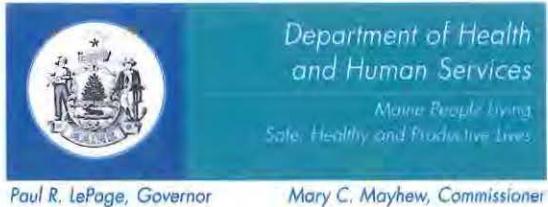


# **MAINE STATE LEGISLATURE**

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January 10, 2014

Senator Margaret Craven, Chair  
Representative Richard Farnsworth, Chair  
Joint Standing Committee on Health and Human Services  
#100 State House Station  
Augusta, ME 04333-0100

**Re: LD 968, an Act to Provide Needed Psychiatric Hospitalization  
for Persons with Mental Illness**

This report is in response to the June 19, 2013, Joint Standing Committee on Health and Human Services letter requesting the results of the Department of Health and Human Services progress on efforts to identify the need for inpatient mental health services, to address undue waiting times in hospital emergency departments (EDs) necessitated by inpatient services not being available, and to identify options for the provision of inpatient services.

The Department is currently engaged in the following initiatives to improve access to care and ensure that care is delivered in the correct setting in a timely manner:

1. Executive leadership from the two state psychiatric centers, Helen Bailey of the Disability Rights Center, and Lynn Duby of Crisis and Counseling Centers developed a questionnaire to collect data from EDs. The data elements are designed to get a more objective analysis of how many people in EDs that have been referred for psychiatric hospitalization truly require hospitalization and if so, whether they require short or long term hospitalization. The questionnaire is also designed to collect data regarding the interface between community services and EDs. The assumption is that ED wait times are sometimes due to lack of pursuit of alternatives to inpatient, lack of communication between providers, inadequate delivery of services, and inadequate discharge planning.

In collaboration with the Maine Hospital Association's Mental Health Advisory Council, several hospitals were identified as likely having the ability to engage in the data collection process. The hospitals that the Department is currently meeting with to discuss the issues surrounding people experiencing lengthy wait times in EDs and to request their participation in the data collection efforts are Maine Medical Center, Southern Maine Medical Center, Redington Fairview General Hospital, Pen Bay Health Care, and Down East Community Hospital. The initial conversations are providing helpful information and recommendations. Hospitals will collect data for 30 days beginning in January or February with results compiled by March 30, 2014.

Please see Attachment A for the ED questionnaire.

2. Individual patient conference calls are held to discuss the needs of some of the patients in the EDs whose discharge plans are challenging and sometimes in dispute. These calls are frequently coordinated by staff from DHHS' Office of Substance Abuse and Mental Health Services and are attended by the Clinical Directors of Dorothea Dix Psychiatric Center (DDPC), Riverview Psychiatric Center (RPC), Spring Harbor, Acadia, and any other hospital's Medical Director or Attending who has not been able to achieve a satisfactory discharge plan for a patient experiencing lengthy delays in

their ED. Community providers and crisis services are part of the case conferences as appropriate. The calls helped to facilitate more timely resolution in the patients' best interest.

3. Regarding the need for mental health services in the State's correctional system, in particular the need for hospitalization and waiting periods for hospitalization in the state psychiatric institutions;

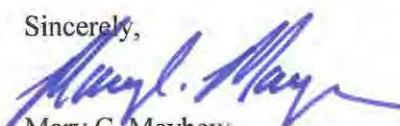
RPC maintains a wait list for referrals from the county jails. On any given day, there are anywhere from 6-10 inmates waiting for a psychiatric bed at RPC. Due to the numbers of individuals that are court ordered to RPC, the hospital was unable to take any jail transfers in 2013. Since the legislation for a mental health unit at Maine State Prison has been funded for a start date of February 15, 2014, DHHS staff has been working with staff from the Department of Corrections (DOC) to develop the unit. This unit will be able to take transfers from the county jails that meet the criteria for admission to a psychiatric inpatient bed.

4. The Joint Standing Committee on Health and Human Services requested information on census figures for Forensic and Civil treatment at RPC and DDPC and waiting times for persons in the correctional system needing inpatient mental health services.
  - a. Three months of census figures from both hospitals are attached. Please see **Attachments B-1, B-2, and B-3** for RPC and DDPC Census information.
  - b. RPC has been unable to take jail transfers for 16 months and has no data on wait times for those referrals.
5. The Office of Substance Abuse and Mental Health Services will RFP the crisis system in the first quarter of calendar year 2014. The new crisis system can be designed to ensure that there are some established solutions or mechanisms to address the issue of undue waiting times in hospital EDs for emergency mental health services.

The Department is encouraged by the successful, ongoing collaboration that is so essential to the resolution of this challenging issue. We look forward to continued work with the Legislature and stakeholders as we work to ensure the residents of Maine have adequate and appropriate access to quality mental health and psychiatric services.

If you have further questions or concerns related to this matter, please contact Sharon Sprague at [sharon.sprague@maine.gov](mailto:sharon.sprague@maine.gov) or by calling 207-941-4037.

Sincerely,



Mary C. Mayhew  
Commissioner

MCM/klv

cc: Ricker Hamilton, Deputy Commissioner of Programs, DHHS  
Sharon Sprague, Superintendent, Dorothea Dix Psychiatric Center  
MaryLouise McEwen, Superintendent, Riverview Psychiatric Center  
Dr. Michelle Gardner, Medical Director, Dorothea Dix Psychiatric Center  
Dr. Brendon Kirby, Medical Director, Riverview Psychiatric Center  
Guy Cousins, Director, Office of Substance Abuse and Mental Health Services, DHHS

**Psychiatric Services Questionnaire**

This questionnaire is in response to LD 968 – An act to Provide Needed Psychiatric Hospitalization for Persons with Mental Illness. The goal is to collect information regarding what psychiatric service components will help to reduce the number of people stuck in emergency departments requiring mental health care.

Date of presentation to ED \_\_\_\_\_

Time admission to ED \_\_\_\_\_ a.m. p.m.

Time medically cleared \_\_\_\_\_

Time Crisis Eval. completed \_\_\_\_\_

How long was client in ED \_\_\_\_\_

1. Stated reason for coming to the ED

- Mental Health – specific reason \_\_\_\_\_
- Physical Health – specific reason \_\_\_\_\_

2. How did the patient arrive at the ED?

- Self
- Police with crisis involvement
- Police without crisis involvement
- Brought in by community provider
- Primary Care Physician
- Family
- Ambulance

3. Could the assessment have occurred in the community?

- Yes
- No. Why? \_\_\_\_\_

4. What community mental health services is the patient currently receiving?

- ACT
- Medication management
- Community Integration

Did you contact any of these providers?       Yes  No

5. Was a lower level of care explored besides inpatient care?  Yes  No

If yes, please check which level of care was explored

- CSU
- Home
- Outreach
- Community Provider
- None. Why not? \_\_\_\_\_

**ATTACHMENT A**

6. Were all medical issues ruled out?
- Yes. How long did it take? \_\_\_\_\_
- No. Why not? \_\_\_\_\_
7. If client was seen in an ED outside their catchment area, was there collaboration with the client's local providers and crisis agency?
- Yes.
- No. Why not? \_\_\_\_\_
8. Was the patient seen in your ED for psychiatric problem within the last 30 days?
- Yes  No
- a. If yes, What was their discharge plan?

At the time of discharge:

- Did the patient have access to their medications?  Yes  No
- Did the patient have a crisis plan?  Yes  No
- Did the patient have a community plan?  Yes  No

9. If inpatient care was recommended, were inpatient units refusing to admit?
- Yes  No

If yes, please indicate the reason for the refusal:

- violent behavior
- sexualized behavior
- does not meet medical necessity
- too acute / hospital lacks capacity
- doesn't fit current milieu
- no long-term placement plan
- no availability/no beds
- no reason given

10. Did current residential provider refuse to take client back?
- Yes. Why? \_\_\_\_\_
- No

11. Was the crisis related to lack of community resources?  Yes  No

If yes, what were the unavailable resources identified:

- Housing
- IHS/DLSS
- Therapy
- Case Management
- Psychiatric
- No information provided

**ATTACHMENT A**

12. Do you have basis for believing that symptoms are related to any of these conditions:

- Intellectual disability or autism
- Substance abuse disorder
- Other physical health condition
- Dementia
- Traumatic brain injury

13. Please review the criteria below to determine if the person meets the criteria for:

Short Term Inpatient Psychiatric Hospitalization

1.       2.       3.

Extended Inpatient Psychiatric Hospitalization

1.       2.       3.

**Criteria for Short-term Inpatient Psychiatric Hospitalization**

Primary Psychiatric or Substance Abuse Disorder with acute exacerbation of symptoms that can be expected to be stabilized in less than 30 days in order to engage in less restrictive treatment

**AND**

1. Patient poses actual or imminent danger to self, others, and or property due to symptoms of a psychiatric disorder; **OR**
2. Patient needs continuous skilled observation, evaluation, or treatment available only in a hospital; **OR**
3. Significant impairment of judgment or logical thinking such that patient cannot be maintained safely in less intensive setting.

**Criteria for Extended Inpatient Psychiatric Hospitalization (e.g.: State Hospital)**

Primary Psychiatric Disorder with acute exacerbation of symptoms that can be expected to require more than 30 days hospitalization in order to engage in less restrictive treatment: e.g.:

- severe auditory hallucinations, delusions, disorganization with history of slow response
- psychosis-directed violence

**AND**

1. Patient poses actual or imminent danger to self, others, and or property due to symptoms of a psychiatric disorder; **OR**
2. Patient needs continuous skilled observation, evaluation, or treatment available only in a hospital; **OR**
3. Significant impairment of judgment or logical thinking such that patient cannot be maintained safely in less intensive setting.

# AUGUST 2013

AUGUST	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
RPC TOTAL CENSUS	78	79	79	79	79	80	79	78	78	78	78	76	76	75	75	74	74	74	74	76	76	76	78	77	78	79	80				
LOWER KENNEBEC	20	21	22	22	22	23	21	19	19	19	19	19	19	18	18	18	18	18	17	17	17	18	18	18	19	19	19	20	20		
civil	20	21	22	22	22	23	21	19	19	19	19	19	19	18	18	18	18	18	17	17	17	18	18	18	19	19	19	20	20		
forensic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
UPPER KENNEBEC	20	20	19	19	19	19	19	20	20	20	20	20	20	19	19	19	19	19	19	19	19	19	19	19	19	19	19	18	18		
civil	8	8	7	7	7	7	7	8	9	9	9	9	8	8	8	8	8	8	8	8	8	8	8	8	8	8	7	7	7	7	
forensic	12	12	12	12	12	12	12	12	11	11	11	11	11	11	11	11	11	11	12	11	11	11	11	11	11	11	11	11	11		
LOWER SACO	15	16	15	15	15	15	15	15	16	16	17	17	16	16	16	16	15	15	15	15	15	16	16	16	16	17	17	18	18		
civil	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
forensic	15	16	15	15	15	15	15	15	16	16	17	17	16	16	16	16	15	15	15	15	16	16	16	16	17	17	18	18	19		
UPPER SACO	23	22	23	23	23	23	23	23	23	23	22	22	22	22	22	22	22	22	22	23	23	23	23	23	23	23	23	23	23		
civil	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
forensic	23	22	23	23	23	23	23	23	23	23	22	22	22	22	22	22	22	22	22	23	23	23	23	23	23	23	23	23	23		
% FORENSIC CLIENTS	64	63	63	63	63	63	63	63	64	64	64	64	64	64	65	65	65	65	66	66	66	66	66	66	66	66	66	66	66		

AUG- ADM	NUMBER	WAIT	AUGUST- DISCHARGES		NUMBER	WAIT (DAYS)	LOS (DAYS)
			FORENSIC	STAGE III			
TOTAL	22	20			10	44	73
CIVIL	11	8			6	50	20
DCC	10	9			2	24	230
DCC PTP	1	0		TRANSFER TO CS	2		
FORENSIC	11	32			10	11	101
STAGE III	9	35			9	12	110
IST	2	22			DCC PTP	1	27
IN HOUSE ADMIT	16	IH			TOTAL	20	

# SEPTEMBER 2013

SEPTEMBER	1	2	3	4	5	Thur	6	7	8	9	10	11	12	Thur	13	14	15	16	17	18	19	Thur	20	21	22	23	24	25	26	Thur	27	28	29	30			
	Sun	Mon	Tues	Wed	s	Fri	Sat	Sun	Mon	Tues	Wed	s	Fri	Sat	Sun	Mon	Tues	Wed	s	Fri	Sat	Sun	Mon	Tues	Wed	s	Fri	Sat	Sun	Mon	Mon						
RPC TOTAL CENSUS	81	81	81	81	79	78	76	76	76	74	74	73	74	76	76	76	76	75	75	75	75	75	77	79	78	78	78	78	78	78	78	78	78				
LOWER KENNEBEC	21	21	21	21	20	19	19	19	19	19	19	17	16	17	18	18	18	19	18	18	19	19	19	19	20	21	19	18	17	17	17	17	17				
civil	21	21	21	21	20	19	19	19	19	19	19	17	16	17	18	18	18	19	18	18	19	19	19	19	20	21	19	18	17	17	17	17	17				
forensic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
UPPER KENNEBEC	18	18	18	18	18	18	18	18	18	18	18	19	19	19	19	19	19	19	19	18	17	17	17	17	17	18	19	19	20	20	20	20					
civil	7	7	7	7	8	8	8	8	8	8	9	9	9	9	9	9	9	9	8	7	7	7	7	7	7	8	9	9	10	10	10	10					
forensic	11	11	11	11	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10				
LOWER SACO	19	19	19	19	18	18	18	16	16	16	15	15	15	15	16	16	16	15	16	15	15	15	15	16	17	17	18	18	18	18	18	18	18				
civil	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
forensic	19	19	19	19	18	18	16	16	16	15	15	15	15	16	16	16	16	15	16	16	15	15	15	16	17	17	18	18	18	18	18	18	18				
UPPER SACO	23	23	23	23	23	23	23	23	23	23	22	23	23	23	23	23	23	23	23	24	24	24	24	24	24	24	24	24	24	24	24	24	23	23	23		
civil	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
forensic	23	23	23	23	23	23	23	23	23	23	22	23	23	23	23	23	23	23	23	24	24	24	24	24	24	24	24	24	24	24	23	23	23	23			
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SEPT- ADM	NUMBER	WAIT (DAYS)	SEPT- DISCHARGES	NUMBER	WAIT TO ADM	LOS (DAYS)
TOTAL	16	33	FORENSIC	10	45	37
CIVIL	8	21	STAGE III	7	35	32
DCC	7	23	IST	2	81	53
DCC PTP	1	1	TRANSFER TO CS	1		
FORENSIC	8	46	CIVIL	9	7	86
STAGE III	6	30	DCC	7	9	100
IST	2	51	DCC PTP	2	1	35
			TOTAL	19		

## OCTOBER 2013

OCTOBER	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	Thur								Thur								Thur								Thur							
	Tues	Wed	s	Fri	Sat	Sun	Mon	Tues	Wed	s	Fri	Sat	Sun	Mon	Tues	Wed	s	Fri	Sat	Sun	Mon	Tues	Wed	s	Fri	Sat	Sun	Mon	Tues	Wed	s	
RPC TOTAL CENSUS	78	78	76	76	76	76	76	75	76	74	71	71	71	71	71	70	71	70	72	72	72	73	72	73	73	73	73	73	73	73		
LOWER KENNEBEC	18	18	18	18	18	18	18	18	18	17	17	17	17	17	17	16	17	16	17	17	17	17	17	17	17	17	17	17	17	16		
civil	18	18	18	18	18	18	18	18	18	17	17	17	17	17	17	16	15	15	15	15	15	14	14	14	14	14	14	14	14	14	13	
forensic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	2	2	3	3	3	3	3	3	3	3	3	3	
UPPER KENNEBEC	19	19	18	18	18	18	18	17	17	17	17	17	17	17	17	18	18	18	18	18	18	17	17	17	17	17	17	17	17	18		
civil	9	9	8	8	8	8	8	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	9	8	8	8	8	8	8	8	9	
forensic	10	10	10	10	10	10	10	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9		
LOWER SACO	18	18	18	18	18	18	18	18	19	18	14	15	15	15	15	14	14	14	15	15	15	16	16	15	16	16	16	16	17	17		
civil	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
forensic	18	18	18	18	18	18	18	18	19	18	14	15	15	15	15	14	14	14	15	15	15	16	16	15	16	16	16	16	17	17		
UPPER SACO	23	23	22	22	22	22	22	22	22	23	22	22	22	22	22	22	22	22	22	22	22	22	23	23	23	23	23	23	22	22		
civil	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
forensic	23	23	22	22	22	22	22	22	22	23	22	22	22	22	22	22	22	22	22	22	22	23	23	23	23	23	23	22	22			
% FORENSIC CLIENTS	65	65	66	66	66	66	66	65	66	65	65	65	65	65	65	64	65	66	67	67	68	68	69	70	70	70	70	70	70			

AUG- ADM	NUMBER	WAIT	AUGUST- DISCHARGES	NUMBER	WAIT (DAYS)	LOS (DAYS)
TOTAL	22	20	FORENSIC	10	44	73
CIVIL	11	8	STAGE III	6	50	20
DCC	10	9	IST	2	24	230
DCC PTP	1	0	TRANSFER TO CS	2		
FORENSIC	11	32	CIVIL	10	11	101
STAGE III	9	35	DCC	9	12	110
IST	2	22	DCC PTP	1	0	27
			TOTAL	20		









**Dorothea Dix Psychiatric Center**  
FY2014 Census

JULY

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
ADMISSIONS	1	1	2					1		1		2			1	1					1	2	1						2	16		
DISCHARGES	-1	-2	-1					-1		-2		-2			-1	0	-1				-2							-1	-2	16		
TOTAL	44	43	44	44	44	44	44	44	44	44	43	43	43	43	43	43	44	43	43	43	41	42	44	45	45	45	45	44	44	44		

AUGUST

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
ADMISSIONS						1			1	1								1	1		1									1	10	
DISCHARGES						-1		-1	-1	-1								-1			-1	-1								-10		
TOTAL	44	44	43	43	42	41	41	40	41	42	42	42	42	43	43	43	43	43	43	43	42	43	42	43	43	43	43	44	44	44	44	

SEPTEMBER

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	TOTAL
ADMISSIONS					1				1	1	1	1	1					2									1		9		
DISCHARGES					-1				-1	-1							-1	-1											-1	-8	
TOTAL	44	44	44	43	43	43	43	43	43	43	43	43	43	43	44	45	45	45	44	43	45	45	45	45	45	45	44	44	45		

OCTOBER

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
ADMISSIONS					1	1		1	1	1	2	1			1										1		1		12			
DISCHARGES					-2	-2		-1	-1	-1	-1					-2										-1		-2	-13			
TOTAL	45	43	42	43	43	43	43	43	44	43	44	45	46	46	45	45	45	45	45	45	45	45	45	45	45	45	45	46	45	44		

NOVEMBER

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	TOTAL
ADMISSIONS	1						1	1					1	1			1	1							2		0		0		
DISCHARGES					-2	-1											-1								-1			-7			
TOTAL	45	45	45	43	42	42	43	44	44	44	44	44	43	44	44	45	45	45	46	46	46	45	45	46	46	46	46	46	46		