

Forensic patients differ from those who enter psychiatric facilities through involuntary civil commitment and voluntary admission. Forensic patients are admitted, as shown by the four categories listed above, as a result of their involvement with the criminal justice system. Civil commitments are also admitted to psychiatric facilities as a result of a court order, but this procedure usually takes place in civil court and hinges on a demonstrated developmental disability, mental illness, or substance abuse. Voluntary admissions are, as the name implies, not court ordered. These determinations influence how treatment is administered, such as whether these patients can be housed with non-forensic patients and which department can have custody.

The focus of this report is to evaluate how forensic patients and facilities are handled across the country. As criminal procedure varies state-to-state, the best methodology for doing this is evaluating how each state handles this type of care. In particular, this report focuses on states with relatively low populations whose experiences administering forensic programs may translate more easily to Vermont.

In 2000, P.L. 106-515 created the Mental Health Courts Program in the U.S., which is jointly operated by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the courts. The structure of mental health courts may differ in several ways: some courts are

The Delaware Psychiatric Center

The Hawaii State Hospital (HSH), overs Adult Mental Health
Division, houses both civil and forensic patients.⁴⁴ In addition, both civil and forensic patients are
housed at two state-contracted facilities: the) or an out-of-

3. Mentally ill adult male prisoners from city, county, and state correctional institutions⁵⁵

Additionally, one bed exists
the aforementioned categories⁵⁶

for women who fit any of

Idaho has over a dozen established mental health courts and each serves anywhere between one
and 50 people per year⁵⁷

The Maine Department of Health and Human Services operates two forensic hospitals: the Dorothea Dix Psychiatric Center in Bangor and Riverview Psychiatric Center in Augusta. Both centers take civil commitments, but the 92-bed Riverview facility is the only one which takes in forensic patients.⁶⁴ In terms of forensic patients, Riverview accepts 60-day evaluations, those incompetent to stand trial (IST), the not criminally responsible (NCR), and transfers from correctional facilities.⁶⁵

Between the third quarter of state fiscal year (SFY) 2016 and second quarter SFY17, Riverview took in a total of 102 forensic patients: 37 patients undergoing psychiatric evaluation, 31 patients deemed incompetent to stand trial, 28 patients determined to be not criminally responsible, and six transfers from the Department of Corrections.⁶⁶ Data concerning length of stay, wait for admission, and number of discharges for the first and second quarter of SFY17 are shown below in Table 2.

	22	21	51	17

The new Forensic Mental Health Facility

regain competency and are considered dangerous.⁸⁸ Stein Forensic Unit was opened in 2015 and primarily serves patients deemed incompetent to stand trial in hopes of restoration.⁸⁹

According to a 2015 SAMHSA survey, Nevada saw a 71.1 percent 30-day readmission rate to a state psychiatric hospital (513 of 722 discharged patients) and a 100 percent readmission rate after 180 days (722 of 722 discharged forensic patients).⁹⁰

The North Dakota Department of Human Services runs one psychiatric hospital center in Jamestown, where it shares a campus with the James River Correctional Center (JRCC).⁹¹ As of 2016, 65 of the 140 beds are designated for forensic patients.⁹²

The North Dakota State Hospital also houses the Tompkins Rehabilitation and Corrections Center for addiction treatment. This facility is funded by the Department of Correction and Rehabilitation (DOCR) and all residents are in the custody of DOCR, but services are provided by the State Hospital.⁹³

The JRCC, one of four adult state correctional facilities in North Dakota, operates an inmate forensic unit for male inmates with serious mental illnesses, known as the Special Assistance Unit. This unit provides care for inmates with serious mental health problems and has 25 beds dedicated

patients was readmitted to HSC within 30 days (12.5 percent), and all eight forensic patients were readmitted within 180 days (100 percent)¹⁰³

Additionally, chemical dependency is addressed in coordination with mental illness at both HSC and correctional facilities. Accordingly, the Gateway Adult Chemical Dependency Program was established at HSC to treat co-occurring narcotic and mental health disorders, and the Intensive Methamphetamine Treatment Unit was jointly created by the Department of Corrections, the Department of Human Services, and the Department of Health and was implemented at the South Dakota

For pre-trial populations, the average length of stays of February 28, 2017 was 168 days, while the median length of stay was 95 days

For post-trial populations, average length of stay was 684 days (roughly 16 years) while the median was 4,627 days (roughly 14 years)

According to a 2015 SAMHSA survey Washington, D.C. as a whole saw a 1.5 percent increase

Additionally, New Hampshire and Texas also provided unique insights on difficulties posed by procedural and financial irregularities incurred through the transiti

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leading to staff shortages²⁸

