

**Community Service Network 5 Meeting  
DHHS Offices, Lewiston  
May 21, 2007**

**Approved Minutes**

**Members Present:**

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|-----------------------------------------------|--------------------------------------------------|-----------------------------------------------|
| • Susan Bundy, Alternative Services           | • June Watson, Friends Together                  | • Tom Vurgason, St. Mary's/Sisters of Charity |
| • Craig Phillips, Common Ties MH              | • Christine Vincent, Lutheran Community Services | • Ira Shapiro, St. Mary's/Sisters of Charity  |
| • Dale MacDonald, Common Ties (100 Pine)      | • Darlene Hayden, OCMHS                          | • Darlene Glover, Stephens Memorial Hosp.     |
| • Mark Tully, Community Correctional Alt.     | • Andrea Krebs, Possibilities Counseling         | • Donna Ruble, Sweetser/Protea                |
| • Ryan Gallant, ESM                           | • Lauret Crommett, Riverview Psychiatric Center  | • Stephanie Crystal Wolfstone-Francis, TPG    |
| • April Guagenti, Evergreen/Franklin Memorial | • Diane York, Rumford Hospital                   | • Chris Copeland, TCMHS                       |

**Members Absent:**

- |                                       |                                              |                                 |
|---------------------------------------|----------------------------------------------|---------------------------------|
| • AHCH                                | • Community Mediation Services (excused)     | • Richardson Hollow (excused)   |
| • Beacon House                        | • Community Rehabilitation Services          | • RM-Transitions Inc.           |
| • Bridgton Hospital                   | • Maine Vocational Associates                | • Rumford Group Homes           |
| • Central Maine Medical Center        | • Merrymeeting Behavioral Services (excused) | • Spring Harbor (excused)       |
| • Christopher Aaron Counseling Center | • Pathways Inc                               | • Supportive Housing Associates |
| • Community Concepts                  |                                              | • Transitions Counseling Inc.   |

**Others Present:** Russell Getchell, Jr., 100 Pine

**Staff Present:** DHHS/OAMHS: Don Chamberlain, Marya Faust, 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	In light of impending mental health budget cuts and the resulting uncertainties for both providers and consumers, Don and Marya gave the group the option to vary from the planned agenda discussion to focus on these more pressing issues and concerns.
III. Legislative Updates: Budget, bills, rate standardization	Don and Marya informed members of the latest budget information: The budget and rate standardization are still in flux. However, both Democrats and Republicans do agree on the total amount that must be saved by rate standardization over the next biennium: \$20M. They differ on how to split the amount between the two years: Democrats: \$6M and \$14M for 2008 and 2009, respectively. Republicans: \$10M and \$10M. Marya said OAMHS had hoped the Appropriations Committee would make substantial progress with the mental health budget in their sessions over the weekend, but nothing was settled.  Don also explained that OAMHS is working on an advisory to providers regarding holding them harmless for a couple of months after July 1, (possibly using grant dollars for FY 08 "up front" to keep rates at current levels, providing a transition period to the new rate structure). They understand the providers need OAMHS guidance re: contracts.
IV. Training Needs for the CSN Area: July 2007-June 2008	
V. Consent Decree Quarterly Report	
VI. Guidelines for Psychiatric Hospitalization Process	
VII. Policy Council Report	
VIII. Peer Services	
IX. People Not Entering the System	Highlights from the meeting discussion as follows:
X. Update on Vocational Services	<ul style="list-style-type: none"> <li>• Is it true that ICMs (Intensive Case Managers) will not be replaced...being phased out? Marya explained that the Governor's budget does propose that funds for 30 ICM positions be transferred to the Office of Integrated Access</li> </ul>

Agenda Item	Presentation, Discussion
XI. Outpatient Services XII. Medication Management XIII. Other XIV. Public Comment XV. June Agenda Items	<p>and Support (OIAS) through the process of attrition—ICMs who retire or leave will not be replaced. The member replied: That is a <u>big loss</u> for hospitals re: discharge planning.</p> <ul style="list-style-type: none"> <li>• Appreciate anything we can do to be flexible and planful during what could be a “perfect storm.”</li> <li>• I heard case management will take a hit—why are you taking away more and more services? “We have no money.”</li> <li>• The services consumers want are more peer-oriented.</li> <li>• Perhaps funds can be prioritized by determining who’s more seriously ill, who’s less ill...Tier 1, Tier 2, etc. Need major reorganization strategies.</li> <li>• Managed care never saves as much as expected. Doesn’t make sense to keep doing things the way we’re doing it.</li> <li>• What is essential, core? What services can we look at differently?</li> <li>• We’re talking about people with SMI (Serious Mental Illness). Don replied that those people are the focus (with a little on the periphery) of OAMHS.</li> <li>• Perhaps a group of providers and consumers should sit down and talk about what we need and what we don’t need.</li> <li>• How much influence do we have? I don’t want to spend time discussing things over which we have no control.</li> <li>• The greatest danger of cuts being really damaging is if the services are cut “scattershot,” with services let go here and there, people let go here and there. The response has to be organized and unified among all providers.</li> <li>• How come MR (Mental Retardation) services always gets whatever they want? Answer: They’ve had their share of cuts; however, that population does have more access to grants and philanthropy.</li> <li>• It will be up to individual providers to look at the rates and decide if they can provide the service or not.</li> <li>• I’m so focused on numbers [what cuts will actually be]—it’s difficult to discuss priority populations or “what ifs.”</li> <li>• The Consent Decree was/is a roadmap—are we going to be able to meet the Consent Decree? 24/7 record availability, for instance, may not happen. The system will be rate-driven rather than policy-driven.</li> <li>• Marya explained that the ASO (Administrative Services Organization) deals with MaineCare only. OAMHS grant funds are not under the ASO—it was too complicated to add that to the start-up—“Step One” for now.</li> <li>• Also, the Beacon review of community integration services showed that 18-20% were not receiving the level of care they needed. Most of those needed a higher level of care, particularly ICI (Intensive Community Integration).</li> <li>• Don also said the enrollment criteria for Section 17 MaineCare services will be centralized with the ASO and more standardized re: clinical eligibility.</li> <li>• What will happen to OAMHS if these cuts result in Consent Decree not being able to be met? Marya: The Court Master is concerned/has asked that OAMHS report on resource gaps by July 15. Our obligation and responsibility is to put forth the needs and not for the legislature’s funding decisions.</li> <li>• Don: Under the current framework, the theory is to <i>standardize</i> rates for services, not to <i>cut</i> services—perhaps other providers would come forth to provide services at the new rates.</li> <li>• Until we know what’s going on [with rates], we can really determine what we need to do.</li> <li>• If ‘x’ amount of dollars are cut, it will result in performance standards, e.g. 30-minute crisis response, being harder to meet. Response: OAMHS will be watching these indicators very carefully.</li> <li>• We come to these meetings and it’s about the centralized view—Consent Decree—a lot of things we don’t really need to spend time on. This could be a major opportunity to de-centralize and have individual areas decide how to deliver services.</li> <li>• Whether we do it ourselves or Geoff Green [DHHS Deputy Commissioner] does it, we’d have to look at community integration services to save an amount as large as \$10M.</li> </ul>

<b>Agenda Item</b>	<b>Presentation, Discussion</b>
	<ul style="list-style-type: none"><li>• Can't really have much discussion about this until numbers come in.</li><li>• If budget isn't settled by July 1, the new rates would/could be retroactive back to July 1.</li><li>• Members mentioned the possible decreasing choices for consumers if some providers decide not to offer certain services. Choice is not available in many aspects of the health care world. Consumers may have less choice, but we need to provide the services. The system will be less flexible.</li></ul> <p>Members decided that if the budget has not been approved by their June meeting date (18<sup>th</sup>), they would not hold a June meeting at all. If budget is settled, a June meeting will be held.</p>