

A background image showing a close-up of two hands being held together, one larger and one smaller, suggesting care and support. The image is overlaid with a dark purple semi-transparent box containing the title and author information.

OUR STORIES MATTER: Experiences with the State Hospital System

Shanti Silver

EXECUTIVE SUMMARY

The number of state hospital beds in the United States has reached a historic low, according to a 2023 Treatment Advocacy Center (TAC) survey. This shortage of beds has tangible impacts on the lives and well-being of people with severe mental illness (SMI) and their families. In this paper, we share the stories of eight family members and one person with lived experience in the state hospital system; these stories span across seven different states: California, Florida, Iowa, Maryland, New Jersey, Oregon, and Washington.

People who shared their stories for this report highlighted the challenges of accessing a state hospital bed, particularly for those who seek hospital-level care and have not been charged or convicted of a crime. Nevertheless, those who had been charged with a crime also shared the tragic outcomes that can occur while waiting in jail for a state hospital bed to open. Furthermore, even after being admitted to a state hospital bed, people reported that the care they received was fraught with safety concerns or barely resembled hospital-level care.

While these stories clearly indicate the need for more state hospital beds, there is equally compelling evidence that quality of care needs improvement throughout the system. If we are to provide necessary care to people with SMI for whom other treatment has failed, it is also important to address and correct quality of care issues without resorting to the wholesale closure of the few state hospitals that remain. Criminalization of mental illness can be prevented if high-quality, effective care is accessible before a person deteriorates to the point of encountering the criminal system and being placed in a forensic bed.

HOW THE SHORTAGE OF CIVIL BEDS INCREASES CRIMINALIZATION OF MENTAL ILLNESS

In the United States, most state hospital beds are being used to treat patients who have been committed to the hospital through the criminal system.¹ In some states, this leaves very few or even zero beds for people with SMI who need treatment but who have not been charged with or convicted of crimes.

This can have tragic consequences for people who are denied care, despite being acutely ill, because beds are not available for them. After being turned away from hospitals as voluntary patients, some people will deteriorate and experience increasingly severe symptoms. Although such patients may meet inpatient criteria and would have

Forensic patients are people who have been committed to a psychiatric hospital by the state because of their involvement with the criminal legal system. Patients who are not involved with the criminal legal system are typically referred to as civil patients.

gained access to state hospital beds as civil patients in the past,² even those who are experiencing life-threatening symptoms are increasingly deemed ineligible for commitment to state hospital beds until they have been charged with a crime and are committed as forensic patients. In fact, due to the shortage of civil beds, it is not uncommon for family

members to be told that their loved one will not be able to access a state hospital bed until they have committed a crime and require competency restoration or are determined to be not guilty by reason of insanity.

“The decision to make all state hospital beds in Maryland forensic has been a disaster. The criteria for admission to these hospitals is far too strict, and many that would benefit from a hospitalization are denied. The beds should be available for any acutely ill patients that need an extended stay, not only for people who have become involved with the criminal system.”

– parent from Maryland

When one parent from Oregon asked if her son with schizophrenia could be civilly committed to the state hospital, she was told by a healthcare provider that if she was “lucky,” her son would physically attack her, so she could have him arrested and thereby start the process for him to be hospitalized. Otherwise, it would not be possible for her son to access a bed at the state hospital.

“When I tried to advocate for admission to a state hospital for a longer stay, my son’s outpatient provider told me I was “in a tough spot.” Oregon State Hospital accepts very few civilly committed patients, and there was no way he was getting in. I was instructed to wait until he broke the law, so he could get one of those coveted beds through the criminal legal system. If I was “lucky,” he would attack me, so he could be arrested and get that process started.

After he came home, he regularly hit me and abused me emotionally. The abuse worsened as he became sicker. I let this behavior go on, because I knew

the police had to catch him in the act of assaulting me if he was ever going to get treatment. When he finally pinned me down and started punching, I managed to wriggle free and seized the opportunity to call 911. My son was arrested and taken to jail. [...]

During his stay at Oregon State Hospital, he finally got the correct medication and decent care for the first time in his 10-year journey with schizophrenia. He was hospitalized for about 180 days, which still wasn't long enough. While he made a little bit of sense when he came out, his journey hasn't gone particularly well since then, because long-term residential care is what he needs, and it just isn't available."

– parent from Oregon

AFTER ARREST, THE ROAD TO A STATE HOSPITAL BED CAN BE LONG AND HAZARDOUS

While the shortage of civil beds means that people with SMI often cannot access a bed until they have been charged with a crime, the shortage of forensic beds means that many people with severe mental illness are unable to access a state hospital bed for long periods of time even after being arrested. In 2023, incarcerated individuals who were awaiting competency restoration spent a median of two months in jail waiting for a bed to open.³ While two months is already far too long for people who have been court ordered to receive treatment in a hospital to be held in jail, the wait can unfortunately be much longer. One parent from California who shared her story reported that her son was in jail for over five years waiting for a bed to open.

"[My adult son] spent three years and six months going through the motions of psychiatric examinations and determinations before he was found not guilty by reason of insanity (NGI). Once deemed NGI, my son waited for a bed at the state hospital for another year and eight months. He was in jail for a total of five years and two months before being admitted to a state hospital for treatment. This was his first offense in the criminal system."

– parent from California

When people with SMI spend long periods of time in jail, they can experience severe psychiatric deterioration. While early detection and treatment gives individuals with psychosis a better chance at recovery,⁴ receiving no treatment or inadequate treatment for long periods of time has been shown to cause brain damage. Long durations of untreated psychosis are also associated with more severe symptoms, a lower response to future treatment, and lower insight into the illness.⁵

"Citizens with a severe mental illness, who need longer-term psychiatric treatment in a state hospital, need access for admission without having to commit a crime. To help the individual with adherence to a treatment plan, some mental health providers unfortunately communicate the need to be arrested in order for their client to get referred to a problem-solving court (e.g.,

mental health court) in hopes of being admitted to a state hospital. Individuals with severe mental illness need medical help, not handcuffs. Being arrested compounds and exacerbates the mental disorder, impacts the individual's ability to get employment, can prevent a person from accessing housing, and further isolates them from their families, who are often their support system."

– parent from Maryland



One parent from Maryland noted how, in addition to experiencing psychological deterioration and worsening symptoms, extended time in jail can disrupt treatment, employment, and connection to social supports. While in jail, people with severe mental illness can also die from causes such as suicide, dehydration, and untreated physical conditions, such as infections. Another parent who shared her family's story described how her son almost died of starvation while in jail, losing almost 50 pounds due to inadequate medical care.

"My son was diagnosed with schizophrenia at the age of 18. After being charged with a crime, he was determined to be not guilty by reason of insanity and was supposed to go to a state hospital to begin receiving treatment for his mental illness. However, after being determined to be NGRI in the summer of 2021, my son had to wait in jail for seventeen months for a bed to open so he could be admitted to the hospital. While in jail, my son was not given the correct medication for his schizophrenia.

After reading the jail's website, and going to the NAMI website, I followed the recommendation and called and faxed the medication he was supposed to be taking, yet they would not give him the correct medication. In addition to not receiving treatment for his mental illness, my son also lost almost 50 pounds due to the inadequate medical care in jail. Eventually, I called the District Attorney's office and begged the DA to send him to the hospital because I feared he was going to die of starvation in jail. They transferred him to the state hospital the next day."

– parent from California

WHAT HAPPENS AFTER ADMISSION VARIES DRAMATICALLY ACROSS STATE HOSPITALS

“When my son finally got a bed in the state hospital, he was placed with 1:1 since he was not eating. At the hospital, unlike in jail, he has a team of case workers, doctors, and other supportive staff.”

– parent from California

After being admitted to the state hospital from jail, the quality-of-care people received as forensic patients varied greatly across participant responses. Multiple family members reported that their loved ones showed improvements in their symptoms and well-being after finally being moved from jail into a state hospital bed.

“My son has now been at the state hospital for almost one year. I personally was tremendously relieved when he arrived at the state hospital; it seemed a dream come true. He won the treatment lottery. I know he is safe there and has staff to help him with his struggles, something I could never provide for him while he lived with me. My energy was spent keeping him alive. I feel this is his chance for a real recovery and a real chance at a normal life.”

– parent from California

However, other family members noted that the treatment that forensic patients receive in state hospitals may look very different than treatment received by civil patients. In the 1966 case, *Rouse v. Cameron*, the District of Columbia Court of Appeals ruled that people who are committed to a mental institution have a right to receive treatment for their illness or be released.⁶ However, family members noted that the goal of competency restoration is to make someone ready to stand trial, not to provide treatment that leads to meaningful recovery. According to one parent from Washington, the treatment that her son received as a forensic patient consisted of little more than court classes and ‘pills in a cup’ until he was able to pass a court test, at which point, he was promptly sent back to jail. Accordingly, even after receiving access to a state hospital as a forensic patient, people with SMI may not receive the minimally adequate treatment required to prevent deterioration or decompensation.

“I thought [my son] would get well at the state hospital. I asked about his care: Were the doctors kind? Were staff helping him talk through the hard times that got him there? He laughed, and the sound caused my breath to catch. Perhaps only family members who have watched loved ones disappear into psychosis can understand this, but even by phone I felt him pull back into a dark place.

“No,” he said sharply. “No one cares about my mental health here.

“They give me pills in a cup and make me go to court classes every day.”

“Huh?” I asked. “What are court classes?”



The naivete of my question feels embarrassing now. In reality, the state hospitalizes people found unfit to defend themselves in court to “restore” them for adjudication. A person is awarded a forensic bed, which costs more than \$1,000 a day, to become fit for trial. Fitness for trial may be found without a person being restored to actual sanity.

My son, who was a high school champion in extemporaneous political speech, provided few details about the rudimentary civics classes he endured day-after-day alongside classmates in various stages of psychiatric deterioration. In two weeks, he passed the court test. With half a day’s notice, he was sent back to jail. It was two days before Christmas, 2016. We posted bail, keenly aware that time back in jail would lead to relapse.

When I met my bushy-haired, wild-eyed son at the bail bonds office across the street from Clark County Corrections, I was horrified to learn that he couldn’t say what those “pills in a cup” had been. There were no refills or prescriptions. In keeping with my son’s entire hospitalization, staff at Western State refused my calls. (My son said he asked for a release of information, but one was never provided.) Outpatient providers were booked weeks out.

I pulled pills from a cabinet at home and did my best to dose my son with medications that had once been prescribed. It didn’t work. My son’s spiral through severe mental illness lasted a couple more years and included another incarceration, multiple too-short involuntary hospitalizations, and episodes of homelessness. He died from suicide in 2019, during a psychotic episode that went untreated because he didn’t meet criteria as “dangerous” until his final act had already killed him.

Calvin never got another bed at the state hospital. I’ve learned from seasoned social workers that state beds for civilly committed people used to include sophisticated care—therapy, thoughtful medication management, organized outings to the “real world” to help a person prepare for discharge. Those beds are now “forensic beds,” with their protocols for pills in a cup, court classes, and discharge into a bleak unknown.”

—parent from Washington

When recounting her son's experience, a parent from Florida noted that not only was her son assaulted while in jail waiting for a bed but also was not given appropriate care even upon being transferred to the state hospital. On top of receiving the wrong medications, her son has worked to impede his own recovery because he knows he will be sent back to jail upon being restored to competency. Needless to say, it is morally unacceptable that forensic patients in state hospitals feel compelled to work against their own recovery due to the looming threat of being jailed as soon as their symptoms stabilize. This practice also results in a hugely inefficient use of limited state hospital beds and funds. Due to the inappropriate care given to forensic patients in state hospitals and the fear of incarceration upon recovery, forensic patients stay in the state hospital longer than would be necessary if given appropriate care and incentives to recover.

“My son was admitted to a Florida State Hospital, five months after serving time in the county prison while he was waiting for a hospital bed. He was put in jail for a criminal legal commitment for competency restoration. During his five-month stay in jail he decompensated. He said he was violated and shot with rubber bullets, had to change his clothes, and was left partially undressed and punched in the face. The district attorney handling his case requested his records and saw that there was no disorderly conduct or action written up. There is nothing that he could do about the situation, but he believes that it most probably could have been prevented.

It has been two years since my son was sent to the state hospital. At the state hospital, he has decompensated because of the incorrect medication that he is being given. I sent reports to the state hospital from his previous hospitalization stating the medications he was on and also a list from his prior psychiatrist, but they never reached out to any of these providers. He is in fear for his life as he does not want to go back to jail prior to his trial; therefore, he does things to stop his success for competency due to fear.



The longer he stays at the hospital, the worse his paranoia becomes as he is isolated and there is no talk therapy. They do not want to use modern drugs as they cost more. Since he is a forensic patient in a forensic hospital, they do not bill Medicaid for his effective prescriptions. Hospitalized patients need activities for their mind. Not just a television. The hospital is severely understaffed, and he rarely has the chance to go outside.”

– parent from Florida

Forensic patients are not the only ones for whom quality of care is a concern in state hospitals. State hospitals have a historical reputation of providing low-quality care to all patients, regardless of commitment status. Throughout the early and mid-1900s, state-operated mental asylums were known for egregiously bad conditions. These horrifying conditions, which were reported to the public by conscientious objectors assigned to alternative duty in state hospitals during WWII, led to widespread outrage and contributed to the closure of many state hospital beds. This process is now referred to as deinstitutionalization.

Large asylums of the past have little resemblance to state hospitals today. Still, it is important to acknowledge that some state hospitals, like some private and community hospitals, struggle to provide quality care to their patients. Similar to other types of hospitals and outpatient care providers, state hospitals exhibit a range of practices and outcomes. One parent recounted how her son experienced ‘excellent patient care’ in one state hospital and incredibly poor-quality care in another state hospital over a three-year period.

“Over those three years, my son had experiences in two state hospitals in Maryland. I was very impressed with the care in one of these Maryland state hospitals. From the moment you walked in, everyone was very positive and focused on excellent patient care. My son had a wonderful psychiatrist who even gifted him a guitar to keep him busy. He was finally able to be treated for severe ADHD.

In the other state hospital, the patients were treated as bad people. The message there was that my son was a bad person, and I must have been a bad parent. I kept telling them that being different and being bad were two different things. My son just thought differently than other people, and that makes him special. I felt like they needed to strip him of any joy in his life. They would go out of the way to keep things that were important to him away. He enjoyed video games and music. That was it. That was all the pleasure he was getting from life. They would try to take the music away if he was not behaving in a way that they thought was appropriate. At one point one of the techs had him slammed down on the ground because he didn’t want to give his MP3 player up. He also ‘eloped’ from the state hospital two times. It wasn’t a very safe situation.

There also wasn't much treatment for dual diagnosis there. Staff were surprisingly ignorant about addiction. They were very judgmental and did not seem to have much patience or empathy toward myself or my son. My son told me that he ran into a staff member in a store and went up and tried to speak to her. He said she said to him, "You're not my friend. I treated you at the state hospital. You need to stop talking to me right now." Can you imagine?

My son has a very obstinate personality. He can be extremely difficult to deal with. However, I don't get to only treat the people I like at my job, and they don't either. While they accused my husband and me of bringing in drugs and cigarettes, it later came out that the occupational therapist was the person that was giving my son cigarettes and that another patient was 'cheeking' her medicine and letting my son have it. We were there to visit every chance we had. I observed a lot of the interactions with patients and staff. Many patients were having negative reactions to staff because they were being treated with disrespect. I don't think the staff were very well trained."

– parent from Maryland

While quality of care varies across state hospitals, just as it does across other types of hospitals, there are some challenges to providing quality care that may be more amplified in state hospitals than in other hospitals. One of these is staffing shortages.⁷ State hospitals typically pay less than private hospitals. This can make it difficult to recruit and retain well-trained, qualified staff. In 2023, 15% of state beds were closed due to staffing shortages. State hospitals also face high turnover rates.

"I spent two weeks in Trenton Psychiatric Hospital and two years in Greystone Park State Hospital. Trenton State Hospital [] was a nightmare. I remember I was placed in an almost- all-male unit, with one other woman on the unit. The men on the unit harassed me and constantly told me to kill myself. I cried myself to sleep every night for the two weeks I was in Trenton... I want people to know that being in Greystone was quite possibly some of the most difficult years in my life. But, there were good people who got me through my hospitalization, especially some of my peers and my initial psychologist."

– person with lived experience from New Jersey

One study in Virginia found that Virginia state hospitals had a 30% turnover rate in the 2023 fiscal year, a turnover rate that is double that of all state government employees in Virginia. The report cites uncompetitive pay and unsafe working environments as two of the reasons for this high turnover and recommends increasing salaries for social workers, psychologists, housekeeping staff, and food services staff.⁸ This high turnover and untrained or inexperienced staff has real impacts for patients. One woman from New Jersey who experienced being treated in the state hospital system said that those were among the most difficult years of her life, partially due to preventable quality of care and safety issues.



In addition to untrained staff, another issue that can lead to unsafe conditions is a lack of accountability when safety issues occur. For example, the same recent study from Virginia found that Virginia’s Office of the State Inspector General, the office designated for investigating complaints about patient safety, “receives hundreds of complaints but independently investigates only a relatively small portion of them.”⁹ It is critically important to ensure that healthcare providers and state hospitals are held accountable for providing quality care to their patients.

Another side effect of some state hospitals providing poor quality care is that it creates an atmosphere in which state hospitals are viewed as undesirable places to end up, even when this is not the case. This reputation of state hospitals can mean that even when beds are available for patients, doctors will sometimes avoid enacting a civil commitment order. One parent from Iowa described how she wished doctors would have considered the state hospital as a treatment option before her son was admitted there as a last resort. She feels that the state hospital finally allowed her son to receive comprehensive care and that the severity of his illness would have been lessened if he had been able to access this care sooner.

“[My son] was admitted [to the state hospital] with a civil commitment, after he had been deteriorating and going through the revolving door of 25 hospitalizations and trying to live “in the community” in a variety of settings including our home, apartments with community services, residential care facilities, SUD treatment facilities and habilitation group homes over the past seventeen years since he has been sick.

While our son’s stay at the state hospital wasn’t perfect, he did finally receive the comprehensive, medically necessary treatment in a secure setting for long enough for him to be able to gain some insight into his illness. Because of the care he received at the state hospital, he is finally able to recognize that if he misses a dose of medicine, he experiences more voices and delusions. The state hospital also provided comprehensive treatment for many other aspects of his health including overall medical health, dental health and even his



eyesight. He was able to have nutritious meals, exercise, a full schedule every day with classes and group therapy, and, for the first time: regular visits and therapy with a good psychologist. He did better with this amount of structure and routine. In addition, because our son signed release of information forms for the staff at the state hospital to be able to speak with us (as his parents), we were able to have good communication with them about his medications, treatment, discharge planning and any other concerns we had as they arose.

I share this story because there is a lot of misinformation out there about how our state hospitals are awful places to end up. Even the doctors who treated our son far earlier in his illness delayed sending our son there for far too long, saying things like “we don’t want to have to resort to sending him there.” I have a very different view; I wish my son could have been admitted to the state hospital thirteen years ago when he experienced his first episode of manic psychosis. I believe his suffering would have been lessened and his current functional level would be better than it is now, if he could have accessed this care earlier.

From a big picture and practical perspective in our country, we need to recognize that we are making people sicker by not treating them effectively sooner in our state hospitals and other facilities. Instead, by criminalizing them, we are making it harder for them to be healthy, to be able to find employment and purpose, and to find housing. We are causing this part of the homelessness crisis to become worse and worse. We are costing ourselves more money than if we paid for the treatment in the first place, but more importantly, we are causing these people and their families so much more suffering than we need to.”

– parent from Iowa

CONCLUSIONS AND RECOMMENDATIONS

People who shared their stories for this report highlighted the challenges of accessing a state hospital bed, particularly for those who have not been charged with a crime. Nevertheless, those who had been charged with a crime also shared the tragic outcomes that can occur while waiting in jail for a state hospital bed to open. Furthermore, even after being admitted to a state hospital bed, people reported that the care they received was fraught with safety concerns or barely resembled hospital-level care. While quality of care issues are clearly present in many state hospitals, it is important to note that eliminating the few state hospitals that remain will only worsen the situation, just as eliminating emergency parachutes for people who may need them would not be a good solution to the problem of poorly maintained parachutes failing to deploy correctly.

In addition to increasing the number and availability of state hospital beds, steps must be taken to address the routine criminalization of people with SMI and to ensure that state hospitals provide quality care to all patients. To address these issues, TAC recommends the following:

- **Invest in diversion strategies to keep people with SMI from entering the criminal system.** Rather than attempting to treat people with SMI in prisons and jails, communities should invest in diversion strategies to keep them from entering the criminal legal system in the first place. Diversion strategies include certified community behavioral health centers,¹⁰ assisted outpatient treatment,¹¹ and expanded hospital capacity for voluntary patients and those committed through the civil system.¹² To divert people with SMI from the criminal system, it may also be necessary to invest in training so that professionals within the criminal legal system recognize that people with severe mental illness do not choose to experience psychosis and that they can recover with treatment. A better-informed workforce will be necessary to shift away from a system that focuses on punishing people for their behavior, regardless of their symptoms or capacity.
- **States should collect data about how long people with SMI wait in jail for a bed and make this information publicly available.** In TAC's 2023 survey of state hospitals, we found that some states could not tell us how many inmates were waiting for a bed to open because their state does not track that information. Without data, it will not be possible to understand the demand for competency evaluation, the effectiveness of competency restoration services, or whether diversion strategies are effective.¹³ Making this data public is necessary for identifying promising practices for reducing wait times across states and for holding healthcare systems accountable.¹⁴
- **Increase funding and training for staff to promote quality care.** Higher salaries, better training, and investments toward professional development can increase the quality of care in state hospitals. Based on several responses presented in this report, it may be especially important to emphasize to staff that people with SMI have chronic and episodic illnesses and accordingly deserve medically necessary treatment to

be provided with compassion, empathy, and attention. NAMI provider training is one model program to consider.¹⁵

- **Increase the frequency of regular and unannounced site inspections of the state hospitals.** Increasing regulatory oversight of state hospitals is necessary to ensure that all patients receive quality care. Oversight committees should include both appropriate professionals and people with lived experience. When conducting oversight of state hospitals, inspectors should be looking for assurance that all patients are receiving hospital level care, including appropriate medications and psychotherapy, regardless of their commitment status or involvement with the criminal system.

APPENDIX A: Methods

Stories were collected through convenience sampling. Members of a Facebook group focused on advocacy for people with SMI were asked if they or someone in their immediate family had personal experience with the state hospital system. Other volunteer participants had contacted the TAC Helpline, which provides individualized information and support to those navigating the severe mental illness treatment system. All stories have been de-identified to protect the privacy of the individuals who participated in this project. To read complete narratives in people's own words, see Appendix B below. To contact the TAC Helpline, click the link here.

APPENDIX B: Full Narratives

EARLY TREATMENT COULD HAVE MADE THE DIFFERENCE FOR MY SON | CALIFORNIA

My adult son is currently being treated in a California state hospital. After he committed a violent attack (attempted murder) in a psychotic state, he was sent to jail. He then spent three years and six months going through the motions of psychiatric examinations and determinations before he was found not guilty by reason of insanity (NGI). Once deemed NGI, my son waited for a bed at the state hospital for another year and eight months. He was in jail for a total of five years and two months before being admitted to a state hospital for treatment. This was his first offense in the criminal system.

My son has now been at the state hospital for almost one year. I personally was tremendously relieved when he arrived at the state hospital, it seemed a dream come true. He won the treatment lottery. I know he is safe there and has staff to help him with his struggles, something I could never provide for him while he lived with me. My energy was spent keeping him alive. I feel this is his chance for a real recovery and a real chance at a normal life.

My son signed a release of information when admitted to the state hospital, so his social workers can speak freely with me. This is priceless all around. I get an accurate report on my son and can share crucial history with his treatment team. A bonus is knowing that he has a level of trust with me to include me in his treatment team this way. His discharge process is also being taken care of through ConRep, the state hospital system's conditional release program. Again, I can rest easily knowing that this program will be responsible for my son in his path to independence in the community.

My son is one of the lucky ones. The District Attorney (DA) in charge of the case, wielding his full power, was determined to send my son to prison in spite of the NGI. I spoke with this DA and convinced him to send my son to the state hospital. How many others were denied care in the state hospital due to this DA's ignorance of schizophrenia?

The public needs to know that when a person is experiencing a psychotic episode, the brain is damaged, so time is of the essence for treatment to restore brain function. It is near impossible to get this kind of emergency treatment. If a patient comes into an emergency room with a heart attack, everyone knows time is of the essence to treat the heart and prevent further damage. Same with a stroke, time is of the essence to treat the clot to prevent further damage, even if the person cannot consent to the procedure when they are brought to the hospital. Psychosis is no different, time is of the essence. However, treating psychosis does not follow the same standard of care as these other disorders.

With voluntary treatment, patients with schizophrenia can easily fall through the cracks even with full services. Having a psychiatrist, case manager and counselor does not ensure compliance with treatment. Indeed, if a person cannot recognize that they are experiencing psychotic symptoms (Anosognosia) they will not keep appointments. They will simply walk away from care that can save their life and the lives of others.

America does care backwards. Treatment at a state hospital is a last resort if you can even get it. Early treatment here is optional; if the person can't recognize they need it because of their symptoms, they don't get it. Schizophrenia is a progressive illness, it requires treatment for any hope of recovery. Realize that in between the psychotic episodes, are the everyday delusions that can disrupt lives. This illness is sneaky, delusions can be fun or can lead to paranoia. Command voices can get a person into real trouble. Hallucinations can be terrifying. Medication, especially Clozapine, can help with this.

Realize that you will hear from all sides on this issue of treatment. Realize that what we are doing is NOT working. There are programs that work. I suggest the Trieste Italy model. A similar model is used in Milwaukee. This model recognizes the need for early treatment. The Trieste Italy model is based on immediate treatment with the very first psychotic break, usually in the teenage years. A team comes to the patient's home as often as is necessary to develop trust. If that means coming every half hour, then that's what they do. Once trust is established, a treatment plan is worked out with the patient. They have

very little need for hospitalization with this model. It is a true community approach and it is voluntary with intensive effort up front, follow up and follow through. No gaps. Lifelong! We need more early treatment programs like this in the U.S. to ensure people can receive quality treatment in the community.

MY SON ALMOST DIED FROM STARVATION IN JAIL WHILE WAITING FOR A BED | CALIFORNIA

My son was diagnosed with schizophrenia at the age of 18. After being charged with a crime, he was determined to be not guilty by reason of insanity and was supposed to go to a state hospital to begin receiving treatment for his mental illness. However, after being determined to be NGRI in the summer of 2021, my son had to wait in jail for seventeen months for a bed to open so he could be admitted to the hospital. While in jail, my son was not given the correct medication for his schizophrenia. After reading the jail's website, and going to the NAMI website, I followed the recommendation and called and faxed the medication he was supposed to be taking, yet they would not give him the correct medication. In addition to not receiving treatment for his mental illness, my son also lost almost 50lbs due to the inadequate medical care in jail. Eventually, I called the District Attorney's office and begged the DA to send him to the hospital because I feared he was going to die of starvation in jail. They transferred him to the state hospital the next day.

When my son finally got a bed in the state hospital, he was placed with 1:1 since he was not eating. At the hospital, unlike in jail, he has a team of case workers, doctors, and other supportive staff. After I reached out to his treatment team, his case worker reached out to me and went over his treatment plan. I also requested to be part of his monthly meetings and continue to need to ask in order to receive any updates. However, these visitations were difficult to set up and not accessible to those who are unable to use the computer. Because of COVID-19, many of the visitations did not happen and the times at which I could visit and what could be brought were extremely strict. However, I am still not able to work with my son on his WRAP plan, which is required for him to leave. Another thing that has not been positive is that my conversations with staff were not kept confidential. One staff member asked my son, "why did you tell your mom..." This has caused my son to stay quiet; even after I expressed my concern to his case worker.

One thing that has been extremely difficult is the unknown of his future. My son's treatment team never gives any indication about how much longer my son needs to stay. I understand no one can predict the future, but not knowing or having an end date to recovery makes for hopelessness. I keep hearing from staff about how great my son is doing, yet I never hear of his release. One thing that has been very helpful for me as a parent is a parent online group that we created. I meet with about 4-10 parents about the many questions that I have about my son's treatment.

MY SON'S EXPERIENCE AS FORENSIC PATIENT | FLORIDA

My son was admitted to a Florida State Hospital, five months after serving time in the county prison while he was waiting for a hospital bed. He was put in jail for a criminal

legal commitment for competency restoration. During his five-month stay in jail he decompensated. He said he was violated and shot with rubber bullets, had to change his clothes and was left partially undressed and punched in the face. The district attorney handling his case requested his records and saw that there was no disorderly conduct or action written up. There is nothing that he could do about the situation, but he believes that it most probably could have been prevented.

It has been two years since my son was sent to the state hospital. At the state hospital, he has decompensated because of the incorrect medication that he is being given. I sent reports to the state hospital from his previous hospitalization stating the medications he was on and also a list from his prior psychiatrist, but they never reached out to any of these providers. He is in fear for his life as he does not want to go back to jail prior to his trial; therefore he does things to stop his success for competency due to fear.

The longer he stays at the hospital, the worse his paranoia becomes as he is isolated and there is no talk therapy. They do not want to use modern drugs as they cost more. Since he is a forensic patient in a forensic hospital, they do not bill Medicaid for his effective prescriptions. Hospitalized patients need activities for their mind. Not just a television. The hospital is severely understaffed and he rarely has the chance to go outside.

WE STILL NEED STATE PSYCHIATRIC HOSPITALS AND WE NEED TO MONITOR FOR QUALITY CARE | IOWA

Our son had two stays in one of our remaining 2 state hospitals in Iowa, the MHI (Mental Health Institute in Independence, Iowa). The first stay was only for a few weeks after he had become psychotic again because he stopped taking his medication at a residential treatment facility. More recently, however, he was at the same state hospital, from July of 2021 through August 1, 2023. He has a severe Schizoaffective Disorder combined with SUD (Marijuana is his “drug of choice”). He was admitted there with a civil commitment, after he had been deteriorating and going through the revolving door of 25 hospitalizations and trying to live “in the community” in a variety of settings including our home, apartments with community services, residential care facilities, SUD treatment facilities and habilitation group homes over the past seventeen years since he has been sick.

While our son’s stay at the state hospital wasn’t perfect, he did finally receive the comprehensive, medically necessary treatment in a secure setting for long enough for him to be able to gain some insight into his illness. Because of the care he received at the state hospital, he is finally able to recognize that if he misses a dose of medicine, he experiences more voices and delusions. The state hospital also provided comprehensive treatment for many other aspects of his health including overall medical health, dental health and even his eyesight. He was able to have nutritious meals, exercise, a full schedule every day with classes and group therapy, and, for the first time: regular visits and therapy with a good psychologist. He did better with this amount of structure and routine. In addition, because our son signed release of information forms for the staff at

the state hospital to be able to speak with us (as his parents), we were able to have good communication with them about his medications, treatment, discharge planning and any other concerns we had as they arose.

I share this story because there is a lot of misinformation out there about how our state hospitals are awful places to end up. Even the doctors who treated our son far earlier in his illness delayed sending our son there for far too long, saying things like “we don’t want to have to resort to sending him there.” I have a very different view; I wish my son could have been admitted to the state hospital thirteen years ago when he experienced his first episode of manic psychosis. I believe his suffering would have been lessened and his current functional level would be better than it is now, if he could have accessed this care earlier.

From a big picture and practical perspective in our country, we need to recognize that we are making people sicker by not treating them effectively sooner in our state hospitals and other facilities. Instead, by criminalizing them, we are making it harder for them to be healthy, to be able to find employment and purpose, and to find housing. We are causing this part of the homelessness crisis to become worse and worse. We are costing ourselves more money than if we paid for the treatment in the first place, but more importantly, we are causing these people and their families so much more suffering than we need to.

I am a NAMI provider teacher and state trainer who teaches courses at our state hospitals and for many other professional groups, agencies and facilities. I believe that we have a responsibility to work to improve the empathy of staff in every hospital, including state hospitals, and to improve the collaboration with families to help support our loved ones. I am aware that at some hospitals, the care is much more traumatic than it should be, and we must increase training, oversight, and inspections to reduce this as much as we possibly can.

I believe it is vitally important to acknowledge the harm that was done in the past at most state psychiatric hospitals, as well as the harm we know is still happening at other state hospitals (and at many hospitals that provide inpatient psychiatric treatment) across the country. However, the solution to that harm being done must not be to shut down more of these facilities. As long as we have an estimated 4.2 to 5.1 million people in our country living with untreated and seriously undertreated SMI, then we must acknowledge that our present system is not providing for adequate, effective treatment for them. In addition, having an estimated 380,000 people with SMI ending up incarcerated, 180,000 people with SMI living unsheltered and homeless on our streets and 2 million people with SMI cycling through our county jails every year, we must acknowledge that we are not meeting their basic human needs and rights for both medically necessary treatment and #HousingThatHeals along the continuum of care. The other outcome that is just as heartbreaking, is knowing how many die every day in our country, “with their civil rights to

refuse treatment (because of Anosognosia) protected.” This status quo is unacceptable in a “first world country.”

When meeting with legislators, I often provide the education that we need to understand that, just like for any illness, we know that some people with Serious Mental Illnesses are more mildly affected and some are much more severely affected. For the past 60 years, since the Community Mental Health Act of 1963 and the Medicaid Act of 1965, which included the uniquely discriminatory policy, the IMD Exclusion, we have ignored that there are people who are much sicker and who require higher levels of care in order to meet their basic human needs and rights for medically necessary treatment. We have abandoned them to end up homeless, incarcerated and dead. We must step up to change this overcorrection that has caused more harm, just in different locations. We need to slightly adjust the pendulum swing to meet the needs of all people with SMI.

Here in Iowa, we are ranked 51st in the country for our number of state psychiatric beds, with only 64 for adults and 32 for children. While I am grateful that our son finally had access to one of those 96 beds, I know that we need many more. I will be advocating to add more of these beds here in Iowa, and across the country until we are successful in meeting the needs of everyone who needs this level of care, for the length of time that they need it.

PEOPLE WITH SEVERE MENTAL ILLNESS DESERVE ACCESS TO STATE HOSPITALS WITHOUT HAVING TO COMMIT A CRIME | MARYLAND

My son was first hospitalized following an arrest for trespassing. Because my family member was very symptomatic at the time of arrest, a determination was made that there was a need for competency restoration before proceeding to trial. A state hospital bed was not accessed within the 10-day timeframe after the arrest. It took six weeks to be admitted. While his psychiatrist made a recommendation for him to be civilly committed for an additional 6 months, per the Judge his paperwork was filled out incorrectly. He was not able to receive an extension of the civil commitment order, despite him being sick enough that he would have been criminally committed, if his charges were not dismissed due to time served in jail and the state hospital. Thankfully, he decided to admit himself voluntarily and spent several additional months in the state hospital awaiting housing services before being discharged.

Unfortunately, at the time of discharge, he had not fully returned to baseline functioning, according to his discharge paperwork. After being discharged, he was connected to a community behavioral health provider and obtained housing in an assisted living facility. His stay in this facility lasted only one week before he was sent back to a local hospital and stayed two weeks. A new facility had to be found because the provider would not allow him to return. I firmly believe that a more extended stay under a civil commitment order would have provided a better chance at his long-term recovery. A staff member

even suggested that if my son experienced additional arrests and civil commitments then he might understand the need for treatment.

Despite these challenges, communication played an important role in navigating the complexities of the system. I maintained frequent contact with the case manager, obtained updates on my family member's treatment, court status, needs, and discharge planning. His case manager was also a very understanding, supportive, engaged, and resourceful person.

While the care in the state hospital was decent, the length of stay left much to be desired. It is worth noting that my son's access to the state hospital from jail was facilitated by his complex medical needs, receiving treatment on a specialty unit – a complex need that many others do not have. Maryland needs to address its fragmented mental health system to include having civil beds available in state hospitals. Jails and prisons should not be the de facto way to get admitted to a state psychiatric hospital.

Citizens with a severe mental illness, who need longer-term psychiatric treatment in a state hospital, need access for admission without having to commit a crime. To help the individual with adherence to a treatment plan, some mental health providers unfortunately communicate the need to be arrested in order for their client to get referred to a problem-solving court (e.g., mental health court) in hopes of being admitted to a state hospital. Individuals with severe mental illness need medical help, not handcuffs. Being arrested compounds and exacerbates the mental disorder, impacts the individual's ability to get employment, can prevent a person from accessing housing, and further isolates them from their families, who are often their support system.

I believe the mental health providers only make this comment because Maryland does not have an Assisted Outpatient Treatment (AOT) – outpatient civil commitment program. There is a need to advocate with legislators for Maryland to pass an AOT bill during the 2024 legislative session in order to have access to all outpatient treatment options.

STATE HOSPITALS SHOULD MAKE PEOPLE BETTER, NOT WORSE | MARYLAND

My son had depression as a teen. After his first semester in college, he was not able to function normally anymore, and continued declining until he was 21. He was taken to the hospital on an emergency petition. At the insistence of a counselor and his probation officer, he was admitted to a state hospital in Maryland.

He lived in state hospitals for almost three years. Over those three years, my son had experience in two state hospitals in Maryland. I was very impressed with the care in one of these Maryland state hospitals. From the moment you walked in, everyone was very positive and focused on excellent patient care. My son had a wonderful psychiatrist who even gifted him a guitar to keep him busy. He was finally able to be treated for severe ADHD.

In the other state hospital, the patients were treated as bad people. The message there was that my son was a bad person, and I must have been a bad parent. I kept telling them that being different and being bad were two different things. My son just thought differently than other people, and that makes him special. I felt like they needed to strip him of any joy in his life. They would go out of the way to keep things that were important to him away. He enjoyed video games and music. That was it. That was all the pleasure he was getting from life. They would try to take the music away if he was not behaving in a way that they thought was appropriate. At one point one of the techs had him slammed down on the ground because he didn't want to give his MP3 player up. He also 'eloped' from the state hospital two times. It wasn't a very safe situation.

There also wasn't much treatment for dual diagnosis there. Staff were surprisingly ignorant about addiction. They were very judgmental and did not seem to have much patience or empathy toward myself or my son. My son told me that he ran into a staff member in a store and went up and tried to speak to her. He said she said to him, "you're not my friend. I treated you at the state hospital. You need to stop talking to me right now." Can you imagine?

My son has a very obstinate personality. He can be extremely difficult to deal with. However, I don't get to only treat the people I like at my job, and they don't either. While they accused my husband and I of bringing in drugs and cigarettes, it later came out that the occupational therapist was the person that was giving my son cigarettes and that another patient was 'cheeking' her medicine and letting my son have it. We were there to visit every chance we had. I observed a lot of the interactions with patients and staff. Many patients were having negative reactions to staff because they were being treated with disrespect. I don't think the staff were very well trained.

In the end, they did not discharge my son because they determined he was ready, but because I insisted that I was taking him home. He was becoming worse every year in the state hospital, losing more ability to function and care for himself. They could never answer me when I questioned them regarding what they were working on, what their goals for his treatment were. I also felt that he was being treated very cruelly. It was very hard to see such a young person have no future ahead of them.

My son said that he found the treatment to be cruel. He saw a lot of abuse during his time there. He said that most of the people did not have family to watch out for him the way he did. Based on my experience, I would like policymakers to consider expanding training for employees at the state hospitals. Both basic customer service skills and ongoing training on interactions with people with mental illness. I believe this would decrease violence towards employees and help retention. Retaining long-term, well-trained employees would improve care.

I would also like to see improvement in executing the plan of care. I feel that the facilities need to work on specific goals and be held accountable to reach these goals and

discharge the patients once achieved. I am still hearing that people are being held indefinitely at state hospitals. Lastly, the decision to make all state hospital beds in Maryland forensic has been a disaster. The criteria for admission to these hospitals is far too strict, and many that would benefit from a hospitalization are denied. The beds should be available for any acutely ill patients that need an extended stay, not only for people who have become involved with the criminal system.

MY EXPERIENCE IN A STATE MENTAL INSTITUTION | NEW JERSEY

Before being hospitalized in Greystone Park State Hospital in New Jersey from 2015 to 2017, I had been in and out of psychiatric wards and hospitals from 2005, when I was 16 years old. I spent two weeks in Trenton Psychiatric Hospital and two years in Greystone Park State Hospital. I was extremely suicidal before being sent to the state hospital. At a partial care program in New Jersey, I ran out of the building and into the street, planning on jumping in front of a car. Thus, the admission to Greystone was a civil commitment. I received the court papers when I got to Greystone, and I was understandably upset that I had no idea why I had not been a part of the court case, especially since some of the facts were incorrect.

I waited in a medical center for a bed to open for about a month; however, I was then placed in Trenton State Hospital first, another state mental institution. That was a nightmare. I remember I was placed in an almost- all-male unit, with one other woman on the unit. The men on the unit harassed me and constantly told me to kill myself. I cried myself to sleep every night for the two weeks I was in Trenton.

I was in Greystone for two years. To be honest, I was extremely psychotic and delusional. From the second I woke up (if I slept- a big IF) to the second I went to sleep, I was talking to people in my head. Specifically, the people in my head were people working for the government- the FBI, CIA, NSA, DOJ, etc. I even worked on some projects with NASA. You name the government agency, I worked for them. Hearing the voices actually comforted me and gave me something to stay busy.

I also thought I could hear thoughts of those around me (something that I still sometimes experience). I called this technology cyberteleshokinesis. It worked with the electromagnetic waves around my brain- like my brain had “hacked” into the EM waves in the whole world. I thought everyone in the entire world could hear my thoughts as well.

There were some staff who were very supportive and tried to really listen and understand what I was going through. Obviously, I couldn't tell them (specifically my psychologist) everything I was working on with the government. The “FBI” (in my head) told me things, like that some of the staff were terrorists. Sometimes when I went to the library, I even contacted the FBI on their website. I thought that one of the nurses was trying to kill me. Around that time, I was switched from one unit to another.

This was a very difficult move because I did not know how to talk to my new psychologist. I felt pretty close to my psychologist on the first unit, but I barely talked to the psychologist on the second unit. I experienced some physical abuse on both units. For example, one of my roommates thought I took her shirt. I did not. However, when I said I did not, she body slammed me into the floor. A few months after I was discharged from Greystone, I found out that a friend of mine was stabbed to death on his unit.

There was so much going on in my head throughout the entire time I was at Greystone that I did not really know how to communicate all of it. I remember a staff member from my partial care program that I had been attending before being placed in Greystone. I basically told her everything- working for the government agencies, being the President of the United States, etc. She did not say anything- she just nodded.

I want people to know that being in Greystone was quite possibly some of the most difficult years in my life. But, there were good people who got me through my hospitalization, especially some of my peers and my initial psychologist.

There were also some other things that got me through my stay. There was an area of the hospital called the “J-wing.” On that wing, there was a library, a music room, an art room and some other places that really helped me escape everything I was going through. The J-wing was kind of my “safe haven.” I went there to escape what was going on in my unit.

I have not been hospitalized since 2021. My last hospitalization also was my shortest of the over 25 hospitalizations- 4 days. At many points during my stay in the state hospital, I was not treated the way I should have been. However, I currently am working on being certified as a Peer Support Specialist and Recovery Coach. I hope to use my experiences to help others in similar positions. I eventually hope to re-visit Greystone to help people like me.

Regarding state mental institutions and jails, I wish they would be more of a place of rehabilitation than punishment. People who need medications should be able to access them.

HOW THE SHORTAGE OF STATE HOSPITAL BEDS LED TO MY SON'S CRIMINALIZATION | OREGON

In May 2023, I rescinded the restraining order against my son, who has schizophrenia. I didn't want him to be discharged into homelessness, and the psychiatric hospital wouldn't keep him long enough to enable recovery. I made the difficult decision to originally file the restraining order because, following his discharge from the psychiatric hospital, he was floridly psychotic and had begun self-medicating with Fentanyl. I was terrified for his safety and mine. I was helpless to stop the tragedy unfolding in my home.

When I tried to advocate for admission to a state hospital for a longer stay, my son's outpatient provider told me I was “in a tough spot.” Oregon State Hospital accepts very

few civilly committed patients, and there was no way he was getting in. I was instructed to wait until he broke the law, so he could get one of those coveted beds through the criminal legal system. If I was “lucky,” he would attack me, so he could be arrested and get that process started.

After he came home, he regularly hit me and abused me emotionally. The abuse worsened as he became sicker. I let this behavior go on, because I knew the police had to catch him in the act of assaulting me if he was ever going to get treatment. When he finally pinned me down and started punching, I managed to wriggle free and seized the opportunity to call 911. My son was arrested and taken to jail.

My son, 25, has no insight that he is ill and needs treatment, a symptom of his illness known as anosognosia. His community providers know almost nothing about that symptom or how to treat his complex illness. Even when he’s been willing to engage with providers, they have been poorly equipped to support him. The medications they provided didn’t work — even when he took them as prescribed.

After my son was arrested, my nightmare escalated. I had to testify before a grand jury against my son. I knew my sweet boy would never hurt me if he was in his right mind. The mental health system enabled his addled brain to become sicker and sicker until they could lock him up, and then they made me the bad guy. The courts couldn’t adjudicate his case, though, because an evaluation determined he wasn’t fit to stand trial. On an “aid and assist order,” Oregon’s term for competency restoration, he finally went to the state hospital.

During his

stay at Oregon State Hospital, he finally got the correct medication and decent care for the first time in his 10-year journey with schizophrenia. He was hospitalized for about 180 days, which still wasn’t long enough. While he made a little bit of sense when he came out, his journey hasn’t gone particularly well since then, because long-term residential care is what he needs, and it just isn’t available.

My son needed inpatient care and robust interventions much sooner to prevent trauma, criminalization of his illness, and the injuries to both my physical self and our relationship. I believe his current needs would be less if he’d been able to access an inpatient bed at the state hospital much sooner. He experiences brain damage, drug abuse, and a much more treatment-resistant form of schizophrenia, because early interventions were denied. Staff at Oregon State Hospital told me that my son’s illness is very advanced and that they cannot believe how much I’ve endured in trying to care for my son. I will never give up my fight for better care for my son and others. I shouldn’t be the only one trying.

\$1,000 A DAY FOR PILLS IN A CUP AND COURT CLASSES | WASHINGTON

When my son called about a week into his stay at Western State Hospital, I exhaled in relief. After a terrifying four-month spiral through deep psychosis with traumatic events,

Calvin sounded like himself. He liked the food, which was better than in jail. He was sleeping at night. He asked about the family pet, people back home, and the snow. I don't know if he remembered his recent paranoia that food was poisonous, his delusion that I was a witch, or the hallucinatory phantoms he had been terrified about. After a week of medication, he seemed to be back in reality.

We avoided talking about the reason for his incarceration. He always blamed me, no matter how many times I explained that it was because of the warrant. Here's how Calvin got to the state hospital and how I first witnessed the criminalization of severe mental illness (SMI):

Calvin was arrested on DUI charges but taken to a hospital for dangerous, psychotic behavior. While he was involuntarily hospitalized, an arrest warrant was issued because he couldn't also be in court for the DUI. (Charges were eventually dropped for lack of cause.) Psychotic in public within days of an abrupt discharge, he got arrested again. This time, police had a warrant to lock him up instead of taking him back to the hospital. Once in jail, he was found incompetent for trial. (That process took months, and federal deadlines were violated.) Calvin qualified for "restoration services," also called "forensic mental health services," at the state hospital.

A police officer drove Calvin to Western State during an ice storm. When I called to make sure he arrived safely, staff said they could neither confirm nor deny his presence in their facility and hung up on me.

Despite all that, my hopes were up on that snowy winter day a week later when Calvin called. He sounded like the kind and loving son I had known for all of his 21 years. I thought he would get well at the state hospital.

I asked about his care: Were the doctors kind? Were staff helping him talk through the hard times that got him there? He laughed, and the sound caused my breath to catch. Perhaps only family members who have watched loved ones disappear into psychosis can understand this, but even by phone I felt him pull back into a dark place. "No," he said sharply. "No one cares about my mental health here.

"They give me pills in a cup and make me go to court classes every day."

Huh? I asked, "What are court classes?"

The naivete of my question feels embarrassing now. In reality, the state hospitalizes people found unfit to defend themselves in court to "restore" them for adjudication. A person is awarded a forensic bed, which costs more than \$1,000 a day, to become fit for trial. Fitness for trial may be found without a person being restored to actual sanity.

My son, who was a high school champion in extemporaneous political speech, provided few details about the rudimentary civics classes he endured day-after-day alongside classmates in various stages of psychiatric deterioration. In two weeks, he passed the court test. With half a day's notice, he was sent back to jail. It was two days before Christmas, 2016. We posted bail, keenly aware that time back in jail would lead to relapse.

When I met my bushy-haired, wild-eyed son at the bail bonds office across the street from Clark County Corrections, I was horrified to learn that he couldn't say what those "pills in a cup" had been. There were no refills or prescriptions. In keeping with my son's entire hospitalization, staff at Western State refused my calls. (Calvin said he asked for a release of information, but one was never provided.) Outpatient providers were booked weeks out.

I pulled pills from a cabinet at home and did my best to dose my son with medications that had once been prescribed. It didn't work. My son's spiral through severe mental illness lasted a couple more years and included another incarceration, multiple too-short involuntary hospitalizations, and episodes of homelessness. He died from suicide in 2019, during a psychotic episode that went untreated because he didn't meet criteria as "dangerous" until his final act had already killed him.

Calvin never got another bed at the state hospital. I've learned from seasoned social workers that state beds for civilly committed people used to include sophisticated care—therapy, thoughtful medication management, organized outings to the "real world" to help a person prepare for discharge. Those beds are now "forensic beds," with their protocols for pills in a cup, court classes, and discharge into a bleak unknown.

REFERENCES:

- ¹ Silver, S., Hancq E.S., (2024) Prevention over Punishment: Finding the Right Balance of Civil and Forensic State Psychiatric Hospital Beds. *Treatment Advocacy Center*.
- ² Hansen, T. E., Blekic, A., & Bloom, J. D. (2023). COVID-19, *Mink-Bowman*, and court-ordered psychiatric services in Oregon. *Journal of the American Academy of Psychiatry and the Law*, 51(3), 411–420. <https://jaapl.org/content/51/3/411>
- ³ Silver, S., Hancq E.S., (2024) Prevention over Punishment: Finding the Right Balance of Civil and Forensic State Psychiatric Hospital Beds. *Treatment Advocacy Center*.
- ⁴ Taylor, M., Hancq, E.S., (2023). Duration Of Untreated Psychosis: Impact On Brain Health and Psychosis Symptoms. *Treatment Advocacy Center*.
- ⁵ Taylor, M., Hancq, E.S., (2023). Duration Of Untreated Psychosis: Impact On Brain Health and Psychosis Symptoms. *Treatment Advocacy Center*.
- ⁶ Torrey, E. F. (2014). American psychosis: How the federal government destroyed the mental illness treatment system. *Oxford University Press*.
- ⁷ Silver, S., Hancq E.S., (2024) Prevention over Punishment: Finding the Right Balance of Civil and Forensic State Psychiatric Hospital Beds. *Treatment Advocacy Center*.
- ⁸ Joint Legislative Audit and Review Commission. (December 2023). Report to the Governor and the General Assembly of Virginia: Virginia’s State Psychiatric Hospitals.
- ⁹ Joint Legislative Audit and Review Commission. (December 2023). Report to the Governor and the General Assembly of Virginia: Virginia’s State Psychiatric Hospitals.
- ¹⁰ The CSG Justice Center. Certified Community Behavioral Health Clinics Can Address Mental Health and Substance Use Needs Across the Criminal Justice System Intercepts. <https://csgjusticecenter.org/publications/certified-community-behavioral-health-clinics-can-address-mental-health-and-substance-use-needs-across-the-criminal-justice-system-intercepts/>
- ¹¹ Gilbert, A. R., Moser, L. L., Van Dorn, R. A., et al. (2010). Reductions in arrest under assisted outpatient treatment in New York. *Psychiatric Services*, 61(10), 996-999.
- ¹² Gao, Y. N. (2021). Relationship between psychiatric inpatient beds and jail populations in the United States. *Journal of Psychiatric Practice*, 27(1), 33-42.
- ¹³ Gowensmith, N. (2023, April 18). Why data about capacity to proceed is important. WFAE. <https://www.wfae.org/health/2023-04-18/why-data-about-capacity-to-proceed-is-important>
- ¹⁴ Gowensmith, N. (2023, April 18). Why data about capacity to proceed is important. WFAE. <https://www.wfae.org/health/2023-04-18/why-data-about-capacity-to-proceed-is-important>
- ¹⁵ National Alliance on Mental Illness. NAMI Provider. <https://www.nami.org/Support-Education/Mental-Health-Education/NAMI-Provider>