Report of the Behavioral Health Subcommittee (BHS) of the Criminal Justice Policy Advisory Commission (CJPAC)

January 26, 2012

Re: Recent issues related to the Psychiatric Security Review Board (PSRB)

At our January 5, 2012 meeting, the members of the BHS discussed at length a particular facet of recent discussions about release from the hospital of various individuals under the jurisdiction of the PSRB. The following information is representative of that discussion.

The members of the CJPAC have become very familiar in recent years with the fact that public safety is enhanced when individuals who have previously committed serious crimes are released into the community under supervision. This fact also applies to individuals who are released under the jurisdiction of the Psychiatric Security Review Board, who are subject to conditions of release, including intensive treatment and monitoring.

The PSRB process is a model system, which has demonstrated a zero rate of subsequent criminal conviction for the 105 individuals released from the hospital setting over the more than 11 years that the PSRB has tracked that data since 1999 (with only 1 arrest, for Breach of Peace in the second degree, which resulted in a nolle). For the 113 individuals who were permitted temporary leave from the hospital, 3 individuals were arrested: one for Larceny Fifth Degree and Breach of Peace (1 year sentence, execution suspended, placed on conditional discharge), one for Illegal Operation of a Motor Vehicle Under the Influence (referred to the Pre-Trial Alcohol Education Program); and one for Escape in the First Degree for leaving the state (1 year sentence, execution suspended, placed on conditional discharge).

To put those figures in context of the release of other populations involved in the criminal justice system, individuals with psychiatric disabilities released from the Department of Correction (DOC) under the Connecticut Offender Re-Entry Program (an intensive program of preparation for release) have a 12-month recidivism rate for re-arrest of 18%, which is about 1/3 of the rate of re-arrest for individuals referred to the DOC-DMHAS liaison program (a less intense program for a similar population). By further comparison, the re-arrest rate for all individuals released from DOC is close to 40 % within a 12 month time period.

Clearly, the data demonstrate that the PSRB system is a highly effective model. It is a conservative process, statutorily tasked to consider public safety as its number one objective – and it has achieved that mandate. Public policy should acknowledge that success and be used to inform our public officials so that they do not succumb to fears and anxieties that have no basis in fact, and which border on discrimination against individuals with psychiatric disabilities.

The people (including victims and their families) are represented by the office of the state's attorney in the adversarial PSRB hearing processes about release decisions. The members of the Behavioral Health Subcommittee are concerned that any movement toward granting municipalities the standing to object to or prevent releases legally ordered by the PSRB (i.e., outside of the adversarial PSRB process in which the state and the defense are both heard) is unnecessary for the protection of public safety and will be harmful to the recovery of low-risk

individuals with serious mental illness who are involved in the criminal justice system. Since the BHS is tasked with evaluating and improving the coordination of care to this population, we are bringing these important concerns to the attention of the full CJPAC.

The following additional facts are included for discussions with those who may not be familiar with how the insanity acquittee management system functions in Connecticut through the PSRB:

<u>Release is not automatic</u> - PSRB clients are not released until their risk level declines to an acceptable level. Some clients are never released because they continue to present a significant risk to the community.

<u>Risk is posed by symptoms</u>, not the <u>person</u> - The offenses of most PSRB clients were due to acute symptoms of a serious mental illness that can be successfully treated. These clients are not released until the symptoms have been successfully treated for an extended period of time. Those symptoms are carefully monitored and clients may be returned to the hospital immediately if symptoms begin to appear.

<u>The decision to release is preceded by a multisystem review</u> – Prior to the recommendation to release a PSRB client, the case is reviewed by the hospital treatment team, independent forensic psychiatrists, hospital risk review committees, and the community treatment team. The decision to release by the PSRB is preceded by a review of the case by the State's Attorney, and a subsequent adversarial hearing before the PSRB.

<u>The PSRB is a 6 member body, including criminal justice and mental health professionals, designed to protect public safety – Connecticut General Statute (CGS) 17a-581 prescribes the membership as: a psychiatrist experienced with the criminal justice system; a psychologist experienced with the criminal justice system; a person with substantial experience in the process of probation; a member of the general public; an attorney who is a member of the bar of this state; and a member of the general public with substantial experience in victim advocacy. The PSRB's "primary concern is the protection of society" (CGS 17a-584).</u>

Release is not permanent; clients can be removed from the community immediately – The PSRB can be notified 24/7 of any concerns and the chair or designee can immediately order return to the hospital by police.

<u>Individuals</u> who are not ready for release may be recommitted to the <u>PSRB</u> – Although individuals are initially committed to the <u>PSRB</u> by the criminal court for a period of time not to exceed the maximum sentence that could be imposed for the arrest crime, the state's attorney may petition the <u>PSRB</u> an unlimited number of times for recommitment of individuals who are not ready for release from the hospital or from the <u>PSRB</u>.