I'm Dr. Peg Bolton, for just shy of three decades I have worked in Vermont's mental health care system from emergency care on the streets of Burlington to Brooks I the maximum security unit of the old state hospital, with most of those years at community mental health centers. Since completing my fellowship in forensic psychiatry in 2006 I have performed competence and sanity evaluations for the court and requesting attorneys. I have taught forensic psychiatry to UVM psychiatry residents for over 20 years. I have worked in the system, as the treatment provider, both inpatient for criminal court ordered defendants civil and out patient for civil and criminal, in emergency services and as the forensic evaluator (primarily in criminal court matters) which are at the heart of this discussion.

Our mental health system honors the values of non-coercion and least restrictive options. These are goals to strive for, though there are time when hospitalization and external controls are necessary for the individual and society. There are a small number of individuals who, at times, require more restrictive placement to protect themselves and others. Taking the approach that less restrictive is always better (such as repeated trips to the ER, evaluation, release with the result being increasing level of harm to property and self) can lead to poor outcomes for the individual and the community. The goal of a forensic system of care would be to assess justice involved individuals and place at the appropriate level of care. Inpatient ability, that is disconnected from insurance, is a need. Individuals would benefit from clear expectations and support/treatment tailored to their needs. The ability to intervene, should the clinical presentation warrant, is a necessary facet of the system. This might mean an inpatient stay, secure residential stay or more frequent meetings among many interventions, again tailored to the individuals needs.

We need a Forensic Facility (not supported by CMS dollars) for justice involved individuals who have a mental illness and are dangerous, but do not meet criteria for hospital level of care. Wax and waning of symptoms often leads to release from treatment and further problems for the individual and the community.

Borrowing from the success story in Substance Use Treatment, a Forensic Facility, with a secure residential component would be the Hub and F ICM teams at each DA would be the spokes.

HUB - FACILITY
In-patient
For selected assessments (Competence and Sanity),
Assessments after adjudication as NGRI [not guilty by reason of insanity] or IST [incompetent to stand trial] for necessary level of care
Competence restoration (for selected cases),
Need for higher level of care from F-ICM (Forensic Intensive Case Management) or Secure Residential
Assessment from Treatment Court
Dangerousness assessments.

Secure Residential
Step down from in-patient
For competence restoration (for selected cases)
For placement after assessments after adjudication (IST or NGRI)

Need for increased level of care/oversight

The staff (forensically trained) at the forensic facility/step down could oversee the OH/ONH process from criminal court, such as revocation and need for change in level of care/oversight. Assessments or reassessments of community treated individuals could occur virtually by the forensically trained staff at the hub.

SPOKE F ICM
For oversight of justice involved individuals in the community though F-ICM at the DA (Designated Agency - such as Howard or Washington County), including IST during restoration or when permanently deemed IST, NGRI who are on an OHN from criminal court. Treatment Court individuals could also be deemed appropriate for F-ICM

Designated Agencies would have funding to create F - ICM to work with justice involved individuals. A team would be comprised of Case Managers, Social Work, Substance Use Counselors, Nurse, a psychologist if available and psychiatric oversight, likely from the HUB. Connection to clinics for MAT (medication assisted treatment) for opiate addiction and Treatment Court would be fostered when needed.

Competence Restoration as an outpatient could be accomplished through the F - ICM team, with support from the HUB. The F- ICM staff would provide individual treatment, group treatment, support for finding housing, assistance with funding sources.

Graduated treatment from moving from inpatient to secure residential to in the community with levels of supervision based on the individuals needs.

An OH/ONH (Order of Hospitalization, Order of Non-Hospitalization) from criminal court would need a separate process in which the parties agreed to the OH/ONH, facts are established (this will allow the treatment team to work , the length of OH/ONH would correspond to length of any potential sentence. Victims may be present. Taken from previous FWG meetings.

A liaison from the HUB would connect with the State's Attorney's office when appropriate, who would then be in contact with the victims family. A liaison could also connect with treatment court.

Diversion, at any point, to the civil system when appropriate