

**Community Service Network 3 Meeting
Maine Principals Association, Augusta
January 5, 2009**

DRAFT Minutes

Members Present:

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| • Brent Bailey, Allies, Inc. | • Corrina Patten, ESM | • Kerry Sirois, Mount St. Joseph |
| • Kim Lane, Alternative Services, Inc. | • Jen Raymond, Graham Behavioral Services | • Lori Michaud, Redington-Fairview General Hospital |
| • Annalee Polley, Assistance Plus | • Carla Beaulieu, HOPE Recovery Center | • Mary Louise McEwen, Riverview Psychiatric Center |
| • Ben Bolduc, Assistance Plus | • Tom McAdam, Kennebec Behavioral Health | • Sharon King, Sebecook Valley Hospital |
| • Joe Tinkham, Care & Comfort | • Emilie van Eeghen, MaineGeneral/HealthReach | • Dennis King (in place of Ric Hanley), Spring Harbor |
| • Charlie Clemons, Charlotte White | • Deborah Rousseau, MMC Voc. Emp. Coordinator | • Bob Fowler, Sweetser |
| • David McCluskey, Community Care | • Deborah Thibodeau, MMC Voc. Emp. Specialist, Reg. 3 | • Lora Wilford-McManus, Youth & Family Services |
| • Bill Tanner, Community Correctional Altern., Inc. | • James Talbot, Merrymeeting Behavioral Health | |
| • Elaine Ecker, Consumer Council System | • Lillian Carver, Merrymeeting Behavioral Health | |
| • Lynn Duby, Crisis & Counseling | • Richard Weiss, Motivational Services | |
| • Jean Gallant, ESM | | |

Members Absent:

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| • AIN | • Cornerstone Behavioral Care | • Maine Children's Home for Little Wanderers |
| • Catholic Charities Maine | • Inland Hospital | • Mount St. Joseph |
| • CCA | • LINC Club | • NAMI-ME Families |
| • CCME | | |

Alternates/Others Present:

Staff Present: DHHS/OAMHS: Don Chamberlain, Leticia Huttman, Wanita Page, Lisa Wallace, Ron Welch. Muskie School: Phyllis vonHerrlich, Julia Mason.

Agenda Item	Discussion
I. Welcome and Introductions	Don Chamberlain welcomed attendees and reminded all to sign in; introductions followed. Don asked people to speak in a loud and clear voice because a transcriber for the hearing impaired was present and needed to hear all the discussion clearly.
II. Review and Approval of Minutes	The minutes of November 3, 2008 were reviewed and accepted as presented. Action: November 3, 2008, minutes were approved.
III. Feedback on OAMHS Communications	There was no member feedback on this issue.
IV. Employment – Report from KBH on employment initiative	Tom McAdam, KBH executive, was not able to attend so Deborah Rousseau, MMC Voc. Emp. Coordinator, and Deborah Thibodeau, MMC Voc. Emp. Specialist, Reg. 3, reported in his place. [At November meeting, Tom is the KBH chief officer who had been identified as the one to report on this issue.] <ul style="list-style-type: none"> ➤ Goal of the initiative is to increase rates of employment for persons with mental illnesses. ➤ Contacts have been made (appx. 100) and the <i>Need for Change</i> scale given out; <i>Need for Change</i> will be shared with others. ➤ Employment Service Network Group meets one time per month, and includes the following agencies/programs/groups: Career Center, Voc Rehab., HealthReach, Peer groups, Consent Decree Coordinator,

	<p>Goodwill Industries, MMC / Kennebec Behavioral Health, ESM, ASI, and Riverview</p> <ul style="list-style-type: none"> ➤ They have developed handout for employers to educate them about changes in ADA law and to share information. ➤ Allies Inc. has new grant; focus of grant is to share information and work collaboratively on employment strategies for persons with mental illness. <p>Question: Why is CEO the representative for this report? It makes it seem like that agency has some special status, when the intent, as the questioner recalled, that this program and knowledge be more diversely spread – and more egalitarian.</p> <p>Answer: The thought was (and is) that the CEO would be speaking with peers about both policies and the practice of working with an employment specialist, and open up opportunities for dialogue and information sharing. The intent was not to highlight that agency per se.</p> <p>Question: Is there a timeline for the initiative to move out more broadly into other agencies?</p> <p>Answer: This has been requested and we are trying to make this transition happen, although there is no timeline.</p> <p>Comment: Consumer Council members need to be involved and need to know what is happening with this initiative.</p> <p>Comment: There is a broad distribution of the <i>Need for Change</i> survey – and it is being used. Examples were provided and returned forms (recently handed in for Reg. 3) were noted.</p> <p>Comment: The survey form (<i>Need for Change</i>) may also be the basis for referral to other programs and services.</p>
<p>V. Maine Mental Health Partners Proposal</p>	<p>Ron Welch introduced Dennis King of Spring Harbor Hospital (SHH) to report on the Maine Mental Health Partners program. Mr. Welch noted that DHHS does not necessarily support MMHP, but does need to provide a venue to discuss this program and the services it provides. He noted that this is the first presentation at a CSN meeting.</p> <p>Mr. King noted that Kennebec has been doing a good job of collaboration and serves as an example for the rest of the state. He explained the origin of MMHP at Spring Harbor Hospital and explained that it is a nonprofit integrated delivery network affiliated with MaineHealth. It provides networking and services to mental health treatment providers in the area MaineHealth encompasses (Cumberland, York, Knox, Lincoln, Sagadahoc, Waldo, Oxford, Androscoggin, Franklin, Kennebec, Somerset counties) which corresponds to CSNs 3–7 and for which SHH is the designated “safety net” psychiatric hospital. Providers can be associated with MMHP in three ways: by contract, by affiliation, or by membership in the network. Services and costs vary for each, with membership affording the most services and benefits at the best value. This is a new organization with the first trustees’ meeting was held a month ago. There are no member organizations yet.</p> <ul style="list-style-type: none"> ➤ Mission: MMHP “supports the mission of MaineHealth by promoting and maintaining a high-quality, integrated system of mental health treatment providers whose care is continually enhanced by professional training and clinical research” (from handout provided by Mr. King). ➤ Overview: 1) integrated delivery system for MaineHealth region; 2) coordinated regional care continuum with services close to home, provided without regard for ability to pay, and access to SHH “safety net,” collaboration and continuum of services that are appropriate, timely, and affordable (but not hospital based); 3) quality and cost benefits, including clinical integration (quality standards, education and research to inform evidence-based care delivery); access to specialized services (SHH / MMC psychiatry / tele-psychiatry); shared services organization for economies of scale (purchasing, insurances, etc.). ➤ Vision: 1) promote individuals’ successful functioning in the community; 2) easily accessible, safe, high-quality care; 3) continuum of care specific to region (design, develop, and support); 4) advocacy; 5) create model systems for leadership, clinical excellence, innovation, and expertise; 6) be the network of choice for high-quality of care,

	<p>education, research, and careers. [Mr. King noted that this area needs to be promoted as a good career choice; Maine’s changing demographics will make it harder to find workers for this career.)</p> <ul style="list-style-type: none"> ➤ <u>Measures of Success:</u> 1) ease of finding appropriate services; 2) consumers’ satisfaction & involvement; 3) use and dissemination of evidence-based guidelines and practice (developed by members and affiliates); 4) decrease in time individuals spend at highest, most expensive care levels; 5) high-quality outcomes at lowest possible costs. ➤ <u>Partnering philosophy:</u> 1) recognition of interdependence of stakeholders; 2) mutually developed quality standards; 3) honesty, transparency, & collaboration; 4) joint planning for shared economic benefits and risks. ➤ <u>Membership benefits:</u> participation in oversight, control and management of MMHP; access to benefits (group health, purchasing, energy, development, payor contract negotiations, legal & audit services, and financial services); being part of a system serving psychiatric care needs of MaineHealth’s inpatient units and emergency departments, part of a system that relies on step-down services for 150+ youth & adult psychiatric hospital beds; and access to MMHP’s specialty services. <p>Question: What is the cost and how would it benefit the smaller organizations?</p> <p>Answer: Cost is not known yet; it is still being worked out. The benefits – some are obvious (large group buying power and services) and some are more abstract, but include such issues as shorter stays in facilities so reduced cost, programs specific to area demographics, better service systems for consumers. Details are still being developed.</p> <p>Question: Who was involved in development?</p> <p>Answer: The concept started a year and a half ago at a Spring Harbor Hospital trustees’ meeting. The primary motivator was the economic crisis in the country and how to best respond to the mental health needs in the state given shrinking funding; they decided that collaboration on best practices (clinical and business) and the benefit of large scale purchasing were practices that could help. MaineHealth came into the picture in August and the first trustees’ meeting for MMHP was in late October. MMHP functions as a separate corporate structure under MaineHealth.</p> <p>Question: How do you see MMPH working with the community health system and with the state?</p> <p>Answer: As for community health system, this is not entirely clear yet, but MMHP is being very thoughtful about what is needed in a community at the community level – and there is some sense of emergency to this because of the budgetary challenges. The board has initiated an intensive process for some crisis areas (housing for kids leaving Developmental Disorder Program, needs in specific areas), but the unfolding of programs needs to be thoughtful and sustainable – need to be cautious about not getting overwhelmed because the needs are so great...but MMHP is proceeding. As for the state, this is still being defined.</p> <p>Comment: Don: This is unfolding more quickly than we thought.</p> <p>Question/Comment: Lots of consumers who have been through Peer Support Programs would like to see a formal way for peers to be involved. A peer support component could be truly innovative. Is this being considered?</p> <p>Answer: We do that at the hospital level (peer training) – need more information on how it might work with this system. It is, however, a good idea.</p> <p>Comment – Ron: More research is needed on evidence based-practice. It is expensive to do, but it is the right thing to do. Research on EBP is part of what is proposed with MMHP – this is an important value.</p> <p>Comment – Don: This presentation is intended as an informational piece for attendees and we will turn to Ric Hanley for updates at later meetings.</p>
VI. Psychiatric Consultation	<p>Don Chamberlain reported.</p> <ul style="list-style-type: none"> ➤ This project, developed by the Maine Association of Psychiatric Physicians (MAPP) in collaboration with the Maine Academy of Family Physicians (MAFP), links volunteer psychiatrists with providers in rural primary care practices. ➤ An ongoing consultative relationship is developed and the primary care practitioner can call on the psychiatrist as

	<p>needed for advice and guidance. These are “informal consultations” rather than treatment or supervision and happen via telephone or email contact. The relationship is ongoing, which allows for the development of a shared body of experience and the opportunity to consult on a case over time.</p> <ul style="list-style-type: none"> ➤ The project began in 2004, in response to a lack of psychiatric service resources in rural areas. There are 20 psychiatrist volunteers and 40 primary care practices currently involved. The project has been nominated twice for the American Psychiatric Association’s District Branch Best Practice Award. ➤ The project is funded by grants from American Psychiatric Association and OAMHS of Maine DHHS. Further information can be obtained from Cindy Paradis at cindy_fox_paradis@yahoo.com or David Moltz MD at dmoltz2@gmail.com. ➤ Prescribing psychiatric drugs is one of the important areas of consultation and the program is an effort to connect the expertise of the psychiatrist with that of the rural primary care physician. Dr. Stephan Gressitt, OAMHS Medical Director supports and promotes this program. ➤ Psychiatry is a specialty area of medicine and needs to be used as such – such relationships between areas of medical expertise is the heart of integrated care. <p>Question/clarification: This is direct outreach to family practices that may not have direct connection to psychiatrists? Answer: Yes and the OAMHS medical director supports and promotes this project.</p>
BREAK	There was a 10-minute break.
VII. Consumer Council Update	<p>Elaine Ecker reported:</p> <ul style="list-style-type: none"> ➤ New toll-free numbers for Consumer Council Systems of Maine (CCSM) are now available and can be found on the Web site. ➤ CCSM has been holding regional meetings to elect more members to the statewide council. ➤ CCSM will be approving new CSN members to attend the regional meetings (up to 3 consumer representatives can serve on each of the CSNs). ➤ CCSM is gearing up to address budget/legislative policy issues. ➤ CCSM is working on developing the organization – membership, purpose, and participation. ➤ Efforts are being made to establish a regular meeting in Augusta – finding space has been a challenge. ➤ Please call Elaine at 1-877-207-5073 if you have questions, comments, or concerns. <p>Question summary: Could you provide the names of the Outreach Regional Coordinators, the representatives and their contact information – also an organizational structure would be helpful to understand the organization. This information would be useful to share with consumers. Melissa Casewell provided information at a recent meeting in Region 2, and this was very helpful. (Elaine noted Ms. Casewell is happy to attend meetings in other regions.) Answer: Elaine said she would be happy to prepare this information. Action: Elaine will send an email to all with the new toll-free numbers and prepare a handout with the information requested for the next meeting.</p>
VIII. Budget Update	<p>Ron reported.</p> <ul style="list-style-type: none"> ➤ The supplemental budget is being heard today (1/5/09). No additional changes are anticipated beyond the \$795,850 already identified. ➤ Of the \$795,850 curtailment some of the major cuts were as follows:: \$350,000 from WRAP and Community-Integration Daily Living Supports (CIDLS) funds, which means no one will lose coverage, but no one will be added on.; \$182,524 from Dorothea Dix (staffing cuts – 3 unfilled positions and the rest from dietary staff overstaffing); \$100,000 from Special Revenue accounts at hospitals; \$62,000 from 3 contracts (some salary/training and Center on Deafness). ➤ The 2010/2011 biennial budget is the next focus. Details on this will be out this Friday (January 9) and will be

	<p>posted on the Web, but Ron agreed to send email to all about this.</p> <p>Question/Comment: Concern was expressed about the cut in CIDLS and WRAP funds. The CIDLS cut translates to 96 persons not getting services. What is happening with the \$1 million plus from the Eli Lilly settlement? There was news that this would go back to the General Fund – why can't it be used to offset some cuts?</p> <p>Answer: The funding from this settlement is not in DHHS/OAMHS hands. Interested persons need to talk to folks in state leadership and attend the hearings. The Attorney General's Office handles the money from this.</p> <p>Question: Can you advocate?</p> <p>Answer: Yes, and we will.</p> <p>Question: What is the DHHS response to Wathen's latest decision?</p> <p>Answer: The result of this decision is that the needs of the group identified as eligible for services far outstrips our capacity. If we use the federal statistics as the basis of our projection, the number would 30,000 or so in Maine, while we have been serving 10 – 12,000. This is an issue the Legislature has to address. DHHS/OAMHS is meeting with Mr. Wathen today and more information will be available after this meeting.</p> <p>Question: Is a waiver being considered?</p> <p>Answer: This is in discussion right now, but would not happen until at least 2010.</p> <p>Question: Rhode Island recently got a global consumer choice waiver – is the Department looking for such global waiver?</p> <p>Answer: Nevada and Iowa have or are discussing plans to apply for consumer choice waivers that offer more flexibility. Maine DHHS/OAMHS is looking at a waiver under 1915(i), a new provision that does not require an institutional level of care to qualify for services, and also allows for an option to choose self-direction for some or all of the services. Ron agreed to send information about this to interested parties.</p> <p>Action: Ron will send email regarding the 2010/2011 OAMHS budget postings.</p> <p>Action: Ron will send information on 1915(i) to interested parties.</p>
IX. WRAP Process	<p>Don Chamberlain reported:</p> <ul style="list-style-type: none"> ➤ MoCo (Motivational Services) has agreed to be the agency to handle the pool of unallocated funds. ➤ Reviewers for WRAP applications will be one person from each of the following categories: DHHS employee (Claire Ladd), consumer, and person from MoCo. ➤ WRAP funds are open to consumers in this CSN – the process for applying for will be announced shortly. ➤ WRAP funds have been reduced in that the state moved some of the funds into defined service areas and because of the reductions. ➤ The new policy reflects the changes, which started 1/2/09. <p>Question: Will you send list of agencies that handle funds for each CSN?</p> <p>Answer: Yes – will do.</p> <p>Action: Don will send new policy on WRAP funds and process and list of WRAP contact agencies for each CSN.</p>
X. Crisis Planning	<p>Lynn Duby gave an update on the status of Memorandums of Agreement:</p> <ul style="list-style-type: none"> ➤ In this region, MOUs were standard practice between Crisis and other providers (schools, law enforcement, hospitals, etc.) and protocols had been established. The Department directed that there be MOUs that met certain set state standards. We have reviewed current MOUs and compared them to state standard and are now making the adjustments to meet these standards. The changes will take the form of amendments to current MOUs. We have had discussions with MaineGeneral and there are a couple of projects underway to improve that relationship and set procedures that are best for consumers (this meeting will take place today). The Consumer Advisory Group will review drafts of the amendments to the MOUs, and then the MOUs will be finalized. The goal is to have all this done by the end of this month.

	<p>Question: Does the arrangement call for performance indicators? Answer: Yes.</p>
XI. MaineGeneral Health – Update on campus and service changes	<p>Emilie van Eeghen reported on the upcoming changes at MaineGeneral Health:</p> <ul style="list-style-type: none"> ➤ Lots of changes, which are based on cost issues, services delivery, and efficiency, are in process. The goal is to look at efficiencies related to closing Seton as a place for inpatient mental health services. We are looking at how best to continue to provide services, but be efficient. At this point, medical care for patients at Seton is two miles away. Given that integration of care –physical and mental – is important for optimal care, Seton patients need to be closer to medical care. Integrated care will happen with the move of Seton services to a wing of the Thayer Campus (Waterville Campus), but the ultimate goal is a consolidated new hospital in North Augusta. DHHS/DLRS has indicated that this plan does not need a CON so the plans will move forward in the near future. The new facility will have fewer beds than currently. The interim plan (to move the units from Seton to Thayer) is projected to take place by mid-June or near that time. Out patient MH services will continue at Waterville and Augusta. <p>Question: Hospitals for the mentally ill are not going to be based on medical care; there is fear that medical condition will drive the care given for the mental illness condition – there is concern that this will make it more difficult. Answer: The merger is about providing both - and fully established programs - at the same location for inpatient care. We will continue to have psychiatric services available at both campuses, but Thayer will be the focus for in-patient psychiatric care during the transition phase to the new facility. The geriatric population is of great concern. Question: How many beds? Answer: 30 on unit 4 East at Thayer.</p>
XII. Other	<p>Question about APS: We are still waiting for a communication from them based on their presentations, discussions, and our feedback to them. When can we anticipate this? It was promised in December. Answer: Shortly. There is a preliminary report in DHHS now, but it will be sent directly to providers from Eric Meyer at APS.</p>
XIII. Public Comment	There were no public comments.
IV. Meeting Recap and Agenda for Next Meeting	<p>Next Meeting:</p> <ul style="list-style-type: none"> ➤ Elaine will provide materials from Consumer Council ➤ MOUs – final copy shared. ➤ Report from host agency for Employment Agency Specialist Report. ➤ Standing item: Feedback for APS process. <p>Actions:</p> <ul style="list-style-type: none"> ➤ November 3, 2008 minutes approved. ➤ Elaine Ecker will send email with new toll-free number for regional contacts. ➤ Ron will send budget information out on Friday. ➤ Ron will send 1915(i) Medicaid waiver information to interested parties. ➤ Don will send new policy on WRAP funds and process and list of WRAP contact agencies for each CSN.