4-1-2006

Legislative Guide for Assessing and Overseeing Maine's Adult Mental Health System, 2006

Maine State Legislature

Office of Program Evaluation and Government Accountability

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OPEGA identified a number of areas in connection with Maine's mental health system that are impacting demand for beds at Riverview Psychiatric Center. These areas are summarized here with a discussion of issues affecting each area and key questions for legislative oversight. Legislators have been asking many of these questions and OPEGA recommends that legislators continue to seek satisfactory answers to them.

The information provided in the discussion was gathered by OPEGA during its Rapid Response Review of Bed Capacity at Riverview Psychiatric Center. While it does not represent all the information available on each topic area, it is information OPEGA believes legislators should be aware of in making decisions about Riverview and Maine's mental health system overall.

System Design

Discussion

- Effective continuity of care for the mentally ill depends upon a high level of coordination and collaboration among all parts of the mental health system including: community services and placements; crisis services; emergency rooms; and community, specialty and state hospitals. See diagram on last page for an overview of the basic relationships among these components.

- The mental health system consists of a complex network of providers, some of whom contract with DHHS to provide services, others who are licensed by DHHS. DHHS must manage this network to assure that the State's mental health population has adequate, accessible and timely services.

- There are three types of hospitals which provide in-patient hospitalization for mental health patients; community, specialty and state. There are Guiding Principles that were developed to define the differing roles of these hospitals and to specify what types of patients each will serve. However, the Principles appear to allow room for each facility to determine who they are able to admit and it appears there have been differences of interpretation among hospitals and DHHS about which patients can, or should, be treated in which settings.

- The Guiding Principles describe the two state hospitals as tertiary, meaning that they take patients with higher acuity or who need more than 30 days of in-patient care. DHHS has stated that patients who could be treated in community or specialty hospitals, where beds are available, are being inappropriately referred to state hospitals and this creates the perception that more people need access to Riverview than actually do.

- Crisis services are a critical component of Maine's mental health system. Crisis workers assess whether people in crisis need a stabilization bed, hospitalization or may go home, and coordinate with community services to ensure continuity of care.

- Community services are designed to work with clients or patients wherever they are in the mental health system. These services include case management, intensive case management and assertive community treatment (ACT) teams and housing placements.

- Adequate levels of appropriately trained staff system-wide, and effective management of contracted services, are vital to the success of Maine's mental health system.

- DHHS has adopted many plans designed to improve the adult mental health system. Periodic reports on progress against these plans could help legislators perform their oversight function.

Key Questions on System Design

? What steps are being taken to improve coordination/collaboration among parties? Who has responsibility for leading that effort?

? How is coordination between programs and service providers being monitored and by whom?

? Is the system as a whole, or specific components of it, functioning better in some regions than others?

? How often do staff shortages in any components(s) restrict the ability of the system to operate at full capacity?

? Are some regions of the state impacted more by staff shortages than others?

? Where in the system is the highest rate of employee turnover? How does that impact service delivery?

? How does DHHS manage arrangements with adult mental health service providers and evaluate or assess specific performance issues?

? What progress has DHHS made in implementing plans to improve the mental health system?

? What is the current status of DHHS plans related to the adult mental health system? Do plans contain timelines and milestones that legislators can use to track progress?

? What is being done to clearly define roles and expectations among the various hospitals? Are the Guiding Principles being renegotiated and clarified to eliminate role confusion?

? Are connections between crisis services, community services and hospitals functioning as intended statewide?

? Are crisis and community services keeping the number of hospital readmissions to a minimum?

? Are the state hospitals truly serving a tertiary role?

? Should the State provide services in areas where there is a lack of private service providers to ensure access and availability?

? How are contracts with service providers managed to ensure that services are provided uniformly and efficiently throughout the state?

Financial Considerations

Discussion

- According to DHHS, adult mental health services in Maine are among the most expensive in the nation. Maine is also one of the top 5 states for mental health services as rated by the National Alliance for the Mentally Ill.
- Managed Care is projected to save the system money. However, there are concerns that cost savings will take priority over service quality.
- Adding capacity at RPC would require a significant capital investment of State General Funds as well as ongoing funds to operate and maintain a larger facility.
- Mental health services and community hospitals utilize federal Medicaid funds. Each dollar of State funding is matched by over $2 in federal funds.
- Service provider decisions regarding where services will be offered, to whom, and whether or not to expand may be driven by financial considerations specific to each provider.

Key Questions on Financial Considerations

? What do the different components of the mental health system cost?

? What are the comparative costs of treating patients in different settings?

? How will costs and patient outcomes be tracked under Managed Care?

? Are costs expected to rise? How will Managed Care impact these costs?

? Do plans for improving the adult mental health system take into account the financial realities service providers need to consider?

? If funds are allocated to expand RPC, how will this affect funding available to improve community services and the overall mental health system?

? Given these financial and other factors, along with limited State funding, how realistic is it to expect improvements in the adult mental health system to occur?

? Would it be more cost effective to strategically increase community mental health services and community hospital capacity than to expand RPC?

System Capacity/Capability

Discussion

- Currently there are approximately 270 in-patient psychiatric adult beds throughout the state. A few of these are observation beds where a patient may stay for up to 72 hours while it is determined whether hospitalization is necessary or whether discharge to another setting is more appropriate.

- The availability of open beds in the system on any given day has been cited by DHHS as one reason RPC does not need to be expanded. Under the Recovery Model that Maine ascribes to, a patient is ideally hospitalized as close to home as possible so that contacts with family and community are easily maintained. Open beds on any given day may not be in close proximity to the communities of the patients needing them.

- There continue to be anecdotal reports of mental health patients waiting in emergency rooms for extended periods of time before being admitted to a hospital. DHHS has stated that data on ER waits is now being collected, but no data has yet been provided to the legislature to support or refute this concern.

- In-patient beds are not available if patients ready to be discharged are not able to access an appropriate post-hospitalization placement. The length of stay at RPC, for patients ready to be discharged, has increased in the past year reducing the availability of beds for new patients. Remaining in hospital longer than necessary can adversely affect treatment plans and patient recovery.

- Under their licenses, community and specialty hospitals are limited to 30 day patient stays. Some of these hospitals are reportedly reluctant to take patients who may need more than 30 days of in-patient services because there is no guarantee that a bed will be available at RPC when the 30 day limit is reached.

- Demographic trends and new psychiatric treatments affect demand for in-patient beds now and will continue to do so in the future.

- Forensic patients found Not Criminally Responsible (NCR) remain at Riverview for several years. It may be that more people are being found NCR than in the past which could, over time, impact RPC capacity.

Key Questions on System Capacity/Capability	
? Is the demand for beds in some regions higher than in others? ? How does the location of available beds compare with where beds are needed? ? What is the average length of stay at each community and specialty hospital? Has it been increasing ? ? Is the discharge planning process functioning effectively? ? Are there enough post-hospital placements where needed in the state? If not, what is being done to create more community capacity? ? What is preventing patients from accessing appropriate housing placements? ? Are patient outcomes for similar patients comparable across the state? ? Does the 30 day stay limitation impact hospital willingness to take certain patients? ? What data is being collected related to emergency room waits? How is that data being collected and by whom? What does the data suggest?	? What are the trends for Maine's current and future mental health population? ? How are population changes, such as Maine's aging population and in-migration to the state, projected to impact demand for mental health services? Will population changes impact some regions more than others? ? Is the forensic population with mental health needs expected to grow or decline? ? Is the number of new NCR forensic patients exceeding the number discharged on an annual basis? ? Are DHHS plans for Maine's mental health services aligned with the projected changes in civil and forensic populations with mental illness?

Adult Mental Health System Overview