

Testimony of
Department of Health and Human Services

Before the Joint Standing Committee on Health and Human Services

In Support of
LD 1428

**An Act to Establish the Forensic Treatment Fund to Establish a Behavioral
Assessment and Safety Evaluation Unit**

Sponsored by: Representative Martin
Public Hearing: May 26, 2015

Good afternoon Senator Brakey, Representative Gattine and members of the Joint Standing Committee on Health and Human Services, I am Jay Harper, Superintendent, Riverview Psychiatric Center in the Department of Health and Human Services. I am here today to testify in support of LD 1428 – An Act to Establish the Forensic Treatment Fund to Establish a Behavioral Assessment and Safety Evaluation Unit.

As this Committee considers this bill the Department would like to review for the Committee some of the challenges Maine faces as we address our forensic mental health system. As you may recall, Maine is currently combining forensic and civil patients at Riverview Psychiatric Center and this has resulted in complications due to the fundamental differences in evaluative and treatment needs associated with civil and forensic mental health populations. As the Department has reported, the national standard of care is not to combine these two populations and this bill proposes to go a long way toward separating these populations, meeting their special needs and therefore permitting more appropriate evaluation and treatment for civil and forensic patients.

The purpose of this bill is to allow for the creation of a secure Behavioral Assessment Safety Evaluation or BASE Unit. This proposed 50-bed BASE unit would allow the provision of services for court-ordered evaluations, restoration of competence for those deemed incompetent to stand trial (IST), and for the lengthy initial portion of evaluation and treatment of those deemed not criminally responsible (NCR). Individuals within the forensic population, frequently require levels of security not available at a hospital level of care. The Center for Medicare and Medicaid Services have been clear that certain security interventions which may be necessary in a forensic population cannot occur in a CMS-approved hospital .

Individuals requiring court-ordered evaluation, restoration to competency, treatment and rehabilitation for crimes that these individuals are not being held criminally responsible, rely heavily on coping skills and behaviors that can be exploitative, threatening, and sometimes dangerous. While in a less secure facility, these individuals engage freely in these behaviors to the detriment of the other patients and staff. These behaviors would also be a detriment to their ability to develop more appropriate skills, or to focus energy on the problems which have resulted in their becoming involved with the forensic mental health system in the first place.

These individuals, when placed in a setting with appropriate security, have the opportunity to channel their energies in a more therapeutic direction. Ingrained antisocial behaviors not meeting with the usual payoff or outcome become less attractive and are less frequently employed. It is expected that the BASE Unit in a secure setting with appropriately trained staff will provide a full array of psychiatric evaluative, restorative and treatment modalities. It will be staffed by psychiatrists, psychologists, nurses, mental health workers, acuity specialists, pharmacy, dietary, psychology, social work, occupational therapy and recreation therapy staff. Thus with the provision of an appropriately secure environment and inappropriate behaviors not meeting with unhealthy payoffs, provides the opportunity to appropriately evaluate, restore and treat these individuals .

The categories of patient within the forensic system that the BASE Unit is expected to serve include Jail Transfers, court-ordered evaluations, individuals that are incompetent to stand trial (IST), and those deemed not criminally responsible (NCR).

The presence of large numbers of NCR patients increasing court-ordered evaluations and the lengthy process necessary to return patients to competence results in the need for a larger unit than is currently available. Constant delays due to lack of beds results in a lengthy delay even for individuals who have been court ordered or deemed incompetent to stand trial. Court ordered evaluations are usually expected to be completed within 60 days. Waiting lists for these services can take a significant amount of that time before the patient can be admitted. In addition, acuity complications secondary to security needs of patients in a non-secure setting, impacts the availability of beds at RPC. The proposed BASE UNIT would relieve this negative impact on RPC and the community.

The facility would be constructed, owned and operated by an experienced provider. Based on conversations with various providers, it is expected that this project would take approximately 24 months to complete. It is projected that the annualized cost for each individual served in this BASE Unit would be \$370,000.00 Utilizing 50 beds, the anticipated total annual operating cost would be \$18,500,000.00. In order to secure a contract with providers and encumber funds, one month of services would need to be appropriated, \$1,541,666.

In conclusion, this bill would allow the Riverview Psychiatric Center to treat individuals in need of hospital level of care who have received a behavioral assessment safety evaluation prior to admission increasing patient and staff safety. RPC would then also be in position to return to full CMS accreditation. Patients involved in the forensic mental health system would experience a significant reduction in wait time for services. Patients would be treated in a setting which allows them to remain safe from others and they would be receiving more focused evaluation and treatment without the coercion, threats and negative behaviors that characterize lower security settings for these individuals.