



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF CORRECTIONS  
DIVISION OF MEDICAL & FORENSIC  
SERVICES

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*HB 726*

*Relative to the secure psychiatric unit and making an appropriation therefor.*

*Testimony of Paula Mattis, Director of Medical and Forensic Services, DOC*

The Department of Corrections (DOC) opposes this legislation as written. We offer these observations in consideration of adjusting this bill.

This bill seeks to amend RSA 126-A:5 to add responsibilities to the Commissioner of the Department of Health and Human Services (DHHS), amend parts of RSA 622, change the name of the Secure Psychiatric Unit (SPU) and establish a Forensic Psychiatric Hospital Advisory Council.

It appears that the intent of the bill is to move the current Secure Psychiatric Unit from management by the Department of Corrections (DOC) to DHHS and changing its name but leaving it in its current facility for operations. The residential treatment unit (RTU) would remain in the same facility but under control of the DOC. This is all proposed to occur by July 01, 2019.

A primary concern of this bill is that it does not address what happens with those patients who are sentenced to prison or a county jail and currently in the SPU. The vast majority of people served at the SPU come from one of three state prison facilities and from the ten county houses of corrections. There are 41 patients at the SPU today. Of that 41, 32 are individuals whose transfer to the SPU emanated from the justice system.

This bill transitions the responsibility to manage the delivery of services for individuals who are incarcerated at the SPU for acute psychiatric services to the Commissioner of Health and Human Services. The Department would request the bill be amended to retain our authority over the psychiatric services rendered to those who are incarcerated and placed at the SPU for acute psychiatric treatment needs.

Another consideration is that if the legislation were to pass as written, there would be separate staff and programs operating in a facility managed by two different state departments (DHHS and DOC). If the intent is to manage the civilly committed patient differently, the objective would not be achieved. While the two units do not currently mix treatment activities and the RTU residents are physically separated from the SPU patients, they share an entrance to the building and the DOC could not abrogate security responsibilities to accommodate the methodology and facility changes that DHHS would most likely wish to effectuate for patients, visitors and to be in compliance with Joint Commission standards.

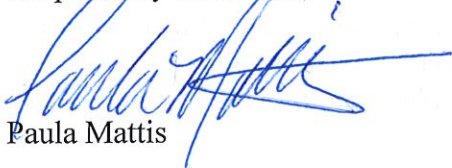
The legislation also changes the responsibility for management of the Not Guilty by Reason of Insanity (NGRI) population. Currently, as long as a person is adjudicated as NGRI, the DOC is responsible for monitoring them from the time of adjudication until that ends. The way this legislation is written would confound that process as it changes to the Commissioner of DHHS as the entity responsible for transferring the person from the proposed hospital to the state mental health services system but the entity (DOC) ultimately responsible for monitoring that individual would be unchanged. Other laws and administrative rules would need to be aligned.

The DOC does not have an opinion on what a newly designed and built state forensic hospital should be called but we do believe the unit operated by the DOC called the "Secure Psychiatric Unit" should remain as named, in its current location and as it currently operates until a new state forensic hospital is built. If policymakers identify an existing facility to transfer the civilly committed populations\*, then those individuals could be transferred to that yet-to-be-named facility. This would be much easier to accommodate in state law and administrative rule than what is currently proposed. This bill as currently written does not take into account the other places in state law and administrative rules that will need to be changed. Not only is the amount of time that is needed to do that unrealistic (July 01, 2019) but the risk of contradiction(s) that could result if a law or rule was missed, could be detrimental to the well-being of patients and public safety.

We do support the establishment of a Forensic Psychiatric Hospital Advisory Council (Council). However, we recommend that this bill be amended to have as its first task, review of immediate transfer of the civilly committed population\* from the SPU to another facility under the supervision of DHHS. This would be in addition to the other stated tasks of the Council to "oversee the development of plans and the construction of a new secure multi-purpose forensic psychiatric hospital."

Thank you for considering this testimony.

Respectfully submitted,



Paula Mattis

\*Civilly committed populations:

135:C Civilly committed due to dangerousness, needing long term mental health care

135:E Civilly committed, sexually violent predator

171:B Civilly committed due to an intellectual disability and dangerousness

622:45 Emergency transfer to SPU from NHH

651:9 Not Guilty by Reason of Insanity

Population by category 2/12/19 to include those from the justice system

135:C—10

135:E—1

171:B—1

622:45—4

651:9—7

623:1—18 (Emergency transfer from DOC or HOC)