

**Community Service Network 3 Meeting
Augusta Civic Center, Augusta
February 5, 2007**

DRAFT Minutes

Members Present:

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| <ul style="list-style-type: none"> • Dick Willauer, Alternative Services • Matthew Demming, Care & Comfort • Don Harden, Catholic Charities • Charlie Clemons, Charlotte White Center • Mark Tully, Community Correctional Alternatives • Terry Casey, Crisis & Counseling • Jean Gallant, ESM | <ul style="list-style-type: none"> • Harold Graham, Graham Behavioral Services • Tom McAdam, Kennebec Valley Mental Health Center • Emilie van Eeghan, MaineGeneral/HealthReach • Theresa Turgeon, Merrymeeting Behavioral Health • Richard Weiss, Motivational Services • Karen Fatz, Mount St. Joseph • Ann Lang, NAMI Family Member | <ul style="list-style-type: none"> • Carol Carothers, NAMI-ME • Lori Michaud, Redington-Fairview • Alan LeTourneau, Richardson Hollow • Ric Hanley, Spring Harbor • Donna Ruble, Sweeter/Protea • Lynn Duby, Youth & Family Services |
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Members Absent:

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| <ul style="list-style-type: none"> • AIN • Allies Inc • Community Mediation Services • Community Rehabilitation Services | <ul style="list-style-type: none"> • Inland Hospital • Langley Vocational Services • LINC • Maine Children's Home | <ul style="list-style-type: none"> • NFI North • Riverview Psychiatric Center • Sebecook Valley Hospital • Transition Planning Group |
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Others Present:

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| <ul style="list-style-type: none"> • Ben Fielder, Crisis & Counseling | <ul style="list-style-type: none"> • Julianne Edmondson, DHHS | <ul style="list-style-type: none"> • Laurie Rodrigues, DHHS |
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Staff Present: DHHS/OAMHS: Ron Welch, Marya Faust, Donald Chamberlain, Sharon Arsenault. Muskie School: Elaine Ecker, Jacinda Dionne.

Agenda Item	Presentation, Discussion, Questions
I. Welcome and Introductions	Sharon Arsenault opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	The minutes of the December meeting were approved as written.
III. Meeting Schedule	2007 meeting schedule: First Monday of every month, 9 am to 12 pm.
IV. CSN Participation	<p>Don reported on the return rates for signed contract amendments, CSN Memorandum of Understanding (MOU), and the hospital MaineCare provider agreements.</p> <p>In CSN 3, the following documents were outstanding:</p> <ul style="list-style-type: none"> • Inland Hospital: provider agreement and MOU • Langley Vocational Services: contract amendment and MOU • Maine Vocational Associates: contract amendment and MOU • MaineGeneral: provider agreement • Resilience, Inc.: MOU • Maine Children's Home: MOU

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<p>V. Budget and Legislative Update</p>	<p>Supplemental Budget 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>Biennial Budget (07-08, 08-09) Issues</p> <ul style="list-style-type: none"> • <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. • <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. • <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. <p>Legislation/Statutes</p> <ul style="list-style-type: none"> • Statute clarifying CSNs: Draft version provided at “Tab 8” in Members’ Reference Materials binder. • “Clean up” of language on Involuntary Commitment statute. • Legislation is currently in the Revisor of Statute’s Office. OAMHS will have 5 days to make revisions when received back. <p>Comments:</p> <ul style="list-style-type: none"> • A member emphasized that the loss of ICMs means a loss of services to people without access to MaineCare. • A member asked for the percentage of the total budget that all the reductions/changes (he quoted \$45M) represents. <p>ACTION: OAMHS to send out legislation to CSN members when available. ACTION: If members have comments on pending legislation, send them to Elaine Ecker at the Muskie School: eecker@usm.maine.edu.</p>
<p>VI. Review Data on Contract Performance and Consent Decree Requirements</p>	<p>Don reported that the contract performance meetings in CSN’s 3, 4 and 5 revealed the following themes:</p> <ul style="list-style-type: none"> • Notifying consumers and families of NAMI-ME services: Though most agencies report they do inform consumers of these services, most do not have actual written policies and procedures in place. • 24/7 access to records: Some providers already do it, some in the process, and some not at all. • Community support workers at treatment and discharge meetings: Agencies report that they attend when they know, but note difficulties/breakdown in communication regarding hospitalizations. OAMHS will be working with crisis providers, community support agencies, and hospitals to improve communication for better continuity of care.

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	<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"> • Peer support programming includes a variety of programs from social clubs and peer centers to warm lines to networking organizations. • Peer Support funding by CSN totals \$1,314,832—of which \$256,604 covers CSN 3 for two social club/peer centers. • Using the federal rate of 5.4% of population having SMI (6,886 in CSN 3), total per person peer support funding is \$37. <p>Comments/Discussion:</p> <ul style="list-style-type: none"> • At this time, utilization rates are not uniformly reported or calculated. • Will State mandate what will happen in social clubs? Licensing requires basic standards, but what happens is up to peers. The State may offer funds for certain services for which peer centers may choose to apply. • A member asked for a list of all peer centers/social clubs in the CSN, both State funded and not. The group mentioned two State-funded, one in Waterville, one in Augusta; two unfunded: a small one in Skowhegan, and one in Augusta connected to MaineGeneral. <p>ACTION: Members will make recommendations around peer services in CSN 3 at the next 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 (CSUs) and Observation Beds (OBs), 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"> • 48 crisis beds statewide • 8 crisis beds in CSN 3—Skowhegan: 2, Waterville: 3, Augusta: 3—all Crisis & Counseling Services • 77% utilization rate <p>Many further data questions arose at January CSN meetings around the State, and OAMHS compiled these and sent a form out to all CSU providers, which Don reviewed at this meeting.</p> <p>Crisis & Counseling CSUs:</p> <ul style="list-style-type: none"> • Three units: Skowhegan, 2 beds; Waterville, 3 beds; Augusta, 3 beds. • Average length of stay: 3 days • 80% from Kennebec/Somerset Counties • Of 667 admissions (duplicated count), 512 discharged to home, 31 to inpatient psychiatric unit. • 2 staff per shift • No psychiatrist on staff—CRMA and RN on staff to ensure appropriate medications for clients. Clients continue with their own psychiatrist and providers where possible. <p>Comments:</p> <ul style="list-style-type: none"> • A member asked for the number of admissions over the age of 60. • A member stated that if CSN 3 has the opportunity to add CSU beds, other locations would be helpful. • Another said that while that would be effective and appreciated by consumers to have many locations, it is not cost-effective for providers.

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	<ul style="list-style-type: none"> • How many turned down due to lack of bed availability? <p>ACTION: Members will make recommendations around crisis stabilization services in CSN 3 at the March 5 meeting.</p> <p>Spring Harbor Observation Beds (OBs) Ric Hanley of Spring Harbor presented detailed information about Spring Harbor's OB level of treatment. Highlights from handouts:</p> <ul style="list-style-type: none"> • Intensive, hospital-based outpatient diagnostic and treatment service, 48-hour maximum stay • Averted hospitalization for 39% of OB patients • Average stay: 1.8 days, Average beds per day: 3 • 87% referrals from hospital Emergency Departments (75% from MMC) • 3% (24) patients from Kennebec, Somerset Counties over 18 months • Focal treatment model • Wide range of diagnoses, including bipolar disorder, major depression, schizophrenic disorders, and mood disorders. <p>Comments/Discussion:</p> <ul style="list-style-type: none"> • In response to member's question: Spring Harbor has had an active consumer advisory group for more than five years, contributing substantially to such things as: review of restraint training; review of building plans for Maine Medical Center's new Emergency Department; advance directive discussions; and walk-through of intake process. • A member asked about NAMI-ME's respite program. There are respite workers across the state for <i>family members</i>, who must be provider a certain level of care. Respite workers go to home and take loved one out of stay with loved one while family member goes out.
XI. Statewide Policy Council	Members received a 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, eecker@usm.maine.edu , by February 9. ACTION: OAMHS will select representatives to the Council, notify all CSN members, and convene meetings in March.
XII. Procedures and Protocols for Inpatient Admissions	Ric from Spring Harbor gave a brief 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. The intent is to make sure that state beds are maximally used for the purpose intended. Under the new procedures, Spring Harbor Hospital will act as the "gatekeeper" or primary referral source for admission to Riverview. Community hospitals will now contact Spring Harbor, not Riverview directly, when seeking inpatient admission. Spring Harbor and Riverview are developing a Memorandum of Understanding and Operational Protocols. 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).
XIII. Update on vocational initiatives	The mandatory vocational training for Community Support Workers has been scheduled around the state for late February and early March.
XIV. Public Comment	None.
XV. Plan for February meeting	Next meeting: March 5, 9-12.

Agenda Item	Presentation, Discussion, Questions
XVI. Agenda Items	<ul style="list-style-type: none">• Peer Services, Part II• Crisis Stabilization Units, Part II• Crisis Services Review• PL 192 Draft Report <p>Other agenda items: email to Elaine Ecker at eecker@usm.muskie.edu.</p>