Psychiatric Security Review Board

At a Glance

ROBERT B. BERGER, ESQ., Chairman
Established – 1985
Sec. 17a-581
Central Office – 505 Hudson Street, First Floor,
Hartford, Connecticut 06106
Number of Employees – 4
Recurring Operating Expenses - $301,348
Organizational Structure – One Administrative Unit

Mission

To protect the safety of Connecticut citizens and certain individuals by ordering appropriate treatment, confinement or conditional release of persons accused of crimes but found not guilty by reason of mental disease or mental defect.

Statutory Responsibility

The Board, through an administrative hearing process, determines the level of supervision and treatment for an acquittee deemed necessary to protect society. The Board, based on its legal findings on the danger that an acquittee poses, due to his/her mental condition, orders confinement in a maximum-security facility, orders confinement at a psychiatric hospital, approves temporary leave for a confined acquittee, orders placement in the custody of the Commissioner of Mental Retardation or grants conditional release. In addition, the Board makes recommendations on the issue of discharge or continued confinement to the Superior Court.

Public Service

The general public is the beneficiary of the agency's work. Effectiveness of the agency's work is measured by the recidivism rate of this criminal population. During this fiscal year, there was one motor vehicle violation by a conditionally released acquittee, and one acquittee escaped from custody at Connecticut Valley Hospital, resulting in a felony conviction by the Superior Court. This fiscal year, there were no felony or misdemeanor arrests of acquittees on conditional release.

During 2001-2002, 176 persons were under the Board's jurisdiction. This fiscal year, seven persons were committed to the Board by the Superior Court. In addition, the Superior Court extended a total of 15 acquittees' commitment terms a total of 19 times. Nine persons have been removed from the Board's jurisdiction; eight acquittees' commitment terms expired and one acquittee was discharged by the Superior Court.

In 2001-2002, the Board held 198 hearings and 49 case conferences resulting in 183 orders being issued, a nine-percent increase over last year. There was a ten-percent denial by the Board of applications for a change in placement or status of an acquittee, double that of last year. As of June 30, 2002, 174 persons were under the Board's jurisdiction. The status of these persons as of June 30, 2002 is as follows: 32 percent confined in maximum security at Connecticut Valley Hospital, 51 percent confined in a non-maximum security setting at Connecticut Valley Hospital, 16 percent on conditional release, and one percent in custody of the Commissioner of Mental Retardation. Of the 88 acquittees confined in a non-maximum security setting at Connecticut Valley Hospital, 31 percent have some access to the community via temporary leave. Unlike the past few years, this year, the distribution of the acquittee population between the various placement settings has remained steady; however, the number of acquittees on temporary leave has dropped by seven percent.
Improvements/Achievements 2001-2002

- Upgraded the agency’s 24 hr.-a-day/7 day-a-week emergency communication and response system.
- Implemented form revisions to ensure receipt of information needed to protect potential victim pools.
- Revised and automated monthly reporting forms for the monitoring of the conditional release population that resulted in increased compliance with Board orders and verification of services.
- Developed and implemented training for prosecutors appearing before the Board.
- Achieved zero percent recidivism of conditional release population, as reflected by no arrests.
- Upgraded Management Information System.
- Implemented training program for consumers and families.

Reducing Waste

- Kept spending at allocated levels despite increased workload by streamlining procedures.
- Implemented contractual agreement that will reduce inflationary costs.

Strategic Planning/Business Planning

The Board's strategic plan includes:

- To work, in conjunction with the Office of the Attorney General, to provide improved data to the Superior Court that would ensure the interests of the Board before the court.
- To implement Psychiatric Security Review Board no contact orders on the statewide registry for restraining, protective and no contact orders.
- To implement a series of training and workshop sessions for community providers to improve their forensic skills.
- To conduct focus groups with community providers to identify systems issues, which need to be addressed to improve effectiveness and efficiency of the conditional release program.
- To facilitate improved Board communication with Department of Mental Health & Addiction Services facilities.

The Board's strategic planning process also includes a collaborative process with the Department of Mental Health and Addiction Services to improve its forensic services to this acquittee population. The goals and objectives include:

- In collaboration with the Department of Mental Health & Addiction Services, to enhance the integration of risk management into treatment plans for acquittees and evidence presented to the Board in order to promote community safety and to reduce recidivism.
- In collaboration with the Department of Mental Health & Addiction Services, to develop a revised policy and procedure manual for community providers.
- In collaboration with the Department of Mental Health & Addiction Services, to examine the community service system and inpatient services for acquittees, and to propose methods to establish a comprehensive inpatient and outpatient system that meets both the clinical and public safety requirements for the management of acquittees.

Information Reported as Required by State Statute

The Board members for 2001-2002 were Robert Berger, Esq., Janet Williams, M.D., Julia Ramos Grenier, Ph.D., John Ryan, Sylvia Cancela and Susan Blair.

The Board is assisted by the Department of Mental Health and Addiction Services in meeting the Affirmative Action requirements of the statute and follows such regulations of the Department of Mental Health and Addiction Services.