

**Community Service Network 1 Meeting  
Presque Isle Inn & Convention Center  
January 25, 2007**

**Approved Minutes**

**Members Present:**

- |                                  |  |                         |
|----------------------------------|--|-------------------------|
| • Annette Adams, Acadia Hospital | • Chris Morse, Care & Comfort            | • Peter Sirois, NMMC    |
| • Tara Mullins, Allies Inc.      | • Vicki Hardy, Houlton Regional Hospital | • Ralph McPherson, TAMC |
| • Greg Disy, AMHC                |  |                         |

**Members Absent:**

- |   |                               |   |
|---|-------------------------------|---|
| • Aroostook Counseling & Evaluation               | • Life by Design              | • Riverview Psychiatric Center            |
| • Cary Medical Center                             | • New Day Counseling Services | • Tammy Carney, Transition Planning Group |
| • Lloyd Chase, Community Mediation Svcs (excused) | • Northern Lighthouse         |   |

**Others present:**

- |                                 |                              |                    |
|---------------------------------|------------------------------|--------------------|
| • Bill Wypyski, Acadia Hospital | • Mary White, AMHC           | • Pat Sturey, TAMC |
| • Patty Michaud, NMMC           | • Lorraine Chamberlain, AMHC |                    |

**Staff Present:** DHHS/OAMHS: Don Chamberlain, Darren Morgan. Muskie School: Anne Conners.

Agenda Item	Presentation, Discussion, Questions
I. Welcome and Introductions	Darren Morgan, Adult Mental Health Team Leader for Region III, welcomed participants to the meeting. Introductions followed.
II. Review and Approval of Minutes	December minutes were unanimously adopted.
III. Meeting Schedule	2007 meeting schedule: Fourth Thursday of every month: 9 a.m. to 12 Noon Next meeting: February 22.  Darren brought to the group's attention the fact that the fourth Thursday of November is Thanksgiving. No decision was made on when to reschedule the meeting.
IV. CSN Participation	At the December meeting Don Chamberlain said that the group had asked for a list of those who should be attending the meetings and are not. Don reported the following and said OAMHS would vigorously follow up with those who have not attended. <ul style="list-style-type: none"> <li>• Community Mediation Services: Attended November and December meetings, not present at today's meeting. Absence excused.</li> <li>• Life by Design: Not present at November, December or today's meeting.</li> <li>• NAMI-Maine: Attended November and December meetings, not present at today's meeting.</li> <li>• New Day Counseling: Not present at today's meeting.</li> <li>• Northern Lighthouse: Not present at November, December, or today's meeting.</li> <li>• Transition Planning Group: Not present at today's meeting.</li> </ul>

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	<p>Don reported on the return rates for signed contract amendments, CSN Memorandum of Understanding, and the hospital MaineCare Provider Agreements.</p> <p>In CSN 1, the following documents were outstanding:</p> <ul style="list-style-type: none"> <li>• Carey Medical Center: MOU and Hospital Provider Agreement</li> <li>• Life by Design: MOU</li> <li>• Northern Lighthouse: MOU</li> <li>• TAMC: MOU (Representative at meeting said would check on status and send to Elaine Ecker at the Muskie School).</li> </ul> <p>Members discussed the outstanding documentation from hospitals and suggested that outreach through the Maine Hospital Association may be an effective strategy.</p>
<p>V. Budget and Legislative Update</p>	<p>Don Chamberlain presented this agenda item for Ron Welch, who had been called away to present before the Legislature.</p> <p><b>Supplemental Budget</b>  Because managed care did not happen and the \$10.4M anticipated savings will not be realized, that amount has been submitted in the Governor’s supplemental budget, pending passage by the legislature.</p> <p><b>Biennial Budget (07-08, 08-09) Issues</b></p> <ul style="list-style-type: none"> <li>• <u>Administrative Services Organization (ASO)</u>: An ASO will perform (if approved by the Legislature) the following administrative services: 1) enrollment, 2) prior authorization for some services, and 3) utilization review for some services. The ASO would contract with the Department, not providers, to receive payment for these administrative services with no risk assumed by the ASO. First-year Department-wide savings to be \$5M, second year \$6.5M. These savings come from Maine Care seed funds, resulting in a \$2 Federal match loss for every \$1 MaineCare saves (does not spend). The total biennial budget impact, therefore, is \$15M for the first year and \$19.5 for the second year.</li> <li>• <u>Rate standardization--community support services</u>: Meetings are underway (with DHHS and members of the Maine Association of Mental Health Services) to determine standardized rates for certain community support services (PNMI services excluded). (Historically, providers have individually negotiated rates with DHHS, which accounts for the current variety of rates.) The rate standardization must result in a savings of \$10M in each year of the biennial budget (\$4M from adult, \$4M from children’s, \$2M from “MAP” private practitioners). The savings will come back to the Department for reinvestment in community programs, and CSNs will have opportunities to discuss and make recommendations on the reinvestments. The savings are MaineCare seed funds, so the Federal match loss (described above) applies.</li> <li>• <u>Reassignment of ICM positions</u>: If the legislature passes the proposed budget, 30 positions now held by OAMHS Intensive Case Managers (ICMs), will be transferred through attrition (retirement, job changes, etc.) to the Office of Integration Access and Support (OIAS). The OIAS, which handles Temporary Assistance to Needy Families (TANF), food stamps, etc., is seriously understaffed and under Federal scrutiny for delays. As ICM vacancies do occur, OAMHS may relocate remaining positions to best cover service needs.</li> </ul> <p><b>Expanding clinical management of MaineCare members.</b>  General Fund savings: FY 08 (\$17.7 million); FY 09 (\$24.7 million)  This initiative is the result of ensuring the right care at the right time at the right cost to MaineCare members ages 18-64 by providing clinical management, concurrent review and conducting medical necessity reviews while working with and supporting participating physicians. The Department will expand efforts to manage the physical health services that are provided to MaineCare adults. Other states’ experience has been that when services are managed, there is significant opportunity for savings and</p>



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IX. Adequate geographical coverage and resource gaps	<p>Darren directed participants to a chart showing Maine’s population and the numbers of people with Serious Mental Illness (SMI), broken down by counties and CSN. The numbers are based on the 2000 US Census and the 5.4% rate the federal government uses to establish the number of adults (18 years and over) with an SMI. Using these calculations:</p> <ul style="list-style-type: none"> <li>• 52,579 adults in Maine with SMI.</li> <li>• 3,090 in CSN 1 (Aroostook).</li> </ul> <p>Regarding the CSN Provider Services Data Received Through January 17, 2007 chart, members asked for a clarification between Community Integration and Community Support. OAMHS will follow up.</p>																			
	<p>Another handout described the ongoing process for reviewing resources and the eight core services in order to identify gaps in coverage. At each monthly CSN meeting, one or more of the core services will be reviewed, with OAMHS providing information around population numbers, service locations, types, and providers, funding, utilization, and any other pertinent data, as appropriate and available. At the following monthly meeting, OAMHS will ask for recommendations from the CSNs and will use those recommendations to inform allocation development, budget requests, and changes/additions to the service array.</p> <p>Schedule:</p> <table border="1" data-bbox="443 678 1780 824"> <thead> <tr> <th>Month</th> <th>Service</th> <th>Month</th> <th>Service</th> </tr> </thead> <tbody> <tr> <td>January</td> <td>Crisis Stabilization, Peer Services</td> <td>May</td> <td>Residential Services</td> </tr> <tr> <td>February</td> <td>Other Crisis Services</td> <td>June</td> <td>Vocational Services</td> </tr> <tr> <td>March</td> <td>Community Support Services (ACT, ICI, CI)</td> <td>July</td> <td>Inpatient Services</td> </tr> <tr> <td>April</td> <td>Outpatient, Medication Management</td> <td></td> <td></td> </tr> </tbody> </table> <p><b>Review of Peer Services</b></p> <p>In keeping with the above schedule, Marya presented a review of Peer Services in Maine and by CSN, referring members to information presented in a multi-page handout, showing geographic distribution of OAMHS funding for peer services.</p> <p>Highlights:</p> <ul style="list-style-type: none"> <li>• Peer support programming includes a variety of programs from social clubs and peer centers to warm lines to networking organizations.</li> <li>• Peer Support funding by CSN totals \$1,314,832—of which \$132,448 covers CSN 1 for social clubs/peer centers and local warmline services.</li> <li>• Using the federal rate of 5.4% of population having SMI (3,090 in CSN 1), total per person peer support funding is \$43.</li> <li>• The funding level for peer centers/social clubs in CSN 1 is \$21 per person.</li> </ul> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• A member noted that Amistad’s warmline does not provide services in Aroostook County, but transfers to the local warmline. If this is included in the peer support funding in CSN 1, it would change the dollars spent per person.</li> <li>• Members discussed the distribution of peer support funding across the state and noted its variability.</li> <li>• One member reported that the warmline in Aroostook County is staffed either by someone who identifies as having received mental health services, or by a family member of someone with mental illness.</li> </ul> <p><b>ACTION:</b> Members will make recommendations around peer services in CSN 1 at the February meeting.</p>	Month	Service	Month	Service	January	Crisis Stabilization, Peer Services	May	Residential Services	February	Other Crisis Services	June	Vocational Services	March	Community Support Services (ACT, ICI, CI)	July	Inpatient Services	April	Outpatient, Medication Management	
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X. Crisis Services	<p>Don Chamberlain reviewed his memo on Crisis Services, which includes actions required by the Consent Decree Plan for Crisis Stabilization Units and Observation Beds, and definitions for crisis stabilization services. Statewide, county, and CSN-wide crisis bed data also provided (this info will be updated to reflect information received at CSN meetings, increasing number of beds):</p> <ul style="list-style-type: none"> <li>• 48 crisis beds statewide</li> <li>• 5 crisis beds located in CSN 1 (AMHC).</li> <li>• 72% utilization rate</li> </ul> <p><b>AMHC Crisis Stabilization Unit (CSU)</b>  Lorraine Chamberlain of AMHC gave an overview of AMHC's Adult CSU:</p> <ul style="list-style-type: none"> <li>• The facility has two shared bedrooms and one individual bedroom.</li> <li>• Handicapped access can be difficult as the program is housed in a two-story structure.</li> <li>• Staffing is 24/7 with a master's level clinician and community support workers.</li> <li>• Admits: from consumer self-referral or community provider/crisis program.</li> <li>• Admits those experiencing a mental health crisis as well as those with co-occurring disorders.</li> <li>• Average length of stay is 4.5 days. Homelessness is a growing problem at the facility increasing the average length of stay.</li> <li>• There is only one homeless shelter in Aroostook County to discharge people to.</li> </ul> <p style="text-align: center;"><b>FY 2006 Data Per Month</b></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Month</th> <th>Bed Days</th> <th>Utilization Rate</th> <th>Month</th> <th>Bed Days</th> <th>Utilization Rate</th> </tr> </thead> <tbody> <tr> <td>July</td> <td>115</td> <td>74.19%</td> <td>January</td> <td>89</td> <td>57.42%</td> </tr> <tr> <td>August</td> <td>89</td> <td>57.42%</td> <td>February</td> <td>74</td> <td>52.86%</td> </tr> <tr> <td>September</td> <td>51</td> <td>34.00%</td> <td>March</td> <td>89</td> <td>57.42%</td> </tr> <tr> <td>October</td> <td>90</td> <td>58.06%</td> <td>April</td> <td>92</td> <td>61.33%</td> </tr> <tr> <td>November</td> <td>103</td> <td>68.67%</td> <td>May</td> <td>98</td> <td>63.23%</td> </tr> <tr> <td>December</td> <td>90</td> <td>58.06%</td> <td>June</td> <td>79</td> <td>52.67%</td> </tr> </tbody> </table> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• Members discussed whether there are enough crisis beds in the County.</li> <li>• AMHC could probably fill more beds if it had a facility on one level with individual bedrooms.</li> <li>• Members would like to develop goals and recommendations around the number of crisis beds in the county.</li> </ul> <p>Further data questions arose at this and other CSN February meetings around the State, and OAMHS will ask CSU providers to provide this data.  <b>ACTION:</b> OAMHS will compile additional data requests and send out to all CSU providers and report on the results at the February meetings, where possible.  <b>ACTION:</b> Members will make recommendations around crisis stabilization services in CSN 1 at the February meeting.</p> <p><b>Acadia Hospital Observation Beds (OBs)</b>  Annette Adams of Acadia Hospital then gave an overview of the Adult Short Stay Unit at Acadia.</p> <ul style="list-style-type: none"> <li>• The Acadia ED sees three levels of acuity: inpatient, observation bed status, and crisis stabilization unit.</li> <li>• Acadia operates a 14-bed short stay unit for adults (OBs).</li> </ul>	Month	Bed Days	Utilization Rate	Month	Bed Days	Utilization Rate	July	115	74.19%	January	89	57.42%	August	89	57.42%	February	74	52.86%	September	51	34.00%	March	89	57.42%	October	90	58.06%	April	92	61.33%	November	103	68.67%	May	98	63.23%	December	90	58.06%	June	79	52.67%
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	<ul style="list-style-type: none"> <li>• In June of 2006, the hospital operated at 90 percent capacity. Capacity ranged from 96-100 percent until October of 05 when the unit added two beds.</li> <li>• The number of acute adults that Acadia has been unable to serve due to lack of an open bed has escalated from 95 in August of 2006 to 194 in September of 2006. In comparison, 46 adults were turned away in October of 2005 because of lack of space.</li> <li>• 50% of admissions come from Penobscot County, where Acadia is located.</li> <li>• 3% of admissions come from Aroostook County.</li> <li>• Average length of stay is 48 hours; with a few individuals staying 72 hours.</li> <li>• Annette noted an increasing problem with a homeless population, with an average of 12 people per month coming into the hospital who are homeless. These individuals are discharged to the shelter or to the Acadia Recovery Community, which has residential capacity. Annette said the hospital could triple its capacity and meet the needs it has now.</li> <li>• 25 to 28 percent of those on the observation unit need an inpatient level of care.</li> <li>• Acadia takes both voluntary and involuntary patients unlike Spring Harbor, which takes all voluntary patients.</li> </ul> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• Northern Maine Medical Center (NMMC) is starting to implement observation beds. NMMC does voluntary admissions—unit is locked, but patient may leave.</li> <li>• Houlton Regional Hospital has no observation beds.</li> </ul>
<p>XI. Statewide Policy Council</p>	<p>Don reviewed the memo from Ron Welch describing the selection process for the Statewide Policy Council. The Council will consist of 15 members representing various service and geographic areas. Volunteers and nominations are to be submitted to Elaine Ecker at the Muskie School, <a href="mailto:eecker@usm.maine.edu">eecker@usm.maine.edu</a>, by February 1 (deadline later extended to Feb. 9).</p> <p><b>ACTION:</b> OAMHS will select representatives to the Council, notify all CSN members, and convene meetings in March.</p>
<p>XII. Procedures and Protocols for Inpatient Admissions</p>	<p>Mary Louise McEwen of Dorothea Dix and Annette Adams of Acadia gave an overview of the procedures and protocols being developed to meet the requirements of the Consent Decree Plan for inpatient admissions to state and specialty hospitals. Dorothea Dix and Acadia have been collaborating on an implementation process since October. Also, Dorothea Dix's work has been complicated by the departure of its 30-year Admissions Director in November.</p> <p>Though there are exceptions described in the Consent Decree Plan, referrals normally should flow as follows: Crisis providers → Community hospitals → Specialty hospitals (Spring Harbor, Acadia) → State hospitals (Riverview, Dorothea Dix).</p> <p>Crisis workers will be contacting Acadia Access instead of Dorothea Dix. The program should be set up so that the crisis worker has to make one call, and then Acadia will report back to them on bed availability.</p> <p>In addition, Dorothea Dix and Acadia staff is trying to clarify assessment skills around what is needed to stabilize the person. In some cases, even though the person may be very familiar to Dorothea Dix, they may not need hospitalization to address the crisis.</p> <p><b>ACTION:</b> Don asked CSN members to track the frequency with which people are shipped out of Aroostook for other than clinical reasons as well as consider what is needed to keep people in the County: more beds/additional staff?</p>
<p>XIII. Update on vocational initiatives</p>	<p>Don reported that training for community support workers on vocational issues will be held on February 22<sup>nd</sup>, February 23<sup>rd</sup>, and March 2. DHHS vocational specialists are nearly in place and benefits specialists are in place currently.</p>

Agenda Item	Presentation, Discussion, Questions
XIV. Public Comment	None.
XV. Plan for February meetings	Next meeting Feb 22 at 9 a.m. Possible locations: TAMC/Caribou DHHS office. (Update: Meeting will be held at the Aroostook County Action Program, 771 Main Street, Presque Isle.)
XVI. Agenda Items	<ul style="list-style-type: none"> <li>• Peer Services, Part II</li> <li>• Crisis Stabilization Units, Part II</li> <li>• Crisis Services Review</li> <li>• PL 192 Draft Report</li> </ul> Other agenda items: email to Elaine Ecker at <a href="mailto:eecker@usm.muskie.edu">eecker@usm.muskie.edu</a> .