

**STATE OF MAINE  
119TH LEGISLATURE  
SECOND REGULAR SESSION**

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

**November 1, 2000**

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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;”<sup>1</sup>

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<sup>1</sup> “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;”<sup>2</sup>
- ❖ 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

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<sup>2</sup> “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*

<b>Length of Stay Group</b>	<b>Number</b>	<b>Percent</b>
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%
<b>Total</b>	<b>554</b>	<b>100.0%</b>

**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

<b>Region</b>	<b>Counties Served by Community Hospitals within the Region</b>	<b>Ave. Daily Census 1/99-6/99</b>	<b>Number of Licensed Beds</b>	<b>Number of Operational Beds</b>	<b>Monthly Bed Days Available</b>	<b>Bed Days Used by Patients with LOS less than 30 days</b>
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*

<b>State</b>	<b>Forensic Inpatients per 100,000</b>
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*

<b>Legal Status</b>	<b>Number of Patients</b>
NCR	12
IST	5
Pending Evaluation	1
Jail Transfers	6

**Table 8**  
*Population Forecast – Forensic Patients*

<i>Fiscal Year</i>	<i>Historical</i>		<i>Projected**</i>				
	<i>Bed Days</i>	<i>Population</i>	<i>Female</i>	<i>IST</i>	<i>NCR</i>	<i>Total Projected</i>	<i>Peaking Factor</i>
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*

<b>Jail</b>	<b>Census</b>	<b>Annual Admissions</b>	<b>Annual Referrals</b>	<b>Reason for Referrals</b>	<b>Inmates Requiring Hospital Care</b>
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*

<b>Forensic Population</b>	<b>2010 Projected Beds</b>	<b>Rationale</b>
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.
<b>Total</b>	<b>37-44</b>	

**Table 11**

**Comparison of Existing and Proposed Civil and Forensic Beds**

<b>CURRENT AMHI UNITS</b>	<b>LICENSED BED CAPACITY</b>	<b>PROPOSED PSYCHIATRIC TREATMENT CENTER</b>	<i>BED CAPACITY</i>
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
<b>TOTAL BEDS</b>	<b>103</b>	<b>TOTAL BEDS</b>	<b>103</b>

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.<sup>3</sup> The daily census for Augusta Mental Health Institute for August,

<sup>3</sup> 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.<sup>4</sup>

### **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.

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<sup>4</sup> 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**

## **APPENDIX B**

### **Membership list, Joint Select Committee on the Psychiatric Treatment Initiative**



## **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+.**

**APPENDIX D**

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

**APPENDIX E**

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

**APPENDIX F**  
**Timetable, Systems Developments**