To Whom It May Concern:

Many patients on the Upper Saco Unit at the Riverview Psychiatric Center have questions and concerns pertaining to the new 21 bed "step down" facility being contemplated. No matter who we ask questions to they say they don't know. That the answers will depend on who will be running the facility. We have been told that it would be privatized but nobody seems to know who will be selected for that job. Meanwhile it appears that there is a push to build the new facility without input by the patients who will be living there.

We have been told that this new facility will be "somewhat like a group home." We know what other group homes in Augusta are like and what happens in them. We would like to know how much "like a group home" this new facility will be.

When Riverview was built the patients were told about it but were not included in any discussions about the inner workings of the facility. As a result there were changes needed after the patients moved in.

Each unit has two phones for patients to make and receive phone calls. However these phones were out in the open so anybody walking by could hear what was being said by the patient on the phone.

The Rights of Recipients requires privacy for patients to speak with their lawyers, clergy, etc. After grievances were filed, Riverview had to build a phone booth with a door on each unit in order to comply with the Consent Decree.

There is a computer lab with 5 computers to share with 92 patients and no room to expand.

There is a visiting room on each unit that has to be shared with the other patients on that unit. Patients are allowed to order out a meal to share with their visitor. However, if another patient gets a visit, the present visit is cut to one hour and the meal ordered is not able to be eaten because of the time restraints.

These are just some examples of things that could have been avoided had the patients been involved in discussions prior to Riverview being built.

After speaking with the patients on Upper Saco here at Riverview, the following are the questions and concerns voiced by the patients. We feel they are valid questions and concerns and we would like to have answers to them prior to the new facility being built or at least before moving into the new facility.

Since we have not seen any blueprints of the new facility, we don't know if any of the following questions and concerns have already been addressed.

Will there be an onsite medical doctor to take care of medical needs? If not, where will medical needs be taken care of? Will there be an onsite medical exam room?

Will there be an onsite substance abuse counselor with his own office to speak privately with patients?

Will there be onsite Peer Support, Patient Advocates, and Therapeutic Recreational Staff with their own offices? If not, will they even be involved with us?

Will there be onsite counselors with their own offices for conservations with patients. If not, how would we make them available?

Will there be onsite case workers with their own offices to assist with patient needs?

Who would oversee our medical, dental, and vision situations?

Will we have full time providers?

Who will write our institutional reports?

How will medication be administered?

What would be the staffing ratios?

Would there be Nursing 24hours a day?

Where religious services would be held? At Riverview? In the community? What about patients who can't go into the community?

Will there be an activity room or a day room for patients to do things in?

Will there be a courtyard for outside activities?

Will smoking be allowed as in other group homes? If so, will there be a designated smoking area for patients who can't go off grounds?

Would there be an all-male population or would there also be female patients housed there?

Would each patient have their own private room?

Would there be private or community bathrooms and showers?

Will there be a kitchenette or someplace for patients to store their own food?

How often would there be treatment team meetings?

Will patients be allowed their own televisions in their room? If so, would it have to be locked in a box as at Riverview?

Will patients have access to electronic gaming stations? Personal or otherwise?

Will there be a computer lab or will the patients be allowed to have their own computers in their room as in other group homes?

Will there be phone booths for private conversations with lawyers, clergy, etc. or will patients be allowed to have their own phones on them as in other group homes?

Will meals be provided in the new facility or will food be transferred from Riverview to the new facility?

Will patients still fall under the Consent Decree if privatization is involved?

Will patients retain the same privileges that currently have here at Riverview?

Will there be adequate visiting areas?

Will the new facility have onsite groups or will they be able to return to Riverview for groups?

Patients living on AMHI grounds cannot collect Social Security. At Riverview, patients can get jobs within the facility. However, the new facility will only hold 21 patients. If a patient does not have court permission to go into the community, what kind of employment opportunities would the patient have to earn money? Many patients would like to be able to save some money so they have something to start off with when they get out.

Will patients be able to leave the new facility to a supervised apartment?

Will patients at the new facility have the opportunity to move forward?

What will be done at the new facility that is not already being done at Riverview?

Will there be onsite washers and dryers so patients can do their laundry? If not, where would the laundry be done?

Will there be a gym for patients to use?

Will there be a library or a reading room with books for the patients to use?

We believe the above questions are valid and worthy of discussions and answers.

Respectfully,

Paul Onderko

Donald Beauchene

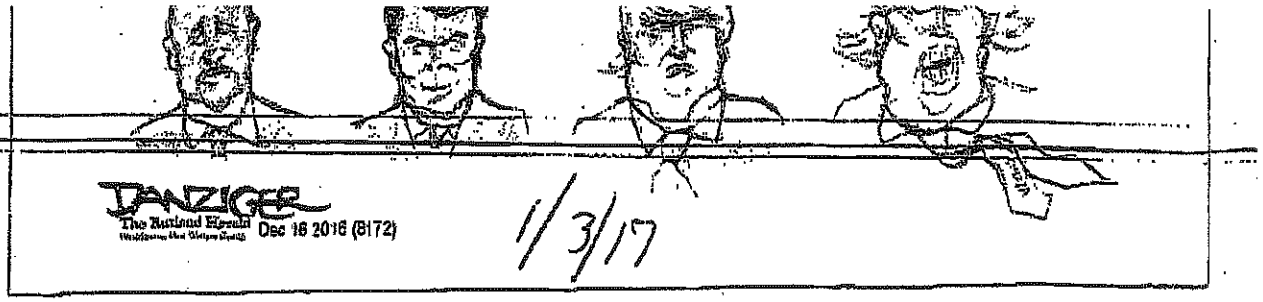
LeRay Smith

Joshua V. Cole

Scott John Audet

Jason Woods

Emery Tenney



1/3/17

Riverview's future too important to decide without public input

FROM THE STATE HOUSE

Roger Katz, et. al.

RIVERVIEW PSYCHIATRIC Center has made the headlines a lot lately. Sometimes what gets lost in the details of the story is why any of this matters and who is affected.

In short, we all are. Riverview's patients are our mothers, fathers, brothers and sisters. They are our neighbors and our co-workers. Their safety and treatment are our responsibility. And as lawmakers, we also serve as watchdogs to ensure the safety of those among us who may not always be able to advocate for or protect themselves. It's a job we take seriously.

The Department of Health and Human Services' plan to build a new facility without any public input or legislative oversight is just the latest in a long string of controversies spanning nearly four years. In 2013, responding to a complaint that a patient had been abused, federal inspectors descended on Riverview, a hospital owned by the state of Maine and operated by the DHHS. What they found was stunning and has been well documented.

The hospital had brought in corrections officers to "manage" patients. On dozens of occasions guards had used pepper spray, Tasers and other harsh tactics to control vulnerable patients.

One such patient, a female who was not threatening harm to herself or anyone else, was coated with pepper spray as she cowered, naked and defenseless, in the corner of her room. She was then tied down and held in restraints for three hours as she screamed for help.

The abuse of patients at Riverview and other serious problems caused the federal government to sanction Maine by pulling Riverview's certification to bill Medicare and Medicaid. For almost four years now the Maine Legislature has been aggressively pushing the DHHS to fix problems at Riverview so that patients get the best care possible, workers are safe and taxpayers are not on the hook to the feds for millions of dollars.

The Legislature provided millions in new funding for Riverview, gave the department new authority to compel treatment and created a new mental health unit for people needing behavioral health care in our state prisons. In spite of assurances by the department that these steps would fix Riverview's problems, the hospital is still not certified and over $20 million of Maine tax dollars are at risk annually.

Riverview has improved, but progress has been slow. While the Legislature provided additional funding for new positions and wage increases, staffing shortages continue to plague the hospital, putting staff at risk of injury and creating an environment that is not therapeutic for the patients.

Legislators have consistently pushed the DHHS to come forward with a public plan that meets the needs of forensic patients at Riverview who no longer need hospital-level care. Despite the overwhelming need, the department continues to refuse to come to the table and engage with legislators, advocates or health care professionals.

It seems clear that Maine desperately needs a new facility for these patients and that the facility should be built near Riverview. Before we can decide for sure, though, there are important questions that need to be publicly discussed, including who will be responsible for patient care, how much the facility will cost to build and operate and whether the construction of this new facility will enable recertification by the federal government.

Now the DHHS says that it is moving ahead with its plan (which neither the public nor the Legislature has been able to question) to build the facility. Instead, the department has developed a secret plan to hire an outside firm, possibly a private prison company, to come in and run this new facility.

Although the department's mishandling of Riverview was what created this mess, the department wants legislative leaders to simply rubber stamp approval of the plan. Gov. Paul LePage has threatened that if he doesn't get what he wants, no questions asked, he'll build it anyway, somewhere else, for millions more, even though the Riverview campus is by far the best location.

Governing by ultimatum needs to stop. This is an important proposal that will fundamentally change how Maine cares for some of its most challenging mental health patients. Millions of taxpayer dollars are at stake.

Legislators are already moving ahead quickly, but this proposal needs a public vetting that includes input from the people it will most affect. Refusing to work openly with stakeholders makes it seem like the department has something to hide. That is not an approach that will solve the crisis at Riverview.

Roger Katz is a Republican state senator from Augusta, and Drew Gattine is a Democratic state representative from Westbrook.

Better angels and small details

Consumer Council System of Maine
A Voice for Consumers of Mental Health Services
www.maineccsm.org

January 5, 2017

Good afternoon Senators Hamper, Brakey and Representatives Gattine, Hymanson and distinguished members of the Joint Standing Committees on Appropriations and Health and Human Services;

My name is Simonne Maline and I am the Executive Director of the Consumer Council System of Maine (CCSM). I am here on behalf of the CCSM today to testify neither for nor against the proposed new 21 bed residential rehabilitation facility next to Riverview.

The CCSM is a public instrumentality enacted into law to serve in an advisory capacity and to provide the Legislature and the State with our guidance and advice regarding the delivery of effective and appropriate adult mental health services.

We have spent much time over the past few years debating the issues in relation to Riverview Psychiatric Center.

We absolutely want to be part of the solution for the multiple issues going on inside Riverview but at the same time we cannot address Riverview in isolation from community mental health resources because these are not separate issues.

Before we discuss building a new facility, we think there is an important step that needs to happen. If DHHS is willing to spend $600 a day or $219,000 a year per patient in this facility, has DHHS spoken to the courts about whether they could support people being placed in the community successfully with these funds? If the answer is yes, this should always be our first choice. In recent years, several of our peers have petitioned the court for community placement and they were denied due to community based services not being available or the outpatient team being in disarray.

For example: http://www.centralmaine.com/2016/05/24/man-who-killed-two-nuns-in-waterville-20-years-ago-seeks-move-to-supervised-apartment/

If at that point there are some forensic patients unable to move into the community, then we should look at a smaller home for them to live in. We

feel like it is an important point to remind all of us of the fact that we are talking about people's homes. Most patients have been at Riverview many years if not decades. Proposed placement changes have been an incredibly disruptive process for patients as they only hear details from the news about what 'we" are going to do about "them". How would you feel if this were you, your family member or friend?

The CCSM has asked DHHS to be part of the process to advise and assist them as they make changes to benefit everyone. This is part of the CCSM mandate. Our official request for participation that was sent to DHHS has gone unanswered by anyone and we have included a copy of that request.

What is most concerning is that DHHS has shut everyone outside of their office from knowing anything about what this place would be like. How can we support this if there are no details on what type of treatment and recovery would take place there? Given the history of the State's attempts to send patients to Warren or this current plan that was brought before when the Augusta city planning board there were negative aspects which included barbed wire fencing. We have serious concerns that it looks more like a prison than someone's home.

The State would be wise and think better to include all invested stakeholders. Unfortunately, we don't know anything about this facility, it processes and programs. We hope you share our concerns. The collective WE need to stand up for the patients and what is best for them.

Let's retain the ground we have made toward recovery services in Maine. The days of institutional facilities are gone and we must continue building recovery oriented services while supporting community integration for all. Which means the services follow the person NOT the other way around.

If you have any questions I would be more than happy to answer them.

Sincerely,

Simonne M. Maline

Consumer Council System of Maine
A Voice for Consumers of Mental Health Services
www.maineccsm.org

September 29, 2016

Commissioner Mary Mayhew
221 State St.
Augusta, ME 04330

Dear Commissioner Mayhew,

The Consumer Council System of Maine would like to formally ask for inclusion in the ongoing work of the Riverview Secure Rehabilitation Facility.

We have been supportive of the need to either build or renovate the old houses that used to serve this purpose for some time now. We want to make sure this endeavor is a successful project, As far as we know and hear it has been an inside DHHS project. We do not believe you will have the best building and program possible if you do not include the people all around you that are willing to help. This is not a negative statement. We know that when you get people with expertise in the room, you have a great chance for success. WE are willing to help.

Karen Evans and myself have direct experience working with Maine Health in designing Spring Harbor during their entire build process as well as the psychiatric unit at Maine Medical Center, for example. There are CCSM members who have been former civil and forensic patients who have expertise.

Several CCSM went to the City Planning Board Meeting this month where there was discussion of having fencing and barbed wire, which concerns us. Without us in the room to have those discussions with you we are only getting our information from the news.

We hope that you will take our offer of support seriously and allow us to help DHHS have the best facility possible.

Sincerely,

Simonne M. Maline

Simonne M Maline
Executive Director

CC: Ricker Hamilton, Deputy Commissioner
Rodney Bouffard, Riverview Superintendent
Sheldon Wheeler, Director of SAMHS

Senator Hamper, Senator Brakey, Representative Gattine, Representative Hymanson, and distinguished members of Appropriations and Health and Human Services Joint committees;

I've always been under the impression that if a person was adjudicated guilty by mental defect, their sentence was confinement to a psychiatric hospital until restored or cured or for longer indefinite stays to be determined by psychiatric staff. I am not aware of a status which requires further curtailment of liberty beyond needing hospital level care. The people we are talking about today are well enough to not require hospital level care but have curiously qualified for an extension of confinement in a "secure," level four private nonmedical institution. Which until recently was surrounded by razor wire. Was this additional stay in a secure PNMI, upon their diagnosis of restored or cured and court approval, an arrangement built into their sentencing determinations at trial?

One may argue, however, that these individuals are not cured, they merely do not qualify for hospital level care. The State of Maine has existing PNMIs in a number of Maine communities. With $219,000 are year for the care of each individual, why are those resources being assigned to another "secured" environment which in essence resembles a jail? "Most forensic experts would agree that the safest way to return someone to society from a maximum-security hospital is with increments of decreasing structure and increasing freedom"—these people have already been incapacitated.

I'm willing to bet there are some jurists with some serious due process and equal protection concerns on their mind, and my knowledge of retroactive decisions and ex post facto law with

regard to sentencing is remedial at best, but I'm also willing to bet what appears to be additional time added at the end of a judiciously imposed sentence is somewhat sketchy at best.

There is no information as to the groundwork of this project. Operations, goals, staffing, qualifying criteria, length of stays, client expectation via the program, and standards remain cloaked in mystery. The only thing I've heard for sure is the $600 a day $219,000 per year cost per client.

With agony of mind, I will add that this wouldn't be the state of Maine if there wasn't this tug of war between stakeholders. Anyway, to secure the success of this pending project, let's offer people the opportunity to grow in communities they choose and let's not build it in a city that has no supportive infrastructure—all to avoid legislative guidance because in Maine we seem, at least according to my observations, to support surreptitious rule changes, employing grossly unqualified entities because they are the lowest bidder, extending legally imposed sentences because this is how we treat the poor and most needy people in our community, or flat out deny patient rights which, by the way, might already have been addressed in the Consent Decree.

"We need to remember that we don't live in a society where zero risk is possible."

We need to remember that the term insanity is a legal term NOT a medical term.

Once an individual is determined not to be insane, it is the "not guilty" part that applies.

I'll proffer some goals I think worthy of this project:

- Take the extra million dollars that's been proposed and add it to the current project...instead of having a new facility have a state of the art facility.
- Provide an appropriate level of treatment to this unique group of citizens.
- Alleviate the pressure currently experienced at the state's emergency rooms, county jails, and prisons.
- Employ those services proven successful to this specific group of people via "best practices."
- Attract a group of providers to a state of the art facility with a state of the art program.
- Demonstrate the State's commitment to moral and ethical architectures while creating this community.

Respectfully,

Anne M. Bertram

My name is Patrick Eisenhart. I live at 49 Eight Rod Road in Augusta. I am a retired U.S. Coast Guard Commander. Prior to the Coast Guard, I served as a non-commissioned officer as a Jumpmaster and Infantryman with the 101st Airborne Division in the early sixties.

In my retirement I have been a small businessmen, Commander of the Kennebec Country and Post 2 American Legion. In 2008 I was elected to the state and national Republican Conventions.

I hold a Masters Degree in Vocational Rehabilitation with a specialty in Work Evaluation from the University of Wisconsin where I served my internship at the Eau Claire State Mental Hospital.

Today I have no membership or employment with any mental health or non-profit organization other than the American Legion. Nor does any of my family.

I come before you today as a veteran, fellow human being, and fellow human being to ask that you demand a feasibility study and investigation into the Department of Health and Human Services overall management, especially as it relates to its proposal to create a for-profit forensic unit in Bangor to avoid legislative approval and taxpayer oversight. A proposal which the state attorney general has declared illegal

During my thirty years of military service, I put my life on the line to keep every man, woman, and child in this contrary safe and free.

Those included Maine people in dire need of mental health services and being tazed, handcuffed, and jail reminds not of a hospital treatment setting but that of a prisoner of war camp without much hope of quality, community-based services funding for which has been severely reduced in recent years.

I believe most of us try to treat others as we would like to be treated. Even the Geneva Convention believed in that principle.

Such treatment does not come close to the Department of Health and Human Service October 13, 2006 Consent Degree Plan approved by Feds, the Governor and state legislator.

According to the plan, the DHHS is required to encourage "
consumer voice as an integral part of the mental health system". Apparently the current

DHHS sees no need for any consumer input according media reports "Peter Steele, LePage's director of communications, said the administration settled on the Bangor location as a way to avoid legislative approval and oversight of its plan for a new psychiatric facility. The administration would like to free up beds in Riverview and create a new so-called "step-down" facility that would be run by a private contractor."

I ask where does the voice of the consuming public come in?

Secondly, the plan call for "Implementing a system of managing behavioral health care. Under the current DHHS administration, $20 million dollars in federal funds have been lost not because of building deficiencies but due to program management deficiency. Neither the Governor nor the DHHS director have any direct mental health experience that one expect from a professional mental health program director.

That lack of managerial and professional experience perhaps has been best manifest by the revolving door of hospital administrators. Direct service staff have been shorthanded and forced to work overtime resulting in poor patient care, poor staff morale, and the loss of $20 million dollars.

Rather than accepting responsibility for the loss of accreditation and $20 million dollars the DHHS Commission Mary Mayhew and appealed the decision. In June 2014 her appeal was rejected, citing concerns about existing compliance.

During the current DHHS administration there appears to be a clear and willful effort to be less than transparent with Maine citizens and our representatives to "create a reliable information system that provide accurate, timely data to guide the decision-making process" as to what has been taking place at the state mental hospital.

Legislators were not even made aware or approval sought when the in August 2014, the sign outside the Center was replaced and featured a new name: the **Riverview Psychiatric Recovery Center**, though the legal name of the facility will remain as it was before.

In 2004, a new "92-bed civil and forensic psychiatric treatment facility" was built to replace the now-old state hospital.[3]

In 2007, a state investigation revealed that many potential patients were turned away.[4] At the time, a report to the state legislature reported that the vast majority had other places to go for help, but eight percent, or 30 patients, ended up in emergency rooms.[5]

As of August 1, 2012, the Center had 57 forensic patients and 35 civil patients, meaning that some forensic patients are occupying beds on the civil side of the hospital. The Center also has recently put many forensic patients in nearby Augusta group homes, resulting in a petition with 150 signatures calling for their closure by neighbors with safety concerns.

What we should have learned from the past is warehousing mental health patients in Bangor without professional mental health leadership, adequate staff, and a program of quality care, with no oversight, is just another of waste of millions of taxpayers dollars we can ill afford.

With professional leadership and staff, the empty buildings and acreage currently in existing without benefit to local taxpayers could be better used to accomplish the following:

1. Hospital facilities for patients who are immobile and/or incommunicative.
2. Transitional Housing in the Cape Cod and other empty residences.
3. Medical plans of care with community physicans.
4. Vocational rehabilitation and counselling setting short and long-term goals upon discharge.
5. Job skills training both on and off campus.
6. Followup casework.
7. Onging consumer, community and legislative communication

 Dan Morin MaineHealth

Letter to the editor: Maine Med, Spring Harbor CEOs back DHHS' proposed psychiatric 'step-down' unit

www.pressherald.com/2016/12/22/letter-to-the-editor-step-down-units-would-benefit-patients/

Maine faces a difficult and ongoing crisis with regard to people with mental illness.

This plays out daily in emergency rooms across the state, where patients with acute and difficult-to-manage mental illnesses can wait for days and sometimes weeks for a bed at a qualified facility. The state's authorization earlier this year to open an additional unit at Spring Harbor Hospital – a MaineHealth member affiliated with both Maine Medical Center and Maine Behavioral Healthcare – provided some relief, but more needs to be done.

Riverview Psychiatric Center in Augusta continues to play an important role in the continuum of services available to persons experiencing prolonged episodes of severe symptoms. Recently, the Centers for Medicare and Medicaid Services cited deficiencies at Riverview, including the need to provide appropriate housing and treatment options to forensic patients who no longer need hospital-level care.

The Department of Health and Human Services has proposed building a "step-down" unit for these patients. With the right programming and staffing, such a unit would both allow patients to receive appropriate levels of treatment and free up scarce hospital beds in the hospital for nonforensic psychiatric patients.

From our vantage point as organizations that work with people who struggle with major mental illnesses, we know that a well-run step-down treatment facility will provide qualified forensic patients with more appropriate care in a more appropriate setting. Additionally, it will free up hospital beds at Riverview that are desperately needed by other patients.

We hope that the Legislature and the governor will work together to quickly approve a step-down unit for forensic patients at Riverview who need that level of care, as well as find compromise on the larger issue, taken up in the last Legislature, of providing step-down options for all patients needing structured support short of hospitalization.

Richard Petersen

president and CEO, Maine Medical Center

Portland

Stephen Merz

president and CEO, Maine Behavioral Healthcare

Portland

CEO, Spring Harbor Hospital

Westbrook

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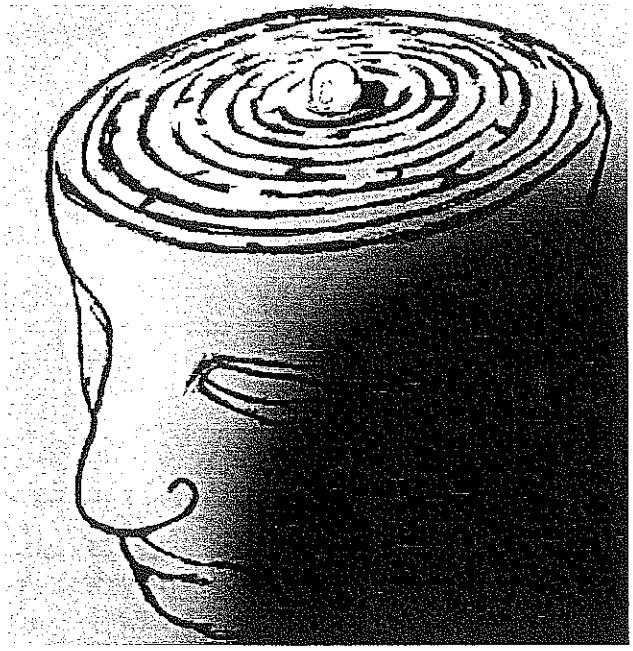
Lisa Harvey-McPherson
Esq

BDN MAINE Opinion

CONTRIBUTORS

How we can take a step toward improving access to psychiatric treatment in Maine



George Danby | BDN
By Daniel Coffey, Special to the BDN
Posted Nov. 13, 2016, at 10:05 a.m.

Mental health is a key indicator of a state's overall well-being. Providing timely access to the appropriate level of psychiatric treatment in the appropriate setting for individuals living with a mental illness is a crucial and often difficult task.

An example of the challenge involved with meeting the needs of those living with a mental illness can be seen at Riverview Psychiatric Center in Augusta, operated by the Maine Department of Health and Human Services. Riverview houses forensic patients who have committed crimes for which they are deemed not criminally responsible because of their mental illness but are clinically stabilized. These individuals no longer require acute or long-term

hospitalization, but they do not have court permission to be discharged back into the community. Boarding people at Riverview, who no longer need hospital level of care, presents a barrier to the state's desire to receive re-certification by the U.S. Centers for Medicare and Medicaid Services.

The purpose of Riverview, much like the Dorothea Dix Psychiatric Center in Bangor, is to provide long-term, psychiatric inpatient hospitalization for the more chronically and severely mentally ill patients. Acadia Hospital, on the other hand, is licensed to provide short-term, acute psychiatric inpatient care. If a patient who qualifies for admission to Riverview can be transferred in a timely manner rather than occupy a bed at Acadia, then more Acadia bed days could be available to serve more people. Proper use of psychiatric beds in high demand at Riverview and Acadia would ensure that patients who require hospital level of care can receive the right treatment in the right setting at the right time.

There is a domino effect when Riverview is not able to accept patients. As the CEO of one of Maine's two freestanding psychiatric hospitals, I see it firsthand when emergency departments struggle with caring for psychiatric patients who are waiting for admission to an appropriate facility. This also affects the emergency department's ability to serve patients who are very ill. Frustration occurs when Acadia is at maximum inpatient capacity with limited access for other patients because there is no capacity at the state hospitals to accept patients.

One of the consequences of the deinstitutionalization of the mentally ill has been the elimination of state psychiatric hospital beds without putting in place alternative support services for the mentally ill. Riverview is boarding forensic patients who are utilizing beds that were intended for civil patients. A 2016 Treatment Advocacy Center survey of public mental health hospital capacity in all 50 states, plus the District of Columbia, found that Maine had 3.5 forensic beds per 100,000 people, compared with 5.5 nationally. Arguably, state-operated civil and psychiatric beds have been repurposed to meet forensic demand because of the underinvestment in public forensic beds in Maine.

A small step forward for Maine is a plan developed by DHHS staff to construct a 21-bed secure, forensic step-down facility on the Riverview campus that will provide rehabilitation services, similar to what is provided in community-based psychiatric step down programs. It is my understanding that this is not a prison facility. I believe DHHS intends to provide a recovery-based program designed to prepare forensic clients who do not require hospital level of care for reintegration into the community upon approval by the court.

In my view, the most compelling reason to move forward with this plan is that transitioning forensic patients who no longer need hospital level of care to a secure rehabilitation facility should allow more proper utilization of state and private psychiatric hospital beds in Maine. Based on information provided to date, I support this initiative being undertaken by DHHS in their pursuit of an alternative intended to improve access to services for those with mental illness in Maine.

Daniel Coffey is president and CEO of Acadia Hospital in Bangor. He also is a senior vice president of Eastern Maine Healthcare Systems.

NAMI Maine
National Alliance on Mental Illness

NAMI Maine believes that our state needs a comprehensive continuum of mental health services with a strong focus on early identification and intervention, specialized mental health professionals, and accessible evidence-based treatment approaches. As a state, we would never allow people with physical health conditions to struggle with having limited access to care or being treated by providers that lack a high level of expertise. Unfortunately, our mental health system does lack the dynamic and innovative approach to providing the care necessary to support the recovery of people with mental illness.

The vast majority of us living with a mental health diagnosis will never need intensive outpatient or hospital level care. With one in four Americans living with a mental health diagnosis, many people struggle alone or receive only a minimum amount of mental health support. Collectively we must recognize that mental health is equally as important to the overall wellness as a society as physical health.

One in twenty-five of us live with a serious and persistent illness. Clearly, levels of acuity dictate the need for the availability of inpatient services. NAMI Maine is receiving a record number of requests from loved ones whose children are waiting four, seven, even twelve days in the halls of hospital emergency rooms for a psychiatric bed. We would never leave someone struggling with cancer or a broken limb on a gurney for a week, how can we possible think it is humane to leave a person struggle with a mental illness in that situation.

We need more beds for specific populations: the elderly, youth under 18 years of age, and persons with serious mental illness displaying aggressive behaviors. Any effort to meet one of these three specific needs is welcomed. The concept of building a step down unit for forensic patients should mean greater access for one of the three difficult to place populations previous identified. NAMI Maine does not believe that more beds alone will solve the crisis our state is facing, but we also do not believe that there is time to debate solutions as people are suffering.

As with any mental health program or facility developed by the Department of Health and Human Services, NAMI Maine would like to be part of the process to determine who will be served by the facility, what independent oversight will be in place, and the process by which individuals will be placed in said program/facility. We see ourselves as the Switzerland of advocates. We represent the perspectives of peers, family members, law enforcement, mental health providers, employers and the larger community. We do not have the luxury of seeing any issue from just one perspective, so we work to find the middle ground and, most importantly, we want action.

We support action that will result in timely access to hospitalization for individuals requiring a hospital level of care.

AAshley Malsbury

DISABILITY RIGHTS MAINE

January 5, 2017

Senator James Hamper, Chair
Representative Andrew Gattine, Chair
Committee On Appropriations and Financial Affairs

Senator Eric Brakey, Chair
Representative Patricia Hymanson, Chair
Committee On Health and Human Services

RE: Joint meeting to review the proposal submitted by the Bureau of General Services for the construction of a secure forensic facility in the Capitol Area

Dear Sen. Hamper, Rep. Gattine, Senator Brakey, Representative Hymanson and the members of the Legislative Committee on Appropriations and Financial Affairs and the Committee on Health and Human Services:

My name is Mark Joyce, I am a managing attorney and the director of the Disability Rights Maine Protection and Advocacy for Individuals with Mental Illness Program (PAIMI). The DRM has operated this program since 1986. I have been an attorney with the DRM for over 15 years and practice exclusively in the area of mental health law. Thank you for the invitation to provide information to you today.

The DRM is also counsel for the plaintiff's class in the class action lawsuit brought against the Department in 1989 which resulted in the settlement agreement commonly known as the AMHI Consent Decree.

The DRM is testifying neither for nor against this proposal because we simply have not been provided with any written information regarding such things as who would operate the facility, what would be the specific policies within the facility, what would the specific staffing be in the facility, what type of treatment would be offered in the facility, and what level of community integration services would be afforded individuals who reside in the facility.

It is our understanding from discussions with the Department that this 21 bed facility is designed to hold individuals who have been found by the courts to be Not Criminally Responsible (NCR) by reason of their mental illness and committed to the custody of the Commissioner of the DHHS and are currently being treated at the Riverview Psychiatric Center. Also, that the treating clinicians at Riverview have determined that these individuals no longer meet

the criteria for continued hospitalization and are ready to be discharged, but they cannot be discharged because they do not have court authorization to live in the community.

In order to obtain any change in privileges or to move from Riverview forensic patients must petition the court. At these court hearings the court takes testimony from individuals including psychiatrists, case managers, and employees of the State Forensic Services. The court determines the level of privileges and/or placement. Examples of where forensic patients are placed include group homes in the community, supported apartments, and in the hospital.

The information that has been circulated, as we understand it, is that the cost to build the facility will be approximately 3 million dollars and the cost to run this facility would be $600 per day per patient at a yearly cost of $219,000 per person. While this amount is almost half of what it costs for hospital level of care, it is still a large amount of money to be spending on building and operating another institution instead of focusing that type of funding for community based services.

This focus on community based services for forensic patients who no longer need hospitalization can be found in the 2006 comprehensive work plan that was approved by the Court Master overseeing the AMHI Consent Decree. This plan described in detail the steps the DHHS must take in order to demonstrate substantial compliance with the Consent Decree. This plan contains as one of its objectives that Riverview coordinate with community providers to seek an appropriate community placement for forensic clients who no longer need hospitalization.

Against this backdrop, the DRM strongly questions the premise that the only way to address the courts not granting forensic clients community placements after these hearings is to place these individuals into a 21 bed institution at a cost of $219,000 a year per person instead of using that money to address any lack of community services.

We have seen individuals go into the community from Riverview after obtaining court authorization but we also seen the lack of community resources, and not the lack of a court order, as being the barrier to discharge from Riverview.

For example, in one case the individual had court authorization to go into a group home but the group home could not take him due to lack of available staff. Certainly with additional community funding, at a level of $219,000 a year per person, a package could have been specifically tailored with the group home in order to meet this individual's needs.

This man remained in the hospital not due to lack of court authorization but rather due to lack of services in the community.

The DRM agrees with the Department that individuals who do not meet hospital level of care should not remain in the hospital. That is too restrictive of an environment. But before spending so much money for an institution shouldn't we first be determining if that money, if spent in the community, may address the issue. And if it doesn't 100% address this issue, would the solution still be a 21 bed institution, or might it be something much smaller and more tailored to the individualized needs of the person who, even with the added community services, is not currently able to obtain court authorization to live in the community?

The legacy of Maine's mental health system should be one of putting our resources into the community not in building more institutions.

Sincerely,

Mark C. Joyce
Managing Attorney