

**Community Service Network 1 Meeting
Aroostook Community Action Program, Presque Isle, ME
August 23, 2007**

Approved Minutes

Members Present:

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| <ul style="list-style-type: none"> • Annette Adams, Acadia (via ITV) • Greg Disy, AMHC • Lori DeMerchant, ACES • Christopher Morse, Care & Comfort | <ul style="list-style-type: none"> • Trish Murray, Houlton Regional Hospital • Deborah Gray, Life By Design • Andrea Reid, New Day Counseling Services • Craig Fournier, Northern Maine General | <ul style="list-style-type: none"> • Patricia Michaud, Northern Maine Medical Center • Ralph McPherson, TAMC • Pat Dillon, TAMC |
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Members Absent:

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| <ul style="list-style-type: none"> • Allies, Inc. • Cary Medical Center | <ul style="list-style-type: none"> • Community Mediation Services • NAMI-ME Families | <ul style="list-style-type: none"> • Harvest Inn Social Club-TPG • Transition Planning Group |
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Alternates/Others present:

- None

Staff Present:

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| <ul style="list-style-type: none"> • Don Chamberlain, OAMHS • Scott Killcollins, OAMHS | <ul style="list-style-type: none"> • Leticia Huttman, OAMHS (via ITV) • Marya Faust, OAMHS (via ITV) | <ul style="list-style-type: none"> • Mary Louise McEwen, Dorothea Dix (via ITV) • Scott Bernier, USM Muskie School |
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Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Don initiated introductions. The CSN was joined via ITV from Augusta by Leticia Huttman and Marya Faust of DHHS, OAMHS.
II. Review and Approval of Minutes	The minutes were reviewed and approved with no changes.
III. Provision of public mental health services	<p>Discussion of eligibility categories by service areas for public funding</p> <p>Don explained that OAMHS is working on clearly defining the population who will be eligible to receive publicly funded mental health services. OAMHS is looking at the enrollment criteria for Section 17 MaineCare services in clarifying the target population eligible to be served by general fund dollars, in terms of both clinical need and income level.</p> <p>The group went through each section in the handout "Draft General Fund Support for Community Integration" dated August 8, 2007, and as requested gave feedback and comments for OAMHS to consider in preparing a final version.</p> <p>Questions/comments:</p> <ul style="list-style-type: none"> • Lori noted that her agency has had some problem obtaining funding for some of their clients when they transitioned from youth to adult. They had MaineCare as a youth, but lost it when they became an adult. Don agreed this is a group they need to add to the list. • Greg asked what a request for these grant funds look like? Don answered that DHHS has not yet worked that out yet. Greg is concerned that we need to provide a timely response. He would like to see a protocol set-up for this. • Don then asked the group if there are people they are serving who are not currently covered? Lori answered, yes. This would help her agency as they are serving those without grant funds.

Agenda Item	Presentation, Discussion
	<ul style="list-style-type: none"> • Ralph asked how this is different then how we do things now? Don replied that currently there is no income screening for grant funds. This would add that screening. • Ralph asked if this would be less cumbersome. Don stated it would add a tier of review at the agency to use grant funds. • Greg asked if the first part of the draft on “People in MaineCare noncategorical service level” is an expectation. Don answered yes. <p>If you have any additional feedback, please send an email to Elaine Ecker at eecker@usm.maine.edu. Elaine will forward it to Marya Faust.</p> <p>Distribution of grant funds Don also informed the group that OAMHS will be changing and equalizing the distribution of its general (grant) funds across the state. OAMHS needs to ensure the services being purchased meet the priority needs of the target population. Except for peer and vocational services, funds will be redistributed according to the numbers of people with severe and persistent mental illness (SPMI) residing in the CSN, for direct client services only. CSNs will make decisions about the priority needs in the CSN, and grant funds will be distributed to agencies accordingly. OAMHS will have a concrete proposal for discussion at the October CSN meetings. Final plan will take effect FY 2009.</p>
IV. Policy and procedures for 24/7 availability of information	<p>Don reported that a memorandum on this was sent out last fall listing four protocols that are needed:</p> <ol style="list-style-type: none"> 1. Need community support agency to have information available to crisis provider for 24/7 services <ul style="list-style-type: none"> • DHHS is missing this from Allies, Inc. for this CSN • Greg noted that it's best to get 2 signatures on these documents, one from the community support agency and one from the crisis provider to show communication/agreement is finalized between the two. He noted that his agency is currently working on an agreement with Allies, Inc. 2. Need a protocol between crisis providers and the hospitals: NMMC, Acadia and DDPC. 3. Need an agreement between Crisis and ACT teams in most CSN's. <ul style="list-style-type: none"> • This is not necessary in CSN 1 as there is no ACT team in CSN 1 4. Need a protocol between ICM's and crisis provider
V. Outcomes and Performance Measures for CSNs	<p>Marya reviewed an August 2nd memo from Ron Welch listing: 1) Purpose of CSNs, 2) Basic Data for each CSN, 3) Performance Improvement Measures, and 4) CSN Outcomes. She said OAMHS intends to provide an individual picture of each CSN, and asked if members would like to add anything else to any of the categories. Marya also noted that this list will change as they take in input from the CSNs.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • <u>“Number of crisis service contacts in which the Community Support Service record is reviewed, divided by the total number of crisis contacts.”</u> Meaning? Marya explained that this is on data collected on 24/7 protocol and how quickly the request is turned around. Data for this will be collected through this December. • Ralph asked about collecting data on the wait times for someone to transfer from a regular medical bed to a psychiatric bed--to evaluate the wait time from the initial assessment/referral and either being accepted or denied into a facility. Many times they have had a person with both medical and psychiatric needs who was bounced about, and they were not able to find a place for them. This could be someone in an inpatient situation. Don asked for clarification: So is it placement/hospitalization versus outpatient? Ralph answered, Yes: how long is the wait from a general bed to a psychiatric bed.

Agenda Item	Presentation, Discussion
	<ul style="list-style-type: none"> • “Rates of hospitalization and rates of re-hospitalizations within 30 days of discharge.” Annette asked where the data for this is coming from. Marya responded that she is not sure yet and is looking for ideas. Don responded that one way they are hoping to get this is from the ASO, but not from DDPC or Acadia, because they don't normally bill MaineCare for their services. • “County of residence compared with location of hospital for psychiatric inpatient admissions (outside of CSN).” Annette expressed concern about the time and cost this may add to the hospitals. Marya noted that some hospitals are already collecting this data.
<p>VI. Actions/ Work Plan for CSNs: Sept 2007-June 2008</p>	<p>Don asked the group to identify areas of focus that they would like to work on over the next few months. To inform the process, the group considered standards that are currently not being met from the Standards Summary Sheet handout from the August 1st Quarterly Report, in addition to measures and outcomes in the Welch memo above. Don indicated that some CSNs will not meet next month to give those subgroups time to work.</p> <p>Questions:</p> <ul style="list-style-type: none"> • Annette asked if the group is being asked about problems that are relevant to CSN 1 and that they should work on? Don answered yes and OAMHS wants to make it relevant to the CSN too. • Lori asked if the data could be broken down by CSN as these are summaries for the whole state. Don answered that he doesn't have it broken down at the moment. Some of it might be able to be broken down but some of it probably can't be based on how the data is currently collected. • Ralph noted that the group should look at only what they might be able to influence. Don replied that this was a good point—the CSN should look at things they can improve upon, but should avoid things like agency issues. <p>The group brainstormed as follows:</p> <ol style="list-style-type: none"> 1. Emergency services and who is responsible to attend to them during business hours—shared understanding. 2. Funding a temporary ½ FTE for 6 to 9 months to develop work around peer support services. 3. In the gap analysis--track inpatient impact of the closure of TAMC's inpatient unit. What are the measures we should track on this? 4. Medication management—propose alternative way to manage it. Improve wait times. 5. Transportation issue—involuntary admission transportations from the County to Bangor. <p>After discussion and vote, the group decided it would focus on numbers 1, 3 & 4 from this list. The group decided to work on these as a whole rather than breakdown into subgroups. A motion to do this was made and carried unanimously. The group proposes to work on these in order.</p> <p>Don asked Annette what data could be collected on #3. Annette responded that Acadia and DDPC are already collecting some of this data. Don asked that they share this with NMMC and present it to the rest of the group in September.</p> <p>ACTION: Acadia and DDPC will share their data with NMMC and will present this to the rest of the group in September. Scott Kilcollins will work with Darren Morgan to get information on Rapid Response and provide this at the September meeting.</p>
<p>VII. Impact of Rate changes</p>	<p>No discussion on this item.</p>

Agenda Item	Presentation, Discussion
VIII. Consent Decree Quarterly Report of August 1, 2007	Don indicated that this report was sent to CSN members via email.
IX. Consent Decree Report of July 13, 2007: Gaps in Service by CSN for your information	Don noted that OAMHS will get better at making this report more data driven. He also pointed out the provision of ½ FTE peer services position for this CSN to help remedy the gap in peer services.
X. Other	<p>Consumer Council Update: Leticia gave update: The council met for the first time on August 22. For CSN 1, there are two representatives so far: Sherrie Lynn Conya and Gloria Cashman. There is one more spot open for CSN 1 in addition to an at-large position to represent both CSN 1 & 2. If you know of anyone who would be interested in serving, please contact Vicki McCarty at 393-7095. There are similar vacancies in other CSNs. The next regional meeting for the council will be on September 28 at the Bangor Motor Inn from 1 to 4pm. The council plans to tackle the transportation issue first as this is a statewide problem. Currently, the CSN 1 representatives are attending via ITV, but could be traveling in person to some of the future meetings. Don noted that there is money in the budget to cover transportation to these meetings.</p> <p>ASO (Administrative Services Organization): Don reported that APS Healthcare of Maryland was chosen. The goal is to complete the contract by Sept. 1 and become operational in November.</p> <p>Workgroups: Administrative Burden, Systems Redesign, and Rate Standardization: Members received a handout outlining tasks, membership, and meeting times of these three budget work groups. They will be working to address the \$9 million reduction in FY 2009.</p>
XI. Public Comment	There was no public comment.
XII. September Agenda Items	<p>Work/report on the CSN 1 issues the group decided to tackle, in particular, the first two below:</p> <ul style="list-style-type: none"> • Emergency services and who is responsible to attend to them during business hours—shared understanding • In the GAP analysis-track inpatient impact of the closure of TAMC's inpatient unit. What are the measures we should track on this? • Medication management—propose alternative way to manage it. Improve wait times.