

**Community Service Network 5 Meeting  
DHHS Offices, Lewiston  
August 20, 2007**

**Approved Minutes**

**Members Present:**

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| <ul style="list-style-type: none"> <li>• Julie Shackley, AHCH</li> <li>• John Coffin, Common Ties MH</li> <li>• JR Getchell, Common Ties (100 Pine)</li> <li>• Dale MacDonald, Common Ties (100 Pine)</li> <li>• Mark Tully, Community Correctional Alt.</li> <li>• Tracy Quadro, Community Mediation Services</li> </ul> | <ul style="list-style-type: none"> <li>• April Guagenti, Evergreen/Franklin Memorial</li> <li>• Scott Morrison, Lutheran Community Services</li> <li>• James Talbott, Merrymeeting Behavioral</li> <li>• Darlene Hayden, OCMHS</li> <li>• Andrea Krebs, Possibilities Counseling</li> <li>• Sue Bingelis, Richardson Hollow</li> </ul> | <ul style="list-style-type: none"> <li>• Diane York, Rumford Hospital</li> <li>• Ira Shapiro, St. Mary's/Sisters of Charity</li> <li>• Darlene Glover, Stephens Memorial Hospital</li> <li>• Stephanie Crystal Wolfstone-Francis, TPG</li> <li>• Chris Copeland, TCMHS</li> </ul> |
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**Members Absent:**

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| <ul style="list-style-type: none"> <li>• Alternative Services (excused)</li> <li>• Beacon House Social Club</li> <li>• Bridgton Hospital</li> <li>• Central Maine Medical Center</li> <li>• Christopher Aaron Counseling Center</li> <li>• Community Concepts</li> </ul> | <ul style="list-style-type: none"> <li>• Community Rehabilitation Services</li> <li>• Friends Together (excused)</li> <li>• Maine Vocational Associates</li> <li>• Pathways Inc</li> <li>• RM-Transitions Inc.</li> </ul> | <ul style="list-style-type: none"> <li>• Rumford Group Homes</li> <li>• Rumford Hospital</li> <li>• Spring Harbor (excused)</li> <li>• St. Mary's/Sisters of Charity</li> <li>• Supportive Housing Associates</li> <li>• Sweetser</li> </ul> |
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**Others Present:**

**Staff Present:** DHHS/OAMHS: Marya Faust, Don Chamberlain, Leticia Huttman, Sharon Arsenault, Teresa Mayo. Muskie School: 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></p> <p>Marya explained that OAMHS is endeavoring to more clearly define and describe the population who will be eligible to receive publicly funded mental health services. OAMHS is looking at the enrollment criteria for Section 17 MaineCare services in clarifying the target population eligible to be served by general 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>• Add another category? <u>People with no insurance who refuse to apply for MaineCare</u></li> <li>• <u>People with Medicare</u>: Just over the income guidelines, so ineligible? Possible solution: spend down.</li> <li>• Two additional categories already identified at other CSN meetings: 1) <u>People who are incarcerated</u>, 2) <u>People hospitalized in IMDs</u></li> </ul>

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	<p>Don added that he recently clarified with the Office of Integrated Access and Support (OIAS) that the same unit reviews both SSI and MaineCare disability applications. He also learned it is advantageous for clients to file a MaineCare application first, since the criteria are a bit less stringent. If a person is denied SSDI <i>first</i>, then the MaineCare application must also be denied. The group had some question on whether a person can be approved by MaineCare and then lose it if their SSDI application is subsequently denied.</p> <p>As the discussion progressed about various aspects of eligibility, clinical interpretation of Section 17, etc., Dale from 100 Pine Street requested additional information or someone to come to 100 Pine to explain this more clearly to the people he represents. He expressed concern that consumers are not kept well informed, and the complexity of the issues makes it difficult to explain or understand the ultimate ramifications to consumers' lives.</p> <p><b>ACTION:</b> John Coffin said he would assist in clarifying things for consumers at 100 Pine Street.</p> <p><b>Distribution of grant funds</b></p> <p>Don also informed the group that OAMHS will be changing and equalizing the distribution of its general (grant) funds across the state. OAMHS needs to ensure the services being purchased meet the priority needs of the target population. 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. 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> <ul style="list-style-type: none"> <li>• Should involve consideration or a formula that takes into account the expenses and other factors of providing services in different areas of the state.</li> <li>• Will there be guidelines for the amount of charity care required of agencies, similar to federal requirements for hospitals?</li> <li>• A member summarized the feedback discussion: Consider three factors re: grant distribution to individual agencies: 1) geography, 2) amount of free care, 3) population.</li> </ul> <p>Dale voiced serious concerns several times about the new eligibility guidelines and distribution of grant funds resulting in additional cuts in service to consumers. "How much lower can they go?"</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</p> <ol style="list-style-type: none"> <li>1. Community support agencies – crisis agencies</li> <li>2. Crisis services – area hospitals</li> <li>3. ACT Team – crisis agency</li> <li>4. ICM Program – crisis agencies</li> </ol> <p><b>Discussion of issues and agency status</b></p> <p>No protocols have been received from any agencies in this CSN—specific to this CSN. Members noted that some of this has been worked out between agencies—it just hasn't been written and provided to OAMHS. Don acknowledged that the communication is the important aspect, but that OAMHS also needs written protocols on file.</p>

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	<ul style="list-style-type: none"> <li>• Could you develop a sample of what's needed or provide copies of what other agencies have submitted?</li> </ul> <p><b>ACTION:</b> OAMHS will provide copies of protocols received.</p> <p>Also, Marya explained, crisis services have been asked to collect data for six months on how often they request information and what they receive in response from Community Integration providers. July data was due on August 15, but none from this CSN has been received.</p>				
<p>V. Outcomes and Performance Measures for CSNs: What is our purpose? What are we trying to accomplish?</p>	<p>Marya 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. She said OAMHS intends to provide an individual “picture” of each CSN, and asked if members would like to add anything else to any of the categories.</p> <p>Feedback/Discussion:</p> <ul style="list-style-type: none"> <li>• Re: “Increase in % of people in competitive part-time or full-time employment.” Stephanie voiced concern about whether the data includes people who work for agencies, which she believes would skew the picture and make the numbers look better than they are. The outcome should “show how many are getting better and getting <u>regular</u> jobs, not in sheltered environments,” she stated, and requested separation of data for those working at agencies and those working outside agencies. Sharon explained that the data for this outcome comes from the Resource Data System (RDS) and is entered according to fixed categories and definitions.</li> </ul> <p><b>ACTION:</b> Sharon will look at the definitions and get back to Stephanie with that information.</p> <ul style="list-style-type: none"> <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>• Re: “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 few months. To inform the process, the group considered standards that are currently not being met from 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. The group engaged in a long, varied discussion of issues, concerns about service cuts and gaps, possible tasks, etc.</p> <p>They concluded with the following possible areas for focused work:</p> <ol style="list-style-type: none"> <li>1. Crisis protocols (24/7)</li> <li>2. Grant fund priorities in the CSN, within existing allocation</li> <li>3. Rapid Response – people stuck in ED.</li> <li>4. Local warm lines</li> <li>5. Service gaps or service changes</li> <li>6. Transportation</li> <li>7. Access and barriers to hospitalization and respite care in the CSN</li> <li>8. Continuity of care – ISP to hospital, CSW in discharge planning</li> <li>9. Employment</li> </ol> <p>Further discussion of the above list resulted in the following 2 work groups:</p> <table border="1" data-bbox="537 1414 1986 1482"> <tr> <td data-bbox="537 1414 1262 1446"><b>Transportation – Standard 29</b></td> <td data-bbox="1264 1414 1986 1446"><b>Hospitalization/Respite</b></td> </tr> <tr> <td data-bbox="537 1448 1262 1482">Stephanie Crystal, Dale MacDonald, June Watson</td> <td data-bbox="1264 1448 1986 1482">Rebecca Chandler, Dale MacDonald, Mary Tully, Heather</td> </tr> </table>	<b>Transportation – Standard 29</b>	<b>Hospitalization/Respite</b>	Stephanie Crystal, Dale MacDonald, June Watson	Rebecca Chandler, Dale MacDonald, Mary Tully, Heather
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<p>VII. Impact of Rate Changes</p>	<p>Don asked if agencies are eliminating or changing services due to the rate changes.</p> <p><u>Richardson-Hollow</u></p> <ul style="list-style-type: none"> <li>• Ending Skills Development services on September 10</li> </ul> <p><u>TCMHS</u></p> <ul style="list-style-type: none"> <li>• Two ACT Teams combined into one</li> <li>• Unable to provide services to as many non-MaineCare people</li> <li>• Longer wait lists</li> </ul> <p><u>Common Ties</u></p> <ul style="list-style-type: none"> <li>• Increased wait lists</li> </ul> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• Because of the rates and other shifts, the ability of organizations to serve people with less than full coverage is decreasing.</li> <li>• We can't supplement other services with what we formerly received for MaineCare rates. For instance, we can't absorb Med Management—deficits were previously supported by surpluses from other services. There's more pressure to take MaineCare only. Indigents have very few options—starting to get squeezed out.</li> <li>• We don't have enough grant dollars to serve these people.</li> <li>• Productivity is being pushed in the MaineCare direction. The population with no entitlements is most affected.</li> </ul> <p>Chris Copeland expressed disconnection with the CSN meeting discussion. "We need to talk together and be <i>really</i> honest with each other about what's <i>really</i> happening," he said, and is concerned the rate cuts will cut very deeply into services. "We should be discussing how we're going to manage with less and discharge people from services—not integrating services."</p>		
<p>VIII. Consent Decree Quarterly Report of August 1, 2007</p>	<p>Members received the full Quarterly Report via email or mail for review.</p>		

Agenda Item	Presentation, Discussion
IX. Consent Decree Report of July 13, 2007: Gaps in Service by CSN	Due to lack of time, Don quickly mentioned the Gap Report OAMHS submitted on July 13 to the Court Master was quickly mentioned. Peer Services and Crisis Stabilization Units were gaps identified around the state. Members received a copy of the report for review.
X. Other	<p><b>Consumer Council Update</b> The Consumer Council System held elections for the Statewide Council, which holds its first meeting August 22 in Augusta.</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, the contract will be signed in early September and be operational in 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.</p>
XI. Public Comment	None.
XII. September Agenda Items	No meeting in September.