

**Community Service Network 2 Meeting
Dorothea Dix, Bangor, Maine
June 10, 2008**

Approved Minutes

Members Present:

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> • Annette Adams, Acadia • Melinda Davis, AIN • Brent Bailey, Allies Inc. • Theresa Oliver, Bangor Counseling Center • Michelle St. Louis, 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 • Sue Rouleau, MDI Behavioral Health • Betty Foley, Medical Care Development • Sheryl Bowen, MMC Employment Spec, CSN 2 • Betty Crossman, NFI North | <ul style="list-style-type: none"> • Charles Tingley, NOE • Kathy Smith, OHI • Michael Corbin, Penobscot Valley Hospital • Barbara Kerrigan, Phoenix Mental Health • Joan Yeaton, Sunrise Opportunities • Lydia Richard, Together Place • Sharon Tomah, Wabanaki-Sweetser • John Edwards, WCPA |
|--|--|--|

Members Absent:

- | | | |
|--|--|---|
| <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 • NAMI-ME Families • Maine Coast Memorial Hospital • Mayo Regional Hospital • Millinocket Regional Hospital | <ul style="list-style-type: none"> • NOE • Regional Medical Center at Lubec • St. Joseph's Hospital • Wings |
|--|--|---|

Alternates/Others Present:

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> • Deborah Henderlong, Allies Inc. • Mary Dunn, Charlotte White Center | <ul style="list-style-type: none"> • Dale Hamilton, CHCS • Tom Lynn, CHCS • Judy Provencher, Medical Care Development | <ul style="list-style-type: none"> • Gayla Dwyer, MMC Employment Coord, CSNs 1 & 2 • Corey Schwinn, WCPA |
|--|--|--|

Staff Present: DHHS/OAMHS: Sue Lauritano, Mary Louise McEwen, Marjorie Snyder, Don Chamberlain. Muskie School: Elaine Ecker.

Agenda Item	Discussion
I. Welcome and Introductions	Sue Lauritano opened the meeting and introductions were made around the table.
II. Review and Approval of Minutes	The minutes from the April meeting were approved with two corrections to the Consumer Council Update section: The time of Local Council meeting in Bangor is 5:30 to 7:00 , and the April 8 th meeting was not the <i>first</i> meeting.
III. Enrollments/RDS Update	<p>Don reported on the progress of data entry for enrollments and RDS (Resource Data Summary) information. Overdue entries have improved from 58% to approximately 30% by the May 15th deadline, but 15% mark must still be met. Some providers have received "Level II" contract notices from OAMHS, meaning that they must have a compliance plan in place to meet the 15% level in order to receive a contract for FY 2009. 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. Don emphasized the importance of this data, since it drives unmet needs reports and complies with the Consent Decree as a basis for budget requests.</p> <p>Members had questions about how or whether the 90-day RDS update requirement and the 180-day continuing stay review</p>

Agenda Item	Discussion
	<p>schedule would be coordinated or modified. Don said those details have not yet been worked out, but OAMHS is working to determine what data is really needed and require only that. He also said they may forego some things initially in order to get more into the system and catch up.</p>
<p>IV. Review of Crisis Data</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 (CHCS and WCPA in CSN 2). Don explained that these data points were being collected as a result of a meeting with crisis providers last year. Crisis providers are meeting again later this month, and Don will bring any CSN comments or recommended changes to that meeting.</p> <p>Don reviewed the statewide data with the group, and pointed out:</p> <ul style="list-style-type: none"> • Lower than expected numbers re: those who have a community support worker whose wellness plan, crisis plan, ISP, or advanced directive plan was used in face-to-face contacts with crisis. (592 of 1504) • Concern that the last step in some plans is to “call crisis.” • Concern that 2,622 of 5,670 face-to-face contacts with crisis occurred in Emergency Departments (EDs). • Involuntary hospitalization numbers are lower than might be expected anecdotally. <p>Don explained that WCPA operates the help line and is the first call point for both its and CHCS’ crisis services. Comments/discussion about CSN 2’s crisis data:</p> <ul style="list-style-type: none"> • CHCS: 152 of 429 face-to-face contacts have community support workers. Only 35 of the 152 used wellness plan, crisis plan, ISP, or advanced directive plan. • WCPA: 40 face-to-face contacts have community support workers and 45 used a plan. Corey of WCPA explained that their crisis program has developed plans with some clients who do not have community support workers. • Don asked, when crisis receives a plan other than those it self-generates, are they useful in the crisis? A: Not as useful as they could be—clients say they’re frequently out-of-date. The best plans are those from consumers involved in consumer networks. <p>The group engaged in a lengthy discussion about the numbers of face-to-face contacts seen in EDs, the variety of factors involved, and how those numbers might be reduced.</p> <ul style="list-style-type: none"> • How many are first contacts with the system? • How many are directed there by crisis and why? WCPA self-review shows the vast majority referred to the ED for medical reasons were hospitalized or actually needed that level of care. • Do we know how people are getting to the ED, i.e. police, ambulance, on their own? A: Data isn’t that detailed. • Some consumers will not call crisis, because they’re afraid crisis will send the police. • WCPA reported that less than 1% of all calls received by the helpline result in contact to law enforcement for safety checks, etc. • Sue Lauritano said that some people end up in ED because their providers say they don’t have time to do direct admissions. Some go to ED for psychiatric triage, when the provider could do it. • Until the Department is involved in policy re: who providers should call or how they are to admit people, they won’t follow up. • An outpatient member pointed out that sometimes they don’t know if the person or clinician can hold on until crisis arrives. • Therapists must produce 25 billable hours a week. If they have a person in crisis, people get ‘stacked up.’ There are economic considerations—not all therapists know MaineCare will reimburse.

Agenda Item	Discussion
	<ul style="list-style-type: none"> • There are many private practitioners involved in the broader context of crisis services. <p>Don informed that the newly contracted MaineCare private practitioners are required to provide 24/7 crisis themselves or have agreements with crisis providers. John of WCPA remarked about the resulting increase in paperwork for crisis providers, i.e. coordination of contact numbers, requiring crisis plans, etc.</p> <p>Members will receive similar reports each quarter. Don noted that subsequent reports will list percentage calculations on the face sheets. A member requested that CSN numbers be added to the face sheets.</p>
<p>V. Hospital and Crisis Communication</p>	<p><u>Crisis Consolidation</u></p> <p>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. Accordingly, this work will have high priority over the coming months, Don said.</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). • Don described this as two-step process: Step 1, 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. Step 2, the providers described in bullet point above will hold meetings to work out the delivery of the services in their district, as determined by the work group, by developing proposed MOUs amongst themselves. The Department will not be involved until the proposals come back. <p>A discussion followed re: the make-up and duties of the six-member workgroup, noting the lack of any provider representation. Several provider members advocated for earlier involvement to better inform the process with historical organizational and financial information. “Wouldn’t it be richer discussion and create a better process on the front end to include providers?” It was also noted that more consumer input was essential, by district, in order to address local issues.</p> <p>The discussion resulted in the following formal recommendation, passed by majority vote, with one opposed:</p> <p>RECOMMENDATION: “That in Step 1 of the crisis consolidation planning process, provider and consumer input be solicited before going to Step 2, and that the input is by District.”</p> <p>Don summarized: The group of six will engage others [providers and consumers] by district for information gathering and further discussion.</p>
<p>VI. Unmet Needs Report</p>	<p>Participants received a multi-page report on the EIS/RDS enrollment and unmet needs data for the 3rd Quarter of FY 2008 (Jan-Mar) prepared by Helen Hemminger of the Muskie School in conjunction with OAMHS.</p> <p>Don re-emphasized the importance of this unmet needs data in budget planning and Consent Decree compliance, and the essentiality of it being up-to-date and complete. The system is programmed to determine if a need is <i>unmet</i> according to specific time parameters for each service category.</p>

Agenda Item	Discussion
	<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 2 had 67% of its enrollments current compared with 69% statewide.</p> <p><u>Question:</u></p> <ul style="list-style-type: none"> • When shift is made to APS, will there be a revised set of definitions for the categories? A: Will take that back for discussion, but more concerned with making the shift first, then refine the process. • If we're going to a new system, then it would be better to do clearer definitions before that happens. Would be better to take another month... <p>Don said that OAMHS is looking to have providers lessen entries under "Other" subcategories, preferring that case managers use named categories if possible.</p>
VII. Consumer Council Update	<p>Vickie McCarty gave the following updates on the Consumer Council System of Maine:</p> <ul style="list-style-type: none"> • The Statewide Consumer Council (SCC) met in the Hall of Flags with Governor Baldacci on May 12 for the ceremonial signing of Public Law 592, making the Council a public instrumentality and an independent advisory organization to the Department. The Law takes effect on June 28. • The SCC has developed an application process for participation in various groups serving in public policy areas. Members have begun serving on several groups: Emergency Department work group, Quality Assurance, and Crisis Services Planning. • Local council building is ongoing. The Advocacy Initiative Network (AIN) is doing a lot to help with building. "We find it's better to go to consumers, than have consumers come to us--building relationships is crucial," Vickie said. • The SCC recently held a retreat to work on strategic planning, mission and vision, local council involvement, and other issues. • The SCC wants to expand on a workshop AIN presented at the HOPE Conference entitled "Helping Ourselves Through Helping Each Other: Surviving the Chaos" to help consumers understand how best to use their resources in these difficult times. • The SCC is also concerned about increasing transportation issues, with the increase costs of fuel, making it more difficult for people to participate. Some groups are looking into ATM technology—real time video/TV that is less expensive than ITV or video conferencing. Perhaps the CSN could establish a transportation work group? <p>A member thanked Vickie for "holding the vision of working together," as Vickie always encourages any ally, whether consumer, family member, provider, etc., to be a part of the local councils to work on solutions together.</p>
VIII. Legislative Session January 2009	<p>Don briefly explained that initial budget work for FY 2010 begins in August and also encouraged members to raise issues for which they would like to see legislation submitted by OAMHS. Further discussion on both budget and bills will be on the August and following agendas.</p>
IX. Community Integration and ACT Funding	<p>Don explained the process for accessing general funds for Community Integration (CI) and ACT services, beginning Aug. 1: <i>(Please note: People currently receiving grant-funded CI and ACT services will continue to do so for the month of July.)</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.

Agenda Item	Discussion
	<ul style="list-style-type: none"> • 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. • 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. • IMPORTANT: People already receiving grant-funded CI services will continue to do so in the usual manner through the end of July.
<p>X. Long-Term Vocational Supports, Supported Education</p>	<p>Sue explained that since Long-Term Supports (LTS) positions have been eliminated, the approval and billing will come through the OAMHS Central Office in Augusta (Lorna Bullard).</p> <p>A memo detailing the process will go out soon to all LTS providers. Members indicated it would be helpful for everyone to receive a copy of the memo, so Don will send out to all CSN members as well.</p> <p>ACTION: Don will send LTS provider memo to all CSN members.</p>
<p>XI. WRAP Funds Clarification</p>	<p>WRAP funds are still accessed through Regional Offices—more to follow on the implementation of a centralized process.</p>
<p>XII. Consent Decree Requirements re: Contracted Outpatient Providers Crisis Response</p>	<p>This item was covered under the discussion of Review of Crisis Data above.</p>
<p>XIII. ISPs (Individual Service Plans) to Hospitals</p>	<p>As follow up to discussion on this topic at the last CSN meeting, Marjorie Snyder reported she has found that the Hospital's social worker asks if there is an ISP and that seems to be where the effort ends. Highlights of discussion:</p> <ul style="list-style-type: none"> • Who has responsibility for “chasing” the ISP—the hospital or the community support provider? • It's a requirement of the Consent Decree to include the ISP in the file (and the community support worker in discharge planning). • A question for both hospitals and providers, a member posed, is whether this [ISP] exercise is important enough to spend funds on. • The purpose is continuity of care, so the hospital knows what's happening with the consumer on the outside world. • What happens if consumer does not want ISP to go to hospital? A: Then it doesn't go. • The information to APS Healthcare is fairly reflective of the information on ISPs. Is it possible to have this information passed on to the hospital? Would be much less labor intensive. Would save a lot of costs re: 24/7 access to ISP.

Agenda Item	Discussion
	<ul style="list-style-type: none"> Does the information [to APS] get paraphrased or go in exactly as consumer wants? A: Sit with laptop and consumer and enter the information. <p>ACTION: Don will take this back for discussion to determine acceptability of proceeding with this idea.</p>
XIV. Contract Clarity – Tiers 1 and 2	<p>Sue informed that OAMHS intended to speed up the contract process by sending contracts out in two tiers—first, get the straightforward and uncomplicated ones out, and then, second, those that require more work, i.e. PNMs. This isn't happening as smoothly as planned for a few reasons, including that the OAMHS person working on the contracts has been out due to a family death.</p> <p>A member brought up concerns over the new contract requirement that med management providers have a medical director, and others voiced concerns as well. Don said they aren't intending to be overly onerous, but on the other hand, they are looking for someone to be in charge of activities. There are more and more instances where the doctor doesn't know what else is going on, he said. Members asked for more information and clarity as this moves forward, noting their worry that already limited med management opportunities would become even more so.</p> <p>A member said many consumers complain that the doctors spend maybe five minutes with them, asking "How are you doing, do you need a refill?" with no time for discussion of issues. Another member responded that this is a <u>huge</u> issue, but that having a medical director would not solve it. On the contrary, she said, it could become worse if there's more pressure to "push people through" in order to support the cost of a medical director.</p>
XV. ICMs—Referrals, Roles, Responsibilities	<p>Sue said the focus of the state's ICMs (Intensive Case Managers) will be in:</p> <ul style="list-style-type: none"> Jails and prisons, connecting inmates to services on front end and release—not treatment providers. Homeless shelters—working to bring people with SMI into services. <p>ICMs will be assigned to facilities and areas according to size of homeless populations and size of jails/prisons.</p> <p>ACTION: OAMHS will send out a description of duties and ICM assignments to all CSN members.</p>
XVI. Other	<p>Due to bad acoustics in the meeting room at Dorothea Dix, members asked if another meeting space might be available. Banks, DHHS?</p> <p>ACTION: Elaine will look into finding a new space for CSN meetings.</p>
XVII. Public Comment	No public comment.
XVIII. Meeting Recap and Agenda for Next Meeting	<p><u>Meeting Recap</u> See ACTION items above.</p> <p><u>Next Meeting</u> Members voted to cancel the July CSN meeting. The next meeting will be on August 12.</p> <p><u>August Agenda</u> Budget/Legislation FY 2010 Consumer Council Update</p>