MNA/SEIU 509 White Paper

The Silent Transformation of the State's Behavioral Health Hospitals:

Increasing Admissions of Forensic Patients Without Proper Protections Is Undermining Care for All Served by the System

Executive Summary

The MNA/SEIU 509 White Paper describes how a dramatic increase in the admission of forensic patients, to the Commonwealth's state mental health facilities occurred and provides preliminary data to demonstrate its adverse impacts on patients, staff and the community. Specific recommendations are proposed for the Department of Mental Health to ensure the safety of all the patients and staff as well as citizens of the Commonwealth. The specific aim of this White Paper is to mitigate the adverse outcomes generated by this transformation and implement a rational, patient focused model that respects and supports the care for all who are impacted by behavioral health conditions.

Introduction

Over the last decade, the Commonwealth of Massachusetts behavioral health system has undergone a significant transformation in the types of patients admitted to its long-term care facilities, including a dramatic increase in the number of "forensic" patients; as well as other patients who are court involved with acute behavioral health conditions.

According to the American Psychological Association (2008),

> … "the clinical-forensic population is composed broadly of individuals who may present with a psychiatric diagnosis or may have other psychological or behavioral characteristics that are relevant to a clinical-legal decision and who are involved with the judicial system."

For the purposes of this White Paper, this is the definition we will be using. At this time, these patients most commonly enter the state's in-patient behavioral health system as Section 15, Section 16 and Section 18 patients as defined in MGL CH 123.

While patients with mental illness are typically not more violent than other members of our society, those patients entering the state's behavioral health system as forensic patients, often have a history of, and a greater propensity for, acts of violence, and as such, require a level of care and the planning for their care that is different than the general population of patients served by the system.

The International Journal of Mental Health Systems states:

> *"Most forensic inpatients suffer from psychotic illness with comorbid personality disorder and/or substance misuse and have a history of antisocial behavior. Alcohol and drug misuse aggravate the symptoms of mental illness, increase impulsivity and risky behavior, and reduce the efficacy of treatment."*

The report further states that:

> *"In a forensic facility, various forms of treatment- and safety-compromising risks are present which require correlative management strategies. For instance, the risk of violence and self-harm requires adequate numbers of well-trained clinical staff and a culture of fluent communication of*

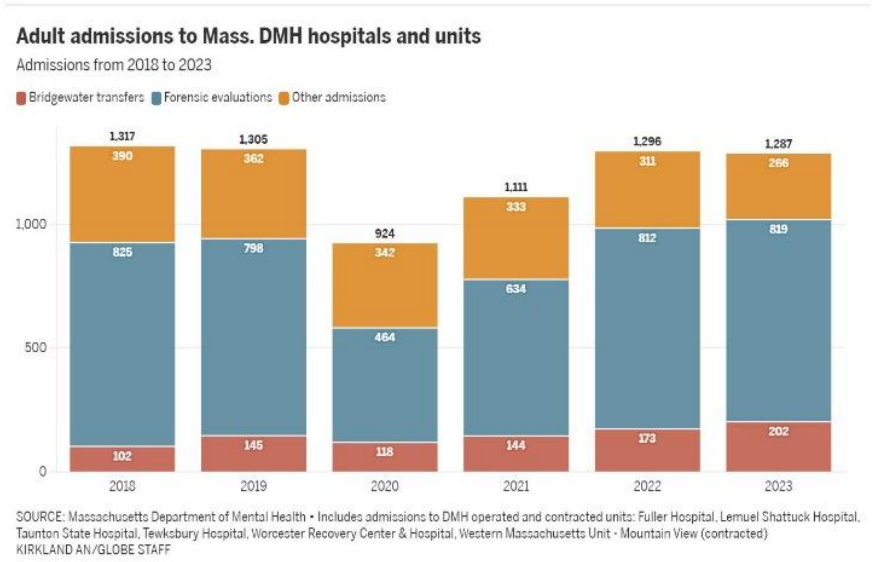
risk observation. Also, the treatment facilities must be designed in a way that enables staff to observe all activity that occurs in the interior areas, except, for reasons of privacy, the patients' rooms, which in turn must be designed to minimize ligature risk. The risk of escape, on the other hand, requires a well- designed perimeter and well thought-out procedures regarding passage in and out of the secure facility."

Other studies make clear that these patients have needs that require a specialized level of staffing, an enhanced environment, admissions criteria, and other protocols that differ from the needs of patients traditionally served by our state's facilities.

Unfortunately, due to the closure of the state's corrections facilities, as well as a lack of beds and services for these types of patients, many more forensic and court involved patients are now being admitted to state operated facilities, without proper planning, staff training, specialized physical environments or the number of appropriate staff and security protocols that are needed to ensure the safety of these patients, as well as the safety of other patient populations with behavioral health conditions and facility staff.

A 2017 Report regarding the influx of forensic patients to state psychiatric hospitals documented a 76 percent increase in the number of forensic patient admissions to state hospitals nationally between 1999 – 2014, a trend that has only accelerated in recent years in the Commonwealth. The report refers to this as the "forensification" of state mental health facilities, with significant impact on the entire system. This has certainly been the case in the Commonwealth

Figure #1, which appeared in a frontpage Boston Globe story (Laughlin, 2024) on this issue, highlights the adult admissions to Massachusetts DMH hospitals and units, including the significant proportion of those patients that are forensic admissions.



We call the forensification of the Commonwealth's behavioral health facilities a "silent transformation" of the mission and work of these facilities, which is compromising the care of both patient populations. It

has also led to an unprecedented level of violence against staff and other patients, resulting in significant harm to staff, hundreds of lost days due to staff injuries, while also traumatizing already vulnerable patients who witness these recurring assaults. The inability to create secure environments has also resulted in many of these patients eloping from the facilities, thus endangering the surrounding communities, and even necessitating school lockdowns.

This paper describes how this transformation occurred, provides preliminary data to demonstrate its impacts, while also making recommendations on changes we as a Commonwealth need to make to ensure the safety of all the patients and staff impacted by this transformation, moving from this silent transformation in care to a rational, patient focused model that respects and supports the care for all who are impacted by behavioral health conditions.

Statement of Intent of this Paper Regarding Forensic Patients

In issuing this paper, we want to make clear that our goal is in no way intended to deprive patients deemed forensic of the care they need. To the contrary, our intent is show how the current system is failing to acknowledge the unique challenges of caring for forensic patients, and to highlight issues that must be addressed to ensure safe and effective care for all patients in the state-operated behavioral health system. We believe that all patients, including forensic patients, are worthy of respect and dignity, and deserve access to services to address their conditions and restore their place as fully functional members of our society.

Facilities and Patients Impacted by This "Silent" Transformation in Care for Those with Acute Behavioral Health Conditions

To best understand these issues, it is important to identify the populations and the settings that pose the greatest risks to the health and safety of the workforce and our communities.

Massachusetts State Hospitals Operated by the Department of Public Health

The Commonwealth of Massachusetts operates four multi-specialty hospitals accredited by The Joint Commission and meets the Conditions of Participation set by the Center for Medicare and Medicaid Services (CMS) standards. These hospitals service the care needs of more than 700 patients daily, serving as a safety net for those persons whose needs cannot be met by traditional acute or chronic care settings (Bureau of Public Hospitals, mass.gov). These public hospitals include:

- Tewksbury Hospital in Tewksbury is designated to service 220 adult patients with medical/surgical and/or mental illnesses.
- Lemuel Shattuck-Located in Jamaica Plain is designated to serve 147 medical/surgical patients, 6 medical intensive care patients (MICU) and 75 psychiatric patients.

- Western Massachusetts Hospital in Westfield is designed to serve persons with a variety of chronic diseases and complex medical conditions.
- Pappas Rehabilitation Hospital in Canton is a 60-bed accredited pediatric chronic care hospital serving children and young adults (ages 7 to 22+).

Massachusetts State Hospitals Operated by the Department of Mental Health

- Worcester Recovery Center-Located in Worcester Massachusetts is a 320-bed facility serving 260 adults and 60 adolescents.
- Taunton State Hospital-Located in Taunton Massachusetts. This facility includes 62 psychiatric beds, as well as the Recovery from Addictions Program (RAP), a residential program, with 75 beds for male patients and 45 beds for women who are under court order for substance use treatment. Many of the RAP patients have a dual diagnosis that includes mental health conditions.
- Tewksbury State Hospital provides 150 inpatient psychiatric beds through DMH. It also houses a number of vendor-operated residential programs, including seven substance use disorder programs, and two locked young adolescent programs
- Lemuel Shattuck Hospital-Located in Jamaica Plan Massachusetts has 115 psychiatric care beds.
- Solomon Carter Fuller Mental Health Center-Located in Boston Massachusetts has 60 psychiatric care beds.

Each of these facilities provides inpatient, continuing care to patients with acute psychiatric conditions, as well as a growing number of forensic and court involved patients. The RAP program at Taunton State Hospital provides residential addictions care to women under court ordered treatment who previously were committed to MCI Framingham.

As stated above, people admitted to state hospitals through the criminal justice system ("forensic patients") typically arrive in one of two ways: through court referrals for psychiatric evaluations or as transfers from the Bridgewater State Hospital, the Department of Corrections' mental health hospital. Since 2018, transfers from Bridgewater have doubled to more than 200 in 2023, contributing to a 10 percent systemwide increase in forensic patient admissions. Court referrals, which dropped during the pandemic, have risen again, with patients admitted forensic evaluations representing more than 60 percent of the admissions to state hospitals in 2023.

According to a 2023 DMH report, DMH's state operated inpatient continuing care and community-based capacity is already inadequate, as demand for beds has steadily increased while bed capacity has not

changed. This has been exacerbated by the closure and attrition of private-sector, in-patient behavioral health beds and facilities.

The 2017 study of forensic admissions to state psychiatric hospitals cited above highlights the impact of forensification of state facilities on the capacity for providing care, stating:

> *"The more beds that are occupied by these patients, the lower the state hospital's turnover rate, which means that there are fewer opportunities for the state hospital to admit new patients. Long periods of stay, low turnover rates, and an overall increase in the number of referrals for inpatient services from the courts have contributed to increasing waitlists in many states. Waitlists hinder the state's ability to admit patients to their state psychiatric hospitals in a timely manner."*

We would also argue that this trend, which limits beds available for non-forensic patients with acute and chronic behavioral health conditions results in patients languishing in already overcrowded emergency departments, or – even worse - going without care altogether and thus, often becoming future forensic patients.

The Evolution and Impact of the Silent Transformation

Beginning in the early 1990s, government and healthcare leaders supported initiatives to begin downsizing inpatient beds and move individuals with histories of criminality and violence, away from inpatient state hospitals such as Metropolitan State Hospital (closed in 1994). To contain medical and dental care costs for incarcerated individuals in 2018, the state outsourced these health care services to Wellpath, a private equity-owned company. Wellpath is the nation's largest private provider of health care for prisons and jails. A CNN investigative report detailed numerous instances where Wellpath consistently places profits over patients' needs. The Disability Law Center (2024) conducted an in-depth investigation of the care at Bridgewater State Hospital and their findings illuminated egregious failures of a system that not only failed to meet basic needs, but also compounded the physical, emotional, and mental health disparities that led to the incarceration of this population in the first place. In October 2024, Wellpath announced that it was filing for bankruptcy.

In response to ongoing problems at Bridgewater State Hospital, the state has moved to reduce the inpatient population at Bridgewater. The state began transferring patients to less restrictive settings, including the state operated behavioral health facilities.

During this same timeframe, the Commonwealth dramatically reduced the number of inpatient psychiatric beds serving patients with acute behavioral health conditions. Between 2004 and 2015, the state went from 900 beds to just over 600. In 2012, the state closed an additional 124 beds at Taunton State Hospital, which included two units dedicated to providing specialized care to non-forensic patients with a history of violence and assaultive behavior (one unit for men and one for women.)

The beds lost in Taunton were to be absorbed into what was touted as the state's largest mental health facility: the Worcester Recovery Center and Hospital (WRCH). This $300 million state-of-the-art facility was to provide a safe, less restrictive therapeutic environment for adults and adolescents. Yet shortly after opening, WRCH became the first of the state's facilities to see a dramatic influx of patients from Bridgewater State and the courts. By 2015, 70 percent of the facility's patients were forensic. During this same time period, assaults against staff and patients soared. Between 2013 and 2015, there were 420 assaults against WRCH staff, including 394 staff injured and 189 staff out of work - more than 5,600 lost work days combined.

In response, the state's labor department cited the facility for its unsafe conditions and called for immediate improvements. No meaningful improvements were implemented.

Three years later, WCVB TV 5 broadcast an alarming two-part report (2019) on the impact of these changes on patient care, documenting the increase in illicit drugs, weapons and other contraband to the facility, including the tragic overdose death of a behavioral health patient. What started at WRCH has now spread to all the state-operated hospitals, and with that influx of patients, we have seen a similar rise in assaults against patients and staff, the smuggling of weapons and illicit drugs, and a degradation in the overall therapeutic environment for all patients at these facilities.

Over the last three years, Tewksbury State Hospital, has also seen a significant increase in the admission of forensic patients, with devastating consequences for patients, staff and the surrounding community.

The hospital, which encompasses 41 buildings on 700 acres, is home to five state agencies and nine contracted clinical programs, providing specialized non-emergency services to individuals with medical and behavioral health needs. The hospital also serves challenging patients who have been denied placement at other healthcare facilities or are considered high risk and need a safe environment, including some patients who are there under court order, including some sex offenders. With its multifaceted focus and numerous buildings, the campus infrastructure presents the worst site to accommodate the care of forensic patients.

As with Worcester Recovery Center and Hospital, the media has played a role in highlighting the folly of the state's plan of care for these patients at Tewksbury State Hospital, as illustrated by these recent news reports:

- **September 17, 2023**: A potentially violent patient under court evaluation eloped from TSH.
- **November 7, 2023**: WBZ-TV reported on yet another court involved patient who had eloped from the hospital, and that local police had received more than 3,000 calls to the hospital over the previous three years. More than 25 of them were for patients who went missing. "All but three...have significant criminal histories and criminal records," according the chief of

police. Police reports show alarming cases over the last three years. One escaped patient was deemed "likely to cause serious harm if not committed..." Another "scaled the fence." One report referenced an escaped patient who had "recently 'beat the crap' out of...staff." When he was located, police said he "stated he 'wanted a bullet in his head.'"

- **February 15, 2024:** A patient escaped from TSH after stabbing a visitor. The staff were concerned as they were not notified when the incident occurred and the facility was not locked down to protect staff and patients. The patient had an extensive criminal record, with warrants out of Boston District Court for assault with a dangerous weapon, assault and battery, and other crimes.
- **June 24, 2024**: A forensic patient under court-ordered evaluation escaped from TSH. The man had "an extensive criminal record," including charges of assault and battery on police officers. This incident occurred two days after officials from Tewksbury Hospital spoke to the Tewksbury Select Board about their plans to address ongoing safety concerns on the campus.
- **October 10, 2024**: Patient under court ordered evaluation assaults two staff members and escapes from TSH, causing a lock down of a local school. The patient at the hospital because his bail had been revoked on a pending charge of enticing a minor.

The impact of the silent transformation is now being felt in all of the state's facilities, impacting patient care and staff safety, with traumatic implications for both populations.

As reported in the Boston Globe (Laughlin, 2024),

> *"At Tewksbury, forensic patients now live alongside other patients, creating an exhausting blend of demands on workers, who have much of their time absorbed by the forensic patients. Those patients often arrive unmedicated and without recent mental health care... Meanwhile, patients already struggling with mental health difficulties become witnesses to aggressive or destructive behaviors."*

A staff member that works on a Court Evaluation Unit at WRCH provided a detailed description of some of the behaviors these patients present, which differ from the typical continuing care patient population:

> *"The court involved persons (CIP's) come to the units and are spread throughout the different state hospitals with an institutional/ prison mentality that comes with different survival behaviors that they have either picked up on the streets or from being in different prisons or jails. These behaviors are not typical for our regular mental health patients. Some of the behaviors that are being seen from the CIP's is the knowledge of making weapons (shanks) out of things that they find on the units or in courtyard areas. Items such as hairbrushes, branches, pieces of wood from desks, broken pieces of toilets, and other items that they can find. The CIP's that have made weapons out of the different materials have only been caught by happenstance, usually after they have either threatened a peer, doctor, or hospital staff. Another behavior that has needed redirection and education on the units is that the CIP's will intimidate peers on the unit for food, money, access to phones and other personal belongings. The CIP's tend to target the vulnerable of their peers that are more unlikely to know that they are being taken advantage of or would be afraid to tell staff that they are being bullied. Other behaviors that have had an increase is the*

making of alcohol (Hooch). Court Involved Persons are using fruit, sugar, and bread to make alcohol in their dorms. There was an incident when bottles of fermented fruit were found in a dorm during a safety check. The CIP had different patient names on the bottles, and it was suspected that the CIP was selling homemade alcohol. There has also been an increase of CIP visitors bringing in contraband to the units. CIP's are getting items such as lighters, and drugs brought in to them from friends and family members. One of the incidents of drugs getting on the unit caused a peer that has been sober for three years to relapse while being on the unit the day before his discharge from the hospital and the CIP that gave him the drugs had to be administered Narcan during a treatment team meeting. There has been an increase of violence throughout the units as well, peers and staff are both verbally abused or threatened to be assaulted daily on the units with CIP's. This type of violence has impacted the safety and treatment of the regular mental health patients that do not do well in the stressful situations that they are being subject to."

For staff at these facilities, the dramatic influx of forensic patients has only exacerbated incidents of workplace violence and injuries to those providing care.

The number and severity of worker injuries and illnesses is exploding in our state hospital system. One nurse reported,

> *"Our jobs have never been easy but, I have never seen a nurse's head repeatedly banged against a concrete floor and this year I have witnessed that violence more times than I can count." Another nurse reported, "We don't have enough staff to meet the basic care needs such as medication management and dressing changes, the perpetrators of the violence know that. They take advantage of our staff, regardless of their age or size and then pummel them unconsciously. There is no coming back from the severity of these injuries."*

At Taunton State Hospital, assaults on patients and staff has been a long-standing problem highlighted by the stabbing and assaults on a number of staff by a 31-year-old forensic patient in 2018, and one staffer reporting several incidents of physical assaults as well as being threatened with a handmade weapon resembling a straight-edge razor.

There has also been an alarming rise in assaults against staff at the Recovery from Addictions Progam, the 90-bed resident treatment center also located at Taunton State Hospital, which was created to serve court-committed men and women for substance use treatment, many of whom also have a diagnosis for a mental health condition. This facility, like the other facilities in the state, is woefully understaffed and ill-equipped to manage the current clients it now serves.

Change in Patient Population Made with No Changes to Infrastructure, Protocols or Staffing

As the state has embarked on this massive transformation in the patient mix at these facilities, with a dramatic rise in acuity level of the overall behavioral health population in general, as well as forensic patients who may have a greater propensity for violence, there was no effort by DMH or DPH to work with frontline staff to prepare for or accommodate this change.

In meetings with all levels of staff, we have learned that:

- There was never any formal announcement of this transformation or any concerted effort to seek the staff's input in these decisions,
- There was no specialized training or education of staff regarding the care of forensic patients,
- Until recently, there was no meaningful increase in security at these facilities,
- Staff also point out the lack of specific or adequate policies to deal with the different needs of these patient populations
- And most importantly, there was no increase in staffing levels to accommodate the unique needs and potential dangers associated with caring for a forensic population.

Neither the physical environments nor the staff are equipped to manage the level of violence exhibited by this population. There is a backlog of patients who have not been fully assessed and lack a treatment plan to address their complex diagnoses. This crisis is expected to worsen given plans for the pending closure of Bridgewater State Hospital and the transfer of its population to state operated behavioral health facilities.

It is ironic that while the DMH has emphasized the need for, and has implemented, a program that focusers on trauma-informed care for the most vulnerable patients with acute mental health conditions, they have now created a system that in too many instances is re-traumatizing those same patients.

Recent Pleas for Action by the Administration to Address This Crisis Have Gone Unheeded

As the care and safety of both patients and staff have continued to deteriorate under the silent transformation, the frontline caregivers- the nurses, mental health counselors, social workers, physicians, psychiatrists, physical and occupational therapists - who work in our state's hospital, and who are represented by the Massachusetts Nurses Association and SEIU 509 have made repeated attempts to communicate their concerns to local and state administrators with little tangible or meaningful result.

These efforts intensified in 2023, beginning in October, when after sending an impassioned letter about the situation to DMH Commission Brooke Doyle, she agreed to meet with the MNA Unit 7 Executive Board, with representatives from each of the state facilities present. At the meeting, staff from all over the state presented powerful testimony of the conditions they were facing, with a specific emphasis on the impact of the forensic issue. The staff left feeling positive about the exchange and hopeful that changes might ensue. No changes or improvements were made.

As conditions continued to deteriorate, in June of 2024 the MNA and SEIU once again made a written appeal to Commissioner Doyle and the administration to work with them to address this crisis. This time no meeting was granted with the Commissioner, and still no action was taken to address the growing crisis.

This was followed by a picket by the staff at Tewksbury State Hospital outside the facility to draw attention to the issue. Still, no tangible response or changes from the administration.

This was followed by a meeting by MNA and SEIU leaders with the Tewksbury Board of Trustees. While the Board gave a fair hearing to the staff's concerns, they commented that they had no authority to address the issue.

Finally, in October of 2024, following a year of inaction, the MNA members at the facility attempted to address their concerns via negotiations with the state for a new contract for its members working in the state's healthcare system. Contract language was proposed calling for the creation of forensic units to handle this population. In response to that initiative, Commissioner Doyle, along with a number of other key members of her team came to the table to discuss the issue of forensics. The meeting lasted well over an hour, where the members this time once again shared compelling data and examples of how the current system of care was harming patients and staff, while also calling out the Commissioner and her team for the lack of action to address this crisis.

As one staffer from Taunton State Hospital stated,

> "We met with you a year ago and told you the same stories and since then, you have done nothing to address any of our concerns. I am a victim of one of those assaults, and in three days I am retiring because I can't continue to work under these conditions. You need to listen to us and you need to work with us to address these issues."

While the Commissioner listened intently, it was not lost on the staff present that in her responses, she failed to use the word "forensic" in describing the patient population, as she continued to refer to patients with "different levels of acuity."

At the next negotiating session in November, the state's negotiator, in a sidebar conversation in response to the MNA's proposal to create specialized forensic units to properly care for this population, voiced the state's reluctance to the use of the word forensic, while continuing to reject the proposal. As one of the MNA members later stated, "their refusal to name the problem speaks volumes as to why we have a problem."

A Call For Action And Meaningful Solutions to the Forensic Crisis

As organizations representing the frontline caregivers at our state-operated behavioral health facilities, the MNA and SEIU 509 call on the state to do what it has failed to do over the last decade, which is to formally acknowledge the unique needs for the specialized care of the forensic population, while also acknowledging the need to restore a safe environment for the continuing care patients. Under no circumstances should we accept the status quo, which mixes these populations to the detriment of all concerned.

Our hope is that this can be accomplished through a concerted effort where all parties come together to develop a comprehensive approach to a more rational and appropriate system of care. We also understand that this is a complex problem that is related to processes that begin with the judicial system, is impacted by sources and the amount of funding for behavioral health care, and will no doubt require administrative and legislative solutions.

By way of example, we would look to the state of Washington, which has established a multi-level system providing specialized care to its forensic population (Washington State Guide to Forensic Health Services (2019). This includes:

> **The Forensic Services Unit (FSU)** - a 95-bed inpatient unit for patients who enter the forensic (legal) unit at ESH through the criminal justice system. Evaluation and treatment services are provided for adults prior to their trial, after they are convicted, or after they are acquitted by reason of insanity.
>
> **The Center for Forensic Services (CFS)** is a segregated facility comprising more than 300 forensic beds on the Washington State Hospital campus and serves clients who have been committed to the hospital under criminal proceedings. These clients include defendants undergoing inpatient evaluation for competency to stand trial and/or mental state at the time of the criminal offense, as well as clients who have been found Not Guilty by Reason of Insanity (NGRI). The CFS contains five treatment units which primarily house patients that are undergoing forensic evaluation/competency restoration and six treatment units which house NGRI patients.
>
> **Residential Treatment Facilities (RTF)** to provide inpatient competency restoration services for adults. The Maple Lane Competency Restoration Program is a 30-bed facility operated out of the Cascade Cottage on the former Maple Lane School campus in Centralia. The Yakima Competency Restoration Center is a 24 bed facility in Yakima. These RTF's are described in more detail in Section 4.2 of the guidebook.

In no instance is this state mixing forensic patients with the general psychiatric population as is being done in Massachusetts.

Below we share some initiatives we feel are appropriate to address this situation:

- **MNA Contract Proposal Calling for the Creation of Forensic Units**.
  In its negotiations with the state, the MNA has presented a proposal to require that: "Forensic patients must be placed in separate units and may not be mixed with any continuing care patients. The units will be physically separated from other units. These units will have in place restrictions and environmental controls consistent with those present when an individual is incarcerated in a

correctional detention facility. These units will include appropriate staffing levels and protocols. Staff who voluntarily work on these units will undergo specialized training on an ongoing basis at least annually, and be required to obtain and have competencies documented to work safely with this patient population. The unit and staff will be equipped with panic buttons and/or other similar type alarms to obtain assistance in an emergency.

- **MNA Legislation to Establish Specialized Forensic Units – An Act Providing Appropriate Care for Certain Populations**

  As with the union's contract proposal, this legislation, which is being refiled, would obligate the state to create a "Forensic Unit", a physically separate unit from other units…shall have in place restrictions consistent with those present when an individual is incarcerated. These units shall include appropriate staffing levels to address the needs of the patient population and who have undergone specialized training to work effectively with this patient population. The physical environment of the unit shall be conducive to meeting the needs of the patient."
- **Trained security in corrections and mental health onsite and available 24/7**

  Included in the need to improve staffing is that for security forces at our behavioral health facilities. Those forces must be expanded to meet the challenges presented by forensic patients, with enhanced training and a process to ensure they have back up available if needed to protect the patient population and healthcare workforce.
- **Comprehensive Training for All Staff for Violence Prevention**

  There is a need for comprehensive education and training for all staff to address issues related to identifying and deescalating potentially violent patients, while also educating staff on how to respond to staff and residents who are the victims of workplace violence.
- **Joint Process to Create Appropriate Differentiated Policies to Ensure Appropriate Care for the Forensic, Court Involved and Traditions Continuing Care Patient Populations**

  This process should include all the unions and frontline caregivers working with management to ensure policies are established that ensure all patients are provided the appropriate level of care and safety.
- **A process to educate court officials about the unique needs of the forensic population to ensure proper determination of their placement within the behavioral health system.**

  While the silent transformation has occurred within the settings where care is delivered, we believe that court officials, who initiate the placement of forensic and court involved patients also need to be better informed about the actual capacity of the system to meet the needs of this population, as well as the impact of their decisions on the continuing care population. All parties to this issue must work together to better understand and then respond to this crisis.

- **Passage of An Act Requiring Health Care Employers to Develop and Implement Programs to Prevent Workplace Violence**

  Workplace violence is an issue of grave concern in all health care settings, a situation only made more dire in our behavioral health facilities with the misplacement of more violent forensic patients. In addition to the solutions outlined above, staff in all settings will benefit from legislation, the language of which was negotiated jointly by the MNA and Massachusetts Health and Hospital Association in 2024, that require healthcare employers to perform an annual safety risk assessment and, based on those findings, develop, and implement programs to minimize the danger of workplace violence to employees and patients.

Conclusion

The current system of care for residents of the Commonwealth suffering from the most acute behavioral health conditions – whether they are traditional continuing care clients or the increasing population of the forensic and court involved patients – is failing all concerned, including the dedicated staff who deliver their care. This paper is an attempt to shine a light on this failure, why and how it transpired, with the ultimate goal of moving all who are involved in this system to begin a process for restoring safety, and more importantly, to build a system that ensures the delivery of high quality care to the most vulnerable members of our community.

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