

## **Possible classification categories for broadly-defined “forensic patients”**

(as provided to AHS 2/15, draft by A Donahue)

### *Legal categories:*

1. People who are awaiting a psychiatric evaluation as part of a trial.
2. Those who have been found incompetent to stand trial.
3. Those who were tried and found not guilty by reason of insanity.
4. Inmates serving a sentence in prison (or being held pending trial) who develop the need for inpatient psychiatric care.

### *Overlapping with 3 levels of potential clinical need:*

1. Clinical need for acute stabilization (“inpatient level of care”) – same criteria as EE
2. Clinical need for high intensity residential treatment – same level as intensive residential if in the community without a security need (i.e. DMH secure residential level of treatment need)
3. Clinical need for residential treatment (“group home” community level, higher need than outpatient treatment alone)

### *Overlapping with two levels of criminal justice-related risk, severity of charges, violence:*

1. Would be remanded on bail (due to risk factors) or serving incarceration sentence
2. Would be in community

### *Overlapping with two possible legal custodians:*

1. DOC
2. DMH

### **For each subcategory, the key questions are:**

1. Where are they now? (Including DOC facility, VPCH, other Level 1 [RRMC/Retreat], secure residential) (for DMH facilities, how many bed-days does this represent?)
2. Which of those facilities are at risk of loss of federal funding (either due to IMD status OR custodial status)?
3. Where would they be under a plan to address interim/most urgent care and capacity needs?
4. Where would they be under a long-term plan/vision that would best meet *clinical care*, *safety* (individual, others, community), and *state funding share* needs? (Including whether any prospective facilities should be DOC or DMH-run)