

**Community Service Network 4 Meeting
DHHS Offices, Rockland, Maine
March 12, 2007**

Approved Minutes

Members Present:

- Susan Seeley, AIN
- Karina Patton, ESM
- Theresa Turgeon, Merrymeeting Behavioral
- Leslie Mulhearn, MCMHC/Pen Bay
- Tammy Swasey-Ballou, NAMI-ME Families
- William Nelson, Riverview Psychiatric Center
- Tammy Blackman, St. Andrew's Hospital
- Gail Wilkerson, Spring Harbor (via phone)
- Bob Fowler, Sweetser
- Charlotte Simpson, Sweetser Peer Center
- Laurie Arguin, Transition Planning Group
- Dan Bennett, Waldo County General Hospital

Members Absent:

- Allies Inc
- Community Mediation Services
- Group Home Foundation, Inc.
- Miles Memorial Hospital
- St. Andrew's Hospital

Others present: Dana Bontatibus, Sweetser; Sandra Weissman, Spring Harbor.

Staff Present: DHHS/OAMHS: Don Chamberlain, Leticia Huttman, 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 February 12 meeting were approved as written.
III. Crisis Services/Crisis Stabilization Units	<p>Crisis Stabilization Units Don Chamberlain announced that OAMHS approved the addition of 2 beds to MCMHC's crisis stabilization unit. He acknowledged that would require MCMHC to move the unit to new location, and advised that the new space should have 4 single bedrooms and be on one floor, if possible. Leslie Mulhearn of MCMHC said they are looking for a space just north of Rockland (making it a little closer to Belfast area).</p> <p>Crisis Services Members received a handout of Performance Indicators data for Adult MH Crisis Services for 2006 by provider (Sweetser, MCMHC for CSN 4), which the group reviewed in detail for a considerable portion of the meeting. Some of the highlights and comments as follows:</p> <ul style="list-style-type: none"> • Numbers reported for each individual quarter are unduplicated, but the annual totals as given are not—so irrelevant. • More important to measure response time than time to assessment. May need to adjust the form to collect this data. • MCMHC keeps internal data on how quickly they get to Waldo County General and Pen Bay. During the day, the goal is half an hour, after hours the goal is one hour. • MCMHC provides crisis services primarily in their office and ER. No secure after-hours location, so need to go to ER. • Face-to-face in primary home: MCMHC, just over 2%; Sweetser, nearly 18%.

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	<ul style="list-style-type: none"> • Both Sweetser and MCMHC ask contacts for their age, so that information is not an estimate. • Would be helpful to have percentages, not just raw data. (Sharon verbally reported percentages for some categories.) • Sweetser mentioned that the data in the report doesn't add up column-to-column, as it relates back to the total number of face-to-face contacts. Will check their data. • To think about in this CSN: What should standards be for response time, completion of assessment, and disposition? • Sweetser noted that their numbers in column 16c (number of contacts not resulting in stabilization, linkage, follow up...) must be incorrectly reported or collected. Will check into it. • The group discussed the percentages seen in home, office, and ER and the possible reasons why ER numbers remain high. • A member raised a question about the great disparity between units of crisis services provided in 2006, compared to 2005 and 2004, as reported in Statewide MaineCare Data handout distributed at last month's meeting (2004--329,000; 2005--326,000, and 2006--140,000). Don will look into this. • Sweetser's and MCMHC's crisis programs have very little geographic overlap: Basically, Sweetser covers Sagadahoc and Lincoln; MCMHC covers Knox and Waldo.
IV. Peer Services	<p>Leticia reported that the peer services subcommittee had discussed the following areas/goals:</p> <ul style="list-style-type: none"> • Peer support around vocational services • Peer crisis respite • Want to hear about specific things pertinent local areas • Want consumers to lead direction as to starting place • Start with areas where there's consumer energy <p>They decided to hold three consumer focus groups around the CSN in March (Damariscotta, Belfast, Rockland) to begin getting consumer input and generating energy. Leticia distributed a flyer that had gone out to consumers and other contacts in the area, listing the dates, times, places, etc.</p> <p>ACTION: Leticia will bring minutes of the focus group meetings to the April CSN meeting.</p>
VI. Review of Community Support Services (ACT, ICI, CI)	<p>Members received handouts of Performance Indicators Data from 2006 for the three levels of Community Support Services: Assertive Community Treatment (ACT), Intensive Community Integration (ICI), and Community Integration (CI). Listed from most to least intensive level of care: ACT, ICI, CI.</p> <p>Assertive Community Treatment (ACT) Highlights from Sweetser's report on its ACT Team and discussion around data:</p> <ul style="list-style-type: none"> • Sweetser has one ACT Team in this CSN, covering basically the same geographic area as its crisis program (Sagadahoc, Lincoln). • ACT Team currently has 54 on caseload. • Staffing (in FTEs): 1 Clinical Supervisor; 2 ACT Clinicians; 0.55 Psychiatrist; 1 CSW; 0.35 LPN; 1 RN; 1 Voc Specialist; 0.4 Representative Payee. • No peer yet on ACT Team—will be. • 7 of 15 (46%) of new admissions were assigned a case manager within 7 days of eligibility determination. (The statewide average is 84%.) Sweetser will investigate exactly what's gathered/counted in this column to determine

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	<p>validity of data. Members also wondered how a person admitted to ACT could <i>not</i> have a case manager.</p> <ul style="list-style-type: none"> • No availability of ACT Team in northern area of this CSN. • MCMHC would very much like to have ACT Team, but told not enough volume. <p>Don asked if there is a way to determine how many people outside of Sweetser’s catchment area in this CSN should be receiving ACT Team services. Leslie will see if MCMHC is gathering that on the RDS-EIS as an unmet need and report back.</p> <p>Intensive Community Integration (ICI) Highlights from Sweetser’s report on their ICI team:</p> <ul style="list-style-type: none"> • Trauma specialty: defining characteristic of Sweetser’s ICI Team. • 57 on caseload • Staffing (in FTEs): 1 Supervisor; 3 CSWs; 2 Clinicians; 1 NP; 0.25 Psychiatrist. • Sweetser is looking to smooth transitions for clients between levels of care, i.e. working toward keeping the same case manager throughout levels of care. <p>Don raised the question about determining how many people outside of Sweetser’s catchment area want/need ICI services.</p> <p>Community Integration (CI) Members reviewed the data for Sweetser and MCMHC on the Performance Indicator spreadsheet for Community Integration, and some of the data appeared inaccurate, in particular the “program case load” column for Sweetser. Bob will look into this.</p> <ul style="list-style-type: none"> • The major area of discussion was the performance around the assignment of a case manager within 7 days of eligibility determination. The data showed MCMHC at 63%, and Sweetser at 35%. The state average is 74.4%, and the standard is 90%. • Don stated it would be useful to know who is not assigned a case manager within 7 days after eligibility due to being “non-categoricals,” or uninsured--people agencies can’t take without payment. • Of the 110,492 people over age 18 in CSN 4 (2000 Census), approximately 500 receive some level of community support services.
VII. Budget Update	No update at this time—in process, lots of debate.
VIII. Rate Standardization	<p>Members reviewed a 4-page handout containing various types of information around the rate-setting. A bar graph compared Maine’s highest and lowest Medicaid rate for various services and compared them to the average of New England states and other states. Other sheets listed various current rates, proposed rates, and differences, as well as the calculation process by which rates may be determined.</p> <p>Don reported that at the present time in the legislative committee discussion/negotiation process, the original \$10M required rate-setting savings for FY08 has been reduced to \$5M, leaving \$5M to be saved elsewhere (to be determined by the Legislature, if they approve).</p>

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IX. Service Gaps: Response to Court Master Concern	Don reported on a recent meeting with the Court Master: <ul style="list-style-type: none"> • OAMHS must make decisions around crisis beds quickly. • The Court Master appreciates the process and input of the CSNs, but will not allow for delay in remediation of service gaps on their account. • The Court Master is extremely interested in seeing that budget requests are based on identified needs, not on whether funds are available or approval is expected.
X. Other	ACTION: Sharon will provide this CSN with the latest unmet needs report from the RDS-EIS system.
XI. Public Comment	None
XII. April Agenda Items.	<ul style="list-style-type: none"> • Community Support Services • Peer Services • Outpatient Services