

STATE OF SOUTH CAROLINA
In The Court of Appeals

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APPEAL FROM SPARTANBURG COUNTY
The Honorable J. Mark Hayes, II, Circuit Court Judge

SC Court of Appeals

Appellate Case No. 2025-000914

THE STATEAPPELLANT,

v.

CASEY DOUGLASRESPONDENT.

RECORD ON APPEAL
Volume 1 of 2

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1 STATE OF SOUTH CAROLINA)
2 COUNTY OF SPARTANBURG) IN THE COURT OF GENERAL SESSIONS

3 The State,)
4 -vs-) TRANSCRIPT OF RECORD
5 Casey Allen Douglas,) 2018-GS-42-6403;6404
6 Defendant.) August 18, 2023
7) Spartanburg, South Carolina
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9

10 B E F O R E :
11

12 HONORABLE J. MARK HAYES, II, JUDGE
13
14

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(Proceedings August 18, 2023)

THE COURT: We're here on the matter of Casey Douglas,
here pursuant to South Carolina Code Section 44-23-460.

And I will turn the matter -- I believe that we've had
a brief conference in chambers with the attorneys
representing the defendant, the department and also the
state. And I believe Mr. Barnette has a motion that he
wanted to place on the record.

MR. HALL: Yes, Your Honor. May it please the Court.

Your Honor, I'd like to ask for a countenance in this
matter.

Your Honor, I know it's been scheduled and we've taken
time, I mean, obviously being trying to schedule it for a
while.

However, I just received a document last night. It
was emailed to me at 4:23. I didn't actually open it until
after 5:00 o'clock. At that time it was a threat
assessment that was given to us, Your Honor.

I would like to at least have one more witness
available in this case. It'd be Mike Prodon [sic] and
maybe other witnesses based off that, Your Honor, in this
situation.

I believe it needs to be -- I know we're scheduled for
a Blair hearing today, but be fully discussed with that. I

1 know what the department of mental health's position is
2 that this is not a competency document, but I believe based
3 off that information that they're giving us to release him,
4 I believe it needs to be fully vetted from that standpoint,
5 because, like I said, it is -- I know Your Honor knows this
6 is a very serious case from that standpoint, and my
7 position is based off what I've seen of it he's competent
8 in this situation, especially with the threat assessment
9 from there, and I won't go into detail with that because I
10 know with our previous discussions, Your Honor, but I'd
11 like to ask for a continuance in order to fully vet this
12 before we go forward with this hearing.

13 THE COURT: All right. Thank you, sir.

14 MR. BARNETTE: Thank you.

15 MR. ROYALS: May it please the Court, Your Honor.
16 Logan Royals for the department of mental health.

17 We oppose the solicitor's motion on this one, Your
18 Honor. We've had this requested now for the better part of
19 two years regarding this request for Mr. Douglas to be
20 released pursuant to his competency.

21 Your Honor, the final risk assessment that Solicitor
22 Barnette is referring to does nothing more than bolster the
23 recommendation that the department's already been making
24 for the better part of two years.

25 Your Honor, it has absolutely no bearing over Mr.

1 Douglas' competency, and we think it would be prejudicial
2 to both the department and Mr. Douglas himself if we were
3 to continue today's hearing.

4 THE COURT: Yes, sir.

5 Mr. Hall.

6 MR. HALL: Thank you, Your Honor.

7 On behalf of Mr. Douglas, he wants to go forward as
8 quickly as possible and get a resolution in this, and he
9 would object to a continuance. We want to do what we can
10 to get done. Thank you.

11 THE COURT: Is anything in reply?

12 MR. BARNETTE: Your Honor, the only thing that would
13 be in reply would be this. I know they want to go forward
14 with it, but, obviously, the victims' families, and the
15 victim, it'd be highly prejudicial for this matter.

16 I know the Court takes this very seriously. I
17 understand that, and I think that we need to be fairly
18 represented on that.

19 And, like I said, they keep talking this threat
20 assessment. They're using it as part of their case to show
21 that he should be released on P.R. bond, which they
22 submitted to Your Honor also. And, obviously, it's going
23 to be very hard to go forward on everything with what they
24 just supplied us in this. I don't know why the report
25 wasn't given to us earlier, but we're at where we're at.

1 Thank you, Your Honor.

2 THE COURT: Thank y'all very much.

3 Thank you for the arguments and the positions. We had
4 a brief discussion in chambers about the receipt of the
5 report.

6 The Court has not reviewed the report. It came to my
7 office but was not provided to me. It went to a member of
8 my staff. I have not opened it yet.

9 In talking and discussing the case with the attorneys
10 the Court's decision is going to be not to grant the
11 continuance but going to proceed with as much of the
12 hearing as we can do today.

13 I do not wish to prejudice the department by not
14 accepting the report at some point, but I do feel like that
15 it would -- it is the fair thing to do to allow the state
16 to have access to the report to use the report in whatever
17 manner that the state would want to use the report. It's
18 left up to their discretion.

19 The Court has been informed that the state desires to
20 share it with an expert witness at some point and to
21 receive information from that expert witness.

22 So the Court's decision, again, is to not to grant the
23 continuance but want everybody to be aware that the
24 additional report can be used by the state in a -- to
25 however they see fit to establish their position on the

1 case.

2 But we're going to go forward with as much as we can
3 recognizing that the department has been asking for this
4 hearing and the Court itself has attempted several times to
5 try to schedule this hearing. So I'd like to get as much
6 of the hearing done as possible.

7 We will probably reconvene in a very short period of
8 time at some point in the future to receive any additional
9 information, i.e., a witness that the state might desire to
10 present concerning the additional -- concerning the report
11 that was received last night. But that'll be the Court's
12 position.

13 Is the department ready to go forward?

14 MR. ROYALS: We are, Your Honor.

15 THE COURT: Yes, sir.

16 MR. ROYALS: Thank you, Your Honor.

17 As indicated, Mr. Casey Douglas was found not
18 competent to stand trial on two murder charges, as well as
19 a possession of a weapon during a violent crime back in
20 2020.

21 Your Honor, he was admitted to the department in
22 November of 2020. He's been in continuance care of the
23 department since then.

24 Your Honor, we submitted a request for a hearing back
25 in August of 2021 for Mr. Douglas' release pursuant to

Dr. Matthew Gaskins
Direct examination by Mr. Royals

1 44-23-460.

2 This case has been percolating since that time as
3 indicated.

4 Your Honor, by statute the Court has to make an
5 inquiry into the defendant's competency. To that end, I'm
6 going to be calling Dr. Matthew Gaskins. He's the doctor
7 that did both the initial and the most recent competency
8 evaluation for Mr. Douglas.

9 THE COURT: You're to call him now?

10 MR. ROYALS: Yes, sir.

11 THE COURT: Doctor, just come right up here. Let the
12 clerk of court swear you in. She's going to bring you a
13 Bible, or should be a Bible over there.

14 DR. MATTHEW GASKINS, having
15 been first duly sworn, testified as followed:

16 THE COURT: Doctor, just be careful. Step up there
17 and have a seat in the chair, and pull the chair up to the
18 microphone. If you need to move the microphone, do it
19 gently. It's a little fragile. I think you should be
20 okay.

21 THE WITNESS: Thank you, sir.

22 THE COURT: Yes, sir.

23 DIRECT EXAMINATION BY MR. ROYALS

24 Q Good morning, Doctor. Would you mind spelling your
25 name for the record?

1 A Yes. My name is Matthew Gaskins. M-A-T-T-H-E-W
2 G-A-S-K-I-N-S.

3 Q And, Dr. Gaskins, how long have you been a doctor?

4 A I graduated medical school and received my doctorate
5 of medicine in 2010.

6 Q And where did you go to school for undergrad as well as
7 doctor?

8 A I'll just walk you through my education history if
9 that's okay.

10 So I obtained my bachelor's of science in exercise
11 science from the University of South Carolina in 2005.
12 After that I enrolled at the University of South Carolina
13 School of Medicine, which I completed in 2010.

14 Following that I enrolled in a residency program for
15 general psychiatry through what was then known as Palmetto
16 Health, now Prisma Health, in the University of South
17 Carolina School of Medicine. It's a 4-year program, the
18 last year of which I served as the chief resident in general
19 psychiatry.

20 Following that completion in 2014 I did an additional
21 fellowship in forensic psychiatry, which was completed in
22 2015.

23 I completed my board certifications for general
24 psychiatry in 2014 and forensics in 2015. Currently
25 licensed to practice medicine in the states of South

Dr. Matthew Gaskins
Direct examination by Mr. Royals

1 Carolina, Vermont and New York.

2 Q Thank you, Dr. Gaskins.

3 And what professional organizations are you a member
4 of?

5 A What is referred to as AAPL. That's A-A-P-L, which is
6 the American Academy of Psychiatry and the Law. The
7 American Psychiatric Association; South Carolina
8 Psychiatric Association.

9 Q Thank you, Dr. Gaskins.

10 Could you give us just a brief history of your work as
11 a psychiatrist?

12 A Currently, I run a -- I'm a founding partner of a
13 practice in Columbia called Southern Psychiatry. I'm there
14 two days a week performing just general clinical
15 psychiatry.

16 I provide services through what's known as their Y.O.Y.
17 Clinic or the H.I.V. Clinic at Prisma where I provide
18 psychiatric care for individuals with H.I.V.

19 And then I perform forensic evaluations for the
20 department of mental health for the states of South
21 Carolina, primarily, but also in the states of Vermont and
22 New York.

23 Q Thank you, Dr. Gaskins.

24 MR. ROYALS: Your Honor, based on this testimony I
25 would move to have Dr. Gaskins qualified as an expert in

1 the field of forensic psychiatry.

2 THE COURT: Forensic psychiatry?

3 MR. ROYALS: Yes, sir.

4 THE COURT: Any questions to the witness concerning
5 his qualifications from the state?

6 MR. BARNETTE: None from the state, Your Honor.

7 THE COURT: Any from the applicant, I mean, Mr.
8 Douglas' lawyer?

9 MR. HALL: None, Your Honor.

10 THE COURT: Yes, sir. You may proceed as he'll be
11 qualified in that area.

12 MR. ROYALS: Thank you, Your Honor.

13 BY MR. ROYALS

14 Q Dr. Gaskins, you mentioned earlier that you do
15 occasional competency evaluations for the department of
16 mental health. Have you done a competency evaluation for
17 the defendant Casey Douglas?

18 A I have. I've done a total of 574 competency
19 evaluations for the Department of Mental Health of South
20 Carolina, and I have evaluated Mr. Douglas three times.

21 Q What was your -- what were the results of each of those
22 three evaluations regarding his competency?

23 A It was my opinion that he lacked the capacity to stand
24 trial.

25 Q Okay. Thank you.

1 Dr. Gaskins, to your knowledge where does Mr. Douglas
2 currently reside?

3 A He's in a facility on Farrow Road in Columbia, South
4 Carolina, referred to as Bryan Psychiatric Hospital
5 Forensic Unit.

6 Q Okay. And as part of your most recent evaluation of
7 his capacity to stand trial did you meet personally with
8 Mr. Douglas?

9 A Yes. One of the most important parts of a competency
10 evaluation is assessing a person directly.

11 Q Approximately how long in this most recent time did you
12 meet with him face to face?

13 A It was an hour and 20 minutes, the most recent time.

14 Q Dr. Gaskins, you're referring to your report that has a
15 cover letter of January 12th of 2022.

16 A Yes.

17 MR. ROYALS: Your Honor, I would move to have this as
18 the department's exhibit No. 1.

19 THE COURT: Any objection?

20 MR. BARNETTE: Your Honor, I don't have an objection
21 to the report, but items in the report, obviously I'll
22 cross-examine him on that.

23 THE COURT: Okay. Any objection, Mr. Hall?

24 MR. HALL: None, Your Honor.

25 THE COURT: Yes, sir. It may be admitted.

1 Do you have one for the court reporter?

2 MR. ROYALS: Yeah.

3 (Report marked Department of Mental Health's Exhibit
4 No. 1.)

5 Q Dr. Gaskins, to your knowledge -- Dr. Gaskins, looking
6 at page two of the report of the department's Exhibit No. 1,
7 what information did you utilize in coming up with your
8 diagnostic -- with your impression of Mr. Douglas' capacity
9 to stand trial?

10 A Well, there are several items outlined in the source
11 of the information. Most of it is provided in what we call
12 the case report or the police report, which includes such
13 things as the incident report, witness statements, arrest
14 warrants. And for Mr. Douglas, in particular, there were
15 also a couple of audio recordings that were supplied.

16 Q Did you review all of those you just mentioned?

17 A I did. Everything that was sent.

18 Q Understood.

19 Why is it important to have -- a moment ago you
20 mentioned how important it is to meet with the individual
21 face to face. Why is it important to have physical
22 documentation or audio recordings when you're making a
23 capacity determination?

24 A Well, it's not necessary for the audio recording
25 because those are not supplied in all cases.

1 It is important for you to understand the basic
2 allegations. Part of when you're assessing the capacity to
3 stand trial -- I use that word capacity to stand trial as
4 that's the clinical term whereas competency is the legal
5 term, but they're essentially synonymous, but a doctor can't
6 find someone competent or not competent. We can only find
7 someone to pay the capacity or not.

8 So that semantics aside, you have to understand the
9 basic allegations against somebody to assess a person's
10 rational and factual understanding of the charges against
11 them. So you have to know what they're being accused of to
12 make sure that they can understand what they have -- that --
13 make sure that they understand what they've been accused of.

14 Q And on that note whenever you're both interviewing the
15 individual as well as preparing the documentation, what kind
16 of things are you looking for to determine whether or not
17 somebody has, as you indicated, their capacity to stand
18 trial?

19 A Well, as far as that goes, you're looking for the
20 allegations specifically, and then when you ask the
21 individual being accused, you're asking not only if you
22 know what you've been accused with, do you know the name of
23 your charge, do you know why you've been accused of it.

24 You're also assessing their rational understanding,
25 meaning, you know, we don't really assess anyone's legal

1 strategy, per se, but we have to make sure that it's a
2 reality based legal strategy.

3 So, for instance, if we are evaluating somebody who's
4 been accused of, let's say, stalking and they say, yes, I
5 know I've been accused of stalking because I made unwanted
6 contact with this individual, and they say but what you
7 don't realize is that when they cut on the bedroom light for
8 the living room light, that's a secret indication that they
9 really want me to pay attention to them.

10 And that individual might ask their defense attorney to
11 pursue proving that as a legal strategy. In that case you
12 would say that they have a factual understanding of the
13 charge against them but they lack a rational understanding
14 of the allegations themselves.

15 Q And could a mental illness be a reason for that lack of
16 a rational understanding?

17 A As far as the department of mental health is
18 concerned, that's what we're looking at, is whether or not
19 it's based on a mental illness or not. And so yes.

20 Q When you were analyzing Mr. Douglas, what mental
21 illness did you determine that he currently carries or at
22 the time carried?

23 A Well, during the first evaluation way back in 2019,
24 there was a provisional diagnosis of schizophrenia, which I
25 think is bore out -- I did confirm -- through his kind of

1 treatment, and certainly that's my opinion from these
2 subsequent evaluations as well. So the diagnosis being
3 schizophrenia.

4 Q And for a lay person maybe that did not go to medical
5 school, what does schizophrenia entail?

6 A Schizophrenia is when an individual experiences what's
7 known as psychotic symptoms.

8 Examples of psychotic symptoms include delusional
9 thinking, could be auditory/visual hallucinations,
10 disorganized thoughts, disorganized behavior and what we
11 refer to sometimes as the negative symptoms of
12 schizophrenia, which would include stuff like laughing
13 expression. We call that a flat affect. Poverty of speech
14 or spontaneous speech, things of that nature.

15 And for schizophrenia that means to be present for at
16 least six months and without any other explanation such as a
17 person was intoxicated on a mind-altering substance or
18 suffering severe depression that was causing them to
19 experience those symptoms, things of that nature.

20 Q So whenever you're analyzing somebody for capacity to
21 stand trial, how could schizophrenia impact their capacity
22 to stand trial?

23 A Most often it's because either they have a delusional
24 belief system that caused them to fail to appreciate the --
25 the reality-based accusations that they're facing. They're

1 experiencing auditory hallucinations which makes it
2 impossible for them to pay attention during -- during
3 potential court or interviews, or that they have the
4 disorganized thinking I referred to earlier which would
5 make it hard for them to observe, let alone participate, in
6 their own defense if they chose to testify, for one, but
7 also just the ability to sit next to the attorney and
8 listen to the evidence being presented so that they can
9 help and say, you know, that is not exactly how it happened
10 and guide their attorney on how to cross-examine.

11 Q Understood.

12 And for Mr. Douglas specifically, how did his
13 schizophrenia impact his capacity to stand trial?

14 A The main things throughout the three interviews that I
15 had with him was the persistence of a delusional belief
16 system which impaired his ability, I think, to work with an
17 attorney in forming a reality-based defense.

18 Mr. Douglas employed several persecutory, grandiose and
19 hyper religious delusions, and one of the more prominent
20 ones was that belief that he would be vindicated from a
21 higher power during any potential court or trial.

22 So one of the things I always kind of ask is, you know,
23 what do you think is going to happen, what do you expect to
24 happen in a case. And throughout all of the interviews it
25 was essentially that whatever happens, God will protect him.

1 And I think he even used the words whisper into the judge's
2 ear to make sure that he would be safe, which is not
3 reality-based legal defense.

4 Q In your estimation how would that affect his ability to
5 meaningfully interact either with his attorney or with the
6 Court?

7 A Well, I think it could interfere in a couple of
8 different ways.

9 One of -- the biggest one, again, is being able to pay
10 attention during court, listen to the testimony yourself as
11 the defendant and assist your -- your attorney in -- in
12 figuring out a good way to challenge any evidence that might
13 be presented.

14 But you have an underlying belief that no matter what's
15 going to happen, in the end when it comes time for the
16 verdict that there's going to be a divine intervention.
17 That person's just not going to probably care as much during
18 the trial because they're going to believe that everything
19 is going to be okay.

20 So I believe the belief in a predetermined outcome and
21 the inability to follow the court testimony would be a
22 pretty big detriment to trial, and also his insistence on
23 having his attorney prove some of the delusions which can't
24 be done would interfere with the ability to work
25 appropriately with his attorney.

1 Q Understood.

2 Dr. Gaskins, to your knowledge did Mr. Douglas go
3 through any competency restoration services with the
4 department?

5 A Yes. When I initially saw him, again, the diagnosis
6 of schizophrenia was provisional because he didn't have an
7 extensive mental health history to that point that would
8 point to that diagnosis being definitive.

9 So, and from my memory, he was not on any kind of
10 medication or treatment at that time. So it was my opinion
11 that he was likely to be restored, and he was sent to the
12 hospital for restoration where he was given medications to
13 try to get his symptoms under control.

14 And when I saw him following the restoration, he did
15 improve, but he still held on to those delusions which I
16 think was the core part that made him lack the capacity to
17 stand trial.

18 Q And when you evaluated him following his competency
19 restoration period and when you evaluated him most recently
20 back in 2021, if I recall directly, had any of his
21 delusional beliefs improved to the point to where there was
22 any question about his capacity to stand trial?

23 A The most recent eval in last year, 2022, but, no.
24 They had not -- they had not improved to the point where I
25 changed my opinion regarding the capacity to stand trial.

1 Q Understood.

2 As part of your evaluating somebody for capacity to
3 stand trial do you consider things like malingering?

4 A Yes.

5 Q How do you consider malingering in these kinds of
6 cases?

7 A Well, obviously, with pretty much any forensic
8 interview that I do, and especially one with an allegation
9 such as those that are against Mr. Douglas, there is a
10 large motivation to malingering as a way to get out of
11 trouble. Malingering, just for the record, is feigning an
12 illness or exaggerating symptoms of an illness in order to
13 obtain secondary gain.

14 In criminal court it typically is to avoid punishment
15 or avoid prosecution. So we consider it in all of our
16 evaluations that we do.

17 Q And when you're considering malingering, what kind of
18 things are you looking for to make any kind of determination
19 on whether they are or are not malingering?

20 A Well, they do have formal malingering testing that can
21 be done. So if there is a question about it, we can do
22 those types of things.

23 Typically, what I do is I structure my interview where
24 I asked questions. Without giving too many secrets away,
25 it's essentially I ask questions that are relevant to a

1 diagnosis of schizophrenia, and I also ask questions about
2 symptoms that are atypical to see if a person is overly
3 eager to endorse them.

4 So I'll ask nonsensical questions like whenever you
5 hear voices do you taste battery acid in your mouth or
6 something to that effect. And a malingerer will be quick to
7 jump on that and basically overly endorse any sentences they
8 can.

9 And, frankly, whenever an individual is bringing more
10 attention to their symptoms like they'll say didn't you hear
11 what was just said to me, or how can I pay attention with
12 all of these voices talking to me, those could be signs that
13 someone might be malingering.

14 So to answer your question, most of it is based on the
15 clinical interview.

16 Q Understood.

17 And as part of any of the documentation where there are
18 clinical interviews, do you believe that at any point
19 Mr. Douglas was malingering during your evaluations?

20 A I don't think that he was exaggerating or faking any
21 part of his illness.

22 Q Understood.

23 Dr. Gaskins, based on your evaluation do you believe
24 that Mr. Douglas has the capacity to stand trial?

25 A Based on the three evaluations that I saw, at the end

1 of each of the evaluations my opinion was that he lacked
2 the capacity to stand trial.

3 Q Based on those same evaluations do you believe that it
4 is likely that Mr. Douglas will regain his capacity to stand
5 trial?

6 A Based on the last time I saw him my opinion was that
7 he wouldn't. In fact, that's how I wrote the opinion in my
8 report from last year, was that he lacked capacity to stand
9 trial and was unlikely to be restored.

10 Q Understood.

11 MR. ROYALS: Your Honor, that's all the questions I
12 have of Dr. Gaskins.

13 THE COURT: Yes, sir.

14 MR. BARNETTE: May it please the Court, Your Honor.

15 CROSS-EXAMINATION

16 BY MR. BARNETTE

17 Q Do you have a copy of your report that was just entered
18 into evidence, sir?

19 A I do. Mine is the cover sheet, but I do have my
20 report.

21 MR. BARNETTE: May I approach the witness, Your Honor?

22 THE COURT: Yes, sir.

23 Q I just wanted to ask you about this line right here.
24 What did you say on that sir, if you would?

25 A Sure.

1 THE COURT: Tell us what page.

2 MR. BARNETTE: Page nine, Your Honor. It looks like
3 it's paragraph -- it's the third paragraph, I guess.

4 THE WITNESS: Second to last. Starts with, "In
5 summary".

6 Q If you would, read that first line, sir.

7 A And this is the report from January of 2022.

8 Q Yes, sir.

9 A "In summary it is our opinion that Mr. Douglas
10 continues to have --

11 THE COURT REPORTER: Excuse me. Slow down.

12 THE WITNESS: Yes, ma'am. I will. I'm sorry.

13 A I wrote, "In summary it is our opinion that
14 Mr. Douglas continues to have an excellent factual
15 understanding of the allegations against him but continues
16 to lack a rational understanding and does not have the
17 capacity to assist his attorney in preparation of a
18 reality-based defense."

19 Q Okay. So he had an excellent -- he understood what he
20 was charged with.

21 A Factually.

22 Q Yeah. So he understood he was charged with murder.

23 A He knows the name of his charge and he knows for what
24 he's accused of doing to have gotten that charge.

25 Q And you also talked to him about the criminal justice

1 system, is that right?

2 A Correct.

3 Q And he had a pretty good understanding of that too,
4 correct?

5 A As I documented, he had an excellent understanding as
6 far as the role of the solicitor, what guilty means, what a
7 plea bargain is. He did really well on those.

8 Q Okay. So he understands the system.

9 A He understands the factual basis of his charges and
10 the legal system.

11 Q And, obviously, you had the case file --

12 A Yes.

13 Q -- from there. So you knew that he had basically
14 confessed to those, to committing those crimes.

15 A I have -- I have reviewed all the statements including
16 his audio statements.

17 Q And, as a matter of fact, he was found on the front
18 porch when they arrived there, is that right?

19 A I have read the facts of the case.

20 Q Is that correct, sir, what you understand the facts
21 are?

22 A I've read the facts of the case as documented.

23 Q Okay. So you would not disagree with me that they
24 found him on the front porch at the house where the murders
25 occurred.

1 A I don't disagree.

2 Q And you wouldn't disagree with me that he gave a
3 statement to the sheriff's department admitting that he did
4 these murders.

5 A I have reviewed the audio recording, yes.

6 Q Okay. And if I understand, the reason why you're
7 finding him incompetent is -- and just reading your
8 report -- please correct me if I'm wrong -- that he sees the
9 Holy Spirit, that he has a higher voice of God talking to
10 him, is that right?

11 A That's part of it. But, again, I didn't find that
12 he's not competent. I found that he lacked the capacity.
13 I'm not a judge. I can't find someone not competent.

14 Q Okay. So your lack of capacity would be based off his
15 delusions, is that right?

16 A Correct.

17 Q Okay. And his delusions, if I understand right, is he
18 believes in a higher power that's going to save him, is that
19 right?

20 A That was part of it, yes.

21 Q And part it was that there was gangs in Spartanburg
22 chasing after him, I guess.

23 A Yes. The persecutory delusions I referred to earlier.

24 Q And that he was also being recorded at times, is that
25 right?

1 A Yes.

2 Q Doesn't that happen to people in this world today?

3 Isn't there people that believe in the Holy Spirit that they
4 talk to -- you know, that somebody is going to come and save
5 them?

6 A Asking do people have religious faith?

7 Q Yes.

8 A Yes. People have religious faith.

9 Q So they have religious faith. They believe that
10 people -- that God talks to them. Would you agree with me
11 on that?

12 A I don't know what you mean by talk to. Some people
13 refer to that as saying they have a feeling that someone
14 might be speaking to them versus actually hearing the voice
15 of God speak to them.

16 Q But wouldn't you agree that people pray every day?
17 There's people in this world that does.

18 A I'm sure there are people that pray every day.

19 Q And there's people that feel like the Holy Ghost talks
20 to them, don't they?

21 A Yes. People with and without schizophrenia.

22 Q Right. Both. And you've also got gangs here in
23 Spartanburg. Would you agree with me with that?

24 A Yes.

25 Q Wouldn't you agree that -- well, I think his interview

1 was even recorded -- that people do record things?

2 A To which interview are you referring?

3 Q I guess when he gave the statement to the sheriff's
4 department.

5 A Yes.

6 Q So people do record things.

7 A Yes.

8 Q So his delusions are not -- I mean, they're not
9 fantasies from that standpoint. This happens in everyday
10 life through our world.

11 A The difference is that people who are recording for a
12 sheriff's interview, for instance, are Miranized. They're
13 given, shown, a tape recorder. They're shown that
14 everything's being recorded versus someone who believes
15 that random electronics in the house are recording them
16 such as the light fixture, the television, radio or that
17 type of thing.

18 That's where it separates from a reality-based belief
19 that I'm being recorded, as I'm being recorded right now by
20 the wonderful court reporter and the sound system here,
21 versus somebody saying that I was recorded by the exit sign
22 on the way out the door..

23 Q Well, you realize you are being recorded because there
24 is cameras right outside this door.

25 A Not in the exit sign.

1 Q Yeah. But they're right beside the exit sign.

2 A Right. I think you get my point.

3 Q Well, the question I'm asking is he may be mentally
4 ill, say schizophrenia and with a diagnosis of
5 schizophrenia. Is there any other diagnosis that you know?

6 A That is my diagnosis.

7 Q Why is he not mentally ill when you're saying that he's
8 not competent to stand trial? I mean, you're saying he
9 don't have the ability to understand. That's what -- I want
10 to try to understand what you're saying about that. I know
11 the Court does too. Explain to me why.

12 I mean, have you ever listened to jail phone calls of
13 inmates that talk to their family members?

14 A Yes.

15 Q There's times they believe God's going to come and save
16 them. Don't they?

17 A Yes.

18 Q Here's a man that has an excellent understanding of the
19 criminal justice system. He has these delusions, but people
20 every day believe God's going to come and save them.

21 A But I wouldn't say that everyone who has a faith in
22 God is a delusional person.

23 Q I hope not.

24 A What makes it a delusion is that it's outside the
25 cultural norm, which means it goes above and beyond the

1 average belief system that someone might have.

2 So this isn't someone who thinks that I think the Lord
3 will somehow provide a way. It's I believe the Lord will
4 literally whisper into the judge's ear and say find this man
5 not guilty. That is a very big difference.

6 Q Well, let me ask you this question. Isn't there some
7 inmates that believe that, that believe that God's going to
8 talk to the judge and the jury and make them see it the way
9 they see it?

10 A Do you want me to testify what all defendants believe?

11 Q Well, have you had a defendant that believes -- other
12 defendants that believe that God's going to talk to the jury
13 or to the judge?

14 A I've had people of various faith, and I've also
15 interviewed several people who have hyper religious
16 delusions.

17 Q What makes his hyper above everybody else's?

18 A I didn't say it was above everybody else's. There are
19 plenty of other people that I've opined lack the capacity
20 to stand trial for the exact same reason, that they believe
21 there's going to be a divine intervention or they have a
22 hyper religious delusion or fixation.

23 Q Okay. But in this case based on -- and I'm not -- let
24 me rephrase that. He's given a statement that he did this
25 crime. He was found on the front porch. Obviously, there's

1 other evidence involved in this case that shows that he did
2 this. There's -- is his only defense a mental defense?

3 A I'm not an attorney. He has not been convicted of
4 anything yet.

5 Q True.

6 A So far all of this is accusations, right?

7 Q Well, no. I'm saying for a defense. I'm not saying
8 he's been tried or been found guilty. A defense.

9 A Well, that's what I'm saying. But regardless of
10 whether or not he did a crime or did not do a crime, it has
11 nothing to do with his capacity to stand trial.

12 Q But you're -- what you're basing his capacity not to
13 stand trial, is based off his delusions.

14 A And based off his mental illness that he currently
15 has, yes.

16 Q Yeah. The mental illness doesn't affect his ability to
17 go to trial. It might affect what the jury decides if he's
18 guilty but mentally ill or not guilty by reason of insanity.

19 A That's not true. So the ability to stand trial is
20 based on someone's delusions currently.

21 whether or not they were lacking criminal
22 responsibility or the capacity to conform, that's based on
23 their belief system then. Because he still holds the
24 delusion and still wishes his attorney to pursue a defense
25 based on this delusional belief system, that's what leads me

1 to the opinion that he doesn't have the capacity to stand
2 trial.

3 We can't get to the question of whether or not he was
4 criminally responsible or lacked capacity to conform because
5 he's not -- he doesn't have the capacity to stand trial.
6 You can't do that evaluation until the capacity has been
7 determined.

8 Q So you're saying the problem is he can't help his
9 attorney at trial, is what you're saying.

10 A I'm saying that's part of it.

11 Q What's the other part?

12 A That he believes that there will be divine
13 intervention and whisper into the judge's ear.

14 Q But isn't there other people that you've interviewed --
15 I know you said you found different levels -- that has the
16 same belief that somebody's going to talk to the jury or to
17 the judge or both?

18 A No, no. That's not what I testified to. I said the
19 difference between that is there are people who have faith
20 that God will provide and they'll be taken care of or
21 whatever type of thing of that nature.

22 When it gets to the point they believe that God will
23 literally speak to the God -- speak to the judge, the Court,
24 the jury or whoever it is, that's when we have concerns
25 about it being a delusion.

1 And you're right. Somebody could just be a very
2 religious person and be very into their religion and think
3 this is what's going to happen.

4 Coupling that with his other symptoms of schizophrenia,
5 that's what makes us think that this is a delusional belief
6 system and not just someone who's kinda putting on or maybe
7 even exaggerating that on religious beliefs.

8 Q Okay.

9 MR. BARNETTE: One moment, Your Honor, please.

10 (Pause.)

11 Q Do you own a phone?

12 A Do I have what?

13 Q Do you own a phone?

14 A Do I own a phone? Yes.

15 Q What kind of phone is it, sir?

16 A It's an iPhone.

17 Q Doesn't a lot of people believe iPhone is listening to
18 everything we do?

19 A Plenty of people do. Less people believe their alarm
20 clock does.

21 Q But a lot of people believe that cell phones, Alexa,
22 whoever are listening to you, don't they?

23 A Yes. I don't know the same data for the alarm clocks.

24 Q Okay. Well, isn't there cameras throughout cities now
25 that watch people?

1 A Yes.

2 Q Isn't there cameras, like I said, here in the
3 courthouse that watch people?

4 A Yes.

5 Q But what you're saying is based off your opinion that
6 he can't go to trial because he has these delusions that
7 other people do have these feelings, that they're being
8 watched all of the time, that they been talked to by the
9 Holy Ghost, etc?.

10 A It's that and the underlying -- the conspiracy around
11 it. He talks about there being networks of gangs and
12 networks of individuals that are interfering with that
13 going on in Spartanburg County.

14 So it's the conspiratorial belief that accompanies the
15 I'm-being-listening-to. You're right. A lot of people have
16 healthy scepticism that the iPhone in their pocket hears you
17 talk about new sun umbrellas, and the next thing you know
18 you're getting ads for sun umbrellas going on. Yeah. A lot
19 of people believe that, what's going on. And there's some
20 data that proves that.

21 That's very different than someone who is delusional
22 about random devices recording him in his own home, outside
23 of his own home, and reporting back to a large conspiracy
24 against him.

25 Q Well, I know. And you was talking about an exit sign.

1 You're talking about a lamp. You can put listening devices
2 in those, can't you?

3 A Sure. You can.

4 Q So that can be done.

5 A His belief is not that it could be done. It's that it
6 has been done and it has been done by a group of
7 conspirators who are setting him up for the -- for trial.

8 Q But, like you said, I don't know what his previous --
9 you know what his previous history is. Armed robbery, D.V.
10 and things like that.

11 A I reviewed his arrest record, yes.

12 Q And, like you said, he had an excellent understanding
13 of the criminal justice system according to what you
14 testified to.

15 A He knows definitions really well.

16 Q And he's actually pled guilty to serious charges
17 before, hasn't he?

18 A Yes.

19 Q Yeah. The armed robbery and the burglary charges, is
20 that right?

21 A I have to review it, but I'll take your word.

22 Q Yeah. All of that. And I believe a D.V. third after
23 that from there. I know that's in the reports and
24 everything from there.

25 what I'm having a hard time understanding --

1 A I don't know. Why are you having a hard time
2 understanding, I don't know.

3 Q Okay. I haven't figured out -- finished my question
4 yet.

5 A I'm sorry.

6 Q Okay. Is why is his delusions basically a bar to him
7 helping his attorney -- he can talk to his attorney about
8 his facts. He understands the case. He has a great
9 understanding of the criminal justice system. He can tell
10 him, and he can tell his attorney why I have all of these
11 beliefs. The attorney can disregard it and say that's not
12 going to carry the day in here. I need to know why you did,
13 you know, whatever from there.

14 Tell me how his beliefs are going to bar him talking to
15 his attorney to make him understand. And his attorney is
16 going to say, hey, this ain't going to fly, and I'm sure
17 attorneys have done that in the past in these type of cases.

18 How is it going to be a complete bar from his attorney
19 Mr. Hall helping him out?

20 A That is a really great question.

21 So part of it is that he believes that the alleged
22 victims in this case, which we have to refer to them as
23 because we haven't been proven anything yet. But the
24 alleged victims in this, he believes, are part of the
25 conspiracy against him.

1 Part of his defense strategy wants his attorney to
2 prove that they were involved in this conspiracy, right.
3 And you're right that most attorneys would probably say I
4 can't do that, that's not something we can do.

5 By definition a delusion is a fixed false belief that
6 does not respond to evidence to the contrary, so whereas
7 another defendant might say, well, can't we pursue this
8 legal strategy and claim some type of self-defense or
9 something of that nature -- and let me finish my answer.

10 Q Yes, sir. I will.

11 A And the defense attorney says that's not really going
12 to be a good legal strategy, maybe they could go on and
13 say, well, we can come up with an alternative.

14 Someone who is delusional can't. By definition, fixed
15 false belief that doesn't respond to evidence to the
16 contrary.

17 Q Well, let me ask you a question then.

18 His attorney talked to him about defenses. That's not
19 his job. The client's not -- it's not the defendant's job
20 to develop defenses. He might tell the evidence or
21 whatever. But isn't that the defendant -- I mean, the
22 defense attorney's job to do that?

23 A The defense attorney's job is pursue the defense that
24 the defendant wished to put forward.

25 Q Well, and the defense attorney's basically giving him

1 the options from that standpoint.

2 A I don't know. I'm not privy to their conversations.

3 Q Sure.

4 A That's privilege, of course, but the idea that he
5 wants his attorney to pursue a non-reality based defense is
6 what makes it a delusional system.

7 Q But wouldn't you agree with me there's been time, I'm
8 sure, defendants have said this and the defense attorney
9 said that's not going to go, fly, and we need to talk about
10 other defenses from here? That's what their job is, to help
11 talk to them about their potential defenses.

12 A Correct. And people who are not delusional respond to
13 that people. People who are delusional do not.

14 Q Well, wouldn't you agree with me there's a lot of
15 delusional people that's been tried in court?

16 A Yes. The big thing is that -- you're right. A
17 delusional person in and of itself does not render someone
18 incapable of standing trial.

19 The delusion has to be tied to the specific allegations
20 against them or the specific legal strategy they wish to
21 pursue.

22 For instance, if I have a belief that I am Julius
23 Caesar -- that's my delusion. I believe that I'm Julius
24 Caesar and I'm charged with shoplifting and you ask me why
25 are you charged with shoplifting. Because I'm alleged to

1 have gone into a gas station, put a Snicker bar in my pocket
2 without paying for it and left. And a psychiatrist comes
3 and says, well, do you believe in Julius Caesar. Well, yes,
4 sir, I do. I am Julius Caesar but I was arrested because I
5 stole a Snickers bar.

6 So that would be someone who has a current delusion
7 that's not going to get any better based on what I've given
8 you so far but they have a rational and actual understanding
9 of the -- of the current crime of which they've been
10 accused. This case being stealing a Snicker bar.

11 For Mr. Douglas his delusion involves directly the
12 allegations against him and that he believes his alleged
13 victims were tied to this conspiracy that was going on.

14 Q Let me ask you this. You used a Julius Caesar example.
15 That's not true. That can't happen. But gangs in
16 Spartanburg, the Holy Ghost, being recorded, those things
17 can happen. Those are -- those can happen in reality,
18 right? Whereas, the Julius Caesar, we know, is not in
19 reality.

20 A You can prove that?

21 Q What?

22 A That Julius Caesar can't be reincarnated.

23 Q Do you believe in reincarnation?

24 A No. I didn't testify to that. You're saying as a
25 matter of fact that that delusion is unprovable and yet Mr.

1 Douglas' are based on the reality based events.

2 Q well, we know those things can be done. we know that
3 Julius Caesar cannot be reincarnated unless you have that
4 belief.

5 A what do you mean, unless I have that belief?

6 Q well, I'm kind of -- I'm shocked.

7 A How can you do something without having the belief?
8 You said we know that that's not true unless you have that
9 belief. what do you mean -- unless then?

10 Q well, unless you have that belief. I don't know.
11 You're the one that said the reincarnation, not mine.

12 A So if I believe it, then you wouldn't.

13 Q No.

14 A Okay.

15 Q No. At the same time, just because he has these
16 delusions should we believe that this makes him not
17 competent to stand trial?

18 A That's my opinion that his delusional belief system
19 which incorporates all of those things that you said which
20 could be based in reality, the culmination of all of those
21 things together and the totality of the information is what
22 shows that I believe that it is a delusional belief system
23 that would interfere with his ability to participate at a
24 trial.

25 MR. BARNETTE: One moment, Your Honor, please.

1 (Pause.)

2 Q However, you -- when is the first time you ever
3 examined him, in 2019? Is that correct, sir?

4 A Yes.

5 Q And he did get better, is that right?

6 A He improved.

7 Q He improved from that standpoint. Can he continue to
8 improve?

9 A His delusional beliefs, for the record, did not
10 improve very much. It was the other symptoms of
11 schizophrenia, his disorganized thinking, his disorganized
12 speech. Some of those things improved.

13 If you note from the first report that I wrote, he
14 appeared not malodorous. He was disheveled. That's what we
15 call the disorganized behavior, not taking care of one's
16 self, not taking care of one's hygiene, which is a very
17 common symptoms in schizophrenia. That has improved. His
18 delusions remain.

19 Q Okay. And you said they improved a little bit, is that
20 right?

21 A His delusions, I believe. He got to the point where
22 he wasn't spontaneously bringing them up. So they had
23 improved in that regard. But if you ask him about them,
24 they're still there.

25 Q Okay. And was he medicated at the time?

1 A I believe so.

2 Q Okay.

3 MR. BARNETTE: And I believe that's it, Your Honor.

4 Let me check one more thing.

5 (Pause.)

6 MR. BARNETTE: Thank you, Your Honor.

7 Q Thank you, sir, for answering the questions.

8 THE COURT: Yes, sir. Mr. Hall.

9 MR. HALL: Just briefly.

10 CROSS-EXAMINATION

11 BY MR. HALL

12 Q What you're saying his delusion, non-reality based
13 defense that he has that there's some conspiracy when
14 someone that can record you when there's not a camera, can
15 know what you're doing where there's no audio recording
16 being made, no microphone anywhere, that his -- throughout
17 this with the medication and help with schizophrenia, he
18 still believes that this was all set up by those people and
19 he was just a pawn in it basically.

20 A Correct.

21 Q And therefore that belief keeps him from helping me
22 with defending him in a trial because, basically, it doesn't
23 matter. It's -- at the very end God's going to take care of
24 him, not in having faith in it. I know this is going to
25 happen.

1 A That's my opinion, yes.

2 Q And that he can't rationally and in a meaningful way
3 help me defend himself.

4 A Right. And that's the big distinction, is rational
5 and factual. Factual. Do you understand the name of the
6 charge? Yes. But can you come up with a rational
7 explanation for why you were arrested in this case, being a
8 grand conspiracy to set him up. No. He doesn't have a
9 rational understanding.

10 Q Thank you.

11 MR. HALL: I have nothing further.

12 THE COURT: Any redirect?

13 MR. ROYALS: Briefly, Your Honor.

14 REDIRECT EXAMINATION

15 BY MR. ROYALS

16 Q Dr. Gaskins, when you evaluate -- you named over 500
17 evaluations you've done for capacity for D.M.H. Is
18 Mr. Douglas the only person that you have evaluated that
19 endorsed some degree of religious faith?

20 A No.

21 Q Is it fairly common for somebody that you're evaluating
22 to endorse some degree of religious faith?

23 A Some degree of religious faith, I mean, we're in South
24 Carolina. We're in the Bible belt. So, yeah, it's very,
25 very common.

1 Q Good. Would an individual's faith in and of itself
2 render them delusional?

3 A No. And, in fact, just because I looked him up before
4 I came here, it was 574 competency-to-stand-trial
5 evaluations. And the individuals that I opined had
6 capacity to stand trial were about two-thirds -- 385.

7 MR. BARNETTE: Your Honor, I'm going to object at this
8 point. Like I said, it's not relevant to this
9 conversation.

10 THE COURT: All right. Go ahead, sir. Answer the
11 question.

12 MR. ROYALS: Thank you, Your Honor.

13 THE COURT: I'll sustain the objection.

14 MR. ROYALS: Understood.

15 BY MR. ROYALS

16 Q Dr. Gaskins, by your professional estimation, when does
17 somebody's religious belief bleed into the realm of a
18 delusion?

19 A Well, it's when -- it's when there's clinically
20 significant impairment, is that kinda textbook definition
21 of it, meaning that they are basing all of their decisions
22 or basing all of their strategies on this religious belief.

23 And, again, there are plenty of people that pray to
24 God. There are plenty of people that believe that God can
25 impact their life and has an influence over them. But few

1 people believe that they -- that God will speak back to them
2 literally, not send a sign that there's an indication that
3 God was watching out for them but that will literally speak
4 to me or literally speak to others on my behalf.

5 For Mr. Douglas that was the kind of crossing the river
6 comment for me. Once we got to that, that's where it became
7 a delusional belief.

8 Speaking in general for all patients with delusional
9 beliefs, it's kinda hard to do that a person being
10 evaluated.

11 Q Understood.

12 And, Dr. Gaskins, you gave the definition of a --
13 medical definition of delusion earlier. Would you mind
14 stating that one more time?

15 A Fixed false belief that doesn't respond to information
16 to the contrary.

17 Q Okay. Does the fact that something could happen render
18 it not a delusion?

19 A No.

20 Q Okay. When you were saying a fixed -- fixed fact-based
21 situation there, the analyzing of that fact, is that in
22 relation to the defendant or is that in relation to society
23 in general?

24 A It's a little bit of both, because, again, it has to
25 be to with -- to be a delusion has to be outside of

1 societal norms.

2 So if you do come from an area where there does happen
3 to be a high belief in -- not even just religion but any
4 specific belief or social custom that's normal in that
5 society that might sound delusional to an outside society,
6 so, for instance, if someone from the United States goes and
7 does a mission or some type of visit into what's, you know,
8 classically called the Third world or like an underdeveloped
9 country where they might believe in different rituals or
10 seances or eating the bones of this animal, giving special
11 power, to someone from the Western society that might sound
12 out there. It might sound this person's clearly delusional.
13 That's not true, and they're not responding to information
14 to the contrary. But with inside their cultural norms that
15 is normal. So it's not a delusion.

16 So coming back to us again here is it has to be outside
17 of the cultural norms. So you have to look at the societal
18 belief itself and how that relates to the person's
19 personally held belief.

20 Q And when you are evaluating somebody who harbors a
21 delusion that could be factual, what kind of things would
22 you need to see as evidence in order to determine whether
23 that is, in fact, a delusion or not?

24 A Well, for example the -- the I'm-being-recorded, and
25 as the solicitor rightly pointed out, that there are times

1 when we're all recorded, right. We're all recorded by
2 cameras here, and we have iPhones in our pocket and this
3 type of thing that might be recording us. So you would
4 explore it.

5 What you mean you're being recorded? And if they said
6 those types of things, I would say, now, that's -- that's
7 probably normal.

8 What raises it to a level of delusion is when objects
9 that don't typically have recording devices and are being
10 put there by this larger conspiracy.

11 So, again, it's not just that there's a clock radio
12 listening to me. It's the clock radio's listening to me
13 because there is a grand conspiracy against me that is
14 always monitoring me because I'm somehow special or
15 involved. With Mr. Douglas it was his belief that he was
16 being -- he was a special combatant in this spiritual
17 warfare.

18 Q And in your evaluating Mr. Douglas through all of the
19 reports and everything you've looked through, did you see
20 any evidence that would seem to indicate there was, in fact,
21 any kind of conspiracy of a recording against Mr. Douglas?

22 A I didn't do any kind of detective work to determine
23 anything like that, but it's my belief that his -- his
24 statements regarding the conspiracy against him were
25 largely delusional, meaning they weren't real.

1 Q Thank you, sir.

2 MR. ROYALS: That's all I have, Your Honor.

3 THE COURT: Briefly. Anything new that he brought up.

4 MR. BARNETTE: Yes, sir. Just a couple of things from
5 there.

6 RECROSS-EXAMINATION

7 BY MR. BARNETTE

8 Q You're talking about the Rubicon where it came across,
9 was where he was saying that somebody was going to speak to
10 the jurors or speak to the judge. Let me make sure I heard
11 you correct.

12 A I -- with Mr. Douglas that was one of the things that
13 pushed it toward the delusion. It wasn't the sole piece
14 that put it there but that was -- that was part of the
15 decision.

16 Q Well, what -- I don't know what religion you are. Have
17 you ever read the Bible?

18 A I've read the Bible.

19 Q Okay. When Moses goes up on the mountain to talk to
20 God and things like that people do -- I mean, that happens
21 all of the time through the history of Christianity. I can
22 go through time and time again where they -- God talked to
23 different people and to different groups at times. Wouldn't
24 you agree with me on that?

25 A The Bible writes that there's several who have

1 received messages from God.

2 Q Right. So that's not uncommon. People, some people,
3 may say that's a delusion, isn't that right?

4 A Some people might.

5 Q And these recording devices, I know Mr. Hall asked you
6 about this, and I think also Mr. Royals.

7 MR. BARNETTE: May I approach the witness, Your Honor?

8 THE COURT: Yes, sir.

9 Q I believe it's the Amazon website. And that is five
10 cameras within an alarm clock?

11 A Yes.

12 Q And I'm sure I can look over items. It's like lamps,
13 different things like that. So they -- those are available
14 to be spied on, isn't that right?

15 A The difference would be that you would purchase this
16 and put in your room. He believes that other people have
17 gained access to his room and put them in there as part of
18 a conspiracy, not someone who knowingly buys an alarm clock
19 with a spy camera in it.

20 Q Well, don't people do that all the time, puts a
21 recording device in people's rooms and record people doing
22 things?

23 A So are you to assume that in your bedroom at home
24 there's a recording device that other people put in there?
25 That is an atypical belief that someone else has broken

1 into my house and put recording devices in there.

2 sure. Of course someone could do that, but to have a
3 belief that there is a grand cabal conspiracy of all the
4 gangs in Spartanburg County who have united, can't argue
5 over the price of a drug deal but have somehow come together
6 to break into my house to put a camera in there, that's
7 delusional.

8 Q So your position is the two people -- it was the gangs
9 that was doing this and not the two people inside the house?

10 A They were part of the delusion.

11 Q Okay. From that standpoint. But wouldn't that be a
12 sign of mental illness, or is that a sign of mental illness?

13 A What specific?

14 Q The delusions.

15 A Delusions are a sign of mental illness, yes.

16 Q And the mental illness could be something that could be
17 decided in court.

18 A That's not for me to decide. I'm asked to give an
19 objective opinion. I'm hired neutrally. I'm appointed by
20 the judge who appoints it through D.M.H. So I don't have a
21 dog in the fight. I come and give a neutral opinion based
22 on the information that I have. That's the opinion I've
23 given.

24 Q And your opinion is that delusions is what's keeping
25 him from being -- from helping his attorney.

1 A Based on the three evaluations I have, I've done with
2 him, my opinion is that his delusional belief system
3 renders him incapable of standing trial.

4 MR. BARNETTE: Thank you, Your Honor.

5 MR. HALL: Nothing further.

6 MR. ROYALS: Nothing, Your Honor.

7 THE COURT: You may step down. Watch your step as
8 you're stepping down.

9 Is the department ready to call their next witness?

10 MR. ROYALS: Your Honor, related to Mr. Douglas'
11 capacity, that is our only witness regarding the Blair
12 portion of this.

13 THE WITNESS: May I be excused?

14 THE COURT: Okay. Any reason why the witness cannot
15 be excused?

16 MR. ROYALS: None from the department, Your Honor.

17 MR. BARNETTE: Pursuant to our discussions in the
18 back, Your Honor, but at this time he can be excused.

19 THE COURT: He's saying that he might subpoena you
20 back for another hearing, so.

21 THE WITNESS: Yes, sir.

22 THE COURT: Just stay in touch with the lawyers.

23 Mr. Hall, any objection?

24 MR. HALL: No objection, Your Honor.

25 (Whereupon, the witness was excused.)

1 THE COURT: Thank you, sir.

2 MR. ROYALS: Your Honor, based on the testimony Dr.
3 Gaskins gave, the department would move that Mr. Douglas
4 continue to be found not competent to stand trial.

5 MR. BARNETTE: Your Honor, this -- I'm sorry.

6 THE COURT: Yes, sir.

7 MR. BARNETTE: Your Honor, the reason I asked for a
8 continuance, I do have Dr. Bob Nelson, but I may have more
9 concluded from there based off the information I was given
10 yesterday.

11 THE COURT: Okay. Does the state desire to go ahead
12 and present witnesses now?

13 MR. BARNETTE: I would rather wait until a later time,
14 Your Honor, from that standpoint. I'll honor whatever the
15 Court tells me, but that's part of my basis for a
16 continuance.

17 THE COURT: Lawyers approach.

18 (Bench conference held off the record.)

19 THE COURT: Okay. In a brief conference with the
20 attorneys I'm going to stop the proceeding right now, but
21 we will get back together in just -- in short order once
22 information has been able to be shared by the parties.

23 Did the state wish to put something on the record?

24 MR. BARNETTE: Yes, Your Honor. I know one thing that
25 came up about the length of time it took to get this, and I

1 think we all agree. Dr. Gaskin -- it's nobody's fault in
2 this room, but his schedule had been conflicting, and
3 that's the reason why I think it's taken so long to have a
4 hearing. I just wanted to put that on the record. I think
5 both my opposing counsels agree with that, Your Honor.

6 THE COURT: All right. We will stay in touch with
7 each other. Stay in touch with the Court. I will do the
8 same with all. Thank y'all very much.

9 END OF REQUESTED TRANSCRIPT OF RECORD
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10 I do further certify that I am neither of kin, counsel
11 nor interest to any party hereto.

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20 Linda D. Moffitt
Circuit Court Reporter

1 STATE OF SOUTH CAROLINA)
2 COUNTY OF SPARTANBURG) COURT OF GENERAL SESSIONS

3
4 STATE OF SOUTH CAROLINA,) TRANSCRIPT
5 PLAINTIFF,) OF
6 vs.) RECORD
7 CASEY DOUGLAS,) 2018-GS-42-603
8 DEFENDANT.) 2018-GS-42-604

9
10 November 22nd, 2024
11

12 B E F O R E:

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

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17 SOLICITOR
Attorney for the State

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24 Pamela E. Green
25 Circuit Court Reporter

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P R O C E E D I N G S

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

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

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

THE COURT: I can not see you.

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

THE COURT: Okay. I can see you now.

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

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

I know we've got -- I think we've got some people that will testify, and what we'll do is we'll bring the people who are gonna testify -- you'll let me know who 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'

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 bases (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

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

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:

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

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.

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.

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

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

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.

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,

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

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

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.

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.

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.

Robert Nelson - Direct examination
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.

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.

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

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.

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

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

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.

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.

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

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---

Robert Nelson - Cross-examination
By Mr. Royals

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.

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.

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

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

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.

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

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

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

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?

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

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

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

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

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

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

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

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:

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.

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

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.

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.

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

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

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

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.

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:

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

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

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, it 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

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

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.

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.

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

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 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 Abilify. So he is

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

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.

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

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

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?

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

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

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---

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.

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,

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.

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?

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.

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?

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?

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.

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.

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

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

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

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

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

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---

1 Q. Good.

2 A. ---as far as I'm concerned.

3 Q. Did you communicate any of your bases 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 keep 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

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

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.

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

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

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

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

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

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.

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.

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?

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

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

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.

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

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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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



PAMELA E. GREEN, Court Reporter

1 STATE OF SOUTH CAROLINA)
2 COUNTY OF SPARTANBURG) COURT OF GENERAL SESSIONS

3
4 STATE OF SOUTH CAROLINA,) TRANSCRIPT
5 PLAINTIFF,) OF
6 vs.) RECORD
7 CASEY DOUGLAS,) 2018-GS-42-603
8 DEFENDANT.) 2018-GS-42-604

9
10 March 19th, 2025

11
12 B E F O R E:

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

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.
Attorney for the Defendant

20
21 LOGAN ROYALS
22 ESQ.
Attorney for the Department of Mental Health

23
24 Pamela E. Green
25 Circuit Court Reporter

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I N D E X

(WHEREUPON, there were no exhibits marked or
testimony taken during this hearing.)

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

2
3 THE COURT: All right. Thank y'all for coming to
4 Spartanburg.

5 All right. I have we're here on the matter of the
6 State of South Carolina versus Casey Douglas. We're here
7 on cross-motions for reconsideration that's been filed by
8 the State and also filed by the Department of Mental
9 Health. I think I received the State's first.

10 So, I would propose let's address the State's first
11 and then they sort of overlap. So, if you want to argue
12 both of them as you go through, that will be great.

13 Be more than happy to hear from you.

14 SOLICITOR BARNETTE: May it please the Court, Your
15 Honor.

16 I filed a motion of reconsideration, Your Honor. I'd
17 ask to incorporate that into the argument. I think it's
18 227 pages. Not trying to go through every page or
19 everything but I want to go ahead and enter that and make
20 it a part of the record.

21 THE COURT: Yeah, my understanding is all of your
22 attachments have already been introduced as part of the
23 record of this, of -- of this case.

24 SOLICITOR BARNETTE: That's correct, Your Honor.

25 THE COURT: Okay.

1 SOLICITOR BARNETTE: I believe that's -- well, not
2 one of them. I think Exhibit 6 was not.

3 THE COURT: What was Exhibit 6?

4 SOLICITOR BARNETTE: It was the care center where
5 they're sending proposed -- in Aiken to send Mr. Douglas
6 to, Your Honor.

7 THE COURT: Okay. Well, a motion for
8 reconsideration, new matters are not suppose to be
9 presented.

10 SOLICITOR BARNETTE: I understand, Your Honor. But I
11 think you'll understand what I -- through my argument why
12 I'm making -- including that.

13 THE COURT: I do want you to understand that, that,
14 according to due process, this case has already -- this
15 will be our one, two, three -- our fourth hearing.

16 And so, on motions for reconsiderations, new matters
17 are not supposed to be presented. But it will be made a
18 part of the record of this case.

19 So you may proceed.

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

21 THE COURT: Uh-huh. (Affirmative).

22 SOLICITOR BARNETTE: Your Honor, the first argument
23 we would do, Your Honor, on a motion to reconsider was
24 obviously you heard from Doctor Maddox. She's well known
25 here in the state and everything and, to summarize,

1 basically she said that he was not ready for release based
2 off her opinion, that he -- she (sic) needed to be placed
3 in for a six month more period obviously to be reevaluated
4 on and looked at -- and we would argue that will be part
5 of the reason why we'd ask you to reconsider your order in
6 this case and not to release the, the defendant in this
7 case, Your Honor.

8 Doctor Cawood, basically he said he was a high threat
9 to others, Your Honor, and questioned the findings of
10 Doctor Frierson including the assessment that he used, the
11 Historical Claim of Risk of Management 20 Assessment.

12 One of the things he said it -- there wasn't any risk
13 factors then. He had seen other cases, obviously he's
14 testified, and worked with before that had those risk
15 factors. But it was not found in Doctor Frierson's
16 analysis. And he felt like that Doctor Frierson's
17 analysis was flawed because of that, Your Honor.

18 Captain Mike Prodan, Your Honor, discussed the crimes
19 at issue in this case as well as the danger that's -- he
20 posed and the high risk of balance. And one thing he was
21 very concerned about was the way at the crime scene where
22 he had actually, at the front door, made it appear to look
23 like a break-in occurred.

24 So, obviously he knew what he was doing. He knew
25 what -- that it was wrong and everything from that

1 standpoint and he just wanted to make sure the Court knew
2 about that, Your Honor.

3 The other point we want to point out was DMH is
4 suppose to be a neutral party and I believe you've seen,
5 throughout this, they've been an advocate for Mr. Douglas
6 from day one. Basically his own attorney, Mr. Hall, which
7 I don't -- not blaming Mr. Hall for this but he's asked
8 very few questions in both these hearings and he's not
9 needed to because the mental health is the one pushing the
10 position from Mr. Douglas.

11 And Doctor Gaskins, even in his testimony on
12 November 22nd, 2024, as well as in his report, says that
13 Mr. Douglas still has delusions. Very similar, I guess,
14 to what he had when the murder occurred and basically he,
15 you know, he put that on the record. I mean that's in the
16 transcript obviously.

17 But Doctor Alleyne and Doctor Frierson minimized his
18 report and his testimony basically in a position that they
19 wanted to -- he felt like that he should be released to
20 this group home in Aiken, Your Honor, and we believe
21 Doctor Alleyne showed bias in her testimony. And
22 obviously her testimony about the court system, about the
23 proceedings and everything, showed that she was very
24 biased from that. She felt like he should of been
25 released a year and a half ago before the hearing from

1 that standpoint.

2 And, number five, and I understand the judge -- the
3 Court's position. But we had questions about the
4 residential care facility he's being sent to. It's
5 basically a nursing home from what I understand. And I
6 believe that's a question from there, the safety of others
7 at that facility as well as Aiken and others.

8 And we have concerns about their, their
9 reconsideration motion. If you look at it, Your Honor,
10 they, one day, want to make him independent. They felt
11 like that the, the -- what you ordered restricted him from
12 the standpoint -- I know you asked for GPS monitor. They
13 said we can't do that.

14 They wanted Doctor Alleyne, which I understand why
15 you want to keep his care going consistently from where
16 he's been to continue it in Aiken if he would go there,
17 they did not want her going there. They felt like that
18 the people at the mental health there at Aiken should take
19 care of it and we just have concerns about that.

20 Now, obviously they want to -- and they say ensure
21 restrictions of the residential patient's liberty
22 complying to those minimally necessary to establish
23 therapeutic, you know, therapeutic objections for the
24 patient.

25 Well, Your Honor, the problem is they feel like that

1 he should be independently left out. If that's the case,
2 he should be competent. If he's competent, he should be
3 tried for the murder cases that he's been charged with
4 from there. And we have all kind of concerns about that,
5 Your Honor, from that standpoint, the safety of those
6 people there, the safety of others from there.

7 Then Doctor Robert Nelson also testified, Your Honor,
8 and he was concerned about the testing for malingering or
9 faking in this case. He had concerns about the
10 interpretation of the delusions described by DMH and used
11 that -- and he said the delusions could be rationally done
12 where he talks about people watching him all the time on
13 cameras.

14 Well, that can be done. People can listen to him on
15 the phone. We have Siri listening to you. I can keep
16 going through all that, Your Honor. I know you've heard
17 it before.

18 But the delusions they're doing is like he's talking
19 about God. I mean people believe in God every day, and,
20 from our standpoint, the delusions we don't think makes
21 him incompetent from that standpoint.

22 And, Your Honor, basically they argue that he should
23 be released on his own at some point.

24 How -- if he's not gonna be restored to competency,
25 we're gonna turn an incompetent person out in the public?

1 And, to me, he needs to be reevaluated at that point
2 from that standpoint.

3 So, we would ask, obviously, him not being released
4 at this point. We would ask that, obviously, if he is
5 gon' be released, that obviously the conditions that you
6 ask for in your order be followed through. But also, if
7 he's gon' be released independently to go work or do
8 whatever he's going to do, we feel like he needs to be
9 reevaluated again cause obviously they think they've
10 restored him to competency to be able to release him into
11 the public to work and to be out in the public.

12 And, therefore, we feel like we should be able to go
13 forward with our murder charge at that point especially
14 having him reevaluated by an outside agency, not DMH, but
15 by somebody else cause I think they have shown bias in
16 their own testimony and through what they've done in this
17 case even contradicting their own expert, Doctor Gaskins,
18 with their testimony through the other two doctors.

19 And, Your Honor, I'd like to reserve the right to
20 respond to them, Your Honor, at the appropriate time.

21 THE COURT: All right. Thank you.

22 SOLICITOR BARNETTE: Thank you, Your Honor.

23 THE COURT: Who wants to go first?

24 Mr., Mr. Royal (sic)?

25 MR. ROYALS: Thank you, Your Honor.

1 THE COURT: Mr. Royal, help me out one second.
2 Refresh my memory.

3 You made an argument that the Department of Mental
4 Health was obligated to, I might be using the wrong word,
5 but you referenced a code section.

6 What was the code section when you -- when I took it
7 that you felt like the Department of Mental Health was
8 obligated under the code section to go forward with his
9 transfer?

10 MR. ROYALS: Yes, Your Honor. It's 44-22-50. That
11 is what mandates we treat somebody in the least
12 restrictive means, Your Honor.

13 THE COURT: Okay. All right. Cause I'm gonna have
14 some questions about that least restrictive means and, and
15 let me tell you where my background comes from.

16 When I was in private practice, I did a lot of -- I
17 did a substantial amount of education work. There were --
18 94-142 with dealing with the education of handicapped
19 children.

20 And we -- so the concept of least restrictive
21 environment and -- is, is not completely foreign to me. I
22 won't say that I understand it from a mental health
23 position. But I, at least, have some appreciation of
24 that, of that requirement under the law.

25 And one of the things that you've raised in your

1 motion that I am concerned about is that you've taken away
2 the Court's ability, as a hearing officer would do in
3 reviewing a, a -- someone who is, who is entitled under
4 the law to be served in the least restrictive environment,
5 taken away the opportunity for the supervising officer
6 like me to be able to subjectively -- objectively review
7 the recommendations by the professionals and then impose
8 an additional requirement understanding that person needs
9 to be served in a least restrictive environment. But yet
10 you want to take away my desire that he continue to be
11 monitored through some type of electronic device.

12 I understand that your position is, in your filings,
13 that the Department of Mental Health does not have that.
14 But that mechanism is out there.

15 In the criminal justice system, we have, we have
16 service providers of those electronic devices all over the
17 State of South Carolina. So I -- one of the things that
18 you need to address to me is why can not the Department of
19 Mental Health provide that and just go to one of those
20 service providers.

21 MR. ROYALS: Certainly, Your Honor, and thank you for
22 the, the information on that one.

23 Your Honor, specifically, as you read through in our
24 motion, we've had three specific concerns as related to
25 the, the order that we're asking for reconsideration on.

1 Your Honor, one, that you indicated there was the,
2 the idea of least restrictive means for Mr. Douglas in his
3 treatment.

4 Your Honor, really I think that affects Condition 8
5 and Condition 11 of the order. That would be the
6 condition related to Doctor Alleyne being a continuing
7 member of the treatment as well as Condition 11, the
8 disallowance from leaving the facility without any kind of
9 accompaniment.

10 Your Honor, you also mentioned Condition 12, the GPS
11 monitoring.

12 Your Honor, as, as it relates to Doctor Alleyne, she
13 is the chief medical provider at the state's only forensic
14 hospital. They do discharges not dissimilar to the one
15 that Mr. Douglas does somewhat routinely.

16 It is most common, and I would say most appropriate,
17 Your Honor, for the treating psychiatrist in the catchment
18 area where the individual goes to, to provide that
19 treatment and be the actual person that, that the patient
20 interacts with. That is really very important for their
21 continued treatment, Your Honor, to actually develop that
22 relationship with the doctor in the place they're going to
23 be served locally in that kind of situation, Your Honor.

24 Now, we fully admit that Doctor Alleyne will, will be
25 necessary for that transition, for consulting.

1 Your Honor, we think that it is most appropriate,
2 both therapeutically and legally, for Doctor Alleyne to be
3 having those conversations with the treating psychiatrist
4 locally at the Aiken/Barnwell center, Your Honor.

5 Related to the disallowance to leave without
6 accompaniment, Your Honor, we, we do feel that the order,
7 in some ways, references it -- itself and, and, and it
8 creates a bit of a, a Catch 22 for, for Mr. Douglas'
9 situation as well as the department kind of overseeing his
10 treatment, Your Honor, it -- with Mr. Douglas being
11 disallowed to leave without any kind of a timeframe,
12 without any kind of a -- without accompaniment.

13 Your Honor, you also indicate that he needs to be
14 cooperating with any kind of job skills or job training,
15 Your Honor, and complete disallowance from being able to
16 go anywhere without accompaniment would severely hinder
17 that if not outright stop it.

18 And, Your Honor, it's, it's -- for individuals that
19 are going through treatment on an outpatient basis, the
20 ability to learn to live independently and to interact out
21 with the public, it is a necessary skill in understanding
22 their own mental illness as well as how to survive in the
23 world frankly.

24 And, Your Honor, related to GPS monitoring, as you
25 indicated, our order or our motion that is indicated that

1 we do not -- we don't have any kind of specialties or
2 skills in running these kinds of things, Your Honor.
3 Moreover, Your Honor, we, we, we don't have the funds
4 particularly allocated for those at, at that, and, Your
5 Honor, we do have the *State versus Bellardino* decision
6 from the South Carolina Supreme Court. That was from
7 2020.

8 Your Honor, in that decision, the Supreme Court
9 indicated that, while certain courts have powers to order
10 state agencies to, to do things, that would be somewhat
11 similar to Mr. Douglas' situation here, that they do not
12 necessarily have the authority to mandate the, the, the
13 paying for those kinds of things unless it's otherwise
14 been funded by the Legislature.

15 Your Honor, we---

16 THE COURT: So, you're saying that if I view
17 Mr. Douglas as being an individual that would pose a
18 danger to the community, if I accept the Department of
19 Mental Health's recommendation that he be released but
20 except for the fact that he needs to be in some type of
21 monitoring, that then the Department of Mental Health
22 would not go forward with the release based upon my
23 finding that he would be a danger without that supplement?

24 MR. ROYALS: Your Honor, that would be a
25 consideration I would yield to our senior managers.

1 what I can say is that we are already, just like most
2 state agencies, running remarkably low on funds for people
3 that we are trying to treat. This would be a, a financial
4 burden that we would have no end in sight on this one,
5 Your Honor.

6 That, that is our main concern as it relates to the
7 GPS monitor.

8 THE COURT: well, that end in sight coming -- you
9 know, if I take the goal of what I believe the department
10 wishes to achieve with Mr. Douglas, which is that -- get
11 him into a position mentally, health wise, medication wise
12 so that he then can live as independently as possible
13 among the environment of this state without posing a
14 danger to the state, and, and that that is gonna be
15 something that the, the idea that a GPS monitoring is
16 gonna be a permanent requirement is something -- is the
17 same way that any type of service that the Department of
18 Mental Health is gonna provide would be medication,
19 whether it be counseling, whether it be any type of
20 service to Mr. Douglas as he transitions in this process
21 in dealing with his mental health issues, that can always
22 come to an end if it is shown, at some point in the
23 future, that is no longer is needed.

24 MR. ROYALS: Understood, Your Honor.

25 And in these kind of situations at -- with Mr.

1 Douglas in particular, he's already had the restrictions
2 for his movement that's in the order as well.

3 Your Honor, I, I guess the, the department is just
4 merely asking the Court to reconsider whether or not the
5 GPS would be, A, necessary, or, B, tenable given the
6 limited resources the department has to treat other people
7 as well, Your Honor.

8 THE COURT: I, I understand but -- and I am looking
9 at Mr. Douglas though. I'm not doing an analysis based
10 upon -- I, I have an appreciation and I'm not trying to
11 belittle the other services that the Department of Mental
12 Health provides to other clients under their charge. But
13 I'm dealing with Mr. Douglas right now.

14 MR. ROYALS: Understood, Your Honor.

15 THE COURT: Okay.

16 MR. ROYALS: Your Honor, as it relates to the State's
17 motions, as it relates to Doctor Maddox, Your Honor, I
18 have nothing but the highest respect for Doctor Maddox and
19 her opinions.

20 Respectfully, she testified that Mr. Douglas had not
21 maximized his benefits at the hospital and in -- indicated
22 that he feels safe at the hospital. With respect, Your
23 Honor, that is not the standard by which an individual is
24 to remain at the hospital.

25 Under 44-17-580, if -- an individual has to be found,

1 in a clear and convincing manner, to both lack the insight
2 into their illness or be a danger themselves or to others
3 because of their mental issue, Your Honor, and that is not
4 what Doctor Maddox testified to.

5 As it relates to Doctor Cawood, again, Your Honor,
6 even Doctor Cawood indicates himself he never spoke with
7 Mr. Douglas a single time. Same way with Captain Prodan
8 as well as Doctor Nelson, Your Honor.

9 Your Honor, as it related to any perceived bias in
10 this matter, it is our job to try to get people out of the
11 hospital when they are no longer in need of, of, of
12 treatment.

13 Your Honor, that is not just a, a mere tenant of our
14 department. That is statutory under 44-22-50.

15 So, we are trying to get people where they need to be
16 as it relates to the process, Your Honor, and anything
17 related to Doctor Alleyne's testimony related to the
18 criminal justice system was her trying to better
19 understand Mr. Douglas' thoughts and look at even possible
20 delusions as it relates to the criminal justice system as
21 Solicitor Barnette mentioned earlier.

22 Your Honor, as it relates to the place where Mr.
23 Douglas would be going, Generations of Monetta, it is not
24 a nursing home. It is a secure residential care facility
25 that is licensed by the Department of Public Health.

1 Your Honor, I know that because it is owned and
2 operated by the Department of Mental Health. The
3 residences there -- the residents there are entirely like
4 Mr. Douglas, individuals that have come out of the
5 forensic process and are now trying to transition into the
6 community in a, a -- an, an area where they're people like
7 them who they can get treatment and some oversight of
8 their activities of daily living.

9 And, finally, Your Honor, as it comes to any kind of
10 a competency reevaluation the State may be asking for at
11 this point, Your Honor, we've had several of them. In
12 fact, the order from September of 2024 that allowed for an
13 independent evaluation would of allowed exactly that kind
14 of evaluation, Your Honor.

15 Doctor Nelson himself indicated that he did not meet
16 with, with Mr. Douglas. And the *Jackson versus Indiana*
17 case in the Supreme Court, Your Honor, indicates that
18 holding somebody solely based on their lack of capacity to
19 stand trial only goes so long as it takes to reasonably
20 find out whether or not they are likely to regain that
21 competency.

22 Your Honor, the Court does not give any kind of
23 indication as to what reasonable is there. We would argue
24 that 180 days, which is our statute, would be reasonable.
25 But, nonetheless, in that case, Your Honor, they indicate

1 that three years was not reasonable. At this point we've
2 gone close to five.

3 So, we, we would -- we would ask for it to now be
4 kind of competency reevaluation at this time, Your Honor,
5 and ask for Mr. Douglas to be discharged to Monetta.

6 THE COURT: Thank you for that.

7 Let me hear from Mr. Hall cause I might have some
8 more questions for you.

9 MR. ROYALS: Yes, sir.

10 MR. HALL: I'll do my best, Your Honor. I'm having
11 problems.

12 But Mr. Douglas' position is what it's been through
13 all this. If the Court finds he's ready, he's willing to
14 take the next step and abide by whatever conditions are
15 finally decided on and ordered.

16 He is, as I think we've heard several times, he's
17 well aware of his condition. He's on his medication.
18 He's compliant. He -- he's doing what he can and is ready
19 to move on to the next phase whatever that is.

20 But he is, obviously, because I'm here, he's
21 indigent. He doesn't have the resources. But I think, in
22 this situation that he's in, it is on mental health to
23 provide the place and that's what he wants is to move on
24 to the next phase under whatever conditions the Court
25 deems appropriate.

1 THE COURT: Okay. Thank you for that.

2 MR. HALL: Thank you.

3 THE COURT: Let me ask you a couple questions then --

4 MR. HALL: Yes.

5 THE COURT: -- in response --

6 SOLICITOR BARNETTE: Yes, sir.

7 THE COURT: -- the -- my desire, my direction that
8 the and I -- excuse me. Tell me her name again.

9 Doctor Illman (phonetic)?

10 MR. ROYALS: Doctor Alleyne.

11 THE COURT: Doctor Alleyne.

12 All right. My desire, and specifically in focusing
13 on her in saying when he -- if he transitions, she needs
14 to stay a part of it is that I was left with the
15 impression, from the testimony when it was presented to
16 me, that it -- that she was being viewed as somebody okay,
17 I've done my job. It is now time to transfer him
18 physically to a new facility and not -- and, and, and good
19 luck to you.

20 And my -- the reason I focused -- I wanted her to
21 stay part is that I thought there was, there was -- I had
22 a concern that, when dealing with someone in Mr. Douglas'
23 position, that, if the goal of the Department of Mental
24 Health is to assure the transition is productive for the
25 patient, as well as meet the State's goal, which is to

1 provide safety for the community, this needs to be an
2 ongoing and continuing enterprise by the Department of
3 Mental Health in serving Mr. Douglas and that someone who
4 is in a position that Doctor Alleyne is so uniquely
5 qualified to continue to voice -- be an active participant
6 in what type of services he would be provided, that once
7 he got physically transitioned, that I wanted her to be in
8 that process.

9 I didn't want her to be an afterthought. I didn't
10 want her to be somebody to come to, to say okay, this is
11 our plan, now let's go talk to her. I wanted her to be in
12 there upfront, participating, and taking -- sharing her
13 knowledge of his -- of, of his treatment needs so that, so
14 that, if the goal of the department is that he's gonna
15 transition into a more independent life, I wanted her to
16 be there front end participating with him once physically
17 he got transferred.

18 That's -- that was my -- that, that was what I was
19 trying to address when I was -- referenced her.

20 So, I don't want her -- my, my decision would be I
21 don't want her then just to say okay, he's left this
22 facility. He's gone to this facility. Call me if you
23 need me. I don't want that type of situation.

24 I wanted it to be that she -- he -- if he goes to the
25 new facility, she -- her knowledge goes with him.

1 I'm not saying physically she's got to travel to
2 Aiken. I'm not saying she's got to do something like
3 that. But she needs to be an active participant in his
4 care when he gets -- if he gets transferred.

5 MR. ROYALS: Certainly.

6 Your Honor, I, I -- that, I think, makes a lot of
7 sense. But my concern, as it relates to that, to -- would
8 be the idea of Doctor Alleyne still being the one
9 interacting with Mr. Douglas even it is via vid -- video
10 or phone or anything like that.

11 THE COURT: Uh-huh. (Affirmative).

12 MR. ROYALS: That would likely create a bit of a
13 schism between the local doctor, who is gonna be
14 responsible for the majority of Mr. Douglas' treatment at
15 that point, and potentially Doctor Alleyne to the point to
16 where my kind of bad scenario situation would be he's --
17 Mr. Douglas is indicating some things to Doctor Alleyne
18 and something to the, the other doctor and then we have a
19 bit of a split in terms of what goes from there.

20 THE COURT: And that would be a professional conflict
21 that those two people need to resolve for the benefit of
22 Mr. Douglas and the community.

23 MR. ROYALS: And I, I, I certainly agree with that
24 point, Your Honor.

25 would it alleviate the Court -- the Court's concerns

1 if the -- regular conversations were taking part between
2 Doctor Alleyne and the local doctor?

3 That, I think, would be -- again, professionals
4 speaking with one another for, for Mr. Douglas' benefit
5 without their being any kind of particular blurring of
6 lines between treatment regimens?

7 I, I -- we would certainly like that, Your Honor, and
8 obviously, you know, Your Honor, have the ability to order
9 otherwise. But that would be our request in this
10 situation.

11 THE COURT: I -- well, I -- thank you for the
12 request.

13 But I, I really feel that Mr. Douglas is better
14 served and the State's interest providing -- being sure
15 that he doesn't create any more of a danger to the
16 community nor in -- and nor to himself is that this
17 transition, if he physically is going to be transitioned
18 from one facility to another, then the supervising aspects
19 of his care, I want that to transition as well.

20 Now, does that look like, physically, does she go
21 there or does she participant in a phonecall or who does
22 she speak with?

23 I'm not in a position to where I want to dictate or
24 get into the weeds of that right now. But I wanted to be
25 very clear that she, and those people that dealt with him,

1 they do not need to wash their hands of him now and think
2 they have concluded their services because this Court is
3 relying upon their professional opinions in passing its
4 opinions in this case. And I do not view Mr. Douglas'
5 case being one that simply says okay, well, this
6 department's finished, send him across the street, bye,
7 you know, good luck to you.

8 This is something that is -- that, in my opinion, my
9 desire is that he has a continuing obligation, depending
10 on -- and I'm not saying what those obligations are from
11 the standpoint of a professional position and as in who's
12 to -- first at bat or who's second at bat.

13 But in the total care that he's got to receive to
14 benefit him and to benefit the State's interest of being
15 sure that the community is secure, I want that
16 intermeshing of, of the professionals that he has now with
17 the professionals that he will, he will -- that he will
18 receive in the future with the understanding as, if the
19 goal of the Department of Mental Health is successful in
20 that he is able to minimize his mental health issues to
21 the point that then he can transition to a more least
22 restrictive environment, then I would anticipate that then
23 those professional interactions of those who served him
24 first will most likely become more minimal.

25 But as, as -- but, in this initial phase, if he gets

1 transferred, physically transferred, I am -- my -- I would
2 anticipate and I would desire that that -- those people be
3 on red alert and they be involved upfront with what's
4 taking place with him on the ground if he gets
5 transferred. And, and the professionals who then, if you
6 want to call them a treating physician or the primary
7 psychiatrist or whatever, I think those people, if they
8 will perform their professional duties in a way that
9 approaches that -- what they're -- that they're doing it
10 in the best interest of Mr. Douglas and in the best
11 interest of the community, I think then I will have been
12 more successful in doing what I am suppose to do in this
13 job in applying these statutes that are designed by the
14 Legislature that deals with individuals that have been
15 accused of committing horrendous crimes like Mr. Douglas.

16 But, yeah, we're going to -- the law says needs to be
17 able to be filtered back into the community recognizing
18 the mental health needs of that individual.

19 MR. ROYALS: Understood, Your Honor.

20 THE COURT: Okay.

21 MR. ROYALS: Okay.

22 THE COURT: All right. Anything else before I let
23 Mr. Barnette respond?

24 MR. ROYALS: Nothing from DMH, Your Honor. Thank
25 you.

1 THE COURT: Yes, sir.

2 SOLICITOR BARNETTE: May it please the Court, Your
3 Honor.

4 A couple points. That -- Doctor Maddox, I know he
5 minimized her role in this matter. But the reason why we
6 picked her was because Doctor Nelson had already been
7 involved in this case.

8 The other one's been involved in a case and had
9 contact with Mr. Douglas, he would know exactly what they
10 were there for. So, I don't think he would of been
11 forthcoming with him and that's human nature from that
12 standpoint. So that's the reason why Doctor Maddox was
13 there.

14 She gave a very professional opinion from there. She
15 feels like he is not ready for release in this case, Your
16 Honor, based off what her opinion was and I just wanted to
17 make sure I responded to that.

18 The other concern I've got, Your Honor, is Mr. Royals
19 and he -- he's citing the statutes and everything. But he
20 says their goal is to make everybody independent.

21 I wonder, when the state hospital was over on Bull
22 Street, we'd be having this same argument right now. Back
23 then, they had thousands of beds. I think they're down to
24 400 at Just Care now and one reason I think they're trying
25 to get people out cause they just don't have the bed space

1 and I know that's a legislative problem from that
2 standpoint.

3 But here's the problem. This gentleman here is LWOP
4 eligible. He's even death penalty eligible if you go
5 under the law. He had a prior armed robbery before he did
6 all this. As you said, a horrific crime from that
7 standpoint.

8 But they're now going to create an independent
9 situation where basically they're gonna restore him to
10 competency through this procedure if he's released and go
11 through. If he's restored to competency, he needs to be
12 reevaluated and be tried for his crimes if he's gon' be
13 released and go out into the public from that standpoint.

14 That's the problem I've got with this whole procedure
15 from that standpoint. I don't know how you can explain
16 that you release somebody like the Mr. Douglasses and my
17 position would be obviously these crimes have been -- he
18 hadn't been proven guilty on them obviously. But, in
19 my -- the evidence is very strong in this case about his
20 involvement and what he did from that standpoint.

21 And to -- first to release him to a nursing home I
22 think's a danger, and, beyond that, to let him
23 independently go out into the public and to work,
24 basically he has to be restored in my opinion. And I know
25 I'm not a, not a medical professional from that

1 standpoint. But that's just common sense I think.

2 And I would ask that, you know, to have that ability
3 to do that at a later date if that's, if that's the
4 direction this goes into and I understand their arguments.
5 But the problem is we're getting into areas that we've
6 never gotten in before.

7 In the past, I think if they kept him in the state
8 hospital until they had the room, it wasn't an issue. Now
9 we're getting into the position now they're starting to
10 release people to group homes. I don't think this is the
11 only case in the state where this is occurring. I think
12 it's occurring in other parts of the state.

13 The difference is we didn't dismiss our indictments.
14 That's the reason why he had to come back from your court
15 cause, you know, not guilty by reason of mental illness,
16 the Court maintains on not guilty. But, you know, by
17 insanity type cases.

18 But, but, in these -- this case -- if the case was
19 dismissed after the probate hearing, he would of been
20 released back then and we wouldn't be going through the
21 procedure we're going through, which I appreciate the
22 Court going through the analysis for that.

23 But our position, Your Honor, is that he needs to be
24 left in until he has maximum -- under what Doctor Maddox
25 talks about or, if he is released, obviously he needs to

1 have all the restrictions the Court ordered from that
2 standpoint and probably even more in our opinion. And,
3 obviously, if they're gonna release him to an independent
4 unit -- to be independent, we believe he's restored to
5 competency at that point. He needs to be reevaluated at
6 that point and be able to be looked at, if he is competent
7 and restored, then we need to be able to try him on these
8 crimes with him being held for competency performed on
9 him.

10 And we obviously feel like he's definitely a
11 threat -- I mean a threat to the community as well as that
12 group home.

13 Thank you, Your Honor.

14 THE COURT: Thank you.

15 Anything in closing, gentlemen?

16 MR. ROYALS: Nothing from the department, Your Honor.

17 THE COURT: All right. I will take a look at it
18 again and I thank y'all very much.

19 MR. ROYALS: Thank you, Your Honor.

20 MR. HALL: Thank you, Your Honor.

21 SOLICITOR BARNETTE: Thank you, Your Honor.

22

23 * * *END OF REQUESTED TRANSCRIPT OF RECORD* * *

24

25

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 19th day of March, 2025.

I do further certify that I am neither of kin, counsel nor interest to any party hereto.

June 24th, 2025



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

ACTING STATE DIRECTOR

Robert Bank, MD

Division of Inpatient Services
Forensic Treatment Services
7901 Farrow Road, McClellan Building
Columbia, SC 29203
Information: (803) 935-0505

July 29, 2024

The Honorable R. Keith Kelly
Chief Administrative Judge / General Sessions
125 E. Floyd Baker Blvd.
Gaffney, SC 29340

Re: Douglas, Casey
Warrant #: 2018-GS-42-6403; 6404

Dear Judge Kelly:

Pursuant to SC. Code of Ann. §44-23-460 (2002), I am providing notification that the defendant, Casey Douglas is no longer in need of hospitalization. Such section provides that when the Director of a hospital concludes that a person, against whom criminal charges are pending, no longer requires hospitalization, the court in which criminal charges are pending shall be notified and shall set a date for and notify the person of a hearing on the issue of fitness to stand trial.

The defendant in the above captioned case, Casey Douglas, was found Incapable of Standing Trial. Mr. Douglas was subsequently judicially civilly committed to the Department of Mental Health, by the Probate Court. Mr. Douglas has improved during the course of his treatment, such that the defendant's treatment team has concluded that he is no longer in need of hospitalization. Although he is still in need of treatment, such treatment can be provided on an outpatient basis through a community mental health center. By copy of this letter, I am also notifying the solicitor and defense attorney of our determination.

Mr. Douglas was evaluated for Competency to Stand Trial, on January 17, 2022, (latest evaluation), and it was determined that he was not competent and unlikely to become competent. A court order for Competency to Stand Trial is enclosed in the event it is determined that Mr. Douglas' competency will again require assessing prior to the scheduling of a hearing.

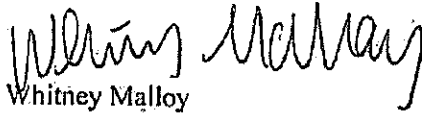
The Department respectfully requests that the Court schedule a hearing pursuant to §44-23-460 on the "issue of fitness" to stand trial prior to potential discharge from an SCDMH inpatient facility. If either party desires another competency evaluation for Mr. Douglas, the Department similarly requests

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that such a motion be made prior to the §460 hearing to allow for both judicial efficiency and a timelier determination of whether Mr. Douglas may be discharged.

Respectfully,



Whitney Malloy
Administrative Coordinator/ Paralegal
Forensic Evaluation and Treatment Services
(803) 935-5134
(803) 935-5877 – Fax
whitney.malloy@sedmh.org

Enclosures: Designated Examiner's Report of Findings

cc: Barry J. Barnette, Solicitor
Robert B. Hall, Defense Attorney

CLERK OF COURT
SPARTANBURG COUNTY
AMY W. COX

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SCDMH Bryan Psychiatric Hospital Forensic Services
DESIGNATED EXAMINER'S REPORT OF FINDINGS
REQUEST FOR DISCHARGE

PATIENT NAME: Casey Douglas
HOSPITAL NUMBER: 010477868
DATE OF BIRTH: [REDACTED]
DATE OF ADMISSION: November 20, 2020
COUNTY OF ORIGIN: Spartanburg
ADMITTING COUNTY: Spartanburg
HOME ADDRESS: N/A
CORRESPONDENT: N/A
CORRESPONDENT ADDRESS: N/A
TELEPHONE NUMBER: N/A
CHARGES: Murder (2 counts); Possession of a Weapon During a Violent Crime

REASON FOR EVALUATION: The purpose of this forensic evaluation is to assist the court in determining whether Casey Douglas requires further hospitalization or whether he can be discharged under court mandated terms and conditions with continued monitoring.

WARNING FOR CONFIDENTIALITY: Prior to the evaluation, Casey Douglas was informed of the nature and purpose of the evaluation. He was specifically informed that the information he revealed would be included in a report submitted to the courts to assist in determining his need for further hospitalization and/or his readiness for discharge. Casey Douglas was informed of the non-confidential nature of this evaluation, and he volunteered to participate in the process.

LEGAL STANDARD: 1) Does Casey Douglas at present lack sufficient insight or capacity to make responsible decisions with respect to his treatment? 2) Is there a likelihood of serious harm to himself or others if Casey Douglas were to be discharged at this time from the Forensic Inpatient Hospital?

INDEX EVENT:
Spartanburg County:
Murder (2 Counts)
Possession of a Weapon During a Violent Crime

LEGAL HISTORY:
Spartanburg County:
July 2007: Burglary / Burglary (Violent) (After 06/20/85) - Second degree (Pled Guilty)
July 2007: Robbery / Attempted armed, or allegedly armed, robbery (Pled Guilty)
July 2007: Robbery / Armed Robbery, robbery while armed or allegedly armed with a deadly weapon (Pled Guilty)
July 2016: Domestic / Domestic Violence, 3rd degree (Pled Guilty)

PSYCHIATRIC DIAGNOSIS: Schizophrenia
SPARTANBURG COUNTY
CLERK OF COURT

BPH FORENSIC SERVICES
DESIGNATED EXAMINER'S REPORT
Review Board Meeting Date: July 19, 2024

Casey Douglas
DMH#: 010477868

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SCDMH Bryan Psychiatric Hospital Forensic Services
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PSYCHIATRIC MEDICATIONS: Aristada 882 mg every 4 weeks

PSYCHIATRIC HISTORY/SUBSTANCE USE HISTORY: Mr. Douglas recalls first having experienced auditory hallucinations in his mid-twenties but was not involved in any mental health treatment as he was not aware that he was experiencing symptoms of a mental illness. Per records, he was possibly treated for Depression or Bipolar Disorder by the Department of Juvenile Justice as an adolescent. Mr. Douglas has explained that in the past he was unable to remain employed consistently due to feeling others were out to get him and experiencing anxiety related to this which his family has confirmed. While incarcerated at the Spartanburg County Detention Center following arrest for the index event, notes indicate that Mr. Douglas was seen by Spartanburg Area Mental Health Center counseling staff with one note indicating that he was diagnosed with Antisocial Personality Disorder. He was not prescribed medications. Other than this, Mr. Douglas had no previous mental health treatment prior to his inpatient hospitalizations with Bryan Psychiatric Hospital Forensic Services (BPH-Forensics).

Mr. Douglas was admitted to BPH-Forensics on September 10, 2019, for competency restoration treatment after he was found not competent to stand trial but likely to be restored with treatment by examiners on May 7, 2019. The forensic evaluation report also noted that Mr. Douglas endorsed delusions that he was being poisoned with witchcraft, meeting with gypsy people to cut out demons, and that there was a group like the Illuminati trying to control the world through "influencing". Per the discharge summary from his restoration period, Mr. Douglas made several paranoid/persecutory statements at admission including that he felt "mentally attacked" by detention center staff and that they were "scheming and plotting" against him and that the "whole Spartanburg" was spying and recording him with phones. He also endorsed hearing the voice of the "Holy Spirit" and felt that he was being followed by a spiritual teacher and an angel. While initially opposed to taking medication due to feeling that he did not have a mental illness, Mr. Douglas agreed to follow the treatment team's recommendation of starting psychotropic medications. He was tried on three different medications and while he was noted to have become more focused, he continued to endorse auditory hallucinations and paranoia including voices telling him not to take his medications and belief that cameras in the hospital were monitoring him. Mr. Douglas was noted to have demonstrated appropriate behaviors and attended assigned court education, counseling, and activity therapy groups but "had some trouble learning court concepts". He was discharged back to the detention center on November 6, 2019.

Mr. Douglas was re-evaluated for competency to stand trial on November 5, 2019, following his sixty-day competency restoration treatment. Per the evaluation, Mr. Douglas was aware of his diagnosis and medications but continued to disagree with his diagnosis, stating that he was "blessed" to be able to hear "the Holy Spirit" and began endorsing the same complex delusions and thought process he reported in his first evaluation and during his hospitalization. While he was reportedly able to verbalize basic understanding of his charges and legal procedures, he was found to continue to lack the capacity to stand trial for his charges due to his delusional belief system preventing him from being able to assist in his own defense. Per the evaluation, he

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continued to pursue a "nonreality-based defense" and believed divine intervention would help his case.

Mr. Douglas has a substance use history to include frequent use of cannabis and cocaine prior to his arrest for the index event. He verbalized awareness at admission for this hospitalization that substance use has not been good for him in the past and he has no desire to use substances in the future. He identified that he used substances to self-medicate and cope with anxiety which he no longer feels the need to do due to his current medication helping with this. He verbalizes looking forward to residing in a drug and alcohol-free setting in the community.

COURSE OF HOSPITALIZATION: Mr. Douglas was admitted to BPH-Forensics from the Spartanburg County Detention Center on November 20, 2020, for long-term treatment following being opined incompetent to stand trial despite competency restoration treatment. Upon admission, Mr. Douglas was calm and cooperative throughout the admission interview and participated appropriately in completing admission paperwork and assessments with social work staff. He correctly identified his diagnosis and that he was started on Abilify at the detention center. He verbalized hesitance to believe that he has a mental illness but did endorse feeling paranoid while at the detention center including belief that the nurses and medication techs were trying to set him up and send him subliminal messages by "messing" with his head and sending information about him to the gangs in Spartanburg. He endorsed auditory hallucinations of hearing the "Holy Spirit" and visual hallucination of sometimes seeing a "guardian angel" that would tell him when he is being followed and keep him safe. He was agreeable to receiving long-acting injectable medication as prescribed after receiving psychoeducation about symptoms that the medication could help alleviate.

As Mr. Douglas continued to endorse auditory hallucinations as well as paranoia of being tracked by the gangs in Spartanburg during the first year of his hospitalization, he was amenable to adjustments to his medications and has been adherent with this medication throughout his hospitalization. Mr. Douglas has actively participated in individual sessions with his social worker as well as treatment plan updates with his multidisciplinary treatment team since admission to receive psychoeducation about his mental illness and managing symptoms. He can acknowledge his medication as being responsible for improvement in symptoms and verbalizes commitment to remain adherent with mental health medications for the rest of his life. Mr. Douglas does continue to endorse auditory hallucinations which he explains occur a few days out of the week; however, he reports he is able to manage this symptom effectively with coping skills including listening to music, engaging in activities, and talking to staff and peers. He denies that this symptom is bothersome and verbalizes awareness that this is a symptom of his mental illness and not reality based. He also now denies paranoia regarding his safety and reports that if he experienced paranoid feelings, he would talk with staff at the hospital or at the mental health center and residential care facility in the future. Mr. Douglas has endorsed feeling anxious and somewhat depressed when thinking about his current legal situation but has been able to process these feelings appropriately and effectively with coping skills.

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CLERK OF COURT

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Mr. Douglas has participated in Activity Therapy programming as well as counseling groups with Forensic Clinical Treatment Services throughout his hospitalization. He has participated in his assigned activities and groups to include START NOW, Life Skills, Healthy Relationships, Budgeting, and Discharge Readiness. Mr. Douglas has maintained green band status, the least restrictive therapeutic band level afforded to patients, for most of his hospitalization. In November 2022, Mr. Douglas was physically attacked by a peer, receiving numerous bite marks to his hands following Mr. Douglas stepping in between the peer and female staff member the peer was attempting to attack. Mr. Douglas was again attacked by a peer, unprovoked, in August 2023. Following these situations, Mr. Douglas was able to maintain his composure without retaliation and seek the staff's assistance. Mr. Douglas received two band demotions between February 2024 and April 2024 due to involvement in physical altercations with peers who had reportedly been threatening and intimidating female staff members and more vulnerable peers. These incidents were isolated occurrences with specific triggers that Mr. Douglas has been able to identify and address during individual sessions with his social worker and treatment team. He has acknowledged his role in these incidents and exhibited increased insight into his triggers as well as how to most effectively manage them. Mr. Douglas has shared that despite his inclination to defend staff and more vulnerable peers, he will commit to only informing staff and unit officers of these issues and removing himself from these situations. Since that time, he has exhibited the ability to do so numerous times on the unit in the context of rising aggression and threats from other peers.

After being deemed appropriate for discharge planning by the treatment team, Mr. Douglas was originally referred to the Transition Specialist Department in April 2021 for assistance with obtaining a supportive discharge placement. Mr. Douglas verbalizes understanding of the benefit of a supportive placement in helping him to adaptively adjust back to community living. He was approved by the Forensic Review Board for discharge to a community residential care facility managed by the Department of Mental Health (DMH) in July 2021; however, treatment team recommended Mr. Douglas re-interview with placements due to the amount of time that has passed since his last approval by the Forensic Review Board. Mr. Douglas interviewed with six DMH residential care facilities in June 2024 and was approved by all of them. He was invited to complete in-person tours and following these tours, Mr. Douglas shared his first preference for residence at Generations of Monetta Community Residential Care Facility followed by Emerald Residential Care Facility. Mr. Douglas was provided with the rules and expectations of each facility and verbalized agreement to adhere to them and participate in treatment recommended by the local mental health centers associated with either of these facilities.

DISCHARGE/PLACEMENT AND RECOMMENDED AFTERCARE PLAN: The undersigned believe to a reasonable degree of certainty that Mr. Douglas is no longer in need of inpatient hospitalization. However, he needs continued mental health treatment and follow-up care. Mr. Douglas will need a structured/supervised living environment and must cooperate with all treatment recommendations including:

1. Mr. Douglas has been approved for placement at Generations of Monetta Community

BPH FORENSIC SERVICES

DESIGNATED EXAMINER'S REPORT

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REQUEST FOR DISCHARGE

- Residential Care Facility located at [REDACTED], Monetta, SC 29105.
2. Mr. Douglas will comply with the program of care and treatment developed by the Aiken- Barnwell Mental Health Center including keeping all scheduled appointments, participating in scheduled activities, taking all prescribed medications, meeting with his mental health case manager, and attending all required treatment programs and groups.
 3. Mr. Douglas will sign all required releases to allow communication among professionals providing follow-up services.
 4. Mr. Douglas will not obtain any weapons, guns, or knives, etc. that could potentially harm others.
 5. Mr. Douglas will not associate with any know felons outside of treatment programs.
 6. Mr. Douglas will refrain from using any alcoholic beverages or drugs.
 7. The Probate Court will be asked to mandate treatment for Casey Douglas.

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CLERK OF COURT
SPARTANBURG COUNTY

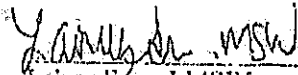
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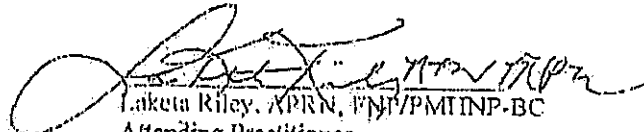
Casey Douglas
DMH#: 010477868

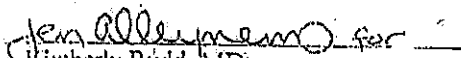
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SCDMH Bryan Psychiatric Hospital Forensic Services
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REQUEST FOR DISCHARGE

Respectfully submitted,


Lainey Penn, LMSW
Forensic Social Worker
BPH Forensic Services


Laketa Riley, APRN, FNP/PMHNP-BC
Attending Practitioner
BPH Forensic Services


Kimberly Rudd, MD
Medical Director
BPH Forensic Services

AMY W. COX
CLERK OF COURT
SPARTANBURG COUNTY
BPH FORENSIC SERVICES
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VIOLENCE RISK ASSESSMENT
DIVISION OF FORENSIC PSYCHIATRY
DEPARTMENT OF NEUROPSYCHIATRY AND BEHAVIORAL SCIENCE
UNIVERSITY OF SOUTH CAROLINA SCHOOL OF MEDICINE

DATES OF EVALUATION: August 4, 2023 and August 7, 2023

NAME: Casey Allen Douglas

SCDMH #: 1047-7868

DATE OF BIRTH: [REDACTED]

PRESIDING EXAMINER: Richard L. Frierson, MD, DLFAPA
Alexander G. Donald Professor of Psychiatry
Vice Chair for Academic Affairs
University of South Carolina School of Medicine

OTHERS PRESENT: Samantha Conde, MD
Fourth Year Resident in Psychiatry
Charleston Area Medical Center
Charleston, West Virginia

Agnieszka Mynarska
Fourth Year Medical Student
Midwestern University
Downers Grove, Illinois

REASON FOR REFERRAL AND CASE HISTORY

Casey Allen Douglas is a 33-year-old Caucasian male who is referred by Bryan Psychiatric Hospital – Forensic Inpatient Services for an independent violence risk assessment. He has been hospitalized since November 20, 2020 after being found not competent to stand trial and unlikely to become competent in the foreseeable future on charges of Murder (two counts) and Possession of a Weapon During a Violent Crime. These index offenses occurred on October 25, 2018 while the defendant was residing in Spartanburg County.

He was initially evaluated by the Forensic Evaluation Service of the South Carolina Department of Mental Health on May 7, 2019. A report was submitted to the court at that time containing an opinion that Mr. Douglas suffers from schizophrenia. The report

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also contained an opinion that Mr. Douglas lacked the capacity to stand trial, but was likely to be restored with psychiatric treatment. He was subsequently found incompetent to stand trial, but likely to be restored, and an order was issued authorizing a 60-day period of competency restoration.

He was admitted to the Bryan Psychiatric Hospital Forensic Services from September 10, 2019 through November 6, 2019 for competency restoration. Upon reevaluation on November 5, 2019, the Forensic Evaluation Service issued a report that despite a 60-day period of competency restoration, Mr. Douglas continued to lack the capacity to stand trial. It was further opined that his capacity to stand trial was unlikely to be restored in the foreseeable future.

He was subsequently committed by the Spartanburg County Probate Court for further inpatient psychiatric treatment, which resulted in his admission to Bryan Psychiatric Hospital Forensic Services on November 20, 2020.

SOURCES OF INFORMATION

1. File containing incident reports, crime scene photos, and interviews with Casey Douglas that were used in the initial capacity to stand trial evaluation by the South Carolina Department of Mental Health.
2. Prior capacity to stand trial evaluation conducted by Matthew Gaskins, MD for the South Carolina Department of Mental Health Forensic Evaluation Service, dated May 7, 2019.
3. Medical records from the Bryan Psychiatric Hospital Forensic Services, dated September 10, 2019 through November 6, 2019.
4. Prior capacity to stand trial evaluation conducted by Matthew Gaskins, MD for the South Carolina Department of Mental Health Forensic Evaluation Service, dated November 5, 2019.
5. Medical records from the Bryan Psychiatric Hospital Forensic Services, dated November 20, 2020 to the present.
6. Another capacity to stand trial evaluation conducted by Matthew Gaskins, MD for the South Carolina Department of Mental Health Forensic Evaluation Service, dated January 7, 2022.
7. A three-hour clinical forensic interview with Casey Douglas on August 4, 2023.
8. A 10-minute clinical forensic interview with Casey Douglas on August 7, 2023.

STATEMENT OF NONCONFIDENTIALITY

At the beginning of the evaluation, Mr. Douglas was informed of the limitations of confidentiality. He was informed that the evaluator was employed by the University of

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South Carolina School of Medicine and that the purpose of the evaluation was to provide an independent (of SCDMH) violence risk assessment. He was informed that the evaluator would not be providing psychiatric treatment. He was informed that the examiner was a Professor of Psychiatry and that the evaluation was not confidential as it was requested by the Department of Mental Health. He was informed that a report would be submitted to the Department of Mental Health and could be used in future legal proceedings. He indicated that he understood the limitations of confidentiality and he voluntarily agreed to participate in the evaluation.

CLINICAL PRESENTATION

Mr. Douglas reported that he has been incarcerated since October 2018 for charges of two counts of Murder and Possession of a Weapon During a Violent Crime. He reports that he was found incompetent to stand trial and was committed through the Probate Court on February 14, 2020. He reports that he was admitted to the hospital in November 2020, approximately six months after his probate court civil commitment hearing. He also reports that he was reevaluated for his competency in January 2022. He reports that he has not had another competency hearing since the January 2022 evaluation.

He reports that things are going well for him in the hospital, but that he feels somewhat under stimulated. He reports that he has already been to all of the groups that the hospital program has available. He reports that he is currently prescribed a long-acting antipsychotic medication, aripiprazole (Abilify Aristada®), in a monthly injectable form. He reports that this medication helps him focus and keeps his mind from being scattered. It has also stopped visual hallucinations and reduced auditory hallucinations.

He reports that he spends his time helping with chores on the ward. He reports that he talks a lot with the hospital staff. He reports that on the unit he is on a lot of the patients who are lower functioning. He reports that he spends time listening to music. He admits to sometimes receiving subliminal messages, but added, "I'm not bothered by it." He reports that he experiences normal sleep and gets approximately eight hours at night. He reports he did not sleep well the night before this evaluation because he was worried about the evaluation. He reports that his appetite has been variable, but that overall he has gained 40 pounds since his admission to the hospital. He denied suicidal or homicidal ideas. He reports that he experiences rare auditory hallucinations, approximately three times a week. He reports that he used to believe that this was the Holy Spirit, but he no longer believes this because medicine has significantly decreased the frequency and he does not believe that medicine would have been able to do so had the voice he heard been the Holy Spirit. He denied receiving command hallucinations. He reports that he began hearing voices around age 20 in 2011. He denied visual

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hallucinations. He reports that he has experienced visual hallucinations in the past, but he has not had visual hallucinations since he has been placed on antipsychotic medication. He described his mood as motivated and overall optimistic.

HOSPITAL COURSE

On admission to the hospital on November 20, 2020, Mr. Douglas reported that he receives messages from the Holy Spirit often. He reports that he believes he is always being recorded and that people are talking about him. He reports that if he thinks or talks about something, then later in the day other people will be talking about the same thing. He reports receiving subliminal messages which confirm his persecutory belief system. He had been refusing medication more often than not in the jail because he believed that the medication might be poisoned. He also reported delusions that the jail staff in Spartanburg was sending information about him back and forth to "all powerful gangs" in Spartanburg. Although he reported that he had been diagnosed with Schizophrenia, he was not fully convinced that he needs medication. On admission he denied suicidal or homicidal thoughts.

Throughout his hospitalization he has shown improvement with only occasional breakthrough symptoms. By January 2021 he reported he was no longer hearing the Holy Spirit. He had been treated with oral medication, but in January 2021 he agreed to take a monthly injection of aripiprazole (Abilify® Maintena). He was reportedly stable throughout 2021. He denied further thoughts about the gang in Spartanburg.

He had a recurrence of symptoms in December 2021 when he reported that he thought a gang was following him and that there were people in the hospital that might be working for the gangs. A decision was made to switch antipsychotic medications. He was started on paliperidone (Invega®). He continued to have thoughts that other people were tracking him and that he was being stalked. He reported believing that his alleged crime had been filmed and that his attorney needs to get a copy of the film. At that point a decision was made to significantly increase the dose of antipsychotic medication. He was placed back on Abilify® monthly injections in a higher dose, and the Abilify® was switched to a different formulation, Abilify Aristada®. He was reevaluated for competency on January 7, 2022 by the Forensic Evaluation Service and Dr. Gaskins opined that he remained incompetent.

In 2022 he showed improvement, although he would continue to experience occasional auditory hallucinations telling him to be careful and cautious of his surroundings. In August 2022 the Abilify Aristada® was increased. Since that time he has been relatively stable. He hears occasional auditory hallucinations, but they do not bother him. He has been a model patient, according to nursing staff and others.

DOUGLAS, CASEY ALLEN

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PSYCHIATRIC HISTORY

He has no history of prior psychiatric hospitalizations predating the date of the alleged offenses. He also has no history of prior outpatient treatment.

ALCOHOL AND SUBSTANCE USE HISTORY

Prior to his incarceration, he reports that he did not drink alcohol on a regular basis. He reports that he averaged three drinks in a year.

However, he reports that he was a heavy user of cannabis. He reports that he would smoke cannabis all day, every day. He reports using a half an ounce a day. He experienced tolerance to the effects of marijuana and experienced cravings upon cessation of use. He reports that it did cause him problems and that other people complained about his cannabis use. He also failed a drug test on one occasion while incarcerated. He would clearly meet diagnostic criteria for Cannabis Use Disorder. The specifier *In A Controlled Environment* is added to reflect the fact that he is currently incarcerated and does not have access to cannabis.

In regards to other drug use, there is conflicting information. He reports that he used small amounts of cocaine approximately six times in his life. He reports that he used cocaine with one of the alleged victims the day before the alleged offenses. He reports that he has never been addicted to cocaine. It is noted on his admission paperwork to the hospital that he reported using cocaine from age 14 until the time of his arrest in 2018 and it is reported that he was a daily user. He denies this on interview. We also note that in crime scene photos there were small baggies containing a white crystallized material. He reports that those baggies were the property of one of his alleged victims.

He denies the use of methamphetamine. He reports that he has tried hallucinogens two or three times in his life. He denies the use of opioids, prescription medications, or other illicit substances.

MEDICAL HISTORY

He denies a history of surgeries or medical illness. He denies medication allergies.

FAMILY HISTORY

His mother was 14 and his father was 15 years of age at the time of his birth. He reports that his mother had three children before she was age 19. His mother, Melissa

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Garcia, is 47 years of age and lives in Greer, South Carolina. He has only occasional contact with her. She is a housewife and her husband works construction. His father, James Douglas, lives in Spartanburg. He reports that his father is a mechanic and is in and out of prison. He reports that he is the oldest of three children by his mother. There is a family history of mental illness in a maternal uncle, who is treated for a mental illness and is disabled. He has a maternal aunt who has a psychotic mental illness of some sort and becomes paranoid when not treated with medications. There is no family history of death from suicide.

SOCIAL HISTORY

He was born in Spartanburg Regional Medical Center. There were no problems reported with his birth and delivery. He reports that his paternal grandmother had legal custody, but he spent time with both grandparents. He reports they worked very hard to take care of he and his siblings, but that he was basically "in the streets" between the ages of 12 and 16. He initially denied a childhood history of physical or sexual abuse. However, he reports that a step-aunt touched him inappropriately when he was around age 11. He also reports that he had intercourse with her on one occasion.

He attended Fairforest Elementary and Fairforest Middle School. He states that he started getting in trouble in middle school. He was suspended a lot for fighting and he was sent to an alternative school after he was caught smoking. He reports that he attended Dorman High School, but was expelled. He reports that as an adolescent he joined a gang, the Gangsta Disciples, at age 14. He reports that he was heavily influenced by the husband of a maternal aunt who encouraged him to join the gang. He also reports that this same husband would send him to school to sell cannabis, which led to his expulsion.

He denies a childhood history of fire setting or cruelty to animals. However, he was with older adolescents and broke into a house to steal guns. He was sent to DJJ for several months around age 12. He reports that at age 14 he received an Armed Robbery charge, but this was later dropped. He reports that around age 17 his younger brother sold him a rifle that was reportedly stolen. Around the same time, he stole the wallet from a man who had beaten up a prostitute on the street. He agreed to plead guilty to these charges and he was sentenced to 10 years. He completed an eight-year and nine-month sentence. He reports that he was released from adult prison in 2015.

After leaving prison he reports that he worked for two years at a warehouse distribution center called Action 3 PL for two years. He also had a temporary job at BMW which lasted 180 days until they discovered his criminal record. He was an order picker for

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Adidas for 90 days until they discovered his record. He then worked for Hubbell Lighting for two months until they closed and moved to Atlanta.

He has never been married. His longest relationship was for three years with one of his alleged victims, Stephanie Jenkins.

HISTORY OF VIOLENT BEHAVIOR

Mr. Douglas has been involved in several altercations in the hospital, however, he was not the aggressor. On one occasion another man assaulted him for no reason in response to psychotic symptoms. This patient jumped him from behind. He reports that he hit him a couple of times in self-defense and then pulled his shirt over his head. This was confirmed on video reviewed by the treatment team. Mr. Douglas was not disciplined for this event.

He reports that on another occasion a younger patient who he described as a bully sat beside him on the sofa and grabbed a tea bag that he was using to make hot tea. He reports this individual put his fingers in the brewing tea and took the tea bag. This individual then stood up over him like he was going to assault him, and Mr. Douglas reports that he punched this patient. He reports that he realizes he was in the wrong for doing this and should have let the other patient hit him first. He was demoted from a green band status to a red band status, but that is the only time in his three-year hospitalization that he has experienced a reduction in level due to aggressive behavior.

On a third occasion, he witnessed another patient grab a nurse and he came to her defense. He reports this patient had grabbed the nurse and told her that he was not looking at her and that he would rather be with a dog than with her. Mr. Douglas reports that he got up and then the patient came running at him barking like a dog. He reports that he hit him after the patient bit his thumb. Mr. Douglas required sutures to his right finger and left thumb as a result of this assault. He also was prescribed a course of antibiotics. He reports that the treatment team reviewed this on camera and did not feel that Mr. Douglas was in any way the aggressor.

Mr. Douglas reports that he has never used a firearm. He reports that he shot a pistol once in a cousin's backyard, but has no other use of firearms. He reports other than the alleged offense, he has never used a knife in a fight.

At age 16 he reports that he threatened someone who had beaten up a prostitute on the street. He reports that he was intoxicated at the time and stole the guy's wallet. He reports one arrest for Criminal Domestic Violence in October 2016 to which he pled

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guilty. He reports that he paid a fine and was required to attend anger management classes.

MENTAL STATUS EXAMINATION

On today's date he was alert and oriented to person, place, day, date and time. He was neatly groomed and cooperative with the interview. He made good eye contact. His appearance is marked with numerous tattoos covering large portions of his arms. He also had a crosshair on his right face and a crown under his left eye. He reports the crown was there to cover up tears. He has a variety of tattoos on his right arm symbolizing family members. He has a tattoo of Daniel in the lion's den on his back. He reports that he has the word *courage* tattooed on his knuckles. He has gang-related signs tattooed on his left arm, as well.

He was able to register three objects and recalled all three objects at five minutes. He was able to recall significant past personal information and we found no evidence of clinically significant long- or short-term memory impairment. He demonstrated a capacity for abstract reasoning as evidenced by his ability to place similar objects into abstract categories. He also demonstrated a capacity to interpret a proverb. His fund of knowledge was above average and his intelligence was judged to be average to above average. He was able to name presidents in correct reverse order to Ronald Reagan. He performed well on a test of concentration, correctly spelling the word *world* backwards with no errors. He was able to perform a calculation. His judgment to a hypothetical situation was good.

DIAGNOSTIC FORMULATION

Mr. Douglas has experienced paranoid delusions and hallucinations. These have been rather longstanding and have been present after months of incarceration. Therefore, they cannot be merely attributed to the use of illicit substances. There is no evidence of an underlying medical condition that could be causing them. These symptoms have caused significant impairment and they would meet the diagnostic criteria for Schizophrenia.

Finally, in addition, he has had a history of heavy use of cannabis and has developed tolerance and physiological dependence on this substance in the past. He has had social impairment from his use. He would meet diagnostic criteria for Cannabis Use Disorder.

Diagnoses: Schizophrenia
Cannabis Use Disorder, in a Controlled Environment

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VIOLENCE RISK ASSESSMENT

There is little medical evidence that future violent acts can be successfully predicted by mental health professionals. Therefore, despite opinions contained in this report, there is no guarantee that Mr. Douglas will not behave in a violent manner in the future.

However, risk factors for violence can be classified into two categories. Static risk factors are factors which cannot be modified. In this case, they would include things like his age, gender, and prior criminal history, including a history of violent acts. Dynamic risk factors are factors which are modifiable and in this case include a history of major mental illness (schizophrenia) and a history of substance use including cannabis and cocaine, and a relative lack of social support.

Mr. Douglas voiced an understand of the requirements for placement outside of the hospital. These include staying on his antipsychotic medication and complying with mental health treatment appointments, passing drug tests, doing assigned chores at the CRCF and possibly having to comply with an ankle monitor.

In addition to the clinical interview alone, Mr. Douglas's risk factors were assessed using a structured professional judgment instrument, the Historical-Clinical-Risk Management-20 (HCR-20), Version 3. This instrument was designed for use in correctional, civil, psychiatric, and forensic psychiatric settings. This instrument contains a compilation of risk factors that have received empirical support across a wide variety of contexts.

Historical-Clinical-Risk Management 20 (HCR-20), Version 3

Historical Risk Factors (Y=present, P=partially present, N=not present, O=unknown)

H-1.	History of Violence (human)	Y (Index offense)
H-2.	History of Other Antisocial Behavior	Y
H-3.	Relationship Problems	Y
H-4.	Employment Problems	N
H-5.	Substance Use	Y
H-6.	Major Mental Illness	Y
H-7.	Personality Disorder	N
H-8.	Traumatic Experiences	P
H-9.	Violent Attitudes	N
H-10.	Failed Treatment Response	N

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Clinical Factors

C-1.	Insight	Y
C-2.	Violent Ideation or Intent	N
C-3.	Symptoms of Major Mental Disorder	P
C-4.	Affective Instability	N
C-5.	Treatment Compliance / Response	Y

Risk Management Factors

R-1.	Professional Services and Plans	Y
R-2.	Living Situation	P
R-3.	Personal Support	P
R-4.	Compliance	Y
R-5.	Stress/Coping Skills	Y

RECOMMENDED INTERVENTIONS TO REDUCE THE RISK OF FUTURE VIOLENCE

Mr. Douglas has complied with treatment, has experienced only minimal psychotic symptoms for almost a year, and has been described as a model patient. There is no indication for further hospitalization.

1. Mr. Douglas, as a condition of release, should remain on a long-acting antipsychotic medication. Failure to take a scheduled dose of this medication should be grounds for re-hospitalization. He should be returned to the hospital for treatment if he misses or refuses a dose of his injectable medication, or if he refuses to attend appointments with his case manager or treating psychiatrist.
2. Mr. Douglas has a history of heavy cannabis use and experienced impairment from his use. He qualifies for a diagnosis of Cannabis Use Disorder. However, now that he has been diagnosed with a major mental illness, further substance use should be prohibited. He is well aware that he should not engage in further cannabis use. Prior to placement in the community, I would recommend he engage in substance abuse treatment.
3. SCDMH should ascertain that his name and identifying information has been added to the National Instant Criminal Background Check System (NICS) as required by federal law.
4. Mr. Douglas's final discharge plans (i.e. living location), have not been finalized at the time of this report. He should not be discharged to a place where he would have access to firearms. If he is to be discharged to a community residential care facility (CRCF), he should have the opportunity to tour and approve of the placement facility. Given his intelligence, placement in a facility with higher

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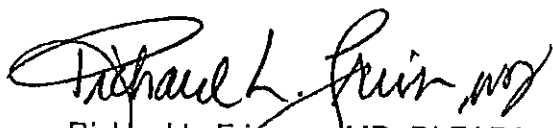
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functioning patients is recommended. If he is on probation and his charges are not nol prossed, an ankle monitor, especially for an initial period of time, should be considered.

5. Mr. Douglas reports a desire to resume his education. This is highly recommended as it is known that a risk for violence and educational level are inversely proportional.

Should you have questions about this report, please do not hesitate to contact me at 803.434.2808.



Richard L. Frierson, MD, DLFAPA
 Alexander G. Donald Professor of Clinical Psychiatry
 Vice Chair, Academic Affairs
 University of South Carolina School of Medicine

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State of South Carolina
Department of Mental Health

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INTERIM STATE DIRECTOR
Mark Binkley

Division of Inpatient Services
Forensic Evaluation and Outpatient Services
7801 Farrow Road, Building #6
Columbia, SC 29203
Information: (803) 938-5800

May 15, 2019

Barry Burnette
Assistant Solicitor
180 Magnolia Street, 3rd Floor
Spartanburg, SC 29306

Re: The State of South Carolina vs. Douglas, Casey A.
DMH #: 1047-7868
Spartanburg County, Court of General Sessions

Dear Assistant Solicitor Burnette:

In accordance with the court order issued by the Honorable R. Keith Kelly, 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.

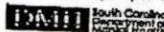
This 7 page document is certified to be the original court-ordered evaluation report issued pursuant to S.C. Code Ann. § 44-23-410 (1976).

May 15, 2019
Date

Rosalind J. Burks
for Kelly Gothard, Ph.D.
Clinical Director
Forensic Outpatient Services
Department of Mental Health

cc: Robert B. Hall, Attorney at Law, 366 N. Church St., Ste. 3000, Spartanburg, SC 29303
KG/rb

MISSION STATEMENT
To support the recovery of people with mental illnesses.



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**CAPACITY TO STAND TRIAL EVALUATION
FORENSIC EVALUATION SERVICE
SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH (SCDMH)**

DATE OF EVALUATION: May 7, 2019
DEFENDANT: Casey Allen Douglas
DATE OF BIRTH: [REDACTED]
PRESIDING EXAMINER: Matthew E. Gaskins, MD
Forensic Psychiatrist
SECOND EXAMINER: Victoria Bourdon, LMSW
Social Worker
DIAGNOSES: Schizophrenia (provisional)

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 likely to restore in the foreseeable future with appropriate treatment.

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:

In conversations with his attorney, Mr. Douglas claims that "everything" is recorded by the "people" who control things through the gangs in Spartanburg. He believed they were even recording in the interview room at the jail during the meeting. He also claims some of the "people" were present and watched the entire incident he is charged with. Those who are in charge are a few females who manipulate others to do what they want done. He claims to have been diagnosed with Bipolar and Anxiety disorders by Mental Health while in Department of Juvenile Justice but they have not responded to my inquiries about any records they may have. His belief that everything is being recorded make it difficult to have meaningful consultations with Mr. Douglas about his case.

STATEMENT OF NON-CONFIDENTIALITY

SC DEPARTMENT OF MENTAL HEALTH
FORENSIC EVALUATION SERVICE

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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 at a hearing related to capacity to stand trial. Mr. Douglas expressed understanding of this information and agreed to participate in 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 April 19, 2019.
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.

REVIEW OF AVAILABLE RECORDS

SPARTANBURG COUNTY DETENTION CENTER

During his intake assessment Mr. Douglas reported a history of using cocaine and cannabis. He also reported a history of trauma and anxiety but no past psychiatric treatment.

FORENSIC INTERVIEW

SC DEPARTMENT OF MENTAL HEALTH
FORENSIC EVALUATION SERVICE

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CLINICAL PRESENTATION AND PSYCHIATRIC HISTORY

Mr. Douglas was escorted to the evaluation by law enforcement and reported the following information: He is currently detained in the Spartanburg County Detention Center where he is held in a cell with three cellmates. He is given approximately six hour of recreation time per day. During this time, he is allowed to walk in an outside area, play chess, and socialize. When in his cell he passes time by playing cards with cellmates, reading the Bible, and making his own chess pieces out of paper. He recently received his discovery packet and has spent time reviewing it as well. He has two brothers and one maternal half-brother who visit him. On "good days" he feels "hope" and believes that "the truth is gonna come out." He cites his faith and belief in eternal salvation as a source of comfort in the detention center. However, on the "bad days" he feels "upset by the situation" and notices his "lack of support." He focuses on "everyone making [him] out to be a bad guy" and "making [him] look crazy." He has not had mental health problems although he felt hopeless with passive suicidal thoughts shortly after arrest. He believes others were manipulating him to have these thoughts. He believes there are "people behind the curtains really trying to manipulate you on this chess board." He was briefly treated for depression as a child when with the Department of Juvenile Justice (DJJ), but the medication made him like a "walking shell." He has not taking medication since.

The longer the interview continued the more delusional thoughts Mr. Douglas spontaneously reported. Some of the delusional thoughts include:

- Spartanburg "went crazy in the late 80s and early 90s."
- After he was released from prison he was first introduced to social media. He started noting others following him on various social media platforms that he did not know as well as former gang members. He believed this was done to pull him back into gang life.
- Eventually he wound up smoking marijuana again which brought him into contact with drug dealers. These people tried to entice him back into the gang and drug life. He could not understand why "everybody wants to be [his] friend." He decided that he would start working on making music. Some of his friends went to Atlanta while he went to Florida in 2017.
- While in Florida "crazy stuff started happening." He became aware of a "whole another world out there." There is a group "like the Illuminati, but it ain't got no name, no handshake." This group tries to control the world through "influencing."
- The *influencing* has a "good side and bad side." Each side is "putting stuff forward from the whole underworld" "like real life angels and demons" "to see who is looking over." He had a hard time believing all this until he was "exposed to sorcerers and wizards." These individuals "help make spells to change the world to scheme on how to tear him down." Essentially, by putting thoughts or desires into a person's mind these people can lead a person to the *good side* or *bad side*.
- He recognized temptation and chose that he would work on the *good side*. When he met up with his friends who went to Atlanta, he realized they had chosen the

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bad side. This led to conflict. He tried to bring others to his side. He believes if he "can speak to and heal somebody [he] can help and cure the world."

- He has met with "gypsy people" who help "cutting out demons."
- He started noticing people planting recording devices in his house and car. He believes people were also hiding in the woods around his house in order to spy on him.
- He believes people are "using witchcraft to poison [his] food and poison [his] mind."
- He believes people around him have been manipulated by these various groups. For example, a "kid was manipulated to shoot at [him]." He has been shot at twice and there have been two attempts to poison him.
- "Everything in Spartanburg's been cultivated and manipulated." This is being done to keep Mr. Douglas "in prison for the rest of [his] life."
- His brothers have been receiving "direct threats from people involved with all of it."

SOCIAL HISTORY

As described above, Mr. Douglas had multiple delusional thoughts during the evaluation. This made him a poor historian overall. He reported the following information: He was raised by his paternal grandmother. He had a bad relationship with his mother because she can be "real manipulative." He was arrested at 16 years old for Armed Robbery and was released at 24/25 age. He was involved with gangs as an adolescent and while in prison. While in prison an order came to him that the gang was dissolved to be absorbed by another. He was given the choice to transfer to leave the gang all together and he chose the latter. Once released he tried to stay out of trouble and avoided gang activities. He made the decision to "stay away from hard drugs."

Dana Douglas, Mr. Douglas' stepmother, provided the following information during the social work assessment: His parents were both 15 years old when Mr. Douglas was born. He had a normal childhood overall. When his parents divorced, he went to live with his maternal grandmother with his two brothers. As an adult his relationship with his mother has been good overall although they have had issues. He did not have behavioral problems in school but dropped out in the ninth grade. He obtained his GED while in prison. He was arrested for burglary at 15 years old. He served seven years out of a 10 years sentence before being released at 23. He has also been arrested for domestic violence and has had to complete anger management classes. He had difficulty maintaining employment because he believed others were out to get him. He has never had mental health concerns other than anxiety at work. He has always been friendly and sociable. He is single but had a romantic relationship with one of the alleged victims since 2014. He does not drink alcohol regularly but uses cannabis and "possibly" methamphetamine.

According to the criminal history provided by NCIC Mr. Douglas has previously been arrested for charges including Armed Robbery, Attempted Armed Robbery, Burglary First Degree, and Domestic Violence Third Degree.

MENTAL STATUS EXAMINATION

SC DEPARTMENT OF MENTAL HEALTH
FORENSIC EVALUATION SERVICE

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On May 7, 2019, Mr. Douglas presented to the evaluation dressed in jumpsuit provided by the detention center. He was malodorous with and poorly groomed. He had multiple visible tattoos on his arm, neck, and face. He made good eye contact and spoke in a slightly rapid rate with a normal tone and volume. He was cooperative with the evaluation and answered questions appropriately. He was alert and oriented to person, place, time, and situation. He had a tangential thought process with loose associations (i.e., he would change topics mid conversation to other loosely related subjects without returning to the original point of conversation). He voiced multiple delusions as described above. He denied auditory and visual hallucinations. He did not show signs of internal distraction. He reported he was not having suicidal or homicidal ideations. He described his mood as great and had a pleasant affect.

DIAGNOSTIC IMPRESSION

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.

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."

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

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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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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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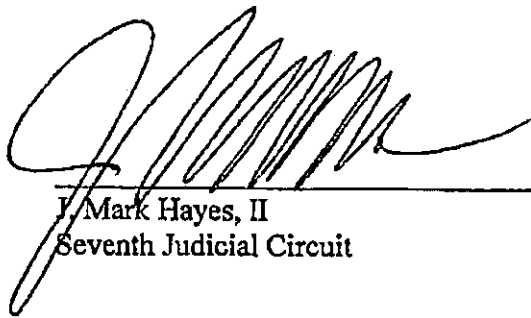
treatment recommendations, including the taking of medication, keeping of appointments, participation in recommended treatment activities and cooperation and compliance in residing in a residence recommended by the Center, including his compliance with the policies and rules of the residence provider 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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J. Mark Hayes, II
Seventh Judicial Circuit

State v. Douglas

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SPRINGFIELD, ILLINOIS
JAMES W. COX

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.	)	
	)	Warrant Nos.: 2018A4210103245,
Casey Douglas,	)	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 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

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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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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.

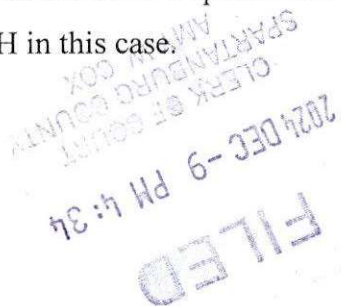
The SCDMH Motion for Reconsideration also states that, “SCDMH does not operate any GPS monitoring technology, and does not have the means to provide Mr. Douglas with an

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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.



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

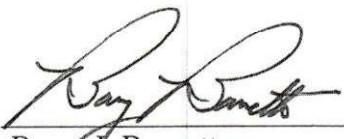
The State understands the findings of the Court that Douglas is not currently competent, but the State believes that Douglas can be restored at a later date. SCDMH, through their Motion for Reconsideration as well as through their testimony, clearly wants Douglas to be released to be independent on his 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

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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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CLERK OF COURT
SPARTANBURG COUNTY
AMY W. COX

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:

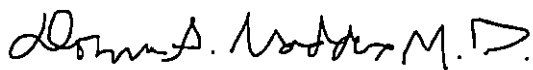
1. While he has shown improvement in the frequency of his hallucinations and has some insight into his hallucinations, Mr. Douglas continues to believe that there is a network of evil running through the Gangsta Disciples that wishes him harm and communicates through networks like cell phones, and various 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 Eta 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.
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Michael J. Prodan

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Sacramento County Sheriff's Department.
Fresno County Sexual Assault Investigators Association.
Northern California Crime Analysts.
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11/20/2024

STATE OF SOUTH CAROLINA
COUNTY OF SPARTANBURG

COURT OF GENERAL SESSIONS

STATE OF SOUTH CAROLINA,
PLAINTIFF,
VS.
CASEY DOUGLAS,
DEFENDANT.

TRANSCRIPT
OF
RECORD

2018-GS-42-603
2018-GS-42-604

November 22nd, 2024

B E F O R E:

THE HONORABLE J. MARK HAYES, II, Judge.

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

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SOLICITOR
Attorney for the State

ROBERT HALL
ESQ.
Attorney for the Defendant

LOGAN ROYALS
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Attorney for the Department of Mental Health

Pamela E. Green
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

Matthew Gaskins - Direct examination
By Mr. Royals

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.

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

Matthew Gaskins - Cross-examination
By Solicitor Barnette

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

Matthew Gaskins - Cross-examination
By Solicitor Barnette

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.

Matthew Gaskins - Cross-examination
By Solicitor Barnette

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,

Matthew Gaskins - Cross-examination
By Solicitor Barnette

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

Matthew Gaskins - Cross-examination
By Solicitor Barnette

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

Matthew Gaskins - Cross-examination
By Solicitor Barnette

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.

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.

Robert Nelson - Direct examination
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

Robert Nelson - Cross-examination
By Mr. Royals

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

Robert Nelson - Cross-examination
By Mr. Royals

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.

Robert Nelson - Cross-examination
By Mr. Royals

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.

Robert Nelson - Cross-examination
By Mr. Royals

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

Robert Nelson - Cross-examination
By Mr. Royals

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---

Robert Nelson - Cross-examination
By Mr. Royals

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.

Robert Nelson - Cross-examination
By Mr. Royals

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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By Mr. Royals

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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By Mr. Royals

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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By Mr. Royals

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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By Mr. Royals

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

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

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By Mr. Royals

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

Jennifer Alleyne - Direct examination
By Mr. Royals

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

Jennifer Alleyne - Direct examination
By Mr. Royals

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

Jennifer Alleyne - Direct examination
By Mr. Royals

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

Jennifer Alleyne - Direct examination
By Mr. Royals

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

Jennifer Alleyne - Direct examination
By Mr. Royals

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.

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

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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.

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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.

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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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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

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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

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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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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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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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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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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---

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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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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,

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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.

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?

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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.

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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

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

Donna Maddox - Cross-examination
by Mr. Hall

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

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

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

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
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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

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

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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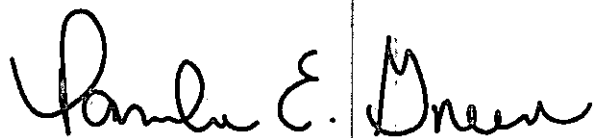
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C E R T I F I C A T E

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", 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: [REDACTED]

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