

**Community Service Network 2 Meeting  
Dorothea Dix, Bangor, Maine  
January 24, 2007**

**Approved Minutes**

**Members Present:**

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| <ul style="list-style-type: none"> <li>• Annette Adams, Acadia Hospital</li> <li>• Melinda Davis, AIN</li> <li>• Debra Henderlong, Allies Inc.</li> <li>• Theresa Oliver, Bangor Counseling Center</li> <li>• William Donahue, Behavioral Health Center</li> <li>• Andrea McGill-O'Rourke, Blue Hill Memorial Hospital</li> <li>• Tammy Smith, Care &amp; Comfort</li> <li>• Mary Dunn, Charlotte White</li> <li>• Tiffany May, Community Care</li> <li>• Kay Carter, CHCS</li> <li>• Bambi Magaw, Community Mediation Services</li> </ul> | <ul style="list-style-type: none"> <li>• Mary Louise McEwen, Dorothea Dix</li> <li>• Nichole Proulx-King, Families United</li> <li>• Jacquelyn Dodge, Fellowship Health Resources</li> <li>• Denise Card, Kidspeace</li> <li>• Robert Mathien, MMHC</li> <li>• John Spieker, Mayo Regional Hospital</li> <li>• Betty Foley, Medical Care Development</li> <li>• Kim Thebault-Spieker, Millinocket Hospital</li> <li>• Joanne Marian, NAMI-ME Families</li> <li>• Linda Catterson, NFI North</li> </ul> | <ul style="list-style-type: none"> <li>• Charles Tingley, NOE</li> <li>• Kathy Smith, OHI</li> <li>• Michael Corbin, Penobscot Valley Hospital</li> <li>• Cassandra Redwine, Phoenix MH Services</li> <li>• Judy Street, St. Joseph Hospital</li> <li>• Sharon Dean, Sunrise Opportunities</li> <li>• Sharon Tomah, Sweetser/Wabanaki</li> <li>• Lydia Wright-Richard, TPG</li> <li>• Dr. Robert Miller-Tinch, Together Place</li> <li>• John Edwards, WCPA</li> </ul> |
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**Members Absent:**

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| <ul style="list-style-type: none"> <li>• Amicus</li> <li>• CA Dean Memorial Hospital</li> <li>• Calais Regional Hospital</li> </ul> | <ul style="list-style-type: none"> <li>• Down East Community Hospital</li> <li>• Maine Coast Memorial Hospital</li> <li>• Maine Vocational Associates, Inc.</li> </ul> | <ul style="list-style-type: none"> <li>• Nancy Patterson, MDI Behavioral Health Care (excused)</li> <li>• Regional Medical Center at Lubec</li> </ul> |
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**Others Present:**

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| <ul style="list-style-type: none"> <li>• Tom Lynn, CHCS</li> <li>• Marjorie Snyder, Dorothea Dix</li> <li>• Judy Provencher, Medical Care Development</li> </ul> | <ul style="list-style-type: none"> <li>• Scott Dufour, NFI North</li> <li>• Sharon Greenleaf, NOE</li> </ul> | <ul style="list-style-type: none"> <li>• Bonnie-Jean Brooks, OHI</li> <li>• Cindy Fagan, Sweetser</li> </ul> |
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**Staff Present:** DHHS/OAMHS: Don Chamberlain, Marya Faust, Darren Morgan. Muskie School: Elaine Ecker, 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 12 minutes were unanimously approved.
III. Meeting Schedule	2007 meeting schedule: Second Tuesday of every month, 1 p.m. to 4 p.m. Next meeting: February 13.
IV. CSN Participation	Don reported on the return rates for signed contract amendments, CSN Memorandum of Understanding, and the hospital MaineCare Provider Agreements.  In CSN 2, the following documents were outstanding: <ul style="list-style-type: none"> <li>• Allies: MOU (Representative from Allies said the MOU had been sent in. Don said OAMHS will check on it.)</li> <li>• Amicus: MOU</li> <li>• Bangor Counseling Center: MOU</li> </ul>

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	<ul style="list-style-type: none"> <li>• Dean Memorial Hospital: MOU</li> <li>• Calais Regional Hospital: MOU and Hospital Provider Agreement</li> <li>• Community Care: MOU</li> <li>• DownEast Community Hospital: MOU and Hospital Provider Agreement</li> <li>• Eastern Maine Medical Center: MOU and Hospital Provider Agreement</li> <li>• Mayo Regional Hospital: Provider Agreement (Representative thinks that it was sent in. Will double check.)</li> <li>• Millinocket Regional Hospital: MOU and Provider Agreement (Representative will resend.)</li> <li>• NFI: MOU</li> <li>• Penobscot Valley Hospital: MOU and Provider Agreement</li> <li>• WCPA: MOU (Representative will check, thinks that MOU was sent.)</li> </ul>
<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>Discussion:</p> <ul style="list-style-type: none"> <li>• Members discussed that the rate standardization would have a substantial impact on community-based services. Under rate standardization, some agencies will see their rates increase while others will decrease.</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</p>



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	<p>the community.</p> <ul style="list-style-type: none"> <li>Participants also discussed how the CSNs would be involved in discussion around the Resolve. Members were encouraged to attend to public hearings, and this item will be included for discussion on the February CSN agendas.</li> </ul> <p><b>ACTION:</b> OAMHS will send draft plan to CSN members when released to the public.</p>																				
<p>IX. Adequate geographical coverage and resource gaps</p>	<p>Marya presented 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>10,337 in CSN 2 (Hancock, Penobscot, Piscataquis, Washington).</li> </ul> <p>Marya explained 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>Participants received a handout detailing this plan, listing the following schedule:</p> <table border="1" data-bbox="422 732 1757 878"> <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>Discussion:</p> <ul style="list-style-type: none"> <li>A member asked if the criteria for SMI could be provide to the group.</li> <li>Another member asked if the above data would be compared to unmet needs followed by a redistribution of funding. Marya responded that the Consent Decree requires the Department to look at an array of services by geographic area and to recognize gaps. This is an ongoing process to increase awareness both of what’s available and what’s missing. The next step is to look at comparisons between CSNs and at individual CSN’s capacity and utilization rates.</li> </ul> <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 \$95,812 covers CSN 2 for a social club/peer center (Maine Mental Health Connections Together Place) and local warmline services.</li> <li>Using the federal rate of 5.4% of population having SMI (10,337 in CSN 2), total per person peer support funding is \$9, the lowest among the seven CSNs.</li> <li>The funding level for peer centers/social clubs in CSN 2 is \$8 per person, again the lowest.</li> </ul> <p>Comments/Discussion:</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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	<ul style="list-style-type: none"> <li>• Why such a disparity in funding throughout the state? Marya explained that the peer services were not funded sequentially, and also developed regionally at various times, in various ways.</li> <li>• It could be useful to use some funding to develop standards around existing social clubs in terms of their recovery orientation.</li> <li>• Suggest looking at data on how many Consent Decree Class members live in CSN 2 and how the needs spread out across the geographic region.</li> </ul> <p>Other:</p> <ul style="list-style-type: none"> <li>• Community Health &amp; Counseling Services (CHCS) is developing a new ACT Team which will help address the needs of those mentioned at risk of falling through the cracks: such as people who are discharged, have medications, but are not connected with services, go off medication and lose control.</li> </ul> <p><b>ACTION:</b> Members will make recommendations around peer services in CSN 2 at the February meeting.</p>
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>• 6 crisis beds located in CSN 2 (Community Health &amp; Counseling Services)—Number corrected to 8 beds, per CHCS.</li> <li>• 79% utilization rate</li> </ul> <p><b>CHCS Adult Crisis Stabilization Unit (CSU)</b> Tom Lynn, of CHCS, presented data and description of their CSU, noting the improvements of the new facility over the former one.</p> <ul style="list-style-type: none"> <li>• New building has all single bedrooms, a larger living room, and better sight lines.</li> <li>• All rooms are ADA accessible.</li> <li>• 8 beds, with 90 to 95 percent occupancy.</li> <li>• New unit can serve 52 people per month.</li> <li>• Staff qualifications were also increased; a clinician came on board, and nursing hours increased.</li> <li>• Average length of stay: 4.4 or 4.5 days</li> <li>• The single bedrooms provide greater flexibility around gender, and the ADA accessibility means that a broader population can be served.</li> </ul> <p>Further data questions arose at this (and subsequent CSN February meetings around the State), and OAMHS will ask CSU providers to provide this data.</p> <p><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.</p> <p><b>ACTION:</b> Members will make recommendations around crisis stabilization services in CSN 2 at the February meeting.</p> <p><b>Acadia Hospital Observation Beds</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.</li> <li>• In June of 2006, the hospital operated at 90 percent capacity. Capacity ranged from 96-100 percent until October of 05 when</li> </ul>

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	<p>the unit added two beds.</p> <ul style="list-style-type: none"> <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>• Fifty percent of admissions come from Penobscot County, where Acadia is located.</li> <li>• The next highest percent, 8.4 percent, come from Kennebec 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>• A member asked if substance abuse was affecting the operations of the short stay unit. Annette said that substance abuse is absolutely affecting the program and its turn away rate. Regarding substance abuse, "It's a straight incline up." Members discussed that the substance abuse epidemic is affecting their residential programs as some don't have detox capacity and have to screen for that.</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>Discussion:</p> <ul style="list-style-type: none"> <li>• A member asked how the medical piece fit into the new protocols. Mary Louise said that patients still need medical clearance before being referred.</li> </ul>
<p>XIII. Update on vocational initiatives</p>	<p>The mandatory vocational training for Community Support Workers has been scheduled around the state for late February and early March.</p>
<p>XIV. Public Comment</p>	<p>None.</p>

<b>Agenda Item</b>	<b>Presentation, Discussion, Questions</b>
XV. Plan for February meeting	Next meeting: Feb. 13, 1-4 p.m., at Dorothea Dix, Old Auditorium.
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> <p>Other agenda items: email to Elaine Ecker at <a href="mailto:eecker@usm.muskie.edu">eecker@usm.muskie.edu</a>.</p>