

NN Community Services Sub-Committee Minutes  
September 6, 2011

Present: Linda Abernethy, Dale Hamilton, Charlie Clemons  
Staff Support: Sharon Sprague

Committee members reviewed the sub-committee report prepared by Dale Hamilton and Linda Abernethy. Please see NN Community Services Sub-Committee Report for details of the pilot.

The pilot creates an opportunity for community stakeholders to mitigate the impact of the DDPC budget cuts by examining mental health service needs from a systemic level. The committee agreed that the recommendation for a pilot project to help establish a new model of care could work in all three of the possible DDPC future states:

- No DDPC
- A smaller DDPC
- DDPC as part of a one hospital/two campuses model (RPC and DDPC comprising a Maine State Psychiatric Center)

The pilot would need to be developed in partnership with the community and State and includes the following basic elements:

- Flexible funding structure that moves away from a fee for service structure and allows grant funding to have flexible utilization.
- Increased utilization and integration of peer/family supports.
- Increased coordination of services for the “high-end” users.
- Utilization of a care management structure to connect Dorothea Dix, the pilot site and primary care.

The pilot will be discussed with the NN Work Group.

The committee discussed the recent memo from the Centers for Medicare and Medicaid Services (CMS) asking the State to cease Medicaid claiming for services in the Private Non-Medical Institutions (PNMIs) that meet the definition of an Institution for Mental Disease (IMD). The committee recommends that an impact study be done to determine the impact of the future changes in the State’s residential services and the impact upon the hospital and community systems.

The transition of several DDPC outpatients to community services is currently underway. Given the lack of psychiatric resources, it appears likely that psychiatrists will consult with clients’ primary care providers to a greater extent in the future rather than maintaining full responsibility for medication management. In order for some of the DDPC clients to be successfully transitioned, the community providers will need to make greater allowances for no-shows, engagement processes for people who are very paranoid about using other providers, maintain as much consistency as possible with providers delivering the services, providing support with pharmacy assistance needs, and navigating insurance issues. In the current funding structure, adding more providers to an agency creates a financial loss. In order to accommodate the needs of the clients, the committee discussed the need for flexible grant dollars that could provide the necessary initial support required to engage clients and help them become receptive to primary and psychiatric care in a new setting.