

**Community Service Network 3 Meeting
Maine Principals' Association, Augusta
March 5, 2007**

Approved Minutes

Members Present:

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> • Susan Bundy, Alternative Services • Don Harden, Catholic Charities • Charlie Clemons, Charlotte White Center • Mark Tully, Community Correctional Alternatives • Joanne Boynton, Community Mediation Services • Terry Casey, Crisis & Counseling • Harold Graham, Graham Behavioral Services • Tom McAdam, KVMHC | <ul style="list-style-type: none"> • Dee Nilsen, LINC Club • Sharon Abrams, Maine Children's Home • Emilie van Eeghen, MaineGeneral/HealthReach • James Talbott, Merrymeeting Behavioral Health • Richard Weiss, Motivational Services • Karen Fatz, Mount St. Joseph • Ann Lang, NAMI Family Member • Carol Carothers, NAMI-ME | <ul style="list-style-type: none"> • Lori Michaud, Redington-Fairview • Alan LeTourneau, Richardson Hollow • David Proffitt, Riverview Psychiatric Center • Ric Hanley, Spring Harbor • Cindy Fagan, Sweetser • Carla Beaulieu, Transition Planning Group • Lynn Duby, Youth & Family Services |
|---|---|---|

Members Absent:

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> • AIN • Allies Inc • Matthew Deming, Care & Comfort (excused) | <ul style="list-style-type: none"> • Community Rehabilitation Services • Jean Gallant, ESM • Inland Hospital | <ul style="list-style-type: none"> • Langley Vocational Services • Sebasticook Valley Hospital |
|---|---|--|

Alternates/Others Present:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Scott Moore, Crisis & Counseling | <ul style="list-style-type: none"> • Alex Veguilla, CCSM |
|--|---|

Staff Present: DHHS/OAMHS: Ron Welch, Marya Faust, Donald Chamberlain, Sharon Arsenault. Muskie School: Elaine Ecker.

Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Sharon Arsenault opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	The minutes from the January meeting were approved as written.
III. Review Meeting Guidelines	Sharon reviewed the meeting guidelines provided in the meeting materials, noting especially: 1) the agreement to turn off all cell phones and pagers, and 2) to avoid the use of acronyms and jargon.
IV. Consumer Council System of Maine	<p>Alex Veguilla, the Consumer Council System of Maine Outreach Worker for Region II, introduced himself to the group and explained the progression and his role in the development of the new Consumer Council System. He encouraged provider members to think of ways to host/encourage meeting and informational opportunities with consumers for which they provide services, and assured he would be in contact with members to assist in his efforts to:</p> <ul style="list-style-type: none"> • Recruit consumer participation in and educate consumers about the council system • Inform consumers about the regional conference, May 8, at the Augusta Civic Center (hope to have at least 80 consumers attend) • Meet one-on-one, in small group gatherings, or present to larger groups of consumers <p>ACTION: Alex will send electronic CCSM flyer and an "open letter to consumers" to Elaine for forwarding via email to all CSN 3 members.</p> <p>ACTION: Members will contact Alex if willing to be a contact person for their respective organizations.</p>

Agenda Item	Presentation, Discussion
V. Peer Services, Part II	<p>Members received the following handout:</p> <p><u>Serious Mental Illness (SMI) Estimates - 2000 Census Data</u> Updated from version distributed last month to include 2 changes:</p> <ul style="list-style-type: none"> • Population from Bridgton area moved from CSN 6 to CSN 5, where most receive services. • Estimated SMI population broken down by age groups: 18-61 and 62 and over <p>Member Comment:</p> <ul style="list-style-type: none"> • Using estimates (5.4% Federal SMI rate) doesn't recognize significant differences around the state, in particular the concentration of consent decree clients living in CSN 3. <p>Marya explained:</p> <ul style="list-style-type: none"> • In addition to using that estimate, they are also looking at unmet needs data, funding levels by CSN to assess equitability, and enrollment figures. • Many factors hinder sequential planning and implementation; however, it is necessary to "start where we are," knowing the process is imperfect and ever evolving. • Also working on getting MaineCare data broken out by service provided or where client lives, or both. <p>Peer Services, Part II</p> <p>Members received 3 handouts: Updated Peer Support Funding spreadsheets, recalculated after shifting Bridgton area population from CSN 6 from CSN 5. Member also received copies of the OAMHS Performance Indicator and Outcome Reporting Forms for Peer Services and Warm Lines. OAMHS is looking to improve the meaningfulness of the data collected and asked members to give feedback on the data that should be collected.</p> <p>Marya also described the Certified Peer Support Specialist Curriculum, now nearing completion of its second pilot, which requires core competencies, skill testing, ongoing supervision, and ongoing education to maintain certification as a peer support specialist. Though there is disagreement in the consumer community about whether peer services should be under Medicaid program at all, this certification does provide an argument for some peer services to be covered under Medicaid.</p> <p>Discussion about peer services:</p> <ul style="list-style-type: none"> • Update on consultant hired to evaluate peer programs? Eric Hardeman, consultant from SUNY, will begin in early April. One area he will evaluate is peer services in emergency rooms, which the Court Master and the CAG (Consumer Advisory Group) have identified as a priority. • Peer services in ERs may be priority to the Court Master, but is a contradiction to the crisis standards attached to contracts. • Peer services funds are targeted in certain central areas—need to look at distribution of consumers and get support out to them. • Any peer service must address transportation issues and be low-barrier ("damp" for co-occurring issues). • Need more peer support groups like AA, that don't cost anything. • Like to see entire array of peer services available in this CSN, regardless of funding sources. <p>ACTION: Carol Carothers will develop an inventory of peer services in the CSN (regardless of funding source) and will also chair a "virtual meeting," via email with those who signed up, to work on this inventory and possible recommendations around peer services for this CSN. Report next month.</p>

Agenda Item	Presentation, Discussion
VI. Statewide Policy Council	OAMHS chose 17 of the 27 CSN members who volunteered or were nominated to serve on the Statewide Policy Council. The membership list was sent out to all CSN members. Meetings will be held on March 26, April 30, May 22, and June 25, from 1-4 pm at Maine Principals' Association, 50 Industrial Drive, Augusta.
VII. Resolve PL 192	<p>Members received a copy of the Resolve PL 192 Draft Report ("IMD Plan"). The first public forum on the report was held on Feb. 5 in Augusta with no one attending, and the Feb. 21 forum in Bangor was postponed. Both will be rescheduled and members will be notified of the new dates. Ron acknowledged that the final report incorporating stakeholder feedback will not be ready for the Legislative committee by the March 15 due date.</p> <p>David Proffitt of Riverview gave brief update:</p> <ul style="list-style-type: none"> • Spring Harbor has begun making referrals, working with "nuts and bolts" of gatekeeper role. • An MOU (Memorandum of Understanding) is being drafted between Riverview and Spring Harbor. • The desired outcome is optimal use of beds in Riverview and optimal use of beds in community hospitals. <p>Concerns expressed:</p> <ul style="list-style-type: none"> • Spring Harbor and Riverview are developing the system without involvement of community hospitals. Community hospitals received instructions without an opportunity for input. • Major flaw: Crisis services were not included in conversation/dialogue about flow—no input as to how that would work. • Violation of crisis standards—need all re-educated or involved in a dialogue. • Groups meeting for years (hospital/crisis) not included. • Dialogue needed with Directors of Nursing, Medical Directors—invite representatives to meetings. <p>Ron Welch explained that the IMD Plan covers only a narrow piece of the process and does not include the crisis piece or community support piece. The Consent Decree Plan describes how the other pieces dovetail with the IMD Plan. The "gatekeeper" function is in both the Consent Decree Plan and the IMD Plan.</p> <p>Ric Hanley of Spring Harbor reported on the forum held there on March 1, saying that a lively discussion, principally about the omission of crisis services in the Plan, resulted in some changes in the draft.</p>
VIII. Crisis Stabilization Units (CSU), Part II	<p>Members were asked for recommendations about CSUs in this CSN. Comments:</p> <ul style="list-style-type: none"> • CSUs are seen as statewide resource, not just by CSN. "My clients go where there is a bed." • Capacity issue? Significant increase in people over 60 seeking admission to CSU—don't necessarily have resources to meet their needs. • Seen significant increase in Medicare folks seeking (outpatient) services—aging demographics—increase in co-occurring disorders in older population. • Useful to have data on number of people turned away from CSU and why.
IX. Crisis Services Review	Members received a comprehensive spreadsheet of 2006 data collected quarterly from crisis programs throughout the state. It was noted that Crisis & Counseling's data did not appear on the sheet, and two different sets of data were designated for CHCS. OAMHS will rectify this and provide corrected spreadsheet to CSN members. This item will appear on next month's agenda for further review and discussion.
X. Rate Standardization	Ron reported that 4 meetings with representatives of MAMHS yielded no agreement, so the Department presented a proposal, subsequently deemed unacceptable. DHHS must meet with a team of all relative stakeholders and come up with

Agenda Item	Presentation, Discussion
	<p>a resolution by Friday, March 9.</p> <p>Ron referred members to the <u>Adult Mental Health Services MaineCare Data</u> handout, noting:</p> <ul style="list-style-type: none"> • Will go through list, service by service, over and over if necessary, until group comes to agreement on rates. • Skills Development category, which also includes Daily Living Skills, represents 2nd highest per person cost. • All categories, except Residential, will be considered in rate standardization. • Community Integration (CI) rate may go to monthly rate per consumer, rather than ¼ hour rate, saving administrative dollars. • Any creative ideas on how to manage this are greatly appreciated. <p>Member comments:</p> <ul style="list-style-type: none"> • Strongly encourage CI rate become monthly rate. It is important that CSWs see themselves are part of the team—not under pressure to produce a certain amount of billable hours. • Outpatient rates: Caution not to take more out of outpatient rates. Changes have been demoralizing and have seriously affected workforce development and recruitment—see themselves as “pieceworkers.” • Where are drivers on cost <u>globally</u>? Encourage Department to determine that.
XI. Confidentiality	<p>Members received a draft Confidentiality Statement and were encouraged to review it and send any feedback to Elaine, eecker@usm.maine.edu. Further discussion at March meeting.</p>
XII. Other	<p>A member asked OAMHS to be more specific about what providers need to be prepared to present at CSN meetings when their core services are on the agenda for review.</p>
XIII. Public Comment	
XIV. March Agenda Items	<p>Report from Peer Services Subcommittee Crisis Stabilization Services, III Crisis Services Confidentiality</p>