

**Community Service Network 4 Meeting  
DHHS Offices, Rockland, Maine  
January 29, 2007**

**Approved Minutes**

**Members Present:**

- |   |   |   |
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| <ul style="list-style-type: none"> <li>• Steve Hoad, AIN</li> <li>• Tara Mullins, Allies Inc</li> <li>• Karina Patton, ESM</li> <li>• Theresa Turgeon, Merrymeeting Behavioral</li> <li>• Jeff Herman, MCMHC/Pen Bay</li> </ul> | <ul style="list-style-type: none"> <li>• Tammy Swasey-Ballou, NAMI-ME Families</li> <li>• David Proffitt, Riverview Psychiatric Center</li> <li>• Gail Wilkerson, Spring Harbor</li> <li>• Tammy Blackman, St. Andrew's Hospital</li> </ul> | <ul style="list-style-type: none"> <li>• Bob Fowler, Sweetser</li> <li>• Charlotte Simpson, Sweetser Peer Center</li> <li>• Laurie Arguin, Transition Planning Group</li> <li>• Dan Bennett, Waldo County General Hospital</li> </ul> |
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**Members Absent:**

- Lisa Levinson, Community Mediation Services
- Group Home Foundation, Inc.
- Miles Memorial Hospital

**Others present:** Kathleen Dearborn, ESM; Dana Bontatibus, Sweetser; Laura Bickford, Pen Bay.

**Staff Present:** DHHS/OAMHS: Marya Faust, Leticia Huttman, Sharon Arsenault. Muskie School: Elaine Ecker, Melissa Padgett.

<b>Agenda Item</b>	<b>Presentation, Discussion, Questions</b>
I. Welcome and Introductions	Sharon Arsenault opened the meeting and participants introduced themselves. Don Chamberlain and Ron Welch were unable to attend due to illness and legislative obligations, respectively.
II. Review and Approval of Minutes	The December meeting minutes were approved.
III. Meeting Schedule	Sharon noted that ongoing meetings will be held on the 2 <sup>nd</sup> Monday of each month, beginning February 12, from 1-4 pm.
IV. CSN Participation	Marya Faust reported that most members have returned signed contract amendments and CSN MOU, but many hospital provider agreements have not been returned. The following items are outstanding in this CSN: MOU for Merrymeeting Behavioral (member will provide ASAP); MOU for Waldo County General Hospital (member reports sending this, will check); Hospital Provider Agreements for Miles Memorial, Pen Bay, Waldo County General, and St. Andrew's Hospital.
V. Budget and Legislative Update	<p>Marya reported on several budgetary and legislative items:</p> <p><b>Supplemental Budget</b> 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><b>Biennial Budget (07-08, 08-09) Issues</b></p> <ul style="list-style-type: none"> <li>• <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,</li> </ul>



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	for synthesizing its contents.										
IX. Crisis Services	<p>Marya reviewed Don Chamberlain’s memo on Crisis Services, which includes actions required by the Consent Decree Plan for Crisis Stabilization Units and Observation Beds, 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"> <li>• 48 crisis beds statewide</li> <li>• 2 crisis beds located in CSN 4 (Mid-Coast Mental Health)</li> <li>• 7 crisis beds in Brunswick, including 3 peer crisis beds (utilized by CSN 4)</li> <li>• 71% utilization rate</li> </ul> <p><b>Sweetser Crisis Services</b> Charlotte Simpson described the crisis services offered at the Sweetser Peer Center in Brunswick: 3 beds; low-barrier access; peer operated; 3-phase interview process--first, potential guests tour facility and discuss expectations; second, a respite plan is developed; and third, the respite plan is signed.</p> <p>Dana Bontatibus presented FY 06 data on Sweetser’s 4-bed Crisis Stabilization Unit (CSU). Highlights:</p> <ul style="list-style-type: none"> <li>• 202 admissions</li> <li>• 74% occupancy rate</li> <li>• 131 days at 100% (no one discharged); 230 days with 4 clients in unit.</li> <li>• Average length of stay: 4.5 days</li> <li>• 73% discharged to home</li> <li>• 4% to inpatient care</li> </ul> <p>Differences between Sweetser’s CSU and Peer Crisis program:</p> <table border="1" data-bbox="415 889 1192 1049"> <thead> <tr> <th data-bbox="415 889 808 922"><b>CSU</b></th> <th data-bbox="808 889 1192 922"><b>Peer Crisis</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="415 922 808 954">Medical Model</td> <td data-bbox="808 922 1192 954">Peer Model</td> </tr> <tr> <td data-bbox="415 954 808 987">Diagnosis</td> <td data-bbox="808 954 1192 987">No Diagnosis</td> </tr> <tr> <td data-bbox="415 987 808 1019">Medication control</td> <td data-bbox="808 987 1192 1019">Person does own medication</td> </tr> <tr> <td data-bbox="415 1019 808 1049">Relationships don’t continue</td> <td data-bbox="808 1019 1192 1049">Relationships do continue</td> </tr> </tbody> </table> <p><b>Mid-Coast Mental Health Center (MCMHC) Crisis Unit</b> MCMHC’s CSU in Rockland has 2 beds, with 71% utilization for SFY06. A psychiatrist is available five days a week.</p> <p><b>Spring Harbor Observation Beds (OBs)</b> Gail Wilkerson of Spring Harbor presented detailed information about Spring Harbor’s OB level of treatment. Highlights from handouts:</p> <ul style="list-style-type: none"> <li>• Intensive, hospital-based outpatient diagnostic and treatment service, 48-hour maximum stay</li> <li>• Averted hospitalization for 39% of OB patients</li> <li>• Average stay: 1.8 days, Average beds per day: 3</li> <li>• 87% referrals from hospital Emergency Departments (75% from MMC)</li> <li>• 3% patients from Knox, Lincoln, Sagadahoc</li> </ul> <p>Marya reported that several other useful data categories for crisis stabilization have been identified in this round of CSN meetings.</p>	<b>CSU</b>	<b>Peer Crisis</b>	Medical Model	Peer Model	Diagnosis	No Diagnosis	Medication control	Person does own medication	Relationships don’t continue	Relationships do continue
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	<p><b>ACTION:</b> OAMHS will compile additional data requests and send out to all CSU providers and report on the results at the February meetings, where possible.</p> <p><b>ACTION:</b> Members will make recommendations around crisis stabilization services in CSN 4 at the February meeting.</p>																				
<p>X. Statewide Policy Council</p>	<p>Leticia reviewed the 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, <a href="mailto:eecker@usm.maine.edu">eecker@usm.maine.edu</a>, by February 1 (deadline later extended to Feb. 9).</p> <p><b>ACTION:</b> OAMHS will select representatives to the Council, notify all CSN members, and convene meetings in March.</p>																				
<p>XI. Adequate geographical coverage and resource gaps</p>	<p>Marya presented a chart showing Maine’s population and the numbers of people with Serious Mental Illness (SMI), broken down by counties and CSN. The numbers are based on the 2000 US Census and the 5.4% rate the federal government uses to establish the number of adults (18 years and over) with an SMI. Using these calculations:</p> <ul style="list-style-type: none"> <li>• 52,579 adults in Maine with SMI.</li> <li>• 5,961 in CSN 4 (Knox, Lincoln, Sagadahoc, Waldo).</li> </ul> <p>Marya explained the ongoing process for reviewing resources and the eight core services in order to identify gaps in coverage. At each monthly CSN meeting, one or more of the core services will be reviewed, with OAMHS providing information around population numbers, service locations, types, and providers, funding, utilization, and any other pertinent data, as appropriate and available. At the following monthly meeting, OAMHS will ask for recommendations from the CSNs and will use those recommendations to inform allocation development, budget requests, and changes/additions to the service array.</p> <p>Participants received a handout detailing this plan, listing the following schedule:</p> <table border="1" data-bbox="422 816 1759 959"> <thead> <tr> <th>Month</th> <th>Service</th> <th>Month</th> <th>Service</th> </tr> </thead> <tbody> <tr> <td>January</td> <td>Crisis Stabilization, Peer Services</td> <td>May</td> <td>Residential Services</td> </tr> <tr> <td>February</td> <td>Other Crisis Services</td> <td>June</td> <td>Vocational Services</td> </tr> <tr> <td>March</td> <td>Community Support Services (ACT, ICI, CI)</td> <td>July</td> <td>Inpatient Services</td> </tr> <tr> <td>April</td> <td>Outpatient, Medication Management</td> <td></td> <td></td> </tr> </tbody> </table> <p>In keeping with the schedule, Leticia Huttman 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. Highlights:</p> <ul style="list-style-type: none"> <li>• Peer Support funding by CSN totals \$1,314,832—of which \$101,767 covers CSN 4 for Sweetser Peer Center and for Emergency Department peer services.</li> <li>• Using the federal rate of 5.4% of population having SMI (5,961 in CSN 4), total per person peer support funding is \$17, representing the second lowest among the seven CSNs.</li> <li>• The funding level for peer centers/social clubs in CSN 4 is \$11 per person, again the second lowest.</li> </ul> <p>A discussion followed about whether the effectiveness of various peer services has been determined, in order make meaningful recommendations on allocating funds or making changes/additions to services. Leticia reported that OAMHS has begun work with an evaluator from SUNY, to assess the effectiveness of services (i.e. peer services in Emergency Departments, warmlines) and to develop fidelity and outcome measures for peer support. However, this work will not be completed in time to inform the allocation of funds now available for peer services, and OAMHS would like feedback from the CSNs on what members would like to see happen in their service area. Marya acknowledged that ideally the process would happen in a more sequential way, but the many factors involved (e.g. directives from legislature or Court Master, availability of funds) often make it necessary to proceed ahead, using the</p>	Month	Service	Month	Service	January	Crisis Stabilization, Peer Services	May	Residential Services	February	Other Crisis Services	June	Vocational Services	March	Community Support Services (ACT, ICI, CI)	July	Inpatient Services	April	Outpatient, Medication Management		
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	<p>best available information.</p> <p>Discussion areas mentioned for peer services in CSN 4:</p> <ul style="list-style-type: none"> <li>• Only one peer center in Brunswick serves CSN 4 area.</li> <li>• Given rural nature of most of CSN 4, what is most effective approach, most needed service?</li> <li>• The Consent Decree Plan specifies expanding peer support in Emergency Departments—in this CSN, how to prioritize? Perhaps Pen Bay, Waldo General? Depends on what—wait time, numbers admitted?</li> <li>• What is needed most? Peer services re: transition, ED, local warmlines, activities (place to be)? What do consumers express as needs?</li> <li>• Any agency(ies) want to participate?</li> <li>• What is purpose of intervention and is purpose achieved?</li> <li>• Need standardized data on utilization rates—how are people and participation counted?</li> </ul> <p><b>ACTION:</b> Members will make recommendations around peer services in CSN 4 at the February meeting.</p>
<p>XII. Procedures and Protocols for Inpatient Admissions</p>	<p>David Proffitt 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 primary referral source for admission to Riverview. Community hospitals will now contact Spring Harbor, not Riverview directly, when seeking inpatient admission.</p> <p>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).</p> <p>A member raised the concern about the difficulties experienced in achieving admission for elders into Riverview. David cited two frequent challenges for elders admissions: determining if person suffers from a mental illness or an emerging dementia (which is not treated at Riverview), and the frequency of medical issues being more urgent than mental health issues.</p>
<p>XIII. Update on vocational initiatives</p>	<p>The mandatory vocational training for Community Support Workers will be presented in Bangor, Augusta, and Portland (with several ITV sites connected to each location). Dates are Feb. 22, 23, and Mar 2, respectively.</p>
<p>XIV. Public Comment</p>	<p>A member requested that documents are provided electronically in a timely manner for those who are visually impaired or may need cognitive time beforehand to assimilate the information being presented and discussed at the meetings.</p>
<p>XV. Plan for February meetings</p>	<p>The February meeting will be held as scheduled on the 12<sup>th</sup> from 1-4 pm, DHHS Office, Rockland.</p>
<p>XVI. Agenda Items</p>	<ul style="list-style-type: none"> <li>• Peer Services, Part II</li> <li>• Crisis Stabilization Units, Part II</li> <li>• Crisis Services Review</li> <li>• PL 192 Draft Report</li> </ul>