

**Community Service Network 1 Meeting
Aroostook Community Action Program, Presque Isle, ME
May 22, 2008**

Approved Minutes

Members Present:

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| <ul style="list-style-type: none"> • Annette Adams, Acadia Hospital (via ITV) • Greg Disy, AMHC • Christine Brown, AMHC • Christopher Morse, Care & Comfort | <ul style="list-style-type: none"> • David McCluskey, Community Care (via ITV) • Mary Louise McEwen, DDPC (via ITV) • Blair McCartney, Life by Design & ACES • Danielle Perry, New Day Counseling | <ul style="list-style-type: none"> • Kristie Bouchard, Northern Maine General • Peter Sirois, Northern Maine Medical Center • Patricia Kimball, Kindred Spirits • Jill Willett, Kindred Spirits • Katie Burby, MMC Employment Specialist-CSN 1 |
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Members Absent:

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| <ul style="list-style-type: none"> • Allies, Inc. • Cary Medical Center • Community Mediation Services | <ul style="list-style-type: none"> • Harvest Inn Social Club • Houlton Regional Hospital | <ul style="list-style-type: none"> • NAMI-ME Families • TAMC (excused) |
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Alternates/Others present:

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| <ul style="list-style-type: none"> • Gayla Dwyer, MMC Voc. Project / AMHC | <ul style="list-style-type: none"> • Vickie McCarty, Consumer Council of Maine (via ITV) | <ul style="list-style-type: none"> • |
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Staff Present:

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| <ul style="list-style-type: none"> • Don Chamberlain, OAMHS | <ul style="list-style-type: none"> • Sue Lauritano, OAMHS | <ul style="list-style-type: none"> • Scott Bernier, USM Muskie School |
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Agenda Item	Discussion
I. Welcome and Introductions	Don initiated introductions.
II. Review and Approval of Minutes	Minutes were reviewed and approved with no changes.
III. CI/ACT Allocations FY 2009	<p>By now, contracted agencies should have received a table of outcome of the budget from Don, which lists what has been cut and what has been restored to the budget in regards to Community Integration and ACT services for the coming fiscal year.</p> <ul style="list-style-type: none"> • \$1,327,000 restored for CI & ACT • The funds are being pooled and made available to agencies who provide these services • DHHS will identify the population who will be able to receive these additional funds <p>Questions/suggestions/comments:</p> <ul style="list-style-type: none"> • There is a concern for those here in Aroostook that the funds will be used up by other parts of the state first. How is DHHS considering allocating these funds? A. The state is looking at several ways to distribute these funds including: dividing it equally among the seven CSNs or by population or by past services use. • Would eligibility criteria designed by Care & Comfort help? A. It could. • The volume of patients up here is lower, but the cost may be higher to provider these services. Response: Costs were taken into account in the rates that have been set for services. • Perhaps you could look at past utilization of funds to help determine how to distribute these funds.

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	<p>ACTION: Sue will look at how much funds this CSN has used for past and report back to the group.</p> <p>DHHS is in discussion with APS Healthcare to have APS process requests for service in the same way they do for MaineCare services. The only difference would be the payor—OAMHS, not MaineCare.</p>
IV. LAA (Local Administration Agent) Changes	As you are aware, DHHS OAMHS lost 13 positions and a supervisor. Of those positions, three were housing coordinators and three were long term services positions. DHHS has moved the housing coordinator responsibilities to the LAA. DHHS is moving towards a rate per-unit managed format. This will be fully implemented a year from now (FY2010). The rate is set at \$60 per unit per month.
V. Enrollments/RDS Update	<p>Notice has been sent to Community Integration providers. Agencies were given until May 15 to come within 15%. Notices were sent out yesterday (May 21) to agencies who are not within that 15%. Once all caught-up, the system will be moved over to APS. The RDS generates the unmet needs report, which, in turn, generates requests for funds for services to meet those needs.</p>
VI. Changes in Involuntary Commitment Laws	<p>A copy of the summary memo of the changes in the involuntary commitment laws was distributed to those present at the meeting. The biggest changes to note include:</p> <ul style="list-style-type: none"> • Involuntary medication procedure • The length of time that a person can be in ER before a judicial review has been increased from 18 hours to 24 hours.
VII. Consumer Council Update	<p>Several documents concerning the Consumer Council System of Maine were distributed to those present.</p> <p>Vickie reported:</p> <ul style="list-style-type: none"> • CCS will become a public entity at the end of June. • The Office of Consumer Affairs (OCA) provides a monthly brief to the CCS. • Information is then brought back to local councils. • CCS members are still recruiting people for the local councils. • Vickie would like to meet with agencies to discuss the council and to recruit members for the council. • Part of CCS mandate is to gather consumers and determine how services are going. • CCS is in the process of second round interviews for an executive director. • Vickie's contact info is on the handout: 687-6033 or region3@maineccsm.org • CCSM website: www.maineccsm.org <p>Comments:</p> <ul style="list-style-type: none"> • It sounds like you're doing great work and we look forward to working with you.
VIII. Incident Reporting Process	DHHS is working on the reporting process for OAMHS incidents. There is a team in each region who reviews incident reports. The process is being standardized. DHHS encourages you to report incidence/injuries. We need to get them into

Agenda Item	Discussion
	<p>the system to understand what is happening. DHHS is moving to the EIS System for incident reports. You will need to enter the person's name and not just their ID number.</p>
<p>IX. WRAP Funds FY 2009</p>	<p>Sue reported that:</p> <ul style="list-style-type: none"> • WRAP funds have been pooled just like the CI funds. • DHHS has moved the process to Mark Nadeau, an ICM, to oversee these funds for CSN 1 out of the Caribou DHHS Office. The reason for the move is that the position that previously oversaw it has been eliminated. • It is important to send these requests to Mark Nadeau. If you send them to Central Office, they will be returned. • We need to receive original requests. We cannot accept faxes as final documentation. <p>AMHC currently handles these funds--as it transitions to the state, please do not contact AMHC anymore about these funds.</p>
<p>X. Medical Director/Med Management</p>	<p>There is a concern that psychiatrists are not learning about critical incidents that involve their patients. There is nothing in current DHHS contracts to address this.</p> <p>DHHS proposes requiring a medical director or doctor to oversee medication management at each agency.</p> <p>Comments/concerns/questions:</p> <ul style="list-style-type: none"> • This would not be a big deal for AMHC, which has a medical director. Response: So you're concern is their relationship to that agency? A. Correct. • If you have an independent contractor overseeing medication, do you need to work this into the contract? A. What DHHS is looking for is MD oversight. • Regarding resources: Rural areas don't have enough psychiatric support. I am concerned about the possible costs involved with this. If medical oversight isn't required by the licensing body, I'd be concerned with this requirement and would be opposed to it. A. We're not talking about that level of oversight. • You need to consider the loss time of a psychiatrist/medical director reviewing these as it will not be billable time.
<p>XI. CSN Attendance</p>	<p>Concern over lack of attendance at these meetings was raised by those present last month. A chart was passed out showing the attendance record of each agency/hospital in the CSN. Those present were reminded that each agency/hospital is only allowed three unexcused absences.</p> <p>Questions/comments:</p> <ul style="list-style-type: none"> • Harvest Inn Social Club is part of AMHC. AMHC is represented each month. Why is Harvest Inn reported as absent? A. DHHS' intent was that any club in a CSN would have a representative at the CSN meetings. The club should be representing as a consumer. • Community Care was left off the report. Please add. • What are the consequences for not attending? A. It's a DHHS OAMHS contract requirement with agencies. Failure to attend could result in the contract being terminated. The requirement for hospitals to attend is through MaineCare. • The CCSM is working on getting a consumer council representative for this CSN.

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	<p>Notices were sent out after the last meeting in regards to attendance. There is the option for an agency who provides minimal services to request to be excluded.</p>
<p>XII. Other</p>	<p>Employment Specialist Network Update</p> <ul style="list-style-type: none"> • Just completed one training and have a couple more through mid-June. • The Employment specialists for all 7 CSN's will hold a conference call to get things going. • Steady attendance by the ES in each CSN at the CSN meetings will begin in July. <p>Comment: What they are doing is very exciting.</p> <p>Long-Term Support (Employment) Q. What is happening to long-term support? A. DHHS is working with Maine Medical Center for the ES to take over long-term support.</p> <p>Feel free to contact Gayla if you want to utilize ES services. She can be reached by phone at 498-2528 or email at gdwyer@amhc.org</p> <p>Rehab Option, Targeted Case Management Q. Any news on the rehab option or targeted case management. A. There is nothing new to report at this time other than DHHS needs to define the pulling apart of CI services. We're looking for a discussion with providers. There is no set time frame yet. We need to do this before the PNMI changes.</p> <p>State Surplus Q. I heard on the news that the state now has a \$46 million surplus. Do you anticipate more funds being restored to AMH services? A. No.</p>
<p>XIII. Public Comment</p>	<p>There was no public comment.</p>
<p>XIV. Meeting Recap and Agenda for Next Meeting</p>	<p>ACTION: Sue will look at how much funds this CSN has used for past and report back to the group.</p>