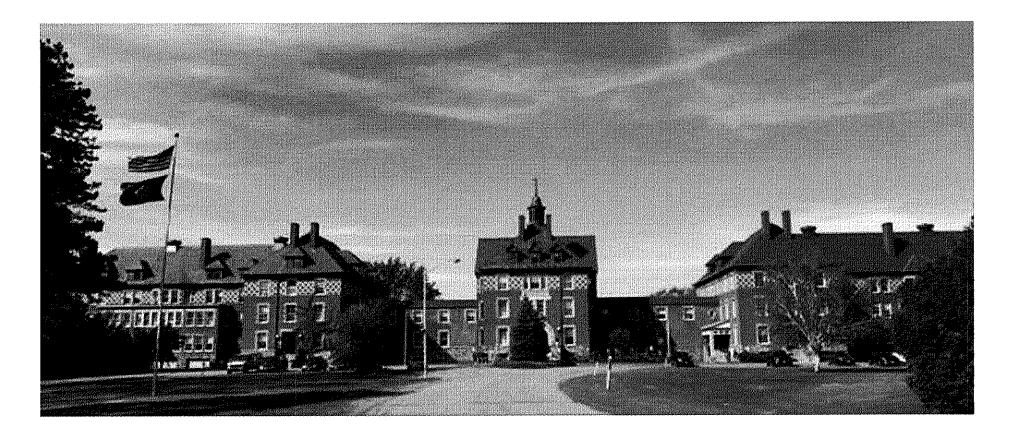
Dorothea Dix Psychiatric Center Legislative Update January 31, 2020

Superintendent Sarah Taylor, MBA, FACMPE

Clinical Director Daniel Potenza, M.D.



The Hospital



State St, Bangor ME

Mission and Vision

Mission

As a member of a state wide community of care givers, DDPC collaborates with individuals with severe and persistent mental illness and their community and personal supports to provide recovery oriented, respectful, compassionate, and effective psychiatric care and treatment in the least restrictive, safest, and most therapeutic environment we can create.

Vision

We focus on enhancing symptom management, promoting skill development, increasing knowledge, and challenging people to use their strengths to lead more hopeful and autonomous lives.

We devote ourselves to the most timely return of those we serve to a more independent, sustainable and hopeful life in the community.

SFY 2020 through 12/31/19

Beds -51 (3 units with a maximum number of 17 beds/unit) Beds for New Unit - 18 Average Daily Census – 30 - 33 Admissions -54 (Civil -25; Non-Civil -29) Discharges -50 (Civil -28; Non-Civil -22) Median $LOS^* - 100$ days (Civil - 108; Non-Civil - 81) Median LOS* after Not Meeting Medical Necessity – 32 days (Civil - 26; Non-Civil - 51)FTE Positions -204, Vacancy Rate -8% (12/19) Staff out on WC*/RTW* - 3% (12/19)*LOS – Length of Stay FTE Positions for New Unit - 48 **WC – Workers' Comp

***RTW – Return to Work

Challenges and Opportunities

Challenges

- Staffing competing for clinical staff with other healthcare facilities throughout the region
- Recruitment/retention competing nationally for qualified psychiatrists, primary care providers, psychologists, psychiatric nurse practitioners.
 - Locum tenens contracts costly; quality; continuity of care
 - Compensation and benefits must be competitive
 - Contract versus state employment
- Facilities old building, HVAC, roof, bathrooms
- Regulatory CMS, TJC, state licensing, rights of recipients
- Patient throughput options for safe discharge of patients once they no longer meet medical necessity
- Electronic Health Record

Challenges and Opportunities

Opportunities

- Facilities space to accommodate special care unit
- Staffing additional training, change staffing complement, create culture that supports safety, become an employer of choice
- Recruitment/retention increase use of mid-level providers, move away from locum tenens, have flexibility in recruitment packages, become an employer of choice
- Partner with RPC look at ways to leverage relationship, residency program participation
- Visibility with the community/outreach help dispel the mental health stigma, improve understanding of what we do
- New Unit

New Unit

- Need aging population, complexity of older patients with psychiatric and neurocognitive disorders, multiple co-morbidities, polypharmacy
- Services medical work-up and treatment, psychiatric assessment and treatment, neuropsychological assessments, therapeutic services, discharge planning
- Facility design single floor, ADA compliant, single rooms,
- Discharge planning safe discharge plan, coordination of outpatient services, discharge planning starts early in the inpatient stay

Questions?

Superintendent Sarah Taylor, MBA, FACMPE sarah.taylor@maine.gov 207-941-4037

Daniel Potenza, M.D., Clinical Director daniel.potenza@maine.gov



Maine Department of Health and Human Services