

Insanity Acquittees: A National  
Comparison of Post-Adjudication  
Programs, Policies, and Procedures  
*A status report on a work in progress*

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# Outline and Notes

I. Idea and rationale

II. Method

III. Results

IV. Discussion



## Birth of the idea...

- From PSRB to nothing
- If that different from CT to MA, what is the rest of the country doing?
- Support for the idea from top researchers in the field



# Development of the Survey:

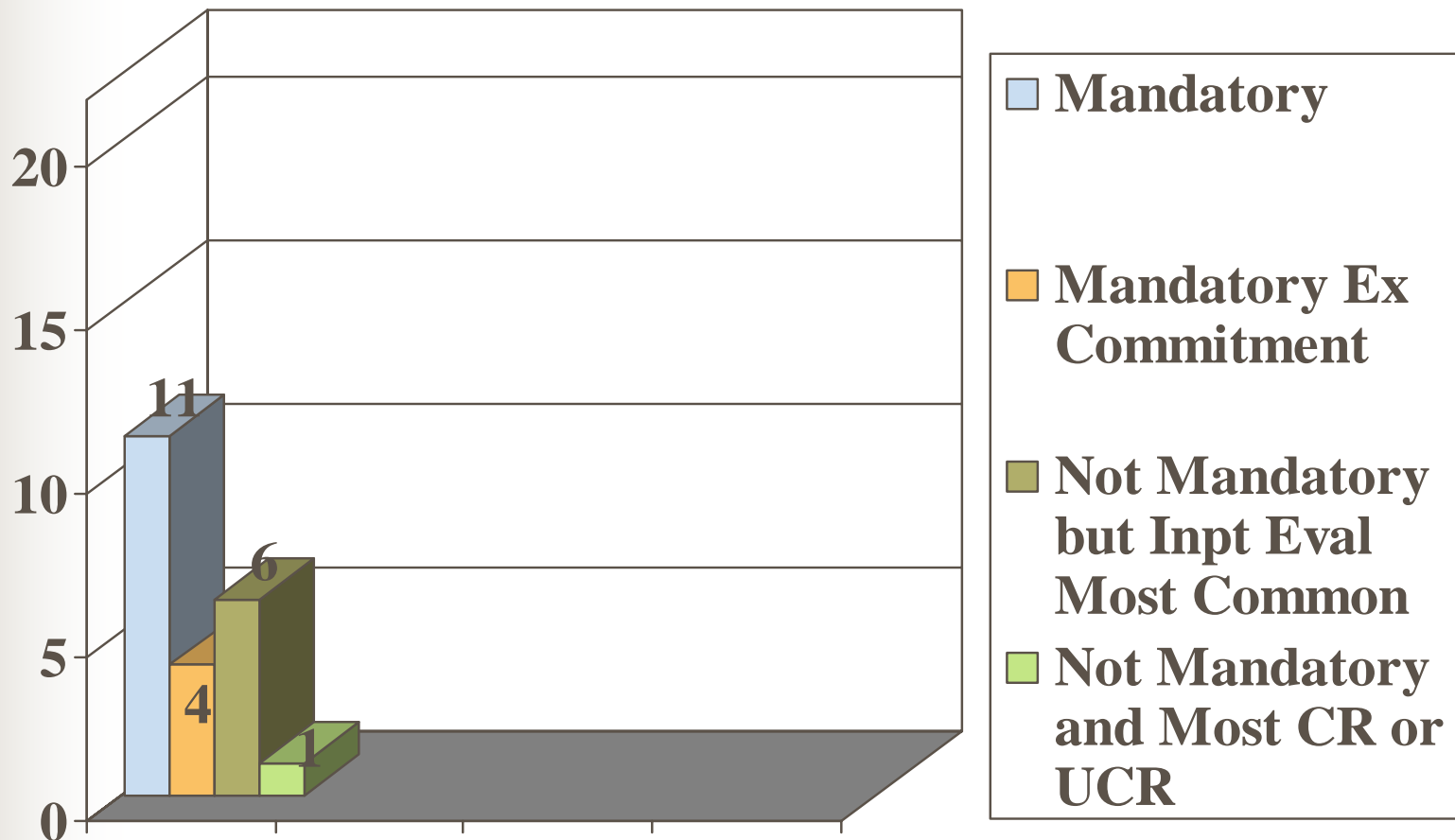
- Immediate Plan Post-Adjudication
- Treatment
- Community Transition (CT) Programming
- Research and Records Maintained
- Subjective Assessments



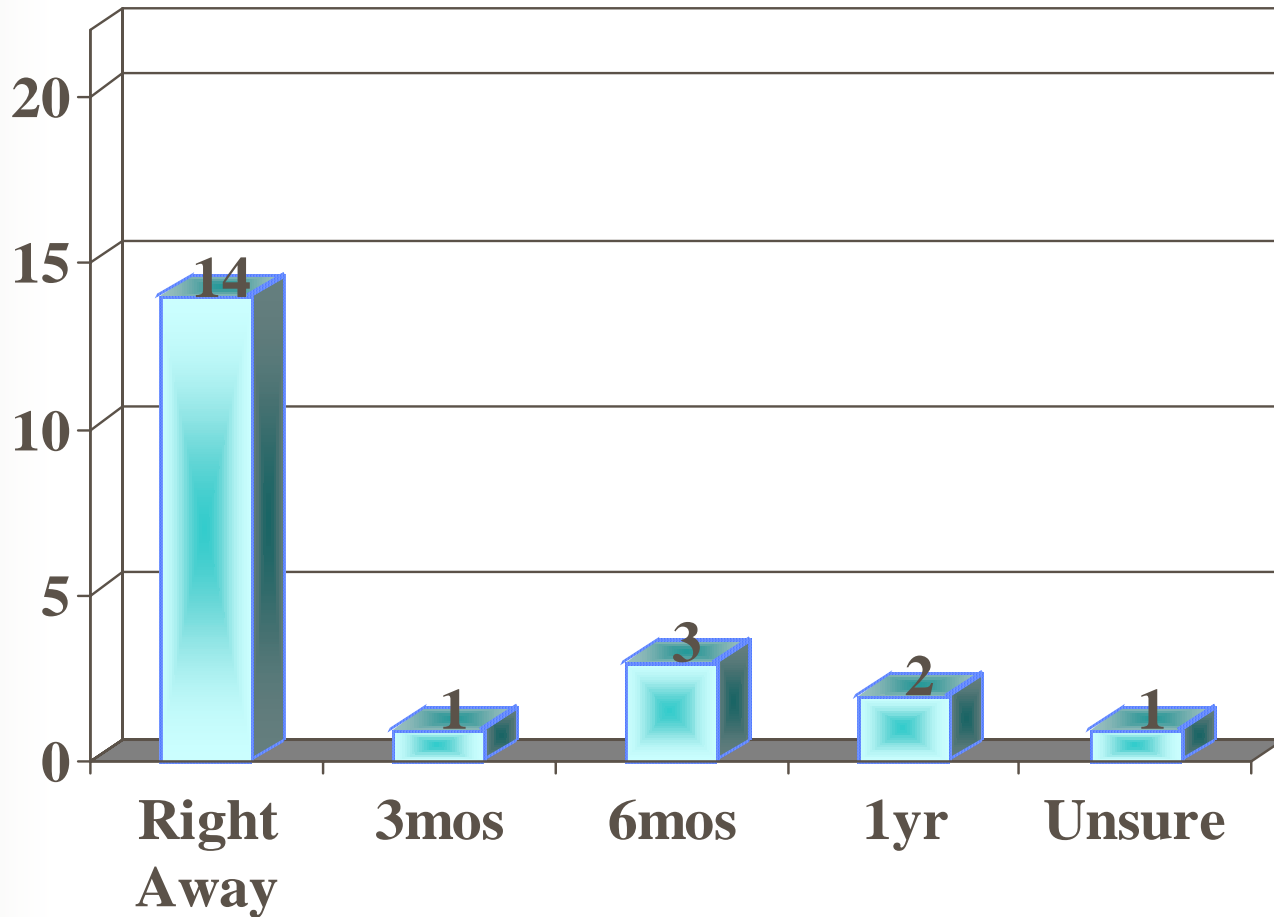
## States so far...

AL, AR, CA, CO, CT, DC, DE, FL,  
GA, HI, IL, MA, MD, ME, MO, NC,  
NJ, NY, PA, TN, VA, VT

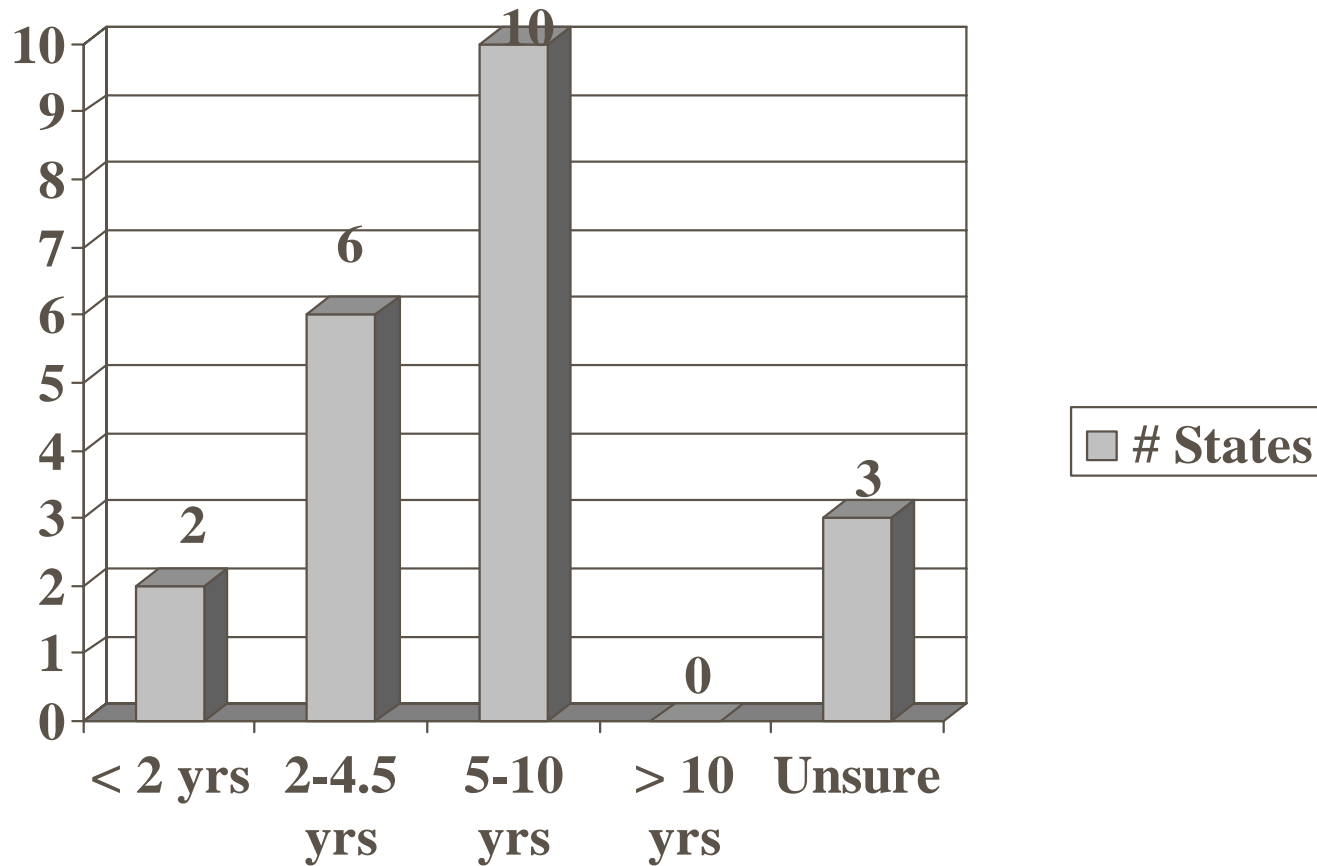
# Immediate Plan Post Adjudication



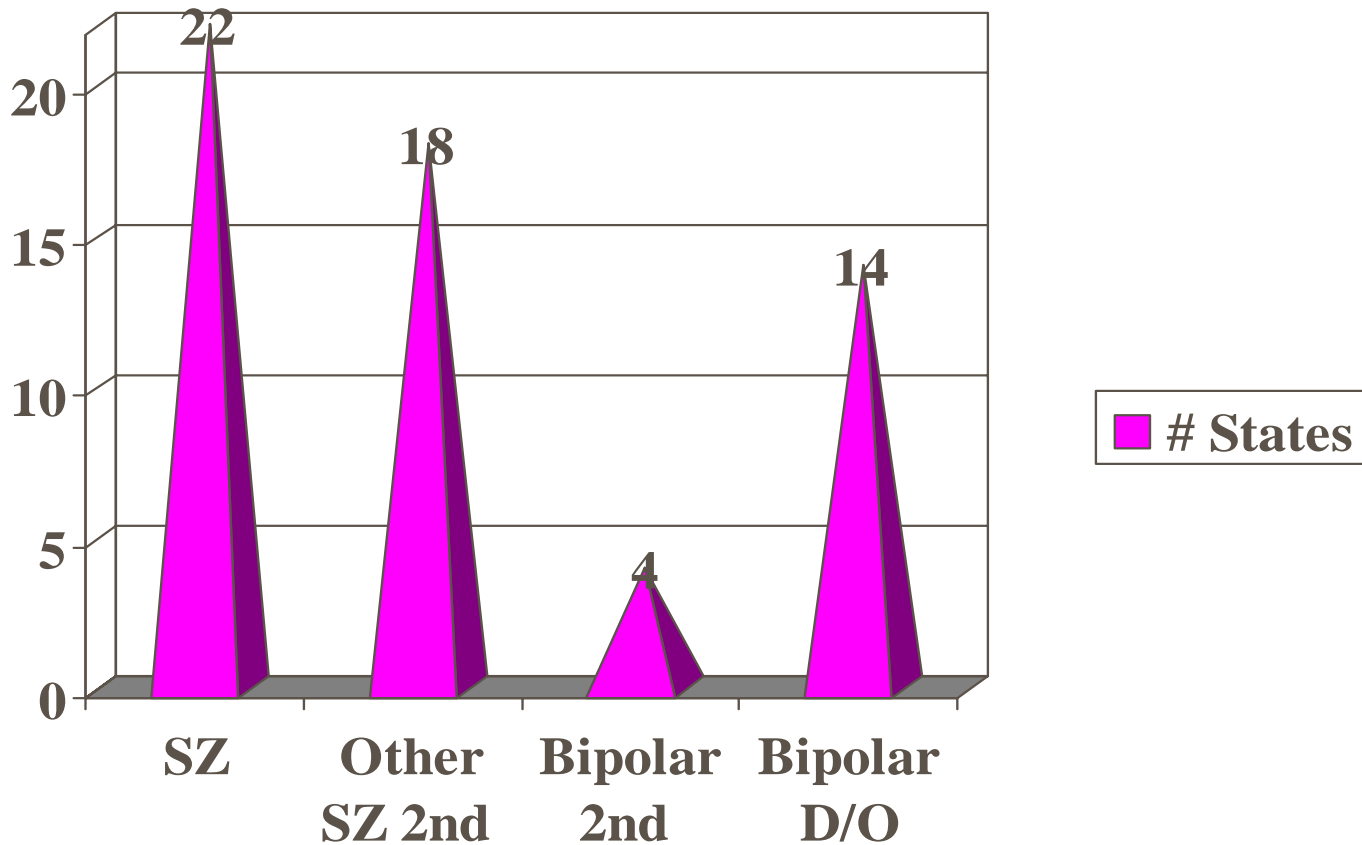
# Time Until 1<sup>st</sup> Petition



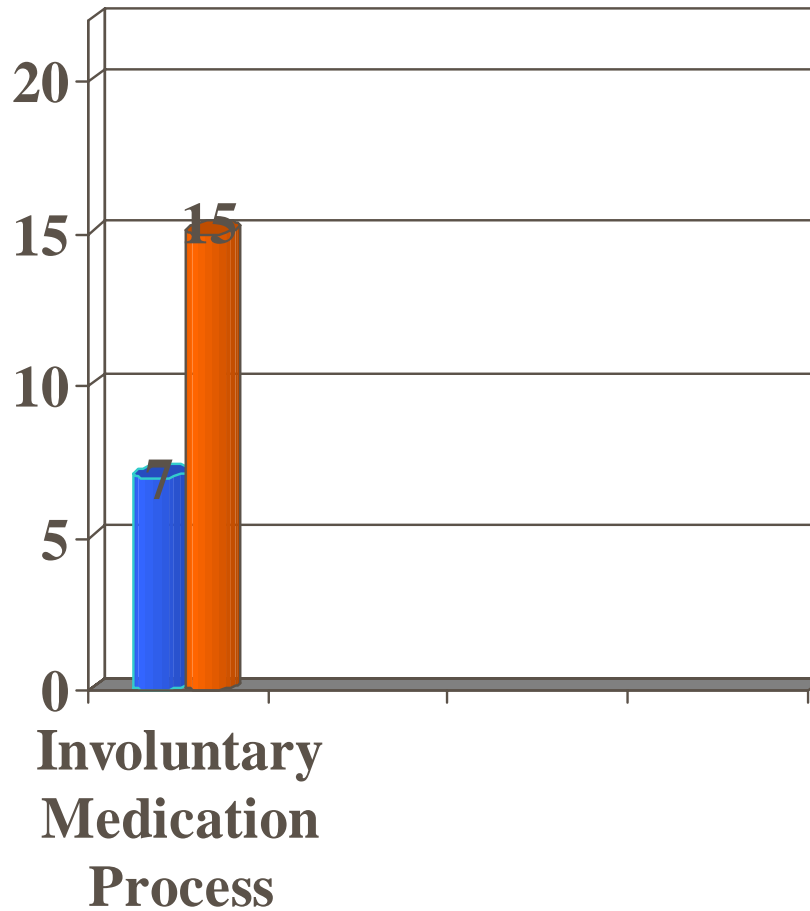
# Inpatient Length of Stay



# Diagnosis of NGI population



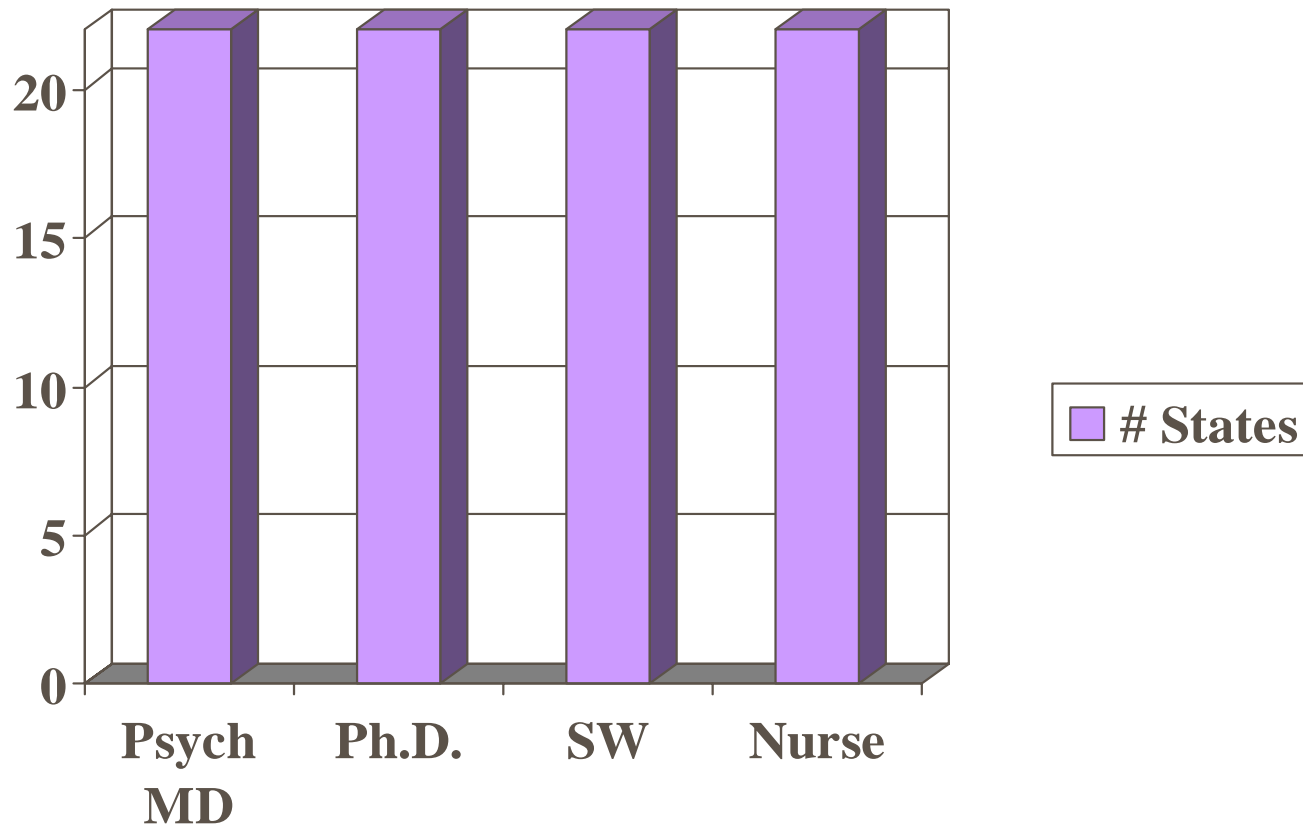
# Treatment



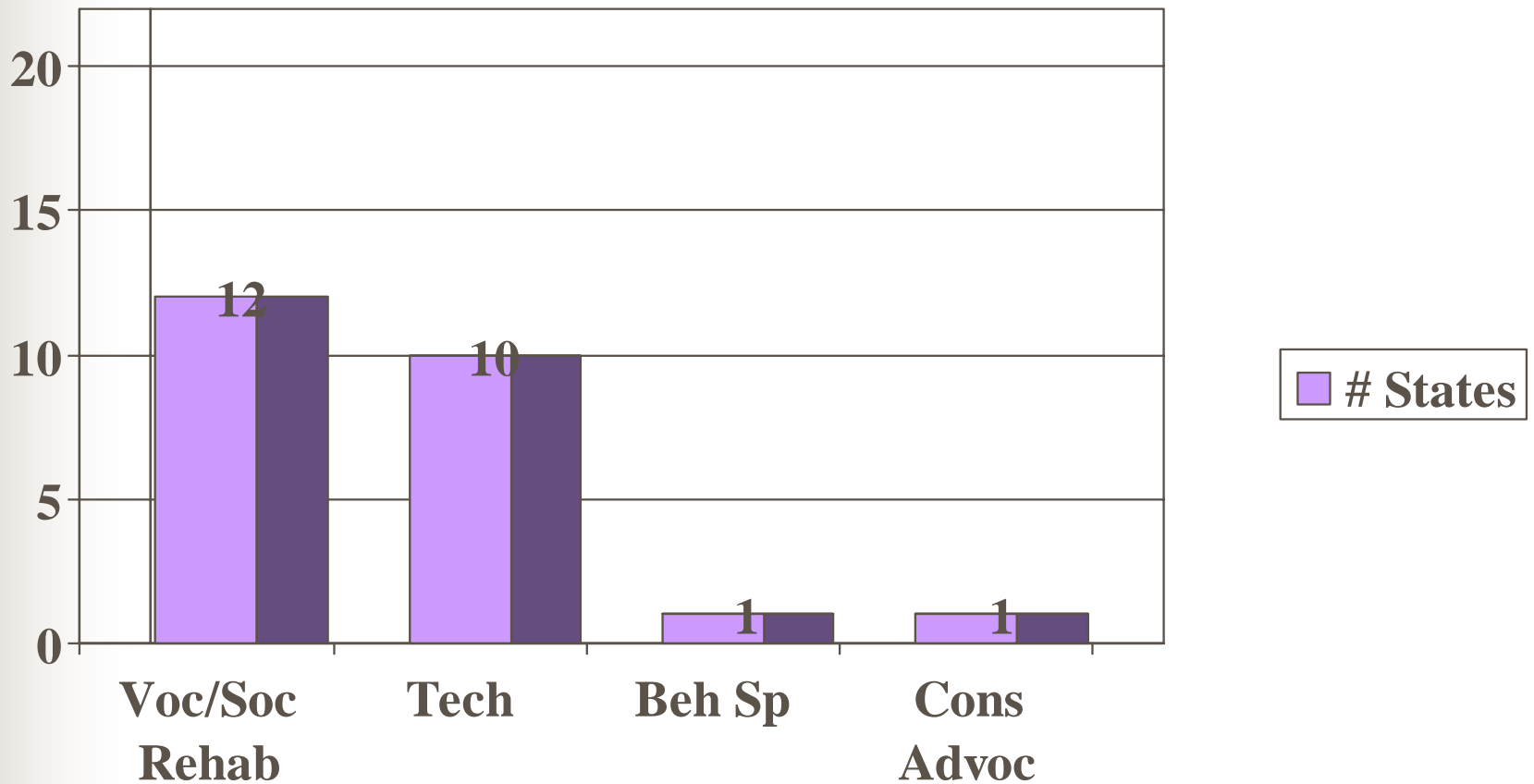
■ Professional Judgment

■ Court Order

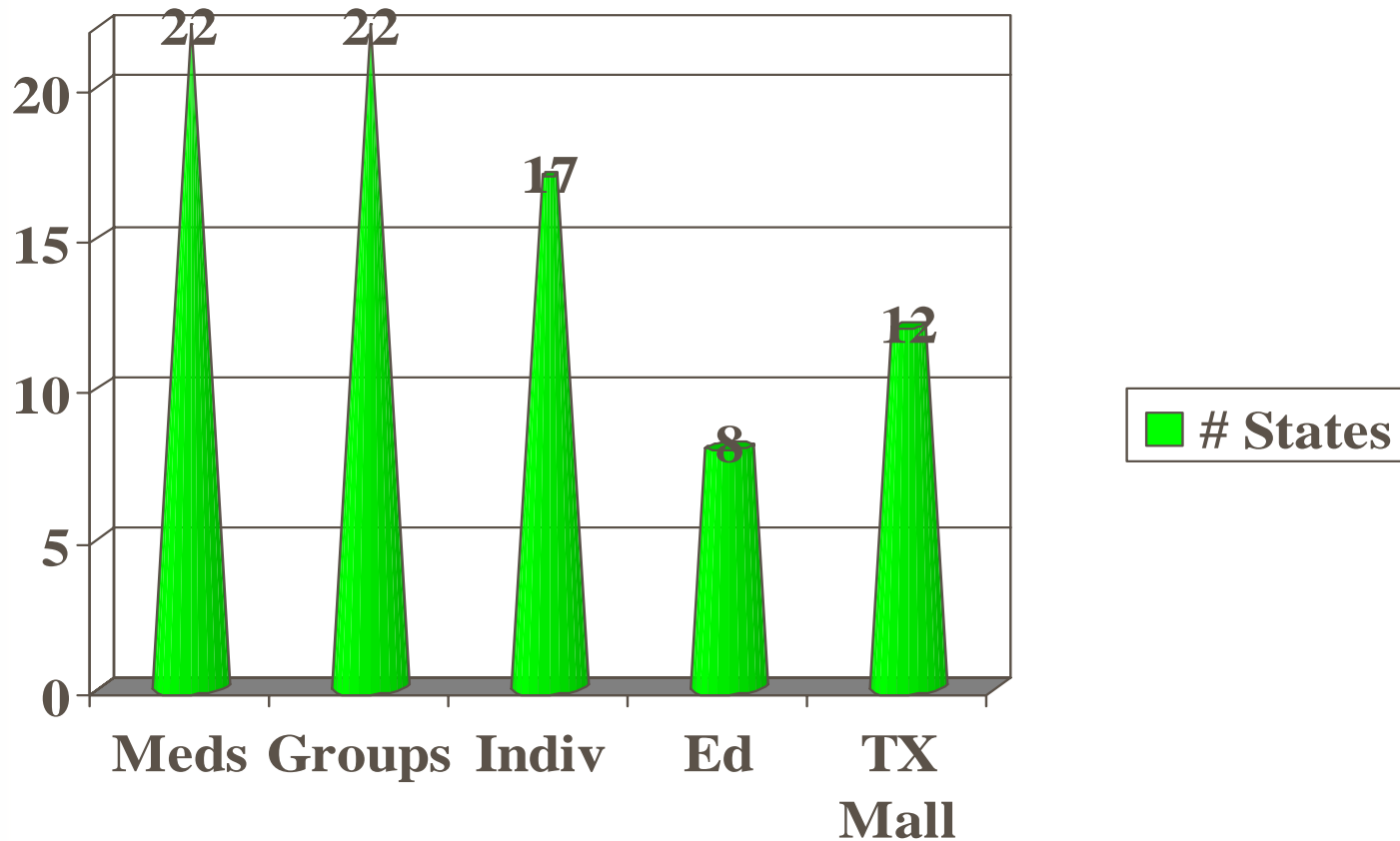
# Treatment Team Members



# Treatment Team Members Cont'd



# Types of Treatment Provided

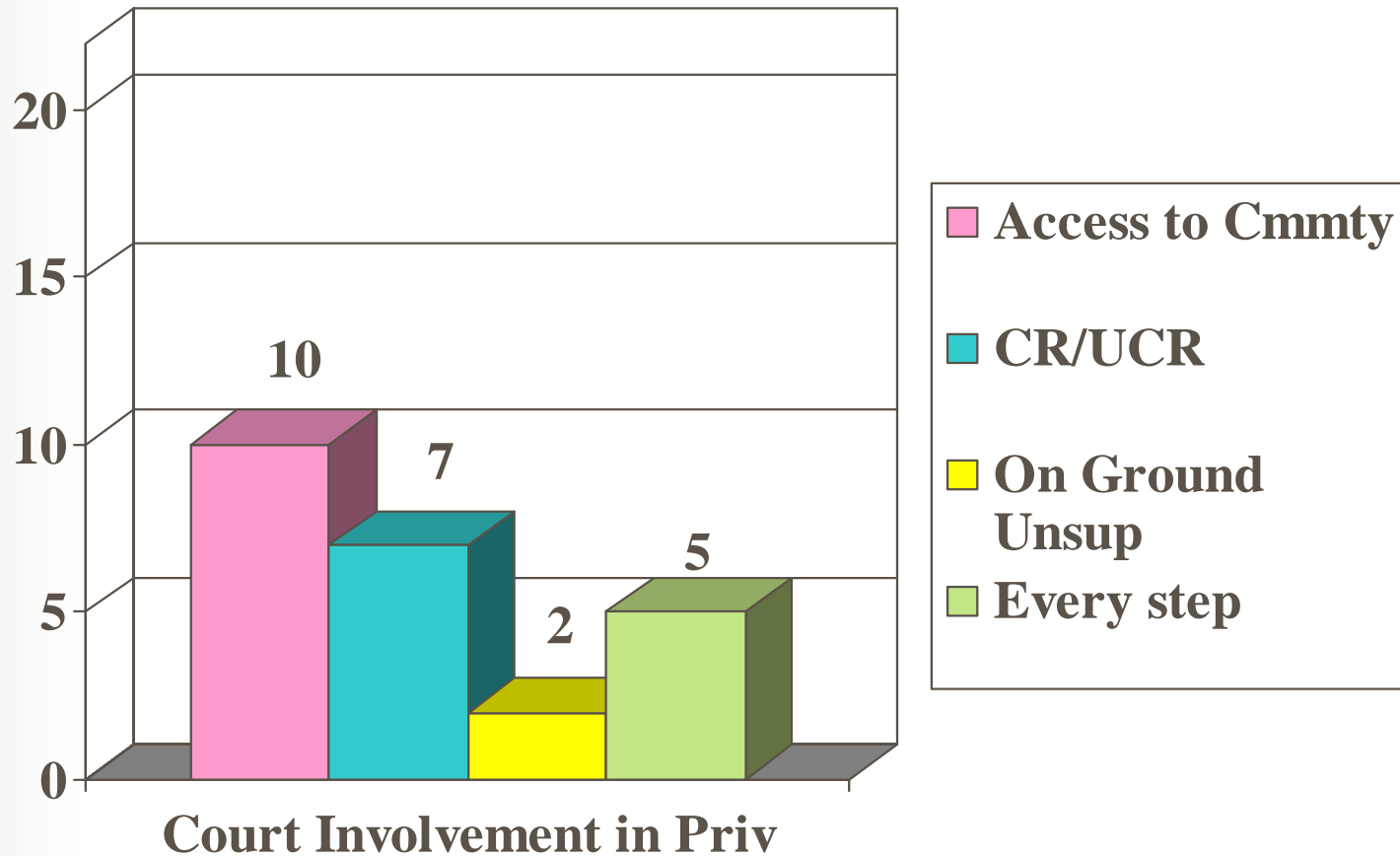




# Participation in Treatment

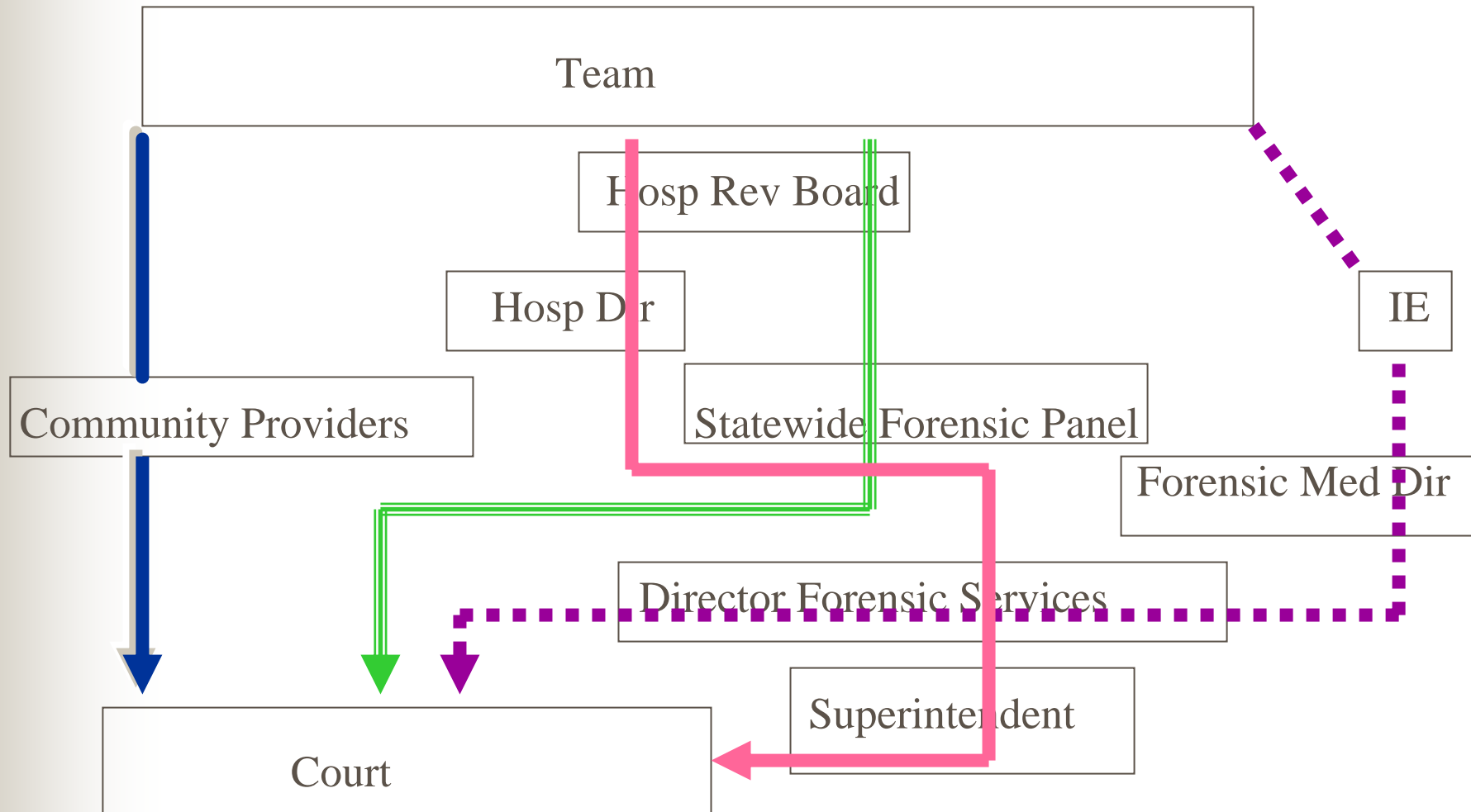
- 7 states make therapy mandatory
- Team makes treatment decisions: 22

# Inpatient Privilege System

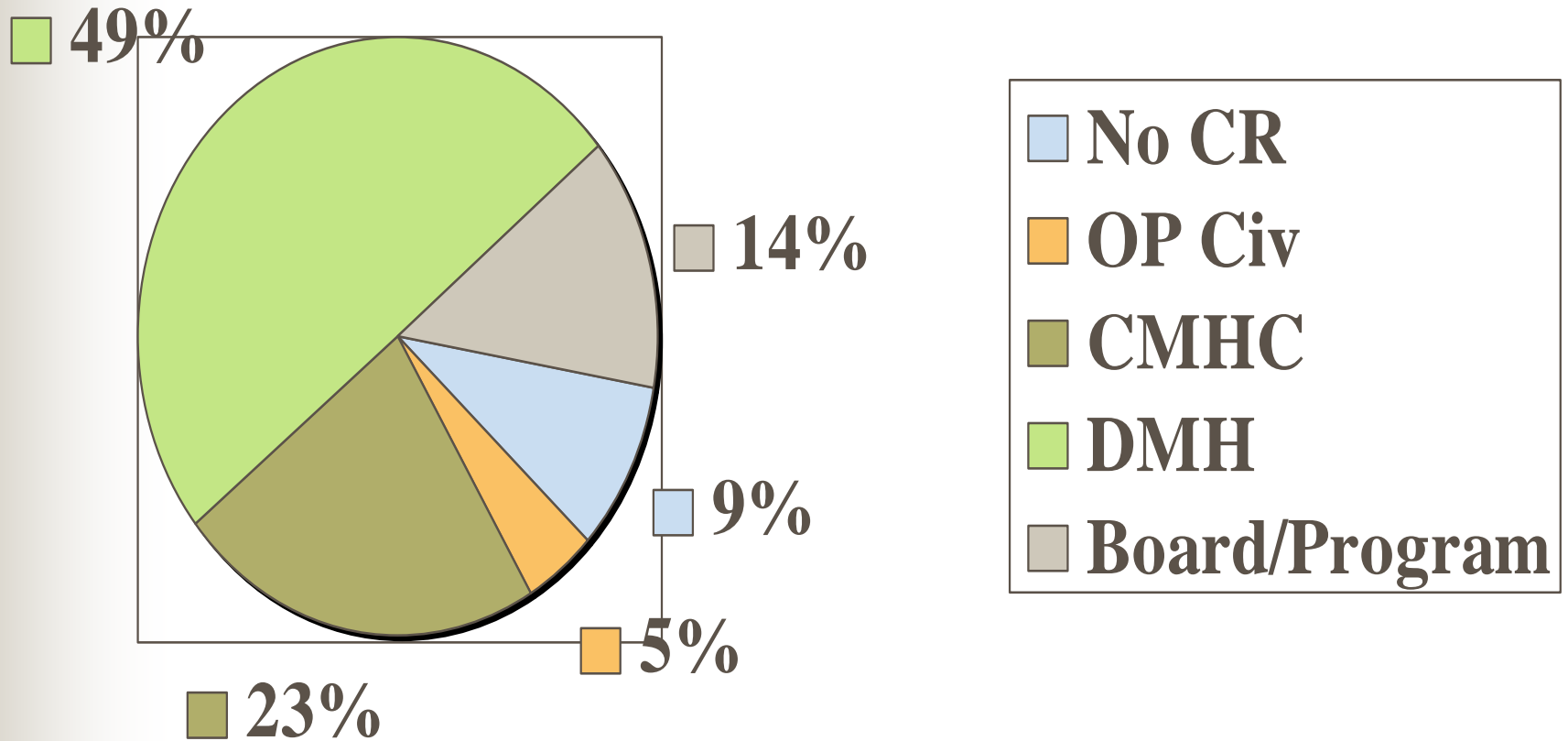




# Process for Recommending CR



# Community Monitoring

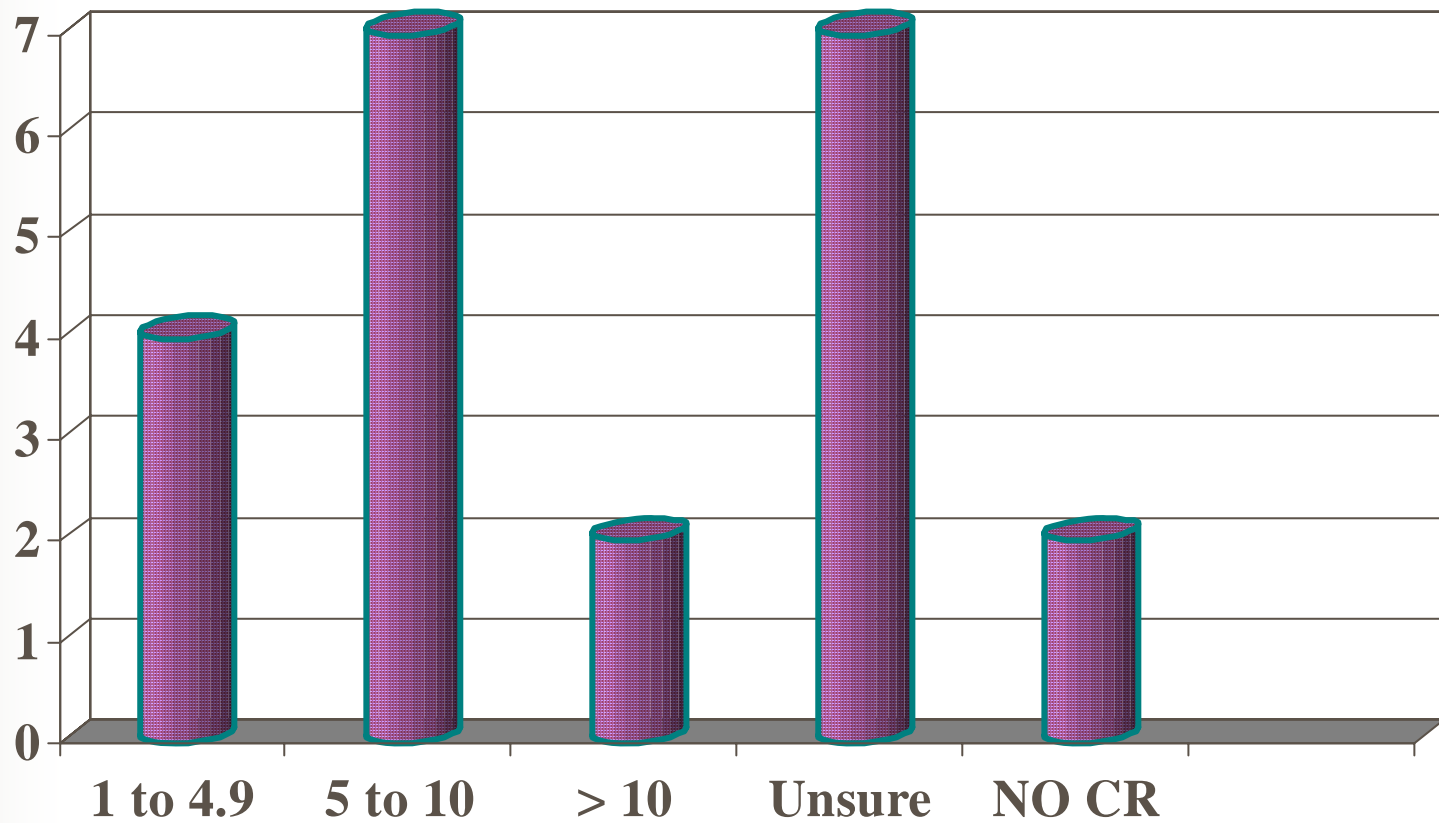




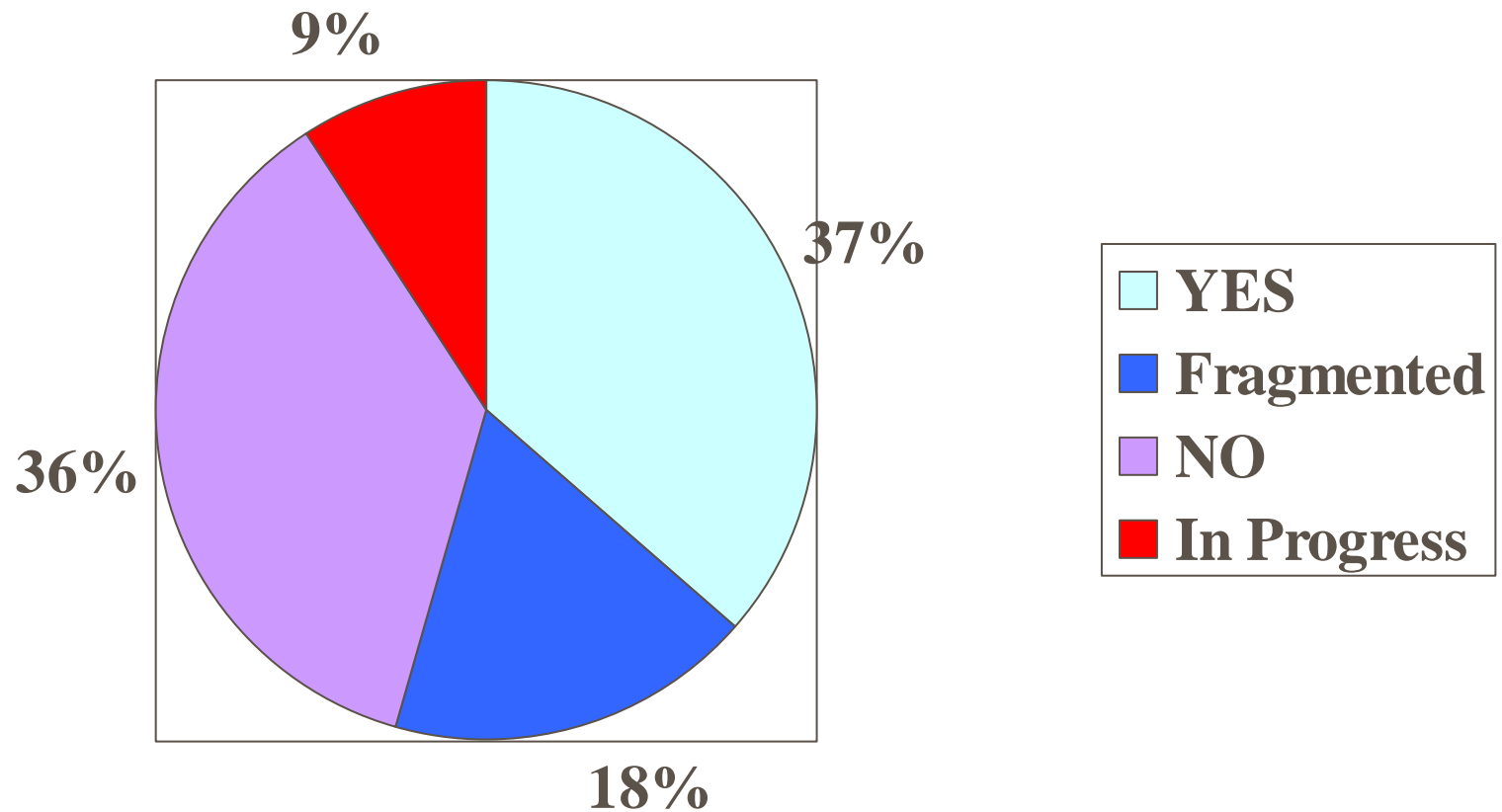
# Length of Time on CR

- 6 states had minimum LOS on CR:
  - 2 had 3yr min
  - 4 had 5 yr min

# Length of Time on CR



# Research/Records Maintained





# Subjective Assessments

- Program for managing ACQ runs well?
- YES: 16
- NOT AS WELL AS IT SHOULD: 5
- YET TO RESPOND: 1



# Strengths...

- Lots of services (4)
- Good relationship b/w CMHC & DMH (2)
- Good clinicians (3)
- 24 hour on call service (2)
- Low recidivism (4)
- Marshal process (1)
- DMH has own group homes ↓↓ time to CR (1)



# More strengths...

- Multidisc approach to risk assessment (1)
- Good treatment mall NGI are integrated (1)
- Excellent risk assessment process (1)
- Individualized CR plans (1)
- Better than GBMI - b/c don't go to prison (1)
- Good preparation/ready to do well on CR (3)
- Good at avoiding revocations of CR (2)



## Strengths continued...

- Good relationship with the courts (4)
- The inpatient system of privileges (1)
- Well organized monitoring on CR (3)
- NGI's out of jail & into hosp (1)
- Courts return Acq to community quickly (1)



# Weaknesses...

- Acqs wait too long in jail b/c shortage of beds (1)
- Pts get lost at the CMHC – no petition (1)
- Shortage of appropriate housing (11)
- Role confusion (monitors are tx vs. probation?) (2)
- Shortage of services-providers, jobs, staff (9)
- On CR too long (3)
- Want CR program (3)
- Inconsistency of CR time/conditions b/w courts (1)



# More weaknesses...

- Want same level of services for all civil pts (1)
- Wants more connection to DMH on CR –(1)
- More involvement of the acq in CR planning (1)
- No database to track recidivism/rehosp (1)
- More training for outpatient providers (1)
- More freedom to pull acq's back to hospital w/o court order (1)



# Questions...comments...?

## Thank You!

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