

**Community Service Network 1 Meeting
Aroostook Community Action Program, Presque Isle, ME
June 26, 2008**

DRAFT Minutes

Members Present:

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> • Christine Brown, AMHC • Greg Disy, AMHC • Laura Rowland, Care & Comfort • David McCluskey, Community Care (via ITV) • Vickie McCarty, Consumer Council of Maine | <ul style="list-style-type: none"> • Mary Louise McEwen, DDPC (via ITV) • Vicky Hardy, Houlton Regional Hospital • Deborah Gray, Life by Design & ACES • Blair McCartney, Life by Design & ACES | <ul style="list-style-type: none"> • Danielle Perry, New Day Counseling • Sherri-Lynn Gagnon, Consumer Council of Maine • Katie Burby, MMC Employment Specialist-CSN 1 • Chris MacArthur, Harvest Inn Social Club |
|---|---|---|

Members Absent:

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> • Acadia Hospital (excused) • Community Mediation Services | <ul style="list-style-type: none"> • Kindred Spirits • NAMI-ME Families • Northern Maine General | <ul style="list-style-type: none"> • Northern Maine Medical Center • TAMC (excused) |
|---|---|---|

Alternates/Others present:

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> • Fred Bailey, Allies, Inc. (via ITV) | <ul style="list-style-type: none"> • Todd Hinson, Cary Medical Center | <ul style="list-style-type: none"> • Michelle McQuade Williams, Cary Medical Center |
|---|--|--|

Staff Present:

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> • Don Chamberlain, OAMHS | <ul style="list-style-type: none"> • Sue Lauritano, OAMHS (via ITV) | <ul style="list-style-type: none"> • Scott Bernier, USM Muskie School |
|--|--|--|

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. Enrollments/RDS Update	<p>Don reported on the progress of data entry for enrollments and RDS (Resource Data Summary) information. The statewide goal of having overdue entries under the 15% level has been met. Don further explained this covers only cases already in the system, not the substantial number that have never been enrolled.</p> <p>As of August 1, APS Healthcare will take over the enrollment and RDS process and download to the state's EIS/RDS system--thus eliminating the need for providers to enter data into both systems. At that point, the many missing enrollments must be entered into their system in order for providers to receive payment for services. This and the continuing stay reviews should result in current and accurate information</p> <p>Q. Is something going on between APS & RDS? A. APS has something set-up on their website, but it is not necessary to use it yet. You still need to use EIS for now.</p> <p>Comment: We have a concern about communications around the change as APS Healthcare pushes for updates from agencies weekly.</p> <p>ACTION: Don will have a clarification memo sent out in regards to the APS-RDS updates.</p>
IV. Unmet Needs Report	Participants received a multi-page report on the EIS/RDS enrollment and unmet needs data for the 3 rd Quarter of FY 2008

Agenda Item	Discussion
	<p>(Jan-Mar) prepared by Helen Hemminger of the Muskie School in conjunction with OAMHS.</p> <p>The group reviewed the materials, and noted that most of the changes between Qtr 2 and Qtr 3 probably reflect data cleaning and better reporting. Also noted: CSN 1 has the highest enrollment percentage in the state at 89%.</p> <p>Don requested feedback on the effectiveness of the color-coding and/or comments/questions.</p> <p>Q. How will the Department use this information? A. This drives the Consent Decree for budget resources. When we work on the budget in the fall, we'll use this data to justify budget requests to help reduce these unmet needs. Per the Consent Decree, we need to make a good faith effort to reduce to get the funding for unmet needs whether or not the legislature and governor approve those requests.</p> <p>Q. What does this graph suggest for CSN 1? A. We have fewer unmet needs here than in other CSN's. In DHHS, we need to ask, "What is the threshold number in unmet needs where we need to request additional resources to help reduce a specific unmet need?" and then determine which CSNs would get those resources.</p> <p>Q. What is the time frame for an unmet need report? A. The RDS is reviewed every 90 days. The system is programmed to determine if a need is unmet according to specific time parameters for each service category.</p> <p>Q. Is there a way to run some statistical analysis on the data on page 4 to show statistically significant changes rather than a percentage change? A. Sue will follow-up on this.</p> <p>ACTION: Sue will follow-up with Helen to run the requested statistical analysis.</p> <p>Q. We need a definition of unmet needs. For example, if I have a VW and I want a Volvo, is that an unmet need? Or if I share an apartment, but want my own apartment, is that an unmet need? A. DHHS is first focusing on getting cases up-to-date in the system and will then concentrate on improving the quality of the information.</p> <p>Q. If a consumer reports an unmet need to their case manager and the case manager doesn't think its unmet, how many of these make it up the ladder? A. It's based on consumer choice in the ISP. If the consumer doesn't report it on the ISP, then it isn't reported.</p> <p>Comment: It sounds to me that there are needs versus wants. The case manager is supposed to understand the difference and will help the consumer with their wants after their needs are taken care of.</p> <p>Comment: There is no indication in this data of our lack of resources to provide medication management, even though we've discussed this need at past meetings. Response: Agencies who do this service, please look at those you have enrolled and see if they have medication management.</p>

Agenda Item	Discussion
<p>V. Review of Crisis Data & Crisis Consolidation Process</p>	<p>Members received copies of Adult Mental Health Crisis Reports for the 3rd Quarter of State Fiscal Year 2008, including: 1) the statewide summary for all providers of adult crisis services, 2) individual data “face sheets” for each provider in the state, and 3) data packet(s) for the crisis provider(s) in their CSN (AMHC in CSN 1).</p> <p>Don noted that labels were accidentally omitted on the graphs for CSN 1 and that those labels would be added to future copies of the report. Percentages will also be added to the face sheet of the reports in the future. Don explained the reports:</p> <ul style="list-style-type: none"> • It is an account of telephone calls and face-to-face contacts. The face-to-face contacts generated most of this data. • A question that has been raised in other CSNs: People with community support workers should have a wellness plan so that if/when there is a crisis, that plan can be used to help deal with the crisis. This report does not reflect that this is happening. • We don't have data of those seen in the ER who waited longer than 8 hours. It sometimes takes longer than 8 hours before medical clearance is provided so they can be evaluated. • We're still working on a definition of 'disposition.' • Crisis provider agencies will begin to receive these reports monthly. The CSNs will continue to receive them quarterly. <p>Comment: At AMHC, the time is counted only after medical clearance in ER. Response: Most crisis providers do as AMHC does in calculating the time.</p> <p>Q. How do you define medical clearance? A. There are no major physical medical problems with the patient.</p> <p>Q. Do you know how long 8 hours feels like? A. It is a long time. Time when you arrive at ER to the time of medical clearance is not counted in this report. Also not counted is the time it takes to get a person admitted to a crisis bed once it is determined that the person needs to be admitted.</p> <p>Comment: Our standard at AMHC is not 8 hours. We do it as quickly as we can.</p> <p><u>Crisis Consolidation Plan</u> <i>(For clarity, the notes below may contain information provided at other CSN meetings.)</i> Don reviewed the upcoming work on crisis services statewide and reported on current and future activities. Don informed that OAMHS will contract with current crisis providers as usual for the first eight months of FY 09. Beginning March 1, the new consolidation plan must be implemented and new contracts will be issued based on that.</p> <ul style="list-style-type: none"> • The original RFP plan for one provider per district was replaced with a proposal that all crisis providers, crisis stabilization unit providers, and hospitals within each district work out the savings and system consolidation/integration features by means of MOUs (Memorandums of Understanding). • The Department has established a work group to determine the parameters of crisis services and establish the distribution of funds per district. The six-member work group consists of a two staff from OAMHS, two from Children's Services, one family member, and one consumer. • After the work group completes its tasks, the providers will hold meetings to work out the delivery of the services in their district by developing proposed MOUs amongst themselves. The Department will not be involved until the

Agenda Item	Discussion
	<p>proposals come back—due January 2009.</p> <ul style="list-style-type: none"> • Other CSNs recommended more provider and consumer input, and OAMHS has decided that the work group will seek provider information from each CSN in order to better understand how and why the current system operates as it does, both organizationally and financially. More consumer input by district will also be solicited. <p>The original goal was to get the work group’s information out by August 1, but that date is pushed back to September 1. More information is forthcoming.</p>
VI. Consumer Council Update	<p>Vicki introduced Sherri-Lynn Gagnon, who will be the new Consumer Council System’s Representative for CSN 1. Sherri-Lynn will provide future updates.</p> <p>Vicki provided the update:</p> <ul style="list-style-type: none"> • We appreciate the support we have been receiving from our allies. AMHC and other providers in CSN 1 have been very supportive. Aroostook’s support is extraordinary. • The Statewide Consumer Council (SCC) is still looking for an executive director. The preferred candidate has taken another position. • The SCC had a two-day retreat to go over policies and procedures and to produce an application process for consumers to serve on committees. • The Local Council in Caribou is meeting monthly. They plan to hold a survivors “shindig/BBQ” in August to get consumers and providers to meet together and discuss needs.
VII. Legislative Session January 2009	<p>The next biennial budget will be talked about starting in August. If members have concerns or ideas for specific bills, please bring them up at these meetings or get them to Elaine Ecker at eecker@usm.maine.edu.</p>
VIII. Community Integration & ACT Funding	<p>Don explained the process for accessing general funds for Community Integration (CI) and ACT services, beginning August 1: <i>(Please note: For clarity and consistency, the notes below include some information given at other CSN meetings).</i></p> <ul style="list-style-type: none"> • OAMHS chose not to assign dollars to agencies as in the past, but to pool the funds and disburse on a case-by-case basis. • All CI providers will have access to the funds. CI provider contracts will contain a “not to exceed” dollar amount—a technical fiduciary requirement in order to disburse funds for those services. The amount may be amended, if necessary. • The process is to apply through APS Healthcare and register for prior authorization (PA) in the same way it is done for MaineCare services. APS will give the PA and do reviews for continued services. The difference is the payor—providers will bill OAMHS and OAMHS will match the authorization with the invoice and process payment. • OAMHS is working to finalize the eligibility criteria list--so far it includes: <ul style="list-style-type: none"> ○ People coming out of hospitals ○ People coming out of jails ○ People coming out of CSUs (crisis stabilization units) ○ People on spend-down with income under 150% of poverty level ○ People on SSI/SSDI under 150% of poverty level • APS will screen for eligibility using the final criteria list.

Agenda Item	Discussion
	<ul style="list-style-type: none"> • Dollars will be distributed by CSN, by the number of people with SMI (severe mental illness). This number will be calculated using the population of adults and the percentage of the population that is expected to have SMI, as determined by the National Institutes of Health. • Small amount for Daily Living Skills is included in this funding pool. <p>IMPORTANT: People already receiving grant-funded CI services will continue to do so in the usual manner through the end of July.</p>
IX. Other	<p>Employment Initiative Katie explained and distributed copies of the “Need for Change” tool. Using this survey, clients self-rate to determine how satisfied or dissatisfied they are with their current employment or education. Based on the responses to the survey, she will then meet with those who want to make changes.</p> <p>Q. Will you also distribute this survey to Allies, Inc. in Bangor? A. She will send it to Elaine Ecker to distribute to all of CSN 1.</p> <p>Katie is currently concentrating on AMHC consumers, but other agencies can use her service. Please contact her or Gayla Dwyer to make arrangements. Katie has a counterpart in CSN 2 (Bangor), Cheryl Bowens, who is hosted at the Charlotte White Center. The same survey/referral form is being used statewide.</p> <p>Q. Has the employment service network met yet? A. No, we’re working on a date that works for the group.</p> <p>Q. Have consumers inquired to be on the group? A. Gayla would be better able to answer this question.</p> <p>Other Feedback It’s nice to see data coming back to providers that is relatively user-friendly. Thank you.</p> <p>July Meeting Those present voted in favor of taking July off. The next meeting for this CSN will be August 28.</p>
X. Public Comment	There was no public comment.
XI. Meeting Recap and Agenda for Next Meeting	<p><u>Meeting Recap</u> See ACTION items above.</p> <p><u>August Agenda</u> Legislative Session January 2009 Consumer Council System Update</p>