

Gubernatorial Candidate Survey on Mental Health Issues Maine Association of Psychiatric Physicians

The Maine Association of Psychiatric Physicians (MAPP) conducted a survey of Maine's candidates for Governor the week of May 31, 2010 on key mental health issues. The responses provided by the candidates are below. Due to our technical error, some comments provided by the Paul LePage and Rosa Scarcelli campaigns were truncated and we were unable to obtain complete comments in time for this distribution.

The Maine Association of Psychiatric Physicians wishes to thank the candidates responding to this survey for addressing Maine's critical mental health issues.

Q1. HISTORICALLY MAINE HAS BEEN ONE OF THE TOP 10 STATES IN PER CAPITA PUBLIC MENTAL HEALTH FUNDING. RECENT BUDGET DEFICITS HAVE LED TO CUTBACKS IN MENTAL HEALTH SPENDING THAT HAS ELIMINATED SOME SERVICES STATE-WIDE AND REDUCED AVAILABILITY OF OTHER SERVICES IN REGIONS IN MAINE (e.g. "Assertive Community Treatment" or ACT Teams). WOULD YOU, AS GOVERNOR, MAKE IT A PRIORITY TO RESTORE FUNDING FOR MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES IN MAINE?

Candidate	Response	Comment
Bill Beardsley (R)	POSSIBLY	After the state deficit has been addressed and an audit for effectiveness and efficiency has been completed.
Elliot Cutler (I)	POSSIBLY	I consider access to essential health care services (including mental health care services to be a high priority for my administration, and I have proposed a new accountable care initiative - Maine Wellness - that I believe will enable us to meet this commitment at a cost that we can afford over the long haul. I draw no distinction between mental health care and physical health care. Both are equally essential. Many mental illnesses are chronic and need to be detected early and managed over a lifetime. Improperly managed mental health can take a huge toll on an individual's quality of life and overall health and also compromises our ability to prevent chronic medical illnesses and their complications. Conversely, the failure to provide effective management of personal health can exacerbate our ability to treat mental illness. I believe that we need to shift our focus in mental health care away from crisis management and emergency care and in the direction of prevention, recovery and access and ongoing availability of accountable and performance-based care. Maine Wellness adopts the "medical home" model of primary care, providing a framework in which the care of mental illness can be appropriately managed and integrated with the total healthcare needs of the individual. I strongly support the collaboration of behavioral and physical health services; indeed, the physical co-location of services found at Penobscot Community Health Care may be a model that other providers should consider emulating. I am not willing at this time to make generalized budget commitments for specific programs and services. One of the very first steps my administration will take will be a thorough review of all state programs and services from a zero-based perspective. In my experience, this is the most effective way to establish priorities, particularly in a time of severely constrained resources.
Matt Jacobson (R)	POSSIBLY	Arbitrary, across-the-board cuts are an inexcusable answer to a budget shortfall. We have a responsibility, as a civilized society, to take care of those who cannot take care of themselves; and seemingly random cuts to programs without regard to their success or need will not happen in a Jacobson Administration.
Paul LePage (R)	YES, A DEFINITE PRIORITY FOR MY ADMINISTRATION	I have a track record of working with the Mental Health Community in Maine. In fact, in 2008, received a national...(remainder of comment lost due to technical error)

Peter Mills (R)		Improvement of mental health services is one of my highest priorities, but it is only partly a matter of increased funding. The "system" is replete with needless inefficiencies. For example, DHHS has completed an internal evaluation that shows the state could save over \$6 million a year by shutting down Dorothea Dix. Those same services could be provided by a new structure in Bangor, by contract with Acadia or by extending the footprint of Riverview. On the community side, the five major providers in Kennebec and Somerset have offered to capitate the risk for the population they serve. We spend about \$84 million in mental health services for those two counties. The five agencies would gladly form a consortium that would extend services to many more people within the region, including the jail population, and do it all for less money than we currently spend. The director of Spring Harbor complains that discharge planning for one of his patients sometimes involves a meeting with as many as 13 different community service agencies. This is case management run amuck. This past spring, I wrote the changes to our hospitalization law that reduced from 4 to 3 the number of exams required before commitment to a mental institution. It will save the judicial department hundreds of thousands of dollars per year with no tangible impediment to civil liberties, but they were unwilling to share any of those savings with DHHS to provide better services for the mentally ill. This is the sort of "silo" financing that can only be addressed from the top in the governor's office. To cite a larger example, DHHS seems to breathe a sigh of fiscal relief whenever a patient commits a crime because it transfers funding responsibility to the Department of Corrections. Only the governor has power to force both departments to look at aggregate costs and track them longitudinally, patient by patient, without regard to payment source.
Elizabeth Mitchell (D)	POSSIBLY	It is very important to make this happen, so long as the money is there do it.
Les Otten (R)	POSSIBLY	From what I understand, ACT is the community level treatment program provided by mental health professionals where people recovering from mental illness or substance abuse disorders receive hope and support on their roads to recovery. The ACT teams are composed of professionals whose backgrounds and training include social work, rehabilitation, counseling, nursing and psychiatry. They provide compassionate, efficient and cost effective interventions to help people remain close to their families and communities while they are engaged in recovery. Budget cuts to ACT should be re-examined. With regard to restoring funding for MH and SA services, my administration will examine the 124th Legislative Budget initiative allocating \$1million to the Department of Health and Human Services (DHHS) for the purpose of implementing a Request for Proposal (RFP) for full risk Medicaid managed care reimbursement. While I will not raise taxes, I believe a creative and cost effective and efficient solution is within our reach. My administration will support quality mental health and substance abuse services where the client outcomes are demonstrated as being consistent with providing efficient quality care.
Steven Rowe (D)	YES, A DEFINITE PRIORITY FOR MY ADMINISTRATION	I have consistently said that cutting community-based mental health services is "penny wise and pound foolish."
Rosa Scarcelli (D)	YES, A DEFINITE PRIORITY FOR MY ADMINISTRATION	Funding for mental health is absolutely essential. However, Maine is in the unfortunate situation of having...(remainder of comment lost due to technical error)
Kevin Scott (I)	POSSIBLY	

Q2. IN THE U.S. 43 STATES HAVE PSYCHIATRIC MEDICAL DIRECTORS TO HELP ENSURE THAT STATE-FUNDED MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS PROVIDE APPROPRIATE AND COST-EFFECTIVE MEDICALLY-NECESSARY CARE. IN MANY OF THOSE STATES MEDICAL DIRECTOR POSITIONS ARE FUNDED IN LARGE PART BY FEDERAL MATCHING FUNDS IN THE MEDICARE PROGRAM. MAINE'S DEPARTMENT OF HEALTH AND HUMAN SERVICES HAS CHOSEN NOT TO PURSUE FEDERAL MATCHING FUNDS FOR MEDICAL DIRECTOR SERVICES, AND IN JUNE 2010 DHHS BUDGET CUTS WILL LEAD TO THE LOSS OF MEDICAL DIRECTOR POSITIONS IN MAINE FOR BOTH ADULT AND CHILD MENTAL HEALTH SERVICES- OVER \$300 MILLION OF SERVICES WITHOUT PROFESSIONAL MEDICAL ACCOUNTABILITY. WOULD YOU, AS GOVERNOR, MAKE IT A PRIORITY TO RESTORE EFFECTIVE ADULT AND CHILD MEDICAL DIRECTOR POSITIONS OVERSEEING PUBLICLY-FUNDED MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES IN MAINE?

Candidate	Response	Comment
Bill Beardsley (R)	POSSIBLY	Obviously, the State needs highly credentialed directors. Whether we need to resume "specific" director positions that have been eliminated will have to be determined upon closer scrutiny.
Elliot Cutler (I)	POSSIBLY	I don't know. I am prepared to listen to arguments in favor or restoring these positions, and I am absolutely committed to a process that ensures the immediate and meaningful input of psychiatric professionals on both policy and care issues involving mental health. Whether that means that these particular positions need to be restored is a question that I need to examine further. The principle of effective accountability is important to me, and I will be looking for the best ways to achieve it in a manner that is responsive to both our budgetary constraints and the needs of the system and the people whom it serves.
Matt Jacobson (R)	POSSIBLY	This sounds important, especially if one of the objectives of the Director positions is to make sure funds are used on appropriate and cost-effective medically-necessary care. There are millions of taxpayer dollars involved here, both state and federal - and oversight by a qualified professional is clearly needed.
Paul LePage (R)	YES, A DEFINITE PRIORITY FOR MY ADMINISTRATION	
Peter Mills (R)		I can't answer the question without knowing more about what medical directors do.
Elizabeth Mitchell (D)	POSSIBLY	Given the instability in the economy and the budget, no promises can be made at this point. But it should be considered.
Les Otten (R)	YES, A DEFINITE PRIORITY FOR MY ADMINISTRATION	My administration will advocate for hiring DHHS medical directors who are given the authority over adult and children's mental health services and who are included in the management of DHHS. Again, this must be done without raising taxes, but I am confident that we can be successful without increasing the over-burdensome tax structure in Maine
Steven Rowe (D)	YES, A DEFINITE PRIORITY FOR MY ADMINISTRATION	
Rosa Scarcelli (D)	YES, A DEFINITE PRIORITY FOR MY ADMINISTRATION	
Kevin Scott (I)	POSSIBLY	

Q3. CURRENT RATES FOR PSYCHIATRIC SERVICE REIMBURSEMENT- OUTSIDE OF CONTRACTED AGENCIES- ARE SO LOW THAT MOST INDEPENDENT MAINE PSYCHIATRISTS CAN NOT AFFORD TO PROVIDE CARE FOR MAINECARE PATIENTS. IN ADDITION, THE SERVICES THAT MANY MAINE PSYCHIATRISTS BELIEVE WOULD BE MOST COST-EFFECTIVE AND USEFUL TO THE COMMUNITY- CONSULTATION IN SUPPORT OF PATIENTS IN CARE WITH THEIR PRIMARY CARE PROVIDER OR MEDICAL HOME- ARE SO LIMITED IN REIMBURSEMENT THAT AGAIN PSYCHIATRISTS CAN NOT MEET THE NEED. REPEATED EFFORTS BY PSYCHIATRIC PROFESSIONALS TO PROPOSE EXPLORATION OF REIMBURSEMENT MODELS THAT WOULD ALLOW FOR BETTER ACCESS AND MORE COST-EFFECTIVE SERVICE TO THE COMMUNITY HAVE BEEN IGNORED BY DHHS. WOULD YOU, AS GOVERNOR, MAKE IT A PRIORITY FOR YOUR ADMINISTRATION TO EXPLORE OPPORTUNITIES TO IMPROVE THE EFFECTIVENESS OF PUBLICLY-FUNDED MENTAL HEALTH & SUBSTANCE ABUSE SERVICES THROUGH REIMBURSEMENT REFORM, INCLUDING EFFECTIVE REIMBURSEMENT FOR PSYCHIATRY AND PSYCHIATRIC CONSULTATION?

Candidate	Response	Comment
Bill Beardsley (R)	YES, A DEFINITE PRIORITY FOR MY ADMINISTRATION	I feel very strongly that "critical" psychiatric services should be reimbursed at a reasonable and fair rate to the professionals and reimbursement should be prompt. We may differ on what is "most effective" and "reasonable" and how we would contract services if there is inadequate funding, but I strongly support fair and rapid reimbursement to professionals when we fund such services.
Elliot Cutler (I)	YES, A DEFINITE PRIORITY FOR MY ADMINISTRATION	I am eager to explore new models for both delivery of services and reimbursement, and my proposal for a statewide accountable care framework, Maine Wellness, is intended to be a foundation for doing just that.
Matt Jacobson (R)	YES, A DEFINITE PRIORITY FOR MY ADMINISTRATION	DHHS consumes some 40% of the state budget now, but the priorities are wrong. They cover too many people, and instead of tightening eligibility rules, they "save" money by cutting provider reimbursements. This makes no sense and punishes people who need the services by chasing providers away from these patients. The Jacobson Administration will be good stewards of taxpayer dollars and provide fair reimbursements to health care providers. My wife is an emergency room physician, and sees enormous waste in the system. DHHS needs management that understands health care delivery and efficient planning.
Paul LePage (R)	YES, A DEFINITE PRIORITY FOR MY ADMINISTRATION	
Peter Mills (R)	YES, A DEFINITE PRIORITY FOR MY ADMINISTRATION	I have heard the complaint from many sources.
Elizabeth Mitchell (D)	POSSIBLY	
Les Otten (R)	YES, A DEFINITE PRIORITY FOR MY ADMINISTRATION	When the services that are paid for demonstrate the desirable outcomes or effective performances of the providers. Also, the rates paid for psychiatry need to be consistent with those that are paid for providing the same or similar services as other New England states. Adjusting psychiatry rates will sustain medical director support for efficient case management of the mental health and substance abuse clients.
Steven Rowe (D)	YES, A DEFINITE PRIORITY FOR MY ADMINISTRATION	This will be a real priority when I am Governor.
Rosa Scarcelli (D)	YES, A DEFINITE PRIORITY FOR MY ADMINISTRATION	
Kevin Scott (I)	YES, A DEFINITE PRIORITY FOR MY ADMINISTRATION	

Q4A. PSYCHIATRISTS ACTIVE IN PUBLIC POLICY ISSUES IN MAINE HAVE EXPRESSED DISMAY OVER A LACK OF TRANSPARENCY IN MENTAL HEALTH PLANNING OPERATIONS AT DHHS, A FAILURE TO ENGAGE WITH PSYCHIATRIC PROFESSIONALS TO DISCUSS OPPORTUNITIES TO IMPROVE THE COST-EFFECTIVENESS AND QUALITY OF CARE, AND MOST RECENTLY A DECISION BY DHHS TO FORGO AVAILABLE FEDERAL FUNDING AND ELIMINATE ALL MEDICAL DIRECTOR POSITIONS AT DHHS. WHICH QUALITIES WOULD YOU, AS GOVERNOR, BE LOOKING FOR AS YOU CONSIDER THE LEADERSHIP NEEDS OF DHHS IN ADMINISTERING MAINE'S PUBLICLY FUNDED MENTAL HEALTH RESOURCES?

Candidate	Comment
Bill Beardsley (R)	No Response
Elliot Cutler (I)	I will look for leaders with strong management and collaborative skills, vision, experience, and sensitivity to the needs of the population to be served and to the clinicians ultimately responsible for providing those services. I will want someone with an open mind and a commitment to Maine Wellness, the new accountable care framework for service delivery that I have proposed, together with skills to make the DHHS a responsive organization in that new framework.
Matt Jacobson (R)	I come from the private sector, have run complex organizations, negotiated union contracts and worked with many health care providers, associations and insurance companies. In addition, with my wife being an emergency room physician, I get first-hand information about dealing with DHHS - and the need to have medical professionals involved in the decisions. (To use an Air Force example, it would be like designing a plane or an airport without any pilot input!) I am not a career politician, and will bring a real-world attitude in problem-solving to Augusta. This includes having health care professionals involved in the management and organization of DHHS.
Paul LePage (R)	I would look for a professional in the field experienced in public policy making along with experience in treating people stricken with mental illness.
Peter Mills (R)	No Response
Elizabeth Mitchell (D)	All decisions related to health care in Maine need to put the needs of the people dependent on these services first and foremost; including the decision of whom to appoint to leadership positions at DHHS. Transparency and stellar management skills are also a must.
Les Otten (R)	As Governor, I would require DHHS administrators to demonstrate trust and a partnership with the medical community and the professionals who provide MH and SA programs. Hiring administrators who are experts in mental health and substance public policy will be a high priority management decision for my administration. I believe the health and well being of Maine people can be supported by public policy leaders who understand how to provide quality and affordable mental health and substance abuse treatment programs while engaging physicians and the providers in the decision making process for sustaining evidenced base care.
Steven Rowe (D)	experience, innovation, intelligence, strong management skills, compassion
Rosa Scarcelli (D)	I have pledged to measure the effectiveness of every program and department in state government should I become Governor. I've also pledged to appoint only the...(remainder of comment lost due to technical error)
Kevin Scott (I)	Skills and experience in efficient delivery of services and a team building, empowering style of leadership.

Q4B. WOULD YOU CONSIDER MANDATING THAT DHHS EITHER BE HEADED BY A PHYSICIAN COMMISSIONER OR CREATE ADULT AND CHILD MEDICAL DIRECTOR POSITIONS REPORTING TO THE COMMISSIONER?

Candidate	Response	Comment
Bill Beardsley (R)	POSSIBLY	I am of the impression that the true merger of MH and HS has never occurred. I am open minded on 1) making the merger work, 2) separating the two functions and/or 3) considering new and different affiliations. (e.g. Education and MH) I have little interests in empires. I want a system that works, is efficient and serves the citizens as best we can. As a commissioner I want someone who has executive/administrative experience. If that individual is not doctorally prepared in the professional field, it would be imperative that there be highly credentialed directors who are accountable and work as a team and minimize politics.
Elliot Cutler (I)	POSSIBLY	I believe that the organization of DHHS needs to be reviewed in connection with the implementation of a new accountable care framework for the delivery of health care (including mental health) in the State of Maine. In my administration, there will be a premium placed on both strong and visionary leadership and firm and responsive management. I am willing to listen to the arguments in favor of restoring director positions and appointing physicians to fill them, but I am not willing now to make commitments to do so.
Matt Jacobson (R)	POSSIBLY	The idea is good, but I am inclined against pre-set "mandates". Whether or not the commissioner at DHHS is a physician, the input from physicians is absolutely key to reorganizing the way DHHS works with providers and serves the people of Maine.
Paul LePage (R)	YES, A DEFINITE PRIORITY FOR MY ADMINISTRATION	
Peter Mills (R)		I would willingly look to the medical profession to provide better, more enlightened and more cost effective leadership for DHHS.
Elizabeth Mitchell (D)	NO, NOT A PRIORITY FOR MY ADMINISTRATION	I am uncomfortable with mandating specific resume requirements for my commissioners. I want the individual to have the qualities highlighted above and to ensure that relevant experts have a significant voice in the decision-making process.
Les Otten (R)		The answer to the second part of this issue includes the fact that I would need to do more research. The word "state mandates" aren't popular with me. However, obviously, DHHS and Medical Directors must be professionals with outstanding credentials and my administration would work to make that a priority.
Steven Rowe (D)	POSSIBLY	I will definitely ensure that psychiatric professionals are part of the team that engages in mental health planning.
Rosa Scarcelli (D)	YES, A DEFINITE PRIORITY FOR MY ADMINISTRATION	
Kevin Scott (I)	POSSIBLY	

Q5. MOST OF MAINE'S NONPROFIT HOSPITALS OFFER ONLY LIMITED SUBSTANCE ABUSE SERVICES AND ALMOST NONE PROVIDE METHADONE MAINTENANCE. DEMAND FOR SUBOXONE TREATMENT OVERWHELMS SUPPLY, ESPECIALLY IN RURAL AREAS. IF ELECTED, WOULD YOU DIRECT THE OFFICE OF SUBSTANCE ABUSE TO ENCOURAGE NONPROFIT HEALTH SYSTEMS STATEWIDE TO PROVIDE OPIATE MAINTENANCE TO PROVIDE COMPETITION TO FOR-PROFIT PROVIDERS BASED OUT-OF-STATE?

Candidate	Response	Comment
Bill Beardsley (R)		This is a leading question. My focus will be on the needs of the patient as determined by experts. I am very interested in prevention and addressing these issues as close to the home/school/workplace as possible. I strongly support options (competition where appropriate) but need to better understand the options.
Elliot Cutler (I)	YES, A DEFINITE PRIORITY FOR MY ADMINISTRATION	
Matt Jacobson (R)	POSSIBLY	This could be a solution. I know that too many addicts are regularly treated in emergency rooms across Maine, which is the #1 most expensive, least efficient way to provide treatment. Maine needs to explore all alternatives to make better use of DHHS funds.
Paul LePage (R)	POSSIBLY	
Peter Mills (R)		Although drug maintenance services through Acadia are twice as expensive as those provided by the for profit methadone clinics, I suspect they are worth it. I would like to see longitudinal studies comparing outcomes. I am disturbed that the meth clinics have no financial incentive to wean people from meth dependency and they don't bother to attend to other medical and social needs of the patient. Acadia brings patients immediately into comprehensive care on the morning they first show up and provides a true medical home for all the patient's needs. It is well known in my area that patients often get their daily meth supply from the meth clinic and then go on to supplement with other drugs that they purchase on the street or through Medicaid. Because the meth clinics refuse to report their drugs through the PMP system, other treating physicians often have no idea that their patients are getting daily meth. By the same token, the meth clinics themselves seem to take no interest in the general medical needs of their patients. They are content to collect their \$14 a day and leave everything else to Medicaid and fortuities. I would be tempted to ban the meth clinics and put them out of business if they refuse to comply with reasonable protocols for managing drug-dependent populations. In such case, I would gladly turn the meth administration function over to more comprehensive, non-profit care providers who will work in the best interests of the patients.
Elizabeth Mitchell (D)	POSSIBLY	Preventative measures and community-based services should be prioritized.
Les Otten (R)	POSSIBLY	
Steven Rowe (D)	YES, A DEFINITE PRIORITY FOR MY ADMINISTRATION	
Rosa Scarcelli (D)	POSSIBLY	
Kevin Scott (I)	YES, A DEFINITE PRIORITY FOR MY ADMINISTRATION	

Q6. IN THIS LEGISLATIVE SESSION LD 1611 "AN ACT TO ENSURE HUMANE TREATMENT FOR SPECIAL MANAGEMENT PRISONERS", INCLUDED TESTIMONY ADDRESSING SOLITARY CONFINEMENT AS A FORM OF TORTURE, ADVERSE EFFECTS OF SOLITARY CONFINEMENT ON PRISONERS AND THE ADDITIONAL BURDEN OF INCREASED ILLNESS ON MAINE'S CORRECTION SYSTEM AND TAXPAYERS, AND SUCCESSFUL PROGRAMS ELIMINATING SOLITARY CONFINEMENT IN OTHER STATES (E.G. STATE OF MISSISSIPPI). WOULD YOU, AS GOVERNOR, MAKE IT A PRIORITY TO WORK WITH THE 125TH LEGISLATURE TO LEAD MAINE IN THE DIRECTION OF SAFER AND MORE COST-EFFECTIVE ALTERNATIVES TO SOLITARY CONFINEMENT IN OUR STATE'S PRISONS?

Candidate	Response	Comment
Bill Beardsley (R)	POSSIBLY	I have little interest in coddling serious criminals and I support serious sentences for serious crimes. Solitary confinement seems to be a very appropriate assignment option for the judiciary and corrections. If the evidence is to the contrary I would look at other options with an open mind, provided we never forget the prisoner is being punished for their actions. For the record, I oppose the death penalty.
Elliot Cutler (I)	YES. A DEFINITE PRIORITY FOR MY ADMINISTRATION	My mother, Catherine Cutler of Bangor, led the post WWII effort in Maine to move the Bureau of Mental Health out of the Bureau of Prisons. I do not want to see her efforts effectively reversed 60 years later by the increasing incarceration of people who instead need effective and compassionate treatment for mental illness. This is not a partisan political issue, nor is it a concern restricted to the community of mental health providers. I have discussed this problem at length with Chief James Craig of the Portland police department, for whom this is a front-burner topic. Indeed, a recent report by the National Sheriffs' Association and the Treatment Advocacy Center found that, on average a seriously mental ill person in the United States is three times more likely to be incarcerated than hospitalized. I believe that solitary confinement should be used as a last resort, if at all, and that Maine should pursue a better, outcomes-oriented approach to incarceration in general. We ought to be able to reduce recidivism through an improved program of effective and compassionate mental health care, housing, mentoring, job training and job placement that will better reintegrate ex-offenders into society.
Matt Jacobson (R)	POSSIBLY	Just like other topics, I believe that the people running the departments, and professionals in that field should be making key decisions on the management of, in the case, the prisons. The trouble with specific mandates and definitions in legislation is that these are not political decisions, and should not be political decisions. The people in charge of the prisons, with consultation from mental health, safety and other professionals, should make these rules instead of the legislature.
Paul LePage (R)	POSSIBLY	I need to become more familiar with the legislation and further consult with professionals in the field to address the...(remainder of comment lost due to technical error)
Peter Mills (R)		I would gladly take a personal interest in this issue, visit the prison, talk with authorities on the subject and make it a priority to see the issue addressed. I got conflicting messages from too many sources during the discussions of this past session and feel that I should not make a pronouncement about it without more personal investigation. On the surface, I am inclined to agree that solitary confinement appears to be overused in Maine. More importantly and more generally, I am concerned about what forms of confinement and treatment of prisoners achieve the best results for rehabilitation. Here I go again on the significance of "longitudinal studies." I have never seen an evaluation of the Maine Corrections systems to determine what forms of correctional services yield the best ultimate results. We have one of the highest per capita costs of any state in the nation. Are we getting any value? Or are we just spending money on warehousing. What is our

		recidivism rate and how is it impacted by variations in correctional practice? I served on Appropriations for four years and recall no presentations dealing with such issues.
Elizabeth Mitchell (D)	POSSIBLY	I believe that all stakeholders involved in this issue should come to the table and work together to ensure that our prisons are safe, humane, and cost-effective.
Les Otten (R)	POSSIBLY	The Commissioner of Corrections will be a trusted advisor on this issue. I certainly do not consider myself an expert in this area, but would be in experts to examine this issue and provide recommendations. The priority goal would be the humane treatment of prisoners in need of mental health services. Also, looking at best practices in other states would be wise, and I would direct the department to emulate those state practices.
Steven Rowe (D)	YES, A DEFINITE PRIORITY FOR MY ADMINISTRATION	
Rosa Scarcelli (D)	POSSIBLY	
Kevin Scott (I)	YES, A DEFINITE PRIORITY FOR MY ADMINISTRATION	

Q7. We would like to know what other ISSUES or PRIORITIES re: mental health that you believe would be important for you to pursue as the next Governor of the State of Maine. Please do add your thoughts below.

Candidate	Comment
Bill Beardsley (R)	No Response
Elliot Cutler (I)	(a) First and foremost, we need to enact and to implement Maine Wellness, the new accountable care framework that I have proposed for delivering essential health care (including effective and compassionate psychiatric care) services to all Maine citizens. (b) We know that the costs of unidentified and untreated mental illness are huge and often lifelong. Therefore, I want to be sure that in all programs of early childhood care and education that we emphasize evidence-based screening for mental illness, preventive care and early intervention measures. We can't eradicate all mental illness, but there exists a significant potential in many cases to change its course and to reduce the societal and public costs of extended treatment. (c) We need to examine ways to simplify the state's systems of service delivery to the mentally ill and their families. We should aggressively explore performance-based accountable care, capitation, collaboration and consolidation among providers, wrap-around services, home-based care and other mechanisms and reforms that may yield more cost-effective care and less costly and more efficient state agency supervision.
Matt Jacobson (R)	Most issues have been covered. I would add that we have an obligation to help people who cannot help themselves. In trying to take care of too many people, DHHS periodically feels forced to cut budgets in ways that do not make sense for the people inside and outside of their systems. The cost-shifting caused by low reimbursements is a key reason that Maine has some of the highest health care costs in America. We can do better than this by putting professionals in charge instead of politicians.
Paul LePage (R)	I believe whenever possible people with mental challenges need treatment not incarceration in our county jails, I will promote the clubhouse model...(remainder of comment lost due to technical error)
Peter Mills (R)	I would like to see Maine comply with the AMHI consent decree either in its current form or as it might be amended to conform to modern clinical thinking. I would like to take whatever steps are reasonably possible to extract mentally ill people from the criminal justice system. Somerset County where I have lived for 28 years is plagued by iatrogenic drug dependency and addiction. Oxycontin and similar drugs have destroyed the social fabric of some of our communities. I would like to take stronger steps as governor to control the inappropriate prescribing of opiates. One of my brothers has been plagued with mental illness for much of his life. I have had a ringside seat to the impact of these diseases, not only on the patients themselves, but also on Maine families and the society to which we all belong.
Elizabeth Mitchell (D)	I believe in bringing people to the table to make difficult decisions, and that all decisions must have the overall long-term well-being of the people of Maine at their heart. As Governor I will challenge you and all Mainers to educate me as to the needs of your profession. My door will always be open.
Les Otten (R)	My administration will assure people that quality and affordable mental health and substance abuse treatment programs, that demonstrate quality outcomes, are supported. Support for children's mental health and disability programs will receive a thorough review in my analysis of how the resources for mental health and substance abuse services are allocated.
Steven Rowe (D)	One of my top priorities will be to prevent mental health and substance abuse problems. We will do this in many ways - to include supporting families and children to minimize toxic stress. Another priority will be to ensure access to appropriate mental health services for those who need them, to include adults and children covered by MaineCare.
Rosa Scarcelli (D)	I believe my proposal for statewide early childhood education will reduce the need for special ed and improve early intervention outcomes in the area of...(remainder of comment lost due to technical error)
Kevin Scott (I)	Effective delivery of mental health services in order to address the growing strain on local public safety personnel who are not trained or equipped to handle mental health patients.

- A NOTE TO READERS -

We hope you have found this survey of Maine's Gubernatorial candidates on mental health issues useful.

The Maine Association of Psychiatric Physicians (MAPP) is the professional organization for psychiatry and psychiatrists in the state of Maine.

OUR MISSION is to improve the treatment, rehabilitation and care of persons with mental disorders, to provide leadership and to promote and advocate for the professional interests of its members and patient care.

While MAPP is a strong advocate for mental health issues, we do not support or oppose election of any candidates for political office. Our hope is that this survey will serve to promote more effective consideration of mental health issues here in Maine.

We welcome suggestions for improving future survey efforts or for making the results of surveys more available.

Please address any questions or comments to:

Ms. Warene Eldridge, Executive Director
Maine Association of Psychiatric Physicians
P O Box 190
Manchester, ME 04351-1090

Phone: 207.622.7743
Fax: 207.622.3332
Email: weldridge@mainemed.com

Thank you.

Janis B. Petzel, M.D.
Maine Association of Psychiatric Physicians