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Resolve, To Improve Quality and Access to Mental Health Care

Through the Development of a Joint Strategic Plan

Second Regular Session, 122nd Legislature

Prepared for the Joint Standing Committee on Health & Human Services

May 2007

Statement of Guiding Philosophy:

To develop a comprehensive strategic plan for the provision of hospital-based mental health services at Maine's four Institutes of Mental Disease (IMD), in accordance with the State's mental health plan and a shared vision of consumer recovery. Within the context of the Office of Adult Mental Health Services' Community Service Networks, the plan will support a coordinated safety net of programs and services that will serve Maine's citizens in the future.

Process summary

To accomplish the work of the IMD Strategic Planning Resolve, the four Institutes of Mental Disease (IMD) Psychiatric Hospitals (Riverview Psychiatric Hospital, Dorothea Dix Psychiatric Hospital, Spring Harbor Hospital and Acadia Hospital) created a strategic planning workgroup comprised of the following representatives of each organization:

Department of Health and Human Services:
Ronald S. Welch – Director, Adult Mental Health Services
David Proffitt – Superintendent, Riverview Psychiatric Center
Mary Louise McEwen – Superintendent, Dorothea Dix Psychiatric Hospital

Spring Harbor Hospital:
Dennis King - CEO
Greg Bowers – Chief Financial Officer
Gail Wilkerson – Chief Planning Officer
Elizabeth Mitchell – Director, Governmental Relations, MaineHealth
Mary Jane Krebs – Chief Nursing Officer
Dr. Jerry Robinson –Chief Medical Officer

Acadia Hospital:
Dottie Hill - CEO
Bill Wypyski – VP, Clinical Services
Marie Suitter – Director of Finance
Dr. Paul Tisher – Medical Director
Steve Allen – Finance, Eastern Maine Healthcare Systems
Lisa Harvey-McPherson –Director, Health Policy, Eastern Maine Healthcare Systems

The workgroup met monthly to accomplish the two-step outcomes identified in the Resolve:

Step one, in which the four mental health hospitals shall work together with the department to compile a first draft of the strategic plan; and

Step two, in which the community hospitals that have psychiatric beds shall work together with the four mental health hospitals and the Department of Health & Human Services to compile a second draft of the strategic plan. This plan must be presented to the joint standing committee of the Legislature having jurisdiction over health and human services matters.

The strategic recommendations identified in this report reflect the consensus of the IMD psychiatric hospitals and have been reviewed by Maine community hospitals that have psychiatric beds.

The following definitions (concepts) will be helpful in reviewing this report:

Institute of Mental Disease (IMD)
A hospital, nursing facility, or other institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care to persons with mental disease, including medical attention, nursing care, and related services.

Disproportionate Share Hospital (DSH) Funding
Beginning in the early 1980s, Congress took steps to authorize payments to Disproportionate Share Hospitals (DSH), which are those like Maine's IMDs that serve a disproportionately high share of low-income patients. A hospital will generally qualify as a DSH if it has a Medicaid utilization rate more than one standard deviation above the mean Medicaid utilization rate for all hospitals in a state and a low-income utilization rate exceeding 25 percent. Since patients of an IMD are often indigent, states are able to obtain DSH funding for IMDs, even though they are otherwise excluded from Medicaid reimbursement.

Observation Beds

Observation beds are a brief but intensive hospital-based outpatient diagnostic service designed to reduce the need for inpatient admission, when appropriate. Staffed 24/7 by psychiatric nurses and supported by a psychiatrist and psychiatric social worker, observation beds offer medical psychiatric evaluation and treatment, nursing assessment every two hours, therapeutic interventions as needed, discharge planning, and a diagnosis and level-of-care recommendation from a psychiatrist or independently licensed psychiatric practitioner within a period of up to 48 hours.

Crisis Bed
Crisis Stabilization Units (CSUs) provide short-term, supportive and supervised community residences, where the person in crisis can receive assessment and interventions that will stabilize the crisis and can readjust to community life. CSUs provide an alternative to hospitalization for a person in crisis who needs a more intensive level of care than outpatient services can safely provide. Goals of CSUs are assessment, stabilization, and preparation of the person for return to a home environment. When clinically necessary, the person will be referred fro a more intensive level of care.

Crisis stabilization counselors, certified as MHRT I's or above and supervised according to State licensing standards, staff these residences 24/7 to provide a safe environment, promote health-coping mechanisms, assist in daily living skills, monitor medication administration, assist in behavioral management, provide supportive crisis interventions, and perform discharge-planning functions.

Executive Summary

In June 2006, representatives from each of Maine's four freestanding Institutes of Mental Disease (IMDs), or psychiatric hospitals, gathered to form a strategic planning committee to work on LD 1973, *A Resolve to Improve the Quality and Access to Mental Health Care through the Development of a Joint Strategic Plan*. The purpose of the Resolve was to develop a comprehensive strategic plan for the provision of hospital-based mental health services in accordance with the State's mental health plan and a shared vision of consumer recovery. The plan would support a coordinated safety net of programs and services to serve Maine's citizens in the future.

The Resolve directed several phases of strategic-planning collaboration, beginning with the two State psychiatric hospitals (Riverview and Dorothea Dix), the two specialty psychiatric hospitals (Acadia and Spring Harbor), and Maine's community hospitals with psychiatric beds. Consumers of mental health services and community mental health service providers offered input after initial review of the plan by the Health & Human Services Committee in January 2007.

As part of the planning process, the four IMD hospitals (named above) have summarized and shared their clinical philosophies and operational data, including: staffing and patient volume information; admission and discharge volumes; and administrative costs. The hospitals paired off by service region (Riverview and Spring Harbor in southern Maine; Dorothea Dix and Acadia in northern Maine) to discuss their criteria and procedures for admitting and transferring patients. The group also discussed the financial challenges facing all four hospitals and the problem of insufficient funding provided by federal disproportionate share hospital (DSH) dollars.

Planning committee members began their work by endorsing the vision of a tiered system of psychiatric hospital services in Maine, where the overarching goal is recovery focused and clinically appropriate care delivered closest to the patient's home. Under this vision, the system of triaging mental health patients begins in Maine community hospitals that have psychiatric beds. Only patients with clinically complex mental health needs requiring intensive treatment would be admitted to the private IMDs (Acadia and Spring Harbor). Finally, those patients with longer-term biopsychosocial treatment needs (and forensic patients, in the case of Riverview) would be served by the State IMDs.

For its part, The State of Maine has stated that it envisions the following system of care for those requiring hospital-based mental health services:

Specialty Hospitals
Maine's two specialty hospitals, Acadia and Spring Harbor, follow community hospitals in the line of treatment and will take admissions from the community hospitals. These freestanding psychiatric hospitals are designed to safely treat consumers who present with greater acuity and clinical complexity than community hospitals are able to effectively and safely serve. Additionally, Acadia and Spring Harbor serve as community hospitals for their local areas. Consumers who need specialty hospitalization will transfer to the specialty hospital closest to their home community.

Public Hospitals
Riverview Psychiatric Center and Dorothea Dix Psychiatric Center are the tertiary hospitals and will take referrals from Spring Harbor and Acadia, forensic admissions, and other admissions based on unique clinical needs, within the statutory authority of the hospitals or based on unusual circumstances as described below. Riverview Psychiatric Center will be paired with Spring Harbor and Dorothea Dix Psychiatric Center will be paired with Acadia Hospital.

Unusual Circumstances
Consumers who are hospitalized in a community hospital and who need specialty hospitalization will transfer to the specialty hospital closest to the consumer's home community. Consumers in community hospitals may bypass hospitalization in a specialty hospital when:

- A consumer's history and current presentation indicate that a longer term of stay is likely;
- A consumer's documented clinical history makes a particular hospital inappropriate;
- A consumer has serious objections based on a documented serious incident or experience that would make a particular facility inappropriate.

If the community hospital finds that unusual circumstances, as described above, apply, then it must confer with the closest specialty hospital. The specialty hospital retains authority to decide whether to refer the patient directly to one of the state facilities, provided, however, that if there is a disagreement between the specialty and community hospital about a proposed referral, that disagreement will be resolved by the Office of Adult Mental Health Services.

The planning workgroup then identified five areas for strategic focus:

- Timely and appropriate patient access to IMD services
- Long-term financial viability of the IMDs
- Program development/refinement to accommodate unmet patient needs
- Restructuring the mental health system to support provision of the most evidence-based, recovery-focused, efficient, efficacious, and high-quality services
- Maximizing information and technologies to better serve patients

Recommended strategic initiatives within each strategic focus area appear below:

Access

- Develop admission criteria that clearly delineate patients to be served by the private IMD hospitals and the State IMD hospitals
- Ensure ongoing, real-time reporting of psychiatric bed capacity (and demand for psychiatric beds) linked back to the admission criteria for the State IMD hospitals, private IMD hospitals, and community hospitals with psychiatric beds

Financial Viability

- Assess current State-funded treatment for highly complex patients served within both State and Private IMD's and determine feasibility of developing specialty service line for cognitively impaired individuals with behavioral disregulation.
- The State will collaborate with all IMD's to examine reasonable compensation options for services provided, including those services provided in response to an increase in demand within the communities they serve.

Program Development/Refinement

The Consent Decree Plan, approved on October 13, 2007, created seven community service networks (CSNs) to coordinate services and reflect a collective responsibility to all adult consumers in the network area. The CSNs include consumers, service providers, community hospitals with and without psychiatric inpatient units, and the IMDs. Three of the charges of the CSNs are: 1) Planning based on data and consumer outcomes: 2) Engaging in network problem solving to ensure that consumers with complex needs are appropriately served; 3) Assessing the service offering to determine whether they provide adequate geographical coverage to serve the entire network, identify resource gaps, and establish remedial measures. Thus, program development and refinement are done by OAMHS with the assistance of the CSNs.

- OAMHS, with assistance from the Community Service Networks, will develop cooperative relationships with existing and developing community-based transitional living arrangements to allow for the safe transition of patients who no longer require inpatient care but need ongoing services.
- OAMHS will complete a needs analysis, with assistance from the Community Service Networks, to determine whether additional community mental health services are required in northern Maine.
- OAMHS and the Office of Adults with Cognitive and Physical Disabilities (OACPD), with assistance from the CSNs and stakeholders groups of the OACPD, will create a plan for treatment and services for specialty mental health populations; brain injured, developmentally delayed adults, perpetrators and cognitively impaired individuals
- An emerging issue is the service needs of those patients who require long-term care for complex medical conditions, and psychiatric illness. The four IMDs will collect data to assess future needs.
- Mental Health System Development/Refinement
- The Office of Adult Mental Health Services, with advice from the CSNs, will perform a critical review of the clinical and economic benefit of creating regional psychiatric observation beds within centers of psychiatric expertise in southern, central, and northern Maine.
- The Office of Adult Mental Health Services will evaluate the impact of LD 151, which shortens the timeframe for making an involuntary hospitalization determination from 5 business days to 3 days

Information Systems & Technology

- Private IMD hospitals and community hospitals will be financially resourced to provide psychiatric expertise to community hospital emergency rooms via telemedicine, and to the extent possible, provide consult support to crisis workers situated in those emergency rooms.
- The State and private IMD hospitals will create systems to provide for efficient transfer of patient information for involuntarily committed patients

In summary, the strategic planning among the four IMD hospitals was the start of a more efficient, effective, and recovery-focused system of hospitalization. The specific outcomes include better understanding among the four institutions, more detailed criteria for transferring patients among the IMDs, and a plan for how to best use limited mental health resources while supporting recovery for each individual served in a specialty or State psychiatric hospital in Maine. Any continued work related to this process will take place within the existing CSNs. All efforts were designed to better serve consumers of mental health services and the citizens of Maine.

STRATEGIC FOCUS # *1:* Access to Maine's IMD's

STRATEGY: Clearly delineate and communicate the role of each Maine IMD in the coordinated "safety net", as defined in Title 34-B, Behavioral & Developmental Services (Chapter 3: Mental Health, Subsection 3610), within the context of the Community Service Networks.

STAKEHOLDERS	Committee Sponsors
DHHS, Riverview Psychiatric Hospital, Dorothea Dix Psychiatric Hospital, Spring Harbor Hospital, Acadia Hospital, Maine Hospital Association, patients & families, Maine taxpayers, Community Service Network providers	

MEASUREMENT			
Indicators	**Target Outcomes**	**Monitoring Tool**	**Accountability / Due Date**
1. Complete admission criteria for each IMD that is mutually agreed upon, adopted, and widely communicated	1. Timely patient access to appropriate Maine IMD	1. Data base of patient wait times for appropriate placement	
2. Launch official, ongoing reporting system of psychiatric bed capacity within Maine IMD's	1. Accurate, real-time data regarding IMD capacity to accept patients	1. Report on percentage of time real-time data is not available for referral decisions	

STRATEGIC FOCUS # 2: Financial Viability of Maine's IMD's

STRATEGY: To ensure that each Maine IMD can appropriately meet demand for its services through the elimination of duplication and the most efficient delivery channels, while maintaining high standards of treatment quality, all within the context of the Community Service Networks.

STAKEHOLDERS	Committee Sponsors
Maine's IMD's; Maine taxpayers, patients & families, State Legislature, Maine DHHS, Community Service Network providers, Maine Office of Cognitive Disabilities	

MEASUREMENT			
Indicators	**Target Outcomes**	**Monitoring Tool**	**Accountability / Due Date**
1. Assess current State-funded treatment for highly complex patients served within both State and Private IMD's and determine feasibility of developing specialty service line for cognitively impaired individuals who also experience behavioral disregulation	1. Based upon the assessment, a State funding agreement will be consummated to reimburse private Maine IMD's for treating highly complex or long-stay patients for whom the State can provide no other appropriate inpatient treatment program.	1. Funding agreement adherence	
2. The State will collaborate with all IMD's to examine reasonable compensation options for services provided, including those services provided in response to an increase in demand within the communities they serve.	2. All Maine IMD's to be included in any financial planning mechanisms in a fair and consistent manner	2. Concurrent transition of all Maine IMDs to any new financial plan	

STRATEGIC FOCUS #3: Program Development/Refinement

STRATEGY: Within the context of the Community Service Networks, ensure timely and adequate capacity within Maine IMD's by developing/refining complementary treatment services.

STAKEHOLDERS	Committee Sponsors
Maine's IMD's; Maine taxpayers, patients & families, State Legislature, Maine DHHS, Community Service Network providers, Office of Adults with Cognitive and Physical Disabilities	

MEASUREMENT			
Indicators	**Target Outcomes**	**Monitoring Tool**	**Accountability / Due Date**
. 1. OAMHS completes Residential Services program assessment for current long-term IMD patients who no longer require inpatient care	1. Complete plan and submit to DHHS for consideration if new resources are required	1. Plan/budget completion & submission	
2. OAMHS and OACPD complete program development plan & budget for serving high-needs populations for whom there are no current treatment programs in Maine	1. Submit to DHHS for budget consideration, need studies and budgets for the following special populations: • Brain injured/cognitively impaired • DD/MR adults • Sexual perpetrators	1. Plan/budget completion & submission	
3.OAMHS completes need and resource distribution analysis to determine whether additional community mental health services are required in northern Maine	1.Complete study and submit to DHHS if new resources are required	1. Study completion & submission	

STRATEGIC FOCUS #4: Mental Health System Development/Refinement

STRATEGY: Within the context of the Community Service Networks, ensure Maine's Mental Health System supports the provision of the most evidence-based, efficient, efficacious, and high-quality services.

STAKEHOLDERS	Committee Sponsors
Maine's IMD's; Maine taxpayers, patients & families, State Legislature, Maine DHHS, Community Service Network providers	

MEASUREMENT			
Indicators	**Target Outcomes**	**Monitoring Tool**	**Accountability / Due Date**
1. The Office of Adult Mental Health Services will, with input from the CSNs, perform a critical review of the clinical and economic benefit of creating regional psychiatric observation beds within centers of psychiatric expertise in southern, central, and northern Maine.	1. Submit review and recommendations to State Legislature	1. Review completed & submitted	
2. The Office of Adult Mental Health Services will evaluate the impact of LD 151, which shortens the timeframe for making an involuntary hospitalization determination from 5 business days to 3 days	2. Submit review and recommendations to State Legislature	2. Data gathered by IMD's on application for court pre- and post- LD 151	

STRATEGIC FOCUS #*5:* Information Systems & Technology

STRATEGY: Within the context of the Community Service Networks, improve information-sharing among and technology used by Maine's IMD's to ensure timely access to treatment and maximum treatment-quality and patient-safety outcomes.

STAKEHOLDERS	Committee Sponsors
Maine's IMD's; Maine taxpayers, patients & families, State Legislature, Maine DHHS, Community Service Network providers	

MEASUREMENT			
Indicators	**Target Outcomes**	**Monitoring Tool**	**Accountability / Due Date**
1. Develop technical and financial mechanisms for Maine's IMD's to provide timely psychiatric consultation to Maine's community hospital emergency rooms (e.g., via telemedicine), and to the extent possible, provide consult support to crisis workers situated in those emergency rooms.	1. Timely access to Maine's IMD psychiatric professionals by community hospital emergency rooms	1. Wait times for psychiatric consults in community emergency rooms	
2. Develop information systems that support efficient transfer of patient information for involuntarily committed patients of Maine's IMD's	2. Timely access to patient information among Maine's IMD's	2. System response time concerning requests for patient information	