

**Community Service Network 5 Meeting
DHHS Offices, Lewiston
January 23, 2007**

Approved Minutes

Members Present:

-
- | | | |
|---|---|--|
| • Dick Willauer, Alternative Services | • Ron McHugh, OCMHS | • Darlene Glover, Stephens Memorial Hospital |
| • Craig Phillips, Common Ties MH | • Andrea Krebs, Possibilities Counseling Services | • Stephanie Crystal Wolfstone-Francis, TPG |
| • Tracy Quadro, Community Mediation Services | • Diane York, Rumford Hospital | • Chris Copeland, TCMHS |
| • April Guagenti, Evergreen Behavioral Services | • Ric Hanley, Spring Harbor Hospital | |
| • June Watson, Friends Together | • Ira Shapiro, St. Mary's Regional Medical Center | |

Members Absent:

-
- | | | |
|--|--|------------------------------------|
| • Julie Shackley, AHCH | • Michael Cyr, Creative Work Systems | • Riverview Psychiatric Center |
| • 100 Pine Street | • Ryan Gallant, ESM | • RM-Transitions Inc. |
| • Dexter Billings, Beacon House | • Franklin Memorial Hospital | • Rumford Group Homes |
| • Bridgton Hospital | • Christine Vincent, Lutheran Community Services | • Sisters of Charity Health System |
| • Central Maine Medical Center | • Maine Vocational Associates | • Donna Ruble, Sweetser/Protea |
| • Christopher Aaron Counseling Center | • Pathways Inc. | • Supportive Housing Associates |
| • Joan Churchill, Community Concepts | • Pottle Hill Inc. | • Transitions Counseling Inc. |
| • Mark Tully, Community Correctional Alt (excused) | • Mark Rush, Richardson Hollow | |
| • Community Rehabilitation Services | | |

Others Present:

-
- Susan Bundy, Alternative Services

Staff Present: DHHS/OAMHS: Marya Faust, Donald Chamberlain, Letiticia Huttman, Sharon Arsenault. Muskie School: Elaine Ecker, Donna Lerman.

Agenda Item	Presentation, Discussion, Questions
I. Welcome and Introductions	Sharon Arsenault opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	Unanimously approved.
III. Meeting Schedule	2007 meeting schedule: Third Mondy of every month, 1 p.m. to 4 p.m Next meeting: February 26 (due to Holiday on 3 rd Monday).
IV. CSN Participation	Don reported on the return rates for signed contract amendments, CSN Memorandum of Understanding (MOU), and the hospital MaineCare provider agreements. In CSN 5, the following documents were outstanding: <ul style="list-style-type: none"> • Bridgton Hospital: provider agreement and MOU • CMMC: provider agreement and MOU • Creative Work Systems: contract amendment and MOU • Franklin Hospital: provider agreement and MOU

Agenda Item	Presentation, Discussion, Questions
	<ul style="list-style-type: none"> • Pathways: MOU from • Possibilities Counseling: MOU • Pottle Hill: MOU • Transitions: MOU • Rumford Hospital: provider agreement and MOU • St. Mary's Regional Medical Center: provider agreement and MOU • Stephen's Memorial Hospital: provider agreement and MOU • Transitions Counseling: MOU
<p>V. Budget and Legislative Update</p>	<p>Don Chamberlain presented this agenda item for Ron Welch who had been called away to present before the Legislature.</p> <p>Supplemental Budget 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>Biennial Budget (07-08, 08-09) Issues</p> <ul style="list-style-type: none"> • <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, is \$15M for the first year and \$19.5 for the second year. • <u>Rate standardization--community support services</u>: Meetings are underway (with DHHS and members of the Maine Association of Mental Health Services) to determine standardized rates for certain community support services (PNMI services excluded). (Historically, providers have individually negotiated rates with DHHS, which accounts for the current variety of rates.) The rate standardization must result in a savings of \$10M in each year of the biennial budget (\$4M from adult, \$4M from children's, \$2M from "MAP" private practitioners). The savings will come back to the Department for reinvestment in community programs, and CSNs will have opportunities to discuss and make recommendations on the reinvestments. The savings are MaineCare seed funds, so the Federal match loss (described above) applies. • <u>Reassignment of ICM positions</u>: If the legislature passes the proposed budget, 30 positions now held by OAMHS Intensive Case Managers (ICMs), will be transferred through attrition (retirement, job changes, etc.) to the Office of Integration Access and Support (OIAS). The OIAS, which handles Temporary Assistance to Needy Families (TANF), food stamps, etc., is seriously understaffed and under Federal scrutiny for delays. As ICM vacancies do occur, OAMHS may relocate remaining positions to best cover service needs. <p>Legislation/Statutes</p> <ul style="list-style-type: none"> • Statute clarifying CSNs: Draft version provided at "Tab 8" in Members' Reference Materials binder. • "Clean up" of language on Involuntary Commitment statute. • Legislation is currently in the Revisor of Statute's Office. OAMHS will have 5 days to make revisions when received back. <p>ACTION: OAMHS to send out legislation to CSN members when available. ACTION: If members have comments on pending legislation, send them to Elaine Ecker at the Muskie School: eecker@usm.maine.edu.</p>

Agenda Item	Presentation, Discussion, Questions
	<p>Discussion:</p> <ul style="list-style-type: none"> A member pointed out that the population served in the tri-county area is often underestimated and underfunded. To make numbers more accurate and realistic, the populations of Bridgton, Naples, Casco, Harrison should be included in CSN 5, rather CSN 6 (Cumberland). <p>In keeping with the above 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.</p> <p>Highlights:</p> <ul style="list-style-type: none"> Peer support programming includes a variety of programs from social clubs and peer centers to warm lines to networking organizations. Peer Support funding by CSN totals \$1,314,832—of which \$196,579 covers CSN 5 for three social club/peer centers. Using the federal rate of 5.4% of population having SMI (7,723 in CSN 5), total per person peer support funding is \$25. <p>Friends Together</p> <p>June Watson described Friends Together, a stand-alone social club in Jay, noting they have been “flat-funded” from the beginning. The staff is and has been all-volunteer for 12 years, and “deserve to be paid for what they do,” June said. They also need space, but without an agency, it’s very difficult. They appreciate the autonomy afforded by not being part of an agency, but the lack of financial backing means they “lose out” on things, too.</p> <p>Comments/Discussion:</p> <ul style="list-style-type: none"> A participant wondered if other peer services operate at a deficit or surplus, saying that his agency subsidizes peer services and that they are the most cost effective and visible services. He offered to submit clarification as to their deficit this fiscal year. A discussion ensued related to larger agencies subsidizing their peer support programs while small, independent “stand-alone” programs don’t have access to subsidies. Members discussed the importance of having consistent utilization data, to accurately determine the numbers served and the services they are receiving. Also important: shared criteria, clarity on purpose of the service, and outcome measurements. A member pointed out that support groups exist for people who experience a wide variety of medical conditions and treatments, which do not expect State funds to operate. <p>ACTION: Members will make recommendations around peer services in CSN 5 at the February meeting.</p>
X. Crisis Services	<p>Don Chamberlain reviewed his memo on Crisis Services, which includes actions required by the Consent Decree Plan for Crisis Stabilization Units (CSUs) and Observation Beds (OBs), 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"> 48 crisis beds statewide 5 crisis beds in CSN 5—corrected to 6 beds, per Oxford Mental Health Services reporting 4, not 3, beds in their Rumford CSU. 89% utilization rate

Agenda Item	Presentation, Discussion, Questions
	<p>OCMHS CSU</p> <ul style="list-style-type: none"> • Four beds in Rumford • 80% or greater occupancy problematic • Re: admittance criteria: unit now accepts some people that historically would have gone to the hospital <p>TCMHS CSU</p> <ul style="list-style-type: none"> • Two bedroom residence in Lewiston <p>Comments:</p> <ul style="list-style-type: none"> • Population from Bridgton area needs to be included in CSN (as noted above under Agenda Item IX above) to more accurately assess needs in CSN 5. • In response to a request that the Department provide clear definitions and requirements of Crisis Service Units, participants were referred to a copy of DHHS OAMHS “Crisis Standards” provided in the meeting information. The standards were principally developed by crisis providers. <p>Many further data questions arose at this (and subsequent CSN February meetings around the State), and OAMHS will ask CSU providers to provide this data.</p> <p>ACTION: 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>ACTION: Members will make recommendations around crisis stabilization services in CSN 2 at the February meeting.</p> <p>Spring Harbor Observation Beds (OBs)</p> <p>Ric Hanley of Spring Harbor presented detailed information about Spring Harbor’s OB level of treatment. Highlights from handouts:</p> <ul style="list-style-type: none"> • Intensive, hospital-based outpatient diagnostic and treatment service, 48-hour maximum stay • Averted hospitalization for 39% of OB patients • Average stay: 1.8 days, Average beds per day: 3 • 87% referrals from hospital Emergency Departments (75% from MMC) • 6% patients from Androscoggin, Franklin, Oxford Counties • Focal treatment model: “What brought person in, and what can we do to help them?” • Wide range of diagnoses, including bipolar disorder, major depression, schizophrenic disorders, and mood disorders. <p>Comments/Discussion:</p> <ul style="list-style-type: none"> • A member requested breakout of patients from Franklin County. • Don inquired about feasibility of adding a couple of observation beds to a hospital with a psychiatric unit, like St. Mary’s. to serve clients from rural areas rather than put a crisis bed in a rural area. He asked for feedback from hospitals on affordability and workability of this concept. • A member wondered if services could be wrapped around a person in their local, community hospital.
<p>XI. Statewide Policy Council</p>	<p>Don 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, eecker@usm.maine.edu, by February 1 (deadline later extended to Feb. 9).</p> <p>ACTION: OAMHS will select representatives to the Council, notify all CSN members, and convene meetings in March.</p>

Agenda Item	Presentation, Discussion, Questions
XII. Procedures and Protocols for Inpatient Admissions	<p>Ric from Spring Harbor 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 “gatekeeper” or 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>
XIII. Update on vocational initiatives	The mandatory vocational training for Community Support Workers has been scheduled around the state for late February and early March.
XIV. Public Comment	None.
XV. Plan for February meeting	Next meeting: Feb. 26, 1-4 pm (changed from 3 rd Monday, due to Presidents’ Day holiday.)
XVI. Agenda Items	<ul style="list-style-type: none"> • Peer Services, Part II • Crisis Stabilization Units, Part II • Crisis Services Review • PL 192 Draft Report <p>Other agenda items: email to Elaine Ecker at eecker@usm.muskie.edu.</p>