



Bridging the Gap

Accessing behavioral healthcare in Lincoln County



Shortage of post-acute step-down psychiatric care

Lincoln County Maine faces unique challenges regarding access to behavioral healthcare for the population that falls below the 200% federal poverty level. An increase in mental health providers in primary care offices has begun to help bridge the existing gap in provider access, by providing a one stop solution to gaining full spectrum of care under one roof. While this intervention has proven successful in pairing providers with at-risk patients, a larger gap appears to exist in care following post-acute psychiatric episodes.

How to increase continuity of care

Through exploration of the issue at hand, it became evident that resources including 24-hour crisis centers, ACT teams, homeless shelters, and increased access to inpatient and outpatient psychiatric beds are all resources required for increasing continuity of mental care.



Approval of 24-hour crisis center

A crisis center is a walk-in 24-hour alternative to the emergency room. Services will include crisis assessment, medication review and change, and a referral service to gain access to structural groups to help stabilize an existing mental health crisis.



Increase transportation services; accessing out of county resources

Lincoln county lacks sufficient inpatient and outpatient psychiatric beds. Transportation programs will allow for increased utilization of out of county resources.



Implementation of Lincoln County ACT teams

Assertive community treatment centers provide a combination of clinical case management, mental health treatment and rehabilitation services.

Possible Legislative Efforts

- Approval and adoption of both the 24-hour crisis center as well as implementation of ACT teams in Lincoln County can be implemented by increasing funding for the Medical Care - Payments to Providers 0147 Initiative. This initiative provides funding for new intensive outpatient programs for MaineCare insured patients.
- Patients requiring transport to out-of-county mental health resources would benefit greatly from having transportation costs covered by MaineCare coverage. This would require a change in coverage to include both non-emergency and emergency transportation as outlined by MaineCare Section 113 - Non-Emergency Transportation (NET) Services.

Existing Resources in Lincoln County

- In 2022, a Maine shared community health needs report for Lincoln County was created, which outlined top health related priorities. Mental health was identified as the top priority for Lincoln County. One of the most significant concerns was the markedly higher mental health emergency department rate per 10,000 people. In comparison with the state average, Lincoln County was experiencing over 30 more emergency department visits per 10,000 for behavioral health related concerns. As a result, this study set out to identify the existing gaps in resources to better address top mental health priorities.
- It was evident, after reviewing the Lincoln County community health needs assessment that there was a heightened emergency room utilization, a shortage of providers with increased waitlists, and barriers with cost of care. In addition, there are currently no inpatient psychiatric resources in the county, nor are there step-down resources such as 24-hour crisis centers or homeless shelters.
- While concern for lack of sufficient resources exists, there are some existing resources in Lincoln County. These resources include a variety of outpatient services available to the county population. Beginning in the past few years, mental health providers began integrating into the surrounding primary care offices. In addition, behavioral health resources such as case management, outpatient counseling and medicine management can be accessed through The John F. Andrews Family Care Center or the miles campus of Lincoln health. For inpatient care there are currently few if any options available for patients experiencing an acute psychiatric episode.

Resources

1. Lincoln County Community Health Needs Assessment 2022
2. Jeffrey Slacks, MaineHealth, Lincoln County Case Manager
3. Dr. Richard Nilson, MD, MaineHealth, Maine Behavioral Health, Psychiatrist

References

1. Jabbarpour YM, Raney LE. Bridging Transitions of Care From Hospital to Community on the Foundation of Integrated and Collaborative Care. *Focus (Am Psychiatr Publ)*. 2017 Jul;15(3):306-315. doi: 10.1176/appi.focus.20170017. Epub 2017 Jul 12. PMID: 31975864; PMCID: PMC6519545.
2. West RL, Margo J, Brown J, Dowley A, Haas S. Convergence of Service Providers and Managers' Perspectives on Strengths, Gaps, and Priorities for Rural Health System Redesign: A Whole-Systems Qualitative Study in Washington County, Maine. *Journal of Primary Care & Community Health*. 2022;13. doi:[10.1177/21501319221102041](https://doi.org/10.1177/21501319221102041)
3. Levine, DM, Desai, MP, Ross, J, Como, N, Gill, E. Rural perceptions of acute care at home: a qualitative analysis. *The Journal of Rural Health*. 2021; 00: 00-00. <https://doi.org/10.1111/jrh.12551>

Authors

Robert Krulee, OMS-II
Dr. James W. Jarvis, MD FAAFP

*MaineHealth, University of New England
College of Osteopathic Medicine, Northern
Light Eastern Maine Medical Center*

Disclosures

*Dr. James W. Jarvis, MD, FAAFP
Director of Clinical Education
Eastern Maine Medical Center
Northern Light Health*

<https://mergecollaborative.org>

For more information, contact Robert Krulee at rkrulee@une.edu and Dr. James W. Jarvis, MD, FAAFP at jjjarvis@northernlight.org

Acknowledgements

MaineHealth
Jeffrey Slacks, MaineHealth, Lincoln County Case Manager
Dr. Richard Nilson, MD, MaineHealth, Maine Behavioral Health,
Psychiatrist