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ACTION PROPOSALS FOR MENTAL HEALTH

IN

MAINE

AND

THE CASE

FOR

BANGOR MENTAL HEALTH INSTITUTE

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FUNDING PROBLEMS IN MENTAL HEALTH
WITH PROPOSALS FOR REMEDY

The Mental Health System in Maine is made up primarily of two components; State Mental Health Facilities and the Community Mental Health Centers. There also exists a few small private facilities in Maine.

The State Mental Health Facilities are: Augusta Mental Health Institute (AMHI), Bangor Mental Health Institute (BMHI), and Pineland Training Center in Pownal. Both AMHI and BMHI provide Psychiatric In-Patient treatment, primarily to adults. Pineland provides treatment to the Mentally Retarded in Maine. The primary source of revenue at each facility is the State's General Fund. However each facility also receives Federal Medicaid/Medicare funds, at the rate of 70% Federal to 30% State funds. It is estimated that for fiscal year July 1975, - June, 1976; that the total Federal Medicaid/Medicare monies would approach \$4.8 million, with a net to the State of \$3.4 million. To receive this money, the State must meet Federal minimum standards, and herein lies a problem. The Federal standards mandate that by June, 1977, the Intermediate Care Facilities must meet more rigorous standards. If these standards are not met, then Federal Medicaid/Medicare monies will be lost; something Maine can ill afford at this time.

The second component of the Mental Health System, Community Mental Health Centers (CMHC), provide Out-Patient services in various areas of Maine. The funding mechanisms of CMHC's are Federal Grants, administered by the National Institute of Mental Health. The Grant process proceeds by the Federal granting of "seed" money which then diminishes to zero. As the amounts diminish, the CMHC's must receive State and/or private funds and revenues, to continue services. At the present time, many CMHC's grants are nearing their termination dates. The CMHC's must therefore look to the State for funding; thus creating an added burden on the State's available Mental Health resources.

We, thus, have the funding problems facing the Mental Health System. What can we do? One proposal is to close BMHI and save money. However, this proposal is weak in two major ways: (1) the patients at BMHI will still need treatment; which costs money and (2) the closure would deprive Northeastern Maine of the only major In-Patient Treatment Facility it has; thereby severely weakening the mental health service in this area. We find this proposal disastrous at worst and short-sighted at best. What to do?

We propose that the Legislature through a bond issue or other funding mechanisms, make available monies that would bring about Capital Improvements, at all three State Facilities. The improvements would result in continued accreditation for Medicaid/Medicare and for JCAH accreditation. Passage of this proposal would guarantee continuance of Federal monies at the present level and also bring added dollars by virtue of full accreditation.

By January, 1977, this proposal will be in the form of a Bill with appropriate dollar values. We believe this proposal would be self liquidating and would show a return on investment by simple continuance of Medicaid/Medicare monies. This proposal would have benefits to the CMHC's by keeping the revenue pool in Maine at the present level plus the newly generated funds.

The proposal for full accreditation is a step forward; rather than a retrenchment.

SECURITY PROBLEMS IN MENTAL HEALTH
WITH PROPOSALS FOR REMEDY

The people of Maine appropriate funds to the Mental Health System for two reasons; to provide Mental Health service to those in need and to provide facilities and treatment to those who pose a danger to our safety. In the former case, Maine does a good job, given its limited resources. However, in regards to the protection of Citizen safety; the Maine system is failing badly.

The headlines each week tell the story of another escape, another act of violence, another crime, committed by those persons in or released from the Mental Institutes. Many other cases never reach the headlines, but those citizens involved know the feeling of terror and insecurity. The people blame the Institutes, the Institutes blame the courts, and on and on; yet, the citizen receives no redress.

The causes are many, but a few major problems stand out. The State of Maine has no Maximum Security Psychiatric Facility. Those persons found innocent of crimes by reason of mental illness, are sent to AMHI or BMHI, both of which have no security facilities. Also, inmates at Maine State Prison are County jails are sent to AMHI or BMHI for treatment and observation. These persons are generally mixed into the patient population, in many cases with little extra precaution. We believe the lack of proper facilities and staff has contributed greatly to the security problem.

Another major concern, is what we consider improper evaluation of an offenders progress in treatment. It seems incongruous to us that a person who has comitted a violent crime this year, is miraculously "cured" the next year. We find it defies common-sense that a mentally ill offender recovers so rapidly in three months, that grounds and off-grounds passes are given. We believe that premature passes and releases also have added greatly to the problem of escape and crimes.

We, as persons who work in the Institutes, and have first-hand contact with the mentally ill offender, can not endorse the philosophy that those citizens who voice concern, are suffering from a "country-club syndrome". Rather we totally understand the insecurity, as we ourselves are on the front-line of the violence. We also are unprotected, we also feel the indifference of the indifference of the Department for safety.

We therefore propose as solutions to the security problem:

That the Legislature, through a bond issue, cause to be constructed and adequately staffed, a Maximum Security Psychiatric Facility in Maine.

That the Clinical Treatment decisions concerning the Mentally Ill Offender be subject to Peer Review and to stronger Judicial Review. The policy of allowing one individual to treat the offender leads to abuse and should be discontinued.

That changes be made in the "Plea of Innocent by Reason of Mental Disease or Defect" procedures now used. With an eye toward allowing the use of this plea only after conviction, but prior to sentencing.

We strongly believe in treatment and rehabilitation, but we also know that responsibility to society is vital to successful rehabilitation. We, therefore, urge the Department of Mental Health and Corrections to adopt and enforce policies that:

Equally consider Patient's Rights with the State's responsibility to protect citizen's Rights.

BANGOR MENTAL HEALTH INSTITUTE

INTRODUCTION:

Bangor Mental Health Institute (BMHI) was established 75 years ago to meet the Mental Health needs of Northeastern Maine. The Institute's area of service includes Aroostook, Washington, Hancock, Piscataquis, and Penobscot counties. A population of 350,000 Maine citizens is served by the Institute.

Approximately one-half of the patient population at BMHI, is in the Program on Aging, which is funded by Medicare monies. The Institute currently contains the only Franco-American program in the State; this program treats Franco's by using their language and culture in all therapy programs. The Institute also houses an unique Autistic Adolescent program, again the only such program in Maine. On the Institutes grounds, but staffed by the Maine State Prison, is a Pre-Release Center, for which BMHI supplies the bulk of services. The Institute also supplies certain support to the Levinson Developmental Center. This list is at best, a small indication of the services and programs at BMHI, which are available to the people of Northeastern Maine.

As you know, there is much discussion of closing BMHI. The proponents of closing cite advantages of cost-savings, better psychiatric treatment, and better use of resources. The proponents of closing have been given ample publicity to support their position, so far they have gone unchallenged by a concerted effort to tell the other side of the story. The following is such an effort; an effort to show why BMHI should continue as a full service Mental Health Institute.

TREATMENT AND REHABILITATION:

The charge has been made that AMHI provides better treatment than BMHI. We believe there is no credence to this charge. BMHI provides many speciality programs along with its function to treat the Acute AND Chronic Mentally Ill.

SPECIALTY PROGRAMS:

Franco-American: Maine's largest ethnic group is Franco-Americans. BMHI has a partially Federally funded program to treat the mentally ill Franco, by using their language and culture in treatment programs. Bangor's is the only program in the United States serving the mentally ill Franco-American in this manner. The University of Maine at Orono has received grants to develop Franco programs and are presently involved in assistance, and funding of BMHI's program. The closure of BMHI would continue the neglect of the Franco mentally ill.

Autistic Adolescent Program: BMHI currently has a program in which the needs of severely autistic adolescents are treated. The program is an intensive and active therapy under the direction of Dr. Robert Gripp. The need for expansion of Maine's only Autistic program has been expressed by the Commissioner, parents, and clinicians. Closure of BMHI would not lead to this needed expansion; rather it would lead to loss of the only Autistic program in Maine.

Program on Aging: The Program on Aging at BMHI represents approximately one-half of the In-Patient population. The philosophy of the program's administrator, Hope Hurd R.N., is to pursue active, equal, and quality treatment of the aged mentally ill. (see: "Maine's Health Service for the Elderly in Institutional Settings". Hope Hurd, 1976.)

The philosophy of AMHI's Superintendent, Mr. Roy Ettliger, is to provide minimal staff, minimal facilities, and minimal treatment for the aged mental ill in Maine. (see: "A Study of the Future of BMHI's Program on Aging and AMHI's Nursing Home". 1975, Roy Ettliger.)

Since nearly half of the mentally ill in State Institutions are elderly, it becomes indefensible to advocate passive, custodial care. The national trend in psychiatry has recognized that the elderly suffer from classes of mental disorders similar to the disorders of younger patients. The days of treating all the aged mentally ill as suffering from organic brain syndrome is over. BMHI recognizes the treatability of mental illness in the elderly.

Presently, BMHI has a Federal grant to use Behavioral Therapy as one treatment for aged mentally ill. Soon to open is a Neurologic Assessment Unit and an Admissions Evaluation Section. A Physical Therapy department is also provided to promote ambulation and other restorative activities; this department also provides assistance to AMHI.

If Bangor is closed, the elderly mentally ill in Maine will be relegated to the "backward" custodial care of years past. Maine, with a larger than average older population, could and should become a leader in programs for the elderly.

GENERAL TREATMENT AND SERVICES:

BMHI provides In-Patient treatment employing a varied degree of therapies. Bangor has Behavioral, Individual, Vocational, Normalizational, and many more of the therapies used to treat Acute and Chronic psychiatric episodes.

Bangor has its own Medical Services; Pharmacy, X-Ray, Laboratory, Staff Doctors, Skilled Care Facility, and Licensed Nursing Personnel. BMHI is within one mile of Eastern Maine Medical Center, which provides BMHI with the most modern and complete Medical/Hospital services.

A Library and Learning Center is provided for patient education. A gymnasium, greenhouse (under construction), Occupational Therapy areas, are also provided. Apartments are available to re-normalize patients to community living. Bangor has an active Activity Department, both for younger and older patients. A Staff Development Department provides In-Service training.

BMHI has its own kitchens, modern laundry, motor pool, and support service departments.

To the point, BMHI has all the facilities to provide good, quality treatment to the mentally ill in Northeastern Maine. We believe that neither Mental Health Institute is better nor worse than the other.

COST-SAVINGS:

The argument has been made that BMHI's costs are higher than AMHI. The fact is that Bangor's cost per patient treated is actually \$1383 per year lower than AMHI's costs. We feel the difference is related to higher wages at AMHI due to the progressive (and excellent) career ladder at AMHI.

TOTAL PATIENTS TREATED: AMHI: 1370

TOTAL PATIENTS TREATED: BMHI: 1364

TOTAL EXPENDED (less revenues) AMHI: \$6,383,105.00

TOTAL EXPENDED (less revenues) BMHI: \$4,469,518.00

TOTAL EXPENDED PER PATIENT TREATED AMHI: \$4,659.20

TOTAL EXPENDED PER PATIENT TREATED BYHI: \$3,276.77

source: condensed from; Governor's Budget 1976-1977; Budget Mental Health Improvement Fund; AMHI & BMHI YEARLY POPULATION REPORTS YEAR ENDING 6/30/75.

NOTE: All figures are for fiscal year 7/1/74 to 6/30/75; last period for which data is complete.

SECURITY:

Employees at BMHI agree that changes and guarantees of security is a major priority. As stated above we are also the victims of lax security. Our families know the terror of having persons escape, especially when that person has threatened our families. We find the Augusta City Council's position against transfers to that City praiseworthy. The City's position will help force a real solution to security, not the continuence of the present inadequate measures.

We can not except the theory that closing BMHI will stop escapes and crime. Patients escape from AMHI, inmates escape from the Pre-Release Centers. BMHI houses a Pre-Release Center run by the State Prison; closure of BMHI does not include closure of the Pre-Release Center. Inmates of the Center have been involved in local crime; this is not going to stop because BMHI closes. Therefore, we again stand on our proposals to effect real change and thereby bring resolution to the problem of security and safety.

ECONOMIC IMPACT ON NORTHEASTERN MAINE:

BMHI currently has a payroll nearing \$5 million per year. The impact of a total reduction in this payroll to the economy of Bangor, Penobscot County, and the whole of Northeastern Maine would be disastrous. Penobscot County now has an unemployment rate of 6.7% and certainly could not afford an increase of over 500 other unemployed workers. The closure certainly would deal a severe blow to the present economic recovery in Northeastern Maine.

BMHI also purchases \$600,000.00 in goods and services from local businesses. These goods include food, utilities, clothing, office supplies, and many others. Again, the loss of these sales would harm any economic recovery.

The economy of the Augusta area already greatly benefits from State expenditures.

The AFSCME employees in conjunction with the Maine AFL-CIO, has asked the Governor, through a special committee, to ascertain the full economic impact of closing BMHI.

CONCLUSION

This report is being sent to Government Leaders, Human Service, Groups, Mental Health Groups, Candidates for the Legislature, the Media, Business Groups, Labor Orgznizations, in an effort to generate public debate on the full range of Mental Health issues. This report is a preliminary effort, by Local 1825 - AFSCME to block the closing of BMHI and thereby force the Department of Mental Health and Corrections to develop concrete, long-range, solutions to the problems of funding and security in the Maine Mental Health System.

Government is being challenged across this country to provide real answers to our problems, not to compound the problems, by ill-advised and destructive actions.

We sincerely hope that many of you will join us in this effort.

Thank you,

Local 1825

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