RE: JOHN DOE

Psychiatric Security Review Board
ID Number: 0000 DOB: 12-23-45
Document Number: 05-11-0000

MEMORANDUM OF DECISION

On October 14, 2005, the Psychiatric Security Review Board (Board) held a hearing to review the status of John Doe, pursuant to Connecticut General Statutes Section 17a-585.

John Doe was committed to the jurisdiction of the Board on March 21, 1986 by the Bridgeport Superior Court for a period not to exceed 25 years after he was acquitted by reason of mental disease or defect of the charge of Murder.

At the hearing, the parties appearing were Assistant State's Attorney Joseph Corradino, representing the Fairfield Judicial District State's Attorney's Office; John Doe, the acquittee, represented by Public Defender Joseph Bruckmann. The witnesses were Kelley Machado, LCSW, of Greater Bridgeport Community Mental Health Center (GBCMHC); and Julie Wilson, LCSW of the Office of Forensic Evaluations, Department of Mental Health and Addiction Services.

Kelley Machado, LCSW, John Doe's conditional release supervisor, testified as follows: Since his last review, John Doe has continued to receive outpatient mental health treatment from GBCMHC. He continues individual sessions with Dr. Ralph Ford, focusing on interpersonal skills, labeling and expressing emotions and adaptive skills to manage stress, frustration and anger. John Doe continues to meet with Dr. Roxanna Llovet at least monthly to evaluate and monitor his mental status and prescribe appropriate medications. He attends weekly Relapse Prevention groups at GBCMHC and meets with Ms. Machado on a weekly basis for conditional release supervision. John Doe remains employed at Goodwill Industries and he continues to receive ongoing medical care. He continues to reside at the supervised apartment program of the Regional Network of Programs.

Over the last several years, Dr. Llovet has been monitoring John Doe's display of facial tics, which are believed to be a result of years of Haldol usage. As a result of this, approximately 11 months ago, John Doe's medication regime was changed to include Abilify. The change to Abilify was implemented very slowly. However, John Doe experienced an exacerbation of symptoms in May and June of 2005. These symptoms included vague auditory and visual hallucinations and an increase in paranoia. During this time, John Doe was extremely forthcoming with his treatment providers regarding the existence of symptoms that he had not experienced in 20 years, and the emotional concern and vulnerability that he experienced as a result of the return of these symptoms. He welcomed the increase of intervention by all of his service providers and voluntarily entered inpatient treatment at Connecticut Valley Hospital (CVH) when community living became too overwhelming for him. These incidents were extremely stressful for John Doe and he showed an ability to manage his mental illness in an appropriate and safe manner. Since his release from CVH in August 2005, he has remained stable in the community. He has returned to working and functioning at previous levels.

Prior to an arranged medical leave during his psychiatric difficulties, John Doe had been doing

very well at his place of employment. There were a couple of conflicts that he faced there, but he was able to handle them appropriately with minimal intervention by his treatment providers. Over the last few years, he has had two job coaches and is awaiting the arrival of a third, to which he has adjusted well.

He has remained living in the supervised apartment program of the Regional Network of Programs. The residence was sold to another landlord, who has subsequently raised the rent by $200 over the last two years, causing his monthly rent to go from $550 to $750. John Doe has spent a great deal of time with his treatment providers discussing concerns over his ability to maintain his apartment with his current finances. He has investigated new apartments in the Bridgeport area that may be less expensive. If there were to be a request to change residence he would take all of his services with him. He would remain a client of Regional Network of Programs and they would continue to provide outreach and case management services to him. GBCMHC would continue to provide all of his treatment and would arrange for a nursing service to deliver his medications twice daily.

Ms. Machado concluded her testimony as follows: John Doe has displayed progress in his independent living skills. He has taken responsibility for being proactive regarding his mental health and has continually and positively handled conflict and stress in his life. There have been no issues or concerns regarding his compliance with his Memorandum of Decision (MOD). During the last two years, John Doe has remained engaged and proactive with his outpatient psychiatric treatment. He has complied with all aspects of his MOD and conditions of release. He has exemplified progress in many aspects of his life, including problem solving, conflict resolution and seeking support when his stability and mental health were challenged.

Julie Wilson, LCSW, six-month reporter, testified as follows: John Doe's psychiatric diagnoses are: on Axis I, Schizophrenia, Undifferentiated Type, Episodic, with no Interepisode Residual Symptoms; Personality Change Due to Traumatic Brain Injury, Combined Type; on Axis II, Borderline Intellectual Functioning. He currently takes the psychiatric medication Haldol.

John Doe experienced significant changes in his psychopharmacological regimen secondary to the development of facial tics. In December 2004, he was started on the psychiatric medication Abilify, increasing by five milligrams every two weeks and remained on Haldol. He reached a therapeutic level of Abilify in March 2005. In April 2005, his Haldol was slowly titrated down by 2 milligrams every month. Initially, John Doe appeared to be adjusting well to the addition of Abilify and the decrease of Haldol. By June 2005, John Doe started to complain of auditory and visual hallucinations, non-specific paranoia and sleep disturbances. His treatment providers noted that he was easily confused, had memory problems and was not oriented to all spheres at all times. His Haldol was increased to the original dosage, and then increased further when his symptoms did not dissipate. It was at this time that Abilify was decreased and eventually discontinued. As a result of John Doe's recent psychiatric decompensation, he requested and was granted a voluntary admission to CVH.

Ms. Wilson's mental status evaluation used for this hearing was conducted while John Doe was inpatient at CVH in July 2005. He presented as calm, attentive and maintained good eye contact. His mood was euthymic and his affect was of full range. He denied being preoccupied, depressed, hopeless, suicidal or homicidal. He denied having any difficulty controlling his temper or being irritable, angry or impulsive. He denied experiencing any perceptual disturbances, but exhibited minimal difficulty organizing his thoughts. There was no clinical evidence or report of mood dysregulation, psychosis, paranoid thinking or difficulty with

frustration tolerance or impulse control. He denied having any preoccupation with using alcohol or other substances or having experienced cravings for any of these substances.

Cognitive examination during the July 2005 evaluation was consistent with his performance during previous examinations. He was alert and oriented to person, place and the exact date and was aware of recent events in the news. His attention and concentration were in the low average range. In regards to memory, he continued to exhibit some difficulty recalling dates and information. His thinking is predominantly concrete and rigid. His insight regarding his illness, the importance of medication compliance and support to maintain a stable mental status, the early warning signs of a change in his mental status and the need to report these signs, as evidenced especially during a period of decompensation, was rated as fair to good.

John Doe's risk factors include a history of psychiatric decompensation with psychotic features, traumatic brain injury, borderline intellectual functioning, alcohol and substance abuse, violence toward others and non-compliance with treatment. During this two-year reporting period, there has been no evidence of dangerous behavior, although he did experience an activation of one of his risk factors, a psychiatric decompensation. He identified the symptoms associated with this risk factor and immediately informed his treatment providers. His treatment team effectively implemented risk management plans for managing his risk.

During this reporting period, all screens for alcohol and other substances of abuse have been reported as negative and there has been no evidence of dangerous, impulsive or maladaptive behavior. His compliance with treatment and the conditions of his MOD have consistently been described as excellent.

Progress has been identified that may positively impact the mitigation of his risk factors. For example, John Doe continued to demonstrate a better ability to manage his stress. He has faced numerous stressors, including a rent increase, various issues at work, a brief separation from his girlfriend and psychiatric decompensation. He effectively managed these situations, as evidenced by his increased awareness of the difficulty adjusting to these changes and utilization of his improved communication and interpersonal skills. He has successfully transitioned into a more independent living environment, which had a positive effect on his mood, adaptive functioning and general well being. He engages in social activities and has developed positive relationships with his peers and residential staff.

Ms. Wilson concluded her testimony as follows: John Doe has shown continuous progress in all areas of his life and treatment. It is Ms. Wilson's opinion that he continues to suffer from a mental illness that requires treatment and supervision, but under the stipulations of his current plan of care, he does not present a significant danger to himself or others at this time and can remain on conditional release in the community.

The administrative record indicates the following: John Doe successfully transitioned to a more independent residential setting and there was no indication that the move activated risk factors or any maladaptive responses. He remained well engaged in treatment. He was honest and open with his treaters when he began experiencing psychotic symptoms and worked closely with his providers as they attempted to control them but ultimately resulted in his request for a voluntary hospitalization.

Based on the evidence, the Board finds the following facts: John Doe continues to have a psychiatric disability and continues to require treatment, monitoring and supervision, which can

be adequately and safely provided in the community on conditional release. John Doe experienced a psychiatric decompensation secondary to a change in medication resulting in a voluntary hospitalization. John Doe was forthcoming with his community treatment providers in regards to the symptomatology he was experiencing during his decompensation and was responsive to and accepting of any and all recommendations. He has made progress in treatment and in his independent living skills. John Doe can safely remain on conditional release under the conditions contained within this order without constituting a danger to himself or others.

Based on the facts, the Board finds that John Doe remains a person who can be conditionally released; he has a psychiatric disability to the extent that his final discharge would constitute a danger to himself or others but can be adequately treated and supervised in the community.

ORDER

Pursuant to Connecticut General Statutes Sections 17a-584, 17a-586 and 17a- 588 through 17a- 591 inclusive, the Board hereby ORDERS:

John Doe shall remain conditionally released under the following conditions:

Reporting Responsibilities of all Community Providers and the Six-Month Reporter
Reporting responsibilities shall include but are not limited to:

- Reporting immediately to the Board any violation of this conditional release order, deterioration in mental status, treatment noncompliance, including noncompliance with substance abuse treatment or a positive drug or alcohol screening, or noncompliance with supervision requirements by providers
- Providing any report made to the Board to the DMHAS Conditional Release Service Unit

Greater Bridgeport Community Mental Health Center (GBCMHC) Responsibilities
GBCMHC shall maintain oversight of this conditional release, with responsibilities that shall include but are not limited to:

- Monitoring John Doe's compliance with this conditional release
- Providing mental status examinations with a psychiatrist at least once per month, and prescriptions as necessary
- Notifying the Board in writing if John Doe's requires a change in the type or dosage of psychotropic medication and the clinical reasons for the change, prior to instituting the change to allow the Board to assess if the change can be managed safely in the community. If a medical emergency warrants an immediate change, his psychiatrist shall notify the Board as soon as possible
- Providing individual therapy at least once per month
- Performing random blood or urine analysis for purposes of monitoring alcohol consumption and illicit drug usage at least once per month
- Providing or arranging transportation if John Doe is unable to arrange for his own transportation
- Ensuring that direct care and supervisory staff complete the required DMHAS-PSRB training prior to providing services
- Conditional Release Supervisor responsibilities shall include but are not limited to:
    - Providing conditional release supervision meetings at least once per week
    - Providing visits to John Doe's home at least once per month

- Contacting all community providers and having direct or indirect contact with his employer at least once per month to determine compliance by John Doe and compliance by providers with the provision of services
- Approving part-time employment, educational pursuit, day treatment program or volunteer work
- Confirming John Doe's attendance at community substance abuse meetings
- Approving, in conjunction with other community service providers, when John Doe may use public transportation in his own custody
- Notifying the Board of any change in telephone number
- Submitting a request to the Board regarding a proposed change in residence
- Informing the Board of the name of John Doe's primary care physician
- Informing the Board of any changes in community providers
- Providing written reports to the Board addressing John Doe's progress, compliance with conditions of release and adjustment in the community
- Submitting an Application for Modification of Conditional Release in collaboration with the DMHAS Conditional Release Service Unit for any changes in this Order in writing for the Board's consideration, pursuant to CGS Section 17a-591
- Reviewing this order with John Doe and forwarding a copy of the signed statement acknowledging John Doe's receipt and understanding of this Memorandum of Decision within 10 days of receipt of this order
- Providing a written report to the Board within seven days of a voluntary or involuntary psychiatric hospitalization detailing the precipitants to and support for the hospitalization, including risk management issues and waiting for written authorization from the Board, in the event of a voluntary psychiatric hospitalization, prior to John Doe's discharge or reengagement in community activities

Regional Network of Programs Responsibilities
Responsibilities shall include but are not limited to:

- Monitoring John Doe's compliance with this conditional release
- Providing case management contact at least once per week
- Providing budget counseling or assistance, as needed
- Providing residential support and services through the Supervised Apartment Program
- Providing direct observation of medication administration
- Approving part-time employment, educational pursuit, day treatment program or volunteer work in conjunction with his conditional release supervisor
- Ensuring that John Doe informs appropriate staff when his family or girlfriend transports him and provides the purpose of the trip(s)
- Approving, in conjunction with his conditional release supervisor, when John Doe may use public transportation in his own custody
- Directing John Doe to have random blood or urine analysis for purposes of monitoring alcohol consumption and illicit drug usage, if necessary

DMHAS Office of Forensic Evaluations Responsibilities
Responsibilities shall include but are not limited to:

- Reporting every six months to the Board on the mental condition, mental status and course of treatment of John Doe, pursuant to Connecticut General Statutes Section 17a-

586, addressing his progress, compliance with conditions of release and adjustment in the community, submitting the next six-month report by January 31, 2006
- Sending a copy of the six-month report to John Doe's conditional release supervisor and psychiatrist
- Submitting an Application for Modification of Conditional Release for any changes in this Order in writing for the Board's consideration, pursuant to CGS Section 17a-591

John Doe's Responsibilities and Authorizations

- Comply with all conditions of this conditional release
- Cooperate with all community providers as it relates to agency rules, regulations, recommendations and treatment
- Participate in a substance abuse program as deemed appropriate by community providers at least twice per week, and provide proof of attendance at community meetings to conditional release supervisor
- May use public transportation in own custody, after approval from conditional release supervisor and other community providers
- May be transported and be a passenger in a motor vehicle driven by family members and inform community providers who is transporting him and for what purpose(s)
- May be transported by Jane Doe for social purposes only and inform community providers when she is transporting him and the purpose of the trip
- Inform conditional release supervisor of all medical appointments and medical recommendations
- Inform conditional release supervisor of any missed meetings, sessions or absences from work
- Maintain part-time employment at least 10-20 hours per week, which can be substituted if approved by conditional release supervisor with another viable day treatment program, volunteer work, educational pursuit or employment activity
- Notify GBCMHC if unable to arrange transportation
- Provide Releases of Information (ROI), as requested
- Submit to a search of person, residence and property or Internet use by community providers or any law enforcement officer
- Inform any community provider of a change in mood or behavior

John Doe's Restrictions and Prohibitions

- Obey all laws and promptly report to conditional release supervisor the fact that he has been arrested for, charged with or questioned by any law enforcement agent regarding any matter
- May not operate a motor vehicle until a thorough re-evaluation is performed and submitted to the Board
- May only be transported by Jane Doe for social purposes
- Not use any alcoholic beverages
- Not enter any establishment where the primary purpose of that establishment is the sale of alcohol
- Not leave the state of Connecticut
- Not use, possess, handle, traffic in, transport, or otherwise be involved with any illegal narcotics, dangerous drugs or controlled substances
- Not use any medication without a prescription or use over-the-counter medication without notification to conditional release supervisor

- Not own, use, possess, receive, transport or have access to any firearm, ammunition, defensive or other weapons including but not limited to his place of work, residence or residences of those he visits
- Not knowingly associate or participate in any activities with persons known to carry weapons including but not limited to, his place of work, residence or residences of those he visits
- Not knowingly associate with persons who have been arrested for, charged with, convicted of, or involved in any criminal activity without the prior authorization of his conditional release supervisor and notification to the Board
- Not gamble, which includes government-sponsored lotteries, or enter any casino grounds

This Order may be appealed in accordance with the provisions of Chapter 54 of the Connecticut General Statutes.

Dated: November 10, 2005

Psychiatric Security Review Board

Ellen Weber, Executive Director
On Behalf of the
Psychiatric Security Review Board

pc State's Attorney Jonathan Benedict
Public Defender Joseph Bruckmann
Kelley Machado, LCSW, GBCMHC
Ralph Ford, Ph.D., GBCMHC
Dr. Roxanna Llovet, GBCMHC
Hoffman Jean-Louis, Regional Network of Programs, Supervised Apartment Program
Cora Chiru, Goodwill Industries of Western Connecticut, Inc.
DMHAS Conditional Release Service Unit
Julie Wilson, LCSW, DMHAS Office of Forensic Evaluations
John Doe

I have read or had read to me and understand and accept the new conditions under which I will be conditionally released by the Board.

I understand that noncompliance with any of the conditions of my conditional release may result in any or all of the following:

1. Notification to the proper legal authorities;
2. Arrest and prosecution;
3. Notification to the Board;
4. Emergency custody and hospitalization pursuant to CGS Section 17a-498;
5. Notification to DMHAS, Forensic Services Division;
6. Revocation of conditional release and hospitalization, pursuant to CGS Section 17a-594;
7. Modification of conditional release, pursuant to CGS Section 17a-591.

_____ _____
Date John Doe, Acquittee

_____ _____
Date Witness

_____
Printed name of witness

The conditional release supervisor shall return a signed copy of this statement within 10 days of receipt of this order.

ACKNOWLEDGEMENT OF RECEIPT OF CONDITIONAL RELEASE PROGRESS REPORT

The signing of this document acknowledges the receipt of the Conditional Release Progress Report, MOD# 05-11-0000, hard copy and 3.5" disk for John Doe. This Conditional Release Progress Report shall be used to report quarterly on John Doe's progress, compliance with conditions of release and adjustment to the community.

The quarterly reports are due on the first of the month and no later than the tenth of the month following the quarter to be reported, as follows: March 2006, June 2006, September 2006, December 2006 and each quarter thereafter.

_____ _____

Signature of conditional release supervisor or their representative Date

The conditional release supervisor shall return a signed copy of this statement within 10 days of receipt of this order.