Sen. Cathy Breen and Rep. Charlotte Warren

Mental Health Working Group

20 SEPTEMBER 2019 / 9:00 am – 12:00 pm

Department of Health and Human Services

109 Capitol Street, Room "Maine A"

AGENDA

Introductions

- Participants
  - Sen. Cathy Breen, Chair
  - Rep. Charlotte Warren, Chair
  - Commissioner Randall Liberty from the Department of Corrections
  - Ali Lovejoy, Supervisor, Clinical Intervention Program at Preble Street
  - Chief Leonard MacDaid, Newport Police
  - Tom McAdam – Kennebec Behavioral Health
  - Dr. Jessica Pollard, Dir., Substance Abuse and Mental Health Services (DHHS)
  - Darcy Shargo, Maine Primary Care Association
  - Kevin Voyvodich, Disability Rights Maine

- Staff
  - Kathryn Temple, Mental Health Program Manager, DHHS
  - Molly Bogart, Government Relations, DHHS
  - Craig Nale, Sen. Pres. Office
  - Patrick Rankin, Sen. Pres. Office
  - Reggie Parsons, Speaker's Office
  - Denise Gilbert, Legislative Coordinator DHHS

- Also present
  - Julie Finn, Judicial Branch
  - Patty Wight, Maine Public
  - Joe Lawlor, Press Herald
  - WABI TV station

- Note: several appointees including Simonne Maline, Karen Evans, Eric Meyer, and others sent regrets due to other obligations and will attend future meetings. The meeting was recorded by Disability Rights Maine for review by Simonne and Karen.

Objectives

- Reading of the statute
- Determining the scope of our work
  - Capacity but no staff – common and persistent problem
  - No reserve staff
  - This bill lives in DHHS but we will report back to four committees
  - DHHS is already doing good work as part of the Mills Administration
  - Important to take snapshot of what is happening right now – what we do right and where we can improve
  - The group will determine what is working well in the mental health system and what is not working well. How do we measure this? A key concern driving the implementation of this bill is that too many people with mental health and substance abuse treatment needs are being housed for long periods of time in hospital emergency departments, prisons and jails. Some issues to be considered are costs, lack of staff, medication management, effect of MaineCare Expansion.

Discussion

- Evaluation of the current state of mental health care and management
- How are we succeeding?
    - NAMI has done a good job with Crisis Intervention Training (CIT)/Diversion
        - Divert individuals to appropriate resources instead of jail
    - Criminal Justice Academy requires officers to have mental health first aid as part of mandatory curriculum. Corrections officers receive 20 hours of mental health training
    - Maine is a leader in early detection, which reduces incarceration and hospitalization and improves long-term outcomes
        - Sen. Breen has sponsored a bill, LD 1461, to expand Maine Med program; the bill is carried over to the Second Regular Session
    - Reduced number of children held at Long Creek; receiving treatment but some may be sent out of state
        - Many needed treatment, not incarceration
        - Services not available in Maine
    - Increased focus on identifying social determinants of health
    - Expansion of Medicaid
    - Bridging Rental Assistance Program (BRAP)
        - State-funded housing voucher with hopes that client gets Section 8
        - Useful for individuals leaving Riverview, Dorothea Dix
        - Uses Section 17 eligibility to confer eligibility for BRAP – may create gap for those with substance use disorder but not a co-occurring mental health challenge.
        - No wait list for vouchers, but a delay with administration and finding placement
        - BRAP less affordable than Sec. 8 (51% of income (BRAP) vs. 30% (Sec. 8)) – can we see what it looks like at different percentages? If these are equal, there's no push to get off of BRAP, which is supposed to be temporary
    - Supervised Community Confinement: What do we do when folks are ready to get back into community but can't find a home? 80% of clients fit this description.
    - More autonomy, individual rights for people to deny services – may have positive and negative implications
        - Many providers use Critical Case Unit to strategize on ways to support people
    - Maine has high answer rate for crisis hotline – we actually answer the phone and can direct people to the appropriate resources
        - Opportunity Alliance in Portland is hub – 24/7
        - OA has updated text line as well – for teenagers, mainly
    - Behavioral Health Home program – coordination of services. Comprehensive way to do case management
        - Can we measure success? *Kathryn (DHHS) will follow up*

- Where are our opportunities for improvement?
    - See previous section for potential improvement within BRAP (available housing, eligibility, and income requirements)
    - Rep. Warren: We need to know when clients are incarcerated or hospitalized — need improved flow of information between those systems
        - Comm. Liberty: we are working on enhancing communication so we do not place them back in jail to wait for a bed at Riverview – quicker we can get individuals from ER or jails to resources, the better
        - IMHU – can next meeting be at prison/IMHU?
    - Reimbursement rates and reimbursement structure/care coordination
        - Providers need to be able to submit bills for various services (care coordination)
        - Minimum wage is having an effect
    - Matching supply and demand more effectively. Fewer resources, but also being more systematic. Better matching of services to clients.
    - Knowledge about resources among providers – centralized source of information should be a priority

- Overcoming stigma/discrimination – many people believe that SUD and mental illness can be cured by a job or just dealing with it
    - Some legislators propose increasing penalties/punishment for people with persistent mental illness who need treatment. Society seems OK with this.
- Continuity of care. Lack of follow up from PNMI to shelter, for example; clients keep starting over
- Support for individuals with co-occurring disorders.
- Med Mgmt.: waitlist of 400-600 for psychiatry services.
    - Difficult to recruit psychiatrists and Maine doesn't produce many
    - Not everyone wants to work in a rural state, we don't have incentive programs
- Rep. Warren: We have to figure out how we feel about incarcerating people with SUD
    - Should be treated with medical model – it's a public health issue
    - Our laws have not caught up to this way of thinking
    - Comm. Liberty Police are not always given the tools to respond in a medical/mental health way. They use tactics they know, which may unintentionally escalate a situation.
- Increased access to peer services

- Which metrics should we use to determine success or failure?
    - Data needs:
        - *Inventory of waiting lists (DHHS and Providers)*
            - SUD
            - Med Mgmt.
            - DHHS can provide waitlists for funding for services, providers will have to provide waitlists due to staffing.
        - *Number of homeless with severe and persistent mental illness (HMIS)*
            - Problematic because of self-reporting
        - *Number of open staff positions on provider side (Providers)*
        - *Jail diversion programs data (DHHS)*
            - DHHS is just beginning to collect this in EIS system
        - Number of arrests/jail days for population DHHS is serving
            - Both categories of behavioral health: mental health and SUD
            - Need integration of software, data by county
            - *Rep. Warren will ask Sheriff Joyce for existing data on arrest, matching up to services*
            - Every jail has different formulary for medication
            - Define limitations. How many times does someone come to jail and medication is switched
        - *Status of consent decree? Useful to get update from Judge Wathen? We will invite him to meeting on 10/4 (Senator Breen)*
        - *Emergency department/diversion data. Reach out to hospitals/DHHS for data on length of stays, arrests, etc. (DHHS, Hospitals, Providers)*
        - Interaction on emergency department/blue paper/crisis situation
        - Adult Protective Services: tools to help are limited if the person is determined to have "capacity"
        - Housing Data – list of fair market values to get at assets for housing resources – cost of living in certain communities
            - Possibility of inviting a representative from Maine Housing (MSHA)? Shalom House?
        - On-the-ground, anecdotal stories will be helpful – people with knowledge of what's happening
        - Other states' approaches – Craig Nale is pursuing this
            - Connecticut
            - PEW report on Vermont
        - Data on impacts of not treating individuals. If we make investments, what do we save in the long run?
            - When we incarcerate, who relies on the incarcerated individual that is left behind? What does it cost the state?

        - *What percentage of the population we are serving is working or in school? (DHHS will find out)*
        - *Data on clubhouses – Tom will provide (MEJ might have this)*
        - Inventory of services, what is spent on each service, what is spent on each service. Geographic overlay would be helpful
        - Crisis call data
        - How many extra days are individuals spending in the hospital waiting for placement?
        - *Waiting lists for treatment after MaineCare expansion? Are we still asking people to come back in five weeks? (Providers)*
        - *Number of prescribers?*
            - *Number of waivers and how many are actually using them? (Gordon Smith may have this) (DHHS may be able to find this, too)*
        - *Amount of time between referral and first appointment (Providers)*
        - *Data since diversion courts have been set up – success rate? (Julie Finn can help with co-occurring, veterans' courts)*
        - Suicide rates
            - Publicly available: https://www.maine.gov/suicide/docs/Lifespan-Data-Brief-2018.pdf (Molly is seeing if CDC has updated this for 2019)

Data on equitability of service based on race/gender of clients

Current practice by Departments

- What is DHHS' current practice related to reducing hospitalizations and incarcerations?
    - In progress
        - Would like to improve wait lists and referrals by having an interactive, real-time tool to connect clients to appropriate services
        - Progress: working with PEW to map data around resources, need to put it together with community needs to identify where and what our gaps are
        - Looking to improve warm handoffs of those in crisis. A promising model to consider is crisis intake centers - physical location where a hand-off can occur, takes ten minutes, client is connected with services. Other states have done this, and it has been cost-effective. Dr. Pollard will provide information
        - Bringing in new staff who are committed to positive change
        - Committed to jail diversion programming
        - Intensive Case Managers
            - Linking people with MaineCare, other services when they leave jails
        - Recovery coaches to follow up with people who overdose
- What is the Department of Corrections' current practice related to reducing incarcerations and getting people the mental health or substance use disorder treatment they need?
        - Intensive Mental Health Unit (IMHU) at the Maine State Prison - Approx. $7m in state funding for behavioral health services
    - DOC has kicked off a MAT program for incarcerated individuals
        - Counseling/prescription/ride home. 85% success rate
        - Difficulty: Some jails are not taking part; not sure how long to continue MAT; drugs are enormously expensive
        - Would need $10m to continue the program
        - Working with Gordon Smith on best practices, developing statewide SOP

Ten-minute break

Visioning

- What are our goals?
- What can we reasonably accomplish in the given time?

Further discussion

- What information do we need to achieve our goals?
- Whom do we need to invite to inform our work?
    - Maine State Housing Authority?
    - Shalom House?
    - Prosecutor to report on diversion programs
    - Defense attorneys
    - District Attorneys
    - NAMI (Jenna Mehnert will be at the next meeting)
    - Private provider
    - Judge Wathen
    - Elizabeth Simoni (pretrial services)?
    - Someone in system to give suggestions (have consumers appointed to the group, they can hopefully attend future meetings)
- Establishment of norms for communicating and working together
- List of participants and alternatives from each participant

Next meeting

- Friday, October 4, 1pm – 4pm