

**Community Service Network 2 Meeting
Dorothea Dix, Bangor, Maine
March 11, 2008**

Approved Minutes

Members Present:

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| <ul style="list-style-type: none"> • Annette Adams, Acadia • Melinda Davis, AIN • Theresa Oliver, Bangor Counseling Center • William Donahue, Behavioral Health Center • Beth Brown, Care & Comfort • Richard Brown, Charlotte White Center • Kay Carter, CHCS • David McCluskey, Community Care | <ul style="list-style-type: none"> • Vickie McCarty, Consumer Council System of Me • Jill Peters, Dirigo Counseling • Jeremy Ashfield, Families United • Susan Buck, Fellowship Health Resources • Bob Mathien, Maine Mental Health Connections • Betty Foley, Medical Care Development • Linda Catterson, NFI North • Charles Tingley, NOE | <ul style="list-style-type: none"> • Kathy Smith, OHI • Michael Corbin, Penobscot Valley Hospital • Barbara Kerrigan, Phoenix Mental Health • Judy Street, St. Joseph Hospital • Sharon Dean, Sunrise Opportunities • Lydia Richard, Together Place • Janet Lewey, Wabanaki-Sweetser • John Edwards, WCPA |
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Members Absent:

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| <ul style="list-style-type: none"> • Amicus • Blue Hill Memorial Hospital • CA Dean Memorial Hospital • Calais Regional Hospital • Community Mediation Services | <ul style="list-style-type: none"> • Down East Community Hospital • Maine Coast Memorial Hospital • Mayo Regional Hospital • MDI Behavioral Health (excused) | <ul style="list-style-type: none"> • Millinocket Regional Hospital • NAMI-ME Families • Regional Medical Center at Lubec • Wings |
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Alternates/Others Present:

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| <ul style="list-style-type: none"> • Brent Bailey, Allies • Mary Dunn, Charlotte White Center | <ul style="list-style-type: none"> • Joyce Tyler, CWC Board Member • Helen Bailey, Disability Rights Center | <ul style="list-style-type: none"> • Judy Provencher, Medical Care Development • Bonnie Brooks, OHI |
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Staff Present: DHHS/OAMHS: Sue Lauritano, Mary Louise McEwen, Marjorie Snyder, Don Chamberlain, Leticia Huttman, Katharine Storer. Muskie School: Elaine Ecker, Cheryl LeBlond.

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| I. Welcome and Introductions | Don opened the meeting and introduced Sue Lauritano, who is filling in as Acting MH Team Leader in Region III. Other members and attendees introduced themselves around the room. |
| II. Review and Approval of Minutes | The minutes from the February meeting were approved. |
| III. Budget/Legislative | <p>Supplemental Budget FY09 Current Status - Pertinent Legislative Hearings, Work Sessions Don reported that the Legislature's Health & Human Services Committee (H&HS) will hold a public hearing on their sections of the Supplemental Budget on March 12 at 10:30 a.m. H&HS will present their decisions to the Appropriations Committee on Friday, March 15.</p> <p>Proposals to Address Additional Shortfall OAMHS has proposed the followings changes to help address the additional state budget shortfall reported last month (\$95M).</p> <p>▶ <u>Changes to Crisis Services - \$1.1M</u> Don explained that initially OAMHS proposed consolidating crisis services to one provider per district, which would provide</p> |

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| | <p>both adult and children's crisis services. This would have been done through an RFP (Request for Proposal) process and would save approximately \$1.1M. A different plan moving forward resulted from a meeting with representatives of the Southern Maine Behavioral Health Collaborative, the Maine Association of Mental Health Services (MAMHS), and the Maine Hospital Association. Instead of the consolidation/RFP process, current crisis and crisis stabilization unit providers will work together to find the \$1.1M in savings, formalizing their agreements through MOUs (Memorandums of Understanding).</p> <p>John Edwards stated MAMHS' position on changing crisis services: "At a time when every service in the State is in change, to change the safety net of whole system is inappropriate." However, as Don noted, MAMHS has agreed to the MOU plan.</p> <p>Discussion/Comments:</p> <ul style="list-style-type: none"> • Need careful analysis: look at usage, geography, etc. System is a <u>capacity</u> service, not fee for service. • We expect significant increase in crisis use due to cuts. Already seeing things begin to move in that direction. • MR cases—seen dramatic spike in over 8-hour stays in ER. • MR crisis service is smaller and more restricted—MH crisis services often first responder in MR cases, will stabilize until MR crisis worker arrives. • The crisis system has been developed locally over years of working together. • Judy Street of St. Joseph's Hospital stated that the number of people they see in their ER with substance abuse and/or mental health issues "astounds" her. They are also experiencing increasing violence and increasing difficulty staffing the ER because of safety issues. She said she would "speak loudly" in support of not changing the crisis system. <p>As a result of the discussion, the group passed by majority vote (with 2 opposed and 4 abstaining), the following position statement to be sent to the DHHS Commissioner and appropriate Legislators:</p> <p>CSN 2 POSITION STATEMENT: "This is not the time to make changes to the crisis system."</p> <p>ACTION: John Edwards will write up the statement and send it out as indicated.</p> <p>► <u>Outpatient rates/providers</u> Don said OAMHS has decided to open outpatient services to private practitioners--through agreements that will have some licensing requirements. Rates for private practitioners: \$55 per hour; licensed agencies: \$84 hour.</p> <p>Kay Carter stated the MAMHS position: That this should go through the rate-setting group process. Don said OAMHS made the same recommendation to the Department, but "it didn't fly."</p> <p>► <u>Elimination of ICI (Intensive Community Integration) Services</u> OAMHS position: Since ICI will have to be unbundled eventually and will cease to exist, do it now. Community Integration and Med Management services will still be available separately.</p> <ul style="list-style-type: none"> • How do you get med management for dual-eligibles [MaineCare & Medicare]? A. Not clear right now--legal opinions differ on this. <p>Other Proposed Changes</p> |

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| | <ul style="list-style-type: none"> • What about the elimination of five itinerant [DHHS] offices, including Calais and Lincoln? Does this affect people served through this CSN? A: Don said he hasn't been involved and really doesn't know. • What has become of OAMHS in the proposed restructuring of the Department? A: The most current proposal includes two main offices, one of which is the Office of Adult and Elder Services. Under that are four 'administrations:' 1) Aging, 2) Disability Services, 3) Mental Health, and 4) Substance Abuse. • Update on Targeted Case Management (TCM)? A: Changes to TCM are effective July 1. • Update on Rehab Option? A: Maine has joined a lawsuit with several other states. Perhaps may have a better chance of success on legal front, since President vetoes any legislative attempts to pass a moratorium. OAMHS is concerned about breakdown of personal care and treatment services; however, a lot of what currently happens in personal care could be structured/described as rehabilitation. No effective date yet, Don said, OAMHS is advising providers to "keep reading, understand, and prepare—it will hit." |
| <p>IV. Work Plan Subcommittee Reports</p> | <p>Washington County Med Management – John Edwards</p> <p>Don noted that the subcommittee submitted its report at last month's meeting; however, the CSN took no action regarding it. The following recommendation to OAMHS was motioned, seconded, and passed by majority vote.</p> <p>RECOMMENDATION: That OAMHS adopt the report as it was submitted with the recommendations included in it to stabilize medication management services in Washington County.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • A member noted that the need for program subsidy is a key component of the report. • A member questioned where CSN recommendations go—does anyone pay attention to them? A. Yes, OAMHS does. • Can the CSN expect OAMHS to respond to this recommendation next month? A: Yes. <p>ACTION: OAMHS will respond at the April meeting to the CSN's recommendations re: medication management in Washington County.</p> <p>Members continued discussion about how and with whom CSN recommendations are communicated within the Department and with other CSNs:</p> <ul style="list-style-type: none"> • Don said that some matters are internal to a CSN and OAMHS; some other matters may extend beyond to the Commissioner or legislators. • All CSN minutes are posted publicly; however, a member said, it's more meaningful and effective if recommendations and actions are shared directly with other CSNs. • It would be very helpful to know if other CSNs are making recommendations or taking actions—we might want to join in their efforts—work together. • We've been meeting for a long time and haven't taken stock of ourselves. At some point, CSNs should meet together to see how we can be more effective—clarify roles—figure out where we want to collaborate. • The main purpose of the CSNs is local problem solving, Don responded, adding that they were not organized to be a political entity. • Member's response: "If we seriously want to change the system, we have to address the drivers which are ubiquitous across the state," e.g. funding, policy, regulations. <p>Hospital/ISP – Standards 5, 18 – Melinda Davis</p> |

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| | <p>In Melinda’s absence, Lydia reported that the subcommittee has not met or had success in gathering information from State sources, as noted at the last CSN meeting. The purpose of the subcommittee is to find out why ISPs (Individual Service Plans) are not getting to the hospitals. Don suggested that hospital and community support providers volunteer to join Melinda and Lydia in this subcommittee, since they are more directly involved in this issue. Leticia also asked if the subcommittee could develop specific questions in terms of data.</p> <p>Annette Adams of Acadia, Janet Lewey of Wabanaki, Mary Louise McEwen of Dorothea Dix, and a representative from Charlotte White Center will join the subcommittee.</p> <p>ACTION: The subcommittee chair will arrange a meeting including the new members and report back at the next CSN meeting.</p> |
| <p>V. CI Consolidation Work Group</p> | <p>Richard Brown reviewed the motion passed at last month’s meeting, and ardently reaffirmed the disastrous effect this initiative will have on the system for very minimal savings.</p> <p>He welcomed and thanked Helen Bailey of the Disability Rights Center for being present at the CSN meeting. He reported that he’d met with Helen to learn more about the Consent Decree Plaintiffs’ view of this consolidation plan and to clarify the issues underlying their reported support for it. Richard distributed a copy of a letter Helen wrote in follow-up to their meeting, which detailed the history of CI services in light of the Consent Decree and also explained her many concerns with the present system and with the proposed consolidation plan.</p> <p>As to the Plaintiffs’ reported support of the CI consolidation plan, Helen said, “I was shocked to see that I support a plan. I did 16 years ago, but no one listened to me then.” She said they still think an independent CSW better assures objectivity, but dismantling the system now (16 years later) creates many new problems. She also stated, “If CSWs are not empowered, you haven’t changed anything.”</p> <p>She expressed fear and frustration with the system “moving in directions without addressing underlying issues,” and encouraged focusing on the <u>functions</u> that would be needed if the system changes. “I’m scared at the way [OAMHS] is approaching this,” she said.</p> <p>Joyce Tyler, 10-year Charlotte White Center board member, advocated for keeping the current system intact, saying, “Please don’t take away what we have now.”</p> <p>Additional Discussion Highlights:</p> <ul style="list-style-type: none"> • This proposal keeps moving along through the system—we have no champion—don’t know where to go to stop it. • OAMHS can’t make any changes—at present it’s the Health & Human Services Committee that will make its recommendation to Appropriations, Don said. • Members wondered why the DHHS Commissioner couldn’t come forward now and acknowledge it shouldn’t move forward, that it’s a bad idea. • Someone has to stand up and say this needs to stop because we do not know the impact of what we’re doing—Don’t expect that to happen. <p><u>Subcommittee Next Steps</u></p> |

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| | <p>ACTION: Richard will write a letter to the DHHS Commissioner and appropriate legislators on the CSN's position on the CI consolidation plan.</p> <p>After lengthy discussion, the CSN asked the subcommittee to work on developing a plan to improve CI services statewide—"to look at all existing pieces and design it so it works." Areas of focus identified (may not be complete list):</p> <ul style="list-style-type: none"> • Functionality. • How to make services flexible to accommodate consumers' needs—less disruption in consumer relationships. • Empowerment of CSWs. • Don: Include impending CMS changes—how to maintain some elements of current services in brokerage model. Define services in light of Rehab regulations—can make maintenance look like rehab service. Consider possibility of two services being delivered by same person. (Kay Carter responded that this "is very doable—less disruption of system.") • How to better integrate new CI providers into the system. <p>ACTION: The Subcommittee will begin the task described above and report progress at the next meeting.</p> <p>A member emphasized the importance of quality assurance in any plan and encouraged the committee to take that into consideration. Another member reminded that APS Healthcare is developing standards of care with a committee that includes providers and consumers—and encouraged investment in those efforts.</p> |
| VI. Peer Services | <p>Leticia opened discussion on this item by stating OAMHS' desire that a collaborative group help decide how to use the peer support development dollars (\$21,550) set aside in the FY 2008 budget, noting that the development work would happen outside the Bangor area in Piscataquis, Hancock, and Washington counties. She said they would like to meet with the peer services subcommittee, members of the Consumer Council System, and providers who would like to be allies in the effort. She said OAMHS needs direction on use of the funds before April.</p> <p>Several members indicated her request was unclear and asked for specific information on the three peer service proposals already submitted to OAMHS for consideration. "Are you saying the three proposals are rejected?" Leticia answered that those can't be funded, and OAMHS would like consensus on the using the development funds.</p> <p>Several other clarifying questions were asked about the outcome of the three proposals, about who was to be involved in the planning meeting Leticia described, about the short time frame left in FY 2008, and about where the funds could be held until decisions are made.</p> <p>Clarified information:</p> <ul style="list-style-type: none"> • There isn't enough funding for any of the three proposals. The funds are designated for development outside the Bangor area and two of the proposals were in Bangor. Need to look at different models of service that cost less and use existing resources. • Development includes staffing, organizing, program development and design. • \$21,500 could provide for ½ FTE or two ¼ FTEs to work in the communities. Perhaps providers around the areas could provide free space or other assistance. • Would like the current peer services subcommittee and other interested consumers and providers to collaborate with OAMHS. Meeting would need to happen before the next CSN meeting. • FY 2009 budget includes another \$21,550 for peer services in this CSN. |

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| | <p>Comments/Questions:</p> <ul style="list-style-type: none"> • It's a shame that these three proposals were done and not one could be used as a springboard. • A lot of work was done and there's a lot of disappointment that nothing can come of it. • How do you imagine the situation would be different after the development phase? • Could approach community entities that already do work in the community, such as UU churches, Kiwanis, existing social clubs, etc., to build community ownership and participation. • This is the old grassroots model. "I think [the funds] are going to be for stipends for x,y,z," rather than ½ or ¼ person. • How much weight is this new committee going to have on how this money is spent? <p>Vickie McCarty, as a member of the peer services subcommittee, said, "Right now, there's been a lot of wounding," and indicated the subcommittee needed to take the time to meet to heal and discuss their involvement in further collaboration. They will meet as soon as practical before the next CSN meeting.</p> <p>ACTION: The peer services subcommittee, consisting of Vickie, Melinda, Lydia, Bob, and Sharon Tomah, will meet soon and report their decision about future participation to OAMHS and the CSN.</p> <p>A motion was made, seconded, discussed, and passed by majority vote regarding a fiscal agent for the FY 2008 peer services funds:</p> <p>MOTION: That the Advocacy Initiative Network of Maine acts as fiscal agent of the \$21,550 in FY 2008 funds for peer services.</p> |
| VII. Consumer Council System Update | <p>Vickie McCarty, Region III Outreach Coordinator for the Consumer Council System of Maine, gave a brief update on the Council. The Statewide Council is "working together getting up to speed to be advisory to the system," she said, and characterized the Council system as "another resource to become allies."</p> <p>Vickie said she will be contacting providers to set up meetings with community support workers to let them know how they can be helpful in the development of local councils.</p> <p>She also was pleased to report that LD 1967 ["An Act To Establish a Consumer Council System of Maine Consistent with the AMHI Consent Decree and the State's Comprehensive Mental Health Plan"] was approved the Health & Human Services Committee and will now go before the House and Senate for approval.</p> |
| VIII. ICM Referral List | <p>Mary Louise McEwen explained that DOC-DHHS Diversion and Re-Entry Statewide Steering Committee is looking to develop an agency referral list for ICMs working in jails.</p> <p>ACTION: Any provider agency willing to provide med management or any mental health service to this population, please email Elaine at eecker@usm.maine.edu to be added to the referral list.</p> |
| X. Other | <p>DHHS Contract with Unisys No discussion on this item.</p> |
| XI. Public Comment | <p>Helen Bailey recapped her experience at the CSN meeting and encouraged the CSNs to develop a mission statement to</p> |

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| | help guide their focus. The key undertaking for the CSNs, as she sees it, is to identify the functions needed and how to provide them—not saving existing service models. |
| XII. Agenda for Next Meeting | Budget/Legislative Update Med Management as ICI ceases to exist Subcommittee Reports CI Consolidation Work Group Update Peer Services |