

**Community Service Network 3 Meeting  
Maine Principals' Association, Augusta  
August 6, 2007**

**DRAFT Minutes**

**Members Present:**

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| <ul style="list-style-type: none"> <li>• Susan Seeley, AIN</li> <li>• Tara Mullins, Allies Inc.</li> <li>• Dick Willauer, Alternative Services Inc.</li> <li>• Anna Lee Polley, Assistance Plus</li> <li>• Joe Tinkham, Care &amp; Comfort</li> <li>• Don Harden, Catholic Charities</li> <li>• Mark Tully, Community Correctional Alternatives</li> </ul> | <ul style="list-style-type: none"> <li>• Amy Wilmot, Community Mediation Services</li> <li>• Terry Casey, Crisis &amp; Counseling</li> <li>• Heather Gallant, ESM</li> <li>• Tom McAdam, KVMHC</li> <li>• Jim Talbott, Merrymeeting Behavioral Health</li> <li>• Kerry Sirois, Mount St. Joseph</li> <li>• Ann Lang, NAMI Family Member</li> </ul> | <ul style="list-style-type: none"> <li>• Carol Carothers, NAMI-ME</li> <li>• David Proffitt, Riverview Psychiatric Center</li> <li>• Sharon King, Seabasticook Valley Hospital</li> <li>• Ric Hanley, Spring Harbor</li> <li>• Carla Beaulieu, Transition Planning Group</li> <li>• Lynn Duby, Youth &amp; Family Services</li> </ul> |
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**Members Absent:**

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| <ul style="list-style-type: none"> <li>• Charlotte White Center</li> <li>• Graham Behavioral Services</li> <li>• LINC Club</li> <li>• Inland Hospital</li> </ul> | <ul style="list-style-type: none"> <li>• Maine Children's Home</li> <li>• MaineGeneral/HealthReach (excused)</li> <li>• Motivational Services (excused)</li> </ul> | <ul style="list-style-type: none"> <li>• Redington-Fairview Hospital (excused)</li> <li>• Richardson Hollow (excused)</li> <li>• Sweetser (excused)</li> </ul> |
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**Alternates/Others Present:**

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| <ul style="list-style-type: none"> <li>• Heather Kelley, Assistance Plus</li> <li>• Vickie McCarty, Consumer Council System</li> </ul> | <ul style="list-style-type: none"> <li>• Alex Veguilla, Consumer Council System</li> <li>• Chris Lord</li> </ul> | <ul style="list-style-type: none"> <li>• Leah Waldo</li> <li>• Michael Waldo</li> </ul> |
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**Staff Present:** DHHS/OAMHS: Ron Welch, Marya Faust, Donald Chamberlain, Leticia Huttman, Sharon Arsenault. Muskie School: Elaine Ecker.

Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Sharon 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><b>Eligibility for publicly funded services</b>            Ron explained that OAMHS is endeavoring to more clearly define and describe the population who will be eligible to receive publicly funded mental health services, noting that OAMHS has long been prohibited from building two systems of care: one for Class members and another for non-Class members. OAMHS is looking at the enrollment criteria for Section 17 MaineCare services in clarifying the target population eligible to be served by general fund dollars, in terms of both clinical need and income level. (The drafts mentioned on the agenda were not available for this meeting.) He said they are looking very closely at how grant funds are utilized and expects to have a concept paper for distribution in two to three months, with the earliest implementation of the new criteria being FY 2009.</p> <p><b>Distribution of general funds</b>            Ron also informed the group that OAMHS will be changing the distribution of its general or "grant" funds. The current distribution has evolved over time for a variety of reasons and warrants re-examination to ensure the services being purchased meet the priority needs of the target population. He also said that OAMHS will require that all grant funded</p>

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	<p>services are tied to clients; which prompted several member questions about how and to what extent grant dollars do not go to clients now. Don and Ron explained that some agencies receive monthly or quarterly payments for certain services that may ultimately pay for something other than direct client services. Sharon added that OAMHS “does not currently track what are consumers are served with grant money.”</p> <p>Also, general funds may currently be used for people whose income level would allow them to pay for their own services. Marya asked, for example, for someone with just Medicare coverage, do agencies do income screening before general funds are used?</p> <p>Comments/Discussion:</p> <ul style="list-style-type: none"> <li>• Tom of Kennebec Behavioral Health asked about the Department’s position on Medicare—saying “the population is massive,” and that they have 300-350 Medicare clients on their waiting list. Ron responded that OAMHS will not have enough grant funds for those with dual-eligibility or just Medicare.</li> <li>• It’s helpful to hear that we can’t do everything--and to have the target population defined.</li> </ul> <p><b>Administrative Services Organization (ASO)</b></p> <p>Marya reported that APS Healthcare of Maryland was chosen. APS currently has contracts in 26 states and Puerto Rico. She said the review committee was especially impressed with the quality of reference checks--APS has won all of its re-bids and has never had a contract cancelled for performance issues. If no appeals are received during the 15-day appeal period, a contract could be signed as early as September 1.</p> <p>The ASO will track when a client comes in, do periodic utilization reviews, and will compile all of the services a person receives from multiple providers. They will provide much better data re:</p> <ul style="list-style-type: none"> <li>• Level of care</li> <li>• Length of stay</li> <li>• Added or reduced services</li> <li>• People making progress re: recovery</li> </ul> <p>Marya added that the ASO only covers people receiving certain MaineCare services. OAMHS will need to work out coordinating similar data for those receiving the same services through grant funding.</p>
<p>IV. Outcomes and Performance Measures for CSNs: What is our purpose? What are we trying to accomplish?</p> <p>V. Actions/Work Plans for CSNs: Sept 2007 – June 2008</p>	<p>Members took a few minutes to review a memo from Ron Welch, clarifying the purpose, direction, and work of the CSNs, as a possible way to regroup and move forward. The memo includes: 1) Purpose of CSNs, 2) Basic Data for each CSN; 3) Performance Improvement Measures, and 4) CSN Outcomes, and proposes that each CSN develop a work plan for this fiscal year based on these things. Marya explained that OAMHS has decided to suspend work with the Policy Council and work directly with the CSNs.</p> <p>The group engaged in a long and varied discussion about information contained in the memo and possible aspects of a work plan. Some major areas of discussion:</p> <ul style="list-style-type: none"> <li>• The need to form an action plan.</li> <li>• The importance of increasing peer services, recovery focus, and empowerment, and the difficulty measuring those aspects.</li> <li>• Narrowing the scope of what a CSN can accomplish and being clear about what “master” we serve, i.e. the</li> </ul>

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	<p>Consent Decree.</p> <ul style="list-style-type: none"> <li>• The Consent Decree Plan finitely describes the <u>core services</u>—and OAMHS is working to define the <u>who</u>, noting the need to clearly describe both who <u>is</u> and <u>is not</u> eligible for publicly funded services--using both acuity and economic criteria.</li> <li>• Member statement: This clarity of the target population is a significant departure—it’s the first time saying there aren’t funds for everyone. This is a big deal, because providers will be faced more and more with putting people they can’t serve on a wait list and making referrals. Ron: “We’re at a point where we can’t sustain the growth that we’ve seen over the years.”</li> <li>• Some members discussed multi-family psycho-educational group services, which they agreed are very effective, efficient, evidence-based, and MaineCare reimbursable, but not available at this time. MMC may be interested in starting this up again.</li> <li>• The issue and time parameter for the Outcome: “Decrease in % of people...readmitted within 30 days post discharge.”</li> <li>• More concise and/or changed wording of the purpose statement to reflect a clearer vision and the target population.</li> <li>• The intention behind the “% consumers receiving community integration by an agency that is not providing other services for them.” A member asked for an OAMHS position statement on case management similar to the one on residential services.</li> <li>• The data sources that will be used for the various measures and outcomes.</li> </ul> <p>Carol Carothers made a motion for the formation of an action plan subcommittee to work on a preliminary plan.</p> <p><b>VOTE:</b> The group voted to form a subcommittee to draft a work plan using the outcomes and measures described in Ron Welch’s memo, as well as comments and discussion from today’s meeting.</p> <p>Carol Carothers volunteered to head up this effort and several others offered to join her: Ann Lang, Ric Hanley, Mark Tully, Carla Beaulieu, and David Proffitt. The subcommittee’s goal is to provide an initial draft to members mid-month.</p> <p><b>ACTION:</b> The subcommittee described above will provide a draft work plan to members via email before the next CSN meeting.</p>
VI. Policies and procedures for 24/7 availability of information	<p>Don reported that the following members have not submitted their protocols to OAMHS: Allies, Crisis &amp; Counseling, Graham Behavioral, and MOCO.</p> <p>Marya reported that Crisis &amp; Counseling (CSN 3’s only crisis provider) had submitted data for part of July. So far, they had made 13 requests for information, none of which were fulfilled in one hour and some did not call back at all.</p> <p>Don reminded that providers: a) need protocols, and b) need to carry out the protocols.</p>
VII. Impact of Rate Changes	<p>Ron asked for member feedback from providers and consumers on any changes or reduction in services due to the rate changes.</p> <ul style="list-style-type: none"> <li>• Catholic Charities will know more in a few months from now. They have strategies, but the outcome is unclear yet. Also, they still don’t know about impact of the ASO re: authorizations, etc.</li> <li>• A consumer member said that her “services are being cut.” She was told that she has improved and no longer needs the services, though she suspects it has more to do with rate reductions. She said she resents being pressured to reduce services before she feels ready to do so.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Another consumer member said her medication is no longer covered by MaineCare, which led to a discussion of changes in MaineCare’s formulary/policies and the resulting problems accessing meds.</li> </ul> <p><b>NOTE:</b> Carol Carothers said NAMI is willing to take all phone calls regarding problems with meds and services and will keep all of the information in a database.</p>
VIII. Consent Decree Quarterly Report of August 1, 2007	<p>Marya reviewed the standard summary sheet with the members—and noted several corrections: Standards 4.2, 7.1a, 17.4, and 33.1 should be “MET” rather than “NOT MET.” Standards 14.2 and 18.3 should be “NOT MET” rather than “MET.”</p> <p>Ron said that the attorneys are currently negotiating a compliance plan and that the Court Master started this process as soon as the Consent Decree Plan was agreed upon last October.</p>
IX. Consent Decree Report of July 13, 2007: Gaps in Service by CSN	<p>Ron pointed out that the report showed a gap in peer services in this CSN, as well as the statewide gaps in Medication Management and Vocational services.</p> <ul style="list-style-type: none"> <li>• A member voiced concern that the report could be interpreted to represent all of the gaps. “It understates the gaps.” Ron said, “It’s an ongoing process—this is the first time out.”</li> <li>• A member asked if providers need to do a better identifying and recording unmet needs. Yes, a lot of information comes from the RDS (Resource Data System)--to the extent that is incomplete, the gaps won’t show up.</li> </ul>
X. Other	<p>Mark Tully, of Community Correctional Alternatives, reassured members that the agency is still functioning--in light of the June newspaper article, which he said was not factual. He said clients and other providers have been very supportive.</p> <p>Alex Veguilla of the Consumer Council System of Maine (CCSM) gave an update on the progress and formation of the councils and made informational handouts available to members.</p>
XI. Public Comment	None.
XII. September Agenda Items	<p>Requested agenda items:</p> <ul style="list-style-type: none"> <li>• Update on ICM transition</li> <li>• Six-month report from Spring Harbor on gatekeeper role</li> <li>• Mental Health Advance Directives</li> <li>• Legislative activity</li> </ul> <p>Ron also reminded of the October closure for legislation to be considered in the next session.</p>