

Dorothea Dix Psychiatric Center Working Group Minutes (PL 2011, c.380, Part NN)
October 14, 2011

Present: Linda Abernethy, Richard Brown, Carol Carothers, Greg Disy, David Emery, Nichi Farnham, Adam Goode (for Sara Stevens), Kathryn Griffin (for Kim Moody), Lisa Hall, Dale Hamilton, Ric Hanley (for Dennis King) Simonne Maline, Mary Mayhew, Mary Louise McEwen, Jane Moore, Jamie Morrill (for Dan Coffey), Patrick Murphy, Vicki Rusbult

Facilitator: Helen Weizcorek

DDPC staff: Jenny Boyden, Bill Dunwoody, Michelle Gardner, Sharon Sprague, Melissa Hayward (recorder)

PUBLIC COMMENT

Judy Street: Identified herself as a nurse who works in the ER of a local general hospital. It is not a reasonable solution to shut down DDPC. We have people who are in the ER, they are ill, not something they can control. These folks often live at the hospital for days – we medicate them and feed them hoping that nothing bad will happen because we do not have any place to put them.

Nelson Durgin, member of the Bangor City Council, speaking on behalf of the BCC. Nelson was part of the downsizing committee for the Program on Aging back in 2004. There were issues faced then that were not resolved. The BCC voted unanimously to strongly support keeping DDPC open, providing inpatient and outpatient services based on the level of need in the Bangor area. Nelson has spoken with folks in the community and DDPC receives glowing reports on the services provided. He recognizes the need to save dollars, however cannot ignore the services we provide, cannot ignore the needs of the patients. We urge you to keep open in whatever fashion is determined to be appropriate. (Left a written statement with recorder.)

Shawn Yardley, Public Health, City of Bangor. Shawn sent a written comment to the group via the web page as well. There are some hospitals that discharge to the homeless shelters. Discharge planning should be considered. Whatever is done here will have significant consequences on other systems. Please look at the impact of your decisions on other costs – DHHS, Corrections, and the City of Bangor. Most importantly, consider the people that are served by DDPC.

Charles Longo, Bangor City Council, would like to stand behind the last two speakers. Please keep DDPC open, we cannot be putting people out on the streets. This is a fragile population. These people are people, not numbers. He feels that the decision has already been made (to close) and it should be reconsidered. He thinks that this is a poor time to schedule public comment as no one will show up at 9 am on a Friday.

Dorothea Dix Psychiatric Center Working Group Minutes (PL 2011, c.380, Part NN)
October 14, 2011

Gloria Perkins from Commonsense Housing. Here to represent the people she serves. The Dental Clinic has served her clients well. The team works well with the community and the patients.

Greg (Skip) Umel: has been an employee here for almost 35 years; has been part of this hospital for a long time. He does not want to see it close. There have been many attempts throughout the last 30 years to close this hospital. The staff have been serving people with mental health problems for many years, we know how to serve this population. Please consider keeping DDPC open.

Ron Gastia, Chief of Police, Bangor. Over several years there has been a reduction in services throughout the area. Ron believes that 80% or more of police interactions involve mental health and/or substance abuse issues. The police have developed programs for crisis intervention, to try and keep people from going to jail. The old strategy was if people were in mental crisis, they were arrested and may have ended up blue papered at BMHI. The police station is now the safety net for those in mental crisis, due to reduced services. This has put a huge strain on the police department's resources. Closing DDPC will reduce the number of inpatient beds. He is concerned that using others to provide inpatient services. He stated that Sheriff Ross indicates that they have trouble accessing services at RPC because they are always full. Saving money from closing DDPC will push costs onto the local tax payer. Please consider the impact of closing on local law enforcement and local budgets. Encourage you to consider other alternatives to closing DDPC.

Charles Rizza, resident of Winterport. He is a Healthcare Architect. Decisions made by this committee will impact providers in the community. Time is a factor (with the closing), decisions regarding relocation of services will have to be made. It could take a range of two to three years to consider these changes when looking at the operational model, care of clients, and staff.

Craig, current inpatient. I have been here since April. I was bad off and needed a place like this to help me. Makes no sense to shut DDPC down. I have been in and out of institutions since I was 19 years old and will have problems my entire life. I need a place like this to help me out.

Lonnie Gould, former patients. Expressed concern about the closure. He believes the statement "a patient is a patient is a patient" is dismissive of an individual's recovery journey. He believes that this is a show me the money mentality. DDPC provides care not found in other hospitals, there is opportunity to find hope here. Therapy groups

Dorothea Dix Psychiatric Center Working Group Minutes (PL 2011, c.380, Part NN)
October 14, 2011

here are quality. The staff is excellent and committed. There is a geographic need that cannot be ignored.

Sophia Wilder, resident of Orono, receives services at the Wilson Treatment Mall. Her wish is for DDPC to continue to serve the people of northern Maine. She hopes that services continue. DBT therapy has been life changing. She knows now that she is more than her illness. She is not an inpatient or in jail, she is a better mother and partner. On bad days, the WTM is there. Saving DDPC and the WTM is important. No one would choose to live with a mental illness, we must do the right thing for those of us who need the services. We will all be better for it.

Rick Bronson, Bangor City Council, Chair of Finance Committee. He is a fiscally minded person. He understands that there is a constituency for everything we do. He has never before appeared before a group asking them not to cut something. In 1970 we probably had 5500 people in various MH and MR facilities, now we have 150. Either MH in Maine has increased exponentially or we have ignored them. As part of his jobs, he deals with complaints from downtown. There are half a dozen blue tarp villages throughout Bangor. We can get rid of one, but it will just pop back up. He gave a couple of situations (examples) from around this area. He understands that when there are 1000 people here, there were some who didn't need to be here. We need to use what we have and make the best of it. We cannot throw people into the street. Assuming you cannot build a new facility, you should be expanding services here. If it's money that keeps it open, than it is money we are going to have to spend.

Kate Young, former patient. Thank you to DDPC for saving my life. I was here for 18 months, not proud of that, but I needed it. She believes that the staff here genuinely care about the patients. Years ago, I wanted DDPC closed – I was angry for being diagnosed with a mental illness, and for being told that I could do anything. Well, I have gone on and accomplished those things that I was told I could not do. Closing this facility would do a huge disservice to the community. I am here today on behalf of Bangor NAMI and the consumer movement.

Dennis Marble, Bangor Homeless Shelter. He would like to note the courage it takes for the folks with mental illness to come here and testify. He is looking at this from the limited view of a homeless shelter. In matters like this should we turn to the clinicians and say – come up with the best options. Dennis read the testimony provided by email.

Betsy Rose, NAMI rep. She has family and friends who have spent time here. As a family member, she has come to understand that some people's illnesses do not respond to 3 days of care. Her relative needed 5 weeks. She is concerned about closure.

Dorothea Dix Psychiatric Center Working Group Minutes (PL 2011, c.380, Part NN)
October 14, 2011

The community will not be able to pick up the pieces. Think of the other geographic areas served by this hospital. People deserve to have access to appropriate treatment as close to their homes as possible. Please keep DDPC open.

Melissa Wallace, mother. Her daughter spent several days in an emergency room. She has acute chronic mental illness. She was restrained and heavily sedated. There were no beds available in the State of Maine. She has been at DDPC. The only two hospitals that have been able to help stabilize her daughter have been DDPC and RPC. Please do not deny her treatment. You would not deny her medical treatment. Please do not deny her the mental health treatment that she needs.

Valerie Carter, resident of Bangor and mother. Deinstitutionalization made a lot of promises that have not come through and still haven't. She is the parent of an adult son with autism. Access to the dental clinic has been a life saver. She believes it is the only clinic besides Portland offering IV sedation. Very complementary of the dentist and the staff of the clinic.

Rev Bob Carlson: President of Penobscot Community Health Care (PCHC). Bob worked here (BMHI) in 1970 in admissions. This is not a new issue (closing DDPC). Governor Longley tried to close DDPC years ago and Bob told him it was the wrong thing to do. He told him it should not be a fiscal decision. You have to look at how the services integrate with the rest of the system. Acadia does great acute care however some folks need a longer term stay. The care and follow up here at DDPC is second to none. What we really need to figure out is the service delivery system. DDPC is part of a continuum of care, fund it appropriately, fund it for those who need the care.

Shelly Mountain, from Mapleton. Her brother has been in and out of DDPC since the 1970's. He now lives independently at his own home; however he is monitored by his mother on weekends because no one is available. He has been authorized for house cleaning but there are no services. He was fired by a larger provider in Aroostook County. The one residential facility in Presque Isle wouldn't take him, he is not easy to deal with. She never felt that the staff here were angry at him because of his illness as she has felt from community workers. Its 150 miles from home and having to go to Augusta would be a hardship. She is disappointed in the working group due to the lack of consumers and families. The working group is made up of providers who all have a financial stake. Stop treating the mentally ill as disposable items.

Alice Bolstridge, Presque Isle resident. She is gratified to hear the support from the public and hopes that this is not an exercise in futility. She understands what the budget reduction is. Her son was diagnosed in 1976 and she has 35 years of experience

Dorothea Dix Psychiatric Center Working Group Minutes (PL 2011, c.380, Part NN)
October 14, 2011

with the mental health system in Maine. She has very strong opinions about the quality of care provided here. She has seen unfailing patience and kindness of the staff, they do not blame him for his illness. His family and his advocate were invited and encouraged to attend team meetings. She doesn't see how private hospitals could provide the same level of care. Her son has been denied care which if provided, could have avoided hospitalization. He is being penalized for symptoms of his illness. She went on to describe the struggles with community care agencies. Please do not close DDPC until you have in place quality long term inpatient care.

Melinda Davis, Executive Director of AIN, believes that she is hearing that testimony is asking for more and better community care. DDPC is very expensive, may be the most expensive in the nation. It is distressing to hear that there are 5.25 staff-to-patient ratio and 3.23 at RPC. She doesn't understand why that is. Also doesn't understand why the costs are twice as high here as they are at RPC. We have quadrupled the amount of money we spend in the community and the number of people served is the same. Our system is broken. We need to restructure and do things a different way. She believes it can be done for a lot less than \$30 million.

Lydia Richard, AIN and president of Board of Directors for Maine Mental Health Connections, which runs The Together Place here in Bangor. She was treated here for schizophrenia, she doesn't have schizophrenia. She has a major mental illness but that's not it. She was a patient at Acadia as well. She was told if she took her medications, she would be fine. She actually became worse due to the side effects of the medications. She stayed on her meds and she still had problems. She was hospitalized over and over a gain. She now takes two medications, one for major depression and one for sleep. She thinks of the hundred of thousands of dollars spent on her care because no one would listen to her. She was on MaineCare and SSDI. She heard about Recovery. She met people who had the same experience she had but they were working and had their own homes. They were not in the system like she was. She now works, has her own home, is married with stepchildren and grandchildren. She was told she would always be hospitalized. When she jointed The Together Place, she found that she was a capable person and had things to offer. She is disturbed to hear when people say there are people who are so ill and we cannot have them out on the streets. Give people a chance to be more than just a mental health consumer. She asked some of the consumers at The Together Place what they thought about being a patient at DDPC. One woman wishes they had a farm because we really need a reason to get up in the morning. She was told she was so ill that she couldn't do anything. She would not be here today if she hadn't been kicked out of Acadia and CHCS for being inappropriate and speaking her mind. She had a recent call from Acadia asking if she could help one of their current patients with discharge planning. Why don't the people working in the system know where the

Dorothea Dix Psychiatric Center Working Group Minutes (PL 2011, c.380, Part NN)
October 14, 2011

resources are? She ran a group on the WTM but that stopped because people really wanted her to do peer support. She is glad that she is able to help other clients.

James LaBrecque, is a single dad who has a son with special needs. He feels there are two issues – the state is broke and we have people who need services. The simplest explanation is usually best – he doesn't think this industry has kept up with changes. The problem we face is a lack of options. All resistance and obstacles to change are political and social. This Administration is reaching out for change. Give the public more options.

Theresa Pickering, parent. Her son was diagnosed in 1996 with schizophrenia and he is also an alcoholic. She would like to echo all the good things that she has heard this morning about DDPC. DDPC has been a life saver. Her son has had many hospitalizations. He denies his diagnoses. When he is not taking his meds, he is in a downward spiral. Sometimes he has chosen to come here voluntarily. It has been difficult to get involuntary commitment. He is currently a patient and has been here 7 weeks. He has always been treated well here. We have been involved in the treatment plans and discharge planning. His short-term stays, which he has had at Acadia, are Band-aids. She doesn't know what they would do if DDPC was closed.

Joe Pickering, parent. Parents have many fond memories of their children and Joe spoke of a state championship basketball game his son was part of, it was an incredible moment for his son. We want the best for him along with other patients at DDPC. I have worked in the mental health field for 35 years and nothing, nothing has prepared me for his son illness. DDPC serves a 5 county area, and beyond. DDPC has striven to have a good working relationship with all agencies – it does not have to own all the services. DDPC provides a central role in providing long term inpatient care, given the budget reduction that is all they will be able to provide. The Legislature and Administration have cut 8000 jobs from the community agencies over the last 10 years. Why is this? Because the agencies are politically puny. There needs to be more understanding of what brain injuries are. We should not separate medical health from mental health. I hope you will be as fair as possible with DDPC, the costs of other facilities should be portioned out. The reductions over the years have been due to the prejudice and willingness to discriminate against this population. You cannot cut the community services and then complain that they are not doing their job. He values DDPC and hopes to see it continue. DHHS could do some things to break through the policy barriers that exist. Please contact him for details. DDPC deserves the title of inpatient safety net.

Dorothea Dix Psychiatric Center Working Group Minutes (PL 2011, c.380, Part NN)
October 14, 2011

Ken Johnson has chronic occurring major depression. As I have gotten older, my illness is harder to treat. I recommend involving mentally ill in their recovery. DDPC served us well with care and compassion. When someone is here, give them something useful to do – mop the floor, clean the grounds. There would be significant effects to the community if DDPC closed.

Katelyn, currently a patient here at DDPC. Everyone here has been helpful to her. Thank you to DDPC and the professionals who have helped. She wants to be here.

Deborah Ryan, psychiatrist in Washington County. She is the child of a schizophrenic. When she was 5, he had a psychotic break. He was in grad school. He developed persecutory delusions. He was going to kill the family to save them from the unseen forces. He was involuntarily committed and he was never the same person again. He came home because treatment works. He suffered from schizophrenia for the rest of his life. He took his medication and recognized his symptoms. He became a professor. She referenced the Pink Floyd song “On Turning Away.” She came to BMHI in 1994 looking for work and was so impressed by the sheer beauty of the buildings, the staff, the grounds, and the collaboration of the teams. It was the best place she ever worked. Currently as a community provider, it is the hospital she tries to get her patients into (DDPC). She spoke of Acadia’s turnover of psychiatrists and how they do not communicate with her – they change the patient’s medications without consulting with her and the patients are discharged in 3-5 days, sent back to Washington County with no services. At DDPC, the doctors call her, she receives documentation and the feedback is that the services are great. The prospect that this place could be closed is baffling. It seems to a population that is very different that those served by the private hospitals. The people that come here are frightening psychotic – they are best served by this hospital. No more turning away.

Mary Turner – remember the name of this hospital and who the woman was. We still have a long way to go in accepting and understanding people with mental illness. We do not want a hospital to be a warehouse and this isn’t. Part of the problem is our laws and our ways of not dealing with people with illness. Her son’s life is better and more stable with treatment. She is his medical guardian. You need a lot of different kinds of placements (apartment versus residential services). The jails are overwhelmed. If you seriously think that there are facilities in our communities to treat everyone, you are seriously mistaken. Where are people going to go? Don’t take it away if you have nothing to replace it with.

Tom Beale, clinical social worker at DDPC and 20 years of experience. He has learned about the value of DDPC, especially in comparison to those shorter term insurance

Dorothea Dix Psychiatric Center Working Group Minutes (PL 2011, c.380, Part NN)
October 14, 2011

based facilities. He has asked patients to compare DDPC to other facilities they have been in. Around 80 to 90% believe that this is the best place they have been. They believe we offer better treatment, skill building and support. We also offer individual therapy. You cannot offer these in a short-stay facility. Allow the patient to recover with dignity and respect – that is very difficult to do in 10 days. If they had a change in their medication, they are not there long enough to find out whether the medication worked and to see the side effects. Patients are very impressed with the care of the staff. It is remarkable to see the caring between the staff and patients. Comments about the need for a local facility – this facility allows families to visit and participate in treatment and discharge planning. Social work staff here are familiar with housing opportunities in the Bangor and five county area. If they were sent to another part of the state, finding housing would be even more difficult. Considerations of PTP and who is required to accept them back if they fail in the community.

Tina Little, works for the local ACT Team. She has spent 3 years trying to find housing for someone who even when he is on his meds and is doing well, there is a high likelihood he would burn the place down. She had one patient who was sent to Acadia last year, they changed his meds without her knowledge and discharged him because he promised to take his medication (he is on PTP because he won't take his medication). He ended up in the ER and back at Acadia for two weeks before anyone would talk to her. Eventually she had the client transferred to DDPC. DDPC does a very nice job of helping find housing and communicating with community providers. Limiting services is not going to be helpful. She has concerns about the viability of PTP and the ACT Team in Bangor if DDPC closes. She believes there should be another ACT team in his area. She believes she is half the treatment team and DDPC is the other half for the ACT team clients.

Joe Baldacci, attorney for 20 years, and has represented clients served by DDPC and is in support of the DDPC and the services they provide. He believes it would have been helpful to have a doctor on the committee. This institution is part of the glue that is in the Bangor treatment community. The real question is "how do we improve this institution?" The recent decision to reduce the number of beds is not a welcome decision in this area. DDPC is part of the continuum of care. We are doing a disservice by saying that DDPC should be reduced or shut down. As a Bangor citizen, we are going to see the impact more than anyone else. He was pleased to see the City Council and the Police Department here today.

Lynne Spooner – her mother was diagnosed at 24 yrs old (in 1960). She is 75 yrs old today. She became her mother's legal guardian in 1990. She would regularly stop taking her medication because she felt good and didn't believe she was sick. There

Dorothea Dix Psychiatric Center Working Group Minutes (PL 2011, c.380, Part NN)
October 14, 2011

were many ER visits, blue papers, etc. She has been in Acadia, Seton Hall and here at DDPC. During the extended stays at DDPC, a collaborative effort between DDPC and CHCS helped with discharge planning and housing placement. Staff are highly skilled and compassionate. She comes to the outpatient clinic to receive her injection. Her primary care provider could probably give the injection but the well check-up visits often have a 2-3 hr wait, overcrowded waiting rooms and staff are not trained in psychiatric care. Please keep the facility open to folks who need specialized care get what they so respectfully deserve.

Janet Channel – background in human services in federal government and currently works for Living Innovation. Testified in support of the dental clinic. Finding dental services for those with MR is very difficult. She asks for compassion and consideration.

Michelle Hyrc: inpatient psychiatric social worker at DDPC for 10 years. She works with the patients and their natural support providers in their discharge planning. Sometimes the challenges are with the mental illness itself and sometimes the challenge is the availability of resources in the community and sometimes it's the system. Our patients have complex needs and the resources in the community are often not there. Closing DDPC will not solve the financial problems of the State. Our patients do get better and it is a privilege to help rebuild their lives. This is the best job I have ever had. I am proud of the work that we do and the service we provide to the community. It would be an injustice and immoral act to close DDPC. DDPC helps improve the overall community of mental health care.

Heather Gerquest, formal patient. People do not realize the suffering associated with a mental illness when they talk about downsizing psychiatric beds. Mental illness is a physical illness, we can have acute stages and need to be hospitalized. Couldn't imagine living in Northern Maine and having the only option (for assistance) in Waterville or Augusta. I have a psychiatric alert dog who can notice a chemical change, which helps me get to a safe place. When someone is having a mental illness crisis, it's not the best thing to sit around in an emergency room and wait for a bed to open. It's agony.

Eve Wolinsky, psychiatrist at DDPC. Over 70% of the patients on my unit are homeless, the remainder are not able to sustain themselves at their address. Over 50% of the patients spend 2 to 3 weeks at other hospitals before coming here. If the patients can no longer be at DDPC, where can they go? I am very proud and honored to work here.

Rachel Hendricks, former patient spoke about her treatment at DDPC, the recreation department, community activities. They helped me learn how to go out into the

Dorothea Dix Psychiatric Center Working Group Minutes (PL 2011, c.380, Part NN)
October 14, 2011

community and live. The OT department has helped me learn the bus schedule and create a sensory list. I have never been over medicated here but have been at other facilities. I feel the staff here really care about the patients and are not here just for the paycheck.

End of public comments.

Minutes of September 30, 2011 were approved as written.

Helen introduced the afternoon agenda.

David Emery provided his input on facility related issues. He has talked with Bill Leet and has done some research into the feasibility of moving other departments into DDPC space. Based on the layout at the Griffin Road and the needs of those staff, relocation to DDPC would not be feasible. He is suggesting that perhaps there are small state agencies that could utilize the space. If we are looking at closing this facility, there would be about a \$1.1 million in savings just from closing the facility and walking away. He has recently been into the Stone Building at AMHI and this building has deteriorated in such a way that it is a crime. It is a waste of state owned space that will cost millions of dollars to rehab. If the building was kept intact, it would probably cost about \$300-\$400k per year. He suggested some kind of residential care and/or residential dormitories to utilize the unused space. We would need to find the right funding model. Dale Hamilton ask if that meant to maintain DDPC and bring in residential housing. David said we would have to cost out various scenarios but we have to save the \$2.5m. The Commissioner explained that those savings have been identified separately and will be addressed in the supplemental budget. The work of this group and the recommendations are interconnected with the ongoing impact of the savings; however they are not working in partnership of the work group report. Jane Moore commented that people would not want to live in a dormitory-style environment; that would not promote the recovery model. Linda clarified that David had been talking about a Waterworks like model. Vicki stated that there are BRAP vouchers out there but there is a shortage of apartments available that accept BRAP. Greg does not want us to box ourselves into developing a model for just the MH population. Carol Carothers commented that Togus is developing a housing model. Vicki thinks there could be some HUD based grant opportunities.

Helen asked that we hear a summary of both reports, prior to discussion.

Carol summarized the Close position. Close the hospital, transition the people here now, and make sure that there is an inpatient capacity to serve this population. If you

Dorothea Dix Psychiatric Center Working Group Minutes (PL 2011, c.380, Part NN)
October 14, 2011

do not address this, you cannot close. The group also recommended other services on the continuum of care, what needs to be put in the community, policy changes, finance changes, etc.

Linda presented the Open report and stated that there is a difference in the population. There is a small subset that people whose illness is so profound that they need longer stays, this is a crucial piece of the recovery. This group also reviewed the 2009 report of the master plan and agreed with the recommendations in that plan. The group was also mindful of DDPC's place in the system. In less than 10 years, RPC will have no civil beds, they will be full of forensic clients. How will the state address that need and the more stable forensic population. Comprehensive health care, the current successful model being done at PCHC was addressed. We recommend a task force to look at the public-private partnership, support local peer and family networks as well.

It was noted that there were discrepancies/inaccuracies in both reports. Neither report was approved by the full work group.

Simmons asked if we were to close DDPC, would those savings be redirected to mental health services? The Commissioner responded that we need to look towards the prioritization of current resources.

Jane asked if the money is saved, will the private hospitals maintain long term patients served by DDPC and promote the recovery model? She is concerned about segregating the acute forensic population in one location. Do we have the money to reinvest to upgrade vacant areas of the hospital to make it a viable option for residences? Also, the dental and outpatient clinics are vital; also concerned about the geographic distance.

Dale – It is important to note that there is content in both reports that is opinion and is not based on fact. The reports should not be taken as “here is the state of the system.” The Commissioner commented that we could end up with multiple reports. We want to ensure that we maintain the credibility of the work group. We all have a vested interest in the accuracy of these reports. Dale also stated that we have heard a lot of testimony that the services provided here are different than those provided by the private hospitals. We have no way of knowing what the cost and/or savings are associated with that plan. We do not have the time to assess that. Dale stated that if we had to vote today, he would vote to keep DDPC open because we do not have enough information.

Dr. Gardner reminded the group that we're just not talking about closing a building, we have 53 long term residents here who cannot be served elsewhere.

Dorothea Dix Psychiatric Center Working Group Minutes (PL 2011, c.380, Part NN)
October 14, 2011

Kathryn spoke about the patients' preference to DDPC, it's not just about the length of stay and discharge planning. She would like those issues discussed – going outside, overmedication, involuntary emergency treatment, etc. These may be the result of locums who flow through Acadia as compared to the doctors here who know the patients' rights.

Greg asked if the patients per day cost is really comparable? Linda commented that removing costs associated with other departments (on campus) would have about a \$100 impact. The changes made for FY13 will bring us in line with the other three IMDs.

Dale – if this were a proposal to close some critical access hospital, we would not be asked to make this decision in the same time period. Vicki agreed – there is not enough time to develop a plan by December.

Helen – what I'm hearing is that there is not enough time for an in-depth analysis of the open/close issue; not enough time to make a decision by December since there are a variety of issues to look at. Develop a plan for an in-depth continuation of this process to develop an ongoing plan regarding the future of DDPC, the services, and the system so we can make an informed decision can be made.

Lisa feels it is important to look at the system as a whole – why would DDPC be singled out in an ongoing process given that the cost per patient day is the same, the care is excellent and the building may have additional tenants?

Simmons – people think this is a done deal. Is this a done deal? What has gone on in the past? The Commissioner commented that no decision has been made. DDPC has been targeted for closure in the past.

Jamie – there have been comments for years that any action taken was a precursor to closing DDPC. Two people can read the same minutes and come out with different interpretations. He believes our conversations have been forthright. He doesn't believe that we can re-write the legislation. They defined the committee and outlined what the report should include. The Commissioner stated that at some point we will have to decide on something, and that may be that we have not had enough time. We have to come out with a report that provides some recommendations.

Dale agrees with the Commissioner's comment. A report could say: we do not believe the facility should close, we believe there should be a long term review process.

Dorothea Dix Psychiatric Center Working Group Minutes (PL 2011, c.380, Part NN)
October 14, 2011

Helen pointed out that it is important that when we leave here today, we have some direction.

Dick – if we have dropped down the per diem rate and we are not questioning the quality of services, haven't we really achieved everything we've need to achieve? What is in the best interest of the consumers? That is to have capacity in your community to meet your needs. He agrees with Dale's concept. He feels less urgent about the need to shutter the facility.

Dale made the motion that this committee recommends an ongoing time-limited process to develop a plan that addresses the strengths and weaknesses in the community, addressing the needs of the community, etc., along with what other services are needed; what other costs are associated with those services; and a process by which a decision is made. Dick seconded the motion.

Jane and Simone would both like added to the language "in this region?"

Dick believes this will allow us time to assess unintended consequences. Senator Farnham believes that we are choosing a non-decision. Dale responded that we cannot assess the financial impact of the recommendations. Dale withdrew his motion. Simone put forward the motion; Jane seconded. Sen. Farnham asked if we could provide the fiscal analysis. Jenny advised that that could not be done, not within the next month with the information provided. The Commissioner commented that we cannot provide an estimate in the next month. We also have to consider the uncertain future we are facing with PNMI's.

Greg stated that we have a value for the way service is being provided at DDPC. We have a responsibility that it continues.

Jane stated that the recovery treatment/feedback that she heard today was incredible. She doesn't know if that can be duplicated in a private facility.

Linda reported that by July FY13, our costs will be similar to that of other hospitals, there is some real savings. However, there are not the right people at this table to do the work – to drill down, validate data, etc.

Greg – what is the impact on inpatient stay by having an ACT Team? That is what we need to understand. What difference does it make and is it the resource we need?

Dorothea Dix Psychiatric Center Working Group Minutes (PL 2011, c.380, Part NN)
October 14, 2011

Dale – some of the efforts DDPC has underway should be incorporated. The Commissioner said that the current process is to review all of the money going into the mental health system to review efficacy. We keep putting money into the system. How do we put money into the preventative mode and reduce inpatient admissions? We need to be able to get there in terms of data. She is still unclear about the inpatient utilization at DDPC. Is the length of stay appropriate for the outcomes we would expect? Are we holding ourselves accountable for the right outcomes?

Dale – do we need to enhance services? Where do we need to improve? There is already the opportunity to use some of what we have learned.

Dr. Gardner stated that there are some parts of the system flow, i.e. housing, getting services that required being addressed. There may be 10 people still hospitalized because the system doesn't work right. The ACT Team currently has a 10-12 mile radius; we have a huge geographic area, that isn't enough. It takes time to get the patients what they need. We do not see time as a luxury.

Commissioner – can we get a bit more specific about the rules that the system should be abiding by? We are going to reduce the number of patients stuck by x%. DDPC will reduce the per diem cost to the national average within 18 months. We need to hold ourselves accountable to certain specific benchmarks as well as identify some community challenges.

Helen re-read the motion: *Recommend that DDPC stay open while an ongoing, time-limited process be implemented to develop a plan that examines the strengths and opportunities of the mental health system of the region. This includes:*

- ➔ *Needs of the consumers*
- ➔ *Existing services*
- ➔ *Other services needed and costs*
- ➔ *Decision process*
- ➔ *Recommendations for the role of DDPC*

Greg moves that we put this motion on our next meeting for further detail. The motion will be discussed at the next meeting, further defining it so it can be moved. It was felt it needed to be voted on today.

All those in favor: 10 yes, 3 no, 1 abstention, 4 absent. The motion is accepted.

Greg – due to some of the inaccuracies in the reports, he would like to offer caution in how those reports are used in the public. This is a regional and state issue, not just

Dorothea Dix Psychiatric Center Working Group Minutes (PL 2011, c.380, Part NN)
October 14, 2011

Bangor. The Commissioner stated that the word DRAFT should never be taken off the reports. Those reports may need to have a cover page as a disclaimer. Dale had a question regarding DSH monies; Jenny will provide a history of DSH funding.