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SC Court of Appeals

STATE OF SOUTH CAROLINA
IN THE SUPREME COURT

Appeal from Spartanburg County
Court of General Sessions
The Honorable J. Mark Hayes, II

Court of Appeals Appellate Case No. 2025-000914

The State,

Appellant,

v.

Casey Douglas,

Respondent.

STATE'S MOTION TO CERTIFY CASE PURSUANT TO RULE 204(b), SCACR
FOR REVIEW BY THE SUPREME COURT

The instance motion relates to a State's appeal currently pending in the Court of Appeals. The State moves to certify the appeal for review by this Court because the appeal involves an issue of significant public interest and a legal principle of major importance. *See* Rule 204(b), SCACR. Specifically, the appeal will address statutory provisions meant to ensure that defendants charged with violent offenses and facing potential life sentences who are deemed unfit to stand trial will either be hospitalized for restoration treatment, subject to involuntary inpatient commitment, or tried for their crimes. The order on appeal departs from the restriction set out by the Legislature and allows for transfer to a less restrictive facility *meant* to foster independence. Whether a circuit court has the authority to upend the referenced statutory restrictions is a matter of grave importance to the judicial system, victim's families, and citizen safety. It is a matter for this Court. More fully set out, the motion is based on the following:

1. On December 7, 2018, a Spartanburg County Grand Jury returned two true-billed indictments against Douglas, for the brutal murders of Stephanie and Craig Jenkins, and possession of a knife during the commission of the crime. (Attachment 1). Douglas was evaluated for competency to stand trial pursuant to S.C. Code Ann. § 44-23-410. On June 22, 2019, after a hearing conducted pursuant to § 44-23-430, the circuit court found Douglas unfit to stand trial, but his competency was likely to be restored. Douglas' status remained the same after his 60-day hospitalization.¹ Douglas was returned to detention but recommitted to Bryan Psychiatric Hospital, and since then, periodically re-evaluated.

The basis of the State's appeal begins with proceedings occasioned by a Department of Mental Health (DMH) petition submitted pursuant to S.C. Code Ann. § 44-23-430, on a finding that Douglas was still unfit for trial but no longer needs in-patient care. The Honorable J. Mark Hayes, II, held hearings on the matter on August 18, 2023, and November 22, 2024. Judge Hayes determined at the November hearing that Douglas was not competent to stand trial. (See Attachment 2, Order, at 2 n. 2). Judge Hayes subsequently issued a written order on November 26, 2024, and determined that DMH could transfer Douglas to a non-secure facility for continued treatment. (Attachment 2, Order, at 2-3). Both DMH and the State moved for reconsideration.

DMH asserted, in part, that it is "statutorily obligated" to apply "the least restrictive appropriate care and treatment" with "minimally necessary" reduction in personal liberty. (Attachment 3). The State highlighted its great "concern[]" about the safety of other, older individuals living at the [suggested public] facility as well as the public in general based on the information" it discovered about the retirement/assisted living facility DMH had selected.

¹ The statute was later amended to increase this initial restorative period to 180 days. See S.C. Code Ann. § 44-23-430.

(Attachment 4, at 4). The State argued, in part, “if Douglas is well enough to be released to the community, given his independence, and can control his delusions” it appears he could be deemed fit to stand trial; and, “[g]iven the crimes perpetrated by Douglas both in his record and in the currently pending charges, the State’s position is that Douglas cannot be integrated into the community to independent living unless he is competent,” and competency restored should lead to trial. There is no in-between, which the State argued: “If Douglas is still incompetent and still has the same delusions that led him to kill Stephanie Jenkins and Craig Jenkins, he should not be released from Just Care. If Douglas has recovered enough to be integrated into the community to independent living, the State would be entitled to another independent competency evaluation outside any association with SCDMH.” (Attachment 4, at 5-7).²

Judge Hayes declined to alter or amend the restrictions and conditions placed on the transfer and denied the DMH petition. The judge also declined to alter or amend authorizing the transfer and denied the State’s petition. (Attachment 5).

2. The State maintains there are multiple arguments that the probative facts of record do not support the critical fact findings in the order. Most specifically, it is not reasonable to find the defendant (who committed two murders) well-enough to be released from hospitalization, but not competent to stand trial. That defies not only the structure of the Article 5, Fitness to Stand Trial, provisions, but also the very purpose for its restrictions to hospitalization for treatment. Even so, one legal error is obviously present and that error goes directly to the danger to the community and infringement of the prosecutorial obligation: whether Judge Hayes applied the statutory provisions in S.C. Code § 44-23-460. The statute is plainly written so that one of two options must

² S.C. Code Ann. § 44-23-450 (providing for “reexamination” upon request by “two designated examiners”).

be imposed after the finding the defendant is unfit and must be “released from the hospital”: either dismissal of the charges if the hospitalization period is greater than the maximum punishment the defendant could have received or standing trial with the possibility of dismissal due to lapse of time. Judge Hayes had no authority under the statute to allow a step-down transfer to another facility. In sum, for the type of serious crimes at issue here with the potential of a life sentence where there will be continued treatment there is only restricted inpatient hospitalization, not outpatient independence.³ Judge Hayes provided an option that the Legislature did not, and that is error.⁴

As the State argued, if Douglas is fit enough to be outside of hospitalization, he should be fit enough to stand trial. It appears hospitalization, trial or dismissal would be the only choices the Legislature contemplated by the clear statutory provisions applicable at this juncture. At a minimum, here, the matter should be remanded to Judge Hayes to make the decision on release from hospitalization under the correct options pursuant to the statute.⁵ However, it is the error itself that makes this matter worthy of certification.

³ The term “hospital” is restricted, by definition, to hospital settings, while a “mental health facility” is assigned a broader definition that may include “any hospital, clinic, or other institution maintained by the department.” *See* S.C. Code Ann. § 44-23-10 (9), (14), (24) and (25).

⁴ There is the possibility of involuntary commitment but only when unlikely to become fit in the foreseeable future while undergoing inpatient hospitalization or otherwise detained. *See* § 44-23-430 (A)(2) The provision does not speak to being well-enough for release from hospitalization but not restored to competency. Moreover, the statutory section for restoration uniformly speaks to hospitalization or detention and only allows outpatient treatment if on bond. (*See* §§ 44-23-430(A)(3)). If not committed, defendants facing violent crimes are only released after considering “whether the person shall be released on bond with terms and conditions appropriate for the safety of the community and the well-being of the person.” § 44-23-430(C)(1).

⁵ This may result in involuntary commitment proceedings if further evaluation does not result in showing that Douglas has regained competence. Any remand should allow for another “examination by two designated examiners” as contemplated by the statute in § 44-23-450. But critically, the lower court has no statutory path to the relief granted, and that relief should not be allowed to stand.

3. Again, the State's interest is in the protection of the public while waiting for a return to competency. The State emphasized below and does so again here, that how a defendant who is currently unfit will be secured for mental health treatment is a matter of great importance to the safety of the State's citizens.⁶ This will likely turn in critical part on the interpretation of a state statute. Thus, the matter is destined to come to this Court, and this case is a solid, well-developed case for the Court to decide the significant questions raised here. The importance of the matter and the inevitability of the issue being presented here argues well for certification, especially where this critical matter should be decided sooner rather than later to protect the public.

4. In the alternative to certification, the State respectfully requests this Court "issue one of the common law remedial writs pursuant to S.C. Const. art. V, § 5." *State v. Hill*, 314 S.C. 330, 332, 444 S.E.2d 255, 256 (1994); *State v. Price*, 441 S.C. 423, 433, 895 S.E.2d 633, 638 (2023) ("Pursuant to this authority, we may use a common-law writ of certiorari to correct errors of law, particularly where a trial court exceeded its authority."). This matter involves the detention and treatment parameters for a violent defendant; what more urgent situation could be posed?

Conclusion

Based on the foregoing, the State respectfully requests that this Court certify the case pursuant to Rule 204(b), SCACR; assume jurisdiction over the case for all purposes; order the appeal held in abeyance pending resolution of the State's motion; and grant such other and further

⁶ To be clear, this includes the State's citizens within the facility who are exposed to a defendant with a violent history and charged with violent crimes (here, two counts of murder). See <https://www.counton2.com/news/south-carolina-news/lawsuit-man-killed-ate-patients-at-upstate-mental-health-facility/> (detailing murder within a facility recommended by the Department of Mental Health by individual with known history of violence). See also <https://www.heraldonline.com/news/local/crime/article299866479.html> (detailing concern where defendant found not guilty by reason of insanity would be released to a non-hospital facility when individual "maximized their state hospital treatment").

relief as the Court may deem just and proper, including granting an extraordinary writ to correct the plain error of law and remand for additional proceedings under the limitations provided by the Legislature.

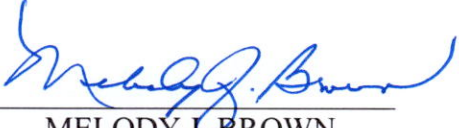
Respectfully submitted,

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Attorney General

DONALD J. ZELENKA
Deputy Attorney General

MELODY J. BROWN
Senior Assistant Deputy Attorney General

BARRY BARNETTE
Solicitor, Seventh Judicial Circuit

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June 9, 2025

ATTORNEYS FOR RESPONDENT

ATTACHMENTS

STATE'S MOTION TO CERTIFY CASE PURSUANT TO RULE 204(b), SCACR FOR REVIEW BY THE SUPREME COURT

1. Indictments;
2. November 26, 2024 Order Pursuant to § 44-23-460;
3. DMH Motion to Reconsider;
4. State's Motion to Reconsider;
5. May 2, 2025 Order Denying Motions for Reconsideration.

ATTACHMENT 1

WITNESSES

Spartanburg County Sheriff's Office

Sammy G. Powers

ARREST WARRANT NUMBER

2018A4210103246

ACTION OF GRAND JURY

True Bill

DEC 07 2018

[Signature]
Foreperson of Grand Jury
Date:

VERDICT

Foreperson of Petit Jury
Date:

DOCKET NO.

18-GS-42-6403

The State of South Carolina

County of Spartanburg

Barry J. Barnette, Solicitor

COURT OF GENERAL SESSIONS

[[10 2018

TERM

THE STATE

v.

CASEY ALLEN DOUGLAS

Indictment for

MURDER

SC Code 16-03-0010, 0020

CDR Code 116

Class FEL-EXM

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CLERK OF COURT
SPARTANBURG COUNTY

STATE OF SOUTH CAROLINA)
)
COUNTY OF SPARTANBURG)

INDICTMENT

At a Court of General Sessions, convened on DEC 07 2018, the
Grand Jurors of Spartanburg County present upon their oath:

MURDER

That the Defendant, Casey Allen Douglas, did in Spartanburg County on or about
October 24, 2018, feloniously, willfully, and with malice aforethought, kill one Stephanie
Jenkins by stabbing her with a knife, and the victim died as a proximate result thereof, all
in violation of §16-3-0010, 0020, *The South Carolina Code of Laws*, (1976, as amended).

Against the peace and dignity of the State, and contrary to the statute in such
case made and provided.


SOLICITOR

WITNESSES

Spartanburg County Sheriff's Office

James G. Powers

ARREST WARRANT NUMBER

2018A4210103246

2018A4210103247

ACTION OF GRAND JURY

True Bill

DEC 07 2018

[Signature]
Foreperson of Grand Jury
Date:

VERDICT

Foreperson of Petit Jury
Date:

DOCKET NO.

18-GS-42-6404

The State of South Carolina

County of Spartanburg

Barry J. Barnette, Solicitor

COURT OF GENERAL SESSIONS

DEC 10 2018

TERM

THE STATE

v.

CASEY ALLEN DOUGLAS

Indictment for

MURDER (Count 1)

SC Code 16-03-0010, 0020

CDR Code 116

Class FEL-EXM

**POSSESSION OF FIREARM
DURING COMMISSION OF A VIOLENT
CRIME (Count 2)**

SC Code: 16-23-490

CDR Code: 649

Class FEL/F

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SPARTANBURG COUNTY

CR

STATE OF SOUTH CAROLINA)
COUNTY OF SPARTANBURG)

INDICTMENT

DEC 07 2018

At a Court of General Sessions, convened on _____, the
Grand Jurors of Spartanburg County present upon their oath:

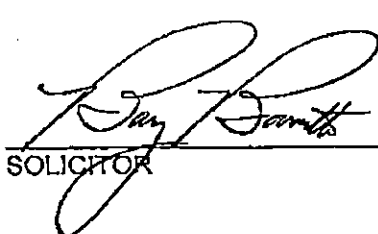
COUNT ONE - MURDER

That the Defendant, Casey Allen Douglas, did in Spartanburg County on or about
October 24, 2018, feloniously, willfully, and with malice aforethought, kill one Craig
Jenkins, by stabbing him with a knife, and the victim died as a proximate result thereof,
all in violation of Section 16-3-0010, 0020, Code of Laws of South Carolina, (1976, as
amended).

**COUNT TWO - POSSESSION OF FIREARM DURING COMMISSION
OF A VIOLENT CRIME**

That the Defendant, Casey Allen Douglas, did in Spartanburg County on or about
October 24, 2018, visibly display a knife during the commission or attempted
commission of a violent crime, to-wit: Murder, in violation of Code §16-23-490, CODE
OF LAWS OF SOUTH CAROLINA, (1976), as amended

Against the peace and dignity of the State, and contrary to the statute in such
case made and provided.


SOLICITOR

ATTACHMENT 2

STATE OF SOUTH CAROLINA)
)
COUNTY OF SPARTANBURG)
)
The State of South Carolina,)
)
vs.)
)
Casey Douglas)
)

Defendant:)

IN THE COURT OF GENERAL SESSIONS
SEVENTH JUDICIAL CIRCUIT

ORDER PURSUANT TO
§44-23-460

2018A4210103245
2018A4210103246
2018A4210103247

This matter came before the Court by a motion of the Defendant seeking to be released from inpatient hospitalization by the South Carolina Department of Mental Health (DMH) pursuant to S.C. Code Sections 44-23-430 and 44-23-460 to continue treatment on an outpatient basis at a community residential care facility where his mental health treatment will continue in a structured/supervised living environment with specific criteria imposed on him.¹

Mr. Casey Douglas was evaluated pursuant to State v. Blair for competency to stand trial on the charges of Murder (2 counts) and Possession of a Weapon During a Violent Crime on November 5, 2019. On January 7, 2020, he was found to not be competent to stand trial and unlikely to become competent in the foreseeable future. Mr. Douglas was admitted to the G. Werber Bryan Psychiatric Hospital's forensic unit on November 20, 2020. Mr. Douglas has been continually treated by Bryan Psychiatric Hospital since then. Mr. Douglas was reevaluated for his competency to stand

¹ The motion follows notification from the South Carolina Department of Mental Health (DMH) pursuant to SC Code Section 44-23-460 that Mr. Douglas was no longer in need of hospitalization at his present location at Bryan Psychiatric Hospital Forensic Services (BPH-Forensic). This Court had the benefit of conducting two (2) hearings related to the motion. The first, an in-person hearing, on August 18, 2023, and the second a remote hearing utilizing the Court's virtual sealed courtroom, on November 22, 2024. The Court also had the benefit of receiving DMH reports and evaluations dating back to May of 2019, which detail Mr. Douglas' mental health issues, his schizophrenia diagnosis, his delusional thinking, and the progress DMH has made with Mr. Douglas that led to the present treatment and placement recommendations.

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trial on January 7, 2022 and October 9, 2024. He was opined to be not competent to stand trial and not likely to restore after both evaluations.²

Again, officials at the Department have notified the Court pursuant to S.C. Code Ann. Section 44-23-460 that the Defendant no longer requires inpatient hospitalization and could be treated on an outpatient basis at Generations of Monetta Community Residential Care Facility in Monetta, SC. He will receive treatment from the Aiken-Barnwell Mental Health Center.

With the Department of Mental Health having established that Mr. Douglas is unfit to stand trial, the second issue to be addressed is the request that Mr. Douglas' be released from his present inpatient hospitalization and transferred to Monetta Community Residential Care Facility.

DMH asserts that subsection (1) of Section 44-23-460 requires the person found unfit to stand trial must be released from the hospital if DMH believes he no longer requires hospitalization. Generally, this Court agrees with DMH's assertion to the extent that the wording in the statute requires this Court to follow the legislative mandate reflected in the terminology "shall order his release from the hospital". Additionally, this Court notes that it only possesses jurisdiction over Mr. Douglas at this time, based upon DMH's invoking its request pursuant to 44-23-460. See, Wilson v. State, 315 S.C. 158, 432 S.E.2d. 477 (1993). This Court's second

² During both hearings, the Court received testimony from and reviewed multiple evaluation reports prepared by Dr. Matthew Gaskins. Dr. Gaskins was qualified without objection as an expert in the area of Forensic Psychiatry. Dr. Gaskins' competency evaluations, reports, and opinions were that Mr. Douglas lacked the capacity to stand trial. This Court notes that Dr. Gaskins' opinion came after restorative efforts were completed, but did not resolve Mr. Douglas' capacity to stand trial issues. At the November 22, 2024 hearing, in addition to Dr. Gaskins, the Court had the benefit of hearing from Dr. Robert Nelson. Dr. Nelson was qualified, without objection, as a Forensic Psychologist. Dr. Nelson could not offer an opinion different from Dr. Gaskins on the issue of capacity to stand trial because Dr. Nelson had not met, evaluated or tested Mr. Douglas. Nevertheless, he expressed some concerns about Mr. Douglas' evaluations. His concerns were limited to the possibility of maligning had not been tested, his opinions between bizarre and non-bizarre delusions, and his concern if Mr. Douglas failed to comply with his medication requirements. After receiving this testimony and prior to the hearing reviewing the reports and evaluations dating back to May 2019, this Court concluded, Mr. Douglas lacks the ability to stand trial - unfit to

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issue is to determine if there is a likelihood of serious harm to Mr. Douglas or others with the placement recommendation offered by DMH. In other words, whether a patient charged with a violent crime can be released to the recommended placement with terms and conditions appropriate for the safety of the community and the well-being of the patient. See, Section 44-23-430(c).

Having considered the reports, evaluations, and testimony, which included, but was not limited to, the insight of the Defendant and the threat of harm from the Defendant, this Court finds that Mr. Casey Douglas should be released from hospitalization as recommended by DMH with the following special conditions. The special conditions should be strictly complied with until further order is issued by a general session judge.³

Note, however, nothing in this Order is to be read as to restrict or limit DMH from administering whatever type of medication, treatment, supervision, or adding custodial restrictions that may be found necessary to assure Mr. Douglas' safety and the safety of the

stand trial—and is not competent to stand trial.

3 To address the second issue, the Court had the detailed reports and information dating back to 2019. The reports and evaluations offered for by DMH and the evaluation performed by Dr. Maddox are incorporated into this Order by reference. The additional witnesses called were Dr. Jennifer Alleyne, (Douglas' treating doctor), Dr. Richard Frierson (Forensic Psychiatrist), Dr. Donna Maddox (Forensic Psychiatrist), Mike Prodan (Threat Assessment Expert) and Dr. James Cawood (Threat Assessment Expert). All of these witnesses were of value in deciding the issues before this Court. Great weight was given to Dr. Alleyne because of her regular contact with Mr. Douglas as one of his treating physicians. The records support Mr. Frierson's opinion that Mr. Douglas has complied with treatment, and as a result has experienced only minimal psychotic symptoms. He noted Mr. Douglas has been described as a model patient. He noted that there is no further indication for further hospitalization. The risk assessment recommendation offered by him will be incorporated in this Order. Dr. Maddox was complimentary of Mr. Douglas' cooperation and compliance with his treatment. While Dr. Maddox felt his release was premature by approximately six months, her suggestions of exploring additional medication and the appointment of a Guardian Ad Litem should be explored by DMH and implemented if his treating doctors agree. The risk assessment experts—Prodan and Cawood—focus their analysis on the allegation of the crime. Neither of these experts interviewed Mr. Douglas or any of his care providers. The factual allegations are very serious. Nothing was presented to this Court that DMH does not also share a similar view of the criminal factual allegation when their recommendations were offered. The opinions from the risk assessment experts and the opinions from the mental health and medical experts have all been considered in complying with the legislative directives of 44-23-60 that requires release and 44-25-430(c) that the release be accomplished with appropriate measures for the safety of the community and well-being of the patient.

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community. Likewise, Mr. Douglas shall not read the terms of this Order as a basis for refusing any medications, treatments, supervision, or additional custodial restrictions that may be prescribed or ordered by DMH.

IT IS THEREFORE ORDERED THAT Mr. Douglas be released from inpatient hospitalization from the Department of Mental Health on the condition that he reside at Generations of Monetta Community Residential Care Facility located in Monetta, SC and subject to the following conditions:

1. to comply with the program of care and treatment developed by the Aiken-Barnwell Mental Health Center and monitoring by the DMH Forensic Outreach Clinic, including the keeping of scheduled appointments, participation in scheduled activities and the taking of all prescribed medications, meeting with his mental health case manager, attending all required treatment programs/groups, and complying with all urine/blood drug and alcohol screens;
2. to execute any and all consents and authorizations required to enable the Aiken-Barnwell Mental Health Center, the Forensic Outreach Clinic, the Seventh Circuit Chief Administrative Judge, Seventh Circuit Solicitor's Office and the Seventh Circuit Public Defender's Office to exchange information concerning his treatment, and his compliance with treatment and the other provisions of this order;
3. to remain abstinent from alcohol and illicit drug use and to comply with random or scheduled drug screens to ensure sobriety and medication compliance and attend local meetings as recommended by the treatment team;
4. to refrain from possessing any weapons, including but not limited to knives;

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SPARTANBURG COUNTY
AMY W. COX

5. to follow any Probate Court Order for treatment;
6. to refrain from associating with known felons outside of therapeutic groups;
7. to live in a residence approved by his treatment staff; any change in residence shall require an updated PR Bond Order that notes the new residence;
8. to accept periodic contact from his present treating physician, Dr. Jennifer Alleyne to assure his safety and the safety of others, of at least twice weekly for the first four weeks--after his transfer--and at least once weekly for the next six weeks for at least the first six months of placement or longer as may be determined by DMH;
9. allow continued use of his present prescribed two dose mental health medication (one injectable and one oral);
10. make himself accessible for reexamination by DMH staff for consideration of additional medications injectable and/or oral and comply with all future medication adjustments or modifications;
11. shall not leave the assigned mental health facility unless accompanied by appropriate mental health staff;
12. at any time leaving the facility, shall wear the DMH provided electronic ankle monitor;
13. shall participate in appropriate job training skill programs that will be determined by DMH;
14. shall cooperate with the appointment of a Guardian Ad Litem.

IT IS FURTHER ORDERED that the Department is authorized to disclose information about the defendant's cooperation and compliance with the Aiken-Barnwell Mental Health Center's

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Aiken-Barnwell Mental Health Center

treatment recommendations, including the taking of medication, keeping of appointments, participation in recommended treatment activities and cooperation and compliance in residing in a residence recommended by the Center, including his compliance with the policies and rules of the residence provider to the Seventh Circuit Chief Administrative Judge, the Seventh Circuit Solicitor's Office and the Seventh Circuit Public Defender's Office.

IT IS FURTHER ORDERED that in the event Mr. Douglas does not comply with the provisions of this Order requiring him to comply with the program of treatment developed by the Aiken-Barnwell Mental Health Center or monitoring by the Forensic Outreach Clinic, or in the event that Mr. Douglas is unable to reside at Generations of Monetta CRCF, it will be a violation of this Order and upon written certification of such noncompliance by the Aiken-Barnwell Mental Health Center or Forensic Outreach Clinic stating that Mr. Douglas is in apparent violation of the conditions of this Order, the Sheriff of Aiken County, or other Sheriff if Mr. Douglas is present in a different county than Aiken, is hereby required to immediately transport Mr. Douglas to the Spartanburg County Detention Center pending a hearing. In such event, the Department of Mental Health will notify the Seventh Circuit Chief Administrative Judge, the Seventh Circuit Solicitor and the Seventh Circuit Public Defender.

IT IS FURTHER ORDERED that the Spartanburg County Detention Center must remove all detainers to allow for outpatient treatment.

AND IT IS SO ORDERED this 26th day of November, 2024 in Spartanburg, South Carolina.

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SPARTANBURG COUNTY
AMY M. COX



J. Mark Hayes, II
Seventh Judicial Circuit

State v. Douglas

2018A4210103245

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SPRINGFIELD, ILLINOIS
JAMES W. COX

ATTACHMENT 3

STATE OF SOUTH CAROLINA)

COUNTY OF SPARTANBURG)

State of South Carolina)

vs.)

Casey Douglas,)

Defendant.)

IN THE COURT OF GENERAL SESSIONS
SEVENTH JUDICIAL CIRCUIT

2018A4210103245-47

NOTICE OF MOTION
MOTION FOR RECONSIDERATION

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SPARTANBURG COUNTY
A.Y. COX

To: Barry Barnette, Solicitor, Seventh Judicial Circuit;
Robert Hall, Attorney for the Defendant

PLEASE TAKE NOTICE that the South Carolina Department of Mental Health (SCDMH) hereby moves for reconsideration of conditions 8, 11, and 12 of the Order issued by this court on November 26, 2024 allowing for the discharge of the above-referenced defendant from inpatient hospitalization.

Regarding condition #8, upon Mr. Douglas' discharge, the patient/practitioner dynamic between Mr. Douglas and Dr. Alleyne will be severed. Thus, Dr. Alleyne would not have the ability to make any substantive changes to Mr. Douglas' medical regimen, nor would their communications be protected by the psychotherapy privilege codified at S.C. Code §44-22-90. While Dr. Alleyne will undoubtedly be a valuable resource for Mr. Douglas' continued treatment, SCDMH believes that consultation or inquiry for Dr. Alleyne should properly be utilized by Mr. Douglas' treating psychiatrist at Aiken-Barnwell Mental Health Center, his case worker at Aiken-Barnwell, or through social work staff at the Forensic Outreach Clinic.

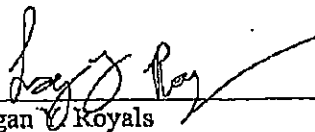
Regarding condition #11, SCDMH is statutorily obligated to provide a patient with "care and treatment that is suited to his needs and which is the least restrictive appropriate care and treatment" and to "ensure that restrictions on a residential patient's liberty are confined to those minimally necessary to establish the therapeutic objectives for the patient." S.C. Code §44-22-50(A),(B). While total accompaniment by staff might be initially appropriate for Mr. Douglas upon his admission to Generations of Monetta, independence will become a necessary part of his treatment as that treatment progresses. In particular, the job training referenced in the same order

would almost certainly require his presence in a setting separate from mental health professionals or residential facility staff. Moreover, such a requirement without a timeframe for potential independent movement would severely limit SCDMH in moving Mr. Douglas from an environment "segregated from the community to integrated into the community" and from "dependent to independent living." S.C. Code §§44-22-50(E)(5-6).

Finally, regarding condition #12, SCDMH does not operate any GPS monitoring technology, and does not have the means to provide Mr. Douglas with an electronic ankle monitor.

PLEASE TAKE NOTICE that the South Carolina Department of Mental Health will seek a hearing of its motions set forth below.

RESPECTFULLY SUBMITTED,



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Columbia, South Carolina
December 3, 2024

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SPARTANBURG COUNTY
AMY M. COX

STATE OF SOUTH CAROLINA)
COUNTY OF SPARTANBURG)

IN THE COURT OF GENERAL SESSIONS
SEVENTH JUDICIAL CIRCUIT

2018A4210103245-47

State of South Carolina)

vs.)

Casey Douglas,)

Defendant.)

NOTICE OF MOTION
MOTION FOR RECONSIDERATION

To: Barry Barnette, Solicitor, Seventh Judicial Circuit:
Robert Hall, Attorney for the Defendant

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Regarding condition #11, SCDMH is statutorily obligated to provide a patient with "care and treatment that is suited to his needs and which is the least restrictive appropriate care and treatment" and to "ensure that restrictions on a residential patient's liberty are confined to those minimally necessary to establish the therapeutic objectives for the patient." S.C. Code §44-22-50(A),(B). While total accompaniment by staff might be initially appropriate for Mr. Douglas upon his admission to Generations of Monetta, independence will become a necessary part of treatment as that treatment progresses. In particular, the job training referenced in the same order

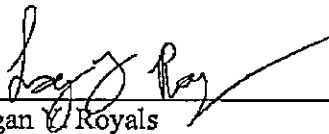
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SEVENTH JUDICIAL CIRCUIT
SPARTANBURG, SC

would almost certainly require his presence in a setting separate from mental health professionals or residential facility staff. Moreover, such a requirement without a timeframe for potential independent movement would severely limit SCDMH in moving Mr. Douglas from an environment "segregated from the community to integrated into the community" and from "dependent to independent living." S.C. Code §§44-22-50(E)(5-6).

Finally, regarding condition #12, SCDMH does not operate any GPS monitoring technology, and does not have the means to provide Mr. Douglas with an electronic ankle monitor.

PLEASE TAKE NOTICE that the South Carolina Department of Mental Health will seek a hearing of its motions set forth below.

RESPECTFULLY SUBMITTED,



Logan C. Royals
Attorney for the South Carolina
Department of Mental Health
2414 Bull Street, Post Office Box 485
Columbia, South Carolina 29202
(803) 898-8557 phone
(803) 898-8453 facsimile
logan.royals@scdmh.org

Columbia, South Carolina
December 3, 2024

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CLERK OF COURT
SPARTANBURG COUNTY
AMY W. COX

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ATTACHMENT 4

STATE OF SOUTH CAROLINA	)	IN THE COURT OF GENERAL SESSIONS
COUNTY OF SPARTANBURG	)	FOR THE SEVENTH JUDICIAL CIRCUIT
	)	
State of South Carolina,	)	MOTION TO RECONSIDER ORDER
	)	PURUSANT TO § 44-23-460
Respondent,	)	
vs.	)	
Casey Douglas,	)	Warrant Nos.: 2018A4210103245,
	)	2018A4210103246, and 2018A4210103247
Defendant.	)	Indictment Nos.: 2018-GS-42-6403 and 6404
	)	

The State hereby moves the Court to respectfully reconsider the November 26, 2024 Order in the above-listed matter that provides for the Defendant, Casey Douglas, to be released from inpatient hospitalization with the South Carolina Department of Mental Health on conditions including that Douglas reside at Generations of Monetta Community Residential Care Facility located in Monetta, South Carolina and be subject to further parameters listed in the Order.

I

First, the State would argue that additional hospitalization and treatment is still needed based on evidence presented during the hearing on November 22, 2024. Dr. Donna Maddox, a recognized forensic psychiatrist not just in South Carolina but throughout the United States, testified that Douglas was not ready for release and any release would be premature. Dr. Maddox stated Douglas needed further treatment and medication. In her opinion, Douglas had not reached his maximum treatment that could be given to him by the South Carolina Department of Mental Health. Dr. Maddox made the recommendation for continued inpatient hospitalization in her report (please see Exhibit #1). Her testimony on pages 116 through 135 of the hearing transcript from November 22, 2024 (please see Exhibit #4 for the complete transcript of the November 22, 2024 hearing) supports reconsideration of the November 26 Order.

II

Dr. Jim Cawood, a leading expert in threat assessment in the United States (please see Exhibit #2 for his CV), stated that in his opinion Douglas was a high threat to other individuals.

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Dr. Cawood also questioned the findings of Dr. Richard Frierson based on the testing that was done on Douglas including the Historical-Clinical-Risk Management-20 assessment (HCR-20v3). Dr. Cawood testified that previous HCR-20v3 assessments he has examined in the past in other matters always had a level of risk included with the assessment on the individual being tested. Douglas' assessment by Dr. Frierson had no risk levels listed in it. Dr. Cawood questioned the results presented in Dr. Frierson's testimony. Dr. Cawood found Douglas to be a high-level threat based on the reports given to him from the South Carolina Department of Mental Health, Dr. Maddox's report, the Spartanburg County Sheriff's Office case-file on the above-listed charges, and the previous testimony in this case. Dr. Cawood's testimony is found on pages 147 through 166 of the hearing transcript (Exhibit #4) and supports the State's argument for reconsideration of the November 26 Order.

III

Captain Michael Prodan of the State Law Enforcement Division is a leading expert on threat assessment in the State of South Carolina (please see Exhibit #3 for his CV). Captain Prodan is the person who is contacted to determine the threats against South Carolina's public officials through the state. In his assignment with the Behavioral Science Unit at SLED, he performs threat assessment management for the Executive, the Legislative, and the Judicial branches of our state's government. Captain Prodan also performs threat assessment management for schools, colleges and universities, state offices, and on occasion businesses and individuals. During his testimony at the hearing on November 22, Captain Prodan discussed the crimes at issue in this case as well as the danger of Douglas posing a high risk of violence towards others due to the behavioral aspects and the circumstances of his crimes. Captain Prodan's testimony on pages 136 through 146 of the hearing transcript (Exhibit #4) supports the State's position for reconsideration of the November 26 Order.

IV

The State would argue the South Carolina Department of Mental Health, through its attorney and witnesses, appeared to be advocates for Douglas in this matter. The South Carolina Department of Mental Health (hereafter "SCDMH") should be a neutral party in this matter and instead they have been advocating for Douglas to be released even with his serious prior criminal

record and the two pending Murder charges. Douglas' attorney, Robert Hall, asked very few questions during the hearing on November 22, 2024, and he did not have to because SCDMH made a biased presentation in this case. The State is concerned with the threat assessment made by SCDMH concerning Douglas. It appears that the bias shown by SCDMH has affected the threat assessment made by their department. In testimony given at the November 22, 2024 hearing, Dr. Matthew Gaskins stated that Douglas still has delusions. Dr. Gaskins' relevant testimony is found on pages 20 through 27 of the hearing transcript (Exhibit #4). Dr. Gaskins also reviewed these delusions in his report from his interview with Douglas on October 9, 2024 (please see Exhibit #5). The delusions that were involved in the murders of Stephanie Jenkins and Craig Jenkins are still present as of October 9, 2024. The testimony of Dr. Jennifer Alleyne and Dr. Frierson minimized the report of Dr. Gaskins regarding Douglas' delusions and diminished the dangers they pose with Douglas' placement in a wholly new, less secure location.

The State would argue that Dr. Alleyne with SCDHM also showed bias towards Douglas in her testimony. In testimony on November 22, Dr. Alleyne stated the following:

Q. Well, my question is, is -- the Holy Spirit commands him not to trust somebody to do something, to kill somebody because of, you know, their gangster or something threatening them, those commands---

A. But that's -- that's not what, what you just said or what's in these reports. What's in these reports is that the Holy Spirit is telling him not to trust somebody and based on his experiences with the way these hearings have gone over the past year and a half, I don't think that it's unreasonable for him not to trust the legal system or someone hired by the legal system to come and talk to him. I think that's a valid fear. (Exhibit #4: page 79, lines 10 through 22)

Dr. Alleyne's answer was non-responsive to the question, but her opinion "based on his experiences with the way these hearing have gone over the past year and a half, I don't think that it's unreasonable for him not to trust the legal system or someone hired by the legal system to

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JANICE COLEMAN

come and talk to him” shows a bias against the legal system as well as inferring that Douglas has been held too long in inpatient care at the Just Care facility.

V

The State is concerned about the facility to which Douglas is to be released, Generations of Monetta Community Residential Care Facility, located in Monetta, South Carolina. The State would argue that no evidence has been provided by SCDMH or Douglas through his attorney concerning the facility itself. The State looked online for information about the facility and found the information attached here as Exhibit #6. It appears, per the information online, that the facility is a retirement or assisted living facility oriented for older adults; it is not a facility designed for persons with compelling mental health issues. The State is concerned about the safety of other, older individuals living at the facility as well as the public in general based on the information found online and the lack of information provided about Generations of Monetta.

VI

The South Carolina Department of Mental Health has filed its own Motion for Reconsideration in this matter. After reviewing their Motion, the State has additional concerns about arguments made by the SCDMH and what they request of the Court. SCDMH totally disregards Dr. Maddox’s recommendation and the concerns of the Court when the agency asserts that “upon Mr. Douglas’ discharge, the patient/practitioner dynamic between Mr. Douglas and Dr. Alleyne will be severed.” SCDMH gives no reason why Dr. Alleyne cannot be directly involved in Douglas’ care as the Court mandates in condition #8 of the November 26, 2024 Order. Indeed, SCDMH’s argument against this rational continuum of care even goes against the testimony Dr. Alleyne gave in which she claimed it was not unreasonable for Douglas to distrust new people sent to come and talk to him, yet SCDMH wants no further contact between Douglas and Dr. Alleyne once he is moved to a new location that is completely foreign to him where he does not know any of the people who will surround him daily.

The SCDMH Motion for Reconsideration also states that, “SCDMH does not operate any GPS monitoring technology, and does not have the means to provide Mr. Douglas with an

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JANUARY 10, 2025

electronic ankle monitor.” This argument by SCDMH further reveals their disinclination to be involved with Douglas’ ongoing care or monitoring going forward.

The SCDMH Motion for Reconsideration further states, “SCDMH is statutorily obligated to provide a patient with ‘care and treatment that is suited to his needs and which is the least restrictive appropriate care and treatment’ and to ‘ensure that restrictions on a residential patient’s liberty are confined to those minimally necessary to establish the therapeutic objectives for the patient.’ S.C. Code §44-22-50(A),(B). While total accompaniment by staff might be initially appropriate for Mr. Douglas upon his admission to Generations of Monetta, independence will become a necessary part of his treatment as that treatment progresses. In particular, the job training referenced in the same order would almost certainly require his presence in a setting separate from mental health professionals or residential facility staff. Moreover, such a requirement without a timeframe for potential independent movement would severely limit SCDMH in moving Douglas from an environment ‘segregated from the community to integrated into the community’ and from ‘dependent to independent living.’ S.C. Code §§44-22-50(E)(5-6).”

The State is shocked by the position that SCDMH is taking with Douglas. Dr. Maddox has determined that Douglas should not be released and is not ready for release at this point in time. Douglas has been determined to be high-level threat by Captain Prodan and Dr. Cawood. SCDMH wants to release Douglas from their inpatient psychiatric hospital in Columbia and is disregarding not only countervailing evidence but also that Douglas has a violent prior record for Armed Robbery, two pending Murder charges, and a Possession of Weapon During Commission of Violent Crime charge pending in Spartanburg County in their desire to have Douglas given the ability for independent movement in our state. SCDMH does not want any constraints on Douglas and they are blatant in their argument for his freedom under the guise of therapeutic objectives. If Douglas is well enough to be released to the community, given his independence, and can control his delusions then his competency can definitely be restored and he would be competent to stand trial. At some point, common sense has to be used in this situation and in the State’s opinion the Motion for Reconsideration filed by SCDMH shows the bias of SCDMH in this case.

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SOUTH CAROLINA

VII

Dr. Robert Nelson was qualified as a forensic psychologist in the November 22, 2024 hearing (please see Exhibit #7 for his CV). The first thing Dr. Nelson stated in his testimony was how he was concerned that Douglas was initially found to be restored to competency and then the most recent reports from SCDMH suggest that Douglas was not competent. The central topic at question in the matter of Douglas' competency has been his delusions according to the information from SCDMH. Under oath Dr. Gaskins stated that in general Douglas knows the difference between right and wrong (see Exhibit #4: page 18, lines 7 through 14). Dr. Gaskins also stated Douglas has an excellent understanding of the criminal justice system (see Exhibit #4: page 18, lines 15 through 18). Dr. Nelson spoke from his experience that the reports on Douglas regarding his delusional thought process were related to religious issues; Dr. Nelson made a differentiation, based on his training, between bizarre versus non-bizarre delusions. Most of Douglas' reported delusions were of the non-bizarre nature related to the Holy Spirit, belief in God, and gangs in Spartanburg County which large numbers of our population acknowledge in our world today. Dr. Nelson had concerns about the interpretation of the delusions being used to determine Douglas was not competent. Dr. Nelson testified that an individual could fake mental health conditions, such as delusions. Dr. Nelson also testified that to his knowledge no instrument was administered to Douglas that would test for the possibility of malingering symptomology or feigning. In a situation where SCDMH should be downright thorough, they have not even tested Douglas for this which leaves the possibility such malingering or feigning could be occurring here.

VIII

The State understands the findings of the Court that Douglas is not currently competent, but the State believes that Douglas can be restored at a later date. SCDMH, through their Motion for Reconsideration as well as through their testimony, clearly wants Douglas to be released to be independent on his own. How can an incompetent person with a history of violent crime who is charged with two horrific murders be integrated into the community to independent living without being restored to competency? Given the crimes perpetrated by Douglas both in his record and in the currently pending charges, the State position is that Douglas cannot be integrated into the community to independent living unless he is competent. If Douglas is competent, he should stand

trial for the two Murder charges as well as the Possession of Weapon During Commission of Violent Crime charge pending in Spartanburg County.

CONCLUSION

The State would respectfully request this Honorable Court reconsider the November 26, 2024 Order and asks for an Order that Douglas not be released from Just Care at this time. The State's position is that Douglas is not ready for release and his release from Just Care would be premature. The State would also ask for the ability to get an independent competency evaluation from a qualified professional who is not associated with SCDMH in any way in the future when SCDMH moves for another Order to release Douglas to a facility other than Just Care. The State believes that SCDMH has shown a bias in favor of Douglas' release and against the "legal system" in this case as seen by the testimony on November 22 as well as its Motion for Reconsideration. The State does not believe the actions of SCDMH are in the best interests of our society or even Douglas. If Douglas is still incompetent and still has the same delusions that led him to kill Stephanie Jenkins and Craig Jenkins, he should not be released from Just Care. If Douglas has recovered enough to be integrated into the community to independent living, the State would be entitled to another independent competency evaluation outside any association with SCDMH.

By: 
Barry J. Barnette
Solicitor, 7th Judicial Circuit

December 9, 2024
Spartanburg, South Carolina

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SPARTANBURG COUNTY
SOUTH CAROLINA

October 15, 2024

Dear Solicitor Barnett,

Pursuant to a court order, I reviewed various documents and evaluated Casey Douglas for 1.5 hours on 9/5/24 at the BPH Forensic Facility in Columbia SC. I also performed collateral interviews and consulted with Cpt. Mike Prodan at SLED.

He was born on 7/8/90. He was convicted of Armed Robbery in 2007 and released from prison in 2015. He was charged with CDV, third in 2016. He was charged with two counts of Murder and Possession of a Weapon During a Violent Crime which occurred on 10/25/18 in Spartanburg County. He remains mentally ill and has positive symptoms of delusions and hallucinations. He was admitted to DMH from 9/10/19-11/5/19 for competency restoration. He was committed and has been an inpatient at DMH since 11/20/20 and has requested supervised discharge in the community.

Dr. Michael Cross previously conducted a report pursuant to a request for discharge in 2020.

He had a Violence Risk Assessment performed by Dr. Richard Frierson in August 2023. He reported active psychotic symptoms to Dr. Frierson including subliminal messages and hallucinations 3 times per week. Dr. Frierson used the Historical Clinical Risk Management 20 (HCR-20) Version 3 as part of his evaluation.

He has had prior Competency To Stand Trial Evaluations beginning in 2019 and 2022. He was recently re-evaluated on October 9, 2024 by Dr. Mathew Gaskins and opined to be Not Competent to Stand trial and Not Likely to Restore. Dr. Gaskins noted that Mr. Douglas "has persistent persecutory delusions about the index event" but did note Mr. Douglas has some insight into hallucinations now. He also discussed his need to stay away from cities so that he won't be on the radar with things in the past". He reported the war between good and evil is more active in cities. He reported paranoid ideation about the undersigned regarding my evaluation of him on 9/5/24. Dr. Gaskins noted that Mr. Douglas does not think he suffers from mental illness.

Mr. Douglas is treated by Dr. Jennifer Alleyne, MD. He reports a good relationship with her and the hospital staff. He reported that he feels safe in the hospital. He is on a long-acting injectable medication, Aristada® 882mg monthly.

Mr. Douglas was cooperative and forthcoming with information. He did demonstrate areas of insight, although he does not believe he is mentally ill. He stated he used to be outspoken about the Holy Spirit and the war between good and evil, but he isn't anymore because "people don't understand." He reported people have been awakened to what he knows and try to control it. He stated they have to pick a side. He stated the demonic side consists of lies, demons and witches that control entire cities involved in gang activity. He stated there is 'metaphysical warfare' with the Gangsta Disciples and people outside call it "The Illuminati." He reported the Holy Spirit communicates with him. He stated he would like to move to the country. He stated that information was used in Spartanburg. He stated his family and other networks received communications. He reported the dark side could not stop him from talking but they began using people close to him, including law enforcement, police, his family and friends. He stated they manipulated people at home to turn against him. He stated the holy spirit talked to him and allowed him to see chain reactions. He stated the goal was to "take me out, so I can't preach and talk." He stated he left Spartanburg and went to Cookeville Tennessee, "because I could tell no one was safe in Spartanburg." He stated the Gangsta Disciples found out where he was because his niece facetimed him. He stated he has felt safe in the hospital. He reported he does not want to hurt anyone. He did report he became uncomfortable when a roommate was talking on the phone and told him their families knew each other. He reported he told him to stop talking about him or his family on the phone.

He stated he would like the whole truth to be heard. He stated he wants to tell his whole side of the story. He stated there is a video from the night of the offense. He stated all of the gang members who have been arrested need to be interviewed. He stated his lawyer and Dr. Gaskins think he is crazy. "This causes them not to listen." He reported he would like another lawyer who is not from the Spartanburg area.

Conclusions:

1. While he has shown improvement in the frequency of his hallucinations and has some insight into his hallucinations, Mr. Douglas continues to believe that there is a network of evil running through the Gangsta Disciples that wishes him harm and communicates through networks like cell phones, and various agencies. He desires to live in a rural setting where networking is less likely. His response to treatment can be improved. He has been compliant with his treatments. The undersigned is concerned that he will develop delusions about the persons in his group home through inadvertent conversations, usage of phones or conversations. He reported similar symptoms when his former roommate mentioned their families knew one

another. Dr. Gaskins recent report described acute paranoid ideation about his evaluation with the undersigned.

2. Mr. Douglas does not believe he suffers from mental illness and has little insight into his reported delusions.
3. He is not safe to be at large because he continues to have positive symptoms of schizophrenia and lacks insight. He was very cooperative and was able to discuss ways he could feel safer in the community when he is released.

Recommendations:

1. He could benefit from having a second neuroleptic added to his treatment regimen such as Haldol decanoate.
2. When he is eventually placed in the community, he would require frequent follow-up with his case management team to assess if he feels safe or is developing delusional beliefs about staff or members of his group home. The undersigned is concerned that he will have different treatment providers and that he may be reluctant to disclose his symptoms. He presently trusts Dr. Alleyne and the staff at Bryan Forensics.
3. Prior to any discharge, he could benefit from supervised outings to assess how he will deal with unfamiliar persons and situations, and if he can process these outings with his treatment team.
4. He may benefit from having a Guardian ad litem appointed.



Donna S. Maddox, MD

Consulting Forensic Psychiatrist

James S. Cawood, Ph.D., CPP, CTM®

11/82-Present

**President
Factor One, Inc.**

This company provides vertically integrated threat and behavioral assessment and management expertise. This includes initial case consultation, behavioral assessment, comprehensive background investigation, resolution plan development and implementation; law enforcement, legal, and psychiatric liaison. It also provides security consulting and investigative services, as well as training services. I have assessed over 5000 cases and have designed and implemented threat & violence assessment and workplace violence training programs, provided site security program review, and investigative consultation for other sensitive client concerns including loss of proprietary information, claims of sexual harassment or discrimination, financial irregularities, and conflicts of interest. As a part of my professional development, I have acquired, and successfully employed, an expertise in behavioral profiling to solve difficult cases involving unknown arsonists, harassers and/or threateners.

As an investigator and security consultant, I have investigated cases for governmental agencies, financial institutions, professional service firms, insurance carriers, health care institutions, manufacturers, hotels, and transportation firms. These cases have involved sensitive personnel issues, fraud, assault, battery, attempted murder, embezzlement, due diligence, general liability, substance abuse, copyright infringement, corporate espionage, conflicts of interest, racial discrimination, sexual harassment, arson, and theft. I have provided consultation on general security assessments, computerized access systems, fire safety systems, security systems, personnel screening programs, interviewing programs, proprietary information programs, investigations, employee violence assessment programs, and have developed and/or modified operations procedures for these systems and programs.

**President
Protective Solutions, Inc.**

This company was formed to manage all threat assessment, workplace violence consultations, and executive protection assignments which, prior to its formation, had been addressed by Factor One. This company's operations were folded back into Factor One in October of 1999.

Security Operations Manager

As the Security Operations Manager for the Bank of America Data Center Complex, I was responsible for the hiring, supervision, and training of the 114 member contract security staff for the Wells Fargo Guard Service. My staff was responsible for the computerized building access system, the fire safety system and all building security and safety functions for this five building, 24 hour data center complex. Additional responsibilities include the formation, implementation and revision of security and safety policies for the complex.

Director of Corporate Security

In this position with Investment Mortgage International, I was responsible for the establishment of all security and safety procedures, the hiring and training of a security staff, and the implementation of all security programs company-wide.

Police Officer

Patrol officer for the City of Pacifica, California.
Performed all patrol related duties. Received special training in evidence collection and high risk warrant arrests.

Education and Credentials:

Northcentral University- Ph.D., Psychology

Argosy University- MA Forensic Psychology

University of California, Berkeley - BA Humanities

Licensed Private Investigator - California

Licensed Private Patrol Operator – California

Certified Protection Professional
- ASIS International

Professional Certified Investigator
- ASIS International

Physical Security Professional
- ASIS International

Certified Threat Manager
- Association of Threat Assessment Professionals

Certified Fraud Examiner-Retired
- Association of Certified Fraud Examiners

Certified International Investigator
- Council of International Investigators

Certification Specialist
- Institute of Credentialing Excellence

Certified High-Rise Fire Safety Director - State of California

Expert Testimony:

Qualified as an Expert in Threat Assessment - California
Superior Court

Qualified as an Expert in Security Policies, Programs and
Procedures - California Superior Court

Qualified as an Expert in Fire Cause and Origin Investigation
and Arson Investigation - California Superior Court

Lecture Assignments (Partial List):

Guest Instructor at Golden Gate University in the Security Management Program. Lecture topics included Hotel Security, Emergency Contingency Planning, Interviewing and Interrogations, and Physical Security Planning.

Guest Instructor at Alliant University in the Forensic Psychology Doctoral Program in the Forensic Assessment Course, teaching Violence Risk assessment and Management.

Guest Lecturer at Bond University in Queensland, Australia in their Criminology Program teaching Violence Risk Assessment and Management, Stalking, and Psychological Aspects of Criminal Motivation.

Lectured to numerous national organizations on the topics of workplace violence assessment and management, interaction management, enhanced cognitive interviewing, internal investigations, kickback investigations, and personnel screening.

Academic Related Appointments and Teaching Assignments:

- Current: Associate Editor
Journal of Threat Assessment and Management
American Psychological Association
- Current: Research Associate
Public Policy Center
University of Nebraska-Lincoln
- Former: Assistant Part-Time Professor
National University- JFK School of Psychology and Social Sciences
- Former: Assistant Part-Time Professor
Northcentral University-School of Psychology and Behavioral Science
- Former: Student Advisory Board President
School of Psychology
Northcentral University
- Former: Member/Forensic Psychology Representative
Counseling Program Advisory Board
Argosy University, San Francisco/Bay Area Campus
- Former: Instructor at University of California, Santa Cruz extension program in Threat Assessment, specifically the assessment and resolution of violence in workplace settings.
- Former: Adjunct Instructor at Golden Gate University in the Security Management Program teaching upper-division classes in the Principles of Security Management.

Partial List of Significant Publications:

- A Plan for Threat Management (Chapter 40) of the *Protection of Assets Manual*, The Merritt Company 1991
- Personnel Screening (Chapter 24) and Arson, Sabotage, and Bomb Threats (Chapter 32), *Accident Prevention Manual for Business and Industry*, part of the Security Management series, published by the National Safety Council as a part of their Occupational Safety & Health series 1997
- Threat Management of Stalking Cases, a Co-authored chapter (15) in *The Psychology of Stalking: Clinical and Forensic Perspectives* edited by J. Reid Meloy, Academic Press 1998
- Security (Chapter 32), *Safety, Health, and Asset Protection: Management Essentials, 2nd Edition*, edited by Richard W. Lack, Lewis Publishers 2002
- *Violence Assessment and Intervention: The Practitioner's Handbook*, M. Corcoran and J. Cawood, CRC Press 2003

- Section VII Protection Practices – Violence Risk Assessment *Encyclopedia of Security Management, Second Edition*, edited by John J. Fay, published by Butterworth Heinemann 2007
- *Violence Assessment and Intervention: The Practitioner's Handbook- Second Edition*, J. Cawood and M. Corcoran, CRC Press 2009
- *Disruption, Aggression, and Violence in Higher Education: Prevention and Management*, by edited by Brian Van Brunt, Routledge, August 2012. (Contributor)
- Threat Assessment and Management (Chapter) *Applied Crime Analysis: A Social Science Approach to Understanding Crime, Criminals, and Victims*, edited by Wayne Petherick, Anderson Publishing (Elsevier) July 2014
- The Interrater Reliability and Predictive Validity of the HCR-20^{v3} in Common Workplace Environments, *Journal of Threat Assessment and Management*, First Electronic Publication, December 2016
- Threat and Violence Intervention: Influenced by Victim and Offender Perspectives (Chapter) *The Psychology of Criminal and Antisocial Behavior: Victim and Offender Perspectives* (Elsevier).edited by Wayne Petherick, January 2017
- *Violence Assessment and Intervention: The Practitioner's Handbook- Third Edition*, J. Cawood and M. Corcoran, Routledge, 2020
- *Threat and Violence Intervention: The Effective Application of Influence*, Academic Press, 2021
- Comparison of the HCR-20V3, the WAVR-21V3, and the CAG Performance Across Workplace Homicide Scenarios: A Pilot Study, *Journal of Threat Assessment and Management*, Vol. 7, Nos 3-4, pgs. 186-199
- The Cawood Assessment Grid for Organizational (Workplace) Violence: Initial Testing for Interrater Reliability and Predictive Validity, *Journal of Threat Assessment and Management*, Vol. 7, Nos 3-4, pgs. 200-213

Professional Memberships:

Association of Threat Assessment Professionals
 ASIS International
 American Psychological Association
 American Psychology-Law Society
 California Association of Licensed Investigators
 Association of Workplace Investigators
 Association of Certified Fraud Examiners
 Council of International Investigators
 National Council of Investigations and Security Services
 International Assoc. of Counter-Terrorism & Security Professionals

Offices Held in Professional Associations or Organizations:

Current- Vice-Chairman of Professional Certification Board (PCB)
 ASIS International Term 1/1/20- 12/31/25

Current- Member of the Certification Committee- Certified Threat
Manager Program
Association of Threat Assessment Professionals

Past - Vice-Chairman of the Certification Committee- Certified Threat
Manager Program
Association of Threat Assessment Professionals

Past- Board Member and Co-Chair of Educational Committee
Association of Workplace Investigators

Past- Law Liaison to the Student Section
American Psychology-Law Society

Past - Association President
Association of Threat Assessment Professionals

Past - Second Vice President
Association of Threat Assessment Professionals

Past - President
Northern California Chapter
Association of Threat Assessment Professionals

Past – Secretary & Past Vice President
Northern California Chapter
Association of Threat Assessment Professionals

Past - Legislative Committee Chairman
California Association of Licensed Investigators

Past - Board Secretary and Board Member
American Society of Industrial Security Foundation Board

Past - Chairman, Vice-Chairman, and Treasurer
San Francisco Bay Area Chapter
American Society of Industrial Security

Past - Chairman of the Board
California Association of Licensed Investigators

Past - Director-at-Large
California Association of Licensed Investigators

Past - Vice-President of Security Affairs, 2 Terms
California Association of Licensed Investigators

Honors:

Security Professional of the Year - 1989
California Association of Licensed Investigators

Distinguished Achievement Award- 2012
Association of Threat Assessment Professionals

Meritorious Service Award- 2024
Association of Threat Assessment Professionals

Rev. Sept. 2024

CURRICULUM VITAE

MICHAEL J. PRODAN

Captain – Special Agent in Charge
South Carolina Law Enforcement Division
Behavioral Science Unit
PO Box 21398 / 4400 Broad River Road
Columbia, SC 29221
(803) 896-2389

Educational Background

Master of Science Degree
Columbia Southern University
Criminal Justice Administration
May 2018.

Police Fellowship
Criminal Investigative Profiling and Crime Scene Analysis
National Center for the Analysis of Violent Crime (NCAVC)
FBI Academy - Quantico, Virginia
July 1990.

Delinquency Control Institute
University of Southern California
March 1980.

Bachelor of Science Degree
California State University at Long Beach
Criminal Justice - Law Enforcement
May 1977.

Professional Police Experience

1998 - Present
Captain - Criminal Investigative Profiler
Special Agent - Senior Agent – Lt. (Supervisory Special Agent) – Capt. (Special Agent in Charge)
South Carolina Law Enforcement Division (SLED)
Behavioral Science Unit
Threat Assessment & Management
Hostage-Crisis Negotiator.

1985 - 1998
Special Agent - Special Agent Supervisor
Criminal Investigative Profiler
California Department of Justice – Division of Law Enforcement Bureau of Investigation
San Francisco & Sacramento Regional Offices
Criminal Investigative Response Team (CIRT)
Supervisor Violent Crime Profiling Unit (VCPU).

1972 - 1985
Covina Police Department (Los Angeles County - California)
1972 - 1974 Police Aide - Dispatcher
1974 - 1979 Patrol Division (Field Training Officer)
1979 - 1985 Investigation Division (Detective)
Sexual Assault; Child Abuse; Crimes Against Persons/Property; Narcotics;
(Qualified as expert witness; under influence, use, possession for sale, sale of
dangerous drugs and narcotics, Los Angeles County Municipal and Superior
Courts, 1979-1984)
1985 - 1985 Patrol Division (Sergeant).

CURRICULUM VITAE

Michael J. Prodan

California Peace Officers Standards and Training Certificates

Basic – 1976.
Intermediate – 1977.
Advanced – 1980.
Supervisory – 1990.

Faculty (Adjunct)

Blue Line Training Group, LLC, 2013 – Present.
California Commission on Peace Officer Standards and Training.
Institute of Criminal Investigation – Homicide Course Instructor. 1994 – 1998.
North Carolina Criminal Justice Training Academy. 1999 – 2020.
South Carolina Criminal Justice Academy - Basic Detective Course. 2000 - 2019.
Law Enforcement Instructors Alliance, 2008 – 2015.
ITT-Technical Institute, School of Criminal Justice, Columbia, SC, 2010 – 2014.
Sacramento City College - Sacramento Regional Criminal Justice Training Center, 1994 - 1998.
Los Medanos College, Criminal Justice Training Center, 1994 -1996.
University of Southern California - Delinquency Control Institute, 1998.

Membership Professional Organizations

Association of Threat Assessment Professionals (ATAP).
International Criminal Investigative Analysts Fellowship (ICIAF).
Vice President; 01/2021 – 06/2022. President; 06/2022 - Present.
Association of Law Enforcement Profilers (ALEP).
Carolina Crisis Negotiators Association (2000 – 2010).
American Academy of Forensic Sciences (Provisional, 1997 - 2001).
California Homicide Investigators Association (1986 -1998).
California Sexual Assault Investigators Association (1990 –1999).
California Crime Analysts Association (1991-1995).

Honors

Certificate of Valor - California Department of Justice, 1976
Respect for Law Award - Optimist Club of Covina, 1976.
Law Day Special Award - San Gabriel Valley Human Relations Committee, 1982.
Academic Award - California Department of Justice, Special Agents Academy, 1985.
Attorney General's Individual Citation Award - California Department of Justice, 1988
Attorney General's Award for Excellence - California Department of Justice, 1993.
Certificate of Appreciation of Service, California Department of Justice, Bureau of Investigation, 1998.
Certificate of Merit – South Carolina Law Enforcement Division, 2005.
Major's Significant Service Award – South Carolina Law Enforcement Division, 2007.
ITT-Technical Institute – Excellence and Leadership Award, 2010.
Chief's Unit Citation - South Carolina Law Enforcement Division, 2021.

Specialized Training and Education

Los Angeles County Sheriff's Department Academy Certificate, 1974.
California Department of Justice Special Agents Academy Certificate, 1985.
South Carolina Criminal Justice Academy Certificate, 1998.

California Department of Justice - Advanced Training Center & California Criminalistics Institute.
Homicide and Violent Crime Investigation.

CURRICULUM VITAE

Michael J. Prodan

Criminal Investigation Response Team.
Officer Involved Shooting Investigation.
Forensic Wound Pathology.
Firearms Trajectory Interpretation.

Federal Bureau of Investigation.
Criminal Psychology and Psychological Crime Scene Analysis.
Hostage Negotiation.
Interpersonal Violence.
Administration of Forensic Evidence for Managers.
Basic Death Investigation.
Interview and Interrogation.
New Violent Crime Apprehension Program Application.
Forensic Linguistics Workshop for Law Enforcement Practitioners.
Highway Serial Killings Initiative Seminar.

International Criminal Investigative Analysts Fellowship (ICIAF).
Criminal Investigative Analysis (Police Fellowship In-Service) 1991-1994,
1997, 1998, 2000, 2010, 2018, 2023, 2024.

Armed Forces Institute of Pathology.
Basic Forensic Pathology.
Advanced Forensic Pathology.

International Law Enforcement Training and Consulting.
Death Investigations.
Blood Pattern Analysis.

University of Southern California.
Child Abuse Investigation.

Los Angeles County Sheriff's Department.
Child Abuse/Juvenile Control.

California Homicide Investigators Association Training.
1986-1996, 1998.

California Sexual Assault Investigators Association Training.
1992-1997.

Rio Hondo, CA Police Academy.
Police Supervision.
Interviews and Interrogations.
Crisis Intervention.
Field Operations.
Field Training Officer.
Advanced Officer Training.

University of Virginia, Institute of Law, Psychiatry and Public Policy; Charlottesville, VA.
Research Interviews, Psychiatry & Criminal Law.

Northern California Public Safety Training Center, Sacramento, CA.
Interview & Interrogation.

CURRICULUM VITAE

Michael J. Prodan

United States Secret Service.

Protective Intelligence, 1991, 2003.

Threat Assessment - National Threat Assessment Center, 2001.

Averting Targeted School Violence, 2021.

Averting Targeted School Violence: A US Secret Service Analysis of Plots Against Schools, 2022.

Association of Threat Assessment Professionals (ATAP) – Threat Management Conference.

Anaheim, CA, 1993, 2004 – 2006, 2008, 2010, 2012 – 2018.

Washington, DC, 2003, 2006, 2007. Atlanta, GA, 2008. Virtual Conference, 2020.

School Violence & Mass Casualty Homicide Threat Management, 2022.

Canadian Association of Threat Assessment Professionals – Threat Management Conference.

Whistler, BC, 2016.

Specialized Training Services, Inc.

Sexual Violence : Perpetrators & Victims.

Sexual Offenders: Assessment, Risk Management & Treatment.

Clinical Assessment of Malingering & Deception.

Risk Assessment of the Mentally Ill Individual.

Campus & University Contemporary Threat Assessment & Management.

Ideologically Motivated Targeted Violence.

The Psychology of Stalking & Targeted Violence.

Advanced Threat Assessment & Threat Management.

Violent Extremism, 2021: A Threat Assessment Update.

University of Toronto, Clarke Institute of Psychiatry (Ontario Provincial Police Academy).

Psychiatry & Psychology of Aggression.

California School of Professional Psychology (Department of the Youth Authority).

Suicide Diagnosis and Investigation.

Laboratory for Scientific Interrogation.

Scientific Content Analysis.

South Carolina Department of Corrections.

Hostage Negotiations, 1999.

University of South Carolina, Department of Neuropsychiatry and Behavioral Science.

Special Topics in Forensic Psychiatry, 2000, 2001, 2007.

8th Biennial Forensic Forum, 2002.

South Carolina Crisis Negotiators Association Training Conference.

Myrtle Beach, SC, 2000, 2008 - 2010.

John E. Reid & Associates, Inc.

The Reid Technique of Interviewing and Interrogation, 2006.

The Carolinas Institute for Community Policing.

Interviews & Body Language Techniques, 2007.

National Law Center for Children and Families.

Sexual Exploitation, 2007.

ASIS International.

Enhanced Violence Assessment and Management, 2008 - 2019.

CURRICULUM VITAE

Michael J. Prodan

U.S. Dept. of Justice.

Bureau of Alcohol, Tobacco, Firearms & Explosives. Post Blast Investigative Techniques, 2009.

Bureau of Justice Assistance, Threat Assessment Overview for Law Enforcement Executives, 2023

SC Coalition Against Domestic Violence & Sexual Assault – Trauma Informed Investigative Response to Sexual Assault & Intimate Partner Violence Victims, 2023.

U.S. Dept. of Homeland Security.

Active Shooter Preparedness, 2015.

Instructor Development – Threat Evaluation & Reporting, 2024.

Psychology Consortium – The Right Words at the Right Time, 2024.

Center for Security Policy.

Extremism, 2024.

Instructed

Behavioral Threat Assessment & Management (Public Officials, Workplace & School Targeted Violence).

SLED & SC Dept. of Education, School Safety Project, 2023 – Present.

National Food Service Security Council, 20th Annual Seminar, Panama City, FL, 1999.

North Carolina Association of Private Investigators, Annual Seminar, Greensboro, NC, 2000.

South Carolina Department of Corrections Advanced Hostage Negotiations In-Service, 2003.

Outer Banks Hotline, Inc., Manteo, NC, 2005.

North Carolina Criminal Justice Academy, 2012 – 2020.

15th Circuit Solicitor's Office 4th Annual Training Conference, N. Myrtle Beach, SC 2007.

Kansas Juvenile Officers Training Conference, Topeka, KS, 2009.

National Legislative Services & Security Association Conference, Charleston SC 2009.

International Society of Crime Prevention Practitioners & SC State Association of Crime Prevention Officers Conference, Myrtle Beach, SC 2010.

NC Juvenile Officers Association Training Conference, Atlantic Beach, NC 2010, 2014.

Charleston Area Crisis Negotiators Association, Charleston, SC 2010.

SC Clerks to Council Training Conference, Myrtle Beach, SC 2011.

Lancaster County Risk Management, Lancaster, SC 2011.

Spartanburg Interpersonal Violence Conference, Spartanburg, SC 2011, 2017.

Safe Space Inc., Louisburg, NC, 2013.

Alabama District Attorneys Association Summer Conference, Orange Beach, AL 2013.

Research to Practice Annual Seminar, SC Dept. of Education, Lugoff, SC 2013.

Robeson Community College, Lumberton, NC 2013.

NC Association of School Resource Officers Training Conference, Concord, NC 2013.

Randolph Community College, Asheboro, NC 2013.

UNC Fayetteville, Fayetteville, NC 2014.

Child Advocacy Centers of NC, High Point, NC 2015.

Wake Forrest University, Winston Salem, NC 2015.

Southern Regional AHEC, Fayetteville, NC 2015.

NC A&T State University, Greensboro, NC 2016.

Southern Regional AHEC, Pinehurst, NC 2016.

Eastern AHEC, Goldsboro, NC 2016.

American Security, Greenville, SC 2016 - Present.

SESS Emergency Nurses Symposium, Greenville, SC 2016.

7th Circuit Solicitor's Annual Interpersonal Violence Conference, Spartanburg, SC 2016.

Erskine College, Due West, SC 2017.

Aerojet Rocketdyne, Huntsville, AL 2016.

SCDMH-Beckman Center MHS, Greenwood, SC 2018.

USC Children's Law Center, Guardian ad Litem Regional Training, 2018.

CURRICULUM VITAE

Michael J. Prodan

SC Dept. of Education, Research to Practice Conference, Blythewood, SC 2018.
Greenwood School District 50, Greenwood, SC 2018.
Guilford Technical Community College, Jamestown, NC 2015 – Present.
Stanley Community College, Albemarle, NC 2018 – Present.
Haywood Community College, Clyde, NC 2018.
Meyer Tool, Greenville, SC, 2018.
Wake Forrest University, Winston-Salem, NC 2019.
NC State Bureau of Investigation, Behavioral Threat Assessment Team, Raleigh NC 2019.
Jacksonville Police Dept. Jacksonville, NC 2019, 2023.
City of Winston-Salem, NC 2020.
AAMVA Region 2 Conference, Mobile, AL 2022.
SC Dept. of Motor Vehicles, 2023.
SC Circuit Court Judges Association Conference, Newberry, SC 2023.
NC Assoc. of School Resource Officers Conference, Concord, NC 2023.
National Legislative Services & Security Staff Association, Columbia, SC 2023.

Threat Assessment & Sovereign Citizens.

Dorchester County Sheriff's Office, Summerville, SC 2017.
SC Department of Transportation, Columbia, SC 2017.
Summerville Municipal Court Administration, Summerville, SC 2018.
SC Probate Court Judges Training Seminar, Columbia, SC 2018.
Carolinas Unite, Animal Welfare Professional Conference, Myrtle Beach, SC 2023.
Annual Judicial Conference, SC Court Administration, Columbia, SC 2023.

Advanced Homicide Investigation - Criminal Investigative Profiling & Crime Scene Analysis.

South Carolina Criminal Justice Academy, 1999 -2019.
North Carolina Criminal Justice Academy, 1999 - 2019.
California Criminalistics Institute, 1994-1997.
Seventh Annual Forensic Technological Seminar for Law Enforcement, Los Angeles County Sheriff's Department, 1994.
87th Semi-Annual California Association of Criminalists Training Seminar, Milpitas, CA, 1996.
California Dept. of Justice, Advanced Training Center; Homicide & Violent Crime Investigation.
Regional Organized Crime Information Center's (ROCIC) 5th National Conference on Serial Murders, Unidentified Bodies and Missing Persons, Nashville, TN, 1993.
Montana Peace Officers Standards and Training (MPOST), Homicide Investigation Training Seminar, Billings, Montana, 1994.
California Crime Analyst's Association Statewide Training Conference, 1991, 1994, 1995.
California District Attorney's Association, National Homicide Symposium XI, Monterey, CA, 1997.
California Association of Criminalists, Crime Scene Reconstruction, Sacramento, CA, 1997.
Washoe County, NV, Sheriff's Office, 1991, 1994.
POST Institute of Criminal Investigation, Homicide & Death Investigations, 1994-1998.
Wichita, KS Police Department, 1997.
Fayetteville Technical Community College, Fayetteville, NC, 1999.
South Carolina Division, International Association for Identification, 1999 & 2004.
Moscow Russia Police Command College, Dept. of Criminal Investigation, 1999, 2001, 2002.
National College of District Attorneys; Crime Scenes & Investigations, 1999, 2000, 2008, 2009.
Sumter County Sheriff's Department, 2000.
South Carolina Law Enforcement Officers Association, 2002.
South Carolina Coroner's Association Annual Conference, 2002.
South Carolina Sheriff's Association, 2005.
Charleston, SC Police Department, 2006.
South Carolina Association of Legal Investigators, 2006.
State of Alaska, Office of the Medical Examiner, Anchorage, AK, 2007.

CURRICULUM VITAE

Michael J. Prodan

National College of District Attorneys, Criminal Investigations Course, Orlando, FL, 2007.
University of Southern Mississippi & MDIAI, Hattiesburg, MS, 2007.
Outer Banks, Hotline, Manteo, NC, 2008.
Union County Homicide Task Force, Elizabeth, NJ, 2008.
SC International Association of Identification Training Conference, Columbia, SC 2010.
ROCIC 21st Annual Homicide Conference, North Charleston, SC 2012.
Medical University of SC, Forensic Psychology Program, Charleston, SC 2013, 2014.

Criminal Sexuality – Sexual Assault.

Sexual Assault Response Team (SART) Sexual Assault Nurse Examiner (SANE) Education Course:
Santa Cruz County, 1992 – 1997.
Via Christi Medical Center & Kansas Sexual Assault Network, 1993, 1995 -1997, 1999 - 2009.
South Peninsula Hospital, Homer, AK, 1993, 1994, 1996-1998.
Alaska Department of Public Safety – Alaska State Troopers, SART/SANE, 1993 – 2006.
North Carolina Justice Academy, 2000 – 2020.
San Luis Obispo County, CA SART.
Territory of Guam, Dept. of Mental Health, Sexual Assault Training Conference, Guam, 1993.
Placer County, CA SART.
University of Nevada, Reno, 1995 – 1996.
Napa County, CA SART.
California Probation, Parole and Correctional Officers Association, 62nd Annual Training Conference, San Diego, CA, 1992.
Siskiyou Co. District Attorney Sex Crime Investigation Training Course, Yreka, CA. 1993.
Western Nurse Specialists, Inc., Palm Springs, CA.
Hawaii Police Department and Hilo Hospital, 1997 – 1998.
Bakersfield Memorial Hospital, Bakersfield, CA.
Rideout Community Hospital, 1996, 1998.
Family Services of Tulare County, Visalia, CA, 2001.
Plumas County Health Services.
Family Service League, Waterloo, IA, 1997.
Mountain Women's Resource Center, Sonora, CA, 1997.
Palomar Medical Center, Escondido, CA 1998.
Mission Valley College, San Diego, CA, 1998.
Tacoma General Hospital, Tacoma, WA 1998.
Sacramento Police Department.
Sacramento Sheriff's Office, 1994 -1998.
California Office of Criminal Justice and Planning.
California Department of Corrections, Parole and Community Services Div.
Guam Police Department, 1993.
Department of Justice, Advanced Training Center.
Department of Justice, Bureau of Criminal Information and Analysis.
Ventura County District Attorney's Office.
California Sexual Assault Investigators Association Training Conference, 1991, 1992, 1995, 1997.
Domestic Violence and Sexual Assault Coalition, Grass Valley, CA.
Fresno Police Department.
California District Attorney's Association, Sexual Assault Prosecution Seminar, 1996, 1997.
Successfully Investigating and Prosecuting Sexual Assault Crimes Training Conference, University of Alaska, Fairbanks, Anchorage, Alaska, 1993.
POST Institute of Criminal Investigation - Los Angeles County Sheriff's Department, 1994 - 1998.
First Annual California Sex Offender Treatment Conference, Berkeley, CA 1997.
Wichita, KS, Police Department, 1997.
Carolina Forensic Nurse Consultants, 1999 – 2019.
South Carolina AGO's S.T.O.P. Violence Against Women Seminar, Columbia, SC, 1999.
South Carolina Sex Offender Investigator's Seminar, 2000.

CURRICULUM VITAE

Michael J. Prodan

Pee Dee Coalition Against Domestic Violence and Sexual Assault, 2000.
Sedgwick County District Attorney's Office, Wichita, KS, 2001.
Outer Banks Hotline, Inc., Manteo, NC, 2002, 2006.
Hope Harbor, Inc., Ocean Isle, NC, 2002.
PHS Indian Hospital, Pine Ridge, SD, 2003.
Families First, Whiteville, NC, 2003.
Eastern Aleutian Tribes, Inc, Sand Point, AK, 2004.
Rape Council of Pickens County, Pickens, SC, 2004.
Bryan LGH Hospital, Lincoln, NE, 2002, 2004.
Catawba County 4th Annual SART Conference, Conover, NC, 2005.
Central Peninsula Hospital & Bureau of Justice, Anchorage, AK, 2005.
US Army, Sexual Assault Prevention & Response Program, Fort Riley, KS, 2007.
Safe Space Inc., Louisburg, NC, 2011.
7th Circuit Solicitor's Interpersonal Violence Conference, Spartanburg, SC 2010 - 2018
Medical University of South Carolina, SART/SANE Course, Charleston, SC, 2001 - 2019.
City of Greenville, NC Police Dept. 2021.

Sexual Victimization of Children.

Nevada Professional Association Against the Abuse of Children, Reno Police Dept., and University of Nevada School of Medicine. Conference on the Investigation & Prosecution of Child Maltreatment, Reno, NV. 1993.
California Peace Officers Association (CPOA), Region 1, Los Alamitos, CA 1994.
Child Abuse Prevention Council of Santa Cruz Co. Child Abuse Symposium, Santa Cruz, CA. 1994.
SART/SANE Pediatric Institute, University of Hawaii, Hilo, HA, 1995.
Delinquency Control Institute, University of Southern California 1995 - 1997.
Department of Justice, Bureau of Criminal Information and Analysis.
California Board of Prison Terms.
Domestic Violence and Sexual Assault Coalition, Grass Valley, CA, 1998.
Prevent Child Abuse South Carolina, 24th Annual Conference, Columbia, SC, 1999.
Carolina Nurse Consultants Pediatric Forensics Course, 2000 - 2008.
Wichita, KS, Police Dept. 2000.
South Carolina Sheriff's Association, 2002.
Outer Banks Hotline, Inc., Manteo, NC, 2002.
Hope Harbor, Inc., Ocean Isle, NC, 2002, 2009.
Families First, Whiteville, NC, 2003.
North Carolina Justice Academy, 2003 - 2019.
Regional Organized Crime Information Center (ROCIC), Child Victimization Training Seminar, Nashville, TN, 2003, 2005.
SAFE Homes-Rape Crisis Coalition, Spartanburg, SC, 2004, 2017.
NC Juvenile Services Association, Fall Conference, Carolina Beach, NC, 2004.
Sexual Trauma & Counseling Center, Greenwood, SC, 2005.
County Council of Beaufort County, Beaufort, SC, 2006.
West Columbia Police Dept & Lexington Co. Dept. of Social Services, West Columbia, SC, 2007.
NC SBI Advanced Child Sexual Abuse Investigation Course, Raleigh, NC, 2007.
SC Professional Society on the Abuse of Children, 14th Annual Colloquium, Greenville, SC, 2008.
Juvenile Crime Prevention Council, Wilmington, NC, 2009.
Children's Advocacy Centers of NC Training Symposium, Lake Junaluska, NC 2009 - 2010.
NC Juvenile Officers Association Training Conference, Atlantic Beach, NC 2010.
Collaborative Response to Interpersonal Violence Conference, Greenwood, SC, 2011.
Sexual Assault Counseling Center, Greenwood, SC, 2012.
California Sexual Assault Investigators Association Conference, 2013, 2017.
Ashley's Place, Gallatin, TN 2014.
USC Children's Law Center, Columbia, SC 2005, 2016, 2017.

CURRICULUM VITAE

Michael J. Prodan

The Criminal Psychopath & Characteristics of Violent Offenders.

CA AGO's Organized Crime & Criminal Intelligence Conference, Sacramento, CA, 1994 -1998.
Oakland Police Department Intermediate Investigators School, 1996.
Department of Justice, Special Agents Academy, 1997.
Department of Justice Advanced Training Center, 1998.
South Carolina Law Enforcement Division, 1998, 1999.
South Carolina Department of Probation, Parole and Pardon Services, 1999.
Moscow, Russia, Police, Department of Criminal Investigation, 1999.
National College of District Attorneys, 2000.
South Carolina Solicitors' Association Conference, 2000.
North Carolina Association of Private Investigators, Annual Seminar, Greensboro, NC, 2000.
SC Department of Corrections, Advanced Hostage Negotiation Training Seminar, 2000.
South Carolina Department of Corrections, Division of Internal Affairs, 2001.
South Carolina State Office of Victim Assistance, 2002.
7th Circuit Solicitor's Annual Interpersonal Violence Conference, Spartanburg, SC 2011.
SC Dept. of Mental Health, Beckman Center, Greenwood, SC 2012.
ROCIC 21st Annual Homicide Conference, North Charleston, SC 2013.
ROCIC 25th Annual Homicide Conference, Chattanooga, TN 2015.
Forensic Grand Rounds, MUSC, Charleston, SC 2016.
ROCIC 29th Annual Homicide Conference, Savannah, GA 2020.
ROCIC 32nd Annual Homicide Conference, Chattanooga, TN 2023

Criminal Sexual Paraphilias.

California Sexual Assault Investigators Association Conference, Irvine, CA 1997, 1998.
North Carolina Justice Academy, 2000 - 2019.
Wichita, KS, Police Dept. 2000.
Alaska Regional Hospital Interpersonal Violence Conference, Anchorage, AK, 2002.
Outer Banks Hotline, Inc., Maneto, NC, 2002.
Hope Harbor, Inc., Ocean Isle, NC, 2002.
Regional Organized Crime Information Center, Child Victimization Seminar, Nashville, TN, 2003.
Beaufort County Collaborative Organization of Services for Youth, Beaufort, SC, 2004.
NC SBI Advanced Child Sexual Abuse Investigation Course, Raleigh, NC, 2007.
Public Safety Regional Training Center, San Bernardino, CA, 2009.
Sigma Heta Tau Honor Society of Nursing, Indianapolis, ID, 2019.

Stalkers & Stalking Behaviors.

Charlotte Mecklenburg, NC, Police Department, 2000.
North Carolina Justice Academy, 2000 - 2019.
Dept. of Public Safety/Alaska State Troopers & Forensic Nurses Association of Alaska, 2000.
North Carolina Association of Private Investigators, Annual Seminar, Greensboro, NC, 2000.
South Carolina Department of Corrections Advanced Hostage Negotiations In-Service, 2000.
Outer Banks Hotline, Inc., Maneto, NC, 2002.
SC Victim Assistance Academy (State Office of Victim Assistance & MUSC), Columbia, SC, 2007.
William Newton Healthcare Foundation, Winfield, KS, 2008.
Safe Homes Rape Crisis Interpersonal Violence Conference, Spartanburg, SC, 2009, 2017.
SCVAN, Victim's Rights Week Conference, Columbia, SC, 2014.

Serial Arsonists.

California Conference of Arson Investigators 40th Training Conference, Fresno, CA. 1994.
Stanislaus County Arson Task Force, Modesto, CA 1997.
Carolina Fire Investigators Association, Spring Conference, Greenville, SC, 2001.

CURRICULUM VITAE

Michael J. Prodan

Interviews & Interrogations; Overcoming Deception & False Confessions.

Sumter Police and Sheriff's Departments, 2003.
State Law Enforcement Division (In-Service, New Agents), 2004 -2008.
South Carolina Coroner's Association Training Conference, 2004.
South Carolina Employment Security Commission, 2004.
Eastern States Criminal Investigators Association Conference, 2004.
15th Judicial Circuit Solicitor's Office – Horry County, 2004, 2006.
South Carolina Dept. of Corrections – SITCON, 2004.
South Carolina Dept. of Transportation, 2006
Barnwell County, SC, Sheriff's Department, 2006.
SLED Regulatory Private Investigator's In-Service, 2007.
SC Association of Legal Investigators Annual Training Conference, Columbia, SC, 2007.
Outer Banks Hotline, Manteo, NC, 2007.
SC Juvenile Officers Association Training Conference, Myrtle Beach, SC 2007.
15th Circuit Solicitor's Office 4th Annual Training Conference, N. Myrtle Beach, SC 2007.
USC Children's Law Center, Columbia, SC 2008.
NC Association of Private Investigator's Annual Training Conference, Sea Trails, NC 2008.
SLED In-Service 2014.
7th Circuit Solicitor's Annual Interpersonal Violence Conference, Spartanburg, SC 2015.
ROCIC & Sumter Co. Sheriff's Office, Sumter, SC 2016.
NCDPS-ALE, Samarcand Academy, Jackson Springs, NC, 2017 - 2019.
Rocky Mount Police Dept. Rocky Mount, NC 2018.
Winston-Salem Police Dept. Winston-Salem, NC 2019.
SC Dept. of Natural Resources Training Academy, 2022 - 2024.

Thinking Errors of Sexual Offenders.

Outer Banks Hotline, Manteo, NC, 2003.
ROCIC, Child Victimization Training Seminar, Nashville, TN, 2003.
Alaska Dept. of Law, District Attorney Conference, Gridwood, AK, 2003.
SC Commission on Higher Education – SC Campus Safety Conference, Conway, SC, 2004.
Families First, Whiteville, NC, 2004.
Beaufort Co. Collaborative Organization of Services for Youth, Beaufort, SC, 2004.
Albemarle Hopeline & 1st Prosecutorial District, 9th Annual Fall Collaboration of Professionals, Kill Devil Hills, NC, 2004
SC Association of Polygraph Examiners, Columbia, SC, 2006.
SC Law Enforcement Victim Advocate Associations Conference, Myrtle Beach, SC, 2006.
West Columbia Police Dept. & Lexington County Dept. of Social Services, SC, 2007.
Children's Law Office, Child Sex Abuse Investigator Course, Columbia, SC, 2007.
SC Juvenile Officers Association Training Conference, Myrtle Beach, SC 2007.
Safe Homes Rape Crisis Coalition, Interpersonal Violence Conference, Spartanburg, SC, 2008.
NC Coalition Against Sexual Assault Training Conference, New Bern, NC 2009.
Children's Advocacy Centers of NC Training Symposium, Lake Junaluska, NC 2009, 2010.
SC Annual Victims' Rights Week Conference, SCVAN, Columbia, SC 2013.
SC Juvenile Officers Association Conference, Columbia, SC 2013.
California Sexual Assault Investigators Association Conference, Shell Beach, CA 2017.
7th Circuit Solicitor's Annual Interpersonal Violence Conference, Spartanburg, SC 2014.

Domestic Homicide.

Outer Banks Hotline, Manteo, NC, 2004.
Families First, Whiteville, NC, 2004.
SC Victim Assistance Network, 17th Annual Victim's Rights Week Conference, Columbia, SC, 2004.
SC Solicitor's Conference, Myrtle Beach, SC, 2004.

CURRICULUM VITAE

Michael J. Prodan

Durham Police Department, Durham, NC, 2004.
Collaborative Organization of Services for Youth, Beaufort, SC, 2005.
USMC, Clinical Counseling Services, Parris Island, SC, 2005.
Sexual Assault – Domestic Violence Center, Hutchinson, KS, 2006.
William Newton Healthcare Foundation, Winfield, KS, 2009.
Safe Space Inc. Louisburg, NC, 2009.
Children's Advocacy Centers of NC Training Symposium, Lake Junaluska, NC 2009.
NC Coalition Against Domestic Violence, Cherokee, NC 2016.
7th Circuit Solicitor's Annual Interpersonal Violence Conference, Spartanburg, SC 2018.
ROCIC 29th Annual Homicide Conference, Savannah GA, 2020.

Special Topics in Sexual Assault Investigations.

Outer Banks Hotline, Maneto, NC, 2007 – 2009.
NC Coalition Against Sexual Assault 18th Biennial Conference, Raleigh, NC 2007.
SC Commission on Prosecution Coordination, Columbia, SC 2008.
California Sexual Assault Investigators Association Annual Training Conference, Irvine, CA 2009.
USMC Sexual Assault Prevention & Response Program, Camp Lejeune, NC, 2010.
14th Fall Collaboration of Professionals, Kill Devil Hills, NC, 2010.
USC Children's Law Center, Columbia, SC 2016, 2017.
NC Coalition Against Domestic Violence, Cherokee, NC 2016.
Dorchester Children's Center, 3rd Annual Conference on Child Abuse & Neglect, Summerville, SC. 2017.

Psychological Autopsy & Equivocal Death Analysis.

SC Coroner's Association Training Conference, Litchfield, SC 2009.
Medical University of SC Forensic Psychology Program, Charleston, SC 2015 - 2019.

Case Studies, Technical Presentations & Publications

The Death of Shirley Daniels: A Reconstructive Behavioral Examination - California Association of Criminalists - 79th Semi-Annual Seminar, Bass Lake, CA, 1992. *Tie Line* (1993). Department of Justice, Bureau of Forensic Services, 17(1).

Serial Sexual Offenders: A Law Enforcement Perspective for Clinicians and Researchers - Association for the Treatment of Sexual Abusers - 13th Annual Research and Treatment Conference, San Francisco, CA 1994.

Correlation of Genital Findings to Offender Typology - Collaboration between Forensic Nurse Examiner and Criminal Investigative Analyst: Co-author Sharon Crowley, RN, MN, CNS, San Luis Obispo SART. American Academy of Forensic Sciences, San Francisco, CA 1996.

The Sexually Violent Predator - Pertinent Issues: Panelist, Forensic Mental Health Association of California, 21st Annual Conference, Asilomar, CA 1996.

The Truth Is Out There, California Cattle Mutilations. (1997). *California Cattleman*, 80(7).

Santa Rosa Serial Rapist - The Joe George Case; Panelist, California Sexual Assault Investigator's 19th Annual Training Seminar, Irvine, CA, 1997.

Multidisciplinary Symposium on the Uses of Forensic Sciences, (Crime Scene Evaluation); American Academy of Forensic Science Annual Meeting, San Francisco, CA, 1998.

CURRICULUM VITAE

Michael J. Prodan

Threats Against Elected State Officials and a Media Figure – A Case Study, South Carolina Dept. of Mental Health, Forensic Grand Rounds, Co-Presenter Dr. Pamela Crawford, Director Forensic Services, Hall Psychiatric Institute, Columbia, SC, 2000.
Association of Threat Assessment Professionals, Threat Management Conference, Anaheim, CA, 2005.

From West Point, NY to Beaufort, SC – A Case Study; Co-Presenter Det. William Zimmerman, US Capitol Police; Association of Threat Assessment Professionals, Threat Management Conference, Anaheim, CA, 2006 & Rosslyn, VA, 2007.

The Abbeville Horror, We Live Free or You Die – A Case Study.
Association of Threat Assessment Professionals, Threat Management Conference, Anaheim, CA, 2008.
Lexington Co. Sheriff's Office Crisis Negotiation Course, Lexington, SC, 2009.
Domestic Extremism Seminar, USDOJ-FBI, Tuscaloosa, AL, 2012.

Columbine Redux – The Plot to Blow Up Chesterfield High School – A Case Study.
Association of Threat Assessment Professionals, Threat Management Conference, Anaheim, CA, 2010.
SC Crisis Negotiators Training Conference, Myrtle Beach, SC, 2010.

Attempted Mass Murder at Socastee High School – A 14 Year Olds Plan and Attack - A Case Study.
Association of Threat Assessment Professionals, Threat Management Conference, Anaheim, CA 2012.
USDOJ & SCLEOA 22nd Annual Law Enforcement & Schools Seminar, Greer, SC 2013.

Threats Against a Family Court Judge - A Case Study. Association of Threat Assessment Professionals, Threat Management Conference, Anaheim, CA 2014.

Bluffton HS Massacre, The Plan & Attack of a Would-Be Mass Murderer, - A Case Study. SC Association of Psychologists Annual Education Conference, Co-presenter Robert Nelson, PsyD, Myrtle Beach, SC 2015.

Event Driven Threats: A Cross-Sectional Descriptive Study Following the Mother Emanuel AME Church Shooting. Association of Threat Assessment Professionals Threat Management Conference, Anaheim CA, 2016. Co-presenter Maura Kane, PsyD.
Canadian Association of Threat Assessment Professionals Threat Management Conference, Whistler, BC Canada, 2016.

Expert Witness

People v. Martinez, Siskiyou Co. CA Superior Court, Crime Scene Analysis, 1st Degree Murder, 1990.

State v. Thomas, Josephine Co. OR Superior Court, Criminal Sexual Sadism, Rape/Sexual Assault, 1993.

People v. Renrick, Fresno Co. CA Superior Court, Serial Rapist Typologies/Sexual Assault, 1994.

People v. Baptista, Alameda Co. CA Superior Court, Sexual Paraphilias, Child Molestation, 1995.

People v. Jackson, San Diego Co. CA Superior Court, Crime Scene Analysis, 1st Degree Murder, 1995.

People v. Minfield, Ventura Co. CA Superior Court, Pedophilia/Child Molestation (Sentencing), 1995.

People v. George, Sonoma Co. CA Superior Court, Serial Sexual Assault (Signature Crimes), 1996.

State v. Shaw, Angelina Co. TX District Court, Crime Scene Analysis, (Staging), 1st Degree Murder, 1996.

People v. Ascanio, Madera Co. CA Superior Court, Pedophilia/Child Molestation, 1997.

People v. Campos, Contra Costa Co. CA Superior Court, Pedophilia/Child Molestation, 1997.

CURRICULUM VITAE

Michael J. Prodan

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Conference Steering Committee, ROCIC National Conference of Serial Murders, Unidentified Bodies and Missing Persons, 1993, 1995.

California POST, Recognizing Criminal Personalities Telecourse, 1995.

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California DOJ Advisory Committee on Domestic Violence Issues, 1996.

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California Department of Justice, 1996.

South Carolina Law Enforcement Division, 2005, 2010, 2016, 2022, 2023, 2024.

Royal Canadian Mounted Police, 1996, 2003, 2006, 2008, 2024.

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Michael J. Prodan

Presentations & Guest Lectures

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Sacramento County Sheriff's Department.
Fresno County Sexual Assault Investigators Association.
Northern California Crime Analysts.
Northern California Mystery Writers Association.
Tri-County Investigators Association (San Luis Obispo, Santa Barbara, and Ventura).
Shasta County Women's Refuge.
Fresno County Criminal Justice Administrators Association.
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California Law Enforcement Association of Record Supervisors.
San Diego County Homicide Investigators Association.
San Diego County Sexual Assault Investigators Association.
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Family Services of Tulare County - Rape Crisis Response Services.
California Law Enforcement Managers Association.
Stanislaus County District Attorney's Office.
Association of Threat Assessment Professionals (Northern CA Chapter).
Northern California Fraud Investigators Association.
Santa Cruz County District Attorney's Office.
Sisters in Crime, San Francisco, CA.
South Carolina Office of the Attorney General, Capital Litigation Seminar, 1999.
Pee Dee (SC) Criminal Intelligence Council, 1999.
Newberry College, Newberry, SC, 2000.
South Carolina Commission on Prosecution Coordination, 2000.
Southeast Regional Conference on Child Fatalities, Hilton Head, SC, 2000.
South Carolina's 13th Annual Victims' Rights' Week Conference, SC Victim Assistance Network, 2000.
North Charleston Police Department, Annual Forensics Training Seminar, 2000.
First National SART Training Conference, San Antonio, TX, 2001.
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York Comprehensive High School, York, SC, 2006, 2015.
Midlands Technical College, West Columbia, SC, 2006.
SC Association of School Administrators, Columbia, SC, 2006, 2007.
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The Family Resource Center, Camden, SC 2007.
The Sheppard's Center, Columbia, SC, 2008.
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Michael J. Prodan

Chaffin College, Orangeburg, SC 2008.

Children's Advocacy Centers of NC Reflection' Symposium, Lake Junaluska, NC, 2009.

Multidisciplinary Team Child Abuse Conference, New Bern, NC, 2009.

Presbyterian College, Psychology Department, Clinton, SC 2009.

SC Dept. of Corrections, SITCON Training Course, Columbia, SC 2010 - 2015.

SC National Association of Blacks in Criminal Justice Training Conference, West Columbia, SC 2010.

Low Country - Charleston Crisis Negotiators Association, 2010 – 2018, 2022.

Richland Co. Sheriff's Office, Crisis Negotiators, 2015.

Newberry Pathology Associates 9th Annual Meeting, Columbia, SC, 2017.

ATAP – Atlanta Southeast Chapter, Lockheed Martin, Marietta, GA, 2017.

11/20/2024

1 STATE OF SOUTH CAROLINA

2 COUNTY OF SPARTANBURG

COURT OF GENERAL SESSIONS

4 STATE OF SOUTH CAROLINA,

5 PLAINTIFF,

6 VS.

7 CASEY DOUGLAS,

8 DEFENDANT.

TRANSCRIPT

OF

RECORD

2018-GS-42-603

2018-GS-42-604

10 November 22nd, 2024

12 B E F O R E:

14 THE HONORABLE J. MARK HAYES, II, Judge.

15 A P P E A R A N C E S:

16 BARRY BARNETTE
17 SOLICITOR
Attorney for the State

18 ROBERT HALL
19 ESQ.
20 Attorney for the Defendant

21 LOGAN ROYALS
22 ESQ.
Attorney for the Department of Mental Health

24 Pamela E. Green
25 Circuit Court Reporter

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1 P R O C E E D I N G S

2
3 THE COURT: I see Mr. Royals, Mr. Hall. I've got Ms.
4 Green. Got -- and now I see Lainey Fenn.

5 All right. Yeah. And that's Mr. Douglas. Now I've
6 got Mr. Barnette coming in.

7 SOLICITOR BARNETTE: I'm here, Your Honor. I just
8 don't see myself. So I don't know if -- you probably can
9 see me.

10 THE COURT: I can not see you.

11 SOLICITOR BARNETTE: I've got the video going on. I
12 don't know what's going on with that. There I go. Maybe
13 I came on now.

14 THE COURT: Okay. I can see you now.

15 All right. Okay. Thank y'all for getting together.
16 I've got that this is a continuation of the hearing that
17 we first did back in August, and that what I would propose
18 to do, I will turn it over first to Mr. Royals.

19 Let him update us on the department's position, take
20 any information that they wish for me to receive, and then
21 we'll turn it over to the State.

22 I know we've got -- I think we've got some people
23 that will testify, and what we'll do is we'll bring the
24 people who are gonna testify -- you'll let me know who
25 they are and then we'll bring them into this room that

1 we're in here so that I'm able to actually view the
2 people. Cause we bring everybody into this room,
3 everybody's gon' be about the size of a postage stamp.
4 So, I would rather not be squinting my eyes too much.

5 If, if ever y'all can not hear anybody that -- when
6 they're speaking, let us know and we'll see if there is an
7 issue on our end. But I think we've got everything set
8 up.

9 How does that sound to Mr. Royals and Mr. Barnette
10 and Mr. Hall?

11 MR. ROYALS: Works for me, Your Honor.

12 SOLICITOR BARNETTE: We're good with that, Your
13 Honor.

14 MR. HALL: Very good with us.

15 THE COURT: All right. Mr. Logan (sic), I'm gonna
16 turn it over to you please and you can give us the update
17 and introduction of what you plan to do today.

18 MR. ROYALS: Thank you, Your Honor.

19 May it please the Court.

20 Logan Royals for the Department of Mental Health.

21 Your Honor, our position since our hearing in, in
22 August and it is largely unchanged. To boil it down to
23 its most base parts, Your Honor, it is still our belief
24 that Mr. Casey Douglas remains not competent to stand
25 trial as he has been since 2019 if I recall correctly.

1 We have had a more recent competency evaluation.
2 Current order from Your Honor that both parties have been
3 pro -- provided with and made privy to. So just basically
4 a -- an update of the previous finding, Your Honor, so as
5 to not be stale.

6 And, Your Honor, in terms of the release provisions,
7 that also remains largely unchanged in terms of our belief
8 for his readiness for discharge. There is a different
9 placement for him and that's noted in, in Doctor Leads FRB
10 report from July of this year. It's the -- it's a CRCF.
11 So, it's the same licensure, same basic services. But he
12 would be in a different catchment area, Your Honor.
13 Previously he would of been coming here to Richland
14 County. Now he'll be going to Monetta in, in the Aiken
15 County area.

16 But that is where we are, Your Honor. I do have some
17 testimony prepared. Doctor Gaskins, you know, as, as you
18 know, testified back in August. I have asked him to
19 rejoin us today just to, to any kind of follow-up to see
20 if anything's changed. And then after, Your Honor, I
21 would have Doctor Jennifer Alleyne as well as Doctor
22 Richard Frierson to help update the Court and the parties
23 on, on, on their findings related to Mr. Douglas' ready to
24 integrate into a supervised but outpatient area.

25 THE COURT: All right. Thank you for that.

1 Mr. Barnette, what do you understand that your issues
2 will be that I'm gonna address today?

3 SOLICITOR BARNETTE: Your Honor, I know we've talked
4 about competency before. We may touch on that too, Your
5 Honor, about our position. But the threat assessment's
6 the biggest issues for us.

7 We don't believe he should be released based off
8 the -- what my experts have told me and everything from
9 there. I did want to tell -- Mr. Royals, we talked a
10 little bit yesterday about the order and everything.

11 I know he's gonna have doctors that -- obviously. I
12 won't object to their qualifications from there to make
13 this go faster from that standpoint. I don't know if he
14 has any objection to my folks. That's the reason I sent
15 the CVs to everybody ahead of time from there. But I
16 thought that would actually speed it up from that
17 standpoint.

18 I know Doctor Gaskins has already been qualified and
19 I know Doctor Frierson and Doctor Alleyne. I would not
20 object to their qualifications.

21 THE COURT: Okay. All right. Now, I don't -- thank
22 you for that.

23 I don't have any reports other than from Doctor
24 Maddox.

25 So, you're gonna have other people passing expert

1 opinions?

2 SOLICITOR BARNETTE: Yes, sir, I do. I have three
3 others. I've shared that with the defense from that
4 stand -- they did not do reports. But they're gonna be
5 testifying about the information they've received and
6 that's gonna be -- I believe you'd read the CVs on those
7 four individuals -- well, three of them.

8 I know you know Doctor Maddox, Your Honor. I know
9 everybody's very familiar with them and I have Doctor
10 Nelson and then I have Mr. Mike Prodan and then I have
11 Doctor Jim Cawood. It's gonna be those folks.

12 I don't expect it to be real long testimony, Your
13 Honor. They're basically gon' be testifying based off the
14 information they received and they may hear today.

15 THE COURT: All right. And, Mr. Hall, what do you
16 contend will be the issues that I'll address today?

17 MR. HALL: Your Honor, we basically defer to the
18 Department of Mental Health where he's housed now. But I
19 believe they'll be presenting the testimony of what, based
20 on their experience and evaluation of him, where he should
21 be. But certainly I believe he remains not competent to
22 stand trial.

23 THE COURT: Okay. All right. Thank y'all for that.

24 All right. Mr. -- at this time, Mr. Royals, I will
25 turn the matter over to you and who would you like for us

1 to bring into the courtroom first?

2 MR. ROYALS: Doctor Matthew Gaskins, Your Honor, and
3 if I may ask, for the benefit of, of me and the State, the
4 individuals that are in the waiting room, can they still
5 see us?

6 I just want to make sure I don't need to text anybody
7 that they're in the right place.

8 THE COURT: My understanding is they can see us and
9 hear us. They can not, not just participate. They can
10 not interrupt us. Yeah.

11 MR. ROYALS: Understood, Your Honor. Just wanted to
12 make sure I didn't have to make any texts for our benefit.

13 THE COURT: Sure.

14 Now, if, if they are in the room and they can't hear
15 you, they can text. I don't mind that.

16 MR. ROYALS: Thank you, Your Honor.

17 THE COURT: We brought Doctor Gaskins in. If he will
18 start his video, we'll be ready to go.

19 All right. Doctor Gaskins, can you hear us all
20 right?

21 DOCTOR GASKINS: Yes, sir.

22 THE COURT: All right. Thank you, sir. I'm gonna
23 turn the matter over to -- Doctor Gaskins, I need to
24 remind you that you remain under oath and obligated to
25 tell me the truth.

1 You understand that?

2 THE WITNESS: Yes.

3 THE COURT: Thank you, sir.

4 Yes, sir, Mr. Royals.

5 MR. ROYALS: Thank you, Your Honor.

6 And, and for a continuance from August and also
7 without objection to -- from Mr. Barnette, I'd just like
8 to note that Doctor Gaskins has already been qualified as
9 an expert in the field of forensic psychiatry.

10 SOLICITOR BARNETTE: That's correct, Your Honor. We
11 have no objection to --.

12 THE COURT: It's -- you may proceed as well.

13 MR. ROYALS: Thank you, Your Honor.

14 MATTHEW GASKINS, having been
15 previously sworn, testified as follows:

16 DIRECT EXAMINATION

17 BY MR. ROYALS:

18 Q. Doctor Gaskins, thank you very much for your presence
19 today. Typically I would ask you to spell your name. But
20 I, I think the court reporter can see it on this one.

21 So, we'll, we'll dive right in if that's all right
22 with you.

23 So my understanding is -- obviously we participated
24 back in August and, at that time, what -- back in August,
25 what were your -- was your understanding of Mr. Douglas'

Matthew Gaskins - Direct examination
By Mr. Royals

1 competency to stand trial?

2 A. Well, by August, I had evaluated Mr. Douglas three
3 times prior. That being in May, 2019, November, 2019, and
4 January, 2022.

5 So, based on those three evaluations, my opinion was
6 that he continued to lack capacity to stand trial due to
7 the presence of persistent persecutory, hyper-religious
8 and frank -- a bit bizarre delusions that he wished to
9 apply to the defense of his case.

10 Q. Understood.

11 And, Doctor Gaskins, since our hearing in August of
12 2023, have you had the opportunity to evaluate Mr. Douglas
13 again?

14 A. I did. I was asked to reexamine him and that
15 evaluation took place on October 9th, 2024.

16 Q. Okay. Did your report differ significantly in
17 October of 2024 than it did previously -- the previous
18 three times?

19 A. No.

20 Q. Okay. And just reiterating, as of the October
21 report, what are your basises (sic) for Mr. Douglas'
22 continued lack of competency?

23 A. The presence of symptoms of schizophrenia that have
24 been difficult to control despite three years or more
25 inpatient treatment with psychiatrists including the use

1 of long acting injectable antipsychotics, which are
2 medicines that, as the name implies, are injected once a
3 month or once every couple of months to ensure compliance
4 so we know that the patient is taking it. It's not a
5 possibility that he has taken a pill and then spitting it
6 out or forcing him to throw-up later as we sometimes see
7 in those situations.

8 So, despite him continuously receiving medicines that
9 we know is getting into his system, he's continued to have
10 these beliefs that I would---

11 Q. Understood.

12 A. Some delusional thinking related to his
13 schizophrenia.

14 Q. And how do you believe those delusions would likely
15 affect his ability to interact with the Court for his
16 defense?

17 A. Most of his delusions are persecutory in nature. He
18 has a belief about their being several gangs in
19 Spartanburg County that are involved not only with
20 civilians, but also people at law enforcement and the
21 government, and he believes that there's an overarching
22 battle between good and evil and -- of a religious nature
23 that's going on between the two of them.

24 Part of that is that he believes that he is on the
25 side of good and that, should he go to court, which is his

Matthew Gaskins - Direct examination
By Mr. Royals

1 wish, he wishes to go to court and to tell the judge and
2 potential jury about his beliefs regarding his battle of
3 good and evil. But he wishes to voice his delusions to
4 the, the trier of fact in the case.

5 Additionally, he believes that there is evidence that
6 his attorney can gather that will essentially prove his
7 delusional beliefs to be accurate. So, he's seeking a
8 non-reality based defense for his attorney. That includes
9 his belief that they can find evidence of the persecutory
10 gang that was going on in Spartanburg as well as his
11 belief that there are videos of the alleged incidents
12 itself that he, he thinks are being hidden from him at
13 this moment. But he wishes that his attorneys to, to find
14 those.

15 Q. Understood.

16 Doctor Gaskins, based on your review of Mr. Douglas'
17 record over the last four years and particular in October,
18 do you believe he has the capacity to stand trial at this
19 time?

20 A. Based on the four evaluations that I've done with
21 him, the most recent being in October, I believe that he
22 continues to lack the capacity to stand trial.

23 Q. Do you believe it is likely that he can be restored
24 to capacity?

25 A. I do not. At this point he, he was hospitalized with

Matthew Gaskins - Direct examination
By Mr. Royals

1 the specific goal of, of restoration after the first
2 evaluation from May of 2019 where he was, in addition to
3 receiving treatment, was in regular classes regarding
4 capacity, education. He failed restoration at that point
5 based on November of 2019.

6 He is continued to receive the same level, if not
7 higher levels of treatment, continued participation in
8 competency education classes, and -- well, actually I, I
9 misspoke. Four years. It's actually closer to five years
10 that he's been in the hospital setting and there -- we've
11 not seen improvement.

12 So, at this point, I don't think he's likely to be
13 restored in the foreseeable future.

14 Q. Thank you, Doctor Gaskins.

15 Your Honor, I believe that's all I have for Doctor
16 Gaskins at this time.

17 THE COURT: Thank you very much.

18 Yes, sir, Mr. Barnette.

19 SOLICITOR BARNETTE: Thank you, Your Honor.

20 And, Your Honor, I'm not gon' go through the
21 questions. I know you had that from the last hearing.
22 I'm not gonna go through a lot of the items that I went
23 through before from there.

24 CROSS-EXAMINATION

25 BY SOLICITOR BARNETTE:

Matthew Gaskins - Cross-examination
By Solicitor Barnette

1 Q. But good morning, Doctor Gaskins.

2 A. Good morning.

3 Q. A couple questions. I just wanted to ask you a
4 question.

5 How long has he been receiving treatment from DMH in
6 this case, Mr. Douglas?

7 A. I am not sure on the answer for that total. But I
8 will say that he would of been hospitalized approximately
9 60 days before my November, 2019 evaluation. So, based on
10 that, we're calling it a near five years is what I would
11 estimate it to be.

12 Q. Okay. And what -- specifically -- and I know you've
13 talked about this before.

14 what was he treated for specifically?

15 A. Schizophrenia.

16 Q. Okay. From there.

17 And what was his forms of treatment?

18 A. So, the treatment -- and his treatment providers I
19 believe are gonna testify later today. They can speak
20 more accurately to it.

21 But my understanding is he's receiving antipsychotic
22 medications including the use of injectables. He is
23 attending regular group sessions, which can focus on
24 anything from leisure skills or essentially recreational
25 activities to psycho educational sessions where they

Matthew Gaskins - Cross-examination
By Solicitor Barnette

1 discuss not only schizophrenia but the need for continued
2 medicines, signs that symptoms may be worsening. So,
3 things of that nature.

4 Q. Okay. And so you were okay -- can you talk about the
5 treatment then from that standpoint?

6 A. From what I've -- what I've summarized in the report,
7 I'm happy to answer any questions about my report. Any
8 questions about his ongoing treatment would probably be
9 best directed to his current provider.

10 Q. I got you from there.

11 And is he -- does still delusional and schizophrenic
12 as, as you can tell --

13 A. Schizophrenic---

14 Q. -- from your last evaluation?

15 A. I apologize for overtalking you.

16 Schizophrenia is an ongoing life long condition. So,
17 he will always have schizophrenia. I do believe that he
18 is still actively experiencing delusions and occasional
19 hallucinations.

20 Q. Okay. And obviously I think you answered that
21 question.

22 Schizophrenia can not be cured?

23 It's just to be treated.

24 Is that right?

25 A. Correct.

Matthew Gaskins - Cross-examination
By Solicitor Barnette

1 Q. From there.

2 Now, he knows the difference between right and wrong.

3 Is that correct?

4 A. What specifically are you asking?

5 Are you asking just in general or are you asking
6 about anything specific?

7 Q. No, in general. I mean basically he knows the
8 difference between right and wrong.

9 Like, for example, during his treatment and
10 everything, he's done different things that shows that he
11 knows the difference between right and wrong?

12 A. In general I would say yes.

13 Q. Okay. And I think you've testified about this
14 before.

15 He has a, a really good understanding of the criminal
16 justice system --

17 A. Yes, I think, legal procedure wise, I think he has an
18 excellent understanding.

19 Q. -- from there.

20 And has -- as far as you can tell, has he ever been
21 consistent taking his medication or has he took and
22 refused to take them before and take himself off of them?

23 A. I believe, over all, he's been pretty consistent and
24 compliant. Again, a question better directed at his
25 treatment providers.

Matthew Gaskins - Cross-examination
By Solicitor Barnette

1 Q. I got you from there.

2 The -- what is the difference between the capacity to
3 stand trial and you trying to restore him?

4 What are you trying to do when you was trying to
5 restore him the first time?

6 A. Well, so, just to be clear, I wasn't trying to
7 restore him.

8 Q. Oh.

9 A. There was his treatment team that was trying to
10 restore him.

11 Treatment is focused on helping improve the, the
12 components of capacity to stand trial. Those are to make
13 sure he has a factual understanding of the charges, a
14 rational appreciation for the proceedings, and the ability
15 to consult with an attorney in formation of a defense.

16 Q. I just wanted -- do you have a copy of your report
17 with you, sir?

18 A. I do, yes, sir. I have it open on my, my screen as
19 well.

20 SOLICITOR BARNETTE: Your Honor, do you have a, a
21 copy of his -- of his last report, which is the one he did
22 this, this year?

23 THE COURT: I do.

24 Q. Okay. If I can take you back to Page 9 in this
25 situation there. He -- and I know you've had your

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1 findings there and everything there.

2 He still has delusions, is that right, from that
3 standpoint?

4 A. Yes.

5 Q. Okay. And he actually got very suspicious of Doctor
6 Maddox at one point?

7 Is that right?

8 I'm sorry. On Page 9, Your Honor, at the bottom.
9 It's actually the last paragraph on Page 9 and he says
10 suspicion of Doctor Maddox got worse by the end of the
11 interview.

12 Is that right?

13 A. That is what he reported.

14 Q. And this is your in -- you did an interview with him
15 October 9th of this year.

16 Is that right, sir?

17 A. Yes.

18 Q. Okay. From there.

19 And he -- in going to Page 10, he talks actually
20 about Robert Hall, his attorney.

21 Is that right, sir?

22 A. Yes.

23 Q. And he talks about that he had very -- a very much --
24 questions about Doctor Maddox, about Mr. Hall too, is that
25 right, and I mean the questions he had, the suspicions and

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1 everything about them?

2 A. Yes, they are -- they are different. But, yes, he
3 had suspicions about both Doctor Maddox coming to evaluate
4 him and his attorney, Mr. Hall, one, not being present at
5 the evaluation. But also disagreeing with his defensive
6 strategy.

7 Q. Okay. And going to page -- Paragraph 3 of Page 10 on
8 there, he starts talking about several of his delusional
9 beliefs again.

10 Is that right, sir?

11 A. We're starting with he said that he only?

12 That's the paragraph?

13 Q. It is. Yes, that's it. Yes, sir.

14 A. Okay.

15 Q. And he talks about the dark side talking to him and
16 being stuck in the web?

17 A. Yes.

18 Q. He talks about the judge and everyone around him to
19 the police and fire department was plotting against him?

20 A. Yes.

21 Q. And then they turned my loved ones on me through
22 witchcraft and black magic?

23 A. Yes.

24 Q. And then he said -- I'm sorry. I'm just trying to
25 read a paragraph -- a sentence at a time.

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1 He said he plans to tell the judge the dark side
2 turned him into a reaper and put him in the situation
3 where they would put him in prison for the rest of his
4 life.

5 A. Yes.

6 Q. Then he went on to describe the delusions previously
7 documented high ranking warlocks and witches that's
8 conspired against him.

9 A. Yes.

10 Q. So, he still has a strong belief and, and, obviously,
11 back when this all occurred, when this all started back on
12 October 25th, 2018, he believes Stephanie Jenkins and
13 Craig Jenkins were conspiring against him or gang members
14 against him?

15 He had those delusions about them.

16 Is that correct?

17 A. He is referenced it. We -- because I believe that he
18 did lack capacity to stand trial, we did not go into
19 specifics about the, the allegation itself.

20 Q. But in that part -- I know through all the reports
21 and everything I've read, he, he basically considered them
22 gangsters or part of the gangster or the network or the
23 web in Spartanburg County.

24 Is that right?

25 A. He is consistently made references to that. But,

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1 again, I did not dig into details on his beliefs at the
2 time.

3 Q. Okay. Well, wouldn't that be part of it from that
4 standpoint?

5 I mean wouldn't you want to know what happened
6 initially on the day, what his beliefs was, or what he
7 look -- told you or reported to you?

8 A. And so it's important to understand some of the
9 beliefs there. However, when you're doing capacity to
10 stand trial evaluation, if you believe they lack capacity
11 to stand trial, you, you are not suppose to, from both a
12 ethical and I believe legal situation, even to dig into
13 the specifics around the charge itself except for other
14 how -- other than how it applies to his defensive
15 strategy.

16 The reason being is because, if someone lacks
17 capacity to stand trial, they run the risk of
18 incriminating themselves if they go into full details
19 regarding their version of events. So, we always have
20 to -- if we ever approach that part of the -- part of the
21 evaluation or that comes up as a separate evaluation, we
22 have to ensure that we believe that they have capacity to
23 stand trial beforehand.

24 So, yes, he did doc -- he did reference many times
25 that he believed that the, the alleged victims in the case

1 were connected to his delusion beliefs. But I did not get
2 full -- his full interpretation of that.

3 Q. Right.

4 And that -- that's just the knowledge that I want
5 from that standpoint. That's my understanding. And so I
6 just want to make sure that was correct from that
7 standpoint. He had that belief about them at the time.

8 A. Based on the stuff that I reviewed so far, I believe
9 that is probably accurate. But, again, I did not ask him
10 directly about the specific allegations.

11 Q. Going to page -- oh, go ahead. I'm sorry.

12 A. I was finishing a little thought there that I did not
13 ask him specifics about his thoughts during the allegation
14 itself.

15 Q. Okay. Going to Page 6 of your report here, and I'm
16 going to go to -- specifically to the second paragraph,
17 the assessment on November -- the assessment on November,
18 2023. He continued -- at that point, he also continued to
19 endorse the gangs in Spartanburg capable of tracking his
20 movements even in the hospital.

21 Is that right, sir?

22 A. Yes, he reported that to me and it was also
23 documented throughout the medical record.

24 Q. Okay. And then the, the next paragraph down. I
25 guess September 10th, 2024, was the note. He basically

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1 says a few days per week telling -- I guess there's a
2 voice telling me a few days a week telling him to watch
3 his back and people are plotting against him and, of
4 course, he says he ignores it by listening to music and
5 talking to staff, that helps ignores the voices, and is
6 that your understanding that he still thinks there's
7 people plotting against him?

8 A. Yes, my understanding he still holds that belief.
9 When I did my last interview with him, he reported, I
10 think, hearing a voice about four days prior. I know it's
11 documented in the report. But, from my memory, it's about
12 four days before I saw him.

13 Q. Yes, sir.

14 Obviously he's had this belief throughout his --
15 through his stay, through the evaluations that you've had
16 with him, and through his treatment that he's always has
17 these delusions about other people, about gangs working
18 against him, other people working against him, and
19 plotting against him and you---

20 A. Yes.

21 Q. And from your last evaluation, he still has that
22 belief?

23 A. Yes, my, my, my opinion is that he still continues --
24 has that belief, yes.

25 Q. So, I understand he's not competent. But obviously

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1 if he believes somebody else is plotting against him or
2 whatever, it could lead to the result that happened back
3 in 2018---

4 A. So, he hasn't been---

5 Q. ---from there?

6 A. ---found not competent yet. Only a judge can do
7 that. But I have the opinion that he lacks capacity and
8 I've held that opinion, opinion since I've seen him. And
9 as far as the second part of your question, I didn't
10 evaluate him for anything related to that.

11 MR. ROYALS: And, Your Honor, I'm gonna object to
12 that question. The order allowing Doctor Gaskins to
13 evaluate Mr. Douglas clearly indicates that someone like
14 Doctor Gaskins who's only evaluating for capacity can only
15 make statements during the examination for, for purpose --
16 for no other purpose than to establish competency. I just
17 ask that the questions remain to Doctor Gaskins on
18 competency, Your Honor.

19 THE COURT: Okay. I'll, I'll overrule the objection.
20 The State's got a lot of leeway on cross-examination. But
21 as far as relevancy to what this witness is qualified to
22 do through a Court order, I, I understand the objection.

23 MR. ROYALS: Thank you, Your Honor.

24 SOLICITOR BARNETTE: Thank you, Your Honor, from
25 there.

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1 But through your evaluations there and he talks about
2 the Holy Spirit, where he shouldn't trust people, where he
3 shouldn't -- I mean he, he, he has these delusions about
4 people plotting against him over and over again.

5 Is that right, sir?

6 A. He continues to hold a, a delusion belief that
7 there's the conspiracy against him in Spartanburg as well
8 as the battle on good and evil with occasional
9 hallucinations and ended -- that reinforced that delusion.

10 Q. And even Stephanie Jenkins and Craig Jenkins was part
11 of that delusion at, at the time that they were against
12 him too?

13 A. That is referenced throughout the information
14 reviewed.

15 SOLICITOR BARNETTE: One -- Your Honor, can I take a
16 moment -- a second just to review, review something real
17 quick, Your Honor?

18 THE COURT: Okay. Just a moment.

19 (Pause.)

20 SOLICITOR BARNETTE: Thank you, Your Honor. I have
21 no further questions at this time, Your Honor, of this
22 witness.

23 THE COURT: Mr. Hall, do you have any questions of
24 this witness at this time?

25 MR. HALL: I do not, Your Honor.

1 THE COURT: And, Mr. Royals, any re - redirect
2 that---

3 MR. ROYALS: None, Your Honor.

4 THE COURT: Okay. Thank you, Mr. Gaskins.
5 Who would you like to call next, Mr. Royals?

6 MR. ROYALS: Your Honor, actually two, I guess,
7 points of order.

8 One, administrative. I've spoken with my witnesses
9 via text and email. They, they apparently are not able to
10 view this. I -- I'm perfectly fine with that. But my --
11 I, I think Solicitor Barnette might want his witnesses to
12 be able to watch---

13 THE COURT: Are they able---

14 MR. ROYALS: ---some of this.

15 THE COURT: Are they able to hear it?

16 MR. ROYALS: No, sir, they, they are in the waiting
17 room and I believe it has the same message we all got
18 prior to you -- your clerk allowing us in.

19 Again, Your Honor, I don't have a particular problem
20 with that. But I at least wanted to make you and the
21 parties aware that that's what I'm getting on -- from my
22 witnesses.

23 THE COURT: Well, thank you for letting us know that.
24 That might be one of the reasons that, you know, we are
25 doing this in the secure courtroom, that parties that are

1 not participating in the actual hearing at the particular
2 time can not view or hear us.

3 MR. ROYALS: Understood, Your Honor.

4 THE COURT: Okay. All right. And thank you for
5 letting us know.

6 MR. ROYALS: Thank you.

7 And, and on that note, Your Honor, under 44-23-460, I
8 believe that's all we have related to Mr. Douglas' alleged
9 competency to stand trial.

10 Your Honor, I would just ask that you make a
11 determination of his competency prior to us moving on to
12 the discharge process that we're gonna be going into.

13 THE COURT: All right. Mr. Barnette, you have any
14 witnesses on the competency issue at this time?

15 SOLICITOR BARNETTE: Yes, sir, I might have one from
16 that -- the, the question I had though, judge, was the
17 victims able to watch?

18 I didn't get an email or anything from them.

19 THE COURT: If, if they are---

20 SOLICITOR BARNETTE: So, I don't know.

21 THE COURT: If they're in the room, that they were
22 not able to hear or listen.

23 SOLICITOR BARNETTE: Is there any way possible
24 because I know that's one of the things they, they
25 requested to be honest with you and I understand --

1 they've heard Doctor Gaskins. So, I don't worry about
2 that as much to be honest with you. But --

3 THE COURT: You gonna call them---

4 SOLICITOR BARNETTE: -- I didn't want to---

5 THE COURT: Do you anticipate calling them as
6 witnesses?

7 SOLICITOR BARNETTE: No, sir, I don't.

8 THE COURT: Mr. Royals, what, and, Mr. Hall, what I
9 can do -- now it's gonna interfere with my ability to be
10 able to observe the witnesses in the manner in which I
11 wish to observe them. But I can bring one or two of them
12 into the room and let them just listen.

13 MR. ROYALS: I have no objection to that, Your Honor.

14 MR. HALL: I don't have any objection, Your Honor.

15 THE COURT: Mr. Barnette, who do you suggest that I
16 bring in?

17 SOLICITOR BARNETTE: Let me check with my victim --
18 if I can take a second, Your Honor, to check with the
19 victim advocate to see which ones would like to be in it.

20 THE COURT: Okay. Can't bring them all, okay,
21 according to your list. So, you need to pick someone
22 who's representative of --

23 SOLICITOR BARNETTE: Yes, sir.

24 THE COURT: -- of best of the family.
25 Okay.

1 SOLICITOR BARNETTE: Yes, sir, be right back with
2 you. Thank you, Your Honor.

3 THE COURT: All right.

4 MR. ROYALS: And, Your Honor, do you have any problem
5 excusing Doctor Gaskins?

6 I'm certainly done with him.

7 THE COURT: Well, Mr. Barnette's---

8 MR. ROYALS: I just (indiscernible)---

9 THE COURT: Thank you.

10 MR. ROYALS: Just left. I understand.

11 THE COURT: Mr. Barnette just left.

12 (Pause.)

13 SOLICITOR BARNETTE: Your Honor, there's two victims
14 that we'd like to let in. It's Costal Medic --

15 THE COURT: Say the last name.

16 SOLICITOR BARNETTE: -- is the email. Costal Medic
17 email address. It's George Jenkins.

18 THE COURT: Costal Medic is what we show on our
19 screen?

20 SOLICITOR BARNETTE: Either that or George Jenkins.

21 THE COURT: Or George Jenkins.

22 Okay. And who's the other one?

23 SOLICITOR BARNETTE: Sloan3@yahoo.com and that's
24 Chuck Sloan.

25 THE COURT: Okay. And those are victims'

1 representatives?

2 SOLICITOR BARNETTE: Yes, sir. One from each side of
3 the family. One from each side of the family.

4 THE COURT: Okay. Okay. All right. All right. I
5 would ask that, if you would, be sure that your mute is
6 on.

7 Okay. Yeah, there we go. I see it is. Thank you.

8 All right. Mr. Barnette, do you have any objection
9 to Mr. Gaskins -- to Doctor Gaskins being excused?

10 SOLICITOR BARNETTE: Sorry. No objection, Your
11 Honor. I, I know---

12 THE COURT: Okay.

13 SOLICITOR BARNETTE: ---we're gon' call my next
14 witness and this is just the competency issue.

15 Is that right --

16 THE COURT: That's right.

17 SOLICITOR BARNETTE: -- if -- my understanding?

18 THE COURT: That's right.

19 All right. Thank you, Doctor Gaskins.

20 And who's your next witness?

21 DOCTOR GASKINS: Thank you Your Honor.

22 SOLICITOR BARNETTE: Your Honor, it's gon' be Bob
23 Nelson, Your Honor. Robert -- Doctor Robert Nelson.

24 THE COURT: Nelson?

25 SOLICITOR BARNETTE: I believe he's -- he should be

1 in the waiting room.

2 THE COURT: Okay.

3 SOLICITOR BARNETTE: And, Your Honor, I believe you
4 have his CV and I'm probably gonna move State Exhibit 1
5 into evidence just for that, and I'll give a copy to Mrs.
6 Green. I know she probably doesn't have a copy of it.
7 But I'll get a copy to her. I'll let -- I know all the
8 parties have it.

9 THE COURT: We don't have Doctor Nelson.

10 SOLICITOR BARNETTE: It should be --.

11 THE COURT: Oh, wait a minute. Now we've got him.
12 Okay.

13 SOLICITOR BARNETTE: Yeah, it should be --.

14 THE COURT: Doctor Nelson, if you could start your
15 video?

16 (WHEREUPON, there was no response.)

17 SOLICITOR BARNETTE: Your Honor, let me step out and
18 make sure that it's working. I know it was working when I
19 left. Let me go make sure real quick. He's in a
20 different room.

21 THE COURT: All right. I've got you.

22 Doctor Nelson, can you hear us okay?

23 DOCTOR NELSON: Yes, sir, and sorry for the delay,
24 Your Honor.

25 THE COURT: That's all right. We went -- waiting for

1 Mr. Barnette to come back.

2 SOLICITOR BARNETTE: Thank you, Your Honor. I
3 believe we got him working there.

4 THE COURT: Okay. Mr. Barnette, I'll turn the
5 witness -- well, I tell you what.

6 Doctor Nelson, I need you to raise your right-hand.
7 I need to administer an oath to you.

8 DOCTOR NELSON: Yes, sir.

9 ROBERT NELSON, being first duly
10 sworn, testified as follows:

11 THE COURT: Thank you, sir. You may put your hand
12 down.

13 I'm gonna turn the matter over to Mr. Barnette. Turn
14 the witness over to him.

15 SOLICITOR BARNETTE: Okay. Thank you, Your Honor.

16 DIRECT EXAMINATION

17 BY SOLICITOR BARNETTE:

18 Q. Doctor Nelson, could you give your full name for the
19 record please?

20 A. Robert Charles Nelson.

21 Q. And where do work at, sir?

22 A. I work in a private practice in Greenville called
23 Lifestance Health as a---

24 Q. And you gave me a copy of your---

25 A. ---clinical psychologist.

Robert Nelson - Direct examination
By Solicitor Barnette

1 Q. You gave me a copy of your CV earlier.

2 Is that right, sir?

3 A. Yes, sir.

4 Q. And have -- and, and I believe I provided a copy to
5 all parties including the judge, and I'd like to mark that
6 State Exhibit 1, Your Honor, and enter that into evidence.

7 THE COURT: Any objection, Mr. Royal (sic)?

8 MR. ROYALS: No, Your Honor.

9 THE COURT: Mr. Hall.

10 MR. HALL: No objection.

11 THE COURT: All right. Be State's 1.

12 SOLICITOR BARNETTE: Okay. Thank you, Your Honor.

13 (WHEREUPON, the CV of Doctor Nelson was entered into
14 evidence as State's Exhibit No. 1 to be marked at a later
15 time.)

16 SOLICITOR BARNETTE: Just give me one second.

17 (Pause.)

18 Q. Bob, are you good?

19 A. Yes, sir.

20 Q. Wait a minute.

21 Your Honor, I didn't know if they had any objections
22 to his qualifications or not?

23 I can go through those if I need to.

24 THE COURT: All right. We're getting -- I'm getting
25 a lot of echos on your end, Mr. Barnette.

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By Solicitor Barnette

1 SOLICITOR BARNETTE: Let me do this, Your Honor. Let
2 me check on one thing.

3 (Pause.)

4 SOLICITOR BARNETTE: Hopefully, Your Honor, that will
5 be better.

6 THE COURT: All right. And tell me the, the name --
7 the expertise area you wish this witness to be qualified
8 as?

9 SOLICITOR BARNETTE: Your Honor, be a forensic,
10 forensic psychiatry in this case, Your Honor.

11 THE COURT: Any objection to this witness being
12 qualified as a forensic psychiatrist, Mr.---

13 MR. ROYALS: I---

14 THE COURT: ---Royals?

15 MR. ROYALS: I do, Your Honor. My understanding is
16 Doctor Nelson's a psychologist.

17 THE COURT: Okay.

18 SOLICITOR BARNETTE: Psychiatrist. I'm sorry.
19 Psychologist. I said the wrong term, Your Honor.

20 THE COURT: Forensic psychologist?

21 Any objection to him being qualified as a forensic
22 psychologist, Mr. Royal (sic)?

23 MR. ROYALS: None, Your Honor.

24 THE COURT: Mr. Hall.

25 MR. HALL: None, Your Honor.

Robert Nelson - Direct examination
By Solicitor Barnette

1 THE COURT: All right. He'll be qualified as a
2 forensic psychologist.

3 You may proceed, Mr. Barnette.

4 SOLICITOR BARNETTE: Thank you, Your Honor.

5 And, Doctor Nelson, have you reviewed all the reports
6 and everything and I believe you were here for the
7 testimony back in August of 2023 of Doctor Gaskins
8 earlier?

9 Have you review -- reviewed all the reports and
10 everything in this case?

11 A. Yes, sir.

12 Q. And based off looking at the case and everything, can
13 you tell us your assessment from what you have observed or
14 have -- what you have read and stated in this case?

15 A. Well, looking back at all of the different
16 assessments that have been done, the one that stood out to
17 me as concerning was there was a period of time where he
18 was found able to be restored, and then the most recent
19 reports suggests that that is no longer the case.

20 Q. And why is that concerning to you, sir?

21 A. Well, my concern would be if there is some
22 remediation that could be done as part of the restoration
23 that would make him capable of participating in his
24 defense. That is what the -- that is what he prefers.
25 But it also would be -- it would also be useful for us to

1 understand the nature of the crimes.

2 Q. Got you from there. And I know he's talked about
3 delusions and everything.

4 Can you tell us the significance of that to you from
5 what you reviewed and have heard about?

6 A. Going back a, a few periods now, initially the
7 reports of his delusional thought process were related to
8 religious issues and I made a differentiation, based on my
9 training, of the difference between bizarre versus
10 non-bizarre delusions. And, initially, most of his
11 delusions that I was reading and was reported to me or
12 that I was reading were of the non-bizarre, non-bizarre
13 nature.

14 Q. And what kind of -- what, what do you mean by -- you
15 talking about the belief in God and so forth like that?

16 A. The belief in God, the belief in hearing from the
17 Holy Spirit, the belief that if God chose to send a
18 message to the judge that, you know, or that would -- the
19 Holy Spirit would be present with him during this process.
20 Those are perhaps delusional but they're not bizarre
21 delusions.

22 Q. And also he talked about being recorded by drug -- by
23 gangs in Spartanburg County and so forth.

24 Are those bizarre delusions?

25 A. They're, they're delusional thoughts that can happen.

Robert Nelson - Direct examination
By Solicitor Barnette

1 The difference, in my training, between delusional --
2 bizarre delusions and non-bizarre delusions is non-bizarre
3 delusions may not be present but they can happen. Give
4 you the example, you know, the FBI is following me and
5 tapping my phones. We all know they're not but, but they
6 can.

7 Q. From there.

8 Through -- and including the, the competency reports,
9 have you also looked at the threat assessment reports?

10 I guess---

11 A. Yes.

12 Q. And what do you have concerns about these reports
13 with evaluations and the threat assessment---

14 A. The---

15 Q. ---reports?

16 A. The concern I have is he has had some altercations
17 while incarcerated. But the bigger concern is if he is
18 released to the community and is not compliant with his
19 medications and his delusional symptoms worsen, I'm
20 concerned that there's a, a threat to the community.

21 Q. Yeah, from there, and---

22 MR. ROYALS: Your Honor, I'm gonna object to this
23 line of questioning. So -- my understanding is we're
24 talking about competency right now.

25 I have no objection to Doctor Nelson speaking perhaps

Robert Nelson - Direct examination
By Solicitor Barnette

1 later about the advisability of his discharge. But I
2 think, for right now, we're talking about competency.

3 THE COURT: I'd sustain the objection. We have a
4 limited issue here.

5 SOLICITOR BARNETTE: Yes, sir, and I'm gonna rephrase
6 the question in that sense.

7 Using the, the threat assessment and everything, I
8 know Doctor Gaskins testified about the delu -- he's still
9 delusional at this time and everything from that
10 standpoint and it showed in October.

11 But the threat assessment shows a different view,
12 doesn't it, concerning his delusions?

13 A. Yes, the --.

14 Q. In what way?

15 what -- what's the concern about that?

16 A. The threat assessment -- can you tell me which one
17 we're referring to?

18 Q. At -- started with Doctor Frierson's I guess from
19 that standpoint.

20 A. The threat assessment, the most recent threat
21 assessment, to me read as though his hallucinations had
22 been and his debility from them was worsening. Now he was
23 returned back to of more what would be considered bizarre
24 delusions and that seemed to me to be a worsening in his,
25 in his capability from previous.

Robert Nelson - Direct examination
By Solicitor Barnette

1 Q. If I can ask you, again, this fellow, he's a -- looks
2 like it's a -- av -- average to above average
3 intelligence, Mr. Douglas, from the, from the reports
4 re -- reviewed here?

5 A. Yes.

6 Q. And he has a understanding -- a, a really good
7 understanding of the criminal justice system?

8 A. That's what I read in the reports, yes.

9 Q. Malingering and everything, I know we've talked about
10 Doctor Gaskins last time he testified. Not today.

11 But can an individual fake mental health conditions?

12 A. Yes, they can. Certainly.

13 Q. And are you familiar where the defense attempted to
14 do that --

15 A. I have---

16 Q. -- and avoid prosecution?

17 A. Yes, sir.

18 Q. Is there a concern with Mr. Douglas here based off
19 the information you received doing that?

20 A. To my knowledge, he has not been administered any
21 instrument that would test for the possibility of
22 malingering symptomology or feigning. It -- that leaves
23 the possibility that it could be occurring.

24 Q. And so is, is there a document or a test that you can
25 do for that?

1 A. There are several.

2 Q. Do you see evidence of that being done in this case?

3 A. I do not.

4 Q. Okay. And I -- I'm, I'm not gon' ask you if he's
5 competent or not competent cause I know you haven't
6 evaluated him yourself from that standpoint.

7 But do you have questions about the evaluations that
8 have been done and, and the information you've received?

9 A. I, I do. The concern I have is it looks like, over
10 the course of his treatment there, he got better and then
11 got worse and, and I'm, I'm, I'm wondering, you know, what
12 the precursor to that was or, or what -- how that fits to
13 a prognosis of his, you know, for future outcome.

14 Q. I understand from there.

15 But is there a -- I guess that may be a better
16 question on the second part of this from that standpoint.

17 If would, sir, please answer any questions that
18 either one of the defense attorneys or the judge may have
19 for you, sir.

20 A. Yes, sir.

21 THE COURT: Mr. Royals, I'll go, I'll go first to
22 you.

23 MR. ROYALS: Thank you, Your Honor. Appreciate it.

24 CROSS-EXAMINATION

25 BY MR. ROYALS:

Robert Nelson - Cross-examination
By Mr. Royals

1 Q. Doctor Nelson, thanks for being in court today. We
2 appreciate it.

3 A. You welcome.

4 Q. Have you ever interacted with Casey Douglas outside
5 of the courtroom?

6 A. No, sir.

7 Q. Have you ever spoken to Casey Douglas?

8 A. No, sir.

9 Q. Has Casey Douglas ever spoken to you?

10 A. No, sir.

11 Q. Have you had the opportunity to ask him questions
12 related to any documentation that you've reviewed?

13 A. No.

14 Q. Have you asked him about his schizophrenia?

15 A. I have not. I haven't met him.

16 Q. Understood.

17 Doctor Nelson, I believe you indicated that you
18 reviewed all the reports and, and obviously they're a lot
19 going on. So, that's, that's a gen -- just, just for
20 clarity of record, would you mind telling us which
21 documents you've reviewed for your testimony today?

22 A. Forgive me but there are a bunch and I'm just putting
23 the ones that were specifically to reaching evaluations.

24 Q. Yes, sir.

25 A. I have the October 14th, 2024, evaluation report. I

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1 have also seen -- let me, let me look at the records to
2 the previous report because I've looked at them and I'm
3 sorry I'm not able to call them out.

4 Q. Understood.

5 A. I have had access to review the report resulting from
6 the May 7th, 2019, evaluation as well as the
7 November 5th, 2019, which is referenced in that report.
8 Also the evaluation that was conducted following January
9 7th, 2022, and then the most recent one of October 9th,
10 2024.

11 Q. Thank you, sir, appreciate it.

12 So, it -- it's your testimony that -- for to -- the
13 documents you reviewed for this are the October 14th, May
14 7th, November of 2019, May 7th, 2022, and October 9th of
15 2024 reports?

16 A. Yes, sir.

17 Q. Thank you, sir. I appreciate that.

18 Were all of those reports authored by either Doctor
19 Gaskins or Doctor Maddox?

20 A. Yes, I believe so.

21 Q. Thank you, sir.

22 Have you consulted with Doctor Gaskins prior to your
23 testimony today?

24 A. I have not.

25 Q. Have you consulted with Doctor Maddox prior to your

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1 testimony today?

2 A. I have not.

3 Q. Thank you, sir.

4 Regarding your testimony related to him initially
5 being found potentially restorable and then not
6 restorable, my understanding is that the report dated
7 November of 2019 was the most recent evaluation report
8 done after his restoration treatment.

9 Is, is that the case?

10 A. That's my belief, yes.

11 Q. Thank you, sir.

12 And in that, does Doctor Gaskins find him to be --
13 potentially to be restorable with -- in the future?

14 A. You're talking about the report from October 14th?

15 Q. It is a letter November 13th, 2019, and the report
16 at the top says November 5, 2019. There's a chance the
17 evaluation would of happened in October. This, this would
18 of been immediately post-restoration.

19 A. That was January of '24?

20 I'm sorry.

21 Q. I am looking at the report that was mailed on
22 November 13th of 2019. I believe you testified that it
23 was November 5th, 2019.

24 A. I'm sorry. I don't have that report in front of me
25 right now.

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1 Q. Understood.

2 Based on your recollection of that report, do you
3 recall Doctor Gaskins indicating that he believed that Mr.
4 Douglas was not going to be restorable henceforth?

5 A. I do.

6 Q. What was his basis for that?

7 A. Continued hallucinations and some diminished but
8 still present hallucinations -- visual hallucinations,
9 original thought, and---

10 Q. Okay.

11 A. ---it was---

12 Q. Did he give you a basis -- my apologies. Please
13 finish your, your thought there.

14 A. And a continuing diagnosis of schizophrenia.

15 Q. Okay. Does somebody having schizophrenia preclude
16 them from being competent?

17 A. Not necessarily, no.

18 Q. Understood.

19 In terms of your concerns about Doctor Gaskins
20 evaluation and his determination of him not being
21 restorable, what are your specific concerns?

22 A. My, my concern was that, in a previous report, he was
23 found to be possibly responsive to restoration, which that
24 apparently failed.

25 Q. Understood.

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1 would the fact he's gone through restoration services
2 and is now no longer competent seem to indicate that he's
3 not restorable?

4 A. I, I wouldn't argue that, no.

5 Q. Understood.

6 All right. Doctor Nelson, you've indicated your
7 con -- some of your concerns related to his potential lack
8 of competency are due to his natures, if I recall
9 correctly, not being bizarre.

10 would you mind revisiting that for me?

11 A. His belief that he can hear from the Holy Spirit,
12 that God is looking after him, that God, if God wanted to,
13 could communicate to the judge or the jury. Those are not
14 considered bizarre delusions. There are millions and
15 billions of people worldwide that believe in that kind of
16 potential divine connection with, with God and, and the
17 Holy Spirit.

18 Q. Sure.

19 Could a non-bizarre delusion be the basis for a lack
20 of capacity?

21 A. It would, it would have to -- it would have to also
22 combine with functional disability and, and other factors..
23 But, yes, the short answer is yes.

24 Q. Okay. Understood.

25 And, and, Doctor Nelson, you, you speak with -- spoke

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1 a little bit about malingering and my understanding is
2 mal -- malingering is the doctor's term for faking.

3 Is that fair?

4 A. Or feigning, yes.

5 Q. Un -- understood.

6 Did you conduct any assessment of whether or not Mr.
7 Douglas was feigning or malingering?

8 A. No. As I said, I've never had the opportunity to
9 evaluate him.

10 Q. Why haven't you?

11 A. I was not asked.

12 Q. You were not asked to evaluate him but you're
13 testifying about his potential capacity?

14 A. I'm testifying about the information that I've been
15 provided from the reports.

16 Q. That's somebody else -- the, the reports that
17 somebody else put together.

18 Is that correct?

19 A. Yes, I have not had the opportunity to evaluate him
20 personally. So, I can't give him a diagnosis. I'm
21 referring to the reports that have been provided to me.

22 Q. When you say you haven't had the opportunity to, have
23 you spoken -- did you ask Mr. Douglas if you could
24 evaluate him?

25 A. No, I did not. I told you I'd never---

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1 Q. Did you---

2 A. ---met him.

3 Q. Did you request a Court order to meet with
4 Mr. Douglas?

5 A. I did not.

6 Q. Did you call Doctor Gaskins for context related to
7 his findings in his reports?

8 A. No, I did not.

9 Q. Understood.

10 And, finally, Doctor Nelson, do you believe that
11 Mr. Douglas is competent to stand trial?

12 A. I believe he was once found to be able to be re --
13 potentially able to be restored and now he's not and it
14 leaves me questioning that.

15 Q. I understand, sir.

16 And, and, and I think that reads through in the
17 reports put up -- put through by Doctor Gaskins.

18 I'm asking you if you believe, in your professional
19 capacity, whether or not Mr. Douglas is competent to stand
20 trial or not?

21 A. I can't determine that.

22 Q. Why not?

23 A. Cause I haven't had the opportunity to evaluate him
24 myself.

25 Q. Understood.

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1 Your Honor, I believe that's all I have.

2 THE COURT: Mr. Hall, do you have any questions for
3 this witness?

4 MR. HALL: No, I believe Mr. Logan (sic) covered
5 everything I was gon' hit.

6 THE COURT: Mr. Barnette, any redirect limited to
7 what Mr. Royals---

8 SOLICITOR BARNETTE: Just one or two, Your Honor.

9 REDIRECT EXAMINATION

10 BY SOLICITOR BARNETTE:

11 Q. One, Doctor Nelson, given the opportunity, would you,
12 if there was a Court order, be able to evaluate -- would
13 evaluate Mr. Douglas --

14 A. Certainly.

15 Q. -- from there?

16 And was your concerns also about possibly malingering
17 and not being tested properly or the results not being
18 shown in the report?

19 A. It was something I couldn't rule out cause, as I
20 said, I've not evaluated him.

21 Q. I understand.

22 I have no further questions of the witness, Your
23 Honor.

24 THE COURT: All right. Thank you very much.

25 I would assume, Mr. Royal (sic), doesn't have any

1 follow-up?

2 MR. ROYALS: No follow-up, Your Honor.

3 THE COURT: Thank you.

4 Doctor Nelson, I would suggest that now -- any
5 objection to Doctor Nelson being removed and put into the
6 waiting room?

7 I hear none---

8 SOLICITOR BARNETTE: No objection.

9 MR. HALL: No objection.

10 THE COURT: I hear none.

11 So, thank you, Doctor Nelson.

12 Mr. Barnette, who is your next -- I mean I'm sorry.

13 Mr. Royal (sic) -- I'm sorry.

14 Mr. Barnette, do you have any other witnesses on the
15 issue of competency?

16 SOLICITOR BARNETTE: Probably not at this time, Your
17 Honor. The rest of it be more toward a threat of
18 assessment.

19 THE COURT: Okay. All right. And, Mr. Royal (sic),
20 do you have any reply witnesses on the issue of
21 competency?

22 MR. ROYALS: Not on the issue of competency, Your
23 Honor. I would just ask that you -- Your Honor make a
24 finding related to Mr. Douglas' competency prior to us
25 moving on to the, the risk assessment portion of the

1 hearing.

2 THE COURT: Okay. And thank you very much.

3 Based upon the information that's been received by
4 the Court, I can make that finding that he is not
5 competent to stand trial. I look forward to receiving---

6 MR. ROYALS: Thank you, Your Honor.

7 THE COURT: I look forward to receiving a more formal
8 order later, Mr. Royal (sic).

9 MR. ROYALS: I'll be happy to provide that, Your
10 Honor.

11 THE COURT: Now, are y'all ready to move to the issue
12 of -- the, the next issue?

13 MR. ROYALS: I certainly am, Your Honor.

14 THE COURT: Okay. All right. And then, at this
15 time, who, Mr. Royal (sic), do you wish to call as a
16 witness?

17 MR. ROYALS: Ask for Doctor Jennifer Alleyne, Your
18 Honor.

19 THE COURT: What's her last name again?

20 MR. ROYALS: Alleyne. A-L-L-E-Y---

21 THE COURT: Yeah, we, we found her or rather my law
22 clerk found her.

23 Now -- Ms. Alleyne, if you would, start your video.
24 There we go.

25 Ms. Alleyne, are you able to hear me okay?

1 MS. ALLEYNE: Yes, Your Honor.

2 THE COURT: Okay. Thank you very much.

3 Mr. Barnette went somewhere. Let me find
4 Mr. Barnette.

5 SOLICITOR BARNETTE: I'm back, judge. I'm sorry.

6 THE COURT: Okay. All right. Ma'am, at this time
7 I'm gonna need to administer an oath to you. Please raise
8 your right-hand.

9 JENNIFER ALLEYNE, being first duly
10 sworn, testified as follows:

11 THE COURT: Thank you, ma'am.

12 All right. Now, Mr. Royals is gonna start by asking
13 you questions. If ever during this process you can't hear
14 one of the lawyers, let us -- let me know and then we'll
15 try to figure out if it's a technical issue.

16 But, at this time, I will turn the matter over to Mr.
17 Royal (sic).

18 THE WITNESS: Okay.

19 MR. ROYALS: Thank you, Your Honor.

20 For clarity sake, since we -- there is some
21 discussion about who's privy to these conversations today,
22 Doctor Alleyne does have -- I believe have two med
23 students with her today, Doctor Yi (phonetic) as well as
24 Ms. Shealy. Just want that to be clear for the record,
25 Your Honor.

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1 THE COURT: All right. And I was advised of that
2 earlier and I didn't hear no objection. So, unless
3 anybody verbalizes one, we will proceed as we are doing.

4 (WHEREUPON, there was no response.)

5 THE COURT: Okay. Thank you. You may, may proceed.

6 MR. ROYALS: Thank you, Your Honor.

7 DIRECT EXAMINATION

8 BY MR. ROYALS:

9 Q. Doctor Alleyne, thank you again for being here this
10 morning. We certainly appreciate it.

11 Are you familiar with Mr. Casey Douglas?

12 A. Yes.

13 Q. How so?

14 A. I supervise the psychiatric nurse practitioner who is
15 his primary provider.

16 Q. Understood.

17 And is the current nurse practitioner the only person
18 that's treated him since he's been at Bryan Forensics for
19 his commitment?

20 A. No. He's had numerous treatment providers in his
21 time here.

22 Q. To your knowledge, do you supervise all those
23 individuals as well?

24 A. Yes.

25 Q. And in supervising those individuals, are you

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1 familiar with Mr. Douglas' both diagnoses as well as his
2 treatment ritual?

3 A. Yes.

4 Q. Okay. By virtue of your position as, as the medical
5 chief there, what -- to your knowledge, what is
6 Mr. Douglas diagnosed with?

7 A. He is diagnosed with schizophrenia.

8 Q. And what does that mean to somebody like me who's
9 never been to med school?

10 A. It means that he has a thought disorder.

11 So, this illness causes him to have experiences or
12 beliefs that may not be in touch with reality. We would
13 call those delusional beliefs.

14 He also has experienced auditory and visual
15 hallucinations in the past and it can also affect his --
16 I'm trying to come up with the best way to say this.

17 It can affect him in making him maybe more socially
18 withdrawn. It could cause him to be -- have what we would
19 call negative symptoms. So, a flattened affect, lack of
20 engagement, things like that. He's not currently
21 experiencing those. But those are other symptoms of
22 schizophrenia that he could experience.

23 Q. Okay. Understood.

24 To your knowledge, whenever Mr. Douglas was admitted
25 to Bryan Forensics, did he carry the diagnosis of

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1 schizophrenia then?

2 A. Yes.

3 Q. Okay. And, Doctor Alleyne, obviously by virtue of
4 you being familiar with Mr. Douglas, you've had the
5 opportunity to review records of his -- outside of just
6 your personal knowledge of Mr. Douglas, would you mind
7 just letting the Court know what other documentation
8 you're privy to in, in making your treatment and
9 assessment of Mr. Douglas?

10 A. So, I have access to his current medical charts. So
11 his admission, psychiatric history, his progress notes.
12 We have access to his competency evaluations that have
13 been done from before he had competency restoration during
14 his competency restoration stay, and the evaluations that
15 have been done since we have put him up for discharge.

16 I've also reviewed the balance risk assessment
17 conducted by Doctor Frierson and the competency or I guess
18 that's -- I wouldn't call it competency. A psychiatric
19 assessment conducted by Doctor Maddox. I think that's
20 everything I've looked at.

21 Q. Thank you, Doctor Alleyne.

22 In terms of Mr. Douglas' progression treatment wise
23 from when he was admitted, my understanding is he was
24 admitted back in 2020.

25 How would you characterize the difference between Mr.

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1 Douglas' schizophrenia now versus when he was admitted?

2 A. When he was admitted, he was experiencing visual and
3 auditory hallucinations. He had religious preoccupations
4 as well as paranoid delusional beliefs. I would say, at
5 this point in time, he's demonstrated significant
6 improvement in those symptoms.

7 He experienced -- does not experience visual
8 hallucinations currently. He experiences auditory
9 hallucinations a few days per week and his delusional
10 beliefs do not predominate his thought process anymore.
11 He's got a better understanding of his symptoms and I
12 would classify them as controlled at this point in time.

13 Q. Understood.

14 And, Doctor Alleyne, you spoke about negative
15 symptoms.

16 A. Uh-huh. (Affirmative).

17 Q. Upon his admission, the symptoms you just noted,
18 which of those would you ascribe to being negative?

19 A. Can you rephrase your question?

20 Q. Sure.

21 You, you noted some symptoms of Mr. Douglas' when he
22 was admitted initially.

23 A. Uh-huh. (Affirmative).

24 Q. Which of those would you describe as negative?

25 A. I don't know that he was experiencing negative

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1 symptoms. Negative symptoms are just one of the types of
2 symptoms that can occur with his diagnosis. So I just
3 wanted to be---

4 Q. Understood.

5 A. ---complete in my description of his diagnosis.

6 Q. Thank you, doctor.

7 And for clarity of record, in your opinion, he's not
8 currently exhibiting any negative symptoms?

9 A. No.

10 Q. Okay. Doctor Alleyne, an schizo -- how is
11 schizophrenia treated?

12 A. We treat schizophrenia with antipsychotic or
13 neuroleptic medications.

14 Q. Okay. And what medication is Mr. Douglas currently
15 taking?

16 A. He is currently taking Abilify, which is a long
17 acting injectable. So he receives that once per month.
18 And he is also taking a medication called Zyprexa, which
19 is an -- another antipsychotic medicine. But he takes
20 that orally.

21 Q. Okay. Has Mr. Douglas taken those medications for
22 the entirety of his treatment at Bryan -- Bryan's
23 Forensics?

24 A. He has taken antipsychotics in some form throughout
25 his stay. The Zyprexa is a new addition based on the

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1 recommendations of the evaluation by Doctor Maddox.

2 The Abilify he has been on consistently for the past
3 couple of years.

4 Q. Okay. Understood.

5 And for clarity sake, the Ability, how's that
6 administered?

7 A. It's a long acting injectable medicine that he
8 receives once per month.

9 Q. And how is the Zyprexa administered?

10 A. That's orally. So he gets that daily.

11 Q. Understood.

12 Has Mr. Douglas had any refusals of medication in the
13 past year to your knowledge?

14 A. Not to my -- well, I'm not gonna say he hasn't
15 refused any medicine. He's refused a dose here or there.
16 But he takes it fairly consistently overall and he's not
17 refused any of his injections.

18 Q. would you characterize Mr. Douglas as medically
19 compliant?

20 A. Yes.

21 Q. All right. Doctor Alleyne, does Mr. Douglas carry
22 any substance abuse diagnoses?

23 A. He does. I don't want to misquote. So, give me one
24 second.

25 He carries stimulant, cannabis, and hallucinogen use

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1 disorder diagnoses.

2 Q. All right. Understood.

3 And has Mr. Douglas received treatment for those
4 since he's been at Bryan's Forensics?

5 A. Yes, we provide alcohol and other drug treatment
6 groups to address substance abuse diagnoses.

7 Q. Understood. Thank you, Doctor.

8 All right. Doctor Alleyne, whenever you are
9 analyzing somebody, the issue of insight tends to come up
10 and, again, I'm going to plead my not having the right
11 letters behind my name for, for, for knowing what insight
12 is.

13 Do you mind just kind of ex -- explaining to me and
14 the Court what insight means to a psychiatrist such as
15 yourself?

16 A. So, when we've looking to describe insight, we are
17 discussing their understanding of their mental illness and
18 their understanding of what their symptoms are, their need
19 for treatment, and how the treatment is helping or
20 assisting their recovery.

21 Q. Okay. And what kind of things are you looking for in
22 a typical patient when you are analyzing their insight
23 into their illness?

24 A. So, their participation in therapeutic groups, their
25 participation in their treatment planning sessions, and

1 one-on-one sessions with our social work department, their
2 adherence to medications, and then their conversations
3 with treatment providers about their symptoms and about
4 their recovery process.

5 Q. Okay. And, and, and applying that basic criteria to,
6 to Mr. Douglas, but, you know, as of November 22nd,
7 2024, how would you characterize his insight?

8 A. I think that Mr. Douglas has a, a, a pretty good
9 insight into his mental illness.

10 Q. Okay. What kind of things does Mr. Douglas do there
11 at the hospital to give you that opinion?

12 A. So, Mr. Douglas is adherent with his prescribed
13 medications. He has thoughtful conversations with his
14 treatment staff. He attends therapeutic groups.

15 So we have groups that occur in another building on
16 our campus that the patients are transported to. He
17 attends groups there. But he is actually also
18 co-facilitating a group over there where he and another
19 patient on the unit with myself are teaching other
20 patients in the hospital about mental health and recovery.
21 And then he is able to engage in thoughtful discussion
22 with his treatment provider about his symptoms and the
23 recovery process.

24 Q. Okay. And when you say facility, what does that
25 typically mean?

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1 A. He had to, with this peer that he is leading this
2 group with, come up with a set of groups to teach, what
3 the common goal for the groups would be, and then he
4 chooses the content -- the two of them together choose the
5 content of what they are going to teach in group each
6 week.

7 Q. What's -- in your opinion, does being able to
8 facilitate a group like that show good insight?

9 A. To me, yes, absolutely.

10 Q. Understood.

11 Doctor Alleyne, so that -- in various reports and
12 even in your own testimony earlier I believe, you have
13 indicated that Mr. Douglas does still occasionally endorse
14 auditory hallucinations.

15 Is that correct?

16 A. Yes.

17 Q. What is your understanding of what those auditory
18 hallucinations entail?

19 A. Most recently they I think are -- were more positive
20 than they were when he was more ill or, you know, a couple
21 of years ago prior to his hospitalization here. Typically
22 I think they tell him to just kind of be mindful, be
23 watchful that people are -- might have, have his best
24 interests at heart and that he should be, you know,
25 keeping an eye out for what other people's ill will

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1 towards him could be.

2 Q. Okay. Doctor, in your opinion, does still having
3 hallucinations necessitate somebody being hospitalized?

4 A. Absolutely not.

5 Q. Why not?

6 A. There's no way for us to cure hallucinations. We can
7 treat them. We can make them quieter. We can make them
8 less frequent. But we can not guarantee that they will go
9 away entirely. You can walk down the street in downtown
10 Columbia and see people responding to auditory
11 hallucinations on a regular basis.

12 Q. Do you believe that a person can be properly treated
13 on an outpatient basis and still exhibit hallucinations?

14 A. Absolutely.

15 Q. Do you believe that Mr. Douglas is one of those
16 people?

17 A. Absolutely.

18 Q. Okay. Do you believe that Mr. Douglas has sufficient
19 insight to be able to treat himself on an outpatient
20 basis?

21 A. I do.

22 Q. Understood.

23 And, Doctor Alleyne, so the, so the other kind of
24 thing I know that you're analyzing pretty continuously is
25 whether or not somebody's mental illness is likely to make

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1 them a danger to themselves or others. Now, certainly we
2 all on this call are aware of why Mr. Douglas is, is in
3 the hospital in the first place in terms of underlying
4 charge.

5 When you are analyzing somebody's potential
6 dangerousness because of ailment, a mental illness, what
7 kind of things are you looking at?

8 A. I -- we would look at how their symptoms are
9 affecting them, their ability to recognize what their
10 symptoms are and be able to communicate those to their
11 treatment providers to ensure that they are maintaining
12 appropriate doses of their medications and are
13 appropriately engaged in treatment.

14 Q. Okay. Would the presence of negative symptoms, for
15 example, be a, a potential cause for concern when making
16 that analysis?

17 A. They could be. Absolutely. So, social withdrawal
18 could certainly be an issue.

19 Mr. Douglas typically experiences what we would
20 called -- classify as positive symptoms. So those are
21 auditory hallucinations. But he readily discusses those
22 symptoms with his treatment team.

23 Q. Understood.

24 All right. Doctor Alleyne, based on your, your
25 treatment and supervision of, of treatment providers of

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1 Mr. Douglas, do you think he's likely to be a danger to
2 himself or others due to his mental illness if he were to
3 continue a similar medical regime as he's on right now?

4 A. No.

5 Q. Okay. Do you believe he could appropriately be
6 treated on an outpatient basis despite his past previous
7 violent behavior?

8 A. Absolutely.

9 Q. Okay. Doctor Alleyne, are you familiar with his
10 potential discharge plan by virtue of your position?

11 A. I am.

12 Q. Okay. To your knowledge, where would Mr. Douglas be
13 discharging to?

14 A. The treatment team is recommending that he discharge
15 to a community residential care facility called
16 Generations of Monetta.

17 Q. Okay. Is this a place that you have discharged
18 patients to previously?

19 A. Yes. Many.

20 Q. Okay. To your knowledge, would Mr. Douglas be
21 getting treatment for his schizophrenia while he's at
22 Generations of Monetta?

23 A. Yes, he will be seen and followed by the local mental
24 health center. I believe it's Aiken/Barnwell where gen --
25 Generations is located and he will also be followed by our

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1 forensic outreach clinic that supervises all of the not
2 guilty by reason of insanity patients in the community.

3 Q. Understood.

4 And, and, Doctor Alleyne, speaking -- certainly not
5 asking you to be an expert about Generations of Monetta,
6 but generally for a CRCF, what kind of supervision could
7 Mr. Douglas expect when being admitted to a CRCF?

8 A. So, Generations of Monetta is run by the Department
9 of Mental Health. It is staffed 24 hours a day. He would
10 receive his medications from staff at the facility and
11 then he would be transported by the facility to the mental
12 health center to receive his injection monthly as well as
13 to attend any appointments with our outreach clinic or
14 with the mental health center.

15 Q. Okay. And, and, Your Honor, or, Doctor Alleyne, for
16 clarity of record, you indicated he would be getting his
17 medication at the CRCF.

18 would, would that be the non-injectable medication?

19 A. Yes, his oral medications he would receive from staff
20 at the CRCF.

21 Q. And I believe you testified he would be getting his
22 injection at the local mental health center.

23 Is that correct?

24 A. Yes.

25 Q. Who, who would likely be administering that to

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1 Mr. Douglas?

2 A. It's administered by a nurse, a registered nurse.

3 Q. Okay. To your knowledge, would records of that
4 injection happening, would those be available to the
5 Court, the parties, or everyone yourself?

6 A. As long as they are -- as long as they're entered
7 appropriately. I really can't speak for documentation.
8 But, yes, once they are in his medical record, they are
9 available to whoever has rights to them.

10 Q. Perhaps that was a better way of asking your
11 questions, Your Honor.

12 would that injection end up in the mental health
13 record?

14 A. Yes.

15 Q. Thank you again for, for clarity there, Your Honor,
16 or Doctor Alleyne. I appreciate it.

17 In terms of the proposed discharge order that I've
18 prepared for the Court, have you had an opportunity to
19 review that?

20 A. Yes.

21 Q. Are you in agreement with the terms of that proposed
22 order?

23 A. I am.

24 Q. In particular, what aspects of that order do you
25 think are gonna be important for Mr. Douglas' continued

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1 treatment success?

2 A. The most important aspects are that it orders him to
3 treatment at the mental health center as well as follow-up
4 with our forensic outreach clinic which gives additional
5 layers of oversight into his functioning and participation
6 and treatment.

7 Q. Okay. Is it your understanding that violation of
8 that proposed order could result in Mr. Douglas being
9 re-incarcerated?

10 A. Yes.

11 Q. Understood.

12 And, Doctor Alleyne, harkening back to when you're
13 talking of Doctor -- Mr. Douglas' insight, you, you kept
14 using the phrase of really thoughtful interaction.

15 Is that correct?

16 A. Yes.

17 Q. What does that entail?

18 A. So, Mr. Douglas is, is a very intelligent man, for
19 lack of a better way to say it, and he uses the
20 information that he has learned here in his -- during his
21 hospital stay in his interactions with the treatment team.
22 So, he takes information that he's learned from groups and
23 from interacting with peers and from things that he's
24 learned while talking to his social worker and his
25 assigned treatment providers and is able to reflect that

1 information back.

2 So he understands that, you know, these voices are a
3 product of his mental illness and that the medications
4 help to decrease the frequency and intensity of the voices
5 and he's able to express that very clearly when you talk
6 to him about his symptoms.

7 Q. Understood.

8 And, and, Doctor Alleyne, wrapping things up, you
9 know, but how -- for -- when you are looking at somebody
10 that comes in for treatment, you know, I know, in general,
11 there's a concern about whether or not that person might
12 be faking, feigning, malingering. I, I -- I'm sure those
13 mean different things to a doctor. But, but for someone
14 like me, they tend to be very similar.

15 What kind of things do you typically look for when
16 you're trying to figure out if somebody might be
17 malingering?

18 A. We would look for symptoms that are not consistent,
19 systems -- symptoms that are bizarre or maybe not typical
20 for what we see when we see patients. I'm -- psychotic
21 symptoms vary person to person. But the kind of theme of
22 psychotic symptoms tends to be pretty consistent across
23 various people with psychosis and there are, for lack of a
24 better way to say it, kind of common threads of what
25 someone experiences when they have psychotic symptoms from

Jennifer Alleyne - Direct examination
By Mr. Royals

1 person to person.

2 Q. Understood.

3 Doctor Alleyne, to your knowledge, have, have you or
4 any other practitioner documented any concerns related to
5 Mr. Douglas potentially malingering?

6 A. No.

7 Q. Understood.

8 Doctor Alleyne, do you believe that Mr. Douglas has
9 likely maximized his benefit from hospitalization?

10 A. I absolutely do.

11 Q. Do you believe that he is appropriate for outpatient
12 treatment to continue his treatment?

13 A. Yes.

14 Q. Do you believe that Mr. Douglas residing at a
15 community residential care facility and being provided
16 treatment by a local mental health center as well as the
17 forensic outreach clinic constitutes the least restrictive
18 means by which Mr. Douglas can be treated?

19 A. I absolutely do.

20 MR. ROYALS: Your Honor, that is all I have for
21 Doctor Alleyne at this time.

22 THE COURT: Yes, sir, Mr. Barnette.

23 SOLICITOR BARNETTE: Thank you, Your Honor.

24 CROSS-EXAMINATION

25 BY SOLICITOR BARNETTE:

Jennifer Alleyne - Cross-examination
By Solicitor Barnette

1 Q. Doctor, you said he's very intelligent?

2 A. He is.

3 Q. Okay. Have, have you reviewed Doctor Gaskins report
4 from October 9th of this year?

5 A. I have.

6 Q. Oh, you have.

7 Okay. On Page 8 -- and this is October 9th. He
8 identified the voices of the Holy Spirit and that's based
9 in the middle of Page 8. That may be right below the
10 middle and he confirms he hears a voice watch your back
11 used at least three or four times a week, which is down to
12 two days a week.

13 So, he's still having delusions and---

14 A. Yes.

15 Q. ---and he's basically being commanded by the Holy
16 Spirit to do these things.

17 Is that my understanding from the report?

18 A. That may be your understanding. I read that to say
19 that the voices telling him to watch his back, which would
20 be, you know, be mindful of people around you.

21 Q. Well, you realize -- we know what he's in prison -- I
22 mean not in prison but in Just Care for. I mean he killed
23 two people he believed that was gangsters or had these
24 delusions about.

25 A. Yes.

Jennifer Alleyne - Cross-examination
By Solicitor Barnette

1 MR. ROYALS: Objection, Your Honor. Form of the
2 question..

3 THE COURT: I think the question was asked properly.

4 MR. ROYALS: Understood. Thank you.

5 THE COURT: Okay. Go ahead.

6 Q. So, he basically killed two people believing he had
7 delusions where somebody had to watch his back or somebody
8 told him to do this. I mean he just reflected that
9 October 9th of this year.

10 A. I'm not sure I understand your question.

11 Q. Okay. I'll rephrase it then.

12 You -- you've read -- have you read Doctor Gaskins
13 report?

14 A. From the 9th?

15 Q. Yes.

16 A. Yes.

17 Q. Okay. And you see where Doctor Maddox had met with
18 him where he talks about Doctor Maddox where the Holy
19 Spirit told me not to trust her.

20 A. Yes.

21 Q. That's on Page 9 from there and then his suspicion of
22 Doctor Maddox had worsened by the end of the interview.

23 A. I---

24 Q. Did you see that, ma'am?

25 A. Yes.

1 Q. Okay. And then, on Page 10, he talks about his
2 attorney, Robert Hall, about the comments he makes about
3 him concerning this and that's on Page 10, Paragraph 2.

4 A. Yes.

5 Q. And then, in Paragraph 3, and I'm not gon' go through
6 all that. Bu he basically talks about the dark side
7 talking to him and he's stuck in a web. He talks about
8 his -- several of his delusional beliefs.

9 A. Yes.

10 Q. And you're saying he's fine to be released on
11 outpatient treatment when he still has these beliefs on
12 October 9th of this year?

13 Have you, have you evaluated or looked at this report
14 before you decided to testify today?

15 A. Yes.

16 However, I would point out that delusional beliefs
17 are not typically cured by medication. They are treated
18 with antipsychotic medication and they are assessed as
19 whether or not they are impeding his ability to function.
20 Mr. Douglas has an understanding about his symptoms and he
21 is able to discuss his symptoms with his treatment
22 providers and his delusional beliefs are no longer what
23 are driving his behaviors as opposed to prior to his
24 hospitalization.

25 Q. Would -- but they are driving him because I mean

Jennifer Alleyne - Cross-examination
By Solicitor Barnette

1 Doctor Gaskins just stated it that he had in his report.
2 I mean in October, 2024.

3 He actually -- have you ever reviewed Mike Prodan's
4 report concerning the instances that's occurred with him
5 from the -- I guess the Just Care Police. I don't know
6 what the police force is called there.

7 A. The --

8 Q. Mike Prodan---

9 A. -- SLED?

10 Q. He's a lieutenant. Yes, from SLED. He's a
11 lieutenant from SLED I believe. Captain.

12 A. Which report would you be referring to?

13 Q. There's a report -- I gave that to the defense --

14 A. Right. But there---

15 Q. -- right at the time of---

16 A. There are numerous reports within there.

17 Which one are you referring to?

18 Q. You mean numerous reports from the police or Doctor
19 Pro -- I mean Mr. Prodan or Captain Prodan's report?

20 A. I -- I'm just not sure which one -- which report
21 you're referring to in particular.

22 You sent a long attachment of SLED reports.

23 Q. Yes, I did. It's the one Captain Prodan actually
24 produced. It is where I act -- actually talked to one of
25 the other patients there at Just Care. Kellen Hunton.

Jennifer Alleyne - Cross-examination
By Solicitor Barnette

1 A. Okay.

2 Q. And that's what brought the concerns about -- and,
3 and hasn't Mr. Douglas been disciplined even this year
4 about an altercation with another patient --

5 A. He --

6 Q. -- when he was---

7 A. Go ahead.

8 Q. Oh, excuse me. Where he spent time on red band
9 status, which I'm assuming red means danger.

10 A. So, red doesn't mean danger. Red just means that
11 you've had a rule violation.

12 Q. Uh-huh. (Affirmative).

13 A. But, yes, he had a red band because he was in a
14 physical altercation with a peer on the unit. But our
15 policies say that you are automatically made a red band if
16 you are engaged in a physical altercation.

17 Q. Okay. The question I got for you, doctor, is his --
18 well, on Page 10 of Doctor Gaskins report --

19 A. Uh-huh. (Affirmative).

20 Q. -- at the -- it's the bottom paragraph. It says
21 persistent delusional beliefs interfere with his rational
22 appreciation from scenes at the incident.

23 well, that's interfering -- it would interfere with
24 his thinking about dealing with other folks, wouldn't it?

25 A. I -- I'm -- I guess that could be your opinion of it.

Jennifer Alleyne - Cross-examination
By Solicitor Barnette

1 I have not seen, in recent times, that he is acted on
2 delusional beliefs.

3 While it is interfering with his ability to go to
4 court per Doctor Gaskins report, when he engaged in a
5 physical altercation with a peer on the unit, it was not
6 related to delusional beliefs. It was related to being
7 protective of staff on the unit and I think the other
8 altercation he had engaged in was because a peer had
9 physically yanked a telephone out of his hand while he was
10 using it. So, neither of those incidents were based in
11 delusion. They were based in his frustration with the way
12 he was being treated.

13 Q. Well, let me ask you a question. The delusions could
14 be set off by different things, from anger, from
15 different, different sources from his belief on phones are
16 watching him, WiFi is watching him, people are watching
17 him, gangsters are -- understood him.

18 Anything could set that off, couldn't it?

19 A. I suppose it could. It has not recently and I can't
20 predict the future.

21 Q. And that's my point. You can't predict the future
22 what he may do.

23 A. But you can't---

24 Q. Is that true?

25 A. ---keep a person in a hospital against the law

Jennifer Alleyne - Cross-examination
By Solicitor Barnette

1 because you're concerned about what he may do because he's
2 not acting on that part. You're---

3 Q. Let me ask you a question.

4 A. ---currently trying to treat him in the least
5 restrictive environment, which would not be in a
6 psychiatric -- locked psychiatric facility.

7 Q. well, let me ask you this question.

8 So you -- y'all's position is you can't do anything
9 else for him?

10 A. Right. He has maximized benefit of being in a
11 psychiatric hospital.

12 Q. well, if he's a danger to others, what would you do
13 if he's maximized his benefit and he's a danger to others?

14 would you just release him to the outpatient -- to the
15 outpatient -- not the outpatient but to the group home
16 facility?

17 A. If, if he thought he was a danger, we would not
18 release him, no. We think that he is not currently a
19 danger to himself or others given that he is only engaged
20 in treatment.

21 Q. But, but---

22 A. If he became a danger, we would, you know -- someone
23 would recommit him.

24 Q. Yeah.

25 But he has missed doses of medicine before --

Jennifer Alleyne - Cross-examination
By Solicitor Barnette

1 A. He---

2 Q. -- according to your testimony earlier?

3 A. He has missed -- I, I would not testify that he has
4 never missed a dose of medicine, that is correct, because
5 I will not perjure myself.

6 Q. Sure.

7 A. But he is---

8 Q. No.

9 A. ---adherent with his medication currently.

10 SOLICITOR BARNETTE: Could I have one second, Your
11 Honor, please?

12 THE COURT: Yes, sir.

13 (Pause.)

14 Q. Doctor, just finishing up one thing. These are
15 command auditory -- the, the delusions or the allocations
16 he's asking are -- like the Holy Spirit's talking to him
17 to command him to do something.

18 If he has these commands, what would happen then?

19 I mean just like what he's talking about in Doctor
20 Gaskins' report, the Holy Spirit instructs him for his --.

21 A. Well, I, I can't predict what is going to happen. A
22 command to watch your back, to me, does not confer
23 dangerousness. It -- to me, that confers him being
24 mindful of his surroundings and being mindful of who he's
25 trusting. But I can't say that that's going to cause him

Jennifer Alleyne - Cross-examination
By Solicitor Barnette

1 to be dangerous.

2 Q. Yeah.

3 But dealing with Doctor, you know, Doctor Maddox
4 after this or I guess before Doctor Gaskins did this last
5 review, he said the Holy Spirit told me not to trust her.

6 So, he's always being commanded by this Holy Spirit
7 or by, by another source?

8 A. Is there a question there?

9 Q. Yes..

10 well, my question is, is -- the Holy Spirit commands
11 him not to trust somebody to do something, to kill
12 somebody because of, you know, their gangster or something
13 threatening them, those commands---

14 A. But that's -- that's not what, what you just said or
15 what's in these reports.

16 what's in these reports is that the Holy Spirit is
17 telling him not to trust somebody, and based on his
18 experiences with the way these hearings have gone over the
19 past year and a half, I don't think that it's unreasonable
20 for him not to trust the legal system or someone hired by
21 the legal system to come and talk to him. I think that's
22 a valid fear.

23 Q. But if he gets -- receives commands, let's say he's
24 in a group home and he sees -- commands somebody's on a
25 phone, somebody's watching him or whatever, and does

Jennifer Alleyne - Cross-examination
By Solicitor Barnette

1 anything from there, he receives a command to do something
2 about that individual, and, like I said, we don't know the
3 altercation. I know what you've been told. But we don't
4 know what created these altercations earlier this year
5 with him. We just know his version of it.

6 Isn't that correct?

7 A. I mean we have witnesses to the altercations. So, I
8 would argue that the witnesses can corroborate what, what
9 occurred that led to the altercation.

10 Can I get to something other than his thought process
11 that he shares with me?

12 No, because I don't have a way to read his mind. But
13 his retelling of the events for -- were corroborated by
14 peers who were in the room when the altercation occurred.

15 Q. The thing is he's a very, very intelligent
16 individual. You've testified to that.

17 A. He is intelligent, yes.

18 Q. He can use his command from the Holy Spirit or
19 whatever to do what he wants to, correct?

20 A. I can't answer that. I suppose that he could but --.

21 Q. And that would justify whatever he does and it could
22 be explained to it because he's got a mental illness that
23 he has delusions to cover this like maybe killing two
24 individuals?

25 A. I'm not sure I understand the question.

Jennifer Alleyne - Cross-examination
By Solicitor Barnette

1 Q. Basically this, doctor, he can use the Holy Spirit or
2 something as a command to do an action that, that a person
3 shouldn't do and not be held responsible for it, is that
4 correct, because he's mentally ill and he has these
5 delusions?

6 A. I, I don't -- I don't have an answer for that. I
7 mean I guess you could use the Holy Spirit as a, as a
8 scapegoat for anything you do as well, couldn't you?

9 Q. But I don't, do I?

10 well, you don't know.

11 A. And he is not presently either.

12 Q. Well, we just talked to Doctor Gaskins about --

13 A. He said---

14 Q. -- that. I, I know---

15 A. That he hears the voice.

16 Q. ---that we can -- I know we can -- I understand what
17 your answer's gon' be but from that, you know, I -- you've
18 stated it. I think the report -- Doctor Gaskins' report
19 speaks for itself.

20 I don't have any other questions, Your Honor. Thank
21 you.

22 THE COURT: Mr. Hall, do you have any cross?

23 MR. HALL: Just a -- very briefly.

24 CROSS-EXAMINATION

25 BY MR. HALL:

Jennifer Alleyne - Cross-examination
By Mr. Hall

1 Q. Do you have any indication that he's malingering or
2 faking any of this?

3 A. No.

4 Q. Now, his being told things, it -- are any -- the
5 audio hallucinations, are they telling him to do bad
6 things or just be careful?

7 A. Not to my knowledge. They're telling him to be
8 careful, to watch his back.

9 Q. All right. And have you had any reason to believe
10 that he is hearing things that tell him to harm anybody
11 else?

12 A. No.

13 Q. All right. Thank you.

14 THE COURT: And, Mr. Royals, any redirect limited to
15 what they went into?

16 MR. ROYALS: Briefly, Your Honor.

17 THE COURT: Yes, sir.

18 MR. ROYALS: Thank you, sir.

19 REDIRECT EXAMINATION

20 BY MR. ROYALS:

21 Q. Doctor Alleyne, you, you certainly testified to some,
22 let's say, behavioral incidents that led him to going to
23 red band.

24 To your knowledge, let's say in the last year, have
25 any of those behavioral incidents been attributable to any

Jennifer Alleyne - Redirect examination
By Mr. Royals

1 kind of a delusion of---

2 A. No.

3 Q. ---Mr. Douglas?

4 A. No.

5 Q. Have there been, on their face, non-mental health
6 reasons for his actions that led to those red bands?

7 A. Not, not at all. They were all non-mental health
8 related. They were all related to incidents occurring
9 around him.

10 Q. Understood.

11 And, and, Doctor Alleyne, solicitor Barnette had some
12 inquiries related to how Mr. Douglas' delusions might
13 affect him when he is out given concerns about
14 Mr. Douglas' past.

15 Doctor Alleyne, when you are treated, and not Mr.
16 Douglas in particular, but just in general, when you are
17 treating a patient, have you had patients that were not
18 willing to discuss their delusions with you?

19 A. Absolutely.

20 Q. In, in general, what are those reasons?

21 What's the reason for their lack of, of discussing
22 that with you?

23 A. That people are going to think they're crazy, that
24 people are going to judge them, that they don't trust me,
25 that they don't want me to know what -- that they're

1 having delusional beliefs. There are a multitude of
2 reasons that patients are guarded about discussing their
3 delusional beliefs.

4 Q. In general, would you prefer that a patient that has
5 a history like Mr. Douglas', would you prefer that they be
6 willing to discuss their delusions or would you rather
7 they keep those delusions to themselves?

8 A. It is, to me, a testament to Mr. Douglas' stability
9 that he is able to discuss his delusional beliefs and
10 discusses them openly.

11 Q. Okay. Do you believe that Mr. Douglas' willingness
12 and ability to discuss his hallucinations is a basis for
13 your belief that he is unlikely to be a danger to himself
14 or others because of his mental illness?

15 A. Yes.

16 Q. Okay. And, Doctor Alleyne, not asking you to break
17 out a crystal ball here, but just based on your
18 understanding of his discharge plan, who are some common
19 folks that Mr. Douglas would be able to discuss any
20 potential delusions with were---

21 A. So---

22 Q. ---if those to occur?

23 SOLICITOR BARNETTE: Your Honor, I'm gonna object.

24 A. He would be---

25 SOLICITOR BARNETTE: Your Honor, I'm gonna object. I

Jennifer Alleyne - Redirect examination
By Mr. Royals

1 think this is outside the area of cross at this point.

2 THE COURT: All right. At, at -- ask the question
3 again, Mr. Royal (sic).

4 Q. Doctor Alleyne, solicitor Barnette asked could those
5 hallucinations be a potential driving force for Mr.
6 Douglas to commit a violent act.

7 To your knowledge, is there somebody he could talk to
8 if he were having those delusions in that situation?

9 A. Absolutely.

10 Q. To your knowledge, what positions would those people
11 hold he would speak with?

12 A. They would be the employees of the community
13 residential, residential care facility, his caseworker at
14 the Department of Mental Health outpatient center, his
15 psychiatrist at the Department of Mental Health outpatient
16 mental health center, the nursing staff who are
17 administering his medications, the social workers that run
18 the forensic outreach clinic as well as the forensic
19 psychiatrist that is the attending at the forensic
20 outreach clinic.

21 Q. If any of those individuals observe Mr. Douglas and
22 have concerns about those delusions, would they similarly
23 be able to report those to each other?

24 A. Absolutely.

25 Q. Understood.

Jennifer Alleyne - Redirect examination
By Mr. Royals

1 That's all I have for redirect, Your Honor.

2 THE COURT: All right. Thank you very much.

3 Do you have a next witness, Mr. Royal (sic)?

4 MR. ROYALS: I do, Your Honor. I would politely
5 request that Doctor Alleyne be excused and then I would
6 call Doctor Richard Frierson.

7 THE COURT: Any reason why the witness can not be
8 excused, Mr. Barnette or Mr. Hall?

9 MR. HALL: None.

10 SOLICITOR BARNETTE: No objection, Your Honor. No
11 objection.

12 THE COURT: Thank you. You may be excused and bring
13 in -- who did you want to be brought in?

14 MR. ROYALS: Doctor Richard Frierson, Your Honor.

15 THE COURT: Frierson.

16 Okay. All right. Doctor Frierson, can you hear me
17 okay?

18 (WHEREUPON, there was no audible response.)

19 THE COURT: All right. You're still muted on my end.

20 DOCTOR FRIERSON: Sorry. I can hear you.

21 Okay. Thank you.

22 THE COURT: Thank you, sir.

23 Doctor Frierson, before we start this questioning,
24 I've got to administer an oath to you. Please raise your
25 right-hand.

Richard Frierson - Direct examination
By Mr. Royals

1 RICHARD FRIERSON, having duly
2 affirmed, testified as follows:

3 THE COURT: Thank you, sir.

4 Turn it over to Mr. -- witness over to Mr. Royal
5 (sic).

6 MR. ROYALS: Thank you, Your Honor.

7 Your Honor, I would move that we qualify Doctor
8 Frierson as an expert in the field of forensic psychiatry.

9 SOLICITOR BARNETTE: No ob -- no objection, Your
10 Honor.

11 MR. HALL: No objection.

12 THE COURT: All right. He'll be qualified as a
13 forensic psychiatrist?

14 MR. ROYALS: Yes, sir.

15 THE COURT: Is that right?

16 MR. ROYALS: Yes, sir.

17 THE COURT: Yes, sir. You may proceed.

18 MR. ROYALS: Thank you. Thank you, Your Honor.

19 DIRECT EXAMINATION

20 BY MR. ROYALS:

21 Q. Doctor Frierson, thank you for your presence this
22 morning. Certainly appreciate it.

23 Would you mind telling us -- me as well as the other
24 parties on how you are familiar with Mr. Casey Douglas?

25 A. I was approached by the Department of Mental Health

Richard Frierson - Direct examination
By Mr. Royals

1 in the late summer of 2023 to conduct a violence risk
2 assessment of Mr. Douglas who is they -- there were --
3 there was a recommendation made that he could be
4 discharged to a community residential care facility.

5 Q. Understood.

6 And, in, in generalities, Doctor Frierson, what is a
7 violence risk assessment?

8 A. A violence risk assessment is a forensic examination
9 to identify static and dynamic risk factors for future
10 violence to plan interventions, to decrease the likelihood
11 of future violence through addressing the dynamic risk
12 factors, and to doing comprehensive evaluation looking at
13 his past history, his current treatment, of -- obviously
14 the index offense, which is the charges of two counts of
15 murder in this case, and just looking at an overall view
16 of his functioning and how he's doing and, you know, how
17 to minimize risks for future violence.

18 Q. Understood.

19 And, Doctor Frierson, in your position, do you only
20 provide violence risk assessments to the Department of
21 Mental Health?

22 A. No.

23 Q. In, in general, who else do you sometimes provide
24 VRAs to?

25 A. I have been hired by multiple solicitors in South

Richard Frierson - Direct examination
By Mr. Royals

1 Carolina to provide a violence risk assessments. Most
2 notably by the Charleston County Solicitor's Office.
3 Jennifer Shealy has hired me on several cases. I've also
4 done some other violence risk assessments at your request
5 as well.

6 Q. And you -- you've read my mind, doctor.

7 I was gonna ask you have you had the opportunity to
8 provide a VRA to DMH in the past?

9 A. Yes.

10 Q. Okay. Have you always agreed with the department's
11 recommendation of discharge in those VRAs in the past?

12 A. No.

13 Q. Okay. Was your disagreement based on your
14 independent assessment of the subject?

15 A. Yes, I interviewed another person with a patient who
16 had been found not guilty by reason of insanity for a
17 murder charge. Spent time with him and actually saw him
18 on several occasions because the issue kept coming up and
19 I---

20 Q. Okay.

21 A. ---recommended that he, in my opinion, should not be
22 discharged, that there were active symptoms of mental
23 illness that, in particular, have related to his past
24 violent acts of the past and that he was a significant --
25 I thought still at some risk of, of behaving violently.

Richard Frierson - Direct examination
By Mr. Royals

1 Q. Okay. Well, switching over to, to Mr. Douglas.

2 Have you met in person with Mr. Douglas?

3 A. Yes.

4 Q. How many times?

5 A. Twice in August of 2023, again in August of this
6 year, early August of this year, and then I met with him
7 again yesterday.

8 Q. Okay. Doctor Frierson, in your report that you
9 submitted that -- that's been provided to the parties, on
10 the second page under source of information, you indicate
11 a three hour clinical forensic interview with Mr. Douglas
12 on August 4th of last year.

13 Does that sound about right?

14 A. Yes.

15 Q. Okay. And then below that you indicate a -- another
16 10 minute forensic interview three days later on
17 August 7th.

18 Does that also sound about right?

19 A. Yes.

20 Q. Okay. For the middle interview you did with him
21 earlier this year, if you had to ball park how, how long
22 you met with Mr. Douglas, how long do you think you met
23 with him at that point?

24 A. That was about an hour.

25 Q. An hour.

Richard Frierson - Direct examination
By Mr. Royals

1 Okay.

2 A. In addition to meeting with him, I spent three hours
3 on the case in August. But one hour was actually
4 face-to-face interview.

5 Q. Understood.

6 And then, when you met with Mr. Douglas yesterday,
7 about how long did you meet with him yesterday?

8 A. Approximately 30 minutes.

9 Q. Thirty minutes.

10 Okay. Thank you, doctor. Certainly appreciate that.
11 So, you've had the opportunity to meet with him
12 face-to-face. I assume there was also some record review
13 for your VRAs.

14 Is that fair to say?

15 A. Yes, I have reviewed lots of records from his
16 hospitalization. I have reviewed medical records from all
17 the forensic reports that have been done in this case, the
18 competency reports as well as the reports related to
19 potential release or request for release. I entered -- I
20 reviewed a video that was provided I believe by the
21 prosecutor in this case of investigators from Spartanburg
22 interviewing another patient about Mr. Douglas.

23 I reviewed all the incident reports from any event
24 that transpired that involved Mr. Douglas while he's been
25 at the Department of Mental Health. That would be public

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By Mr. Royals

1 safety. So --.

2 Q. Okay. And, Doctor Frierson, you -- without you
3 having been present, the two previous witnesses ascribed
4 the diagnosis of schizophrenia to Mr. Douglas. I know
5 you've seen reports indicating that as well.

6 Are you in agreement with that basic diagnosis?

7 A. Yes.

8 Q. And why is that?

9 A. Mr. Douglas has experienced auditory and, at one
10 point, visual hallucinations. He has had a delusional
11 system about a -- more about good and evil that is being
12 waged sometimes characterized as well by some paranoid
13 thoughts.

14 These symptoms, prior to being treated, were quite
15 persistent, and even when he was incarcerated and doesn't
16 have access to illicit substances, it can not be substance
17 induced because it's gone or for years now and there's not
18 a not medical underlying condition that would explain a
19 cause for them. Therefore, he would meet diagnostic
20 criteria for schizophrenia.

21 Q. Okay. And what is your understanding of how Mr.
22 Douglas is, is treating his schizophrenia?

23 A. Mr. Douglas is receiving a monthly injection of
24 antipsychotic medication. The generic name is
25 Aripiprazole. The trade name is Abi -- Abilify. So he is

Richard Frierson - Direct examination
By Mr. Royals

1 getting Abili -- preparation called Abilify ARISTADA,
2 which is injected into his muscle once a month. He is
3 also recently---

4 Q. Do---

5 A. ---I think at the recommendation of another expert in
6 this case, been placed on a second antipsychotic,
7 Olanzapine, also known as Zyprexa, in oral.

8 Q. Okay. Thank you, doc.

9 Let's see. And, again, for clarity of record, one of
10 those was done via intramuscular injection, correct?

11 A. That is correct.

12 Q. Okay.

13 A. Monthly injection. That would be the Abilify.

14 Q. Okay. And, Doctor Frierson, on the tenth page of
15 your report, one of your recommendations was for
16 Mr. Douglas to remain "on a long-acting psychotic
17 medication."

18 Is Mr. Douglas currently on long-acting injectable
19 antipsychotic medication?

20 A. Yes.

21 Q. Why did you make that recommendation?

22 A. Because, with PO medicines, medicines that you take
23 by mouth, if you miss a dose or two or three, I mean
24 psychotic symptoms don't start immediately after stopping
25 an antipsychotic medication because the levels of the

Richard Frierson - Direct examination
By Mr. Royals

1 antipsychotic in the brain are still there. But, you
2 know, there's -- the further you go on without taking an
3 oral medicine, the more likely you're gonna have a return
4 to psychotic symptoms.

5 A long-acting injectable prevents that risk from
6 happening. It is protective against having a return of
7 symptoms. And if someone refuses, you know, an, an
8 injection, it could be given a few days later with no, you
9 know, really, really very little, if any, risk of
10 recurrence of symptoms. So, it's a safer, more reliable
11 way of administering the medication.

12 Q. Okay. And, and, Doctor Frierson, from your review of
13 the record, how, how long has Mr. Douglas been well
14 maintained on ARISTADA?

15 A. The ARISTADA was started I believe -- let me just
16 refer to my notes cause I don't want to say the wrong
17 thing.

18 In August of 2022 was when -- I'm sorry. Some time
19 in the early part of 2022 he was first placed on Abilify
20 ARISTADA. The dose was increased in August of 2022 and I
21 believe it's been increased one more time since then.
22 He's on a fairly substantial dose of that.

23 Q. Okay. From what you can tell, is his current dose
24 appropriate for him?

25 A. Yes.

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By Mr. Royals

1 Q. Do you believe he would have any difficulty remaining
2 on that dose were he to be allowed to be discharged from
3 the hospital?

4 A. No.

5 Q. Okay. And, Doctor Frierson, I know folks such as
6 yourself are, are, often times, kind of evaluating an
7 individual's insight into their mental illness.

8 How would you character Mr. Douglas' insight?

9 A. Mr. Douglas' insight into what he needs to do to
10 remain outside of a hospital, should he be released, is
11 quite good.

12 Like a lot of patients with schizophrenia, he has
13 some ambivalence to the actual diagnosis. But he does
14 believe, because the medication has got rid of the visual
15 hallucinations, the medication is substantially improved
16 his auditory hallucinations to the point that he's only
17 experiencing very briefly three times a week and they
18 don't bother him that it's likely that he has some
19 underlying condition that is being benefited by the
20 medication.

21 Q. Understand.

22 Doctor, you, you referred to Mr. Douglas' ambivalence
23 towards his diagnosis.

24 What, what gives you that impression?

25 A. I think there are times that he believes that his

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By Mr. Royals

1 thoughts about good versus evil, you know, about their
2 being spiritual or, or a, a moral war going on in the
3 world, I think he's (sic) thinks that that's still real at
4 times. He understands that other people don't believe him
5 and he doesn't feel compelled to act in anyway on that
6 belief system.

7 But he doesn't want to characterize that necessarily
8 as being a, a -- not a real thing, that it's all in his
9 head.

10 Q. And, Doctor Frierson, in, in your opinion, does the
11 endorsement of a particular diagnosis, does, does that --
12 is, is that necessary in order to indicate somebody might
13 have proper insight?

14 A. No, I mean a lot of people, a lot of people -- one of
15 the -- the characteristic of schizophrenia that's not in
16 the diagnostic criteria, but is seen frequently, is
17 something called ambivalence and ambivalence means -- at
18 times I think he says yes, I have schizophrenia. This is
19 what's wrong with me, blah, blah, blah, blah, and
20 other times sort of an unwillingness to label it as that
21 or what have you.

22 But he has certainly shown insight in the fact that
23 he is not refused medications at all in the hospital ever.
24 He is complied with everything that has been asked of him
25 as a patient to the health groups and been responsible for

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1 what he is suppose to do to manage whatever condition he
2 may or may not have.

3 Q. Is, is, is that ambivalence to a specific diagnosis,
4 is that common amongst individuals with schizophrenia?

5 A. It is. It is common among people with schizophrenia.

6 Q. Okay. And, and, and, as far as Mr. Douglas'
7 potential ambivalence in particular, do you believe that
8 that is a cause for his continued hospitalization?

9 A. No.

10 Q. Okay. Doctor Frierson, I believe that, when he was
11 speaking with you even more recently, he still indicated
12 he was occasionally having auditory hallucinations.

13 Is that correct?

14 A. Right. He estimates maybe three times a week and
15 they're usually brief.

16 Q. Okay.

17 A. And they're not command in nature. They're not
18 telling him to do anything.

19 Q. Okay. But -- so you would characterize it as not
20 command?

21 A. I'm sorry. I didn't hear the last part that -- you
22 broke up.

23 Q. The -- I had the same problem.

24 So you would characterize them as not command
25 hallucinations?

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1 A. Correct.

2 Q. Okay. Thank you, sir.

3 A. They can be careful, watch out, be careful, you know,
4 that kind of thing.

5 Q. Okay. In, in your opinion, would those kinds of
6 hallucinations necessitate his continued hospitalization?

7 A. No.

8 Q. Do you believe that, were he to encounter those
9 hallucinations in the community, he has sufficient insight
10 to deal with those?

11 A. Yes, I mean he would -- he has let the staff know in
12 the hospital, this is prior to 2022, with things -- when
13 the voices were getting worse, better, and he has done
14 that fairly consistently throughout his hospitalization
15 and they haven't been really a big issue in many years
16 now. It's probably since some time in 2022 in August.
17 But he has always made people aware of that.

18 Q. Okay. Doctor Frierson, in evaluating Mr. Douglas, do
19 you think he has sufficient insight to properly be treated
20 outpatient?

21 A. I do.

22 Q. Okay. And, and, Doctor Frierson, when you're
23 evaluating somebody for potential violence due to a mental
24 illness, I mean obviously you've given -- you're here
25 today. You're aware of his -- the reason for him being

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By Mr. Royals

1 charged and ultimately here.

2 What kind of things are you using to analyze
3 somebody's potential propensity for violence due to a
4 mental illness?

5 A. Well, in this particular case, to make it specific to
6 Mr. Douglas, there is abundant evidence that the lack --
7 actual alleged offenses were motivated by his mental
8 illness, that what he believed at the time led him to act
9 in the way that he did, and what he believed at the time
10 is not based in reality.

11 So, one of the things I look at, probably the most
12 important things, is is he acting in any way now that is
13 motivated by similar thoughts and he has not throughout
14 the course of his hospitalization. In other words, he's
15 not -- never assaulted anybody because they -- he thought
16 they were against him or going to harm him or out to cause
17 him serious harm or death.

18 So, that's one thing I look at in, you know, he has a
19 two year history, or more than that, several years of not
20 engaging in those types of behaviors in response to what
21 he might be thinking. I also look at other dynamic risk
22 factors.

23 So, for example, Mr. Douglas has a history, prior to
24 his incarceration, of the use of cannabis, marijuana and
25 we know that drug use is one of the dynamic risk factors

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By Mr. Royals

1 for a potential violent behavior among anybody mental
2 ill -- mental illness or not.

3 So, I look at how do we address that moving forward,
4 you know, because he needs to have, you know, drug
5 monitoring as part of his, if he is released from the
6 hospital, as part of his treatment. You know, that could
7 be nonscheduled, random.

8 I also look at other risk factors that he might have.
9 I think I, I included them in my report and I used an
10 instrument that is the most widely used instrument in
11 violence risk assessment, the HCR-20, to look at all the
12 factors that have been associated with a risk for future
13 violence. Those include historical risk factors, which,
14 you know, his history is something we can't change,
15 clinical factors into how he's doing now, and specific
16 risk management factors, things that could be done to
17 minimize any potential risk.

18 Q. Okay. And, Doctor Frierson, when you were using that
19 HCR-20, what, what are the benefits of utilizing that
20 tool?

21 A. Make sure you don't miss anything, that you're
22 considering all the factors that the research have been
23 identified as risk factors for future violent behavior.
24 Things---

25 Q. In general---

Richard Frierson - Direct examination
By Mr. Royals

1 A. A history of violent behavior. He certainly has that
2 in the index offense, a history of other antisocial
3 behavior. He certainly has that. That was part of his
4 adolescence. Relationship problems were present. He does
5 not have a history of significant employment problems. He
6 does have, like I said, substance abuse, a major mental
7 illness.

8 He does not have evidence of an underlying
9 personality disorder. He doesn't harbor violent attitudes
10 and he really doesn't have failed treatment responses.

11 So, those are the historical risk factors. Some are
12 present. Some are absent.

13 The clinical risk factors that include insight. I
14 characterize him as yes, having insight. Whether he has
15 current violent ideation or intent, the answer would be
16 no. Does he have symptoms of a major mental disorder,
17 these all are rated yes, no, or partial.

18 And so, for symptoms of a major mental disorder, I
19 say partially present because he occasionally has auditory
20 hallucinations about three times a week very briefly.

21 Does he have mood instability?

22 The answer would be no.

23 Does he have treatment compliance in response to
24 treatment?

25 The answer is yes.

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By Mr. Royals

1 Then I look at finally the risk management factors.
2 Are there professional services and plans in place
3 for when he leaves?

4 The answer is yes.

5 Does he have an adequate living situation?

6 When I saw him, there were plans to send him for a --
7 to a community residential care facility. But they had
8 not selected a final one. So, I characterize that as
9 partially present.

10 I do believe that Mr. Douglas, if he is discharged,
11 should have the ability to approve the placement that he
12 was going to, to have some say in that, if, you know, to
13 have a choice of adequate placement options for him to
14 choose cause he's likely to be more -- more likely to be
15 successful if he's in agreement with the placement
16 situation.

17 I do believe he has personal support and he has
18 compliance and he has developed coping skills during the
19 hospitalization through his attendance of group and other
20 treatment. So, those are all the risk factors that we
21 look at and the protective factors and I rate those to
22 make sure I'm not missing looking at something that we
23 could intervene with.

24 Q. Okay. And, and, doc, in using that HCR-20, does your
25 utilizing that tool lead you to believe that, ultimately,

Richard Frierson - Direct examination
By Mr. Royals

1 Mr. Douglas can be treated on an outpatient basis?

2 A. Correct. Yes.

3 Q. Okay. And, and in terms of utilizing that
4 instrument, I mean why would you need the instrument
5 instead of just, for example, utilizing all of these
6 things on your or analyzing all these things on your own?

7 A. In forensic psychiatry, we know that this approach to
8 interviewing him, using the clinical interview, but
9 combining it with the instrument is called structured
10 professional judgment. And we know that structured
11 professional judgment and research has been shown to be
12 more effective than just a clinical interview alone or
13 using an instrument alone without an -- like an actuarial
14 instrument, you know, like -- if you have a X, Y, and Z,
15 you have X percentage of likelihood of becoming violent in
16 the future.

17 You know structured professional judgment, which
18 involves the interview and this test, is what we teach is
19 the standard of care in forensic psychiatry in completing
20 risk assessment.

21 Q. Okay. Thank you, sir.

22 Doctor Frierson, you made some recommendations at the
23 end of your report. We've already gone over the
24 injectable recommendation. I believe there's also a
25 substance abuse treatment recommendation.

Richard Frierson - Direct examination
By Mr. Royals

1 what's your basis for that?

2 A. That he has a history of cannabis use disorder prior
3 to his incarceration. So, I think he would benefit from
4 substance abuse treatment. And we recently completed a
5 study of persons from the Department of Mental Health who
6 were discharged after being found not guilty by reason of
7 insanity.

8 So, these are insanity acquittees that have been
9 released from the hospital and we've looked at the
10 reasons. Occasionally they're brought back, you know. If
11 someone doesn't comply with treatment or does something,
12 the Department of Mental Health brings them back, and one
13 of the main reasons people ever get brought back, those
14 who do, has to do with substance use in an outpatient
15 setting because that's against the requirements of what
16 they have to do to stay out.

17 So, for that reason, I would recommend the ongoing
18 drug monitoring as an outpatient.

19 Q. Okay. Thank you, doc.

20 You also indicated that a, a finalization of the
21 discharge placement as, as well as Mr. Douglas' more or
22 less approval of that discharge plan, you spoke briefly
23 about that earlier.

24 But, but why specifically was that made as a part of
25 your recommendation?

Richard Frierson - Direct examination
By Mr. Royals

1 A. Well, Mr. Douglas is smart. I mean he has a, a
2 fairly high intelligence compared to a lot of our
3 patients.

4 And so I think he needs to be placed in a community
5 residential care facility that has other relatively higher
6 functioning patients. Otherwise there's not gonna be
7 anybody for him to interact with, to have meaningful,
8 engaged conversations about a variety of topics, that, you
9 know, more intelligent people might want to talk about.

10 I just think that it -- it's important that he be a
11 fit with wherever he is placed if he is allowed to, to
12 leave the hospital.

13 Q. Sure.

14 And, and finally, literally the page, Number 5, you
15 highly recommend that he be able to resume his education.

16 What -- what's the basis for that recommendation?

17 A. We know that higher education is linked to a lower
18 risk of engaging in violent behaviors. And so it is a
19 protective fact. If we were able to become educated,
20 either through a trade or, or, you know, some other type
21 of degree program, it would also increase his future
22 likelihood of successful employment and we know that
23 successful employment also lowers the risk of potential
24 violent behavior.

25 Q. Thank you, Doctor Frierson.

Richard Frierson - Direct examination
By Mr. Royals

1 Have you had a chance to review the proposed order in
2 this matter?

3 A. Yes.

4 Q. Okay. In reviewing that, are you in agreement with
5 the proposed terms of that order?

6 A. Yes.

7 Q. Okay. Doctor Frierson, do you believe that
8 Mr. Douglas has sufficient -- do you believe that Mr.
9 Douglas should be treated on an outpatient basis?

10 A. In a -- I, I believe that Mr. Douglas is -- no longer
11 requires inpatient hospitalization.

12 Q. Okay.

13 A. I believe the appropriate treatment for him is on an
14 outpatient basis. But I say, you know, not just living
15 wherever he wants to and going to outpatient treatment, I
16 think he needs to be in a monitored situation at least for
17 some period of time such as a community residential care
18 facility.

19 Q. Okay. Do you believe that his residence in a CRCF,
20 coupled with outpatient treatment, constitutes the least
21 restrictive means by which Mr. Douglas can be treated?

22 A. Yes.

23 MR. ROYALS: Your Honor, that's all I have for Doctor
24 Frierson at this time.

25 THE COURT: Yes, sir, Mr. Barnette.

1 SOLICITOR BARNETTE: Your Honor, can I ask a
2 question?

3 Doctor Maddox just texted me. She was to be one of
4 our witnesses. She has a one o'clock appointment to see a
5 lawyer concerning another situation.

6 THE COURT: We already moved this hearing once for
7 her.

8 SOLICITOR BARNETTE: I understand. But I, I don't
9 know if we moved it for her. I, I don't know if she was
10 the first one though.

11 THE COURT: And we were gonna have it---

12 SOLICITOR BARNETTE: But I just wanted---

13 THE COURT: ---on Thursday and she had a conflict
14 because she -- her -- because of her husband.

15 SOLICITOR BARNETTE: Yes, sir, I know. I just wanted
16 to make you aware that she just texted me. So, I just
17 wanted to make you aware---

18 THE COURT: Does she have to be---

19 SOLICITOR BARNETTE: ---of what she said.

20 THE COURT: Well, what are you asking me to do?

21 SOLICITOR BARNETTE: I didn't know when, when she
22 could testify. I guess that's the question I'm asking. I
23 know we wanted to finish before lunch but I didn't know.

24 THE COURT: Well, we're gonna finish today whatever
25 it is.

1 Mr. Royals, do you have any other witnesses after
2 Doctor Frierson?

3 MR. ROYALS: No, Your Honor. Doctor Frierson was my
4 last.

5 THE COURT: Okay. She -- and if, if, if you want to
6 call her after Doctor Frierson gets through you can call
7 her.

8 SOLICITOR BARNETTE: Okay. We'll try, judge. We'll
9 see what happens from there.

10 THE COURT: Okay.

11 SOLICITOR BARNETTE: Okay. Thank you, Your Honor.

12 THE COURT: Doctor Frierson, please answer any
13 questions that Solicitor Barnette would have for you.

14 SOLICITOR BARNETTE: Thank you, Your Honor.

15 CROSS-EXAMINATION

16 BY SOLICITOR BARNETTE:

17 Q. Doctor Frierson, what was the, the method used to
18 test or what was the procedure used -- I think you
19 mentioned a test that you used.

20 A. The HCR-20. It's not a test. It's a checklist.

21 Q. A checklist.

22 Based off that, do you usually do a -- it -- what
23 would -- what would be the risk of findings that would of
24 been?

25 I mean what level of risk would he be?

Richard Frierson - Cross-examination
By Solicitor Barnette

1 would that be a basis for the test or the procedure
2 you went through?

3 A. No, it doesn't say high, low, or medium.

4 Q. So, it gives you no -- it gives you no findings upon
5 that of any kind of risk assessment or level of risk
6 assessment?

7 A. What it does is it tells you what risk factors are
8 present and allows you to design interventions to decrease
9 the risk factors that may be present.

10 Q. And I believe you -- like you said, I think he --
11 he's very intelligent.

12 Is that correct?

13 A. Yes, fairly.

14 Q. And---

15 A. You know, intelligence is in the eye of the beholder.
16 But compared to most our patients that we see in the
17 Department of Mental Health, he's intelligent.

18 Q. I got you from there.

19 So -- and you've read Doctor Gaskins report, is that
20 right, the last report he did --

21 A. Yes.

22 Q. -- on there?

23 And you don't disagree with his finding that the
24 persistent delusional beliefs interfere with his rational
25 appreciation or proceedings against him?

Richard Frierson - Cross-examination
By Solicitor Barnette

1 A. Listen, I did not do a competency evaluation. I
2 don't have any reason to agree or disagree with Doctor
3 Gaskins competency assessment.

4 Q. So, basically -- and know of his -- what -- he showed
5 no mental health issues before this incident, is that
6 right, from the information you received?

7 A. Information from Mr. Douglas, yes.

8 Q. And from the other information you, you reviewed I'm
9 assume?

10 A. Well, certainly they're in the report that, as an
11 adolescent in the Department of Juvenile Justice, there
12 was a concern about bipolar disorder.

13 Q. And, to you, he denied having command hallucinations,
14 is that right, at the HCR---

15 A. At the present time, yes.

16 Q. ---in the Page 3?

17 And even though he's -- well, like I said, I know you
18 reviewed Gaskins report.

19 But Gaskins report refers to those command
20 hallucinations, doesn't it?

21 A. I don't recall. You would have to point to me a page
22 in Doctor Gaskins report as to what you're speaking about.

23 Q. I know on Page 10 in the third paragraph.

24 A. I'm gonna have to pull it up cause I only have it
25 electronically.

Richard Frierson - Cross-examination
By Solicitor Barnette

- 1 Q. Yes, sir, I understand.
- 2 A. Y'all give me a minute please.
- 3 (Pause.)
- 4 A. I have -- let me see. Doctor Maddox.
- 5 Are you talking about the October 14th, 2024,
- 6 report?
- 7 Q. I think it's the last report, yes, sir. It's the
- 8 October 14th -- oh, it says 14th. But it's actually the
- 9 9th but it's the---
- 10 A. Right.
- 11 Q. ---the---
- 12 A. Page 3 you said?
- 13 Q. No, Page 10. It's the third paragraph on Page 10.
- 14 A. Is this about Doctor Maddox?
- 15 That's what I see.
- 16 Q. No, no. It's not Doctor Maddox. This is -- it's
- 17 Doctor Gaskins. It's October 14th was the one where he---
- 18 A. No. But the paragraph that I'm looking at that
- 19 you're telling me is he's talking about Doctor Maddox in
- 20 Doctor Gaskins---
- 21 Q. Right.
- 22 A. ---report.
- 23 Q. It is. It's the page -- it's the third one. He only
- 24 wants the opportunity to tell the judge of events. He's
- 25 restated several of his delusional beliefs.

Richard Frierson - Cross-examination
By Solicitor Barnette

1 A. Okay. I see that now.

2 Q. Okay. Does that concern you that he still goes back
3 and believes those beliefs?

4 I know you're evaluated -- I mean obviously you've
5 met with -- I assume you just have one report is what I'm
6 saying.

7 A. He, he wants to have those beliefs, if I understand
8 Doctor Gaskins' report, as part of his defense---

9 Q. Yes..

10 A. ---that that is what he believed.

11 Q. But he does fall command -- I mean he still believed
12 in the Holy Spirit obviously?

13 A. That's not a command hallucination. That's a
14 delusion.

15 Q. But the Holy Spirit is commanded him to do things in
16 the past.

17 A. In the past. But the Holy Spirit is not commanding
18 him to do anything in the past two years. So --.

19 Q. And that -- that's your opinion based on what you've
20 reviewed?

21 A. It's my opinion based on the fact that he is on
22 medication to treat his illness which he was not on at the
23 time that this happened with these -- the, the alleged
24 crimes against him.

25 SOLICITOR BARNETTE: Okay. One moment, Your Honor,

1 please.

2 (Pause.)

3 SOLICITOR BARNETTE: Your Honor, I don't have any
4 other question at this time.

5 THE COURT: Mr. Hall---

6 MR. HALL: I have no---

7 THE COURT: ---any---

8 MR. HALL: I have no questions of Doctor Frierson.

9 THE COURT: Mr. Royal (sic), do you have any redirect
10 of this witness based upon -- limited to what they went
11 into---

12 MR. ROYALS: No---

13 THE COURT: ---as to---

14 MR. ROYALS: None, Your Honor. I thank Doctor
15 Frierson for his patience and presence and would ask for
16 his ability to be dismissed.

17 THE COURT: Thank you.

18 Any reason why he can't be dismissed, Mr. Barnette,
19 Mr. Hall?

20 SOLICITOR BARNETTE: No objection.

21 MR. HALL: No objection.

22 THE COURT: All right. Thank you, sir.

23 Thank you, Doctor Frierson. You may or you can go
24 or---

25 THE WITNESS: Have a good day. Good to see

1 everybody.

2 THE COURT: You as well.

3 And, Mr. Royal (sic), do you still not have any other
4 witnesses?

5 MR. ROYALS: No other witnesses, Your Honor. I
6 understand the desire to have Doctor Maddox on. So I,
7 I -- I'm happy to allow the solicitor to take over his
8 time now, Your Honor.

9 THE COURT: Okay. So we can move to the solicitor
10 with his presentation?

11 SOLICITOR BARNETTE: Yes, sir, but I don't know if
12 Doctor -- can we bring Doctor Maddox on to see what her
13 time constraints are from there cause I do have two other
14 witnesses I could call or call them after lunch. But I
15 don't know what her situation is. I've just been texting.
16 But --.

17 THE COURT: Yeah, we won't be breaking---

18 SOLICITOR BARNETTE: I under---

19 THE COURT: ---for lunch though.

20 SOLICITOR BARNETTE: Okay. If you would, see if
21 she's still on from there.

22 THE COURT: Yes, she, she -- my -- we have her on the
23 screen but I don't see her.

24 SOLICITOR BARNETTE: Hello, Doctor?

25 Your Honor, you mind if I try to call her real quick?

1 THE COURT: Sure.

2 SOLICITOR BARNETTE: Thank you, Your Honor.

3 THE COURT: Oh, there she is.

4 Mr. Barnette, come back.

5 SOLICITOR BARNETTE: I'm back, yes, sir.

6 THE COURT: Okay. All right.

7 DOCTOR MADDOX: Good morning.

8 Can y'all hear, hear me?

9 THE COURT: We can.

10 All right. If you will, raise your right-hand and

11 I'll swear you in.

12 DONNA MADDOX, being first duly

13 sworn, testified as follows:

14 THE COURT: Thank you very much.

15 Yes, sir, Mr. Barnette.

16 SOLICITOR BARNETTE: Your Honor, I don't know if

17 Mr. Hall's in his office or not.

18 THE COURT: Oh.

19 SOLICITOR BARNETTE: I don't see him.

20 THE COURT: Where did Mr. Hall go?

21 SOLICITOR BARNETTE: Here he is. Oh, no, that's not

22 him coming back.

23 THE COURT: Do you have Mr. Hall's telephone number

24 that you could call him?

25 SOLICITOR BARNETTE: I can try, Your Honor. Thank

Donna Maddox - Direct examination
By Solicitor Barnette

1 you.

2 THE COURT: All right. I'm sure he didn't go far.

3 (Pause.)

4 THE COURT: Okay. I see Mr. Hall coming back now.

5 MR. HALL: Thank you.

6 THE COURT: Yes, sir.

7 Yes, sir, Mr. Barnette.

8 DIRECT EXAMINATION

9 BY SOLICITOR BARNETTE:

10 Q. Doctor Maddox, could you state your name for the
11 record please?

12 A. Sure. Donna, middle name Schwartz, S-C-H-W-A-R-T-Z,
13 last name Maddox.

14 SOLICITOR BARNETTE: Okay. And, judge, do they have
15 any objections to her qualifications in this matter?

16 MR. ROYALS: Absolutely none, Your Honor.

17 THE COURT: Mr. Hall.

18 MR. HALL: No.

19 THE COURT: Okay. And, and tell me what her
20 expertise will be for the purposes of this hearing?

21 SOLICITOR BARNETTE: I think she is a forensic, I
22 always get these words wrong, psychiatrist.

23 THE COURT: Forensic psychiatrist.

24 All right. You may proceed.

25 Q. Okay. And, Doctor Maddox, we're just gon' talk about

Donna Maddox - Direct examination
By Solicitor Barnette

1 the threat assessment in this. I know you looked at some
2 other areas too. But that's the area we're mostly gonna
3 talk about if that's okay.

4 A. Sure.

5 Q. Okay. Did you get a chance to meet with Casey
6 Douglas in this matter, ma'am?

7 A. I did. I went -- I drove to Columbia, Your Honor,
8 and met with him for an hour and a half at the forensic
9 facility there.

10 Q. And did you get a chance to review all the records
11 that was in this case, ma'am?

12 A. I did. Not only did I review the records and the
13 reports, but I also spoke with Captain Prodan and also did
14 some collateral interviews.

15 Q. If you would, tell the judge, based off what you know
16 about this case, what your opinion is about the threat
17 assessment of Mr. Douglas in this matter?

18 A. Yes.

19 Your Honor, first of all, Mr. Douglas was so
20 cooperative and I wanted the Court to know that. It was
21 not, you know, a -- an easy situation for him and I
22 thought he was very forthcoming.

23 It's clear, Your Honor, to me, that he has had
24 treatment and that he has benefited from treatment. But
25 it was also my opinion that he does still have active

1 symptoms that I think could get better.

2 What happened, Your Honor, is he was so forthcoming
3 and he knows what his triggers are. For example, in --
4 when he's in a new place, he, he may develop paranoia
5 about various people if it feeds into what his beliefs
6 are. And, of course, Your Honor, what he believes is that
7 the Gangsta Disciples, that's a group of evil people that
8 are in a network, and that every time he tries to get away
9 from them they somehow find him and usually the way that
10 that will happen is through some kind of perhaps somebody
11 uses Facebook, perhaps social media.

12 For example, even while he was in the hospital, there
13 was another peer that mentioned that his family knew Mr.
14 Douglas' family. So those things all trigger worry and
15 concern for him and what happens is, Your Honor, he was
16 trying to find a group home, some place in the country.
17 He believes if he were in the country he would do much
18 better because he thinks there's less chance of, you know,
19 social communication, social media, and those sort of
20 things.

21 But what happened, as we were interviewing him and
22 trying to find a place that was suitable, there were so
23 many moving parts that, in my opinion, it -- it's the
24 simplest thing to do is continue treating him and I saw
25 that there's room for improvement of his symptoms.

1 As Your Honor knows, I worked at Patrick Harris. I
2 was a psychiatric service chief. I treated the
3 chronically mentally ill and there have been many times in
4 my career where I've had to use two different medicines on
5 somebody with psychosis and Mr. Douglas is on one
6 medication. He's been very compliant.

7 But these are the concerns I have, Your Honor. If he
8 goes into a new place, that he -- if he does begin to
9 develop symptoms, which, in my opinion, he probably will
10 cause I think -- I don't know that we could tell everybody
11 in the group home you're not allowed to use your
12 cellphone. You're not allowed to use media. We don't
13 know what would happen that might trigger some worries for
14 him and Mr. Douglas was aware of this as well, Your Honor.

15 So, then the next step would be he would have to have
16 somebody that understands his symptoms and that he trusts
17 and that he can tell and he certainly trusts his doctor,
18 Doctor Alleyne, in the hospital. She -- she's an
19 excellent psychiatrist and they have had a very good
20 working relationship, and what my concern is is that, when
21 he moves, there's not going to be someone there that works
22 with him regularly that if he does begin developing those
23 symptoms that he can share with and I just think those
24 risks -- there's too many moving parts at this point and
25 really the simplest thing to do is to have DMH go back

Donna Maddox - Direct examination
By Solicitor Barnette

1 and, and give him some more treatment so he doesn't have
2 these active symptoms anymore.

3 I don't know anything more Mr. Douglas can do. He's
4 been cooperative. He's been forthcoming. He takes his
5 medications. But, in my opinion, he still has symptoms
6 and it's just not time to release him yet.

7 Q. Doctor, I can call him back.

8 You saw Doctor Gaskins report from October of this
9 year?

10 A. I did.

11 Q. And basically he referred -- he's still having
12 symptoms?

13 A. Yes, he, he, he, he did. He did. He was -- he, he
14 even had some paranoia with me, Your Honor. He was
15 come -- and that's to be expected. But yes, he's still
16 having active symptoms.

17 He understands some of his symptoms. He does not
18 believe he is mentally ill. He still believes that there
19 is evidence that would show that he -- how he's being
20 persecuted in Spartanburg and then in other areas.

21 Q. And, Doctor Maddox, is that the danger that we're
22 looking at if he's put in a different facility or, or
23 different place?

24 A. Yes.

25 What I'm worried about, Your Honor, let's say that if

Donna Maddox - Direct examination
By Solicitor Barnette

1 he's placed that someone inadvertently -- you can't know
2 what is going to set him off in terms of social media.
3 Somebody may say something about his family that would
4 make him concerned that the -- that this persecutory group
5 has found him again.

6 He did this before. When he left, he went to I
7 believe it was Tennessee, Cocke Tennessee. He did that on
8 purpose. It was a quiet area. He thought that maybe he
9 could escape the tension -- detections but he said they
10 found him.

11 So, number one, he -- he'll be in a place where we
12 just -- we don't know what's going to trigger him and, and
13 that's the concern. And so he, he will get acutely
14 paranoid about that.

15 Your Honor, I do have another recommendation that may
16 help him. One of the things I thought about in the future
17 is maybe if we have a guardian ad litem for him in the
18 future. He will have one person -- you know, what I'm
19 concerned about that if he goes in one group home, he's
20 going to lose a treatment team inpatient and then
21 sometimes mental health staffers, you know, they turn
22 over.

23 And so I thought one of the things that also may be
24 helpful for him is if he has a guardian ad litem. He
25 would have his own person that can follow him maybe

1 throughout staff changes or those sort of things where he
2 has somebody that he trusts and that he can rely upon.

3 Q. And so, it'd be your opinion at this point, he, he
4 does not need to be released?

5 There's just too many triggers, too many moving parts
6 that could happen in this situation?

7 A. That's correct.

8 And then, secondly, I think he can get better. I
9 think, with another medication, that he will improve, that
10 he will continue and not have to worry so much about those
11 things.

12 He's improved greatly, it looks like, from reviewing
13 his discovery and when he was initially admitted. It
14 looks like he's improved greatly.

15 Q. But the dangers is -- I know you know what offenses
16 he's been charged with and what he did. I know you've
17 reviewed that and is that---

18 A. Correct.

19 Q. Is that the danger if he decides to act on one of
20 those delusions or commands or whatever?

21 I know people said there have -- obviously he has
22 these concerns even when he met you.

23 A. Correct.

24 SOLICITOR BARNETTE: One moment, Your Honor, please.

25 (Pause.)

Donna Maddox -- Cross-examination
By Mr. Royals

1 Q. Doctor, thank you for answering my questions. Please
2 answer any questions the attorneys may have for you or the
3 judge.

4 THE COURT: Mr. Royal (sic).

5 A. You welcome.

6 MR. ROYALS: Thanks, Your Honor.

7 CROSS-EXAMINATION

8 BY MR. ROYALS:

9 Q. Thank you, Doctor Maddox. Always a pleasure.

10 A. Good, good to see you.

11 Q. Doctor, I know you've got another appointment. So
12 I'll try to do my best to keep this concise.

13 THE COURT: Mr. Royal (sic)?

14 Mr. Royal (sic), your, your technology is, is, is
15 chattering.

16 MR. ROYALS: Is it better now, Your Honor?

17 THE COURT: Not a lot better.

18 MR. ROYALS: Oh, my.

19 How about now, Your Honor?

20 THE COURT: Not, not a lot better.

21 MR. ROYALS: How fun.

22 THE COURT: Do you think your wire is -- on your set
23 came loose somewhere?

24 MR. ROYALS: I don't believe so, Your Honor. If it'd
25 be okay with you if Mr. Hall has any questions. I will

Donna Maddox - Cross-examination
by Mr. Hall

1 try to get to work on this set and I'll return
2 momentarily.

3 THE COURT: Go to Mr. Hall.

4 MR. HALL: Oh, just briefly.

5 CROSS-EXAMINATION

6 BY MR. HALL:

7 Q. If he -- you think he can get better and might --
8 are, are you aware that they've added another medication?

9 A. No, I'm not. But it would still take some time to
10 work. But, yes, he should improve.

11 Q. And can you give us how long that might do with most
12 patients with a---

13 A. Sure.

14 If I know what shot it is and what medication -- some
15 of them, they usually take about three rounds of
16 injections before we see some stabilization. Different
17 drugs have different half-lives, Mr. Hall. So, it takes,
18 you know -- usually it takes a little period of time and I
19 will gladly see him again as well.

20 But it, it, it depends on what the drugs are and
21 then -- and, and sometimes it just takes a little bit of
22 time. But, yeah, I think, at the most, by six months at
23 the latest we should know, we should have a new baseline
24 and that would be probably the latest estimate.

25 Q. Okay. So, with that, if it shows improvement, you

1 would not have any reservations saying yeah he can go to
2 another facility?

3 A. A few conditions. They're still some conditions
4 there.

5 Number one, right. I would want to see him and know
6 myself because he did a very good job speaking with me.
7 Number two, he needs to, -- it's my opinion, if he goes to
8 that group home, there should be a period where he gets to
9 go back and we can check on him and make sure that he's
10 comfortable there.

11 He's got to live there a long time and I think there
12 need to be -- there needs to be a way that he can come
13 back to Doctor Alleyne and the people he trusts at some
14 point just in case he -- that he is having some issues
15 there. I would be very concerned about that just given
16 his history, the fact that before he had gone to Tennessee
17 and he thought he was in a good environment and it kind of
18 crept up on him.

19 So I think that would be important too that there's
20 still some checks and balances and I would still
21 recommend, even if he gets better, the guardian ad litem
22 just because he needs to have somebody that's stable and
23 consistent throughout other environmental things that may
24 change.

25 So, yes, I think, if his symptoms were to improve,

1 and he felt safe, and we know that he can go somewhere
2 where those things are not triggering him -- his symptoms,
3 he certainly has been compliant and I believe he has the
4 capacity to do what the Court tells him to do.

5 Q. All right. Thank you.

6 A. You welcome.

7 MR. HALL: I'm not sure if Mr. Royals is ready.

8 MR. ROYALS: Let's roll these dice.

9 Is this any better?

10 THE COURT: Yes.

11 MR. ROYALS: Fantastic. Thank you all for your
12 patience. Thank you, Mr. Hall, for, for tagging in on
13 that one.

14 CONTINUED CROSS-EXAMINATION

15 BY MR. ROYALS:

16 Q. Doctor Maddox, thank you again. Always, always a
17 pleasure seeing you. I'm just gonna ask about Zyprexa.

18 On that note, did you have a chance to consult with
19 Doctor Alleyne when you put together your report?

20 A. No, I saw her, I saw her very briefly in the
21 hospital. But her records were so clear.

22 I saw that, you know, she -- I knew that he had a
23 very good relationship with her. I know her and she's an
24 excellent doctor. So he couldn't have a better treating
25 doctor---

Donna Maddox - Cross-examination
By Mr. Royals

1 Q. Good.

2 A. ---as far as I'm concerned.

3 Q. Did you communicate any of your basises for your
4 wanting to add another medication to Doctor Alleyne?

5 A. No, I just put it in the report that I submitted.

6 Q. Okay. Understood.

7 Doctor Maddox, whenever you were speaking with him,
8 did he endorse any active symptoms?

9 A. Yes.

10 Q. What symptoms did he endorse?

11 A. Well, he was still -- there were periods of times --
12 what, what he told me in that he still communicates with
13 the Holy Spirit. But he just doesn't tell anyone anymore,
14 that he can kind of keeps that to himself, and then he's
15 had some vague, vague hallucinations. But he certainly
16 was better. But there -- that paranoia there and he still
17 has the same delusion belief, which is a positive symptom
18 of schizophrenia.

19 Q. Okay.

20 A. He has not changed his belief system. He's gotten
21 better about not talking about it because he doesn't want
22 to be detected and he, and he under -- but he doesn't even
23 think he's mentally ill.

24 Q. Sure.

25 Him telling you about those delusions, doesn't that

Donna Maddox - Cross-examination
By Mr. Royals

1 show some insight?

2 A. Sure. Absolutely. That's what I mean. He's very
3 forthcoming. But we don't -- we -- if you put him in a
4 new situation, I'm concerned, where he is fearful and he
5 doesn't know the people he's around and doesn't have the
6 same pressing relationships that he does with the
7 personnel in the hospital, that he's not gonna tell
8 someone and he's going to get sicker and perhaps become
9 dangerous.

10 Q. So, Doctor Maddox, if, if part of the basis of your
11 concern is him going somewhere different, would that
12 concern not con -- would that occur literally anywhere
13 other than Bryan Psychiatric Hospital?

14 A. Yes. But that's why he needs his symptoms
15 controlled. I believe, with additional treatment, he's
16 not going to have those symptoms anymore and then it won't
17 be an issue. I think he can continue to improve.

18 Q. Understood.

19 Okay. Doctor Maddox, did you use any kind of an
20 instrument whenever you were putting together your report?

21 A. No, not at all. I certainly trust Doctor Frierson.
22 I'm not -- I -- I'm not licensed in that risk assessment
23 he used. But I mainly rely just upon, you know, I was a
24 psychiatric service chief at Bryan Hospital. I spent
25 eight years managing the chronically mentally ill.

1 So, I, I do have some good insights and experience in
2 doing that and certainly -- and when I work with the
3 insanity acquitted unit, have a long history of working
4 with the release of potentially dangerous mentally
5 disordered offenders.

6 Q. Okay. Doctor Maddox, I, I think a moment ago you
7 indicated, as part of your testimony, that there's not
8 anything more he can do.

9 Is that still your opinion?

10 A. Oh, correct. He's doing -- he come -- he cooperates
11 with everything you all have asked him to do and he even
12 was good enough to understand some of the things he needs
13 to look for in a group home. When we were talking about
14 very -- visiting various places, you know he and I both,
15 he had a very candid discussion about the things that he
16 thinks would make him feel safer. He's able to give
17 input.

18 So, he's -- yes, he's communicating with you-all.
19 He's taking the medicines. He's doing whatever you-all
20 ask of him and he can't -- that's all we could ask him to
21 do under the circumstances.

22 Q. Doctor Maddox, isn't it fair to say that if he --
23 there isn't anything else he can do, then, by its very
24 nature, that means hospitalization is not the least
25 restrictive means for him?

1 A. Oh, no. I think there's more the hospital can do for
2 him. He can't do anymore. He can't tell them what to
3 give him and what treatments. But I think the, the
4 treatment team can do more for him and make sure some of
5 his symptoms are better before they release him.

6 Q. Sure.

7 Can somebody having hallucinations and endorse those
8 hallucinations, is that an a type -- can that be an entire
9 basis for somebody being hospitalized?

10 A. Yes, absolutely, if they make him dangerous, yes.

11 Q. Okay. To your knowledge, since Mr. Douglas has been
12 hospitalized, has he had any behavioral issues that were a
13 result of a delusion?

14 A. Yes. Yes, he did. He had a -- he -- there was a, a
15 person he told me about. There was a person on the unit
16 that he got very paranoid. He didn't hurt them but it, it
17 still affected him. He supplied symptoms.

18 The person mentioned -- I think the person was from
19 Spartanburg or somewhere in the Upstate and Mr. Douglas
20 will correct me if I'm wrong. But there was a person on
21 the unit and the person told him, hey, we, we know -- our
22 families know each other and that caused him a lot of
23 panic and anxiety because he was fearful that that
24 association, that somehow the Gangsta Disciplines and the
25 persecutory group would find him.

1 He has felt safe at that hospital. He has not felt
2 like he has been monitored there. But even in the
3 hospital on medications where he was safe he had symptoms.

4 Q. So, for this other individual that was from
5 Spartanburg, did Mr. Douglas attack that person?

6 A. No. No, not at all. Not at all. No.

7 Q. Was there any kind of a behavioral issue that
8 resulted from that potential delusion?

9 A. No, I -- in fact, I think he told staff. I think he
10 was very responsible about it and did what he was suppose
11 to do.

12 Q. Wouldn't that bolster the idea that he's not likely a
13 danger to himself or others because of his mental illness?

14 A. Yes and no. Certainly in the hospital. But the
15 hospital's not a group home. The hospital is not a new
16 environment right now for him. The hospital is not a new
17 place where he can -- you know, where he's gonna be around
18 new people.

19 He's going to -- he's still having symptoms and
20 they're -- no one there can -- there's so many
21 relationships. People there are gonna have more access to
22 phones, social media, and things that could be triggering
23 him.

24 At that -- for example, we even got his specific as
25 talking about whether the -- it would be great to have a

1 group home that doesn't have WiFi so he doesn't have to
2 worry about those things. You -- there was -- there are
3 just things that you can do to make it a lot safer for him
4 so that he doesn't reoffend.

5 Q. Understood.

6 I think that's all I have, Doctor Maddox. Thank you.

7 A. You're welcome.

8 THE COURT: Any redirect limited to what they went
9 into, Mr. Barnette?

10 SOLICITOR BARNETTE: Just, just one thing, Your
11 Honor.

12 REDIRECT EXAMINATION

13 BY SOLICITOR BARNETTE:

14 Q. I know there was an individual, the, the person from
15 the Upstate, Doctor Maddox.

16 Was there also another individual that he talked
17 about, possibly a girlfriend, that he would harm herself
18 from there from the information you received from like
19 Mike Prodan and I believe Doctor Frierson reviewed that
20 information too?

21 A. Yes. Yes, there, there, there was and, I'm sorry, I
22 did -- yes, and I also talked to Captain Prodan and he had
23 some concerns as well, yes.

24 Q. From there.

25 And obviously that -- the, the concerns is going to

Donna Maddox - Redirect examination
By Solicitor Barnette

1 the new environment alone would be a huge change for him?

2 A. Yes, the, the change, leaving people that he trusts,
3 being from a place where he was safe and going to a place
4 that's kind of -- there's a lot of unknowns. But I'm
5 mainly concerned, it's just that other people that are in
6 that group home, they all, or staff there, they -- you
7 know, because it's not a locked facility, they're gonna
8 have access to WiFi -- the, you know, cellphones and
9 things like that that may make him not feel safe. And
10 then I'm worried that he's not gonna have somebody that
11 he's got a good relationship with that he can tell those
12 things to.

13 So, for me, it's -- I, I -- I'm not saying that he
14 should not be ever -- be discharged in the near future.
15 But they're just more things we could do to make sure that
16 he's safe and that -- that he's able to, to leave the
17 hospital and be successful.

18 Q. Thank you, Doctor.

19 That's all the questions I have, Your Honor.

20 THE WITNESS: You welcome.

21 THE COURT: All right. Any reason why Doctor Maddox
22 can not be excused?

23 MR. ROYALS: None---

24 THE COURT: Not hearing any---

25 MR. ROYALS: ---Your Honor.

1 SOLICITOR BARNETTE: No objection.

2 THE COURT: ---thank you very much. You may be
3 excused.

4 DOCTOR MADDOX: Thank you-all.

5 MR. HALL: Thank you.

6 DOCTOR MADDOX: Take care.

7 SOLICITOR BARNETTE: Bye.

8 DOCTOR MADDOX: Bye-bye.

9 THE COURT: And, Mr. Barnette, you said you have how
10 many more witnesses?

11 SOLICITOR BARNETTE: I have Mike Prodan and Doctor
12 Cawood, Your Honor.

13 THE COURT: And you said they're gonna be brief
14 witnesses?

15 SOLICITOR BARNETTE: I don't know if they'll be
16 brief. I think we'll get through---

17 THE COURT: You told me---

18 SOLICITOR BARNETTE: ---them in---

19 THE COURT: You told me at the first they would not
20 be lengthy.

21 SOLICITOR BARNETTE: No, they won't be lengthy --
22 well, I don't think mine will be lengthy. I can't speak
23 for the cross.

24 THE COURT: Okay.

25 SOLICITOR BARNETTE: Yes, sir.

1 THE COURT: All right. Who you want to call first?

2 SOLICITOR BARNETTE: Mike Prodan, Your Honor.

3 THE COURT: All right. All right. Can you hear me
4 okay, Mr. Prodan?

5 (WHEREUPON, there was no audible response.)

6 THE COURT: You need to unmute yourself. Try again.
7 Try again.

8 All right. You're still showing muted on this end.
9 I can't help -- don't look at me for technology
10 assistance. I'll tell you that. So --.

11 Do you have an unmute---

12 MR. HALL: I think he -- Chaplin's the moderator. He
13 may need to unmute him.

14 THE COURT: Okay. All right. Now, Mr., Mr. Prodan?

15 (WHEREUPON, there was no audible response.)

16 THE COURT: Mr. Prodan?

17 (WHEREUPON, there was no audible response.)

18 THE COURT: All right. It was not on our end, Mr.
19 Hall. But thank you very much for that.

20 If you will, please raise your right-hand. I need to
21 swear you in.

22 Do you solemnly swear that the testimony you're about
23 to give the Court will be the truth, the whole truth, and
24 nothing but the truth?

25 (WHEREUPON, there was no audible response.)

1 THE COURT: Mr. Prodan, you're gonna need to respond
2 verbally.

3 (WHEREUPON, there was no audible response.)

4 THE COURT: All right. You just muted yourself
5 again, sir.

6 All right. Now raise your right-hand.

7 Can you hear me okay?

8 THE WITNESS: Yes, sir, I can.

9 THE COURT: Okay.

10 MIKE PRODAN, being first duly
11 sworn, testified as follows:

12 THE COURT: Thank you, sir. You may put your hand
13 down. I'm gonna turn -- I'm gonna let the -- turn you
14 over to Mr. Barnette. So listen to him, and if ever you
15 can't hear Mr. Barnette or anybody else, just let us know
16 and we'll work on the speaking up on our end.

17 okay?

18 THE WITNESS: Yes, sir.

19 THE COURT: Thank you.

20 SOLICITOR BARNETTE: Thank you, Your Honor.

21 DIRECT EXAMINATION

22 BY SOLICITOR BARNETTE:

23 Q. Captain Prodan, if you will, give your full name for
24 the record please?

25 A. Michael John Prodan. P-R-O-D-A-N.

Michael Prodan - Direct examination
By Solicitor Barnette

1 Q. And where do you work at, sir?

2 A. I work for the State Law Enforcement Division.

3 Q. And what's your position there, sir?

4 A. Currently I'm the captain in charge of the behavioral
5 science unit.

6 SOLICITOR BARNETTE: Okay. Your Honor, at this
7 time -- I think I've talked to -- he's got a CV that I'd
8 like to enter as State Exhibit No. 2, Your Honor, and
9 enter that. I don't know if they have any objection from
10 Mr. Hall or from Logan Royals on this case about him
11 being -- he's an expert on threat assessment.

12 THE COURT: And any objection to him being qualified
13 as an expert on threat assessment, Mr. Royal (sic) or Mr.
14 Hall?

15 MR. ROYALS: No, Your Honor.

16 MR. HALL: No, Your Honor.

17 THE COURT: All right. He'll be qualified as an
18 expert on threat assessment.

19 Thank you, sir.

20 SOLICITOR BARNETTE: Okay. Thank you.

21 (WHEREUPON, the CV of Mr. Prodan was received into
22 evidence as State's Exhibit No. 2 to be marked at a later
23 time.)

24 Q. Captain Prodan, did you review the information
25 concerning Mr. Douglas' crime as well as reports that's

Michael Prodan - Direct examination
By Solicitor Barnette

1 been submitted since that about his mental history?

2 A. Yes, sir, I did.

3 Q. Okay. On that, I know one thing you do, you do
4 threat assessments throughout the state for I guess for
5 all kinds of folks, from officers, from politicians, to
6 judges, to prosecutors, to all kinds of people?

7 Do you do that, sir?

8 A. Yes, sir, the, the assignment with the behavioral
9 science unit is to do threat assessment management for all
10 three branches of government, the Executive, the
11 Legislature, and the Judicial, plus K through 12 schools,
12 institutes of higher education, colleges and universities,
13 state offices, and, on occasion, businesses and
14 individuals.

15 Q. Looking at -- you've looked at the information
16 concerning the crime scene.

17 Is that right, sir?

18 A. Yes, sir, I have.

19 Q. And obviously I'm not gonna go into details about the
20 crime and everything. I know the Court's aware of that.

21 But was there some concerns about what he placed or
22 what he did at the scene that has concerns for you?

23 A. Yes, sir, there are.

24 Q. If you would, tell the Court about that, sir.

25 A. Well, generally, what -- when you look at a crime

1 analysis for a violent crime, you look at three things.
2 You look at the victimology, which is the selection of the
3 victims, how the crime was committed, in other words, the
4 crime scene, and then the third is what the individual
5 does immediately after the crime, and this may include the
6 statements made to witnesses and/or law enforcement.

7 Q. In this case, did he, for better word, stage things
8 at the scene?

9 A. There's a couple of indications at the crime scene
10 that we would refer to as staging and staging is behavior
11 almost always committed after the crime is completed,
12 primarily murders, on occasion, sexual assaults, where the
13 individual alters the scene purposely with the motivation
14 to mislead the, the police investigators. Sometimes the
15 crimes are stage to make it look like an accident, a
16 suicide, or a different type of crime where you have, in
17 this case, a, a personal caused domestic murder with some
18 indications that the individual was trying to make it look
19 like a, a stranger or an intruder to the home type of
20 murder perhaps during the course of a -- an in-home
21 robbery sometimes referred to as a home invasion.

22 Q. And did they show signs of that at the front door
23 from that standpoint?

24 A. What's interesting is that there is some damage to
25 the front door and then, from the crime scene photographs,

1 you can see some items that looks like the, the door was
2 barricaded and then pushed -- and then, you know, the door
3 was -- like the door was forcibly opened from the outside.

4 This is kind of -- and I'm sorry. This is
5 inconsistent with the, the interior part of the home and
6 then, of course, there's the statement from the defendant
7 where he said that he fled the home by, by way of a window
8 and the idea would be that persons or persons unknown to
9 the two, to the two victims entered the home. There was
10 some type of struggle, an interaction which led to their
11 demise and the police then should be looking for someone
12 other than the defendant.

13 Q. Let me go from that scene or whatever and you've seen
14 these mental health records in this case?

15 A. Yes, sir, I have.

16 Q. And obviously talk about his delusions about the
17 gangsters and disciples and everything like that?

18 A. Yes, sir.

19 Q. And obviously he killed these individuals is what he,
20 I guess, discussed later, killed them because they were
21 gangster and that he was being spied on and all kinds of
22 delusions he had?

23 A. Yes, sir, that, that is stated in the, in the mental
24 health evaluations.

25 Q. Okay.

1 A. It's not stated in his original statement.

2 Q. Right. No, that's true. It was not in his original
3 statement from that standpoint.

4 But, later on -- and I know we're not talking about
5 the crime itself or whatever but does he show signs that
6 he -- he's very intelligent, is that right, from the
7 information you received?

8 A. I, I don't know what his intelligence rate would be.
9 I don't, I don't recall that anyone actually administered
10 an IQ test for him. But he is relatively what we refer to
11 as criminally sophisticated.

12 This is not, not quite the same thing as being an
13 intelligent individual. But an individual has experience
14 and intelligence on how to commit crimes and not get
15 caught.

16 Q. And he had prior crimes before this, is this right,
17 that he's convicted of?

18 A. That's my understanding, yes, sir.

19 Q. Based off of what you've seen and everything, I know
20 you've seen the reports and everything, if he was placed
21 in a less restricted area than what he is now, how would
22 you label his threat assessment?

23 A. I would, I would offer that he would be at a, a, a
24 high risk to -- of, of violence towards others based on
25 the behavioral aspects and the circumstances, how the

1 crime occurred.

2 As I said before, this appears to be a, a personally
3 motivated domestic murder. Based on the crime scene and
4 the first statement that the defendant gave to the police,
5 it appears to have begun over an argument and the argument
6 was reportedly over quality of marijuana.

7 Now, there was also a reference in the records of a
8 similar argument two days prior to the date of the
9 murders. This argument escalated up into the murder of
10 two individuals, the multiple stab wounds. The focused
11 stabbing of both victims show a reaction to a loss of
12 control which led to anger and rage and then the floor --
13 the focused violence.

14 And so, because of that, if this individual was in
15 similar circumstances, it is likely that he would act out
16 in a similar way, which would be using violence to achieve
17 his goals.

18 Q. And obviously, at Just Care, they have a lot more
19 restricted facility there to control that.

20 Is that right?

21 A. I'm sorry. I did not hear you.

22 Q. I'm sorry.

23 Just Care has a more restricted control to help
24 control and prevent that anger?

25 A. Yes, sir, I've been in -- I've been in the facility

1 several times and it is a secure facility.

2 Q. Now, a group home would not be a surface facility?

3 A. No, sir, it would not. It -- it's, it's -- it would
4 be just that, a home with people coming and going.

5 Granted there would be restrictions. There would be
6 restrictions on drugs and alcohol and the like. I don't
7 know, but I would, I would assume that a group home
8 kitchen would have knives, weapons, similar to how these
9 murders were occurred and those knives were obtained from
10 the residence.

11 Q. And he used the knives at the residence for, for the
12 murder.

13 Is that right?

14 A. That's, that's the -- what the crime scene indicates,
15 yes, sir.

16 Q. And he had to have access to those -- that group
17 home?

18 A. I don't know for sure. But I would assume there
19 would be knives in the kitchen in a, in a group home
20 similar to any other home.

21 Q. So, it's your opinion that he -- what would you
22 assess his, his threat level to people outside of the Just
23 Care facility at a group, group home in your opinion?

24 A. I would say it would be high.

25 Q. Would you recommend him not be taken out of that Just

Michael Prodan - Direct examination
By Solicitor Barnette

1 Cause facility because of that?

2 A. Yes, sir, I would.

3 SOLICITOR BARNETTE: One moment, Your Honor, please.

4 (Pause.)

5 Q. Thank you, sir. Please answer any questions that the
6 other attorneys may have for you or the judge.

7 A. Yes, sir.

8 THE COURT: Yes, sir, Mr. Royal (sic).

9 MR. ROYALS: Thank you, Your Honor.

10 CROSS-EXAMINATION

11 BY MR. ROYALS:

12 Q. Captain Prodan, thank you for your presence today.
13 I'll do my best to keep things brief.

14 Captain, to your knowledge, was Mr. Douglas taking
15 any antipsychotic medications at the time of the alleged
16 offense?

17 A. I don't know, sir.

18 Q. Okay. In general, do you believe that somebody
19 taking antipsychotic medication might minimize or lower
20 the risk of, risk of somebody having violent behaviors?

21 A. In my experience -- now keep in mind I am, I am not a
22 psychiatrist and I'm not a psychologist. You know, I'm,
23 I'm a -- my education leads towards criminology.

24 But I can tell you, in the over 1,500 cases that we
25 have had here at the behavioral science unit, they've all

Michael Prodan - Cross-examination
By Mr. Royals

1 been individuals who convey threats of bodily harm. Quite
2 a number of them are suffering from a variety of mental
3 disorders.

4 Some of them are being treated by their -- by, by
5 treat -- by people and they are on medication. They still
6 continue to, to make threats and, on occasion, some of
7 those individuals, regardless of their medication and
8 treatment, still pose a danger to others.

9 Q. Understood.

10 And, and, captain, you indicated that you had a
11 chance to review the record, the records from, let's see,
12 Doctor Maddox, Doctor Alleyne, and Doctor Frierson?

13 A. Yes, sir.

14 Q. Am I missing -- and Doctor Gaskins as well?

15 A. Doctor Gaskins, yes, sir.

16 Q. And in your review of those---

17 A. Yes.

18 Q. ---did Mr. Douglas exhibit any staging behaviors such
19 that noted at the time of the alleged offense?

20 A. He did not allege any staging behaviors. In fact, in
21 the statement given to law enforcement and the statements
22 given to I believe all of the people from Department of
23 Mental Health who did their evaluations, he doesn't
24 mention those behaviors at all.

25 Q. Okay. So, there's nothing in the record that, that

Michael Prodan - Cross-examination
By Mr. Royals

1 you would seem -- that you would look at as indicating
2 he's had staged behavior since he's been at the hospital?

3 A. Okay. I'm sorry. Staging behaviors is, is something
4 that is demonstrated at a crime scene. I don't -- I've
5 never heard of anyone talk about staging behaviors during
6 a psychiatric evaluation. I, I have heard about people
7 malingering. But, again, I don't see anything in the
8 records where he's admitted to those behaviors. Now it
9 may be because no one's asked him.

10 Q. Understood.

11 All right. I think that's all I have, Your Honor.

12 Thank you, captain.

13 THE COURT: Mr. Hall.

14 MR. HALL: No, I have no additional questions, Your
15 Honor.

16 THE COURT: All right. Mr. Barnette, any redirect
17 limited to what---

18 SOLICITOR BARNETTE: No, sir, I'd ask for the witness
19 to be excused.

20 THE COURT: Mr. Prodan---

21 MR. HALL: No objection.

22 THE COURT: Mr. Prodan, thank you so much for, for
23 your patience today. You may be excused.

24 THE WITNESS: Thank you, Your Honor.

25 THE COURT: Yes, sir.

Jim Cawood - Direct examination
By Solicitor Barnette

1 And you have another witness, Mr. Barnette?

2 SOLICITOR BARNETTE: Yes, sir, I have Doctor Cawood
3 or Cawood.

4 THE COURT: Okay. Doctor Cawood, can you hear me
5 okay?

6 DOCTOR CAWOOD: I can.

7 THE COURT: Okay. And I think I can hear you as
8 well. Thank you so much.

9 Doctor, if you would, please raise your right-hand.
10 I've got to administer an oath to you.

11 Do you solemnly swear---

12 THE WITNESS: Okay.

13 JIM CAWOOD, being first duly
14 sworn, testified as follows:

15 THE COURT: Thank you, sir. I'll turn you over to
16 Mr. Barnette, and if ever during this process you can not
17 hear anybody when we speak, just let us know and we'll
18 work on it on our end.

19 okay?

20 THE WITNESS: Okay.

21 THE COURT: Thank you, sir.

22 Yes, sir, Mr. Barnette.

23 DIRECT EXAMINATION

24 BY SOLICITOR BARNETTE:

25 Q. If you would, sir, please give us your name for the

1 record?

2 A. Yeah, James Cawood.

3 Q. And where do you work at, sir?

4 A. I own a company in California called Factor One and
5 I'm president of that company.

6 Q. Yes, sir.

7 Your Honor, I've got his -- I think his CV. Gonna
8 make that State Exhibit No. 3. Like to enter that into
9 evidence at this time if there's no objection and move to
10 qualify -- qualified on threat assessment, Your Honor.

11 THE COURT: So he will be a qualify -- you're
12 offering him as an expert witness on threat assessment?

13 SOLICITOR BARNETTE: Yes, sir.

14 THE COURT: Any objection, Mr. Royal (sic), or Mr.
15 Hall?

16 MR. ROYALS: No, Your Honor.

17 THE COURT: Thank you.

18 MR. HALL: No objection.

19 THE COURT: You may proceed as requested.

20 (WHEREUPON, the CV of Mr. Cawood was received into
21 evidence at State's Exhibit No. 3 to be marked at a later
22 time.)

23 Q. Doctor Cawood, if you would, just -- if you would,
24 summarize your background a little bit concerning,
25 concerning threat assessment, sir.

1 A. Yes, I started working in the area of threat
2 assessment in 1986 and have progressed since then doing
3 cases for public and private corporations, federal
4 agencies, and state agencies throughout the United States
5 and in Canada as well as globally. So I work everyday
6 doing assessment of individuals that may pose a risk of
7 physical harm to others in community and un-contained
8 settings.

9 Q. And another thing, we're not talking about obviously
10 competency now. That issue's already been dealt with.

11 But have you done competency issues before and dealt
12 with that before?

13 A. I am aware of it having a master's in forensic
14 psychology and a doctorate in psychology. But I don't
15 specialize in competency.

16 Q. But you're aware of it---

17 A. I am---

18 Q. ---from that standpoint?

19 A. ---aware of it. I am aware.

20 Q. Okay. Did you review all the records concerning
21 Mr. Douglas in this case, the reports that was submitted
22 by different experts in this or different doctors in this
23 case?

24 A. I submitted those that I -- I reviewed those that I
25 had provided to me including the two evaluations by Doctor

1 Gaskin (sic), the evaluation of Doctor Friedson (sic),
2 the Doctor Maddox evaluation, and the De -- Department of
3 Mental Health report from Fern Riley and Rudd as well as
4 information from the, the alleged criminal case --

5 Q. From the sheriff's department?

6 A. -- from SLED, yeah.

7 Q. Yes, sir.

8 A. Exactly.

9 Q. Okay.

10 A. All that information, yes.

11 Q. In this case, I know Doctor Frierson testified
12 earlier in this case. He used a instrument that's used
13 for assessment.

14 Are you aware of for what that -- what he used and
15 are you familiar with that, sir?

16 A. I am. The HCR-20 Version 3 is actually the tool that
17 I tested for my doctoral dissertation. I've been trained
18 twice by Stephen Hart, who's the coauthor of that, and am
19 very familiar with the use of that tool, yes.

20 Q. Can you tell the Court a little bit about that tool
21 and how it should be used?

22 A. Yeah, the structured -- this tool is known as a
23 structured professional judgment tool, which means
24 different from an actuarial that's only looking at
25 particular risk factors that can be used to come up with a

1 cut score based on percentages or a, a probability.

2 A structured professional judgment tool is used to
3 gather information and then look at that information next
4 to known risk factors for higher propensity of violence,
5 and once that is done, you need to form what we call a
6 risk formulation, which means that an understanding of the
7 general risk factors that are involved and then what you
8 need to do is you need to move beyond that formulation to
9 an understanding of what the risk opinion -- the overall
10 risk might be, could develop risk scenarios, and then,
11 ultimately, come up with a management strategy.

12 The point of SPJ tools isn't -- is focused on
13 protecting victims not as much on looking at the risk
14 posed solely by the individual of concern.

15 Q. And in reviewing Doctor Frierson's report and
16 everything, did you have some concerns about how he used
17 that document or that, that test?

18 A. Well, yes.

19 I mean it was a lit -- it was outside the bounds of,
20 of the normal use of the tool in the sense that there was
21 no actual risk formulation. The closest he got was to say
22 that there was no indication of further hospitalization.
23 But he didn't actually come up with a risk level, which is
24 very unusual in this tool.

25 He also did not provide any information concerning

1 any risk scenarios that he considered. As an example,
2 what would the behaviors be that the subject might exhibit
3 should he continue with his current type of behavior, a
4 deescalated behavior, an escalated behavior. But he moved
5 straight into management assuming that he was gonna be
6 released and that's a very unusual use of the tool.

7 Q. In the -- when you're talking about factors like -- I
8 know he had a concern about cellphones are watching him,
9 cameras watching him, things like that.

10 would that be things would -- that has to be
11 considered with this that could set him off?

12 A. Well, those are things that we see as examples of
13 behaviors that lead to anchoring the diagnosis of a major
14 mental disorder with paranoid delusions. And, of course,
15 all of the doctors' evaluations that I've seen all seem to
16 agree, and as I do, that given the nature of his
17 delusions, how he believes that there are people in gangs
18 that are out to get him, and how clearly, at least in my
19 opinion, those underlying perceptions were connected to
20 the alleged offense, it's reasonable that those would be a
21 part of both the -- HCR-20 Version 3, of course, when they
22 ask for major mental illness. But also for a risk factor
23 that we need to consider moving forward.

24 Q. And I think you've said this.

25 But did Doctor Frierson gear this to, to release of

1 Mr. Douglas in his evaluation?

2 A. Well, it certainly appears that way. I mean it's
3 unusual in the sense that, because there's no risk
4 determination level, he seems to jump straight to the idea
5 that he doesn't need to be hospitalized. Seems that that
6 is not something that normally would be in a risk
7 assessment.

8 In other words, outcome and choice of the management
9 team about how to manage the risk, though we can give them
10 some ideas about things they can consider, decisions about
11 release or non-release is very atypical for any kind of
12 threat assessment. In other words, the job of a threat
13 assessor is not to determine what to do. Specifically
14 it's to determine what the level of risk is and then that
15 guides the deciders about what they may be enable to do
16 safely.

17 Q. Based off your experience and based off your review
18 here, do you have opinion about the threat level that this
19 individual has?

20 A. I think it's significant.

21 When I've looked at all this material, and looked at
22 all the circumstances surrounding this alleged offense,
23 I'm very concerned because everyone seems to agree that
24 he, even with the extensive treatment is that -- that he's
25 received and the medication he's received, he still has

1 this fundamental and unshakeable belief system, this
2 paranoid belief system around the idea that people are out
3 to get him. And given the fact that it's a connection
4 between that and the alleged offenses as I see it, if you
5 release him back into the community, there's a high
6 probability that he will actually engage in further
7 interactions with people that would then lead to the
8 possibility of harm and risk to them.

9 As an example, he's a very young man and it's
10 reasonable to believe that he will come out and want to
11 have a girlfriend, want to have social relationships.
12 And, of course, that's directly related to the alleged
13 offense and the interactions that led to the alleged
14 offense and reasonable cause of that would be repeated.

15 There was also, you know -- in support of that,
16 obviously when the report was made concerning the
17 interview of Kevin Hunt and a conversation that alleged --
18 he was alleged to have between himself, this person, and
19 Mr. Hunt, he specifically talked about that.

20 He talked about the fact that he had connected -- he
21 had killed his former girlfriend because she was a Blood
22 and he was planning to kill his current girlfriend when he
23 got out because he also believed that she was a Blood.
24 And I would take that at face value in terms what I would
25 be concerned about that he would do in the community.

1 I understand that he's been contained a great, you
2 know, a long time. I understand that there is concern
3 about, you know, long term retention of people in those
4 kinds of circumstances.

5 But assessing someone and their behavior while in
6 containment is much different than understanding what
7 they'll do when they're in a community setting. And as
8 much as I would like to believe that there's a pathway to
9 able -- people able to reintegrate into the community, the
10 difficulty I have is, in my caseload, I spend a great deal
11 of time managing people that have been released into the
12 community inappropriately and then begin to act out in
13 ways that require further containment.

14 And so, consequently, as much as I would like to hope
15 that they would be able to control his behavior and manage
16 his interactions with others, the fact is that just isn't
17 the way normally those things unfold.

18 Q. And, doctor, one thing, for example, if he's released
19 to a group home, would there be knives in that group home
20 you would think in the kitchen that would be different
21 items that he'd need in the past?

22 A. Well, I'd be surprised if it -- there weren't. It's
23 difficult to run a kitchen without knives. It's a --
24 difficult to run a kitchen without forks. It's a
25 difficult -- difficult to run a kitchen with -- without

Jim Cawood - Direct examination
By Solicitor Barnette

1 implements that we use in every day life.

2 And certainly, you know, there are studies that show
3 that individuals with major mental illness, in fact, I was
4 just reading a study this morning waiting for the Court,
5 from the Cambridge University where they were looking at a
6 meta-analysis of psychotic field of people and the nature
7 of the weapons they use in violence. And knives are a
8 prime -- are the highest, in most studies, the highest
9 level of weapon used by those people. And primarily
10 they're used against family members or close intimate
11 partners, which, again, would reflect what happened in
12 this alleged offense.

13 SOLICITOR BARNETTE: One moment, Your Honor, please.

14 (Pause.)

15 A. Doctor, if you would, answer any questions the
16 defense or the judge may have for you, sir. Thank you.

17 THE COURT: Yes, sir, Mr. Royals.

18 MR. ROYALS: Thank you, Your Honor.

19 CROSS-EXAMINATION

20 BY MR. ROYALS:

21 Q. Doctor, thank you for your presence today. We
22 certainly appreciate it.

23 In going through your threat analysis, did you have
24 the chance to consult with Doctor Gaskins?

25 A. No, I did not.

Jim Cawood - Cross-examination
By Mr. Royals

1 Q. Did you consult with Doctor Frierson?

2 A. I did not.

3 Q. Did you consult with Doctor Alleyne?

4 A. I'm sorry?

5 Q. Did you consult with Doctor Alleyne?

6 A. I don't know that name. So, the answer's no.

7 Q. You don't know Doctor---

8 A. Doctor, Doctor Alleyne was who?

9 Q. Did you have the opportunity to review the forensic
10 discharge review board report?

11 A. Oh, yes. You're -- yes, I did.

12 Q. Did you have a chance---

13 A. I don't remember the name. I apologize. I didn't, I
14 didn't consult with Doctor Alleyne.

15 Q. Understood.

16 Did you consult with Doctor Maddox?

17 A. I did not.

18 Q. Did you consult with Doctor Nelson?

19 A. I did not.

20 Q. Did you speak with Mr. Douglas during your threat
21 assessment?

22 A. I did not.

23 Q. Have you ever seen Mr. Douglas in person other than
24 today?

25 A. I have not.

Jim Cawood - Cross-examination
By Mr. Royals

1 Q. Did you have the opportunity to review any of your
2 findings with Mr. Douglas?

3 A. I did not.

4 Q. Understood.

5 why did you not speak with Mr. Douglas?

6 A. I didn't feel it was relevant to making this
7 decision.

8 SOLICITOR BARNETTE: Your Honor?

9 Your Honor, I'm gonna object to that cause if he did
10 speak to him, then he needed a Court order and so forth
11 for that. So I don't know if that's a fair question.

12 THE COURT: I---

13 MR. ROYALS: Your Honor, that's kind of my entire
14 point.

15 THE COURT: Okay. The, the lawyer is on
16 cross-examination. He's got leeway.

17 Mr. Barnette, I'm well aware of that. But thank you
18 for letting me know that.

19 SOLICITOR BARNETTE: No problem.

20 THE COURT: Go---

21 SOLICITOR BARNETTE: Thank you, Your Honor.

22 THE COURT: Go ahead, sir.

23 MR. ROYALS: Thank you.

24 Doctor, did you request either consent from
25 Mr. Douglas or a Court order asking to speak with him?

Jim Cawood - Cross-examination
By Mr. Royals

1 A. I did not.

2 Q. Why would speaking with him not be important?

3 A. I didn't say it wasn't important. I said it wasn't
4 relevant in this evaluation.

5 Q. So, would it be important to speak with Mr. Douglas
6 when you're making findings about his condition?

7 A. I'm not commenting on his condition. I'm
8 conducting -- I'm commenting on his risks. There's a
9 difference.

10 In other words---

11 Q. Can you explain---

12 A. ---I'm not dia---

13 Q. ---that to me?

14 A. Yeah, I'm not diagnosing whether or not he has a
15 mental health condition nor am I diagnosing or attempting
16 to treat him.

17 Q. I'm attempting to look at his behavior and understand
18 his behavior in relation to risk factors as it pertains to
19 the propensity for future violence.

20 A. Sure. That does not nec---

21 Q. Can you---

22 A. That does not necessarily require interaction
23 directly with a subject. It's --

24 Q. Understood.

25 A. It can happen. It's helpful in some cases. In this

1 case I didn't deem it necessary.

2 Q. Would his mental condition affect his behavior?

3 A. His mental condition, as diagnosed by all the doctors
4 that did interview him, was that he has underlying
5 paranoid delusions that are unable to be treated up to
6 this point with current methodology including medication.

7 Q. Sure.

8 Wouldn't you want to speak with either the subject or
9 the other doctors when making that determination?

10 A. In some cases I do, and, in this case, I didn't feel
11 it was necessary.

12 Q. Why not in this case specifically?

13 A. Because there was enough information based on the
14 reports provided already in, in the in-death interviews
15 and reviews by the other doctors to give me the basis for
16 understanding his prospective.

17 Q. Understood.

18 Okay. Regarding the HCR-20 Version 3 that we
19 discussed earlier that Doctor Frierson utilized, what is
20 the point, in general, of utilizing an, an instrument like
21 a --?

22 A. What you want to do is -- the point of using a tool
23 is to help structure your thinking and provide, to a
24 certain degree, some objective -- a different objective
25 lense to look at the material so that you can make a fully

1 informed decision. It's important to understand that
2 there's an aid to it. It's not, it's not pejorative of
3 outcome. So, in other words, it's a helpful aid.

4 Q. Okay. Is it meant to be more objective, for example?

5 A. It's meant to provide some degree of objectivity for
6 the actual review. I mean one of the other things that I
7 should of mentioned is the fact that this was done almost
8 six or eight months ago, maybe longer, and there's no
9 indication that Doctor Frierson was aware, at the time he
10 did this or had redone it, in light of the information
11 provided by SLED through the interview with Captain
12 Prodan. So, in other words, it'd be interesting to know,
13 and since I was unaware of his testimony, I'm unaware of
14 whether or not he was aware of that or subsequently has
15 incorporated that into his opinion, which I think is
16 essential to his --

17 Q. Understood.

18 A. -- to his risk assessment.

19 Q. Okay. But, in general, when you're utilizing an
20 instrument like this, is that meant to be more objective
21 than if you were not utilizing a tool?

22 A. What we know by study is that unaided clinical
23 judgment is less accurate than judgment aided by
24 structured process and tools can help doing that and -- do
25 that as long as the tool that's being used is appropriate

Jim Cawood - Cross-examination
By Mr. Royals

1 for the population.

2 Q. Does an instrument meant to bolster that professional
3 assistance -- strike that, sir. I think I got -- I think
4 I understand. Thank you.

5 A. Uh-huh. (Affirmative).

6 Q. You indicate that you took his threat about a current
7 girlfriend at face value.

8 Is that correct?

9 A. Well, I took, I took the fact that he said it in a
10 context where there was no indication that it was -- it --
11 apparently in a context where it was a conversation with a
12 fellow patient where there was no gain for him to say
13 something that was untrue. And absent any knowledge that
14 it's untrue, I'm going to accept it at, at face value that
15 he said it and that he meant it when he said it.

16 Q. Okay. And is his threat against a current -- his
17 alleged threat against a current girlfriend, is that one
18 of the bases of your opinion about his potential threat?

19 A. It certainly is one of the factors I considered given
20 my concern for a significant risk he may pose to the
21 community, yes.

22 Q. Okay. And how did you become aware of that threat
23 against the current girlfriend?

24 A. I was informed by the counsel through SLED. SLED
25 went to counsel. Counsel brought it to me and my

Jim Cawood - Cross-examination
By Mr. Royals

1 attention.

2 Q. Understood.

3 And did that information come about in a SLED
4 interview with Mr. Douglas?

5 A. From what I understand and from what's in front of
6 me, it came from an interview with a fellow patient of
7 Mr. Douglas, which is Kevin Hunt.

8 Q. So, your testimony is that your -- one of the bases
9 of your opinion today is a report given to you by the
10 solicitor who got it from SLED who took that report from a
11 different patient who was talking about the patient we're
12 actually talking about today.

13 Is that correct?

14 A. Let me un -- let me reframe it so I make sure I
15 understand -- I think I know where you're going with it
16 but let me, let me clarify. That piece of information was
17 provided to a SLED agent in an interview with a patient
18 which subsequently was transferred to me, yes.

19 Q. Understood.

20 But you did not confirm any of that with Mr. Douglas
21 himself?

22 A. I did not.

23 Q. Why would that not be important?

24 A. In circumstances like this, it was only a small
25 piece, not a, not a majority of my opinion, and

1 consequently---

2 Q. Understood.

3 A. ---I didn't feel that -- I didn't feel the need to
4 follow-up on it further. I'm not, I'm not playing a
5 lawyer on -- in this process. But admissions against
6 interests are usually an exception to the hearsay rule,
7 and, frankly, I took that at face value because why would
8 he say it if he didn't mean it to be true.

9 Q. Certainly.

10 And, doctor, I'm certainly not alleging hearsay.
11 What, what I am trying to get a better understanding
12 of is the, the, the things that you learned from reports,
13 while obviously vital, shouldn't some of those have been
14 at least discussed if not verified with Mr. Douglas?

15 A. Well, what's interesting is that, when you're talking
16 to an individual of concern, in this case, Mr. Douglas,
17 the fact is, is that you have to take everything that
18 anyone says with an understanding of the possibility of
19 being true or not true. And so, consequently,
20 interviewing Mr. Douglas was an option.

21 But it doesn't preclude the ability to make a
22 determination about likely risk. Even if I, I had talked
23 to Mr. Douglas and he had said he didn't say it, I would
24 have to weigh and balance whether or not, in fact, that's
25 credible.

Jim Cawood - Cross-examination
By Mr. Royals

1 Q. Certainly.

2 But, in that scenario, wouldn't that still provide
3 more information with which to make your determination?

4 A. No, it, it would. I just didn't feel it was
5 necessary in this case.

6 Q. Understood.

7 Doctor, thank you for your time. We certainly do
8 appreciate it.

9 Your Honor, that's all I have.

10 THE COURT: Mr. Hall, do you---

11 MR. HALL: I have no additional questions, Your
12 Honor.

13 THE COURT: Mr. Barnette, do you have any redirect
14 with this witness based on---

15 SOLICITOR BARNETTE: Just---

16 THE COURT: He---

17 SOLICITOR BARNETTE: ---one on re -- redirect, Your
18 Honor---

19 THE COURT: Yes, sir.

20 SOLICITOR BARNETTE: ---just to follow up that
21 question there.

22 REDIRECT EXAMINATION

23 BY SOLICITOR BARNETTE:

24 Q. Doctor, basically that's -- all the information, was
25 it consistent with everything that you knew from the

Jim Cawood - Redirect examination
By Solicitor Barnette

1 threat from that standpoint, from what he had done in the
2 prior crime, what he had done through the report or shown
3 through the reports and everything?

4 Was everything consistently pointing to the same
5 thing when you did your conclusions, sir?

6 A. It was and it, it felt -- it fit directly into the
7 most likely risk scenario which I had developed as a part
8 of my assessment process.

9 SOLICITOR BARNETTE: Okay. Thank you, Your Honor.
10 That's the only question I have.

11 THE COURT: All right. Any reason why -- and,
12 doctor, I apologize for mispronouncing your name when we
13 started.

14 Is it Cawood?

15 DOCTOR CAWOOD: That's correct, sir.

16 THE COURT: All right. Thank you.

17 Any reason why Doctor Cawood can not be excused?

18 MR. ROYALS: None, Your Honor.

19 THE COURT: Okay. Doctor---

20 SOLICITOR BARNETTE: None.

21 THE COURT: ---thank you very much. You may be
22 excused.

23 DOCTOR CAWOOD: Thank you---

24 THE COURT: And Mr.---

25 DOCTOR CAWOOD: Thank you, Your Honor.

1 THE COURT: Mr. Barnette, do you have a -- any other
2 witnesses?

3 SOLICITOR BARNETTE: No, sir, I don't.

4 THE COURT: Okay. And does the at -- does the
5 department or Mr. Hall anticipate calling any reply
6 witnesses?

7 MR. ROYALS: Not from the department, Your Honor.

8 MR. HALL: Okay. All right. Thank y'all very much
9 for your presentations.

10 what I would like to do is to take it under
11 advisement and take a look at the information and digest
12 it. I would like to reach out to Mr. Hall, and Mr.
13 Royals, and Mr. -- Solicitor Barnette to -- for us to have
14 a conference maybe in a few days.

15 I would -- what I'll do, I will have my office reach
16 out to y'all, see what your schedules are like, and we can
17 get back together, and I might have some questions. I
18 might have made a decision. But also might have some
19 questions I want to ask y'all as well.

20 But thank y'all very much for your time and, and
21 patience and, and your presentations and also for sending
22 me, in advance, all of the reports and information. As I
23 mentioned in an email, I had taken a look at -- and
24 reviewed all of the information that y'all were kind
25 enough to provide me in advance.

1 Based upon what I've heard today, I'd like another
2 opportunity to go back and take a look at some of those
3 things. And -- so, if y'all would be patient with me, we
4 will reach back out and be back in touch with you probably
5 in the next day or two if that's all right.

6 MR. ROYALS: Your Honor, is that meeting likely to be
7 on the record or is that likely to be via chambers?

8 THE COURT: No, this, this would be a chambers
9 meeting, you know, to discuss -- all right?

10 MR. ROYALS: Your Honor, just so we -- I don't want
11 to delay anyone's lunch.

12 But would perhaps Mr. Barnette and I have the ability
13 to kind of wrap up our, our ideas in closing before we go
14 but that might make next week's meeting a little simpler?

15 THE COURT: I can---

16 MR. ROYALS: I don't plan to take more than two
17 minutes, Your Honor.

18 THE COURT: No, I -- no, I mean -- Mr. Barnette, you,
19 you feel like you were in a position you want to do a --
20 what I guess your closing argument -- position?

21 SOLICITOR BARNETTE: I'll, I'll leave it up to Your
22 Court. I, I could submit something to you in writing,
23 Your Honor, or we can make it later or, or now.

24 THE COURT: Well, I want---

25 SOLICITOR BARNETTE: It doesn't matter.

1 THE COURT: You---

2 SOLICITOR BARNETTE: whatever you prefer.

3 THE COURT: My, my preference, like I do with
4 post-conviction relief, when we end this hearing today, it
5 will be ended as far as the record is concerned.

6 SOLICITOR BARNETTE: Yes, sir.

7 THE COURT: That way we bring some finality to it.

8 So, Mr. Hall, do you want to make any closing
9 statements?

10 MR. HALL: No, sir, Your Honor.

11 THE COURT: All right. Mr. Royal (sic).

12 MR. ROYALS: Your, Your Honor, very briefly. Just
13 thinking the part---

14 THE COURT: Okay. All right.

15 MR. ROYALS: Sorry. Thank the parties---

16 THE COURT: Sure.

17 MR. ROYALS: ---and the Court for their, their time
18 and attention. It's been a, a long one I know and I
19 appreciate everyone's kind of patience as we've gone
20 along.

21 Your Honor, just wanted to, to call attention to
22 that -- the statute that this was under 44-23-460.

23 Your Honor, under that, whenever the individual in
24 this scenario is found not competent, it indicates that
25 the person shall be released. It's shall, not may, not

1 should, not could in that situation.

2 So, so the rest of our determinations today has been
3 whether or not he should be out on, on a bond under
4 Section 430(c).

5 Your Honor, we, we are in agreement this guy should
6 not be out absent some guardrails and that's what this --
7 the proposed order is meant to be here, Your Honor.

8 And, and so that, that is all I wanted to put on the
9 record in terms of kind of putting -- wrapping things up.
10 I know it's been a long day. Just thought that was worth
11 mentioning to you, Your Honor.

12 THE COURT: No, and, and thank you. Thank you for
13 mentioning that. I believe I knew that. But thank you
14 very much.

15 MR. ROYALS: You welcome.

16 THE COURT: Thank you for telling me.

17 All right. Mr. Barnette's been very kind with him
18 reminding me to things too today. So, I, I appreciate
19 both, both of your comments.

20 Mr. Hall's been very quiet. But, other than that,
21 you know, we appreciate it.

22 Anything else before we terminate the, the meeting?
23 Okay.

24 SOLICITOR BARNETTE: Your Honor, we -- and, Your
25 Honor, and, Your Honor, we would just ask -- obviously I

1 know what he said about the statute. But I think it's in
2 your discretion that you can keep him in the hospital.
3 Obviously he's a danger to others and we feel like he is
4 and I know---

5 THE COURT: Okay.

6 SOLICITOR BARNETTE: ---that's what was testified to
7 and presented.

8 THE COURT: All right. Listen, thank y'all very
9 much.

10 SOLICITOR BARNETTE: Thank you, Your Honor.

11 MR. ROYALS: Thank you.

12 THE COURT: Yes, sir.

13

14 * * *END OF REQUESTED TRANSCRIPT OF RECORD* * *

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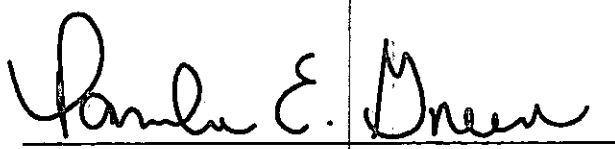
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C E R T I F I C A T E

I, Pamela E. Green, Official Court Reporter for the State of South Carolina, do hereby certify that the foregoing is a true, accurate and complete Transcript of Record of the proceedings had and evidence introduced in the trial of the captioned case, relative to appeal, in the Court of General Sessions for Spartanburg County, South Carolina, on the 22nd day of November, 2024.

I do further certify that I am neither of kin, counsel nor interest to any party hereto.

November 29th, 2024

A handwritten signature in cursive script, reading "Pamela E. Green", is written over a horizontal line.

PAMELA E. GREEN, Court Reporter



State of South Carolina
Department of Mental Health

MENTAL HEALTH COMMISSION:

Elliott E. Levy, MD, Chair
Carl E. Jones, Ph.D., Vice Chair
L. Gregory Pearce, Jr.
Bobby H. Mann, Jr.
Crystal A. Smith Maxwell, MD

Division of Inpatient Services
Forensic Evaluation and Outpatient Services
7901 Farrow Road, Building #6
Columbia, SC 29203
Information: (803) 935-5600

ACTING STATE DIRECTOR

Robert Bank, MD

October 14, 2024

Barry Barnette
Assistant Solicitor
180 Magnolia Street, 5th Floor
Spartanburg, SC 29306

RE: The State of South Carolina vs. Douglas, Casey
DMH#: 1047-7868
Spartanburg County, Court of General Sessions

Dear Assistant Solicitor Barnette:

In accordance with the court order issued by the Honorable J. Mark Hayes, IV, a competency to stand trial evaluation was conducted by the South Carolina Department of Mental Health, pursuant to S.C. Code Ann. § 44-23-410 (1976).

Please see the attached report for the results of this evaluation.

This 12 page document is certified to be the original court-ordered evaluation report issued pursuant to S.C. Code Ann. § 44-23-410 (1976).

October 14, 2024
Date

Trudy Weatherington for
Kelly Goward, Ph.D.
Director
Forensic Evaluation Services
Department of Mental Health

cc: Robert B. Hall, Attorney at Law, 366 N. Church Street, 3rd Floor, Spartanburg, SC 29303

KG/tw

**CAPACITY TO STAND TRIAL EVALUATION
FORENSIC EVALUATION SERVICE
SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH (SCDMH)**

Date of Interview: October 9, 2024

Defendant: Casey Allen Douglas
Date of Birth: June 8, 1990

Presiding Examiner: Matthew E. Gaskins, MD
Forensic Psychiatrist

Second Examiner: Beth Bluemle, LMSW
Social Worker

Diagnoses: Schizophrenia

Opinion Regarding Capacity to Stand Trial

It is opined that Mr. Douglas lacks the capacity to stand trial. It is further opined that his capacity to stand trial is unlikely to restore in the foreseeable future.

Identifying Information

Mr. Douglas was seen at Forensic Evaluation Service pursuant to a court order from the Spartanburg County Court of General Sessions. This court order requests an evaluation of the defendant's competency to stand trial pursuant to *State v. Blair*, 275 S.E. 529, 273 S.E. 2d 536 (1981) and S.C. Code Ann. §44-23-410 (1976). The defendant is currently charged with two counts of Murder and Possession of a Weapon During a Violent Crime. According to the court order, it was issued for the following reasons:

Defendant has been evaluated and found not competent to stand trial on these charges in the past. A hearing under S.C. Ann. §44-23-460 has been requested by SCDMH, which necessitates a finding on competency.

Statement of Non-Confidentiality

Prior to participating in the evaluation, the defendant was warned regarding the limitations of confidentiality. The defendant was informed that the evaluation was court ordered and was not for the purpose of providing treatment. The defendant was informed that the evaluators were employed by the South Carolina Department of Mental Health and were not paid by a defense attorney or the solicitor. The defendant was informed that after the evaluation a report would be submitted to the defense attorney, the solicitor, and the judge

in this case. The defendant was also informed that the evaluators could be called to court to testify about the evaluation.

Sources of Information

1. Spartanburg County Court of General Sessions court order for this evaluation received by the SCDMH Forensic Evaluation Service on October 10, 2024.
2. Arrest warrant 2018A4210103246 for Murder.
3. Arrest warrant 2018A4210103245 for Murder.
4. Arrest warrant 2018A4210103247 for Possession of Weapon during a Violent Crime.
5. Investigative report and accompanying documents for case number 18101284.
6. Crime scene photos.
7. Autopsy photos.
8. Audio recording of interview of Kimberly Douglas from October 25, 2018.
9. Audio recording of interview of Sheron Knox.
10. Audio recording of interview of Brenda and Carl Smith.
11. Audio recordings and audio logs of 911 and dispatch calls.
12. Video of interview of Douglas Casey dated October 25, 2018.
13. Written statement of Kimberly Douglas dated October 25, 2018.
14. Written statement of Rebecca Hernandez dated October 25, 2018.
15. Written statement of Shana Maddox dated October 25, 2018.
16. Written statement of Casey Douglas dated October 25, 2018.
17. Criminal history provided by National Crime Information Center (NCIC).
18. SCDMH Forensic Evaluation Service social work assessment.
19. Medical records from Spartanburg County Detention Center.
20. One hour and 20-minute psychiatric examination conducted at Forensic Evaluation Service on May 7, 2019.
21. Medical records from Bryan Psychiatric Hospital (BPH) Forensics.
22. One-hour psychiatric examination conducted at Forensic Evaluation Service on November 5, 2019.
23. Fifty-minute psychiatric examination conducted at Forensic Evaluation Service on January 7, 2022.
24. Updated records from BPH Forensics.
25. One hour and 10-minute psychiatric examination conducted at Forensic Evaluation Service on October 9, 2024.

The purposes of this evaluation are to provide a clinical update and assess Mr. Douglas' current capacity to stand trial. For additional background and diagnostic information, the Court is referred to the previous evaluation reports briefly summarized below.

Previous Evaluations

Initial Capacity to Stand Trial Evaluation May 7, 2019

Mr. Douglas was evaluated by the undersigned and Victoria Bourdon, LMSW, on May 7, 2019. During that interview he made multiple delusional statements of a bizarre and grandiose nature. Under the *Diagnostic Impression* I wrote:

It is opined to a reasonable degree of medical certainty Mr. Douglas meets the diagnostic criteria for Schizophrenia based on the presence of psychotic symptoms (e.g., delusional thinking, disorganized speech) lasting longer than six months. While he does have a history of using substances (e.g., cannabis, cocaine) which can precipitate such symptoms it is opined his continued symptoms despite being in a controlled environment for more than six months makes Substance-Induced Psychotic Disorder less likely. Mr. Douglas may also meet the diagnostic criteria for a substance use disorder, but these diagnoses were not fully assessed during this evaluation due to the prominence of his delusional thinking.

Regarding his capacity to stand trial I wrote in part:

As described above, Mr. Douglas voiced numerous delusions that impaired his ability to rationally discuss his current charges and would prevent him from working with an attorney in preparation of a defense. Mr. Douglas said, "I'm charged with Murder with malice of forethought." He recognized he has two such charges and had previously voiced he could be sent to prison for life if convicted. He fairly accurately described the current allegations but stated that he believes the events which led to his arrest was connected "with the modern-day mob" working "for the *bad side*." He spoke at length about the delusional thoughts described above and how it connects to his current charges. He made it clear that part of a possible defense he would want his attorney to prove the beliefs above to show how parties involved were manipulated into specific actions. In summary, despite having a factual understanding of charges (i.e., he can identify the charges and recognizes the potential consequences if he is convicted) he is unable to rationally discuss the charges or work with an attorney in his defense. Therefore, it is our opinion that Mr. Douglas lacks the capacity to stand trial pursuant to *State v. Blair*, 275 S.E. 529, 273 S.E. 2d 536 (1981) and S.C. Code Ann. §44-23-410 (1976).

At the time, he was not receiving psychiatric treatment, and it was opined that his symptoms were likely to improve to the point his capacity to stand trial could be restored with appropriate psychiatric treatment.

On June 22, 2019, he was found not competent to stand trial but likely to restore. He was placed on the waiting list for BPH Forensics.

Capacity to Stand Trial Evaluation following Sixty-Day Hospitalization November 5, 2019

Mr. Douglas was admitted to BPH Forensics on September 10, 2019, for restoration. He was evaluated by the undersigned and Beth Bluemle, LMSW to reassess his capacity to stand trial. At that time, he had been tried on three different antipsychotic medications and continued to have poor insight into his mental illness. He continued to insist that his previously reported delusions were part of his being *blessed* and able to hear *the holy spirit*. His delusional beliefs continued to involve the specific allegations against him and that the State was against him in a religious war. His diagnosis remained Schizophrenia. With regards to his capacity to stand trial, I wrote in the second report:

Early in the evaluation on November 5, 2019 it was readily apparent the delusions previously preventing rational discussion of his charges on May 7, 2019 remained present. Similar to the previous evaluation he was able to name his charges and voice a basic understanding of the allegations. In discussion of the alleged events, he continued to voice the belief that his attorney needs to interview several people involved in the global conspiracy and battle between good and evil described in the previous evaluation, hospital records, and above. He was asked what would happen if his attorney did as requested and found no evidence of the conspiracy or battle. He stated, "I think God will help me and send some spirits to talk to the judge and talk to everyone." He added he believes that charges would then be dismissed. He stated, "I have no choice but to go to trial" because it is the only way that he can be proven right and not mentally ill. In conversation he voiced a basic understanding of legal procedure (i.e., roles of officers of the court, meaning of pleas, etc.) Despite the factual understanding of the charges and legal procedure, he continues to pursue a nonreality-based defense and believes divine intervention will prevent him from being convicted for his current charges. These beliefs prevent him from assisting in his defense. Therefore, it is our opinion that Mr. Douglas continues to lack the capacity to stand trial pursuant to *State v. Blair*, 275 S.E. 529, 273 S.E. 2d 536 (1981) and S.C. Code Ann. §44-23-410 (1976).

He was discharged from the hospital and returned to the detention center. He was found not to continue lack capacity to stand trial. Notably, while awaiting readmission to BPH Forensics he continued to express delusional beliefs. According to records provided for review (BPH Forensic records), in July 2020 he stated, "I am aware that the police send the nurses and med techs to me to try to set me up or carry out their own agenda" (internal quotation marks omitted).

Capacity to Stand Trial Reassessment January 7, 2022

The undersigned was asked to reassess Mr. Douglas' capacity to stand trial. Additional records had been provided from BPH Forensics. The records summarized in the report state that he continued to voice delusional beliefs related to his charges. On December 6, 2021, the psychiatric note states in part:

Patient verbalized that he feels the [sic] gang he had been involved with since he was 12 years old is following him and planning to kill him. He reports the Holy Spirit told him his girlfriend and her father were being manipulated by the gang and were going to kill him. He stated he had lived with his girlfriend on and off since he was 12 years old. He described the gang as "evil." He feels the gang is still following him and planning to kill him while he is in the hospital presently.

The patient started experiencing the "Holy Spirit's" when he was 21 years old; while in prison for charges of armed robbery. He was in prison from 16 years old to 24 years old.

The note dated December 14, 2021, the most recent prior to the re-evaluation, stated that he continued to believe that the gang continued to monitor his movements in the hospital. At the time he was on two antipsychotic medications, Abilify® (aripiprazole) and Zyprexa® (olanzapine).

During the interview, Mr. Douglas confirmed compliance with treatment and continued persecutory beliefs. He told the undersigned, "I'm still followed. I'm still stalked. They still follow my every move and want me dead." He restated his delusional beliefs that it started after coming home from a trip to Florida wherein he was exposed to "good side" versus "evil side." He reported continuing to experience auditory hallucinations including those that are *demons* and *the Holy Spirit*. During the assessment of his capacity to stand trial, Mr. Douglas continued to voice a desire to pursue an irrational defense including proving the persecutory delusions. He said he wanted his attorney to obtain video footage, which is not believed to exist, which he thinks will exonerate him. He continued to show a factual understanding of his charges and legal procedure while continuing to show he lacked a rational appreciation of the proceedings and an ability to work with an attorney in forming a defense.

Clinical Update

Additional Records from BPH Forensics

During an assessment on November 18, 2022, the following update is provided:

Currently, Mr. Douglas denies SI, HI, and VH but does endorse AH that tell him to be careful and watch his back. He reports they are manageable and do not bother him. He is adherent with his mental health treatment and actively participates in groups, treatment plan updates, and activities. Main problem to be addressed is having Mr. Douglas's legal charges resolved as they are still pending at this time. He has been approved by the AFRB and FRB to discharge to Turning Point CRCF in Hopkins, SC but requires his charges to be resolved first.

Later in the same not under the *Clinical Summary/Impression* section it states in part:

During this review period, Mr. Douglas has had no behavioral incidents/concerning behaviors. He is insightful regarding the purpose of his medication and need for continued adherence. He participates in groups and activities at the treatment mall and on the unit when available. He is able to verbalize his needs and concerns appropriately and is cooperative with SW 1:1s and treatment team updates. He tends to ADLs independently and effectively and is green band status for demonstrating positive behaviors on the unit and adhering to treatment recommendations. The treatment team has deemed Mr. Douglas appropriate for discharge planning due to his active participation in all aspects of treatment and improved insight into his mental illness and need for medications. His discharge plan of Turning Point CRCF was approved by the FRB and AFRB. Following this, another competency evaluation was requested which Mr. Douglas participated in on 1/7/22. He was again found incompetent to stand trial. Mr. Douglas continues to contact his public defender regarding updates about his current pending charges and SW will continue to provide Mr. Douglas with any updates given by DMH legal.

There was an assessment on November 20, 2023, which provides the following update:

Currently, Mr. Douglas denies SI, HI, and VH but does endorse AH that tell him to be careful and watch his back. He reports they are manageable and do not bother him. He also does continue to endorse that the gangs in Spartanburg are capable of tracking his movements even in the hospital. He is adherent with his mental health treatment and actively participates in groups, treatment plan updates, and activities. Mr. Douglas has been approved by the AFRB and FRB to discharge to Turning Point CRCF in Hopkins, SC but requires his charges to first be resolved. He attended his Blair hearing in August 2023 but a decision was not made about competency at that time. SW will continue to seek updates from DMH legal regarding further court hearing updates.

The most recently note provided for review is dated September 10, 2024. It provides the following update:

Per staff the patient has not had any behavior problems. Today he describes his mood as being "good." He reports his appetite is "good" currently, and reports he gets good sleep. He denies SI/HI, and VH but endorses AH a few days per week telling him to watch his back, and people are plotting against him. The patient says he ignores the voices by listening to music and talking with the staff, and that helps him ignore the voices. He denies depression. Per patient and his SW Lainey Fleen, he was accepted to a CRCR, Turning Point, but the patient and his social workers, has agreed to continue to search for another SC DMH placement. He has a

court date scheduled for 11/22/2024. The patient had another evaluation conducted by Donna Maddox performed on 09/05/2024. The patient is green band status. He gets along with his peers on the unit. He currently attends activities and groups on the unit when offered. When his mental health diagnosis, he responds, he is diagnosed with Schizophrenia.

The diagnoses are listed as Schizophrenia and "Stimulant, Cannabis and Hallucinogen Use Disorders." In the A/P (Assessment and Plan) section of the note, it states the following regarding his diagnosis of Schizophrenia:

Patient has persistent persecutory delusions about the index event, telling him to watch his back, and they are plotting against me, but he distracts himself by listening to music and talking to the staff. The patient attends activities. He does have improved insight into his AH being part of his mental illness. Will continue Aristada 882 mg q 4 weeks. Patient is a green band. The patient denies anxiety therefore, the Vistaril order has not been renewed.

Aristada® (aripiprazole) is a long-acting injectable antipsychotic medication typically administered once a month.

Forensic Interview

Clinical Presentation and Psychiatric History

Mr. Douglas provided the following information: Since his last evaluation he has "remained in the hospital." He believes he has been "under stimulated" and "worn down with things to do." He has been "finding it hard to have motivation in the morning" and "hard to get out of bed." He thinks he is "borderline a little depressed." He has taken a 10 week break from attending groups which will start back soon. The reason for the break is his treatment team agreed with him that he needed such a break after several years of attending the same groups. The group focuses largely on psychoeducation and developing appropriate coping skills for stress. He is currently receiving a monthly injection of Aristada® (aripiprazole) 882 mg which is not causing side effects. He believes the medicine helps him "think about one thing at a time." He has stayed out of trouble for the most part but did have an issue with another patient earlier this year. This other patient tried to take the phone from Mr. Douglas leading to a physical altercation. A second altercation occurred when the other patient was accusing other patients and staff of being actors ultimately leading to another physical altercation. Mr. Douglas, as a result, spent time on "red band status" for a couple weeks before being moved to "yellow band." He is currently back on "green band status," the least restrictive for an inpatient. The majority of his hospitalization was spent on this status. He believes he does "good" in the hospital overall and tries his "best [he] can to stay busy" and "do a good job avoiding conflict." He has been frustrated by his ongoing hospitalization. He has been accepted by multiple community care facilities and has been approved for discharge by the

Forensic Review Board. He believes he has been in the hospital the longest among patients seeking a discharge. A few of the patients are comfortable being in the hospital indefinitely, but he has seen several other patients discharged since the treatment team first put him up for a move to a less restrictive environment given his stability in the hospital.

Mr. Douglas stated that he has been accepted to multiple facilities and is hopeful to go to one in Aiken, SC. He was asked if this was to be closer to his family, and he said it was not. He added, "Away from where I'm from. I actually want to stay away from them. I can communicate with family but want to stay away." He stated he liked the Aiken area but wants "to be away from cities." He said that in cities there "is just too much activity going on and think[s] [he] would be on the radar with things in the past." He restated his persecutory and religious based delusions. He said, "This war between good and evil is more active in city limits." He said he believes if he were to be put in such a situation, he "would be targeted or feel the need to preach again and make [him]self a target." Due to this fear, he "want[s] to be where everyone is not ignorant but may be unaware of what's going on in the world." He described his learning of the "metaphysical warfare and spiritual warfare" when he came back from Florida and going to Georgia before returning to South Carolina. He added, "The good side's losing, and there is angels and demons." He said that "once you are aware of it, you have to choose a side." He said he believes others have chosen "the bad sad" and "started taking control of the city through dark magic and manipulation." He said that this "led to [him] being tricked off the street and witchcraft that led to me being attacked by people I love." He said that several people working in and for Spartanburg County are included in this group such as "police and community" putting pressure on him "from all sides." He said that he has felt safer while in the hospital and believes that the employees there "have good intentions." He was asked about the report that he continues to hear an auditory hallucination despite being on medication. He confirmed he hears a voice saying "watch your back" which used to occur "at least three or four days a week" which is down to "at least two days a week." He said, "It comes and goes and is not constant. More active when a lot is going on around me." He identified the voice as "the Holy Spirit." He said that others have told him it is a symptom of mental illness. However, he said he does not believe this. He stated that he believes the voice is genuine because it has not resolved with treatment. He said, "I think even more so that now because I'm on medicine that should stop it, but it hasn't." He added, "It's never wrong. When it tells me to watch for something or something with ill intentions, it's on point." He said the voice does not "give [him] prompts or directions -- just warnings." He gave an example of such a warning being correct when there was a "guy [who] kept walking behind [Mr. Douglas] and it said, 'watch him, watch him,' and the very next day he threw a chair into the whole crowd" of patients.

During the interview, Mr. Douglas was calm throughout. He was casually dressed and had good hygiene. He was cooperative with the interview and answered questions appropriately. He had a linear and goal directed thought process. He was alert and oriented. He spoke in a monotone voice of regular rate and volume. He made good eye contact. He described his mood as "good" and was observed to have a blunted affect (i.e., observed sign of mood in a narrowed range of expression). He denied suicidal and

homicidal ideations. He denied current auditory and visual hallucinations. He stated he last heard the voice of *the Holy Spirit* four days earlier ("Last I heard it was Sunday."). He did not appear internally distracted. He voiced numerous of delusional beliefs as documented throughout this report.

Diagnostic Impression

There has been no change in diagnostic impression since the previous evaluation. In the previous evaluation report, the undersigned wrote:

It is opined to a reasonable degree of medical certainty that Mr. Douglas meets the diagnostic criteria for Schizophrenia. This diagnosis is based on the presence of psychotic symptoms (e.g., delusions, hallucinations, disorganized speech, disorganized behavior, etc.) for longer than six months. The diagnosis of *Delusional Disorder* was considered as an alternative due to the long-standing, persistent nature of his beliefs. Delusions associated with *Delusional Disorder* are typically far more resistant to treatment leading to its consideration. However, his other psychotic symptoms including auditory hallucinations (e.g., hearing the voice of the Holy Spirit) and ideas of reference (e.g., receiving messages from television commercials) are more typical of Schizophrenia.

Conclusion Regarding Capacity to Stand Trial

The S.C. Code Ann. §44-23-410 states a defendant lacks capacity to stand trial if that defendant "lacks the capacity to understand the proceedings against him or to assist in his own defense as a result of a lack of mental capacity."

Mr. Douglas stated that in the recent weeks he met with another examiner, "Dr. Maddox." He said, "She was nice." He said he was nervous meeting with her because "she said, 'I was hired by the prosecutor.'" He reported that the "conversation went well" and he was cooperative with the interview. He stated, "I was honest with her because what I got to tell is not anything that needs to be hid from anyone and that would make me on the dark side. Wouldn't make me an angel, it would make me a demon." He said, "I just didn't want to refuse to see her. Even though I didn't trust her and the Holy Spirit told me not to trust her." He added that "as long as she don't twist [his] words, [he's] fine with it."

Prior to the evaluation with Dr. Maddox, he had been told "she is the wife of a judge in Spartanburg County, and [he] do[esn't] trust that at all." He said he "asked her about it" because he "felt like [he was] being setup." He said Dr. Maddox invited his attorney who declined to attend the interview. He said that his suspicion of Dr. Maddox was worsened at the end of the interview. He said, "She said I shouldn't be out yet. She said I shouldn't be discharged yet." He reported asking her the reason and she cited the need for "more security." He said, "I'm scared that she obviously got influence in my circuit." He said,

"Dr. Maddox said the solicitor agrees that I'm mentally ill, but I'm not mentally ill. I'm not delusional. She said he agree I'm delusional, but wants me locked up, so it don't happen again." He added, "I told her this proves the point that he wants me locked up."

Mr. Douglas identified his attorney as "Robert Hall." He added, "Robert Hall thinks I'm crazy." He said, "I know he represents me, but he don't want me to tell my side of the story." He said his attorney "doesn't listen to [him]" and "it's like he almost not on my side anymore." He stated he is currently charged with "two Murder charges and Possession of Weapon During a Violent Crime." He said he is so charged because "they said [he] killed Stephanie and Craig with malicious intent or malice of forethought." He said the police say he "stabbed them."

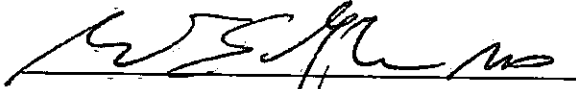
He said that he only wants the opportunity to tell the judge his version of events. He restated several of his delusional beliefs. He reported that "the dark side started talking about [him] and [he] was stuck in a web." He stated he wants to tell the judge that "everyone involved around me to the police and fire department [were] plotting on [him]. They turned my loved ones on me through witchcraft and black magic." He said he plans to tell the judge that "the dark side turned [him] into a reaper and put [him] in a situation where they would put [him] in the prison for the rest of [his] life." He went on to describe delusions previously documented involving "high ranking warlocks and witches" that have conspired against him. He said, "I feel like as long as when I go to trial my lawyer tell my full side of the story."

When asked how he thinks his attorney can help him in his case, he continued to discuss how his delusional beliefs play directly into the allegations and proceedings against him. He said, "He can ask all these gang members who have been arrested about it." He added, "Get the video of that night that it was all recorded." He referenced there being a recording of the alleged events multiple times throughout this and previous evaluations. He said, "They said to my face that the recording doesn't exist. I know it does. They are hiding it because they know it will free me." He said, "They don't want this to come out. They don't want the truth to be told. The more time they waste the more people – people move around or get arrested – they want me incarcerated."

He said that he believes "as long as [his] whole truth is told, then [he]'ll be freed." He stated, "If I am brought to court for this, I need to tell my whole side of the story. I need to get on the stand and tell the whole thing that happened. From 2017 to 18 with the whole trip to Florida and how it led to this." He said he has been frustrated that "nobody listened" to his concerns then and continue to ignore what he believes to be the truth of the events leading to his arrest and ongoing hospitalization. He stated he has read the undersigned's previous reports and disagrees with the opinion regarding capacity to stand trial. He stated he wants to tell his story. He added that if he is not convincing that *the Holy Spirit* will speak to the judge directly.

In summary, it is our opinion that Mr. Douglas continues to demonstrate a factual understanding of his charges and persistent delusional beliefs that interfere his rational appreciation for the proceedings against him and ability to work with an attorney in his

defense. He continues to want to pursue a non-reality-based defense asking his attorney to work toward proving Mr. Douglas' delusional beliefs to be true. Therefore, it is our opinion that Mr. Douglas continues to lack the capacity to stand trial pursuant to *State v. Blair*, 275 S.E. 529, 273 S.E. 2d 536 (1981) and S.C. Code Ann. §44-23-410 (1976).


Matthew E. Gaskins, MD

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CURRICULUM VITAE

ROBERT CHARLES NELSON PSY.D.
Licensed Clinical Psychologist SC-1210

Education

Doctor of Psychology Alliant University (formerly United States International University),
San Diego, California - Clinical Psychology
Master of Arts work United States International University, San Diego, California
Marriage and Family Therapy
Bachelor of Arts Whitworth University, Spokane, Washington
Major: Theology, Sociology & Psychology

Publications

Nelson, R. (2000). *Homicidal Adolescents – Understanding Kids Who Kill – A Critical Review*, Dissertation Abstracts, 2000, 25, (4)

Post Doctoral Studies/Licensure/Credentials

Licensed Clinical Psychologist – South Carolina 1210
South Carolina School Psychologist III Credential
California Registered Psychologist
California State School Psychologist Credential – National University, San Diego California
California State School Administrator Credential – Cal State University, San Marcos
California
South Carolina Advanced State Constable Credential – SC State Law Enforcement Division
California Reserve Police Officer Credential – San Diego County Sheriff's Department

Post Doctoral Internships

08/1999- Contract Psychologist – San Marcos High School, San Marcos, California
06/2001 Psychological Assessment and Intelligence Testing of Students Suspected of
Qualifying Disabilities for Special Education Including Mental Retardation,
Provision of Individual and Group Counseling Services for Elementary,
Middle and High School Students, Consultation to School Administrators,
School Psychologists, Teachers and Staff, Development of Threat and Risk
Assessment Protocols for District Staff

Pre Doctoral Internships

08/1998- Psychological Intern – San Marcos Unified School District, San Marcos High
06/1999 School, San Marcos, California
Psychological Assessment/Intelligence Testing for Students Suspected of
Qualifying Conditions for Special Education including Metal Retardation and
Learning Disabilities

08/1997- Adolescent Victims of Sexual Abuse and Non-Offending Parents
 01/1998 Adolescents/Parents Group Facilitator – Charter School – Horton Plaza via contract w/ ECS Counseling Services San Diego, California
 Assessment, Treatment Planning and Psychological Services Delivery

01/1996- Group Therapy Facilitator/Counselor – Domestic Violence Treatment Program
 06/1998 – ECS Counseling Center, San Diego, California
 Assessment, Treatment Planning and Psychological Services Delivery to Perpetrators of Domestic Violence Mandated for 26 Week Treatment Programs

06/1996- Perpetrators of Domestic Violence Mandated for 26 Week Treatment
 01/1998 Programs Group Therapy Facilitator/Counselor – ECS Counseling Center, San Diego, California
 Assessment, Treatment Planning and Psychological Services Delivery

Professional Background

03/23/23-Present Licensed Clinical Psychologist LifeStance Health

03/2020-03/23/23 Director of Field Operations and Growth for the Carolinas – CHE Behavioral Health Services

Responsible for all operational elements for behavioral health services in the Carolina to include: Contracting partner facilities, clinics and telehealth outpatient agreements; hiring, training and supervising regional clinicians; budget forecasting; and provision of psychological services such as - Clinical Assessment, Diagnosis, Treatment Planning, Treatment Administration, Outcome Assessment, Psychopharmacology Consultations, Coordination of Care, and Forensic Evaluation of Involuntary Psychiatric Committals

01/2017-Present Federal Advocacy Coordinator for American Psychological Association representing South Carolina Psychological Association

01/2012-04/2020 Regional Clinical Director – LifeSource Health Management Services

Responsible for Clinical Assessment, Diagnosis, Treatment Planning, Treatment Administration, Outcome Assessment, Psychopharmacology Consultation, Coordination of Care, Supervision of Clinical Psychologists in South Carolina, Georgia and Alabama, Psychologist Training, Forensic Evaluation of Involuntary Psychiatric Committals

01/2011-Present Adjunct Professor – University of the Rockies – Colorado Springs, Colorado

Doctoral level curriculum delivery to students in: Counseling Psychology, Industrial and Organizational Psychology and Forensic Psychology

06/2010-Present Staff Consulting Criminal Forensic Psychologist – State Law Enforcement Division Behavioral Science Unit

Forensic psychology liaison to Behavioral Sciences Criminal Profilers and Case Agents, Development and Management of statewide Unsolved Murder Case Data Mining Project, consultation on Threat Assessment, Homicide, Unsolved Homicide and Attempted Mass Murder cases, Forensic Analysis of Atkins Case Intellectual Disability Evaluations/Determinations, Forensic Case Consultations and Trial Preparation, Expert Witness Testimony.

06/2010-Present Advanced State Constable – State Law Enforcement Division Behavioral Science Unit

08//2006-Present Adjunct Professor – Webster University Counseling Psychology – Greenville

Metro Campus, Greenville, South Carolina

Master's level curriculum delivery to students in Counseling Psychology

Courses Taught: Psychological Assessment, Abnormal Psychology, Research, Theories of Counseling Psychology, Theories of Group Psychology, Foundations of Counseling, Multicultural Foundations of Counseling, Lifestyle and Career Development Counseling, History of Psychology, Psychopharmacology, Psychodiagnostics

01/2006-08/2011 Chief Psychologist/Assistant Director – South Carolina Department of Mental Health – Greenville Mental Health Center, Greenville, South Carolina

Responsible for development of Psychological Assessment and Testing Program for Children, Adolescents, and Adults, Design and Implementation of Staff training for Therapeutic Assistants, Clinical Counselors, Mental Health Counselors, Mental Health Chiefs, and Chief Psychologists, Supervision of Staff Psychologists, Treatment Team Planning, Psychological Assessment of Children, Adolescents and Adults, Individual and Group counseling services, Corporate Compliance Officer, Forensic Evaluation of Involuntary Psychiatric Commitments

09/2004-01/2006 Behavioral Specialist – Psychologist III – Greenville County School District, Greenville, South Carolina

District Wide Behavioral Specialist Consultation for Elementary, Middle and High School Administrators, Psychologists, Counselors, Staff and Classroom Teachers, District-wide training of twenty three School Psychologists on: Differentiation of Emotional Disturbance versus Behavioral Disturbance, Psychological Assessment and Intelligence Testing of Students Suspected of Qualifying Disabilities for Special Education Including Mental Retardation, Functional Behavioral Analyses, Behavioral Interventions, Positive Behavior Interventions and Supports, Forensic Evaluation of Involuntary Psychiatric Commitments, Providing Individual and Group Counseling Services for

Elementary, Middle and High School Students, Development of Threat and Risk Assessment Protocols for District Staff

09/2002-
12/2007 Core Faculty – National University – School of Education, School Psychology Department, San Diego, California

Master's Level Curriculum Delivery to Students in School Psychology, School Psychologist Credential Program

Courses Taught: Intelligence Testing, Personality Testing, Psychological Assessment, Lifecycle Developmental Psychology, Abnormal Psychology, Introduction to Behavioral Assessment and Intervention, Theories of Counseling, Research and Evaluation

06/2001-
07/2004 Acting Director Pupil Services, Behavioral Specialist, Member Superintendent's Advisory Council – Escondido Union School District, Escondido, California

Management of District-wide Pupil Services Programs to include: Behavioral Intervention, Positive Behavioral Interventions and Supports, Threat and Risk Assessment, Department Budget management, Superintendents Advisory Council, Psychological Assessment and Intelligence Testing of Students Suspected of Qualifying Disabilities for Special Education Including Mental Retardation, Forensic Evaluation of Involuntary Psychiatric Committals, Individual and Group Counseling Services for Elementary, Middle and High School Students, Consultation to School Administrators, School Psychologists, Teachers and Staff

01/1999-
05/2001 Contract Psychologist – San Marcos High School, San Marcos, California

Psychological Assessment and Intelligence Testing of Students Suspected of Qualifying Disabilities for Special Education Including Mental Retardation, Individual and Group Counseling Services for Elementary, Middle and High School Students, Consultation to School Administrators, School Psychologists, Teachers and Staff, Development of Threat and Risk Assessment Protocols for District Staff

06/1996-
12/2004 Reserve Deputy Sheriff – San Diego County Sheriff's Department
Uniform Patrol Answering calls for service – AR-15 Qualified

01/1996-
09/2004 Executive Director – Dimensional Health Service, Inc. Community Based Mental Health Agency, San Diego, California

Founder and Executive Director of Community Based Non-Profit Mental Health Agency, Supervision of Three Satellite Community Mental Health Clinics, Administration of Psychological Assessment of Children, Adolescents and Adults, Delivery of Individual, Couples, Family and Group Counseling Forensic Evaluation of Involuntary Psychiatric Committals

06/1991- 01/1996	Security & Safety Director – Scientific Atlanta, San Diego, California Development and Coordination of all DoD Security Programs, Government Security Clearance Processing and government Security Compliance, Training and Awareness, Classified Contract Negotiation and Compliance, Security Violation and Breech Investigation and Compliance Reporting
10/1989- 05/1991	Manager, Security & Contracts – SRS Technologies, San Diego, California Development and Coordination of all DoD Security Programs, Government Security Clearance Processing and government Security Compliance, Training and Awareness, Classified Contract Negotiation and Compliance Security Violation and Breech Investigation and Compliance Reporting
07/1988- 09/1989	Manager, Special Program Security – Hughes Aircraft, El Segundo, California Development and Coordination of all DoD Security Programs, Government Security Clearance Processing and Government Security Compliance, Training and Awareness, Classified Contract Negotiation and Compliance Security Violation and Breech Investigation and Compliance Reporting
07/1986- 06/1988	Manager, Special Programs Security – JANBEC Corporation, San Diego California Development, Implementation and Management of DoD Covert Operational Program Operations, Development and Coordination of all DoD Security Programs, Government Security Clearance Processing and government Security Compliance, Training and Awareness, Classified Contract Negotiation and Compliance, Security Violation and Breech Investigation and Compliance Reporting
10/1985- 06/1986	Security Representative – Lockheed Corporation, Sunnyvale, California Corporate Security Compliance, DoD Government Security Clearance Processing and Government Security Compliance, Training and Awareness
06/1979- 09/1985	Acting Sergeant/Detective/Police Officer Foster City Police Department, California Supervision of Law Enforcement Patrol Team, Homicide Investigation, Undercover Narcotics & Vice Investigation, Prosecution Case Preparation, Patrol Enforcement, Training and Development, Officer Safety
07/1974- 05/1979	Youth Minister Presbyterian Church, USA

Organizational Memberships and Affiliations

American Psychological Association (South Carolina Federal Advocacy Coordinator)
South Carolina Psychological Association (Two Time President)
American Counseling Association (inactive)
Association for Counselor Education and Supervision (inactive)
South Carolina State Constable Association
Association of Threat Assessment Professionals

Training Courses and Presentations

- ADA and IDEA Special Education Evaluation and Assessment
- Intelligence Testing, Mental Retardation & Borderline Intellectual Functioning
- Professional Assault Response Training
- Threat Assessment & School Violence Response Team Training
- Event Driven Threats and the Mother Emanuel Church Shooting
- Positive Behavioral Interventions
- Basic Behavioral Interventions for Assaultive Children
- Anger Management
- Behavior Basics for Conduct Disordered and Emotionally Disturbed Children & Adolescents
- Functional Behavioral Analysis of Children, Adolescents & Adults
- Positive Behavioral Interventions and Supports
- Behavioral Interventions for Assaultive & Aggressive Mentally Ill Adults
- Psychological Differentiation of Emotional Disturbance versus Conduct Disorder
- Behavior Basics and Intervention Strategies for Inpatient Geriatric Populations
- Legal Aspects of Behavioral Interventions
- Attention Deficit/Hyperactivity Disorder: Assessment and Medical Intervention
- Assuring Staff Consistency in Applied Behavioral Analysis Settings
- Behavioral Assessment
- Non-aversive Behavioral Support
- Emergency Management of Behavioral Crises
- Accountability and Coordination in Behavior Support, Accommodation, and Mental Health Treatment Planning
- Psychopharmacology for Non-Physician Clinical Therapists
- Psychopharmacology and Special Considerations for Geriatric Populations
- Bipolar I Disorder, Severe, With Psychotic Features – Grand Rounds UCSD Medical Center, with Dr. Hagop S. Akiskal, M.D.
- Lessons Learned from School Shooting - Santana High School – La Mesa California
- Risk and Treat Assessment Protocol Development, Implementation and Management
- Preventing School Violence
- Facing Fear: Terrorism and Tragic Events
- Guidelines for Student Threat Assessment
- Crisis Response Planning
- Handling Disruptive Behavior
- Intervention Strategies for Violent-Prone Behavior
- Combating Bullying

- Gang Identification
- Domestic Violence Perpetrator Treatment and Interventions
- Critical Incident Stress Management
- Critical Incident Stress Debriefings
- Cognitive Assessment of Individuals
- Sexual Harassment in the Workplace
- Team Building Basics
- Communication Skills Training
- Security Management for Industrial Complexes
- Security Training for Campus Security Officers
- Security and Safety Site Assessments for DoD Contractors
- Organizational Development
- How to Build Effective Corporate Teams
- Dysfunctional Teams and How to Not Be One
- Understanding Individual Differences
- Myers-Briggs Personality Types and Team Building Essentials
- Child Abuse Identification & Reporting for Allied Health Professionals
- Stevens-Johnson Syndrome – A Clinical Case Study

ATTACHMENT 5

STATE OF SOUTH CAROLINA)
COUNTY OF SPARTANBURG)
The State of South Carolina,)
vs.)
Casey Douglas)
Defendant.)

IN THE COURT OF GENERAL SESSIONS
SEVENTH JUDICIAL CIRCUIT

**ORDER DENYING MOTIONS
FOR
RECONSIDERATION**

2018A4210103245
2018A4210103246
2018A4210103247

This matter came before the court on cross motions for reconsideration of this Court's order dated November 26, 2024. The prior order was issued pursuant to S.C. Code Section 44-23-460 granting the SC Department of Mental Health (DMH) request made pursuant to code section 44-23-430 and 460 that allows DMH to continue treatment of the defendant on an outpatient basis at a community residential care facility where his mental treatment will continue in a structured/supervised living environment with specific criteria imposed on the defendant. The court was also presented a Motion to Stay Order of November 26, 2024, pending the reconsideration hearing.

This Court appreciates the arguments offered by the parties and appreciates the patience by the parties while the arguments and records were once again reviewed.

After considering the arguments and reviewing the information available, the order previously issued by the Court will stand without alterations or modifications.

Broadly, the DMH is critical of this Court's imposition of collateral or supportive requirements/services which this Court finds are reasonable to allow the defendant's mental health



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SPARTANBURG COUNTY
SOUTH CAROLINA

needs to be addressed in the least restrictive environment setting while also addressing the fears articulated by the state—providing mental health service to the defendant at the proposed community residential care facility may create a danger to others. As expressed during the hearing, these additional supportive requirements/services -- such as the continued involvement of the certain present mental health service providers, and the gps monitoring device when he leaves the facility, are transitional—not permanent—services. They are not meant to interfere with the defendant's mental health services but to assure the defendant's placement and mental health needs are being properly addressed in the least restrictive environment, as determined by DMH, while also addressing the safety concerns articulated by the State. The additional supportive requirements/services are consistent with SC Code section 44-23-430(c). As stated in the prior Order, nothing in the Order is to be read as restricting or limiting DMH from administering whatever type of medication, treatment, supervision, or adding custodial restriction that may be found necessary to assure the defendant's safety and the safety community.

Broadly, the State is critical because this Court did not accept the opinions of its witnesses, giving too much weight to the opinions of the DMH witnesses, and granting DMH's request for the defendant's transfer. As reflected in the prior order, this Court considered the testimony of all of the witnesses and, as the fact finder in the hearing, gave the testimony of the various witnesses the weight it deserved. Also, as expressed in the prior order, this Court, generally, agrees with DMH's reading and position concerning the application of SC Code section 44-23-460 (1).

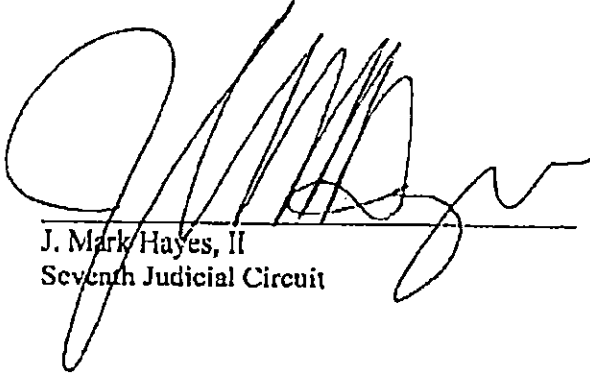
As stated above, the provision of the prior Order will remain unchanged

To the extent the Motion to Stay needs to be addressed, given the above ruling, the motion is denied.



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AMY W. COX

AND IT IS SO ORDERED this 2^d day of May, 2025 in Spartanburg, South
Carolina.



J. Mark Hayes, II
Seventh Judicial Circuit

State v. Douglas

2018A4210103245

2018A4210103246

2018A4210103247

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SC Court of Appeals

STATE OF SOUTH CAROLINA
In the Court of Appeals

Appeal from Spartanburg County
Court of General Sessions
The Honorable J. Mark Hayes, II

The State,

Appellant,

v.

Casey Douglas,

Respondent.

Appellate Case No. 2025-000914

CERTIFICATE OF SERVICE

I, Angela Brown, am an employee of the Appellant, hereby certify that as per the March 20, 2020 Order of the Chief Justice, the State's Motion to Certify Case Pursuant to Rule 204(b), SCACR for Review by the Supreme Court, and Certificate of Service has been forwarded to Respondent's counsel, Michael A. Berry, Esquire at mberry@spartanburgcounty.org, and Robert M. Dudek, Esquire at RDudek@sccid.sc.gov, and counsel for SCDMH, Logan Y. Royals, Esquire at logan.royals@scdmh.org via email today, June 9, 2025.

I further certify that all parties required by Rule to be served have been served.

This 9th day of June, 2025.

s/ Angela Brown

Angela Brown
Legal Assistant to Melody J. Brown
Senior Assistant Deputy Attorney General

Angela Brown

From: Angela Brown
Sent: Monday, June 9, 2025 4:03 PM
To: mberry@spartanburgcounty.org; logan.royals@scdmh.org; rdudek@sccid.sc.gov; kwarren@sccid.sc.gov
Cc: bbarnette@spartanburgcounty.org; Melody Brown; Don Zelenka
Subject: The State v. Casey Douglas (2025-000914)
Attachments: Douglas, Casey - Motion to Certify Case for Review by Supreme Court.pdf

Counsel, please find attached the State's Motion to Certify Case for Review by the Supreme Court in regards to the above referenced appeal. The motion will be electronically filed with the SC Supreme Court on today's date.

Sincerely,

Angela Bennett Brown, Administrative Coordinator II
Office of the South Carolina Attorney General
Criminal Division | Office 803-734-0368 | Abennett@scag.gov
P.O. Box 11549 | Columbia, SC 29211



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SC Court of Appeals

ALAN WILSON
ATTORNEY GENERAL

June 9, 2025

The Honorable Patricia A. Howard
Clerk of Court, South Carolina Supreme Court
Post Office Box 11330
Columbia, South Carolina 29211

Re: The State v. Casey Douglas
Appellate Case No: 2025-000914

Dear Ms. Howard:

Enclosed please find the State's Motion to Certify Case Pursuant to Rule 204(b), SCACR for Review by the Supreme Court, along with certificate of service in the above-reference case for filing in your office.

Sincerely,

Melody J. Brown
Senior Assistant Deputy Attorney General
S.C. Bar No: 14244

MJB/abb
Enclosures

cc: The Honorable Jenny A. Kitchings – Clerk, SC Court of Appeals (via email only)
The Honorable Barry J. Barnette – Solicitor, 7th Judicial Circuit (via email only)
Michael A. Berry, Esquire (via email only)
Robert M. Dudek, Esquire (via email only)
Logan Y. Royals, Esquire – SCDMH (via email only)
Victim Advocacy Division