

**Community Service Network 5 Meeting  
DHHS Offices, Lewiston  
October 15, 2007**

**Approved Minutes**

**Members Present:**

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| <ul style="list-style-type: none"> <li>• Susan Bundy, Alternative Services</li> <li>• Craig Phillips, Common Ties MH</li> <li>• Dale MacDonald, Common Ties (100 Pine)</li> <li>• John Johnson, Common Ties (100 Pine)</li> <li>• Mark Tully, Community Correctional Alt.</li> </ul> | <ul style="list-style-type: none"> <li>• John Carroll, ESM</li> <li>• Rebecca Chandler, Evergreen Behavioral Svcs</li> <li>• April Guagenti, Evergreen/Franklin Memorial</li> <li>• June Watson, Friends Together</li> <li>• Christine Vincent, Lutheran Community Services</li> </ul> | <ul style="list-style-type: none"> <li>• James Talbott, Merrymeeting Behavioral</li> <li>• Darlene Hayden, OCMHS</li> <li>• Thomas Vurgason, St. Mary's/Sisters of Charity</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>• AIN</li> <li>• AHCH</li> <li>• Beacon House Social Club</li> <li>• Community Concepts</li> <li>• Community Mediation Services</li> <li>• Consumer Council System</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:** Trena Jackson, Lutheran Social Services

**Staff Present:** DHHS/OAMHS: Don Chamberlain and Ron Welch. Muskie School: Scott Bernier

Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Don opened the meeting and participants introduced themselves. New members John Johnson, Trena Jackson, and John Carroll were welcomed.
II. Review and Approval of Minutes	The August minutes were approved as written.
III. Richardson Hollow – Sweetser Update	<p>Don reported on the some of the details around the mid-September closing of Richardson Hollow Mental Health Services. OAMHS initially understood that Sweetser was purchasing Richardson Hollow, and OAMHS could not intervene in that discussion. (The sale did not happen.) Sweetser did hire many of Richardson Hollow's staff and many of their clients have chosen to receive services through Sweetser. However, Sweetser will not continue to provide daily living skills (DLS) services (or case management for MR clients), and all of the clients who choose to continue receiving DLS will go or have gone to other agencies. During this period, OAMHS' main concern has been continuity of services for the displaced clients, and has been assisting clients and agencies in various ways during the transition process, especially around DLS services. Agencies members discussed current status of referrals, etc.</p> <p>Agencies in this CSN who provide DLS and locations served:</p> <ul style="list-style-type: none"> <li>• CCA provides DLS in Waterville, Farmington, Rumford, Dixfield and Jay.</li> <li>• Merrymeeting Behavioral Health provides DLS in Brunswick, Lewiston, Augusta, Skowhegan and Rockland</li> <li>• LCS provides DLS only in the Lewiston/Auburn area at the moment, but they are looking to expand into Rumford.</li> <li>• ESM provides DLS in Caribou, Rockland, Lewiston, Livermore and Waterville</li> <li>• Alternative Services provides DLS services--the member was not sure exactly where.</li> </ul>

Agenda Item	Presentation, Discussion
	<p>Discussion:</p> <ul style="list-style-type: none"> <li>• Case records of consumers of Richardson Hollow are still in the possession of Richardson Hollow. You must contact Richardson Hollow to get them.</li> <li>• Ron said that OAMHS would have preferred handling such a situation by discussions at the CSN, but that was not possible in this instance.</li> <li>• A member stated that the commissioner’s letter about Sweetser taking over the Richardson Hollow clients implied that the agencies in this CSN could not handle the situation on their own.</li> <li>• This is not good for us, DHHS, consumers, hospitals, all of these DLS agencies. We need to be able to better manage ourselves in future situations.</li> <li>• All CSNs should be kept informed about such changes in any of the other CSNs.</li> </ul>
<p>IV. Budge and Legislative Update</p>	<p><b>Budget Update</b>  Ron reported that state revenue projections are looking bleak, with another \$20 to \$45 million shortfall expected. This is a major concern. There is currently a \$10 million hole in the current state budget, and DHHS could come up with \$4 to \$5 million of this.</p> <p>There are currently 2 proposals that could affect adult mental health:</p> <ol style="list-style-type: none"> <li>1. Change how we pay for ACT teams. Currently, it is a monthly rate. If a client comes in near the end of one month, payment for the full month is made. If the client then leaves after the beginning of the new month, another full month is paid. Plan to switch to a per diem rate for ACT teams. In the meantime, if a client is in for at least half the month, payment will be for the full month. Otherwise, the payment rate will be prorated.</li> <li>2. This second proposal is controversial. It has been proposed to establish one community integration program in each of the CSN’s. The agency granted to provide these services could not do anything else and could only provide those services within one CSN. This would require a Federal waiver and would take a year to happen. Savings projected is around \$300,000.</li> </ol> <p>Also, in the last budget all state departments were asked to take a 7% cut across all administrative positions in the state.</p> <p>Comments:</p> <ul style="list-style-type: none"> <li>• What is at the core of all these cuts? Why the focus on mental health?</li> <li>• A member commented that the downside of Mainecare funding is all the rules; however, the upside is that the feds provide matching funds. The mentally ill are the most vulnerable.</li> <li>• If peer services were upgraded, would we need as much community service?</li> <li>• A member asked for clarification on proposal 2: This means a single case management provider per region? Yes, though it’s a concept at this point. The theory of savings is in the reduction in administration from 32 agencies to 7.</li> </ul> <p><b>Legislative Update</b>  Ron reported that DHHS is meeting with the legislature weekly, and there are a couple of pieces of legislation “in the works:”</p> <ol style="list-style-type: none"> <li>1. The first one is to create a confidential review panel to look at forensic patients and what we can do to prevent dangerous patients from hurting themselves or others. (Legislation is needed for this panel because of the confidentiality issues involved.)</li> </ol>

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	<p>2. Establish a public entity for the Consumer Council of Maine.</p> <p>Ron added that the new ASO will make an introductory presentation following the next CSN Meeting (November 19). The projected start date is December 1.</p>
<p>V. Work Plan Subcommittee Reports</p>	<p><b>Transportation Subcommittee:</b></p> <ul style="list-style-type: none"> <li>• Stephanie reported that this subcommittee could not meet due to a conflict in scheduling. She asked if they could meet with the consumer council as they are tackling the same issue. Don replied that it would be fine to work with them.</li> <li>• Members discussed whether or not transportation to peer centers is reimbursable, if the person's ISP indicates they need those services. Is listing the need for peer services on the ISP enough, or must it meet medical necessity? <b>ACTION:</b> Don will follow-up on this issue.</li> <li>• Stephanie stated that they plan to invite a transportation representative to a future meeting.</li> </ul> <p><b>Hospitalization/ISP Subcommittee:</b></p> <p>Rebecca passed around a handout with information and recommendations developed by the subcommittee. The subcommittee's task was to review and develop a work plan for the following issues. Due to difficulties in connecting with members, and the diversity of the issues, they recommend that further subgroups be developed to examine the following issues further:</p> <ol style="list-style-type: none"> <li>1. Rapid Response: Reducing time in Emergency Rooms (ER) <ul style="list-style-type: none"> <li>• EBS delays have increased by approximately 2 hours on average for cases lasting longer than 5-8 hours. Related primarily to scheduled admissions in the morning after acceptance in the evening.</li> <li>• Perception that admission process has improved in the St. Mary's Emergency Department (ED) since development of Psych. ED. This, however, translates to delays for Franklin and Oxford Counties</li> <li>• Recommend report from Crisis Programs regarding delays in receiving an answer for deferral/acceptance. Other facilities will not take presentation until closer facilities have deferred.</li> </ul> </li> <li>2. Hospitalization near community residence: <ul style="list-style-type: none"> <li>• Recommend reports from Hospitals regarding statistics around residence/receiving hospital, as this issue continues to be challenging.</li> </ul> </li> <li>3. Access to respite: <ul style="list-style-type: none"> <li>• Recommend report from Crisis Programs and CSUs regarding deferrals.</li> <li>• Continue to be no CSU beds in Franklin County, making admissions challenging. Kennebec/Somerset has deferred at times based on catchment area.</li> </ul> </li> <li>4. Hospital placement for dually diagnosed: <ul style="list-style-type: none"> <li>• Recommend further discussion to identify issues related to this population</li> </ul> </li> <li>5. Regional difficulties in involuntary process: <ul style="list-style-type: none"> <li>• Recommend further discussion to identify issues related to this process</li> </ul> </li> <li>6. ISP to hospital: <ul style="list-style-type: none"> <li>• MOUs are in process</li> <li>• Recommend follow-up with the ISP access reports and Crisis Programs to identify any issues.</li> </ul> </li> <li>7. CSW in discharge planning: <ul style="list-style-type: none"> <li>• Recommend a workgroup involving the CIS providers and Inpatient facilities to identify any issues.</li> </ul> </li> </ol>

Agenda Item	Presentation, Discussion
	<p>Rebecca stated the list is extremely ambitious and needs to be broken down further, and made the following comments on the numbered issues above:</p> <ul style="list-style-type: none"> <li>#1: Rapid response: I have had committees working on this since 2004. Sometimes the wait is 3 to 4 hours from a hospital before we receive a response. We can't turn to another hospital until the first one defers us. Otherwise, the next hospital will ask if we had been deferred or not and if not, send us back.</li> <li>#2: The group could contact hospitals to get this data.</li> <li>#3: "Respite" should be "CSU." Don agreed.</li> <li>#4 and #5: Unsure what the issues are.</li> <li>#6: MOU's are being signed. There appear to be no huge issues.</li> <li>#7: Seems to be a separate piece.</li> </ul> <p>Rebecca also referred to the disbanded statewide CLASS meetings, where these issues were formerly addressed. Don offered the possibility of a CLASS meeting in this CSN (CLASS groups meet in two other areas), but Rebecca responded that wouldn't address the statewide issues.</p> <p>The members discussed how to proceed and where to focus work and decided to begin with a meeting of crisis providers and St. Mary's. Members are to contact Rebecca if they wish to be included in the meeting.</p>
VI. Psychiatric Advance Directives	Ron referred attendees to the handout of research prepared for OAMHS by Laura Wilder, JD, on what's happening nationally and internationally with Psychiatric Advance Directives (PADs). This topic will be discussed more at the next meeting.
VII. Report from Spring Harbor on Gatekeeper Function	This was tabled until next month as Spring Harbor's representative was not present.
VIII. Other	<p><b>Budget Work Groups Update: Administrative Burden, System Redesign, Rate Standardization</b></p> <p>Ron reported that the three budget work groups need to have their reports completed by the end of the month.</p>
IX. Public Comment	A member requested that acronyms be spelled out the first time they are referred to in the minutes. June responded that the Consumer Council has developed a list--she will bring a copy to the next meeting.
X. November Agenda Items	<p>The November meeting will be held in an alternate location, to accommodate the APS Healthcare presentation that will take place following adjournment of the CSN meeting.</p> <p>Budget/Legislative Update  Work Plan Subcommittee Reports  Psychiatric Advance Directives  Report from Spring Harbor on Gatekeeper Function  Budget Work Groups Update</p>