State of Maine

SYSTEMS ASSESSMENT COMMISSION

INITIAL REPORT

January 15, 1990

State of Maine

SYSTEMS ASSESSMENT COMMISSION

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State of Maine
SYSTEMS ASSESSMENT COMMISSION

ROOM 434, STATE HOUSE, State House Station #115, Augusta, Maine 04333 TELEPHONE: 207/289-3123

January 15, 1990

Honorable N. Paul Gauvreau, Senate Chair
Honorable Peter J. Manning, House Chair
Joint Standing Committee on Human Resources
114th State of Maine Legislature
Augusta, Maine 04333

Dear Senator Gauvreau and Representative Manning:

On behalf of the members of the State of Maine Systems Assessment Commission, I am pleased to submit our initial report to you and your committee.

The members of the commission are endeavoring to develop recommendations for a State of Maine mental health system that will be worthy of an enlightened and humane society, committed to promote mental health, reduce the risks of mental illness, and provide appropriate treatment and support services for those affected by mental illness. Our aim is to provide the Legislature and the Executive with a long-range plan for State mental health services that is patient and client oriented, high in quality, cost effective and, to the maximum extent possible, community based and integrated with other public and private prevention, treatment and support services.

Our report indicates our direction, our preliminary findings and our work plan. We hope your committee and the Legislature will support L.D. 1839, granting the commission an extension to December 15, 1990, for its final report.

We look forward to working with the Human Resources Committee in the development of our recommendations.

Sincerely,

Donald E. Nicoll
Chair

ENCLOSURE

DEN/n

State of Maine
SYSTEMS ASSESSMENT COMMISSION

Initial Report
January 15, 1990

INTRODUCTION

The State of Maine Systems Assessment Commission is submitting its initial report in accordance with Sec. 8, Part BB, Sec. 2, Ch. 50, P.L. 1989. The report includes a review of its statutory mandate, a description of the approach commission members are taking in fulfilling their responsibilities, information on preliminary commission findings, and its proposed work plan. The commission has requested an extension of time for its work and final report to December 15, 1990. Legislation that would authorize that extension (L.D. 1839) is now pending before the Joint Standing Committee on Human Resources.

The Legislature created the Systems Assessment Commission to perform several tasks:

> (1) "to review the costs of the Augusta Mental Health Institute and the Bangor Mental Health Institute and to formulate specific proposals for alternative systems of care. The commission is authorized to determine how best to use state money in providing the most appropriate treatment for persons with severe long-term mental illness." (par. C.)
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> (2) to "develop a long-range plan for the Augusta Mental Health Institute and the Bangor Mental Health Institute. The plan shall include consideration of the creation of a smaller acute care facility or facilities to take the place of the current facilities and any other option for humane, safe and cost-effective delivery of services to Maine's mentally ill citizens. Following the development of a long-range plan for the Augusta Mental Health Institute, the commission shall develop a plan for the Bangor Mental Health Institute. Any plans developed shall also include an assessment of the need for and delivery of community services, including consideration of the drafting of model legislation governing the delivery of mental health services statewide." (par. G.(1))
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> (3) to prepare a final report that "shall include a complete plan for the Augusta Mental Health Institute and the Bangor Mental Health Institute, including a full assessment of an alternative facility or facilities, community resources which are needed, costs, time frames and necessary implementing legislation." (par. G.(2))

Early in its deliberations the commission concluded that any plans for the Augusta Mental Health Institute, the Bangor Mental Health Institute, alternative facilities, or community services must be developed within the context of a state mental health system that includes state government, other public and private services focused on the needs of defined populations. Some of those services would be within the purview of the Department of Mental Health and Mental Retardation. Others (e.g., housing, income maintenance, vocational rehabilitation, education, etc.) would be provided or supported by other state agencies, such as the Department of Human Services, Department of Educational

and Cultural Services, Department of Labor, Maine Housing Authority, and Department of Corrections. An effective mental health system should insure integration and continuity of services needed by the defined populations, whatever the source of the services.

The commission also concluded that it should, to the maximum extent possible, make use of the experience and initiatives of other states that have undertaken reforms in their mental health systems. The commission is, therefore, examining articles, statutes and reports from Colorado, Kansas, Michigan, New Hampshire, Ohio, Oregon, Pennsylvania, Rhode Island, Vermont, Washington State, and Wisconsin. Wherever feasible, it intends to communicate with experts from those states. The commission is also working closely with experts in and out of government in Maine, learning from their experience and knowledge. Wherever possible, the commission intends to make use of existing research, reports, and plans.

The commission has focused on the following areas and drawn some preliminary conclusions:

1. Existing Maine Law

Maine's law dealing with mental health and mental retardation is a hodge-podge of statutes targeted at specific issues and program initiatives. There is no coherent set of legislated policies that define the State's goals with respect to services or support for those at risk of, or affected by, mental illness. There is no comprehensive, legislated public policy statement of the responsibilities assigned to the Department of Mental Health and Mental Retardation and its units, including the Augusta and Bangor Mental Health Institutes. Those problems need correction.

2. Patient Population Groups

The commission believes any mental health system should be patient/client oriented. Therefore, one of its important early tasks is to develop recommendations on what groups state government and others should include in their areas of responsibility for care and support services. The commission intends to develop a conceptual framework of general societal and State of Maine government responsibilities for those who are at risk of or affected by mental illness.

In its preliminary discussions the commission has reached a consensus on those populations that should be included within state government's sphere of responsibility:

(1) those with severe or chronic mental illness;

(2) those suffering from an emotional/mental health crisis;

(3) those who are a danger to themselves or others due to mental illness; and

(4) families of those with mental illness.

The commission has obtained and reviewed pertinent information on estimates of the numbers of those categories of individuals in need of mental health services or support. It intends to refine those estimates and make some long-term projections, based on existing Maine data, the patient assessment project, and information from other states.

3. Issues and Problems

The Commission has identified the following issues and problems that it wishes to address specifically:

(1) the lack of continuity of care and services;

(2) the need for coordination between mental health and other services for those requiring special intervention for such problems as substance abuse dual diagnoses, mental health and mental retardation dual diagnoses, head injuries, and those in correctional institutions who have mental health problems;

(3) problems of reimbursement for mental health services, especially Medicaid;

(4) the need for intergovernmental coordination in delivery of services, including housing, support for living expenses, education, vocational training, etc.

(5) the need for standards of care and means for determining compliance with appropriate standards;

(6) the needs of children and adolescents;

(7) the need for services such as mental health promotion, risk reduction, crisis intervention and resolution;

(8) commitment laws, and where responsibility lies for commitments;

(9) the need for expanded education and training programs to enhance recruitment, development, retention and career opportunities for all categories of mental health personnel;

(10) the need for mental health research in state and other institutions and agencies, and affiliations with teaching and research institutions; and

(11) information needs.

WORK PLAN

The commission has adopted the following work plan, which will require an extension in its final report date under a proposed amendment (L.D. 1839) to the legislation creating the commission.

A. Phase I: September 15, 1989 - January 15, 1990 (123 days)

During this phase the commission:

1. met to organize (September 15) and held five subsequent working sessions (October 13, October 29, November 17, December 15, and January 12);

2. obtained and reviewed pertinent information on categories of individuals with mental illness and their respective care and support needs, and discussed and reached preliminary consensus on approaches to definitions and descriptions of groups of patients, clients and families and their service and support requirements that are to be used in the commission's planning;

3. obtained and reviewed some pertinent information on Maine and other state mental health systems, and discussed approaches to reaching agreement on: (a) recommended State responsibilities related to mental health (policies, standards, funding and service delivery); (b) the recommended range of services that should be made available to different groups of Maine citizens that are at risk of, or affected by, mental illness; and (c) the recommended distribution of responsibilities for delivery of services to categories of users, by types of providers;

4. reached initial agreement on the commission's probable resource requirements for completing its work plan; and

5. hereby submits its initial report containing the information on the work of the commission and its proposed work plan through December 15, 1990.

The commission has been obtaining information and advice through State departments and agencies, advisory groups, advocacy groups, other states and multi-state organizations, and consultants.

B. Phase II: January 16 - April 1, 1990 (75 days)

During this phase the Commission will:

1. invite comments and advice on its initial report;

2. gather additional information needed in connection with that report;

3. collect information related to estimates of current and projected numbers of different groups of Maine citizens at risk of, or affected by, mental illness;

4. collect information on current and projected sources of mental health services available to Maine citizens;

5. discuss the responses to the initial report and additional information gathered, and agree on additions to and revisions in its findings and recommendations; and

6. submit a revised initial report and preliminary information on its mental health service demand and supply estimates.

Phase III: April 2 - September 15, 1990 (166 days)

During this phase the commission will:

1. refine and expand its mental health service demand and supply estimates;

2. develop findings on the implications of its demand and supply estimates for State institutions, public and private inpatient, residential and ambulatory care institutions and organizations; gather information on comparative costs of services in various state, public and private settings;

3. develop preliminary recommendations for a mental health system plan for the state, including goals for the year 2000 and interim objectives, with special attention to State institutions; and

4. issue a report by September 15 containing its findings and preliminary recommendations.

Phase IV: September 16 - December 15, 1990 (90 days)

During this phase the commission will:

1. invite comments and advice on its report;

2. consider responses and additional information obtained, and revise, if necessary, its findings and preliminary recommendations;

3. obtain projected personnel (numbers, education and training needs) and facility requirements information for different components of the proposed mental health system, including community based services, AMHI, BMHI and additional or alternative State institutions recommended by the commission; organize and analyze the information to support evaluation of program options, costs, timing of program changes, and site and facility planning; and

4. prepare and submit its final report to the legislative and executive branches by December 15, 1990.

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