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3/9/2021

Memo of Support for the Vermont State Senate Judiciary Committee on Bill S.3 (An act relating to competency to stand trial and insanity as a defense)

I want to thank you for the opportunity to share my thoughts on S. 3, which addresses forensic mental health programs and infrastructure in Vermont. You may remember me, my name is Simha Ravven. I am a forensic psychiatrist from Putney, Vermont and I testified in support of this issue before your Committee last year.

Just to remind you of my background, I currently serve as the President of the Vermont Medical Society and I serve on faculty at Yale University School of Medicine in the Division of Law & Psychiatry. I am the Chief Medical Officer at Howard Center. 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. 3, 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:

Transition to Community Setting from Hospital for Insanity Acquittees:

1. In my opinion, the area of greatest need for the monitoring and treatment of insanity acquittees is the 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.

Strengthening specialized community-based treatment for those found not guilty for reason of insanity (NGRI) will give individuals who have been found NGRI more tools to be successful and will improve 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 like to thank the committee for hearing my comments. I thank you deeply, and sincerely for your work on forensic mental health.