Sen. Cathy Breen and Rep. Charlotte Warren

Mental Health Working Group



**04 OCTOBER 2019 / 1:00 PM – 4:00 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
	+ Donna Yellen, Preble Street
	+ Malory Shaugnessy, Alliance for Addiction and Mental Health Services
	+ Chief Leonard MacDaid, Newport Police
	+ Sheriff Kevin Joyce, Maine State Sheriff’s Association
	+ Darcy Shargo, Maine Primary Care Association
	+ Kevin Voyvodich, Disability Rights Maine
	+ Dr. Matthew Davis, Riverview Psychiatric Center
	+ Dan Wathen, Court Master
	+ Eric Meyer, Spurwink
	+ Jenna Mehnert, NAMI
	+ Norman Maze, Shalom House
	+ Cullen Ryan, Community Housing of Maine
	+ Nancy Mills, Judicial Branch
	+ Julie Finn, Judicial Branch
	+ Scott Oxley, Acadia Hospital
	+ DA Jonathan Sahrbeck
	+ Rod Bouffard, Riverview Psychiatric Center
	+ Cullen Ryan, Community Housing of 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

**Judge Daniel Wathen: Update on status of AMHI Consent Decree, Q & A**

* + Review of [Consent Decree](https://www.namimaine.org/page/ConsentDecree)
	+ Compliance is defined by the Supreme Judicial Court (SJC) as timeliness, reasonable resources and specific numerical goals
	+ Key problems:
		- Lack of housing and employment opportunities
		- Lack of timely access to quality, appropriate services
		- Problems with contract management and enforcement
		- The grievance process rarely results in relief
		- Punishments such as suspension of licenses and contract rescission are too punitive
	+ If [LD 1822](http://legislature.maine.gov/LawMakerWeb/summary.asp?ID=280074407) (carried over)is enacted, parties of the Consent Decree will likely submit a petition for dismissal
		- Legislature would act first, then courts
		- This could happen three months after enactment
	+ Overarching problem is one of management, not resources
		- Maine spends $345/year per capita on mental health care, considerably more than the national average
		- These numbers can be debated as different states have different methods for determining this. Some states include Medicaid and some don’t, some spend money through county system so it isn’t reflected in state numbers, etc.
	+ Medication Management is in short supply because reimbursement rates are out of step with the market
		- Long wait list, most providers operate at a loss
		- Medication Management is trial and error process and requires time—not a simple process
	+ One thing Maine did right: provide an expansive menu of mental health services under the consent decree
		- This prohibited cuts during economic downturns
		- Challenge now is ensuring timely and equitable access to appropriate services

**Update from Jenna Mehnert on NAMI’s current activities**

* NAMI is the “grout between the tiles”
	+ Advocacy, education and support
* Crisis Intervention Team (CIT) is about building connections, meaningful interactions
* Stepping up police training
	+ Goal: 20% CIT trained, 100% mental health first aid trained
	+ Certification program at Police Academy for officers with a talent for responding to mental health-related calls
		- Comm. Liberty – I will follow up on this
	+ Boston is a good model
		- Has certified clinician on all mental health-related calls and knows where to bring the person (not jail)
* We need to share information about what resources are available
	+ Crisis Stabilization Units often have space but police don’t know this
	+ DHHS would like to work with PEW to centralize info – one-stop shop
* According to consumers (Karen Evans), the top priority is housing availability.

**Update from Sheriff Joyce on Maine Sheriff Association’s current activities**

* Priorities from his perspective
	+ Medically Assisted Treatment (MAT)
		- Currently being used but takes a while to start up the program
		- Jails currently use Methadone and Buprenorphine
		- Need centralized system to keep records of inmates so we know what they need
		- Some inmates swallow all of their drugs before being brought to jail and suffer adverse health effects or die as a result
		- Finding staff to administer MAT in jails is difficult
	+ Education challenges
		- Many inmates struggle with literacy
	+ There are not enough ‘first offender’ programs
		- Paint schools instead of go to jail

**Flowchart – how and where a mental health client enters and travels through various systems**

* Three worst-case scenarios: Jail, hospital, homelessness
* Model?
	+ Hub-and-spoke (hubs=CSUs)
	+ CSUs aren’t for everybody. We need to provide choice
	+ If making a flow chart were easy, we would have one
	+ Start with jails, hospitals and shelters to find out how people got there
	+ DHHS currently working with Pew to map resources
* Smaller groups to work on specific tasks:
	+ Mapping
	+ Workforce
	+ Admin rules
	+ Bureaucracy
	+ Crisis services
	+ Resource allocation (what are we spending and how are we spending it?)
	+ Housing

**Next Steps**

* Next meeting: Friday, October 18 – 9am to 12pm
* Shore up mapping, consult sub-group
	+ DHHS/PEW will do a mapping presentation at 10/18 meeting
* Craig Nale: What are other states doing?
* Data request: What are our Medicaid reimbursement rates like compared with other states?
* Finalize online presence by Friday, 10/11
* Finding which items we can include in our recommendations right away and matching carried-over bills to these aims