Washington State Department of Social and Health Services



SEVEN FUNDAMENTALS OF CARE FOR PATIENTS WHO ARE NOT GUILTY BY REASON OF INSANITY The following maximize patients' liberties while ensuring safety

- 1. "Patients are patients, not prisoners." Andrew Biviano, Ross lawsuit
 - Primarily, patients are confined here for their own safety, not because they committed a crime. That is why we have prisons.
- 2. The potential for relapse is part of recovery for people with mental health disorders as well as people with substance use disorders.
 - Everyone has good days and bad days. One of the differences between an NGRI patient and everyone else is that their bad days are exacerbated by their mental illness.
- 3. Punishing patients is <u>never</u> an option.
 - In fact, it is illegal. Punishment is retaliatory. Moreover, it is the wrong thing to do.
- 4. We are <u>not</u> primary treatment providers. We are <u>temporary</u> providers with the goal of sending patients back to the community.
 - We are the option of last resort, when nothing else worked. Inpatient hospitalization must be seen as the last option, not the primary one.
- 5. We are a medical psychiatric treatment hospital.
 - Yes, psychiatric treatment is the mode by which we ensure rehabilitation. However, at its core, this facility is delivering medicine. Like any other hospital, our goal is to rehabilitate and transfer patients to community settings as soon as reasonably possible.
- 6. We can always do better.
 - Just because we are changing doesn't mean we were doing it wrong. As medicine and understanding advances treatment practices evolve.
- 7. Patients who are <u>Not Guilty</u> by Reason of Insanity are people who <u>did not</u> commit a crime; they committed an offense for which they are not criminally responsible for due to medical condition.
 - Criminals go to prison; people who need medical treatment go to medical facilities.

"Comprehensive treatment that acknowledges their offense but also their humanity is how we maintain public safety." – Sid Moore, Oregon Psychiatric Security Review Board.



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