ACMI

FREQUENTLY ASKED QUESTIONS (FAQS)

SECURE RESIDENTIAL TREATMENT FACILITIES

Isn't a secure residential treatment facility just a "mini" hospital? *No. Secure residential treatment facilities are a new addition to the continuum of care, not a replacement or alternative to short term inpatient psychiatric hospitals like Desert Vista or a long-term facility like ASH.*

Secure residential treatment is intended to serve individuals who need around-the-clock, close supervision and support by staff with behavioral health training to ensure the individual takes prescribed medication and receives support services. Individuals would be court-ordered but, also, screened by clinical staff before acceptance to exclude those with assaultive or significant self-harming behavior. *The reason the place needs to be secure is because the residents would leave if it was not.*

Won't a secure facility have to look and run like a "mini hospital"? *No. Clinical screening of residents prior to acceptance into the program will permit a residential setting to be more like a home then a hospital setting, therapeutically beneficial for residents, and safe for staff and residents.*

Patients having severe enough psychiatric symptoms that they are *violent* towards themselves or others *do not belong in a secure residential facility and would not be accepted*. These individuals need to be in a Level 1 hospital environment. For example, violent patients can not have access to "things" that they can use to do harm. Furniture must be too heavy to throw; glass in the windows will need to be shatter-proof; fixtures will have to be anchored so they do not allow a person to hang himself; toilets will be made out of unbreakable materials, etc. etc. These environmental modifications are costly, and the specifications are constantly updated so that they need to be replaced. In addition, safety requirements also affect the patient's daily life and comfort. Women are not able to wear a bra due to hanging risk; others cannot access computers or other items that are breakable and

can be used to create sharp objects for use as a weapon or for self-harm. *Residential treatment facilities will not have these features because the residents accepted do not require these restrictions.*

Are you concerned about safety and potential violence in secure facilities? *Of course. However, a secure residential treatment facility can be safe for staff and residents in four ways: (i) screening of admissions, (ii) an adequate number of trained staff, (iii) a safe physical environment, and (iv) appropriate policies for situations when a resident becomes upset and potentially assaultive or violent.*

Getting people to be adherent with treatment is the first step to reducing violence. We know that much of the violence by individuals diagnosed with SMI is by individuals who are *not* in treatment. The clinical team has to accept admissions and also will determine if someone is too violent to be admitted or to remain. To the extent that proposed residents have been off their medication for a period of time and are highly agitated or aggressive, they would need to be stabilized first in an acute care setting before being considered clinically appropriate for secured residential treatment; in addition, the facility would have criteria for admission which would screen out those who have a history of significant violence towards others even when taking prescribed medication for their psychiatric condition.

Additionally, it is one thing to have someone who is verbally threatening but doesn't act on it, or someone who does minor destructive things when angry (for example, tearing papers off a bulletin board or slamming doors). Some individuals may engage in self-harm behavior like scratching. All these behaviors are manageable in a residential level of care. However, if the person's behavior is so disturbed that he or she is engaging in serious assaults or self-harm, it is a mistake to try to manage the person in a setting not built or staffed for significant property destruction or self- harm or harm to others. This is why it is essential to have clear criteria for admission to a residential treatment facility. It is also why such a facility will not take the place of psychiatric hospitals or Desert Vista or ASH. It also is possible that a patient could do well in the program for months and then have a deterioration, which would require hospitalization and a return to the program.

Will restraints be used? *No. Residential treatment facilities cannot use physical, mechanical, or chemical restraints.*

The only thing residential treatment facilities can use is an Emergency Safety Response, which involves subduing a physically aggressive person to protect staff and other residents from injury. If a resident becomes physically aggressive towards others (staff or peers), and it is ongoing, police have to be called. If the person is under Court Ordered Treatment, the court order can be amended to admit the individual to inpatient again. If there is evidence of dangerousness to self or others, the police can transport them to one of the crisis centers. Any individual demonstrating aggressive behavior belongs in a higher level of care where restraints can be used safely to protect the patient and others.

Will secure residential facilities have "security"? *Yes, of varying types consistent with licensure provisions.*

These are intended to be *residences – not prisons* with barbed wire and bars. The perimeter of the property has to be secure, just as are most schools today. Electronic security can be used too --- alarmed doors, a sequence of doors, motion detection and monitoring, etc. Security staff can be available to assist everyone in staying safe.

How will someone be sent to a secure setting and how can they get out? *Similar to the way they do today.*

To be admitted to a secure facility will require that the proposed resident be receiving mental health treatment under a court order and that the judge specifically order secured residential treatment based on two important procedures: (i) the clinical team must provide an affidavit with evidence that this is the most appropriate and least restrictive placement, and (ii) program staff at the secured residential treatment facility, must accept the person based on the staff's judgment that the facility is appropriate for the individual and can safely meet his/her needs and is appropriate for the person's needs. After admission, there must be continual monitoring of the appropriateness for continued stay, with clear treatment goals and criteria for discharge to a lower level of care. Providers and the individual, family, or guardian can petition the court at any time for discharge to a less restrictive level of care as they can do so today. Providers also can petition the court at any time for transfer to a higher level of care.

Will individuals be subject to forced medication? *Only as part of a court-ordered treatment (COT) plan – just like today.*

In Arizona, once a court has ordered treatment, medication can be given as part of the treatment plan developed by the treating psychiatrist and approved by the medical director of the treatment agency. Only patients under COT, or those with a guardian consenting to treatment, can be required to take medication. We must rely on the judgment of the clinical team as to when and why to ask for COT. Unfortunately, of course, we do not have long term injectable medicines for depression.

Will individuals have input into their treatment plan? *Of course, that is essential for self-guided, self-directed directed recovery.*

The treatment team and the person will develop an individual treatment plan (ITP) just as they do today. The goal is to achieve better participation in development of and adherence to the ITPs by having somewhere stable for the person to live with 24-hour services and support. The goal is to provide support and safety during the early stages of recovery in order to provide the best opportunity for success with a self-guided and self-directed recovery.

What happens if someone tries to escape, demands to leave, or leaves? *"Escape" is the wrong term. This is not a jail or prison. It's a residence for treatment. Staff would try to persuade the resident to stay and, if unsuccessful, call mobile Crisis Services or the police and then take appropriate action. Because all individuals will have a COT order indicating that they are residing at the facility, the alternative to leaving is a hospital setting.*

The focus is always is on getting the resident clinically indicated and appropriate treatment and services. Every resident has the due process right to seek to move to a less restrictive level of care by working with the clinical team or by petitioning the court which issued the resident's commitment order.

If a resident nonetheless demands to leave or leaves, staff could pursue an amendment for inpatient care, if justified, or a "pick-up" order. This is the same process that is followed today. The facility files an "amendment" to the original court order, and the police pick up the person and bring him or her back to the facility. Repeated departures like this may indicate a need for a higher level of care.

What's the difference in civil commitment to the State Hospital and commitment to a secure residential facility?

They are totally different types of facilities. Our laws can accommodate both. Secure residential facilities will add community beds in a far less restrictive setting

than the State Hospital or our screening agencies like UPC or CBI, or our evaluation facility, Desert Vista Hospital.

Secure treatment will fill a gap in the continuum of care and housing in order to *prevent individuals* with chronic SMI from falling through the cracks and *ending up civilly committed* in our State Hospital (for over a year, usually), or worse --- becoming incarcerated in jail and prison because of crimes, often heinous ones like assault or murder. Currently, due to a mandated cap on the census at the State Hospital, many patients are staying for months at an acute care psychiatric hospital which was not built for these long-term stays.

Can a family member, or guardian admit someone to the secure residential treatment facility? *No. A court always is involved and must order someone committed.*

The family member and/or a guardian may be involved and give evidence. But a doctor also is involved and must make the recommendation based on a *clinical assessment.*

Will a court order someone committed to a secure facility for a set period of time? *Yes, as currently happens for all court ordered treatment (COT).* .

The COT time period is typically *one year*, but that is always subject to recommendations of the clinical team as required by *Olmstead* and due process rights. There must be periodic reviews and the ability to petition to be discharged. We are comfortable with the concept of a secure residential treatment facility because of the all of the licensure rules and due process protections built into our system.

Will secure residential treatment facilities have to comply with fire codes? *Of course.*

Secure residential facilities will be licensed and through that process must continually comply with all state, county, and local codes. There are multiple kinds of health care and residential facilities that are secure, for example, assisted living facilities, nursing homes, dementia facilities, and therapeutic schools.