**Mental Health Working Group**

**Mental Health System “Mapping” Subcommittee**

**Members:**

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**Meeting 10/18/19-** Craig, Katharine, Jonathan, Eric; **Revisions 11/1/19 at the MH Working Group**

A “Map” of the MH system refers to portraying the process or stages that by which a mental health consumer moves through various parts of the mental health system. This is a complex, non-linear process but in the interest of planning and clarity, we are portraying this in a table format.

**Purpose of this group:**

* Identify some visual examples of MH system Maps
* Identify “gaps” in the process and services
* Recommendations for improvement
* Suggestion for enacting legislation for improvements

**Principles of our Improved System (preliminary list):**

* Ensure least restrictive services
* Warm Handoff for consumers moving from one service to another
* Ensure continuity of service transitions
* 24/7 options for BH support/crisis assistance:

critical to have “non jail and non-ED beds/centers/locations for law enforcement to access 24/7.

**Key Takeaways/Recommendations:**

* Continuity of service transition is a critical factor for MH consumer success:
  + We have many services and supports in Maine;
  + Some new services are needed;
  + Others need to be expanded or further developed
* Lack of continuity in service transition is a significant reason for consumers “falling through the cracks” and ending up at the ED, with Law Enforcement or homeless.
* Expand access to care. Limits to access to services is a critical issue- insufficient services (such as PATH Case Management or Medication Management) must be addressed
* Consider MH “Navigators” similar to those in the physical health care service array (peers a key part of this)

**Barriers:**

* Gaps in service transition (people “fall out” of the system in those transitions)
* Lack of housing
* Lack of transportation
* No single point of access system
* Service gaps and limits to access to care (shortage of prescribers, lack of PATH Case Mgmt, etc)
* Insufficiently robust crisis system
* Lack of alternatives to the ED or Jail, for Law Enforcement
* Variable MaineCare eligibility
* Insufficient, unclear and inaccurate information for consumers about the system

**“Map” of system flow, for a client of BH services (one view)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Call Center- Single Point * Crisis Telephone Support | * 211 * Warmline * Mobile Crisis * BH referral * PCP referral * Family/natural/ peer/community supports * 12 step programs * Support groups | * Peer respite * Recovery Centers * Club houses | * Outpatient Therapy & SUD tx * Medication Management * Behavioral Health Home * Case Management (limited) * Crisis Stabilization Unit * PATH case management * ACT services * PIER (first episode) * PNMI Residential Services * Daily Living Support Services * Community Rehab Services * Employment Support Services | * Hospital * Emergency Department * Law Enforcement System * Homelessness |

Example by Karen Evans for an adult consumer:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Warmline | Mobile Crisis | Peer Respite | CSU | ED/Hospital/Police |

Katharine: Georgia model for single point of access- call service that can directly make appointments, do the warm handoff

Shared a link about more info: <https://sites.google.com/site/gadeptbhdd/organizational-chart>

Craig: Critical to service continuity and warm handoffs is a payment system that can reimburse for those services. Absent today…

Jonathan: Law enforcement needs a 24/7 service to bring people who need MH services and DON’T need the ED or Jail

* Issues of consent, for people that don’t want tx but shouldn’t be in jail

Eric: CSU – in order to accept, need a medical component of tx (tox screen, etc)