

**Community Service Network 2 Meeting  
Dorothea Dix, Bangor, Maine  
October 9, 2007**

**Approved Minutes**

**Members Present:**

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| <ul style="list-style-type: none"> <li>• Annette Adams, Acadia</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>• Beth Brown, Care &amp; Comfort</li> <li>• Mary Dunn, Charlotte White</li> <li>• Joe Pickering, CHCS</li> <li>• David McCluskey, Community Care</li> </ul> | <ul style="list-style-type: none"> <li>• Bambi McGaw, Community Mediation Services</li> <li>• Alan Algee, Dirigo Counseling</li> <li>• Jeremy Ashfield, Families United</li> <li>• Bob Mathien, Maine Mental Health Connections</li> <li>• John Spieker, Mayo Regional Hospital</li> <li>• Sue Rouleau, MDI Behavioral Health</li> <li>• Betty Foley, Medical Care Development</li> <li>• Joanne Marian, NAMI-ME Families</li> </ul> | <ul style="list-style-type: none"> <li>• Jenny Howard, NFI North</li> <li>• Charles Tingley, NOE</li> <li>• Kathy Smith, OHI</li> <li>• Joan Yeaton, Sunrise Opportunities</li> <li>• Sharon Tomah, Wabanaki</li> <li>• Vickie McCarty, TPG/CCSM</li> <li>• John Edwards, WCPA</li> </ul> |
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**Members Absent:**

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| <ul style="list-style-type: none"> <li>• AIN (excused)</li> <li>• Allies, Inc.</li> <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>• Fellowship Health Resources (excused)</li> <li>• Maine Coast Memorial Hospital</li> <li>• Maine Vocational Associates, Inc.</li> <li>• Penobscot Valley Hospital (excused)</li> </ul> | <ul style="list-style-type: none"> <li>• Phoenix Mental Health (excused)</li> <li>• Regional Medical Center at Lubec</li> <li>• St. Joseph Hospital</li> <li>• Together Place (excused)</li> <li>• Wings</li> </ul> |
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**Alternates/Others Present:**

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| <ul style="list-style-type: none"> <li>• Michelle St. Louis, Behavioral Health Center</li> <li>• Tom Lynn, CHCS</li> </ul> | <ul style="list-style-type: none"> <li>• Judy Provencher, Medical Care Development</li> <li>• Sharon Greenleaf, NOE</li> </ul> |
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**Staff Present:** DHHS/OAMHS: Donald Chamberlain, 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 August minutes were approved as written. A member asked about follow-up on two items from the August meeting, as recorded in the minutes: 1) OAMHS position on the CMS Rehab Option rule change, and 2) proposed redistribution of grant funds. Don said OAMHS would provide documents on the Rehab Option and that the proposed grant funding redistribution plan is not yet completed.
III. Impact of Rate Changes	Update on closure of Sweetser/Protea outpatient services and Charlotte White's med management services in Bangor: Darren reported that Department representatives met with agencies and have gone through the list of affected clients. Most outpatient clients opted to stay with their clinicians, many of whom were hired by other agencies.
IV. Work Plan Subcommittee Reports	<p><b>Outpatient</b> No members of the Outpatient subcommittee were present to report.</p> <p><b>Washington County Med Management</b> John Edwards reportedly briefly, referring to a handout of an synopsis (prepared for Elizabeth Jones in 2006) of the last 15 years that gives a very good description of issues and what it's like to maintain rural psychiatric services. The goal is to have an update for this by next meeting, and he said he has been in contact with every agency providing med management</p>

Agenda Item	Presentation, Discussion
	<p>currently. Will have more discussion next meeting; in the interim feel free to call John or Kay with any questions.</p> <p><b>Hospital/ISP – Standards 5, 18</b> No members of this subcommittee were present to report. Melinda Davis is away at a conference.</p> <p><b>Review of State-Provided Services</b> Chuck Tingley reported that this subcommittee met twice and engaged in “fairly robust discussion, as you might expect,” with both state and agency people in attendance. \$14M needs to be saved in the next fiscal year, he said, and they want to “see the state step up to the plate,” and not expect community mental health to bear additional cuts. The committee will have suggestions at future meetings.</p> <p>A member mentioned that she suspects there may be redundancy re: training services offered by NAMI and by the state, specifically around peer services and family meetings. Don encouraged the member to discuss the specifics with the subcommittee, and noted that OAMHS has a contract with NAMI for training programs, CIT and other elements, but there shouldn't be any duplication.</p> <p>Members were asked to send any redundancy information to Chuck and the committee, particularly between the state and mental health centers. Chuck noted the committee has reached out to other CSNs, too.</p>
V. Psychiatric Advance Directives	<p>Members received a handout of research results done by Laura Wilder on Psychiatric Advance Directives (PADs). The research covers what's happening nationally and internationally with PADs and provides a good summary of the many complexities involved.</p> <p>OAMHS has been working with Helen Bailey of the Disabilities Rights Commission in an effort to move forward with PADs, but due to the many complex legal and other issues, agreement has not been reached. In the alternative, OAMHS is planning to proceed as follows:</p> <ol style="list-style-type: none"> <li>1. Develop and offer a basic training on PADs for consumers and providers, describing what they are and how they differ from Powers of Attorney, crisis plans, WRAP plans, etc.</li> <li>2. Explore establishing a pilot project in an area of the state where all pertinent parties are interested in being involved in working on this: consumers, families, hospitals, providers, legal. The Portland area is a possibility.</li> </ol> <p>Don Chamberlain said that contractual requirements for PADs are on hold.</p>
VI. Peer Services Forum: Final Report	<p>Members received a copy of the Peer Services Forums: Final Report, and were asked to review and be ready for discussion and possibly make recommendation(s) to OAMHS at the next meeting. Two key people, Melinda Davis and Lydia Richard, were away at a conference and not present for discussion.</p> <p>A member asked about the three proposals referred to in the Final Report, noting the report says they are attached but are not. Those proposals were previously supplied to members. There was also some question about whether budget information exists for any of the proposals. The Gap Report delivered to the Court Master on July 13, 2007, states that \$21,550 is in the FY08 budget for peer services in this CSN.</p> <p><b>ACTION:</b> Elaine will send the three proposals to members.</p>

Agenda Item	Presentation, Discussion
VII. Other	<p><b>Budget Work Groups Update: Administrative Burden, System Redesign, Rate Standardization</b></p> <p>Don reported that three work groups have been meeting regularly—with reports due early in November for both System Redesign and Administrative Burden. Don noted that the Administrative Burden work group will recommend that the new ASO take over responsibility for EIS enrollment—currently, providers will have to enter consumer in both ASO enrollment and EIS enrollment. The work group is also looking at licensing and regulatory redundancy. The work groups are sharing information.</p> <p>Don explained that Rate Standardization work group is meeting every 2-3 weeks, with their initial recommendations due by early January. He said the group has generally agreed to the approach/framework for rate setting, similar to that already used by the state in setting rates for FY08. Steps will be taken to compare rates of other similar other states (population and rural nature) and to drill down on other issues like supplements to rates, etc.</p> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• When looking at other states, will consider comparable training requirements and outcomes? Response: That hasn't come up yet, but will be looking into many different factors.</li> <li>• Hope they do a much, much more careful analysis than the state did earlier. Some states may have "lower rates," but they are subsidizing the services. Response: That issue has been well discussed in the work group. All of the stakeholders—state, providers, consumers—all agree on the need to get all of the pertinent information.</li> </ul> <p><b>CMS Rehab Option Rule Change</b></p> <p>Don said OAMHS had some initial views on the impact of the Rehab Option Rule change, but also said it is too early to know how it will play out. PNMI, community support services, and ACT could be impacted significantly. "Programming" costs (35%) may not be allowed in PNMI, and ACT may be "unbundled" to its component pieces and billing changed accordingly.</p> <p>A member suggested that the Department contact the National Council for Community Behavioral Healthcare to help bolster its position. OAMHS has related its concerns to the Commissioner's Office.</p> <p>The group engaged in a conversation about how some of these changes could affect consumers, and potentially increase contact with local law enforcement, if services are not available to meet their needs. The discussion resulted in a motion, which passed, as follows:</p> <p style="padding-left: 40px;">"The CSN will send a letter to sheriffs and police chiefs outlining in succinct fashion concerns about the Rehab Option and the presumed impacts in service delivery, and ask them [law enforcement officials] to make a public response."</p> <p><b>ACTION:</b> Bonnie Jean Brooks, Kay Carter, and Vickie McCarty will draft a letter for the CSN to review.</p> <p>Further discussion:</p> <ul style="list-style-type: none"> <li>• Member said he would like to know more about the Rehab Option as a CSN member, before sending a letter to law enforcement.</li> <li>• Aside from the Rehab Option, would like to discuss how changes since July 1 have impacted law enforcement and jails.</li> </ul>

Agenda Item	Presentation, Discussion
	<p>The suggestion was made at this and other points in the discussion that Steven Sherrets, the DHHS/DOC Criminal Justice Manager attend a future meeting to address these issues. Could also invite members of the Penobscot County “group.”</p> <p><b>ACTION:</b> OAMHS will try to provide succinct information on issues Department sees re: Rehab Option.</p> <p><b>CI Services for Wabanaki</b>  Sharon of Wabanaki was pleased to report that a new Community Support Worker will be stationed at Pleasant Point Indian Health Services Clinic. Adult Community Integration services will be available as of Nov. 1 to Native Americans within 50-miles radius of the clinic, including Indian Township.</p>
VIII. Public Comment	No comments were made by members of the public.
IX. Next Meeting Agenda Items	Work Plan Subcommittee Reports Peer Services Discussion/Recommendation CMS Rehab Option - Letter to Law Enforcement Legislative Budget Work Groups Update