

**Community Service Network 2 Meeting
Dorothea Dix, Bangor, Maine
August 14, 2007**

Approved Minutes

Members Present:

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| <ul style="list-style-type: none"> • Melinda Davis, AIN • Debra Henderlong, Allies Inc. • Behavioral Health Center • Richard Brown, Charlotte White • David McCluskey, Community Care • Kay Carter, CHCS • Jeremy Ashfield, Families United • Susan Buck, Fellowship Health Resources | <ul style="list-style-type: none"> • Bob Mathien, Maine Mental Health Connections • John Spieker, Mayo Regional Hospital • Sue Rouleau, MDI Behavioral Health • Judy Provencher, Medical Care Development • Scott Dufour, NFI North • Charles Tingley, NOE • Kathy Smith, OHI • Michael Corbin, Penobscot Valley Hospital | <ul style="list-style-type: none"> • Barbara Kerrigan, Phoenix MH Services • Sharon Dean, Sunrise Opportunities • Susan Romero, Wabanaki • Lydia Wright-Richard, Together Place • Vickie McCarty, TPG • John Edwards, WCPA • Trish Niedorowski, Wings |
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Members Absent:

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| <ul style="list-style-type: none"> • Acadia Hospital (excused) • Amicus • Bangor Counseling Center (excused) • Blue Hill Memorial Hospital • CA Dean Memorial Hospital | <ul style="list-style-type: none"> • Calais Regional Hospital • Care & Comfort • Community Mediation Services • Down East Community Hospital • Maine Coast Memorial Hospital | <ul style="list-style-type: none"> • Maine Vocational Associates, Inc. • NAMI-ME Families • Regional Medical Center at Lubec • St. Joseph Hospital |
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Alternates/Others Present:

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| • Mary Dunn, Charlotte White | • Linda Catterson, NFI North | • Bonnie-Jean Brooks, OHI |
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Staff Present: DHHS/OAMHS: Ron Welch, Donald Chamberlain, Leticia Huttman, Darren Morgan, Scott Kilcollins, Mary Louise McEwen. Muskie School: Elaine Ecker.

Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Darren opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	The June minutes were approved as written.
III. Provision of public mental health services	<p>Discussion of Eligibility Categories by service areas for public funding</p> <p>Ron explained that OAMHS is making its first attempt to more clearly define the non-Class member population who will be eligible to receive publicly funded mental health services, noting that system must respond equally to both Class members and those that are not Class members but need the same level of services. OAMHS is looking at the enrollment criteria for Section 17 MaineCare services in clarifying the target population eligible to be served by general (grant) 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. Don noted that two groups will be added based on previous CSN feedback: 1) people in jail, and 2) people hospitalized in IMDs.</p> <p>Major areas of discussion:</p> <ul style="list-style-type: none"> • "Applied for MaineCare disability" includes the entire appeal process. • Rights of Recipients, i.e. that no person will be denied just on ability to pay? • Rate reductions make it very difficult for agencies to offer sliding fee.

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	<ul style="list-style-type: none"> • Being above the low level of income and assets for MaineCare eligibility still leaves many unable to pay for services, and nominal payments don't cover costs. • Networking with community agencies already doing proof of income, e.g. fuel assistance. • Consider adding exception for married people on SSDI whose income level makes them ineligible for MaineCare? • Need to look at total financial picture—there are people whose meds are so expensive that it offsets a relatively good income. <p>Distribution of grant funds</p> <p>Ron also informed the group that OAMHS will be changing the distribution of its general (grant) funds. The current distribution has evolved over time for a variety of reasons and the result is not equitable. OAMHS also needs to ensure the services being purchased meet the priority needs of the target population.</p> <p>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. Ron said OAMHS will have a concrete proposal for the October CSN meetings, and it will go through a full discussion process before going into effect FY2009.</p> <p>Questions/Comments:</p> <ul style="list-style-type: none"> • So will draw down on funds as fee for services for particular clients? Yes. Regional Team Leaders will manage the purse. • How often will you do a statistical analysis of eligibility to determine numbers and percentages? At least annually. • Ultimately, agencies will have to determine if they can afford to serve people for free or reduced rates. • Member cautioned: If one CSN chooses a priority service and an adjacent CSN chooses another, that might start moving people around in order to get grant-funded service... • Grant funds are not yet under the ASO, just MaineCare. Discussion will begin later this fall about the ASO and grant funds. <p>Send any other comments or feedback to Elaine.</p>
<p>IV. Policies and procedures for 24/7 availability of information</p>	<p>Don reviewed the policy requirement for establishing protocols between agencies as listed below and providing copies to OAMHS:</p> <ol style="list-style-type: none"> 1. Community support agencies – crisis agency 2. Crisis services – area hospitals 3. ACT Team – crisis agency 4. ICM Program – crisis agencies <p>Protocols missing from: Sweetser, Acadia, Community Care, and OHI; also between crisis and receiving hospitals; and ACT Team and crisis (for when client bypasses ACT Team and calls crisis directly).</p> <p>ACTION: Corey from WCPA will touch base with any missing providers.</p>

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<p>V. Outcomes and Performance Measures for CSNs: What is our purpose? What are we trying to accomplish?</p>	<p>Don 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. Don indicated that individual CSNs may choose to add items to those listed in the memo.</p> <p>Discussion areas:</p> <ul style="list-style-type: none"> • Need for clear definitions of measures and outcomes. • Consistent, appropriate data collection. • Focus and data re: ICM program (priority populations—jails, IMDs, homeless). • Data sources: <ul style="list-style-type: none"> ○ OAMHS will provide all of the Basic Data for each CSN. ○ “Increase in % of people with improved level of functioning...” measured by the LOCUS (Level of Care Utilization Service) assessment tool used annually in re-enrollment. ○ “Increase in % of people with social supports and community connectedness” is not easily measured or tracked and will require more definition; peer services and community supports will be included. ○ “Decrease in % of people...readmitted within 30 days post discharge.” Readmission to the same hospital is already tracked—a system needs to be devised to track readmissions to different hospitals. 											
<p>VI. Actions/Work Plans 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 met from the Standards Summary Sheet handout from the August 1st Quarterly Report, in addition to measures and outcomes in the Welch memo above. The group engaged in a long, varied discussion on several of the standards, impact of the ASO, concerns about service cuts and gaps, possible tasks, etc.</p> <p>They listed the following possible areas for focused work:</p> <ol style="list-style-type: none"> 1. Standard 18, Hospitalization 2. Standards 5 & 7, Timeliness of ISP 3. Baseline of data for CSN related to ASO impact 4. Review and identification of MH services <ol style="list-style-type: none"> a. Redundancy – state/non-state providers b. Consideration of transfer to private sector c. Fiscal savings to be credited back 5. Outpatient & Med Management re: Sweetser closings 6. Med management in Washington County 7. What CSN wants to do with peer services <p>Members established the following work groups:</p> <table border="1" data-bbox="539 1208 1990 1481"> <thead> <tr> <th data-bbox="539 1208 900 1268">Outpatient</th> <th data-bbox="909 1208 1262 1268">Washington Co Med Mgmt</th> <th data-bbox="1270 1208 1623 1268">Hospital/ISP- Standards 5, 18</th> <th data-bbox="1631 1208 1990 1268">Review of State-Provided Svcs</th> </tr> </thead> <tbody> <tr> <td data-bbox="539 1268 900 1481"> <p>Debra Henderlong, Barbara Kerrigan</p> <p>Issues: Sweetser closings, LCPC, Dual-Eligible reimbursement.</p> </td> <td data-bbox="909 1268 1262 1481"> <p>Kay Carter, John Edwards, Bonnie Brooks, Vickie McCarty</p> <p>Issues: Loss of professionals, maintaining rural psychiatric practice.</p> </td> <td data-bbox="1270 1268 1623 1481"> <p>Melinda Davis (will recruit help?)</p> <p>Issues: CSW assignment; ISP completion; ISP to hospital; CSW in discharge planning.</p> </td> <td data-bbox="1631 1268 1990 1481"> <p>Chuck Tingley, Mary Louise McEwen, Darren Morgan</p> <p>Issues: Redundancy; transfer to private sector; fiscal savings credited back.</p> </td> </tr> </tbody> </table>				Outpatient	Washington Co Med Mgmt	Hospital/ISP- Standards 5, 18	Review of State-Provided Svcs	<p>Debra Henderlong, Barbara Kerrigan</p> <p>Issues: Sweetser closings, LCPC, Dual-Eligible reimbursement.</p>	<p>Kay Carter, John Edwards, Bonnie Brooks, Vickie McCarty</p> <p>Issues: Loss of professionals, maintaining rural psychiatric practice.</p>	<p>Melinda Davis (will recruit help?)</p> <p>Issues: CSW assignment; ISP completion; ISP to hospital; CSW in discharge planning.</p>	<p>Chuck Tingley, Mary Louise McEwen, Darren Morgan</p> <p>Issues: Redundancy; transfer to private sector; fiscal savings credited back.</p>
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	<p>VOTE: After discussion, members voted not to meet in September as a full CSN, but to concentrate on the work group tasks.</p> <p>In the process of developing a work plan, members also discussed:</p> <ul style="list-style-type: none"> • The <i>Bangor Daily News</i> reported that Sweetser (formerly Protea) has closed its offices, resulting in a loss of outpatient and medication management services. OAMHS was not notified and neither were other providers that serve some of the same clients. • Kay reported on several significant changes regarding psychiatric services in Washington County, further impacting an already difficult situation with med management. She stated that changes in FQHCs (Federally Qualified Health Centers) are affecting our target population. • Bonnie asked for the Department’s assessment on a particular CMS (Center for Medicare/Medicaid Services) matter. Ron said they were consulting with “Bob Glover and company” before taking a stand—and would be ready to discuss their position at the September meeting. • The peer services subcommittee will report out on work already done and have discussion at the next meeting.
VII. Impact of Rate Changes	<p>In addition to the discussion above re: Sweetser closings, the following comments were made about rate change impacts:</p> <p>AIN: Heard from many consumers early on, nothing recently. OHI: Wait and see now—October will be a good time to get a take on this.</p>
VIII. Consent Decree Quarterly Report of August 1, 2007	<p>Members received the full Quarterly Report via email for review.</p>
IX. Consent Decree Report of July 13, 2007: Gaps in Service by CSN	<p>Ron explained that OAMHS was required to submit a report of major gaps in core services to the Court Master on July 13, using information currently available, including gaps identified by CSNs in their meeting minutes. The report is “not yet as data-driven as it will be,” he said, eventually informing budget requests. Peer services and crisis stabilization were identified as gaps for many CSNs, with Medication Management and Vocational Services identified as Statewide gaps.</p> <p>A question was raised about the peer services position listed in the gap report for this CSN. The peer services subcommittee submitted its recommendations to the full CSN meeting several months ago, but the CSN has not discussed them or made any formal recommendation to OAMHS.</p> <p>The WCPA/Sunrise CSU plan received funding as noted in the gap report.</p>
X. Other	<p>Consumer Council Update</p> <p>Vickie McCarty reported on the current progress of the Consumer Council System of Maine (CCSM). She said that regional meetings were held last week, and elections to the Statewide Council were held, filling 15 of the 21 seats. Still need one consumer from this area and an at-large representative. The Statewide Council meeting is scheduled for Wednesday, Aug. 22, from 10:00 – 3:30 in Riverview’s Sebago Room. The next regional meeting will be held on September 28, 1-4 p.m., at the Bangor Motor Inn.</p>

Agenda Item	Presentation, Discussion
	<p>ASO (Administrative Services Organization) The ASO contract was awarded to APS from Maryland. There were no appeals. Comments from providers and state mental health authorities have been positive in all 26 states that APS serves. Hopefully, the contract will be signed in early September and be operational in November.</p> <p>Workgroups: Administrative Burden, Systems Redesign, Rate Standardization Members received 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	None
XII. September Agenda Items	No meeting in September. October agenda items: Reports from work groups, grant funding distribution proposal