

**Community Service Network 4 Meeting  
DHHS Offices, Rockland  
August 13, 2007**

**Approved Minutes**

**Members Present:**

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| <ul style="list-style-type: none"> <li>• Karina Patton, ESM</li> <li>• Tammy Swasey-Ballou, NAMI-ME Families</li> <li>• Sharon Wright, Richardson Hollow</li> </ul> | <ul style="list-style-type: none"> <li>• Heather Bingelis, Richardson Hollow</li> <li>• Gail Wilkerson, Spring Harbor (via ITV)</li> <li>• Tammy Blackman, St. Andrews Hospital</li> </ul> | <ul style="list-style-type: none"> <li>• Bob Fowler, Sweetser</li> <li>• Dana Bontatibus, Sweetser</li> <li>• Dan Bennett, Waldo County General</li> </ul> |
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**Members Absent:**

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| <ul style="list-style-type: none"> <li>• AIN</li> <li>• Merrymeeting Behavioral (excused)</li> </ul> | <ul style="list-style-type: none"> <li>• Miles Memorial Hospital</li> <li>• MCMHC/Pen Bay Healthcare</li> </ul> | <ul style="list-style-type: none"> <li>• Sweetser Peer Center (vacant)</li> <li>• Transition Planning Group</li> </ul> |
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**Others Present:** Alex Veguilla and Vickie McCarty, CCSM; Terry Hardiman, Sweetser;

**Staff Present:** DHHS/OAMHS: Ron Welch, Don Chamberlain, Leticia Huttman, Teresa Mayo, Sharon Arsenault. Muskie School: Sandra Hobbs, 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>Discussion of Eligibility Categories by service areas for public funding</b>            Ron explained that OAMHS is making its first attempt to more clearly define the non-Class member population who will be eligible to receive publicly funded mental health services, noting that system must respond equally to both Class members and those that are not Class members but need the same level of services. OAMHS is looking at the enrollment criteria for Section 17 MaineCare services in clarifying the target population eligible to be served by general (grant) fund dollars, in terms of both clinical need and income level.</p> <p>The group went through each section in the handout “Draft General Fund Support for Community Integration” dated August 8, 2007, and as requested gave feedback and comments for OAMHS to consider in preparing a final version. (OAMHS will go through every Section 17 service and develop a similar structure.)</p> <ul style="list-style-type: none"> <li>• <u>People who are Class Members:</u> Ron noted that the only service the Consent Decree guarantees to Class members is a community support worker who helps develop a plan and identify unmet needs.</li> <li>• Need to add two more groups: 1) <u>People who are incarcerated,</u> 2) <u>People in IMD hospitals.</u></li> <li>• Income eligibility for grant funds will be re-examined on the same schedule MaineCare requires.</li> </ul> <p><b>ACTION:</b> OAMHS agreed to provide an electronic version of the above draft.</p> <p><b>Distribution of grant funds</b>            Ron also informed the group that OAMHS will be changing the distribution of its general (grant) funds. The current distribution has evolved over time for a variety of reasons and the result is not equitable. OAMHS also needs to ensure the services being purchased meet the priority needs of the target population.</p>

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	<p>Except for peer and vocational services, funds will be redistributed according to the numbers of people with severe and persistent mental illness (SPMI) residing in the CSN, for direct client services only. CSNs will make decisions about the priority needs in the CSN, and grant funds will be distributed to agencies accordingly. Ron said OAMHS will have a concrete proposal for the October CSN meetings, and it will go through a full discussion process before going into effect FY2009.</p>
<p>IV. Policies and Procedures for 24/7 availability of information</p>	<p>Don reviewed the policy requirement for establishing protocols between agencies as listed below and providing copies to OAMHS, noting that to-date they have only received Sweetser's internal protocol:</p> <ol style="list-style-type: none"> <li>1. Community support agencies – crisis agency</li> <li>2. Crisis services – area hospitals</li> <li>3. ACT Team – crisis agency</li> <li>4. ICM Program – crisis agencies</li> </ol> <p>Comments:</p> <ul style="list-style-type: none"> <li>• Mid Coast Mental Health and Sweetser, as the two crisis agencies in this CSN, should also establish a communication process.</li> <li>• Spring Harbor should participate in protocols.</li> <li>• Richardson Hollow and ESM will send their protocols specific to this CSN ASAP.</li> <li>• Members requested that OAMHS provide copies of all protocols submitted for this CSN.</li> </ul> <p><b>ACTION:</b> OAMHS will provide copies of all protocols received for this CSN.</p>
<p>V. Outcomes and Performance Measures for CSNs: What is our purpose? What are we trying to accomplish?</p>	<p>Don reviewed an August 2<sup>nd</sup> memo from Ron Welch listing: 1) Purpose of CSNs, 2) Basic Data for each CSN, 3) Performance Improvement Measures, and 4) CSN Outcomes. Don indicated that individual CSNs may choose to add items to those listed in the memo.</p> <ul style="list-style-type: none"> <li>• OAMHS will provide all of the Basic Data for each CSN.</li> <li>• The LOCUS (Level of Care Utilization Service) assessment tool is used annually in re-enrollment and will measure "Increase in % of people with improved level of functioning..."</li> <li>• "Increase in % of people with social supports and community connectedness" is not straightforward to track and will require more definition; peer services and community supports will be included.</li> <li>• "Decrease in % of people...readmitted within 30 days post discharge." Readmission to the same hospital is already tracked—a system needs to be devised to track readmissions to different hospitals.</li> </ul>
<p>VI. Actions/Work Plans for CSNs: Sept 2007 – June 2008</p>	<p>Don asked the group to identify areas of focus that they would like to work on over the next 3-4 months (or other specific period of time). To inform the process, the group considered standards that are currently not met on the Standards Summary Sheet handout from the August 1<sup>st</sup> Quarterly Report, in addition to measures and outcomes in the Welch memo above.</p> <p>Discussion and suggested areas for work focus:</p> <ul style="list-style-type: none"> <li>• <u>Standard 18. Admissions for whom hospital received ISP.</u> CSW attendance to discharge planning meeting is billable. (Grant funds pay re: 4 IMDs; MaineCare pays re: community hospitals. Caveat: only meeting time is billable, not travel time.)</li> </ul>

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	<ul style="list-style-type: none"> <li>• <u>Transitioning from Youth to Adult Services</u>: Ron indicated this is a very important, but sees it as State rather than CSN issue. OAMHS will follow up with Children’s Behavioral Health Services. “Let us assume the responsibility for making something happen,” he said.</li> <li>• <u>Standard 5, Timeliness of ISP and CSW Assignment</u>: Bob said he recently received clarification of what constitutes completion of ISP—which is the client’s signature. “If all agencies were aware of that, the numbers will look very different, “ he said. <b>ACTION:</b> OAMHS will provide a final clarifying response to providers on this issue.</li> <li>• <u>Standard 33, Increase Peer Support/Recovery</u>: OAMHS approved \$45,000 for this fiscal year for a part-time position and programming in peer services. Members originally recommended this position be housed at MCMHC, but may wish to reconsider given recent developments there. Restart initial peer services subgroup to continue working on this?</li> <li>• <u>Standard 16, Inpatient admissions near community residence</u>: Get data from both ends of process—crisis and hospitals. Also, some CSNs may take in more from outside than they ship out to other areas, so it may be useful to break down the data by CSN.</li> <li>• <u>Transportation</u>: Tammy from St. Andrews said the Boothbay Harbor Rotary Club is in the early stages of developing a plan to address this issue on the peninsula. She will let the CSN know what they come up with.</li> </ul> <p>Discussion resulted in the following work groups:</p> <table border="1" data-bbox="537 699 1986 948"> <thead> <tr> <th data-bbox="537 699 1262 732"><b>Peer Support &amp; Recovery</b></th> <th data-bbox="1262 699 1986 732"><b>Hospital/ISP/Readmissions</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="537 732 1262 948">           Paula Greenleaf, Steve Hoad, Bob Fowler, Tammy Swasey-Ballou, Tammy Blackman   <b>Issues:</b> Increase peer support opportunities; propose role and responsibilities for new peer position and recommend where position should be housed.         </td> <td data-bbox="1262 732 1986 948">           Gail Wilkerson, Teresa Mayo, Mid Coast, PenBay, CSN members not involved in Peer Support &amp; Recovery work group.   <b>Issues:</b> ISP to hospital; CSW in discharge planning; hospitalization near community residence; tracking readmissions between/among hospitals.         </td> </tr> </tbody> </table> <p><b>ACTION:</b> OAMHS will contact PenBay and Mid Coast hospitals about participating in the hospital issues work group.</p> <p>As a result of MCMHC recently closing its Community Integration program, approximately 80 consumers need placement elsewhere. Richardson Hollow, ESM, and Sweetser are currently processing referrals. Status:</p> <ul style="list-style-type: none"> <li>• Richardson Hollow: Received 37 referrals, hired 3 case managers. Followed up in person with MCMHC to get enrollment and assessment information for those clients.</li> <li>• ESM: Received 1 referral, 1 self-referral, and 2 unidentified phone calls. Expected many more referrals and hired a case manager.</li> <li>• Sweetser: Received 22 referrals. Waiting for enrollment and assessment information from MCMHC. Advised to follow up in person as Richardson Hollow did.</li> <li>• 11 clients declined transfer.</li> <li>• Approximately 10 clients still unaccounted for.</li> <li>• NAMI received a call from one family member who was devastated with losing their case manager.</li> <li>• Sharon said Brian Gallagher is maintaining a master list of MCMHC transfers—currently 20% have completed the process.</li> </ul>	<b>Peer Support &amp; Recovery</b>	<b>Hospital/ISP/Readmissions</b>	Paula Greenleaf, Steve Hoad, Bob Fowler, Tammy Swasey-Ballou, Tammy Blackman  <b>Issues:</b> Increase peer support opportunities; propose role and responsibilities for new peer position and recommend where position should be housed.	Gail Wilkerson, Teresa Mayo, Mid Coast, PenBay, CSN members not involved in Peer Support & Recovery work group.  <b>Issues:</b> ISP to hospital; CSW in discharge planning; hospitalization near community residence; tracking readmissions between/among hospitals.
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	<p><b>ACTION:</b> Heather, Terri, and Karina (from the above agencies) will meet with MCMHC to coordinate efforts in completing these transfers.</p> <p><b>VOTE:</b> The members decided that the full CSN will not meet in September, allowing more time for the two work groups to meet. The work groups will report back in October.</p>
VII. Impact of Rate Changes	<p>Ron stated that he doesn't think the MCMHC situation emanated from rate changes, but was more about PenBay purchasing the agency. He asked providers if they've eliminated or changed any services due to rate changes.</p> <p><u>Richardson-Hollow</u></p> <ul style="list-style-type: none"> <li>• Eliminating Skills Development as of Sept 10: Affects 45 clients; 31 requested to transfer into Daily Living Skills; 9 requested discharge; 3 looking for transfers; and 2 inactive. Only one client is in this CSN. (Noted: Merrymeeting Behavioral does Skills Development.)</li> <li>• Continuing to try to provide services to the clients, but it's a challenge.</li> </ul> <p><u>Sweetser</u></p> <ul style="list-style-type: none"> <li>• Intensive Community Integration closed. Bob cautioned that folks not "go over too lightly the impact on providers and consumers."</li> <li>• Several outpatient offices closing.</li> </ul>
VIII. Consent Decree Quarterly Report of August 1, 2007	Members received the full Quarterly Report via email for review.
IX. Consent Decree Report of July 13, 2007: Gaps in Service by CSN	<p>Ron reported on the Summary Assessment of Resource Gaps by CSN submitted to the Court Master on July 13. He said this is only the beginning of the process in determining gaps in services and explained that OAMHS will get better at making this a data driven process. He mentioned two gaps identified in many CSNs, including this one, are peer services and crisis stabilization services.</p> <p>A member asked the status on the addition to MCMHC's Crisis Stabilization Unit? Don said OAMHS is waiting for a proposal from MCMHC to renovate their current facility. OAMHS has approved \$66,777 for this project.</p>
X. Other	<p><b>Consumer Council Update</b> Alex Veguilla reported that elections to the Statewide Consumer Council were held recently, filling 15 of the 21 seats. Vickie McCarty, Region 2 outreach worker, said they are looking for one consumer from this CSN, and asked members to get the word out about this vacancy.</p> <p><b>ASO (Administrative Services Organization)</b> An ASO has been chosen: APS Healthcare of Maryland. There were no appeals. Comments from providers and state mental health authorities have been positive in all 26 states that APS serves. Hopefully, contract negotiations will be finalized soon and the ASO will become operational in early November.</p> <p><b>Workgroups: Administrative Burden, Systems Redesign, Rate Standardization</b> Members received handout outlining tasks, membership, and meeting times of these three budget work groups. They will be working to address the \$9 million reduction in FY 2009.</p>
XI. Public Comment	None
XII. September Agenda Items	There will be no meeting in September. Work groups will meet in September and report at the October meeting.