STATE OF MAINE
119TH LEGISLATURE
SECOND REGULAR SESSION

Final Report of the JOINT SELECT COMMITTEE ON THE PSYCHIATRIC TREATMENT INITIATIVE

November 1, 2000

Members:
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Representative Joseph E. Brooks, House Chair
Senator Mary R. Cathcart
Senator Philip E. Harriman
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Executive Summary

During the First Regular Session, the 119th Legislature approved the expenditure of $500,000 to study the construction of a new forensic unit at the Augusta Mental Health Institute. The Department of Mental Health, Mental Retardation and Substance Abuse Services contracted with the firms of SMRT, Inc., Pulitzer/Bogard and Associates and Architecture+ for the study, which almost immediately changed to a study of a new psychiatric treatment facility for civil and forensic patients.

In February 2000, SMRT, Inc., Pulitzer/Bogard and Associates and Architecture+ presented to the Maine Legislature the report "The Maine Psychiatric Treatment Initiative: Civil and Forensic" (hereinafter referred to as the report) in which they analyzed the need for inpatient mental health services and proposed a new psychiatric treatment facility to replace the Augusta Mental Health Institute. The report assesses Maine's needs for civil and forensic mental health services for adults. These services include state operated inpatient treatment, the inpatient mental health treatment capacity of the community hospitals and specialty mental health hospitals and community-based mental health services. The report concludes that 92 inpatient hospital beds will be sufficient for civil and forensic needs, provided that a number of system developments take place. These developments include: two new 8-bed supportive living centers for civil patients; a new secure halfway house for forensic patients; improvements in crisis and in-home services; better training for facility and community-based staff; performance standards in some community provider contracts; improved working relationships, procedures and training with the community hospitals, specialized psychiatric hospitals, jails and correctional facilities; and a peer support system. See Appendix C for a copy of the system developments.

The 119th Legislature endorsed the building of a new psychiatric treatment facility and took the first action step by authorizing the expenditure of $33,000,000. Public Law 1999, chapter 731, Part NNN authorizes the issuance of bonds by the Maine Governmental Facilities Authority to provide the $30,500,000 needed for a new psychiatric treatment facility in Augusta and the $2,500,000 needed for demolition and relocation costs. In order to continue the discussion of the systems developments and the issue of capacity at the new psychiatric treatment facility with the Department of Mental Health, Mental Retardation and Substance Abuse Services, the Legislature passed House Paper 1955, a joint order to establish the Joint Select Committee on the Psychiatric Treatment Initiative. See Appendices A and B for copies of the authorizing joint order and a list of members of the joint select committee. The committee, composed of 4 senators and 4 representatives, is charged with the following duties:

- Overseeing the efforts of the Department of Mental Health, Mental Retardation and Substance Abuse Services to address the recommendations for systems developments detailed in the report "Maine Psychiatric Treatment Initiative: Civil and Forensic;"[1]

[1] "Maine Psychiatric Treatment Initiative: Civil and Forensic," by SMRT, Inc., Pulitzer/Bogard and Associates and Architecture+, February 29, 2000, at pages 75-77; also located in the Executive Summary of the report, at pages 24-26.

- ❖ Working with community hospitals, community psychiatric hospitals, community providers, consumers of mental health services and interested members of the public; and

- ❖ Reporting on the actions taken by the Department of Mental Health, Mental Retardation and Substance Abuse Services to the Joint Standing Committee on Appropriations and Financial Affairs, the Joint Standing Committee on Health and Human Services and the Joint Standing Committee on Criminal Justice by November 1, 2000.

The Joint Select Committee on the Psychiatric Treatment Initiative met on September 11 and 25 and October 14 and 30, 2000. Members of the committee toured the Kennebec County Correctional Facility and the Maine State Prison and "Super Max" Prison in order to better understand the mental health treatment needs of prisoners and the relationships among the jails, the prisons and the mental health system.

The Joint Select Committee on the Psychiatric Treatment Initiative recognizes that it will be years before a new psychiatric treatment facility replaces the Augusta Mental Health Institute and that providers, policy makers, consumers, advocates, law enforcement and the Department of Mental Health, Mental Retardation and Substance Abuse Services and other state agencies must work together cooperatively to ensure the provision of services to persons with mental illness now and in the future. Taking the long view, the committee recommends the following:

- ❖ The committee endorses the use of a timetable by the Department of Mental Health, Mental Retardation and Substance Abuse Services to accomplish the systems developments recommended in the "Maine Psychiatric Treatment Initiative: Civil and Forensic," pages 75-77. The timetable is included as Appendix F. The committee recommends that policy makers use the timetable to focus their discussions with the department, updating and revising it as progress is made and circumstances change.

- ❖ The committee recommends that the presiding officers of the 120th Legislature ask the chairs of the Joint Standing Committee on Appropriations and Financial Affairs, the Joint Standing Committee on Criminal Justice and the Joint Standing Committee on Health and Human Services to name 2 members of each committee to serve on a subcommittee to receive progress reports at least quarterly from the Department of Mental Health, Mental Retardation and Substance Abuse Services regarding the systems developments recommended in the report "Maine Psychiatric Treatment Initiative: Civil and Forensic." The subcommittee will meet at least once per quarter during the legislative session and will be chaired by House and Senate members of the Joint Standing Committee on Health and Human Services. If the subcommittee determines that a continuation of its work is advisable during the interim between sessions, the subcommittee may propose such a committee to the Legislature.

The committee notes that a number of issues regarding the delivery of mental health services and the construction of a new psychiatric treatment facility in Augusta are unresolved. With regard to these issues, the committee recommends that policy makers remain open to discussion and give them due consideration. These continuing issues include the following:

- Whether the new psychiatric treatment facility will have the capacity to serve the number of adults who will need state-operated inpatient psychiatric treatment;

- Whether there are barriers to access and gaps in funding that prevent persons in need of mental health services from obtaining those services;

- Whether the State is appropriately providing services to persons with mental illness who have complex diagnoses and high-cost service plans;

- Whether the census data from state-operated hospitals, community hospitals and specialized psychiatric hospitals will show the need for inpatient treatment consistent with projections in the report, or higher or lower than the report;

- What are the legal responsibilities of the Department of Mental Health, Mental Retardation and Substance Abuse Services to provide mental health services for adults; and

- Whether recipients of mental health services have access to fair and timely appeals and grievance procedures.

I. INTRODUCTION

During the First Regular Session, the 119th Legislature approved the expenditure of $500,000 to study the construction of a new forensic unit at the Augusta Mental Health Institute. The Department of Mental Health, Mental Retardation and Substance Abuse Services contracted with the firms of SMRT, Inc., Pulitzer/Bogard and Associates and Architecture+ for the study, which almost immediately changed to a study of a new psychiatric treatment facility for civil and forensic patients. This change of focus came about because maximum federal funding from the U.S. Department of Health and Human Services, Health Care Financing Administration is not available for a forensic unit only but is available for a facility that serves both civil and forensic populations.

In February 2000, SMRT, Inc., Pulitzer/Bogard and Associates and Architecture+ presented to the Maine Legislature the report "The Maine Psychiatric Treatment Initiative: Civil and Forensic" (hereinafter referred to as the report) in which they analyzed the need for inpatient mental health services and proposed a new psychiatric treatment facility to replace the Augusta Mental Health Institute. The report assesses Maine's needs for civil and forensic mental health services for adults. These services include state operated inpatient treatment, the inpatient mental health treatment capacity of the community hospitals and specialty mental health hospitals and community-based mental health services.

"The Maine Psychiatric Treatment Initiative: Civil and Forensic" provides a detailed assessment of inpatient and community-based mental health services for adults. It also provides an operational and architectural program and design concept for a new facility to replace the Augusta Mental Health Institute, selection of a recommended site and identification of construction and annual operational costs of a new facility. The report begins with an assessment of civil and forensic adult mental health needs in the state in the present and projected to the year 2010. Noting that Maine has made great strides in providing care in the least restrictive setting possible, the report proceeds to evaluate the effects of major changes anticipated in future years within the overall state mental health delivery system. It then concludes that 92 inpatient hospital beds will be sufficient for civil and forensic needs, provided that a number of system developments take place. These developments include: two new 8-bed supportive living centers for civil patients; a new secure halfway house for forensic patients; improvements in crisis and in-home services; better training for facility and community-based staff; performance standards in some community provider contracts; improved working relationships, procedures and training with the community hospitals, specialized psychiatric hospitals, jails and correctional facilities; and a peer support system. See Appendix C for a copy of the system developments.

Dr. Jane Haddad, Curtiss Pulitzer and Arthur Thompson presented the report, "The Maine Psychiatric Treatment Initiative: Civil and Forensic," to the Joint Standing Committee on Appropriations and Financial Affairs and the Joint Standing Committee on Health and Human Services on March 2, 2000. Over the course of the next two months the Legislature discussed the report, the proposal contained within it to build a new facility at an initial estimated cost of $30,500,000 and the 20 recommendations made by the report to improve and further develop the capacity of the mental health system.

The 119th Legislature endorsed the building of a new psychiatric treatment facility and took the first action step by authorizing the expenditure of $33,000,000. Public Law 1999, chapter 731, Part NNN authorizes the issuance of bonds by the Maine Governmental Facilities Authority to provide the $30,500,000 needed for a new psychiatric treatment facility in Augusta and the $2,500,000 needed for demolition and relocation costs.

The fact that the Augusta Mental Health Institute is currently licensed to provide 103 beds, as compared to the proposed bed capacity of 92 beds, led some legislators to be concerned that the facility not be undersized and that development of mental health resources and systems improvements be made as certain as possible, since the correctness of the 92 bed number is conditioned on accomplishment of the system recommendations. In order to continue the discussion of these issues with the Department of Mental Health, Mental Retardation and Substance Abuse Services legislators began consideration of a committee or commission to work through the interim between the 119th Legislature and the 120th Legislature.

On May 11, 2000 the Legislature passed House Paper 1955, a joint order to establish the Joint Select Committee on the Psychiatric Treatment Initiative. See Appendices A and B for copies of the authorizing joint order and a list of members of the joint select committee. The committee, composed of 4 senators and 4 representatives, is charged with the following duties:

- Overseeing the efforts of the Department of Mental Health, Mental Retardation and Substance Abuse Services to address the recommendations for systems developments detailed in the report "Maine Psychiatric Treatment Initiative: Civil and Forensic;"[2]

- Working with community hospitals, community psychiatric hospitals, community providers, consumers of mental health services and interested members of the public; and

- Reporting on the actions taken by the Department of Mental Health, Mental Retardation and Substance Abuse Services to the Joint Standing Committee on Appropriations and Financial Affairs, the Joint Standing Committee on Health and Human Services and the Joint Standing Committee on Criminal Justice by November 1, 2000.

II. PROCESS

The Joint Select Committee on the Psychiatric Treatment Initiative met on September 11 and 25 and October 14 and 30, 2000. Members of the committee toured the Kennebec County Correctional Facility and the Maine State Prison and "Super Max" Prison in order to better understand the mental health treatment needs of prisoners and the relationships among the jails, the prisons and the mental health system. The committee heard testimony and accepted written information from the public at each meeting and heard from representatives of the Department of Mental Health, Mental Retardation and Substance Abuse Services, the Department of Corrections, the Bureau of General Services of the Department of Administrative and Financial

[2] "Maine Psychiatric Treatment Initiative: Civil and Forensic," by SMRT, Inc., Pulitzer/Bogard and Associates and Architecture+, February 29, 2000, at pages 75-77; also located in the Executive Summary of the report, at pages 24-26.

Services, the Maine Sheriff's Association, NAMI Maine, the Disability Rights Center, the Maine Medical Association, the Maine Chapter of the College of Emergency Room Physicians, the Maine Hospital Association, the Maine Psychiatric Association, the Maine Association of Mental Health Services, the Depressive, Manic Depressive Association, Support and Recovery Services, the Citizens Advisory Committee on Mental Health and Sweetser.

With the assistance of staff members from the Department of Mental Health, Mental Retardation and Substance Abuse Services and Dr. Jane Haddad, the committee worked to develop a consensus regarding the status of the mental health services system, the size of the new facility and actions needed to improve or further develop the mental health services system. The Department of Mental Health, Mental Retardation and Substance Abuse Services presented information and progress reports on its actions with regard to the recommendations from the report. Consumers and providers of mental health services and activists in the field of mental health spoke to the committee about their experiences and provided the perspective from the field. Revised utilization statistics for inpatient services at the Augusta Mental Health Institute, the Bangor Mental Health Institute, the community hospitals and the specialized psychiatric hospitals circulated the room at each meeting. Committee members regularly discussed the meaning of the statistics and how to predict future mental health service needs.

III. BACKGROUND INFORMATION

The new psychiatric treatment facility includes treatment and living space for 92 patients, of whom 48 would be civil patients and 44 would be forensic patients. This facility will be augmented by a new secure halfway house for forensic patients and two new 8-bed residential supportive living centers for patients who are now hospitalized but who do not need that high a level of service. The proposed psychiatric treatment facility would be designed to enable a future addition of two 24-bed units without change to the core structure.

The report contains charts comparing existing civil and forensic bed capacity at the Augusta Mental Health Institute and with projected needs for civil and forensic beds. The following charts are taken from the report.

Table 1
AMHI Civil Bed Utilization – 1998

	Region I	Region II
Average Daily Bed Utilization Based on Patient County of Residence (Based on length of stay of 56.2 days)	26	30

AMHI is licensed to operate 103 psychiatric beds, 27 of which are dedicated to forensic patients

Source: Augusta Mental Health Institute

Table 2

AMHI Civil Length of Stay: FY 1998-1999 Admissions

Length of Stay Group	Number	Percent
1-15 days	213	38.4%
16-30 days	99	17.9%
31-60 days	100	18.1%
60-120 days	80	14.4%
120 days and over	62	11.2%
Total	**554**	**100.0%**

Table 3
Community Hospital Civil Psychiatric Bed Utilization – 1998

	Region I	Region II
Average Daily Bed Utilization Based on Patient County of Residence (Based on length of stay 10.2 days)	57	74
Available Licensed Psychiatric Beds: Community Hospitals	Total: 84 SMMC: 13 Spring Harbor: 45 Maine Medical: 26	Total: 88 Pen Bay: 13 Maine General: 3 St. Mary's: 31 Mid Coast: 1
Average Daily Bed Utilization of Listed Community Hospitals (Based on length of stay of 10.2 days)	57	68

Source: Maine Health Data Organization

Table 4

Population Forecast – Civil Patients

Based on AMHI 1998 and 1999 Admission and Discharge Data

Fiscal Year	Historical*		Population	
	Bed Days	Population**	Total Projected	Peaking Factor***
1998	20,979	51.9		
1999	19,995	58.0		
2000			59	55-63
2001			59	55-63
2002			60	56-64
2003			60	57-65
2004			60	57-65
2005			61	58-66
2006			62	59-67
2007			63	60-68
2008			63	60-68
2009			65	62-71
2010			66	63-72

* Although the female forensic patients are not excluded from the civil historical figures, the female forensic population was excluded from the civil patient forecast.

** AMHI's average monthly civil patient population ranged from 44 to 58 from January 1998 through October 1999.

*** Peaking factor was calculated by applying average standard deviation of monthly civil patient population to the number of projected beds.

- Based on the length of stay data collected from AMHI, approximately 22-25% or 15-18 beds during this period were occupied by patients with lengths of stay of less than 30 days. The figure will grow slowly to approximately 16-19 beds by the year 2010 based on projected demographic population growth.

- Based on the length of stay data collected from AMHI, approximately 75-78% or 40-44 beds during this period were occupied by patients with lengths of stay up to approximately 46-49 beds by the year 2010.

Table 5*

Maine Community Hospital Analysis: January 1999 – June 1999
Only Adult Psychiatric Patients

Region	Counties Served by Community Hospitals within the Region	Ave. Daily Census 1/99-6/99	Number of Licensed Beds	Number of Operational Beds	Monthly Bed Days Available	Bed Days Used by Patients with LOS less than 30 days
Region I	Cumberland York	70.85	84	83	2490	1612
Region II	Androscoggin, Franklin, Oxford, Kennebec, Knox, Somerset, Lincoln, Waldo, Cumberland, Sagadahoc	69.2	88	83	2490	2025

- ❖ Assumes patients with lengths of stay greater than 30 days (10.5 in Region I and 12 in Region II) would be transferred to state-operated beds.

* Since Spring Harbor opened 12 additional adult psychiatric beds in December of 1999, the number of licensed community psychiatric beds presently available within Region I and II has increased from 172 to 184.

Table 6

Forensic Inpatients per 100,000 Population

State	Forensic Inpatients per 100,000
Kansas	6.7
Virginia	5.2
New York	4.9
Minnesota	4.0
Massachusetts	3.3
Delaware	3.0
Maine	2.7

Source: NASMHPD Research Institute

Table 7

Legal Status of AMHI Male Forensic Patients – November 9, 1999

Legal Status	Number of Patients
NCR	12
IST	5
Pending Evaluation	1
Jail Transfers	6

Table 8

Population Forecast – Forensic Patients

Fiscal Year	***Historical***		***Projected****				
	Bed Days	***Population***	***Female***	***IST***	***NCR***	***Total Projected***	***Peaking Factor***
1997*	8,382	22.96					
1998*	9,047	24.79					
1999*	9,387	29.71					
2000			4	5	12	21	18-24
2001			4	7	12	23	20-26
2002			4	7	12	23	20-26
2003			4	7	12	23	20-26
2004			5	7	13	25	22-28
2005			5	9	13	27	24-30
2006			5	9	13	27	24-30
2007			5	9	14	28	25-31
2008			6	10	14	30	27-33
2009			6	11	14	31	28-34
2010			6	11	15	32	29-35

** Includes all forensic patients, male and female*

*** Excludes forensic patients from correctional facilities and jails*

- The projections are based solely on male and female NCR and IST patients. Projection of beds for jail and prison transfers is based on national data.
- Female forensic cases housed with the civil population are included for the 1999 historical population.

A peaking factor of +/-3 beds has been applied to the total forecast to account for monthly variations. the 3 bed peaking factor was determined by applying the standard deviation calculated from the average daily forensic census from January 1998 through October 1999. The average daily census during this period ranged from 22 to 27 patients.

Table 9

Self-Reported Psychiatric Hospital Referrals – Maine Jail Survey, October 1999

Jail	Census	Annual Admissions	Annual Referrals	Reason for Referrals	Inmates Requiring Hospital Care
Androscoggin	98	5000	6	Suicidal	3
Aroostook	65	1200-1500	6-10	Suicidal/Mentally Ill	10-20%
Cumberland	325	8400	5	Suicidal/Mentally Ill	1
Franklin	19	735	3	Suicidal/Mentally Ill	1
Hancock	40	N/A	15	N/A	N/A
Kennebec	178	3068	8	Suicidal/Mentally Ill	10-12 year
Knox	40-50	1700+	3	Suicidal/Mentally Ill	1
Lincoln	32	1200	4	Mentally Ill	1-2 year
Oxford	30	1300	2-3	Suicidal	1/month
Penobscot	125	5000	7-10	Mentally Ill	1-2
Piscataquis	27	755	1-2	N/A	N/A
Sagadahoc	22	778	1	Mentally Ill	1
Somerset	54	1500	6	Suicidal/Mentally Ill	1
Waldo	24	1200	8	Suicidal/Mentally Ill	3
Washington	31	N/A	1	Mentally Ill	2
York	130	3500	7	Suicidal/Mentally Ill	3

N/A = Data not available

Table 10

Summary of Projected Need for Forensic Beds

Forensic Population	2010 Projected Beds	Rationale
NCR Patients	18-20	Based on population forecast and development of second secure halfway house beds for NCR patients no longer requiring hospitalization.
IST Patients	4-5	Based on decreasing lengths of stay and clinically aggressive treatment for restoration to competency.
Forensic Evaluations	1	Based on current practices and continuing outpatient evaluations by State Forensic Services.

Prison Transfers	2	Self-report of MDOC.
Jail Transfers	12-16	Based on national estimates and improvements in jail mental health services.
Total	***37-44***	

Table 11

Comparison of Existing and Proposed Civil and Forensic Beds

CURRENT AMHI UNITS	**LICENSED BED CAPACITY**	**PROPOSED PSYCHIATRIC TREATMENT CENTER**	*BED CAPACITY*
Region I-Civil	25	Acute Care-Civil	24
Region II-Civil	25	Intermediate Care-Civil	24
Region II-Civil	26		
Civil Subtotal	76	Civil Subtotal	48
Forensic-Maximum	6	Forensic-High Security	20
Forensic-Medium	21	Forensic-Intermediate	24
Forensic Subtotal	27	Forensic Subtotal	44
AMHI Total	103	Center Total	92
Residential Beds	0	Supportive Living Centers	16
TOTAL BEDS	***103***	**TOTAL BEDS**	***103***

At present the Augusta Mental Health Institute is licensed for 103 beds, of which 76 are civil beds and 27 are forensic beds. In fact, staffing is currently provided for a total of 95 beds and the civil units provide beds for female forensic patients, the census of which during 2000 was often 5 or 6 per day.

In an effort to understand the need for services at the Augusta Mental Health Institute the committee reviewed occupancy figures, referred to as daily census counts, for August and September, 1999, and 2000.[3] The daily census for Augusta Mental Health Institute for August,

[3] See Appendices D and E, provided to the joint select committee on October 16, 2000, by Katie Fullam Harris, Assistant to Commissioner Duby, Department of Mental Health, Mental Retardation and Substance Abuse Services

1999, averaged 87.3 and for August, 2000, averaged 85.3. The daily census for Augusta Mental Health Institute for September, 1999, averaged 84.5 and for September, 2000, averaged 85.7. The forensic side daily census, which includes males only and which is included in the preceding figures, for September, 1999, averaged 29 and for September, 2000 averaged 27.[4]

A. History

There is considerable controversy over the current capacity of inpatient treatment facilities and community-based mental health resources for adults with serious mental illness, the future capacity of the community-based system and the appropriate size for the new facility. During the spring of 2000 the Legislature heard consistently from persons, many of them providers, who contend that Maine lacks capacity in the community to serve adults with serious mental illness sufficient to justify the projected bed size of 48 civil inpatient beds, which is 28 beds less than the current civil capacity. During these discussions the Department of Mental Health, Mental Retardation and Substance Abuse Services has consistently maintained that the proposed bed size of 48 is appropriate. A few advocates have argued that 48 civil beds is too large and will encourage hospitalization when it is inappropriate.

Aside from inpatient capacity issues, questions persist about the systems developments that are recommended in the report. The committee focused its attention on the development and improvement of mental health resources in order to ensure that Maine will have the adult mental health treatment services that its residents need when the new psychiatric treatment facility opens its doors. To this end the committee worked with community-based providers of mental health services, community hospitals and specialized psychiatric hospitals and the Department of Mental Health, Mental Retardation and Substance Abuse Services and developed the idea of a timetable for actions by the department.

B. Systems developments

The committee worked closely with the Department of Mental Health, Mental Retardation and Substance Abuse Services to develop a timetable for actions by the department in order to ensure that the systems developments and improvements that are recommended in the report are accomplished by the time a new and smaller facility replaces the Augusta Mental Health Institute. The timetable is included as Appendix F. As is evident from the timetable, the department has taken the lead and the following accomplishments are noted.

- The department has begun weighing the options for operating the two 8-bed supportive living centers. A decision has been made to contract with a nonprofit agency for staffing. A decision will be made by November 20, 2000, regarding state ownership of the buildings.

- There is a draft agreement under discussion between the department and the community hospitals. The department expects to sign an agreement by January 1, 2001, on the roles of state-operated hospitals, community hospitals and specialized psychiatric hospitals.

[4] Ibid.

- Protocols are being drafted for review by hospital staff and community providers regarding the development of inpatient treatment plans and discharge plans.

- A census bulletin board is being developed by the community hospitals and the Department of Mental Health, Mental Retardation and Substance Abuse Services and will be in operation for inpatient treatment information by April 2001. The department is working on a bulletin for crisis and residential beds and expects to have it operating by May 2001.

- Maine Medical Center has 23-hour assessment beds in operation on a trial basis. An evaluation of 23-hour assessment beds is expected by January 15, 2001, and a work plan for further development by March 15, 2001.

- The Department of Mental Health, Mental Retardation and Substance Abuse Services, the Maine Technical College System and the University of Maine System are working together regarding the training needs of state hospital staff working with persons with serious and persistent mental illness, substance abuse and trauma.

- The department is in active discussions regarding an affiliation with Harvard Medical School and expects to sign an agreement by September 2001, to provide AMHI staff with access to Grand Rounds trainings at Harvard Medical School. Clinical education and support is provided by Maine Medical Center.

- A process has begun to assess staffing, programming and utilization for residential crisis programs, admissions criteria and performance standards.

- A working group will assess capacity and use of in-home support workers, determine barriers to their use and evaluate the need for more in-home support staff.

- Performance standards for crisis services are under consideration, with revised standards and assessment measures to be included in contracts by July 1, 2001.

- The Behavioral Health Sciences Institute has begun evaluating the training needs of state hospital staff, including core competencies and skills.

- The Department of Mental Health, Mental Retardation and Substance Abuse Services , the Maine Technical College System and the University of Maine will review training needs for crisis workers, drawing up a competency-based curriculum and implementing training by December 2001.

- The department provides $117,000/year for peer support programs. By April 2001, regional work groups will develop a plan for ongoing peer support programs, with implementation of a peer support pilot program by July 1, 2001.

- ❖ A second secure halfway house is a long-range project. The department's plans include needs assessment by January 2002, a plan for site location and training by January 2003, a plan for staff training by January 2004, development of an evaluation tool by June 2004, and operation by January 2005.

- ❖ The department has submitted in its 2001-2003 proposed budget a telehealth proposal to connect the Augusta Mental Health Institute and the Department of Corrections and support the provision of mental health services to prisoners. In early 2001 the Department of Mental Health, Mental Retardation and Substance Abuse Services will determine what services are being provided and will work with community agencies regarding planning to provide services to the jails.

- ❖ An admission protocol has been signed between the department and the Kennebec County Correctional Facility. By July 2001, the Department of Mental Health, Mental Retardation and Substance Abuse Services will expand the use of the protocol to other jails as is appropriate.

- ❖ By early 2001 the Department of Mental Health, Mental Retardation and Substance Abuse Services will work with the Department of Public Safety, the Maine Criminal Justice Academy, sheriffs, local law enforcement and NAMI Maine regarding training on mental health issues and training needs.

- ❖ By early 2001 the Department of Mental Health, Mental Retardation and Substance Abuse Services will work with the county jails, the Sheriffs' Association, the Department of Public Safety, the Maine Criminal Justice Academy and the Department of Corrections to develop mental health training curriculum for correctional officers in jails and prisons.

- ❖ The department provides mental health services to youth in the custody of the Department of Corrections. By mid-2001 a working group will report to the Commissioner of Corrections and the Commissioner of Mental Health, Mental Retardation and Substance Abuse Services regarding options for long-term inpatient treatment for youth who are assaultive.

IV. RECOMMENDATIONS

The Joint Select Committee on the Psychiatric Treatment Initiative recognizes that it will be years before a new psychiatric treatment facility replaces the Augusta Mental Health Institute and that providers, policy makers, consumers, advocates, law enforcement and the Department of Mental Health, Mental Retardation and Substance Abuse Services and other state agencies must work together cooperatively to ensure the provision of services to persons with mental illness now and in the future. Taking the long view, the committee recommends the following.

- ❖ The committee endorses the use of a timetable by the Department of Mental Health, Mental Retardation and Substance Abuse Services to accomplish the systems developments recommended in the "Maine Psychiatric Treatment Initiative: Civil and

Forensic," pages 75-77. The timetable is included as Appendix F. The committee recommends that policy makers use the timetable to focus their discussions with the department, updating and revising it as progress is made and circumstances change.

- The committee recommends that the presiding officers of the 120th Legislature ask the chairs of the Joint Standing Committee on Appropriations and Financial Affairs, the Joint Standing Committee on Criminal Justice and the Joint Standing Committee on Health and Human Services to name 2 members of each committee to serve on a subcommittee to receive progress reports at least quarterly from the Department of Mental Health, Mental Retardation and Substance Abuse Services regarding the systems developments recommended in the report "Maine Psychiatric Treatment Initiative: Civil and Forensic." The subcommittee will meet at least once per quarter during the legislative session and will be chaired by House and Senate members of the Joint Standing Committee on Health and Human Services. If the subcommittee determines that a continuation of its work is advisable during the interim between sessions, the subcommittee may propose such a committee to the Legislature.

The committee notes that a number of issues regarding the delivery of mental health services and the construction of a new psychiatric treatment facility in Augusta are unresolved. With regard to these issues, the committee recommends that policy makers remain open to discussion and give them due consideration. These continuing issues include the following:

- Whether the new psychiatric treatment facility will have the capacity to serve the number of adults who will need state-operated inpatient psychiatric treatment;

- Whether there are barriers to access and gaps in funding that prevent persons in need of mental health services from obtaining those services;

- Whether the State is appropriately providing services to persons with mental illness who have complex diagnoses and high-cost service plans;

- Whether the census data from state-operated hospitals, community hospitals and specialized psychiatric hospitals will show the need for inpatient treatment consistent with projections in the report, or higher or lower than the report;

- What are the legal responsibilities of the Department of Mental Health, Mental Retardation and Substance Abuse Services to provide mental health services for adults; and

- Whether recipients of mental health services have access to fair and timely appeals and grievance procedures.

APPENDIX A

Authorizing Joint Order

Thursday, May 11, 2000

PAPERS FROM THE HOUSE

Joint Order

(1-1) The following Joint Order:

H.P. 1955

ORDERED, the Senate concurring, that the Joint Select Committee on the Psychiatric Treatment Initiative is established as follows.

Sec. 1. Committee established. The Joint Select Committee on the Psychiatric Treatment Initiative, referred to in this order as the "committee," is established to work with the interested parties in the community and to report regarding the actions taken by the Department of Mental Health, Mental Retardation and Substance Abuse Services regarding the recommendations for improved community services as described in the executive summary of the report "Maine Inpatient Treatment Initiative: Civil and Forensic."

Sec. 2. Membership. The President of the Senate shall appoint 4 members from the Senate, 2 of whom are not members of the majority party. The Speaker of the House shall appoint 4 members from the House of Representatives, 2 of whom are not members of the majority party. In making the appointments, preference must be given to members of the Joint Standing Committee on Health and Human Services, the Joint Standing Committee on Appropriations and Financial Affairs and the Joint Standing Committee on Criminal Justice.

Sec. 3. Appointments; chairs; convening of committee. All appointments must be made no later than August 1, 2000. The appointing authorities shall notify the Executive Director of the Legislative Council once all appointments have been made. The first named Senate member is the Senate chair and the first named House of Representatives member is the House chair. The first meeting must be called by the chairs no later than September 1, 2000. The committee may meet up to 4 times to carry out its duties.

Sec. 4. Duties. The duties of the committee include:

1. Overseeing the efforts of the Department of Mental Health, Mental Retardation and Substance Abuse Services to address the recommendations for departmental action detailed in pages 24 to 26 of the executive summary of the report "Maine Inpatient Treatment Initiative: Civil and Forensic";

2. Working with community hospitals, community psychiatric hospitals, community providers, consumers of mental health services and interested members of the public; and

3. Reporting on the actions taken by the Department of Mental Health, Mental Retardation and Substance Abuse Services to the Joint Standing Committee on Appropriations and Financial Affairs, the Joint Standing Committee on Health and Human Services and the Joint Standing Committee on Criminal Justice by November 1, 2000. If the committee requires a limited extension of time to conclude its work, it may apply to the Legislative Council, which may grant the extension.

Sec. 5. Staff assistance. Staffing may be provided by the Office of Policy and Legal Analysis by request of the committee to the Legislative Council, with secondary staffing provided by the Department of Mental Health, Mental Retardation and Substance Abuse Services. The department shall provide information, data and research services as reasonably required by the committee. The committee shall request the assistance of and shall invite to their meetings representatives of the Department of Mental Health, Mental Retardation and Substance Abuse Services, the Department of Human Services and the Department of Corrections.

Sec. 6. Compensation. The members of the committee are entitled to receive the legislative per diem, as defined in the Maine Revised Statutes, Title 3, section 2, and reimbursement of necessary expenses incurred for their attendance at authorized meetings of the committee.

Comes from the House, **READ** and **PASSED**.

READ.

On motion by Senator **PINGREE** of Knox, placed on **SPECIAL STUDY TABLE**, pending **PASSAGE**.

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APPENDIX B

Membership list, Joint Select Committee on the Psychiatric Treatment Initiative

JOINT SELECT COMMITTEE ON THE PSYCHIATRIC TREATMENT INITIATIVE

Joint Order, HP 1955

Membership 2000

Appointment(s) by the President

Sen. Beverly C. Daggett — **Chair**
16 Pine Street
Augusta, ME 04330
(207)-622-9053

Sen. Mary R. Cathcart
120 Main Street
Orono, ME 04473
(207)-866-3054

Sen. Philip E. Harriman
Lebel & Harriman of Maine
121 Middle Street, Suite 400
Portland, ME 04101
(207)-773-5390

Sen. Betty Lou Mitchell
P.O. Box 6
Etna, ME 04434
(207)-269-2071

Appointment(s) by the Speaker

Rep. Joseph E. Brooks — **Chair**
2 Goshen Road
Winterport, ME 04496
(207)-223-5041

Rep. Joseph Bruno
168 Egypt Road
Raymond, ME 04071
(207)-655-7443

Rep. Elaine Fuller
Pond Road
P.O. Box 187
Manchester, ME 04351
(207)-622-0293

Rep. Judith B. Peavey
358 Mountain Road
Woolwich, ME 04579
(207)-882-6800

Staff: Jane Orbeton, OPLA 287-1670

APPENDIX C

Pages 75-77, "The Maine Psychiatric Treatment Initiative: Civil and Forensic," February 29, 2000, by SMRT, Inc., Pulitzer/Bogard and Associates and Architecture+.

Table 35
Comparison of Existing and Proposed Civil and Forensic Beds

CURRENT AMHI UNITS	LICENSED BED CAPACITY		PROPOSED PSYCHIATRIC TREATMENT CENTER	BED CAPACITY
Region I-Civil	25		Acute Care-Civil	24
Region II-Civil	25		Intermediate Care-Civil	24
Region II-Civil	26			
Civil Subtotal	76		Civil Subtotal	48
Forensic-Maximum	6		Forensic-High Security	20
Forensic-Medium	21		Forensic-Intermediate	24
Forensic Subtotal	27		Forensic Subtotal	44
AMHI Total	103		Center Total	92
Residential Beds	0		Supportive Living Centers	16
TOTAL BEDS	**103**		**TOTAL BEDS**	**108**

System Recommendations: DMHMRSAS is working and will continue to work on resolving system issues impacting the need for inpatient psychiatric treatment. It is strongly recommended that DMHMRSAS accomplish improvements in the following areas during the transition construction period to ensure optimal system functioning and utilization of the new inpatient beds.

- Continuing development of the partnership between DMHMRSAS and community hospitals and community psychiatric hospitals through agreement on the most clinically effective roles for community and state-operated beds and the establishment and monitoring of performance standards. As noted previously, there appears to be general agreement about the following hospital roles:

  - Optimally, community hospitals would serve only the patients residing within their geographic area.

  - Psychiatric units of community acute care hospitals may be unable to effectively provide the level of treatment required by some patients. These patients should be served by the community psychiatric hospitals and the state-operated hospitals.

  - State-operated hospitals should serve two functions: the "safety net" for patients needing acute treatment, and a treatment center for patients who meet the criteria for intensive and extended treatment.

  - Clearly defined criteria must be established to determine when transfers from community to state-operated beds are appropriate.

  - Patients admitted to community hospitals requiring extended care and substantial psychosocial rehabilitation would be best served by state-operated hospitals with extensive treatment resources.

- Continued efforts to integrate community and hospital mental health providers in developing inpatient treatment plans and discharge plans when a patient is hospitalized in a state-operated or community facility.

- Development of state-of-the-art treatment tracks and programming for inpatients with multiple needs related to persistent and serious mental illness, substance abuse and/or histories of trauma.

- Establishment of a centralized clearing-house process for hospital admissions to address the serious problems with the current psychiatric hospitalization pre-screening process.

- Refinement of community crisis services to maximize the effectiveness of outpatient services and limit the use of hospitalization to instances in which hospital-level care is clinically appropriate. These refinements include:

  - Development of 23-hour assessment beds and the provision of psychiatric support and adequate staff for the community crisis beds that would enable safe and effective options to hospitalization.

  - Refinement of use of in-home support staff to enable consumers experiencing psychiatric crises to be safely treated in the least restrictive environment.

  - Development and monitoring of performance standards for crisis services.

- Staff development and training opportunities for hospital-based mental health staff to enhance their skills in providing state of the art treatment. Staff development and training activities for community crisis workers and case managers to enhance skills in providing crisis interventions.

- Increased university affiliations to provide additional clinical resources for inpatient and community mental health services as well as provide training opportunities that would attract additional skilled clinicians to the State of Maine.

- Development of a peer support system.

- Development of a second secure forensic halfway house located in an appropriate location to address the needs of current forensic unit patients requiring supervision but no longer requiring inpatient treatment.

- Increasing mental health support to local jails through establishment and monitoring of performance standards for community agencies responsible for these services.

- Development of an admission protocol that would permit direct dialogue and acceptance/refusal of admissions between the forensic unit and jail staff.

- Training of law enforcement officers regarding mental health issues to facilitate the appropriate disposition when mental health issues may have contributed to minor law infractions.

- Training of correctional officers in identifying the signs of serious mental illness and appropriate interventions to facilitate effectiveness of mental health services within the jails and prisons.

- Development of partnership between the Maine Department of Correction and community psychiatric hospitals to provide inpatient treatment for adolescent forensic patients.

APPENDIX D

Augusta Mental Health Institute – Bangor Mental Health Institute – Daily Census, August, 1999 and 2000

AUGUSTA MENTAL HEALTH INSTITUTE – DAILY CENSUS

CIVIL

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	Avg.
Aug '99	60	61	60	58	57	57	56	57	58	56	55	56	57	57	60	63	57	56	58	63	62	62	65	66	64	64	63	60	59	61	59	59.58
Aug. "00	49	50	48	48	46	46	47	50	51	52	54	53	54	53	53	58	61	61	60	60	61	62	63	61	62	59	58	61	61	61	60	55.58

FORENSIC

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	Avg.
Aug '99	29	29	29	26	26	26	26	26	26	25	25	25	26	27	28	28	28	28	28	28	28	28	29	29	29	29	29	29	29	30	30	27.6
Aug '00	30	31	30	30	30	31	31	32	31	30	30	29	29	29	29	29	29	28	26	26	26	26	27	28	28	29	29	29	29	28	28	28.9

TOTAL

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	Avg.
Aug '99	89	90	89	84	83	83	82	83	84	81	80	81	83	84	88	91	85	84	86	91	90	90	94	95	93	93	92	89	88	91	89	87.3
Aug. '00	79	81	78	78	76	77	78	82	82	82	84	82	83	82	82	87	90	89	86	86	87	88	90	89	90	88	87	90	90	89	88	84.5

BANGOR MENTAL HEALTH INSTITUTE – DAILY CENSUS

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	Avg.
Aug. '99	96	95	92	92	94	91	91	93	96	95	97	91	89	90	93	88	89	92	96	92	91	94	93	94	93	90	87	86	88	83	84	91.4
Aug. '00	85	85	84	79	84	87	85	84	88	87	80	82	82	83	78	78	76	76	75	79	75	79	78	80	80	81	82	81	82	84		88

Note: The AMHI Forensic census data for '99 forensic patients includes 3 females who resided on civil units. The Forensic census data for '00 includes 5 female forensic patients who resided on civil units.

APPENDIX E

Augusta Mental Health Institute – Bangor Mental Health Institute – Daily Census, September, 1999 and 2000

AUGUSTA MENTAL HEALTH INSTITUTE – DAILY CENSUS

CIVIL

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	Avg.
Sept. '99	59	58	58	56	57	58	58	56	53	50	54	55	57	56	56	61	60	57	58	59	55	53	53	54	52	51	53	53	54	53	55.5
Sept. '00	49	50	48	48	46	46	47	50	51	52	54	53	54	53	53	58	61	61	60	60	61	62	63	61	62	59	58	61	61	61	58.7

FORENSIC

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	Avg.
Sept. '99	27	27	27	29	29	29	29	28	29	29	29	30	30	29	29	30	31	31	31	31	31	30	30	31	30	31	31	31	31	31	29
Sept. '00	29	28	28	28	28	28	27	27	28	28	28	27	26	27	27	27	27	27	26	26	26	26	26	26	26	26	26	27	27	27	27

TOTAL

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	Avg.
Sept. '99	86	85	85	85	86	87	87	84	82	79	83	85	87	85	85	91	91	88	89	90	86	83	83	85	82	82	84	84	85	84	85.3
Sept. '00	89	86	85	87	89	89	87	88	88	90	91	90	87	86	85	85	85	86	87	87	83	84	82	81	83	82	83	83	82	79	85.7

BANGOR MENTAL HEALTH INSTITUTE – DAILY CENSUS

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	Avg.
Sept. '99	85	83	85	85	85	87	90	90	91	90	87	93	90	93	93	91	90	86	92	94	92	95	*80	84	85	88	90	88	87	85	88.5
Sept. '00	80	77	81	82	80	80	80	78	75	80	84	84	85	86	87	86	88	89	88	88	80	82	83	85	84	82	83	83	82	82	82.8

* BMHI census dropped because a number of patients went on a camping trip.

NOTE: The AMHI Forensic census data for '99 forensic patients includes 3 females who resided on civil units. The AMHI Forensic census data for '00 forensic patients includes 6 females who resided on civil units until Sept 18th, after which 5 females resided on civil units.

APPENDIX F
Timetable, Systems Developments

TIMETABLE
Systems Developments
Maine Inpatient Treatment Initiative Report

(Dmh=DMHMRSAS, C&PsychH=community and specialty psychiatric hospitals, A-BMHI=AMHI and BMHI, MMC= Maine Medical Center, HCFA=USDept HHS Health Care Financing Admin, BHSI=Behavioral Health Sciences Institute, SLC=supportive living centers, DC=Department of Corrections, DPS=Department of Public Safety, MAMHS=Maine Assoc. Mental Health Services)

Item Number	Recommendation	Status 10/31/00	By 6/30/01	By 12/21/01	After 1/1/02	Identification of participants
1	***Develop two 8-bed supportive living centers (SLCs) for persons currently hospitalized at AMHI***	DMHMRSAS has decided to contract out staffing to a non-profit.	By 11/20/00 decision on state ownership of buildings. By 12/15/00 initial site location decision. By 3/15/01 final site location. BY 6/1/01 initiate construction. By 6/1/01 complete program design.	By 8/1/01 issue RFP. By 12/1/01 award contract.	By 6/02 SLC's operating	Department of Mental Health, Mental Retardation and Substance Abuse Services, MAMHS, potential providers
2	***Continue partnership between DMHMRSAS and community hospitals and community psychiatric hospitals:***					
a.	Agree on role for each type of hospital	Draft agreement with C&PsychH under discussion	By 1/1/01 sign agreement between C&PsychH and Dmh			Department of Mental Health, Mental Retardation and Substance Abuse Services, C&PsychH (Me Hospital Assoc)
b.	Establish and monitor performance standards for hospitals	Standards developed	By 12/15/00 designate subcommittee members. By 3/15/01 develop plan. By 4/1/01process in place			Ditto
c.	Integrate community support workers (CSWs) and hospital mental health providers in developing inpatient treatment plans and discharge plans for hospitalized persons	Protocols in place for A-BMHI. HCFA Medicaid waiver has been submitted. Awaiting HCFA decision.	By 12/1/00 protocols drafted for review by hospital staff and community providers. By 1/15/01 protocols implemented, assuming HCFA approval.			Department of Mental Health, Mental Retardation and Substance Abuse Services, Me Hospital Assoc., MAMHS
d.	Establish a centralized clearinghouse process for prescreening and hospital admissions, crisis beds and residential treatment options	Agreement reached to develop website census bulletin board.	By 4/1/01 census bulletin board in place for hospitals. By 11/00 working group will begin work on residential option and crisis beds bulletin board. By 1/15/01 Dmh will review technical requirements. By 5/1/01bulletin board in place for crisis beds and residential options.			Ditto
e.	Develop 23-hour assessment beds	MMC has 23-hour assessment beds on P-6 on a trial basis	By 12/15/00 identify role of beds. Identify barriers. By 2/15/01 evaluation done on MMC beds. By 3/15/01 complete work plan for further development of beds.			Ditto
3	***Develop treatment tracks and programming for inpatients with multiple needs related to persistent and serious mental illness, substance abuse and/or trauma***	MeTechCollege System and UM System evaluating training needs in Dmh	By 11/7/00 training survey developed. By 1/15/01 survey staff re: training needs. By 2/01 open specialized dialectical behavioral therapy unit. By 4/1/01integrate training into curricula and plan.			Department of Mental Health, Mental Retardation and Substance Abuse Services, Me Technical College System, University of Maine System

Item Number	Recommendation	Status 10/31/00	By 6/30/01	By 12/21/01	After 1/1/02	Identification of participants
4	***Increase university affiliations to add training opportunities, increase resources and attract skilled clinicians.***	Active discussion. Visit 10/13/00. Clinical education and support from MMC.	By 2/1/01 Dmh develop list of needs and share with Harvard. Harvard develop list of criteria for affiliation.	By 9/01 agreement with Harvard.		Department of Mental Health, Mental Retardation and Substance Abuse Services, Harvard
5	***Refine community crisis services to maximize the effectiveness of outpatient services and limit hospitalization to appropriate circumstances***					
a.	Provide psychiatric support and adequate staff for community crisis beds	Draft done of standards for crisis services	By 2/1/01 assess staffing. programming and utilization for each residential crisis program. By 3/1/01 determine admission criteria for each program and appropriate staffing. By 5/1/01 develop plans for staffing patterns.	By 7/01 standards for crisis services will be included in contracts.		Department of Mental Health, Mental Retardation and Substance Abuse Services, crisis service providers, MAMHS
b.	Refine use of in-home support staff for crises		By 2/1/01 assess capacity and use of in-home support workers. By 3/1/01 determine barriers By 5/1/01 working group will evaluate need for more in-home support staff.			Ditto
c.	Develop and monitor performance standards for crisis programs	Performance standards for crisis services are in this year's contracts.	By 12/1/00 comments due on draft standards. By 2/1/01 revised standards. By 5/1/01 develop assessment measures to monitor compliance.	By 7/01 contracts will include compliance with standards.		Ditto
6	***Provide staff development and training for all levels of staff***					
a.	For state-operated hospital-based staff regarding treatment	BHSI doing needs assessment		By 7/1/01 develop training and development program, including core competencies and skills. Plan will include formal, cooperative relationship with MeTechCollege System and University System.		Department of Mental Health, Mental Retardation and Substance Abuse Services, Me Technical College System, University of Maine System
b.	For community crisis workers regarding crisis interventions		Crisis providers and Dmh developing content and training plan, working with University System.	By 10/1/01 develop competency-based curriculum. By 12/1/01 implement training.		Crisis service providers, University System, Department of Mental Health, Mental Retardation and Substance Abuse Services
7	***Develop a peer support system***	Peer support system now funded by Dmh $117,000/yr in funding.	By 12/15/00 regional work groups selected. 12/00 to 4/01 groups meet to develop plan for ongoing peer support programs. BY 4/1/01 RFP. By 5/15/01 award made.	By 7/1/01 implementation of peer support pilot.		Department of Mental Health, Mental Retardation and Substance Abuse Services, consumer groups, community providers

Item Number	Recommendation	Status 10/31/00	By 6/30/01	By 12/21/01	After 1/1/02	Identification of participants
8	*Develop a second, secure forensic halfway house*				By 1/1/02 complete assessment of need. By 1/1/03 plan for site location and funding. By 1/1/04 plan for staff training. By 6/1/04 develop evaluation tool. By 1/1/05 operate new forensic halfway house	Department of Mental Health, Mental Retardation and Substance Abuse Services, Legislative approval needed
9	*Increase mental health support to local jails through performance standards for community agencies providing services*	Telehealth proposal for AMHI and DC is in Dmh FY01-03 budget request submitted to Governor.	By 1/15/01 begin survey of services to jails. By 3/1/01 complete survey. By 8/1/01 Dmh oversee implementation of law that requires agencies to have plans to provide services to persons in jails. By 8/1/01 complete plan to implement the above law.	By 8/1/01 complete plan to address service gaps		Sheriffs' Assoc, MAMHS, community providers, Department of Mental Health, Mental Retardation and Substance Abuse Services
10	*Develop admission protocol regarding admissions to the forensic unit from jails*	Protocol signed with Kennebec County Correctional Facility.	By 3/1/01 evaluate protocol.	By 7/1/01 expand use of protocol as appropriate.		Sheriffs' Assoc., Department of Mental Health, Mental Retardation and Substance Abuse Services
11	*Train law enforcement personnel regarding mental health as it pertains to minor law infractions*	NAMI-Me trains local law enforcement. Criminal Justice Academy has mental health curriculum.	Dmh work with Commissioner of Public Safety and Me Criminal Justice Academy. By 1/15/01 notify sheriffs and local law enforcement of availability of training. By 1/15/01 Dmh review and determine applicability of NAMI Maine training. By 6/1/01 require NAMI Maine to report to Dmh on trainings provided.			DPS, Me Criminal Justice Academy, Sheriffs' Assoc., NAMI, Department of Mental Health, Mental Retardation and Substance Abuse Services
12	*Train correctional officers in jails and prisons regarding serious mental illness and appropriate interventions*		By 4/1/01 work with DC, Sheriffs' Assoc. to assess adequacy of training. By 6/1/01 identify resources and develop plan to address gaps.	By 8/1/01 work with DC and Sheriffs' Assoc. to implement enhanced training.		DC, Sheriffs' Assoc., Department of Mental Health, Mental Retardation and Substance Abuse Services
13	*Develop partnership between Department of Corrections and community psychiatric hospitals to provide inpatient treatment for adolescent forensic patients*	Dmh is aiding DC in efforts to develop programs for youth in DC custody.	Dmh will continue work with DC re: long-term inpatient treatment for youth who are assaultive. By 7/1/01 working group will report to commissioners of DC and Dmh regarding options.			Department of Mental Health, Mental Retardation and Substance Abuse Services, DC