

Community Transition of those Found Not Guilty by Reason of Insanity

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Overview

- NGRI Acquittee in Texas
- Inpatient Treatment for the NGRI Acquittee
- Community-Based Care
- Take Home Points

NGRI Acquittal in Texas

The insanity defense and the requirements to raise the defense is codified in Texas Penal Code Section 8.01:

- (a) It is an affirmative defense to prosecution that, at the time of the conduct charged, the actor, as a result of severe mental disease or defect, did not know that his conduct was wrong.
- (b) The term “mental disease or defect” does not include an abnormality manifested only by repeated criminal or otherwise antisocial conduct
- Raised in about 1% of cases; successful 26% of the time
 - Most NGRI acquittals are stipulated to

NGRI Acquittal Part Two

- Court retains jurisdiction over the insanity acquittee until:
 - Jurisdiction is terminated by the court (Article 46C.268)
 - The total period of hospitalization and community-based treatment equals the maximum term provided by law for the offense charged
- Will we deal only with those NGRI acquittees found to have engaged in dangerous conduct
 - Non-dangerous conduct is dealt with through usual civil commitment channels (46C.201)

Demographics of the NGRI Acquittee

- Violent offense charges
 - Around 80%
 - Assault with a deadly weapon is most common charge
- Psychotic disorders are the most common
- Most have been previously hospitalized in a psychiatric facility
 - 80%
 - On average, they have four previous hospitalizations
 - Almost half have been hospitalized in a psychiatric facility in the 6 month period before their index offense

State Hospital Care of the NGRI Acquittee

- Often starts in one of the Maximum-Security settings
 - Rusk State Hospital
 - North Texas State Hospital – Vernon Campus
 - Kerrville State Hospital (coming soon)
- Can be waived out of the Maximum-Security system
 - Structured review process
- State Hospital care statewide
 - Kerrville State Hospital is a specialized insanity acquittee care facility

Inpatient Treatment of the NGRI Acquittee

- Treatment of the Mental Illness(es)
- Substance Abuse Treatment
- Treatment of Specific Dangerousness Risk Factors
 - For maximum security settings
- Community Reintegration Programming
 - For transitional hospital environments

Characteristics of Inpatient Psychiatric Treatment

- Intensive monitoring
- Structured
- Lengthy
- Multidisciplinary approach

Outpatient Management Plan

- Collaborative document outlining the NGRI acquittee's treatment plan moving into the community
- Submitted to the court
- Contains details such as:
 - Follow up sites and frequency
 - Substance abuse treatment
 - Housing

Treatment of Mental Illness

- Medication must be effective
 - Primary violence risk mitigation intervention
- Effective medication must be taken
 - Non-adherence rates in general approach 50%
- Monitoring of adherence
 - Therapeutic drug level monitoring
 - Long-Acting Injectable Antipsychotic medication

Treatment of Mental Illness Part 2

- Communication between the state hospital and the local mental health authority
 - Much can be done pre-discharge
- Outpatient commitment
 - This is not conditional release
- Specialized Forensic Assertive Community Treatment teams
 - Structure and support

Housing

- This is the #1 need for individuals with mental illness coming out of state hospital settings
- Structured housing
 - Eases transition
 - Provides another data point for monitoring
- Consider the site of discharge
 - Relationship to violence risk factors

NGRI Discharge Locations

1. **Group Homes 40%**

licensed centers provide more assurances

2. **Respite Centers 10%**

These are short-term (usually 30 days) before definitive placement

3. **Family 20%**

Can be complicated due to complex family dynamics

Substance Abuse Treatment

- Substance abuse is a significant risk factor for violence
 - Amongst NGRI acquittees, more than 50% have a comorbid substance abuse diagnosis
- Co-Occurring Psychiatric and Substance Disorder treatment
 - LMHA-based substance abuse treatment services
- Community-Based programming
 - 12 Step programs
- Drug testing in the community

Employment

- State hospitals offer vocational rehabilitation programming
 - Jobs which correspond to community options
- Disability benefits
- Employment
 - May be a short window upon release where full-time work is discouraged to allow for ease of community transition
 - Communication with supervisors

Communication is Key

- LMHA resources
 - Case manager
 - Substance abuse treatment services
- Group home manager
- Family
- Law Enforcement
- Employer
- Court

Take Home Points

1. Pre-Release communication between the State Hospital and LMHA staff
2. Outpatient Commitment as a therapeutic tool
 - Most vulnerable to relapse in the first two years after discharge
3. Community-based treatment should be multidisciplinary
4. Housing is a key issue
5. Communication amongst all stakeholders is the most important element