“In Massachusetts, more incompetent defendants left Bridgewater Hospital by dying than by all other avenues combined.”

A. Louis McGarry, 1971

GA: Civilly Committed Forensic Patients (60%)

Long-Term Clients
• NGRIs: 20% (130)
• ISTs (not restored >1 year): 35% (225)

Release determined by Court

Average LOS: 7 years (impact on wait list)
  • 10-20: 60
  • >20: 19
“Violation of the equal protection clause to subject an IST defendant to a **more lenient commitment standard** and to a **more stringent standard of release** than generally applicable to those who have never been charged with offenses.”
CIH: Community Integration Homes

- 6 bed homes
- Oversight 24/7
- 6 hours programming
- Regular communities
- Employment/Education/PSR
- Responsible for cooking and cleaning
- Community activities

- Designed for those most difficult to discharge
  - Offenses
  - Hospital LOS – skill level

- Each a little different
St. Paul CIH
Main House

Cottage
Barriers – beyond the court

• Benefits/Funding

• Undocumented Persons

• Skill set

• Institutional Mindset – staff and individuals

• Clients Who Don’t Want to Go
Forensic Apartments

- Staff on the grounds and awake 24/7

- 4 hours onsite programming

- Own shopping, cooking, cleaning

- Support in getting started
Move from Facility-Based System to Community-Based Forensic System

The Hospital Reign is Over: after 30 years?

- Disadvantage – different ; connection/continuity
- Advantage – mobile; flexible; efficient

Community Forensic Teams
- Community Forensic Directors
- Community Forensic Evaluators (psychologists)
- Forensic Community Coordinators (7 to 17)

Use of Technology
FOCUS OF TREATMENT: Compliant Patient → Recovery

- Practical Skills are Important
  - IPAD program
  - Self-Administer Medications
  - Independence on Campus
  - Make a sandwich?

- Independence, Choice, and Initiative
  - Treatment Malls - can we increase choice?
  - Trauma Informed Residences
  - Life Skills Classrooms to Life Tryouts
Discharge Decisions and Planning

Comprehensive Review Meetings

• What are the current active symptoms of the illness?

• How is the individual imminently dangers to others because of his/her symptoms? Give data to support.

  • Intelligent Use of Violence Risk Assessment

• Do those symptoms interfere with the individuals ability to care for him/herself to such an extent it would render a life endangering situation? Give specific examples.
Recommending Renew Civil Commitment

• What behaviors are preventing recommendation for discharge?

• How are those risk factors addressed?
  • Intelligent Use of Risk Assessment
  • Differently (than currently)

• What minimum criteria must be met for the team to recommend discharge to the Court?
Does not meet inpatient commitment criteria

• What are the individual’s salient risk factors?

• How are these risk factors addressed?
  • *Intelligent Use of Violence Risk Assessment*

• If Outpatient commitment with DBHDD Monitoring is recommended, explain the clinical need for the additional oversight
Karen Bailey, Ph.D.
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