduce juvenile crime through the teaching of conflict resolution skills (See Attachments XII and XIII).

#### ***Access Services***

The first point of contact for many potential clients is a call to the 800 number at Act's Access Center (See Attachment XIV). That call is received by one of several staff in a large room with special headset telephones, computer screens, and caller identification. They conduct a formal assessment (See Attachment XV).

### ***State Hospital Liaison***

Among the most disturbed patients returning to the community, are those forensic patients discharged from the State Hospital. These potentially dangerous forensic patients are monitored face-to-face on a quarterly basis by case managers while they reside at the State Hospital and are evaluated face-to-face within 48 hours of discharge and receive aftercare services (See Attachments XVI and XVII).

#### Case Resource and Ethics Committee.

This committee is comprised of Act Corporation professionals and community agency officials and staff and makes disposition on patients who are high risk, both in the natural environment and being discharged from a state facility (See Attachment XVIII).

### ***Physically Secure Shelter***

In order to prevent high risk youth from penetrating further into the criminal justice system, Act provides a secure shelter for 30 children in conjunction with the Department of Juvenile Justice (See Attachment XIX).

### ***B.E.A.CH. House***

In an effort to reunite disordered families and to prevent entry into elements of the criminal justice system, a homelike shelter is provided by Act Corporation (Attachment XX).

## ***INTERVENTION ACTIVITIES***

### ***Civil Commitment***

The Act Corporation presents dangerous patients for involuntary treatment to court on a weekly basis. Present at these court hearings is an attorney from the prosecutor's office, a public defender, professionals who know the patient, family members, law enforcement officers, and public health officials. (See Attachments XXI and XXII)

### ***Capturing Information on Dangerousness***

The client registration form (See Attachment XXIII) contains items which capture information on probation or parole status, not guilty by reason of insanity court order, mental illness conditional release status, diagnosis of schizophrenia, psychotic disorder or mood disorder, involvement in criminal justice system, and forensic involvement. Various forms are used to capture information on dangerousness (See Attachments XXIV, XXV, XXVI. and XXVII).

Along with Aggression Control Techniques (See Attachment I) and Verbal De-Escalation Techniques (See Attachment VIII) the standard 15, 30, and 60 minute checks and line-of-vision techniques are employed.

As noted earlier, a De-Escalation preference form (See Attachment XXVI) is completed as part of the Nurses' Assessment in the early stages of admission. This information allows the patient to

prescribe his or her own method of reducing agitation and avoiding seclusion and restraint. The results have been dramatic: a 39% decrease in the use of seclusion and an 80% decrease in the use of restraints (See Attachment XXVIII).

### ***Treatment Alternatives to Street Crime***

Through Treatment Alternatives to Street Crime, Act targets the 18 years of age and older population that are third degree felons, on probation who have a significant substance abuse problem (See Attachment XXIX).

### ***Forensic Services***

A very high-risk group for dangerous behavior are those who carry DSM IV diagnoses, and who have criminal convictions. These patients are identified through the Forensic State Hospital, Department of Corrections, or judicial system official (See Attachment XXX).

### ***Reality House***

There is a separate unit for treatment of those with dual diagnosis. This intensive treatment program uses a highly structured behaviorally oriented approach with strong emphasis on vocational rehabilitation (See Attachment XXXI).

### ***Family Adolescent Conflict Treatment***

This program targets adolescents (ages 12 to 18) who commit or threaten to commit violence on a family member (See Attachment XXXII).

### ***Domestic Abuse intervention***

Utilizing a group education format, men who have perpetrated a violent act on a woman (partner, child, etc.) meet with a group of facilitators for 24 sessions (See Attachment XXXIII).

### ***Drug Court***

This Act managed activity designs interventions for persons who have been charged with possession

of controlled substances, forged prescriptions, forged checks, or grand theft (See Attachment XXXIV).

### ***Assessment Protocol: Danger To Others***

Various instruments are used to collect information pertaining to violence such as the likelihood of causing serious bodily harm (See Attachment XXV), legal factors, and violence history (See Attachment XXIII). When there is an indication of potential violence, clinical specialists have available a danger to others assessment protocol (See Attachment XXXV).

### ***Transitional and Independent Living***

In an effort to prevent adolescents between the ages of 16-19, who are at high risk of

violence, from penetrating the juvenile justice system further, the Department of Juvenile Justice

makes referrals to the Act Transitional Living/Independent Living Program (See Attachment XXXVI)

## AFTERVERSION ACTIVITIES

### ***Safety Risk Management Committee***

This committee is part of Act's Risk Management Program (See Attachment III). The committee meets on a regular basis to review risk management reports, action taken, and any need for further action (See Attachment IV).

### ***Case Resource and Ethics Committee***

While this committee performs a prevention function in reviewing patient cases at high risk for violence, it also performs an afterversion function by making recommendations for managing patients who have a history of violence (See Attachment XVIII).

### ***Outreach***

Efforts are made to include family and support systems. Staff often request law enforcement to conduct wellness checks. Earlier, it was noted that approximately 40% of murders are by gunshot. Officers frequently, at the request of emergency staff, take guns into their possession when a risk of harm is identified. Throughout this work the issue of confidentiality is held at the forefront and no steps are taken without consent and participation of the patient.

## **QUALITY IMPROVEMENT**

At a broader level the Corporation has defined an extensive plan to improve the quality of services (See Attachment V) which is a 22 page document. An abbreviated sample is attached and includes the required report of peer review regarding mortality and morbidity. In addition to adopting the values of accessibility, customer driven services, and teamwork, the plan sets specific quality goals and provides for monitoring and evaluation.

Over the last few years Act Corporation has been giving increased attention to loss control programs in general and to more responsible assessment of potentially dangerous patients and to avoidance of risk for harm to others in particular.

At the most general level, Act Corporation sets values and goals for quality improvement, which is system wide. These system wide values and goals have broad impact on all levels of service delivery and, in turn, on risk reduction.