

**DRAFT Meeting Minutes for the  
Hospital and Crisis Services Initiative Group  
Friday, March 3<sup>rd</sup>, 2006**

**Sebago Room  
Riverview Psychiatric Center  
Augusta, Maine**

**Present:** Annette Adams, Acadia; Steve Addario, Sweetser; Diane Belanger, Turner Crisis/Rumford Group Homes; Lorraine Chamberlain, AMHC; Anne Conners, Muskie; Dr. Andy Cook, OCFS-DHHS; Wes Davidson, AMHC; Peter Driscoll, Amistad; John Edwards, WCPA; Darlene K. Hayden, Oxford County Mental Health Services; Elizabeth Jones, DHHS Consultant; Cheryl LeBlond, Mid Coast Mental Health; Carlton Lewis, Acting MH Team Leader DHHS Region I; Kirk Little, Ingraham; Thomas Lynn, CHCS Crisis Services; Simonne Maline, Amistad/Maine Warm Line; Mary Jean Mork, Spring Harbor, MMC; Scott Moore, Crisis and Counseling; Dr. William Nelson, RPC; Larry Plant, Director, Behavioral Services, SMMC; Lee Rice, DHHS QI; Corey Schwinn, WCPA; Sharon Sprague, DHHS AMHS; Rita Soulard, SMMC; Richard Weiss, MoCo; Roger Wentworth, Sweetser; Bill Wypyski, Acadia Hospital; Doug Patrick, OCFS-DHHS; Margaret Rode, MH Team Leader DHHS Region II.

Following Introductions, Sharon Sprague distributed a report by the National Alliance for the Mentally Ill, *Grading the States 2006: A Report on America's Health Care System for Serious Mental Illness*. Maine received an overall grade of B minus. Only five states in the country received B grades; no states received As.

### **Elizabeth Jones Tasks**

Ms. Jones reported that she met with Acting DHHS Commissioner Brenda Harvey to discuss the two-fold purpose of her tasks as they relate to areas of the community plan that are not yet accepted by the court master and as they relate to strengthening mental health services in the state. Ms. Jones will make recommendations to Ms. Sprague and Ms. Harvey, who will then decide on which recommendations to implement.

Given the pressures the consent decree, Ms. Jones said that her recommendations in three main areas – *Vocational Services, Hospital Beds, and Continuity of Care*, must be completed by July 2006.

### **Framework of Tasks**

Subject: Hospital Beds

Timeframe: Recommendations due on April 1, 2006

Description: Prepare a report to the Commissioner advising as to the need for additional beds at Riverview.

### **Specifics**

- Confer with interested parties (i.e., committee members; jails; hospitals; providers of community residential, crisis, and other supports; Superintendents of

Riverview and Dorothea Dix Hospitals; DHHS staff; consumers; Court Master and plaintiffs' attorneys.

- Analyze admission process/data at Riverview.
- Analyze discharge process/data at Riverview and obstacles to community placement.
- Analyze community resource needs.

**Subject: Vocational Services**

**Timeframe:** Recommendations due May 31, 2006

**Specifics**

- Review vocational services plan submitted to the Court Master on 11/18/05.
- Develop program requirements for inclusion in an RFP.
- Develop evaluation criteria for selection of proposals in response to above RFP.
- Confer with providers, clients, and representatives of DHHS and DVR.

**Subject: Continuity of Care**

**Timeframe:** Recommendations due June 30, 2006

**Description:** Prepare recommendations for policies and procedures regarding the use of both community and hospital resources in order to ensure continuity of care.

**Specifics**

- Confer with interested parties (see above).
- Analyze provision of crisis services and use of ERs.
- Analyze transition of client between providers.
- Analyze discharge processes at state psychiatric hospitals and community hospitals and identify barriers to timely discharge.
- Analyze sufficiency of resources needed for continuity of care.

The following work groups have been developed to assist Ms. Jones in arriving at recommendations in these areas. The groups and their meeting schedule follow:

<b>Group</b>	<b>Date</b>	<b>Time</b>	<b>Place</b>
Vocational Services Workgroup	Friday, March 17	9 a.m. to 10:30 a.m.	Marquardt, Conference Room 1A
Hospital Initiative Meeting	Wednesday, March 29	10 a.m. to 11 a.m.	Marquardt, Conference Room 1A
Referral Process Workgroup	Thursday, March 30	9 a.m. to 10 a.m.	Marquardt, Conference Room 1A
Observation Bed/Crisis Svc Workgroup	Tuesday, April 25	10:30 a.m. to 12:30 p.m.	Marquardt, OSA Conference Room, 3 <sup>rd</sup> Floor
Complex Client Workgroup	Wednesday, April 26	10 a.m. to noon	Bangor, Region III Office

Hospital Discharge Workgroup	Wednesday, April 26	1:30 p.m. to 3:30 p.m.	Bangor, Region III Office
Hospital Initiative Meeting	Friday, May 5	10 a.m. to 11 a.m.	Marquardt, OSA Conference Room, 3 <sup>rd</sup> Floor

In gathering these recommendations, Ms. Jones said it is important to her that work not be limited to one area of the state and that client voice be heard. She also said that she plans to have discussions with people actually providing the services both in person and over the phone, asking what it’s like to do the work and what the barriers have been.

Anyone interested in participating in these groups should RSVP to Anne Conners at the Muskie School, 626 5047 or [anne.conners@maine.gov](mailto:anne.conners@maine.gov).

In response to a question raised at February’s Initiative meeting, Ms. Jones said that only one other state in the country, Arizona, has implemented managed care while under a consent decree. She suggested that the director of mental health from Arizona speak with Initiative members at some point.

Overarching themes in completing this work include: collaboration, clearing up myths, focusing on strengths and continuity of care; and preserving a state system that is progressive yet keeps in place what is working.

### **Discussion on Vocational Services**

Ms. Jones said that the Department has agreed to work with Roberta Hurley, who is a consultant at Riverview, on supported employment. The Department’s goal is to strengthen the availability of supported employment in the state using the individual placement and support model. Ms. Sprague announced that the Department has requested \$200,000 in the Supplemental Budget for an RFP for supported employment. If the request is not granted in the supplemental budget, the Department will try to find the funds through another source, she said.

A recent University of Chicago study shows that supported employment is highly successful regardless of an individual’s diagnosis, Ms. Jones said. There are concerns, she said, about whether sufficient vocational rehabilitation funds come to community mental health agencies.

Wes Davidson said that supported employment for vocational services has become “non-existent for us.” Ms. Jones noted that other states have much more collaboration between the vocational rehabilitation and mental health systems.

### **Discussion on Hospital Beds**

Ms. Jones said she is currently looking at Riverview itself and whether something can be done to free up beds for civil rather than for forensic patients. Richard Weiss said that the average length of stay at Riverview prevents the hospital from having beds available for

new patients and that it is “one major area that needs to be solved.” Ms. Jones said that appropriate supports aren’t in place in the community so people can’t leave the hospital. Mary Louise McEwen said that on any given day, 50 percent of the patients at Dorothea Dix are ready to leave if there was place for them to go.

Dr. William Nelson suggested reexamining the guiding principles and offered his personal opinion that the principles contain too many “number one priorities.” Ms. Jones suggested that the principles be sent out with the meeting minutes and that participants “mark them up as you read them.”

In Region III, Debra Henderlong said that Vacancy Review/Census Management meetings take place every week and that community providers participate via phone. Ms. Sprague said that at Status Review meetings at Riverview, cases are discussed regionally and providers are invited to participate. Regarding the discharge planning process, Ms. Sprague said that community support services should be continued while the person is in the hospital. Providers should discuss this with their grant manager if there are funding issues, she said.

Bill Wypyski said that from his perspective, in Region III, discharges are going well with an 11-day length of stay in Acadia’s five units. The outlier cases, he said, are individuals with neurological problems, blunt head trauma, etc., for who it is very difficult to find a placement. “With that group of people, it’s not 11 days, it’s a month.”

### **Continuity of Care Discussion**

Ms. Jones said that she is looking at crisis services, the use of the Emergency Room, and the compliance of ACT teams with the fidelity scale with the largest question being one around the availability of resources. “What resources will be necessary to bring the system into compliance?”

Mr. Davidson said that the mental health system gets the biggest black eye in the disconnect between crisis providers and in-patient admissions. You can’t get access to in-patient units. You just hit a wall – a disposition that should take an hour sometimes takes days.”

Peter Driscoll said that “the folks I see on a daily basis are hungry for a sense of community, not a case manager.” He said that Amistad has not been invited to attend discharge planning meetings at Riverview and that he doesn’t understand why as Amistad offers people the opportunity to come there nine hours a day, seven days a week. “When you just think about the core services, we haven’t met core needs,” he said.

Ms. Jones said both Mr. Davidson’s and Mr. Driscoll’s perspectives were crucial to the discussion. “We need to talk to each other and to bring the client perspective to the discussion.”

Regarding ACT teams, MR. Davidson said that ACT teams work effectively in high-density population areas, but doesn’t know that they translate to rural areas. Ms. Jones

said she was taken aback to learn that ACT teams in Maine do not offer round the clock services and said it is her bias that “people need to be available around the clock if that’s what people need.” Mr. Weiss suggested that the ACT model has been used for purposes other than what it is designed for. “If you adopt the model, are you going to adopt it in total.”

### **Next Meeting**

**Wednesday, March 29, 2006**

**10 a.m. to 11 a.m.**

**Marquardt Bldg.**

**Conference Room 1A**