

Preliminary Recommendations Regarding Riverview Bed Capacity

The issue of bed capacity at Riverview Psychiatric Center cannot be decided in isolation. Riverview is an integral part of a comprehensive community system. The number of beds required for inpatient care at Riverview is related directly to the availability of appropriately individualized community services, including those for hospital diversion (e.g. observation beds) and supported housing. Inpatient resources available at Dorothea Dix, Acadia, Spring Harbor and in the psychiatric wards of community hospitals influence the demand for hospitalization at Riverview. Additionally, timely discharge from Riverview and all other inpatient resources is critical to ensuring the availability of sufficient hospital beds for acute or extended treatment.

Each of these factors is being examined within the scope of work currently underway regarding continuity of care. In June 2006, my final recommendations regarding bed capacity at Riverview will be submitted in conjunction with my recommendations regarding continuity of care. The following initial recommendations about Riverview are offered as a starting point.

It is my strong recommendation that all available options on the grounds of Riverview be considered in assessing whether additional bed space is needed at this hospital. Three houses on the periphery of the Riverview property are used currently as housing for clients who have been discharged from Riverview. The residents of the houses have changed to some extent over the years. Presently, four clients are pending relocation to community-based housing.

The staffing and other supports for two of these three residences are provided by Motivational Services. Originally, individuals were placed in these houses in respect for their reluctance to leave the hospital after many years as inpatients. The third residence, Homestead, is designed to support forensic clients. The Department manages this residence.

The Superintendent of Riverview has indicated that there are approximately twenty forensic clients at Riverview who are stable psychiatrically and who would benefit from increased independence with the appropriate degree of supervision. These individuals reside primarily in the Upper Saco ward but do not require hospitalization in locked wards at Riverview itself. After appropriate court review of public safety considerations and other pertinent treatment issues, it is my recommendation that this complement of forensic clients be transferred to the on-grounds residences, including the two houses now managed by Motivational Services.

If these forensic clients were able to move into the housing on the grounds of Riverview, additional bed space would be freed up in the hospital itself. Such movement from locked wards to greater independence, with support, is beneficial in three respects—first, clients would be granted more opportunities for exercising skills and responsibilities; second, supervision could be maximized for forensic clients in the initial stage of release from Riverview; and, third, ward space could then be reconfigured to permit expanded treatment options and to increase admission capacity.

The implementation of this recommendation requires the following actions:

- No client should be forced to leave the on-grounds housing. Clients now residing in the houses on the Riverview property should be provided with the opportunity to develop a plan for greater independence, including transition to community-based housing. There should be sufficient time and opportunity for the clients to consider other options for support and to experience firsthand what community alternatives are available or able to be created in a timely manner. The Department must make a commitment to assist clients during the transition process and to ensure that multiple options will be available to clients, if the first plan for community housing is not successful. Clients should not be returned to Riverview if the community option is unsuccessful in design or implementation.
- Forensic clients being considered for transfer to the on-grounds housing also should be given a choice and should be assisted in developing a plan for greater independence. Any necessary modifications to Court orders should be sought early on in the process to avoid disappointment or delay.
- The costs for providing the supports and staffing required for forensic clients must be determined. Since Riverview does not have sufficient staffing to supervise these houses, two options will need to be researched: 1) the costs and operational requirements for supervision by Riverview itself and 2) the costs and operational requirements for a provider agency or agencies to manage the redesigned residences.
- A timeframe for implementation needs to be developed with all responsible parties identified by specific task. Preliminary discussion with the Director of Motivational Services indicates that appropriately individualized alternative housing in neighboring towns could be obtained within the next six months for the current residents of these two houses.
- Forensic clients transferred from the Homestead residence to community-based housing would benefit from continuous support from the forensic Assertive Community Treatment (ACT) team proposed for development as part of the court-ordered compliance plan for Riverview. The timely implementation of the ACT team requires that planning and development begin very soon.

- The Superintendent of Riverview should develop a plan for the use of bed and ward space freed up as a result of this initiative. This plan should consider the need for additional resources to be allocated for individuals in the jails who require hospitalization for treatment of their mental illness.

Implementation of this set of recommendations would provide an opportunity to further assess the need for additional bed capacity at Riverview. The development of the forensic ACT team, as specified in the plan submitted to the Court, also would build greater capacity to work with forensic clients in community settings, with appropriate supervision and support. The establishment of a forensic ACT team in parallel with the restructuring of the on-grounds housing would permit the residents of that housing to move to community housing and supports, as recommended by the treatment team, in a timely manner. Other forensic clients no longer in need of hospitalization could then be transferred into the projected vacancies in the on-grounds housing. The use of secure hospital beds would be maximized for those individuals who require acute or extended treatment in a locked facility.

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