

Notes on third Mental Health Working Group meeting

October 18, 2019, 9:00 am – 12:00 pm
Department of Health & Human Services
109 Capitol St., Room “Maine A”

9:10 – 9:40 Presentation from Beth Connolly of Pew Charitable Trust on their work to map behavioral health resources for Maine DHHS

- Mental health and substance abuse go hand in hand
- Maine: Tied for 16th in suicide rate as of 2016
- Maine has displayed healthy growth in increasing MAT providers
 - We need (and will soon have) better data on prescription rates
- Connecting patients: in NJ there is one number to call, client is directed to appropriate level of care in their community
- Open Beds: online tool, performs assessment. Algorithms give you appropriate place with bed availability data. Vendor-based tool, state-based decision. Sometimes leads client to providers not covered by insurance.
- Q: How can we get details on what we need to do to meet need?
 - A: Commissioner Lambrew said new staffer is doing that. Using Pew research, DHHS will identify gaps in capacity
- Q: How are we interfacing to know that we have capacity or create some other diversion so we don't take them to jail?
 - A: Jess Pollard will know more, but this will be a resource for law enforcement, mental health providers, everybody
- Q: What are standards? Providers by population.
 - A: This is a dilemma. Psych services are so few across USA. It's impossible to determine how many is right match. No standards to say how many per state.
- Q: Donna. Three places: homeless, jail, ER. Tool should be able to help no matter where people come from.
 - A: Stigma is pervasive. Even practitioners who do not want certain people in their waiting rooms—some do not want to work with people coming from criminal justice system. Training is important.
- Q: Commissioner Sauschuck: We must train providers as well as officers. Can you walk us through single point of entry? Does the officer facilitate a phone call? What does proper door look like at 2am?
 - A: Patient calls with support of people around them. Person on phone asks questions and tells them where to go. Officer facilitates transportation if possible. This works when you have capacity.
- Q: How do we map demand for services not being met? How can we measure people who don't ask for services? We know they are out there.
 - A: measuring actual need is difficult. Poly substance use is on the rise. Different substances are used in different regions. For opioid use disorder, there is MAT. This does not exist for cocaine, meth, etc.
- Q: Frequent User System Engagement (FUSE) program wraps housing and services around users of most expensive services in state. Outcomes: people get stabilized. There is a bill in the Legislature to bring it back.

- A: Many of these types of programs are very small and very expensive. Hard to tell if it will work in Maine without pilots in certain places.

9:45 – 11:00 Preliminary review of mental health systems maps collected to date; initial identification of gaps and needs; report backs from subgroups

- Rep. Warren: The MHWG was formed because we spend a lot of time talking with law enforcement, corrections, and hospitals. We all know we have broken system. ERs and jails are expensive places, cost us a lot.
- Rep. Warren has law enforcement perspective, Sen. Breen has mental health system perspective. Point: find out what is missing. We know that a lot happens before police get involved. This is just a visual for us to see what's going wrong. This is important for us to make shared recommendations. These maps are to help us identify the gaps.
- Mental health system is underrepresented, as is “before crisis” scenario (before clients enter the system)
 - Rep. Warren: Maps available to the working group today are what we got from people. I followed up with criminal justice people and got their flow charts. We haven't yet received maps from the mental health side.
- Karen Evans: Peer perspective.
 - In crisis, first thing I want is to call Warm Line. Use talk therapy to potentially solve situation.
 - After: Crisis mobile—one of better solutions.
 - Next: Peer respite – a program that has done well in other states.
 - Next: Crisis stabilization.
 - THEN police may be called. If calling from home, you want least restrictive enviro you can get. Hospital and police are last resorts.
 - Additionally, clients need a warm hand-off.
- Rep. Warren: do we have place for police to call? Not Warm Line, which is peer to peer.
 - Comm. Sauschuck: Police need info
 - Sheriff Joyce: Law enforcement needs resources. Maps are the reactive part. We need to stop the practice of tactical teams going out on mental health calls.
- Kathryn: re crisis: I will talk to law enforcement. Not all mobile providers are as available as they were two years ago. Not all mobile providers are available for the police to call 24/7, where the Maine Crisis Line is now used as the primary number.

Report backs:

Crisis Services subgroup - Representatives from law enforcement, consumers and providers

- The crisis services system needs help in capacity expansion. There were major changes a year ago in payment structure.
- Karen: Mobile crisis could do assessment.
 - Living Room Project – located in central place for consumers to go to get support. Come in, do assessment. Works in other states.
- Sheriff Joyce: Best practice: police ride-alongs with a mental health liaison. We do it in Portland, and we need it in rural areas.

- Connections to MaineCare for people who qualify? Streamline application process to cut down on the lag time.
 - Agents of continuity. Intensive Case Managers – no longer exist. Jails discharge to homelessness.
- Sheriff Joyce: SSI, BRAP, MaineCare, Med management, case management; in between all these there's no one the individual can call
- Cullen: agents of continuity are missing. Intensive case managers; lack of continuity leads to homelessness
- John: in Lewiston members of the ACT team travel with LPD on various days of the week and that's very helpful to defuse situations; on green map missing is court-ordered plan to stay on treatment plan and work with local ACT team
- Eric: We need a warm handoff, ensuring continuity so people don't fall through gaps. Continuity of service transition
 - Malory: Presumptive eligibility for Medicaid can help cover gaps. If a client is likely eligible, they can get coverage now. This can be expanded through legislation.
 - This has been successful with the homeless population.
- Darcy: Early intervention is so important. Meditation, conversations in school. Darcy knows of kids in school who could use it.
- What is the appeal process for people wrongly discharged?
- Eric: principles underlie all of this. Least restrictive as a basic principle, warm handoffs, ensuring continuity of service transition
- Donna: consider how intact jail and EDs are as systems and how disparate other systems are; need to look at law about discharge nursing homes and assisted facilities to say that discharge to the street is considered not safe
- Some Recommendations:
 - Review available crisis services
 - Disseminate information more effectively
 - Develop warm handoff (i.e. ACT, Case Management)
 - Use telehealth to connect individuals with services
 - Greater information sharing – Smart 911, wrist ID bracelets
 - Restructure payment method
 - Increase education
 - Increase availability of Intensive Case Managers (ICMs)

Bureaucracy subgroup - Malory S., Kevin V., Kevin J.

- Sec. 17 is a bad home for ACT. We should give ACT its own home.
 - PNMI rely on sec 17 out of community support program.
- Eric: Spurwink exists in duplicative world. Auditing is important, but the bureaucratic duplication has gotten to a bad level.
 - Duplication uses up a lot of the mental health resources in the state
- Some Recommendations:
 - Move ACT and PNMI out from Sect. 17
 - Universal Application
 - Change time for prior authorizations to 6 to 12 months (currently, 90 days)
 - Implement Presumptive Eligibility
 - Quarterly meetings to review regs

- Rep. Warren: Have another meeting, and when you report back to us, make sure staff gets everything digitally.

Housing subgroup – Kevin V.

- We need to have a larger discussion re: housing. Why don't vouchers cover expenses? Housing is related to everything.
- Some additional barriers discussed were: housing may be available, but individual may not have transportation, landlords/providers lack of knowledge of what resources are available to develop housing options such as supported housing, lack of training regarding regulations and rights of individuals. Members agreed that without housing treatment etc. will fail.
- Kevin V. will disseminate their findings via email soon.

Information requested from DHHS for the next meeting:

What is mobile crisis, what is the crisis line, how are they different and where are they.