

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

Approved Minutes

Members Present:

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Susan Bundy, Alternative Services • Craig Phillips, Common Ties MH • John Coffin, Common Ties MH • Mark Tully, Community Correctional Alt. • Tracy Quadro, Community Mediation Services • April Guagenti, Evergreen/Franklin Memorial | <ul style="list-style-type: none"> • June Watson, Friends Together • James Talbott, Merrymeeting Behavioral • Ron McHugh, OCMHS • Sandy Dunn, Pottle Hill • Heather Bingelis, Richardson Hollow • David Proffitt, Riverview Psychiatric Center | <ul style="list-style-type: none"> • Diane York, Rumford Hospital • Tom Vurgason, St. Mary's/Sisters of Charity • Darlene Glover, Stephens Memorial Hosp. • Stephanie Crystal Wolfstone-Francis, TPG • Chris Copeland, TCMHS |
|--|--|---|

Members Absent:

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> • AHCH • Beacon House • Bridgton Hospital • Central Maine Medical Center • Christopher Aaron Counseling Center • Community Concepts | <ul style="list-style-type: none"> • Community Rehabilitation Services • Creative Work Systems • ESM (excused) • Lutheran Community Services • Maine Vocational Associates | <ul style="list-style-type: none"> • Pathways Inc • Possibilities Counseling • RM-Transitions Inc. • Rumford Group Homes • Supportive Housing Associates • Transitions Counseling Inc. |
|--|---|--|

Others Present:

Staff Present: DHHS/OAMHS: Don Chamberlain, Sharon Arsenault. 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 minutes from the March meeting were approved as written.
III. Rate Standardization/Budget Update	<p>Don reported that the budget/rate standardization is in flux at present. Discussions are ongoing—there are some elements of agreement between DHHS and provider re: rate standardization, but would have to be approved by Appropriations and the Governor. The current proposal [as of date of this meeting—since changed] saves \$10M over the biennium: \$3M year one and \$7M year two. It also creates three workgroups to focus on: 1) rate methodology, 2) administrative burden, and 3) system changes.</p> <p>He also informed that the Administrative Services Organization (ASO) Request for Proposal (RFP) is out. The ASO only covers MaineCare services, not grant funds.</p> <p>Chris Copeland added that if approved by Appropriations, rates for most services will be cut by 3.5%, starting July 1. ICI (Intensive Community Integration) services will have deeper cut and medication management will not change.</p> <p>A question was asked about the contract process for this next year. Don said that allocations should have or shortly will go out for this area.</p>

Agenda Item	Presentation, Discussion
IV. LD 1745: CSN Legislation	<p>Members received a draft of LD 1745, “An Act to Improve Continuity of Care within Maine’s Community-based Mental Health Services.” Don noted that “consumers and family members” need to be added to §3608 where it states “A network shall consist of...” He said the AAG (Assistant Attorney General) working on the Confidentiality Statement will also look at Item F under Responsibilities to make sure everything is consistent with current understanding and practice. OAMHS sees this as clarifying, not changing, current policy.</p> <p>Chris Copeland requested that subsection 1-A “Areas,” Paragraph E, be revised to include No. Cumberland County (Bridgton area), as that area is actually part of CSN 5.</p> <p>Another member expressed concern about wording in Paragraph F under “Responsibilities” where it refers to an “entity” participating in the process of determining “the client lacks the capacity to give consent” around information sharing.</p> <p>Don said he will asked the AAG to address all questions around this language and also give some examples of situations that could occur.</p> <p>ACTION: OAMHS will notify CSN members when this legislation is scheduled for hearing.</p>
V. Report to the Court Master	<p>Members received copies of two documents submitted to the Court Master on March 16, 2007: 1) Letter (addressing his concerns on the Quarterly Report), and 2) Summary Assessment of Resource Gaps by CSN. Don explained: Deadlines required that OAMHS submit this baseline report to the Court Master, using the best information available, including input from CSN meetings, self-reports from agencies, RDS unmet needs data, and MaineCare data. Ongoing review of the core services will continue at the CSN meetings, and input from the CSNs will be considered in subsequent reporting to the Court Master.</p> <p>Review of service gaps reported for CSN 5:</p> <ul style="list-style-type: none"> • Crisis: Identified need for 2 crisis stabilization beds; OAMHS committed to TCMHS to expand by 2 beds. • Community support: Greater than 7-day wait for CI—data showed discrepancy, so listed as gap. • Outpatient: Greater than 30-day wait times. • Medication Management: Statewide gaps—greater than 10-day wait. • Residential: Need additional supported housing resources. • Vocational: Statewide unmet need, benefits and employment specialists. <p>Comments/discussion:</p> <ul style="list-style-type: none"> • Re: Inpatient Beds--Rumford Hospital initiated a discussion about wait times in community hospitals for inpatient psychiatric beds. In order to keep people from waiting in the ER for sometimes as long as 2 or 3 days waiting for a bed, Rumford Hospital will admit them on an inpatient basis, even though the hospital does not have a psych unit. Don said this information is very pertinent and acknowledged that OAMHS does not have reportable data/counts and would need to gather that information from community hospitals. He also reiterated that the Court Master expects CSNs/OAMHS to identify all unmet needs and put the necessary funding requests into budget proposals.
VI. Crisis Services, Community Support Services	<p><u>Community Support Services</u></p> <p>Members received a handout of Performance Indicator data for Community Integration (CI), Intensive Community Integration (ICI), Assertive Community Treatment (ACT) for the first 2 quarters of FY07. Don asked for a conversation around what members perceive as issues/reasons when people aren’t assigned a case manager within 7 days of eligibility</p>

Agenda Item	Presentation, Discussion
	<p>determination.</p> <ul style="list-style-type: none"> • Some agencies said they don't count as "admitted" until eligibility is determined. • TCMHS' computer system measures assignment from phone call (wherein eligibility is preliminarily determined) to when the person is actually seen. The measure is 7 days to be <i>assigned</i>, not <i>seen</i>. • Provider consensus at the meeting: non-cats and uninsured are not counted in this data. • Agencies sometimes offer services that MaineCare non-categorical does cover, i.e. outpatient, med management. Those are services they are able to get, not necessarily what might be best clinically.* • Need to provide some forum for consumers to report when they are turned away. • Could add column for referrals to Performance Indicators. • Interpretation of Section 17 and 65 can vary from agency to agency. <p>Don said he was "concerned about conversation about level of care," (fourth bullet above) and summarized two issues: 1) determining if there's a problem with people who don't get in due to staff shortages, and 2) getting a handle on people not getting in the door at all—how to capture data to determine the scope of the problem.</p> <p>Members engaged in a long discussion about how people may or may not be accepted for services depending on level of MaineCare coverage, availability of grant dollars for uninsured people, and how to capture the number and reasons why people are turned away.</p> <p>ACTION: Providers requested to ask their staff to weigh in on how they could capture this information.</p> <p>Members requested that providers be given a uniform definition of how to report the 7-day issue and also that OAMHS decide what data does not need to be collected.</p> <p>Don informed that OAMHS has concluded that non-cats will be considered the same as uninsured re: grant funds.</p> <p><u>Crisis Services</u> Don reiterated that CSN 5 has three crisis providers, Evergreen, TCHMS, and OCMHS; OAMHS considers crisis services to be covered.</p> <p>Evergreen proposed that Franklin County crisis calls come directly to Evergreen, rather than be routed through TCMHS as currently occurs.</p>
VII. Draft Outcomes and Statistics	<p>Don said OAMHS had hoped to have drafts to distribute. They're looking to determine key things that should be measured, what can be culled out, what should be counted to determine how well CSN is doing.</p>
VIII. Peer Services	<p>Stephanie Crystal reported in detail about many needs and topics identified by the peer services subcommittee, including:</p> <ul style="list-style-type: none"> • Definition of "peer" • Transportation • Consumer Council System • Crisis beds in Franklin County • Individual Service Plans, Advance Directives, and Crisis Plans • ACT Team

Agenda Item	Presentation, Discussion
	<ul style="list-style-type: none"> • 24-hour support groups • Need for focus groups for more input: What is a peer? What is peer support? What peer support do you want? What peer support will you be willing to do? <p>Stephanie said they are planning to hold focus groups in May in Rumford, Farmington, and Lewiston. The group encouraged adding So. Paris and Bridgton, too.</p> <p>The group discussed the crucial issue of transportation:</p> <ul style="list-style-type: none"> • Need to establish some kind of program for transportation. • Transportation is always an issue on the table, and nothing ever gets done. • De-centralizing services could be a way—satellite locations—use space at health care centers, for instance. • Transportation will be an issue, even for attending the forums. <p>June Watson distributed a flyer for the upcoming MAPSRC Conference.</p>
IX. Outpatient	Discussion next month re: wait times greater than 30 days for outpatient services, with focus on SMI (Seriously Mentally Ill) population covered under Section 17.
X. Training	Don told the members that OAMHS is looking for their input on training issues and needs for agencies, consumers, etc., to inform the Muskie contract for the upcoming year. Chris Robinson, OAMHS Best Practices Coordinator, will be present at the May meeting to discuss this.
XI. Other	<p>Sharon informed the members of a forthcoming new pilot project for Region II for regarding PNMI referrals and placements. A universal intake form is being developed for agencies to complete, which will go to Beacon Health Strategies for their decision on whether PNMI is the appropriate level of care. (If not, they will make recommendations.) For those approved for PNMI level of care, a 4-member panel at OAMHS (including Sharon) will decide which residential opening best fits the need and approve that placement. Jane Giroux at OAMHS (287-8118) is now the contact person for residential placements. Providers will no longer contact residential agencies directly.</p> <p>Don reported that OCMHS is now approved to provide Community Integration Services.</p>
XII. Public Comment	None.
XIII. May Agenda Items	<p>Outpatient Medication Management Peer Services Training</p>