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Testimony before the Vermont State Senate Judiciary Committee on Bill S.183 (Forensic Mental Health)

I want to thank you for the opportunity to share my thoughts on S. 183, which addresses forensic mental health programs and infrastructure in Vermont. My name is Simha Ravven. I am a forensic psychiatrist and I live in Putney, Vermont.

I will begin by sharing a bit about myself and my background. I serve as the President-Elect of the Vermont Medical Society and I serve on faculty at Yale University School of Medicine in the Division of Law & Psychiatry. I have worked with individuals with mental illness and violence history and criminal justice involvement in many settings in Vermont, Connecticut, and Massachusetts.

The Vermont Medical Society has identified forensic mental health as a priority and we share your dedication to improving forensic mental health services and infrastructure in Vermont.

I am a forensic psychiatrist, which means I am trained as a physician, then pursued four years of residency training at Harvard Medical School to become a psychiatrist, a specialty which focuses on cognitive, psychological, and emotional health. I completed an additional year of training in forensic psychiatry at Yale University. Forensic psychiatry is a subspecialty that focuses on the care of individuals with mental illness and justice involvement, violence risk assessment, and psychiatric evaluations for the courts.

The topic of S. 183, strengthening forensic mental health infrastructure in Vermont, is important and timely. I am deeply grateful to this committee and your work addressing this vital issue. In my work with Level 1 patients in Vermont, my colleagues and I have recognized a number of areas where we can improve our systems of care for individuals with mental illness and justice involvement. I have a number of comments on the proposed bill:

<u>On the Proposed 3-Year Mandatory Commitment from Section 1:</u>

In response to the three-year initial commitment period proposed in S.183 I would advise against extending any period of mandatory commitment for insanity acquittees. The need for inpatient psychiatric hospital care needs to be determined clinically and is highly individual.

A mandatory three-year commitment confuses the role of physicians and hospitals. A required extended period of commitment makes physicians and hospitals into jailers when our treatments are not determined by an individual's clinical needs, when instead a hospital is required to hold someone in an inpatient setting when given their clinical needs, they could be supported in a less restrictive setting.

<u>Transition to Community Setting from Hospital for Insanity Acquittees:</u>

1. In my opinion, the area of greatest need for the monitoring and treatment of insanity acquittees is transition from hospital to the community and monitoring in the community in a

manner that protects the community from risk of violence and provides the individual with robust treatment upon transition out of a hospital setting. Availability of comprehensive community-based treatment is vital in this population who have, by definition, demonstrated significant violence related to their symptoms of mental illness. The Connecticut Psychiatric Security Review Board (PSRB) serves as a good model for oversight.

2. The bill outlines that the court would assess an insanity acquittee's risk to public safety. Forensic psychiatrists and psychologists have formal training in performing Violence Risk Assessment through clinical interview, record review, and use of standardized instruments. I would recommend here that a formal Violence Risk Assessment, by a forensic psychiatrist or psychologist be conducted to aid the court in these determinations.

3. Ongoing monitoring of insanity acquittees in the community, and mechanism for rehospitalization, if they are not stable in the community but do not reach threshold for involuntary inpatient treatment, is vital in this population that have, by definition, demonstrated significant violence related to their symptoms of mental illness.

4. Strengthening treatment and community safety measures to include those found not guilty for reason of insanity for a *range of serious crimes* not limited to homicide, including rape, attempted rape, and arson, will improve the public safety.

Comments on Forensic Care Work Group from Section 4:

I strongly support the formation of a Forensic Care Work Group. I urge you to allocate resources to assemble and support the Forensic Care Work Group's work including preparation of an independent evaluation of Vermont's strengths and needs in Competency Restoration and treatment and oversight of persons found not guilty by reason of insanity (insanity acquittees). Allocating resources to the Work Group will allow the contribution of those with specific expertise and experience in systems of forensic mental health care and oversight.

I would recommend that this work group include, in addition to the stake holders noted (DOC, Department of State's Attorneys and Sheriffs, Office of the Attorney General, and office of the Defender General):

- Specialists in forensic mental health care and evaluation:
    - A forensic psychiatrist and psychologist
- A victims' advocate
- A psychiatric advocate

I would like to thank the committee for hearing my comments. I thank you deeply, and sincerely for your work on forensic mental health.