

**Community Service Network 5 Meeting
DHHS Offices, Lewiston
June 18, 2007**

Approved Minutes

Members Present:

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| <ul style="list-style-type: none"> • Susan Bundy, Alternative Services • Craig Phillips, Common Ties MH • JR Getchell, Common Ties (100 Pine) • Mark Tully, Community Correctional Alt. • Tracy Quadro, Community Mediation Services • Rebecca Chandler, Evergreen/Franklin Memorial | <ul style="list-style-type: none"> • June Watson, Friends Together • Christine Vincent, Lutheran Community Services • James Talbott, Merrymeeting Behavioral • Darlene Hayden, OCMHS • Sue Bingelis, Richardson Hollow | <ul style="list-style-type: none"> • David Proffitt, Riverview Psychiatric Center • Diane York, Rumford Hospital • Ira Shapiro, St. Mary's/Sisters of Charity • Stephanie Crystal Wolfstone-Francis, TPG • Chris Copeland, TCMHS |
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Members Absent:

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| <ul style="list-style-type: none"> • AHCH • Beacon House Social Club • Bridgton Hospital • Central Maine Medical Center • Christopher Aaron Counseling Center • Community Concepts | <ul style="list-style-type: none"> • Community Rehabilitation Services • ESM • Maine Vocational Associates • Pathways Inc • Possibilities Counseling • RM-Transitions Inc. | <ul style="list-style-type: none"> • Rumford Group Homes • Spring Harbor • Stephens Memorial Hospital • Supportive Housing Associates • Sweetser/Protea • Transitions Counseling Inc. |
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Others Present: Julie Welch, Evergreen Behavioral Services

Staff Present: DHHS/OAMHS: Marya Faust, Sharon Arsenault, Ron Welch, Commissioner Brenda Harvey. Muskie School: Elaine Ecker.

Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Ron opened the meeting and participants introduced themselves. A few minutes were taken at the beginning of the meeting for Commissioner Brenda Harvey and several of the local Intensive Case Managers to present a Community Service Achievement Award to Brent Fox. Mr. Fox owns storage facilities and often makes donations of home furnishings and decorative items to consumers setting up their homes. His ongoing generosity and belief in the people he helps is greatly appreciated.
II. Minutes	The minutes were approved as written.
III. Budget, Rate Changes	<p>Budget/Rate Information</p> <p>Ron reported on the biennial budget passed by the legislature:</p> <ul style="list-style-type: none"> • A total of \$6M must be saved in FY08, as follows: <ul style="list-style-type: none"> ▸ \$1M added to projected savings of Administrative Services Organization (ASO)—for a total of \$6.5M. ▸ \$1M saved by changes in use of Skills Development services. ▸ \$4M saved by package of changes in rate standardization. • \$14M must be saved in FY09, \$4M of which will carry over from FY08 rate standardization. The remaining \$10M savings is not defined. • \$11M in FY08 and \$22M in FY09 were appropriated for Medicaid (MaineCare) seed funds for new clients/services. • Rate changes averaged across services results in a 6.571% overall reduction for FY08. • The budget language also requires DHHS to set up three work groups, made up of providers, consumers, family members, and DHHS staff, to carry out specific tasks pertaining to: 1) Administrative burden reduction, 2) System redesign, and 3) Rate standardization. The work groups have tight timeframes—convening by July 1, 2007, and

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	<p>completing work before the new Legislative session begins in December. Dept. Commissioner Geoff Green will be making appointments to the work groups and coordinating their work.</p> <ul style="list-style-type: none"> • If providers decide to decrease or eliminate services, please notify OAMHS and the CSN to discuss re-utilization of that resource in this catchment area. <p>Question: Is the Dept. applying for the Real Choices Systems Change Grant to add funds to the Dept.? Response: Don't know yet—we will look into it—thank you for bringing it to our attention.</p> <p>Members received handouts of the new rates, as well as a legislative document entitled “Part AAAA” detailing the membership and tasks of the work groups described above.</p> <p>ASO Marya reported on the current status: Review of the proposals received in response to the RFP is underway. The review team will complete its work by the end of June, and an award should be made in early July. OAMHS expects to have a contract in place by October or sooner, depending upon whether there are appeals.</p> <p>Question: Is there a process in place if budget targets are not met? Marya mentioned two possibilities: 1) We have a very interested Court Master, and 2) the second regular session of the legislature, when supplemental funds can be requested. However, she cautioned, we should not look at these yet, but we should work at meeting the budget and making the changes.</p> <p>Legislation ACTION: OAMHS will compile a complete listing this session’s bills related to mental health issues and provide to all CSN members.</p> <p>Consumer Councils Ron mentioned that as the consumer councils continue to develop, the number of consumers participating in the CSN will increase. As they form, every local consumer council will be represented at the CSN.</p> <p>Discussion with the Commissioner DHHS Commissioner Brenda Harvey addressed the group and answered questions. Highlights:</p> <ul style="list-style-type: none"> • In response to a consumer member’s concerns about how consumers will be affected by upcoming changes and how communication of these changes will occur, Commissioner Harvey said, “It’s critical to talk <i>as a community</i> about what changes you’ll be making.” • To clarify language used around the budget, she explained that it’s not really “savings,” but more accurately described as “not budgeting to expected costs.” • She said the Dept. looks forward to working together in efforts to maintain access to services, continue to serve the most needy, and to reduce administrative burdens on providers. • “We hear a lot about licensing, but we would also like to know what parts of the Consent Decree reporting are just check off items. We need you to let us know about those, so we can report them to the Court Master,” she said. • Integrated care—will improve quality and reduce costs, and we are very supportive of moving in that direction. • Continuity of care—it is possible for a CSN to develop a single intake. • In total, Maine’s system is well funded. Moving forward, we need to set priorities, determine what does and doesn’t work, and partner in new ways. “We need to build to avoid the need for hospitalization, but manage well when it is

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	<p>necessary.”</p> <ul style="list-style-type: none"> • A member shared with the Commissioner: We’re human beings—and see and wear and tear on all sides. We’re constantly involved in change—we’re not opposed to change—we have and continue to be involved in many change efforts and adjustments. But, we hope you’ll recognize our efforts and the improvements we’ve made, and accentuate some of the positive. <p>Questions/Comments & Commissioner’s Responses:</p> <ul style="list-style-type: none"> • Regarding the ASO—when managed care works in the private sector, patients have responsibilities. Any thought of putting some responsibility on the patient for misusing Emergency Departments? Reponse: The MaineCare population is a very vulnerable population—poverty leads to emotional vulnerabilities. We will address that, but not by financial consequence. The incentives will be through utilization management (case managers, nurse managers), not patient responsibility. • In Franklin County, there’s no other place to go [besides the ED]... Response: Crisis services were originally designed <u>not</u> to be in the hospital, but over the years have become more hospital-based. We may need to look at this. • To maximize the benefit of these meetings, we need data to make decisions and to improve efficiency—what are we doing that’s effective and efficient, what are we <u>not</u> doing, etc. Response: I agree completely. We need the entire Department to be data-managed. • If the quarter-hourly rate, times 4, is more than the hourly rate, it provides incentive. Medicare is “onto this.” I’m surprised to see this [that the hourly rate is exactly 4 times the quarter-hourly rate]. Response: We also need to pay physicians more. The goal is that everyone has a primary care physician, and physicians don’t want the MaineCare rate. <p>Provider Reports on Service Changes</p> <p><u>Community Correctional Alternatives</u></p> <ul style="list-style-type: none"> • Not planning on any changes. <p><u>Richardson-Hollow</u></p> <ul style="list-style-type: none"> • Nothing to add right now. <p><u>Common Ties Mental Health Coalition</u></p> <ul style="list-style-type: none"> • Hard to see if rates and new funds will work out—need more specific information on the new funds. Response: The new funds expand the <i>units of service</i>. • Experiencing challenges in recruiting • Increase productivity, direct billable time—creates more pressure on staff. • Not looking at closing any services at this time—may change in a year or so. <p><u>Tri-County Mental Health</u></p> <ul style="list-style-type: none"> • Increase efficiency, increase productivity, less flexibility—we’ve been turning over our agency for three years, and it’s not as nice a place to work as it used to be. • I’m very worried about individual cases that are difficult to track, worried about staff. • We will do what we need to do to continue services. • Combining 2 ACT Teams into one, hoping to gain efficiency. • Increasing access and volume. <p><u>Alternative Services Inc.</u></p> <ul style="list-style-type: none"> • Not seeing much change. <p><u>Merrymeeting Behavioral</u></p>

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	<ul style="list-style-type: none"> • None that I know of. <p><u>Friends Together</u></p> <ul style="list-style-type: none"> • Can't understand why warm line [through Amistad] was cut... Leticia and Marya response: It wasn't cut. A member added that the staffing was re-arranged to cover peak times. <p><u>Evergreen Behavioral</u></p> <ul style="list-style-type: none"> • Already undergone years of changes and cuts. • Stretch staff to breaking point. • Anticipate more turnover, less access, and more crisis. <p><u>Community Mediation Services</u></p> <ul style="list-style-type: none"> • Reminded members that the mediation service is there to help with any fallout. The service is free for providers and consumers. <p><u>St. Mary's Hospital</u></p> <ul style="list-style-type: none"> • Hospital is directly impacted • Concern about effects of ASO • Dealing with people who have developed habits over the years, to use the hospital, knowing the right thing to say to be hospitalized. <p><u>Oxford County Mental Health</u></p> <ul style="list-style-type: none"> • Review administrative burden and overhead costs. • Opening a 4-bed PNMI unit in mid-July—only taking referrals from Riverview for longer-term care. <p><u>Rumford Hospital</u></p> <ul style="list-style-type: none"> • Won't be doing things differently, except maybe more of it. We must take all comers, and expect to see increases in the ED. <p><u>Lutheran Community Services</u></p> <ul style="list-style-type: none"> • Not cutting services. • What happens to quality when more is expected of staff? • Concerned about ASO—if they'll have control over who comes into our PNMI? <p>The group engaged in further discussion about the ASO:</p> <ul style="list-style-type: none"> • How many bidders and are there financial incentives? Response: Eight bidders—no financial incentives—flat fee. • Will CSN members be able to look at the contract before the state signs it? Response: Probably not—may review after signing. We will have the opportunity to change the contract year by year and will use lessons about unintended consequences in doing so. • Everything we've learned at forums comes from Beacon. We haven't heard from any of the other companies. Response: The Dept. had a contract with Beacon for managed care readiness. The RFP may be reviewed (on OAMHS website) and comments are welcome. Also, the list of bidders is listed on the website. • Who manages the contract and how it is managed is key. The real test will be how the appeals are adjudicated. Response: And how we review the data—better, more real information will be available. • I'm concerned that the Administrative Burden work group will be done before the ASO is functioning long enough. Response: It will be interesting to see what we can learn in the 2-3 months the ASO is functioning [before the work group is finished].
	<p>24/7 Access to Community Support Information</p> <p>Marya reminded the group that that copies of the written protocols from crisis providers and community support providers were due to OAMHS by June 15. No response has been received from TCMHS, OCMHS, and Evergreen Behavioral</p>

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	<p>Health. Common Ties has responded with an email to OAMHS stating they are not in compliance at this time, and will be meeting with OAMHS tomorrow to work on issues.</p> <p>Crisis providers are responsible to have or obtain information about community support services and provide to any hospital to which consumer is in admission process. Compliance requires that written protocols exist between the following, with a copy on file with OAMHS:</p> <ul style="list-style-type: none"> • Crisis providers and community support service providers within the CSN; • Crisis providers and any and all hospitals in the catchment area; • ACT Team providers and crisis providers in their CSN; • Crisis providers and Mental Health Team Leaders re: accessing ICM information. <p>The group engaged in a discussion about violating HIPAA, the usefulness of some information, the costs and methods of compliance, and possible alternatives. End results of the discussion are highlighted below:</p> <p><u>Concerns about Violating HIPAA</u></p> <ul style="list-style-type: none"> • First, if it's a crisis, information can be shared; secondly, if someone is receiving community support services, there should have been conversations about crisis and release of information. • If you determine a situation is not life-threatening and can't get a release, then just <u>document</u> that. There is no requirement to break the law. <p><u>Usefulness of Information</u></p> <ul style="list-style-type: none"> • Though some hospital providers may not find the information in the ISP (Individual Service Plan) helpful in a hospital admission, it is a requirement of the Consent Decree and must be part of the hospital file in order to be in compliance. <p><u>Costs, Methods, Alternatives</u></p> <ul style="list-style-type: none"> • Common Ties reported they do not have funds to carry this out—"not one more nickel to squeeze." • Crisis providers are responsible to <u>request</u> the information, and community support providers are responsible to provide it. The next business day is fine for paperwork, but the information needs to be given at least telephonically within one hour of request. • Though members stated they are already sharing information in crisis and hospitalization, the process/protocol must be documented. • Though some suggest making electronic records, e.g. EIS-RDS, available to hospitals and crisis providers in order to meet this requirement, others are concerned about the security of electronic records.
IV. Training Needs for the CSN Area: July 2007-June 2008	No time for discussion
V. Consent Decree Quarterly Report	No time for discussion.
VI. Policy Council Report	Marya reported that the Policy Council has been working on defining the purpose of the CSNs and developing outcomes.
VII. Medication Management	No time for discussion.
VIII. Peer Services	Leticia Huttman gave a brief overview of the Certified Intentional Peer Support Specialist program and curriculum.

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	<p>The first step toward certification is completion of Peer Support 101, a 3-hour foundation course that OAMHS makes widely available to consumers, providers, and others who wish to attend. The next step is to complete the curriculum, which involves a web-based introductory section, 7 full days and 3 half days of classes over an 8-week period, and a final test. To continue in the certification process, people 1) participate in quarterly co-supervision, 2) complete two continuing education classes per year, and 3) do peer support for at least 75 hours during the year.</p> <p>Intentional Peer Support Specialist Certification is currently required for people who work on the Maine Warm Line and in Emergency Departments. In the future, ACT Teams may be required to have 1 FTE of peer support and those people will be required to be certified. (A rate adjustment will be made for ACT at that time.)</p> <p>Discussion</p> <ul style="list-style-type: none"> • June Watson voiced strong concerns over the way the curriculum was developed, the peer support model used in this curriculum, and the costs involved in the whole process. • Ira Shapiro said the curriculum as described worries him, because it uses trendy language and is not action based and measurable. He said he would like to see the curriculum, to know what the skills sets will be, “before I let them into my ED.” <p>ACTION: Leticia will provide the curriculum and competencies to Dr. Shapiro.</p>
IX. Other	<p>Chris Copeland said he “semi-apologized” for being a bit defensive during the meeting. He explained that he feels through the last several months’ budget process a serious lack of support for the important work done in community mental health. It was shocking, he said, to be attacked by the Legislature and not supported by the Department. “We need credit where credit is due,” he said. “We have the ability to do this stuff—the centralization doesn’t make it any easier.”</p>
X. Public Comment	None
XI. July Agenda Items	<p>Budget Medication Management</p>