

**Community Service Network 5 Meeting  
DHHS Offices, Lewiston  
June 16, 2008**

**Approved Minutes**

**Members Present:**

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| • Jean Nielsen, AIN                                | • Rebecca Chandler, Evergreen/Franklin Memorial | • Angela Desrochers, MMC Emp Spec, CSN 5 |
| • Kim Lane, Alternative Services                   | • Scott Morrison, Lutheran Community Services   | • Bob Fowler, Sweetser                   |
| • Craig Phillips, Common Ties MH                   | • Tonya Williams, Merrymeeting Behavioral       | • Stephanie Crystal Wolfstone-Francis    |
| • Bill Tanner, Community Correctional Alternatives | • Ron McHugh, Oxford County Mental Health       | • Chris Copeland, TCMHS                  |

**Members Absent:**

- |                        |                               |                                 |
|------------------------|-------------------------------|---------------------------------|
| • AHCH                 | • Friends Together (excused)  | • Spring Harbor Hospital        |
| • 100 Pine Common Ties | • Maine Vocational Associates | • St. Mary's/Sisters of Charity |
| • Community Concepts   | • Rumford Hospital            | • Stephens Memorial Hospital    |
| • ESM                  | • Rumford Group Homes         | • Supportive Housing Associates |

**Others/Alternates Present:**

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| • Anita Brown, Lutheran Community Services | • Chip Cooper, Lutheran Community Services |
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**Staff Present:** DHHS/OAMHS: Sharon Arsenault, Don Chamberlain, Cindy McPherson. Muskie School: Elaine Ecker, Nadine Edris.

Agenda Item	Discussion
I. Welcome and Introductions	Sharon opened the meeting, and participants introduced themselves.
II. Review and Approval of Minutes	The April minutes were approved as written.
III. Enrollments/RDS update	<p>Don reported on the progress of data entry for enrollments and RDS (Resource Data Summary) information. Overdue entries have improved from 58% to approximately 30% by the May 15<sup>th</sup> deadline, but 15% mark must still be met. Some providers have received "Level II" contract notices from OAMHS, meaning that they must have a compliance plan in place to meet the 15% level in order to receive a contract for FY 2009. Don further explained this covers only cases already in the system, not the substantial number that have never been enrolled.</p> <p>As of August 1, APS Healthcare will take over the enrollment and RDS process and download to the state's EIS/RDS system--thus eliminating the need for providers to enter data into both systems. At that point, the many missing enrollments must be entered into their system in order for providers to receive payment for services. This and the continuing stay reviews should result in current and accurate information. Don emphasized the importance of this data, since it drives unmet needs reports and complies with the Consent Decree as a basis for budget requests.</p> <p>Don said OAMHS is working on aligning the 90-day RDS update and the 180-day continuing stay review requirements—more to come on that.</p>
IV. Review of Crisis Data	<p>Members received copies of Adult Mental Health Crisis Reports for the 3<sup>rd</sup> Quarter of State Fiscal Year 2008, including: 1) the statewide summary for all providers of adult crisis services, 2) individual data "face sheets" for each provider in the state, and 3) data packet(s) for the crisis provider(s) in their CSN (Evergreen, TCMHS, and OCMHS in CSN 5). Don noted that the next round of reports will include percentages on the face sheets and pie charts will be better labeled.</p> <p>Don also reported that crisis providers will be meeting on June 18 to go through data categories to clarify consistent definitions and counting/reporting practices.</p>

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	<p>Don reviewed the statewide data with the group, and pointed out:</p> <ul style="list-style-type: none"> <li>• EMMC (Bangor) and MMC (Portland) handle all of the mental health crises that come into their own EDs, and don't contact crisis services. Those numbers are not reflected in state figures.</li> </ul> <p><u>Question:</u> Do those hospital systems work better? A: Crisis providers get fewer calls in those areas. Whether it results in more hospitalizations is unknown.</p> <ul style="list-style-type: none"> <li>• Lower than expected numbers re: those who have a community support worker whose wellness plan, crisis plan, ISP, or advanced directive plan was used in face-to-face contacts with crisis. (592 of 1504)</li> </ul> <p><u>Discussion:</u></p> <ul style="list-style-type: none"> <li>○ Have we ever assessed when and how the plans are being received? Are crisis providers finding it effective, and how can we improve it? If we're doing it, it should have value—how can we make it more effective?</li> <li>○ OCMHS Crisis: Have found the crisis plans and advance directives very valuable, if they are <u>current</u>.</li> <li>○ Cindy McPherson, Consent Decree Coordinator, said that the Consent Decree requires an update every 90 days and after a higher level of care. During visits to community support agencies, she finds most clients have a plan and numbers are improving on the 90-day review, but sees very little follow-up after higher level of care to see if the plan was effective.</li> </ul> <ul style="list-style-type: none"> <li>• Concern that 2,622 of 5,670 face-to-face contacts with crisis occurred in Emergency Departments (EDs). Department wants to see more occurring in the community.</li> <li>• Involuntary hospitalization numbers are lower than might be expected anecdotally.</li> </ul> <p>Other Discussion:</p> <ul style="list-style-type: none"> <li>• OCMHS crisis data shows that only 19 of 77 clients with community support workers used plans in the crisis. Why haven't people with community support workers made plans? OCMHS response: A lot of clients who have community support workers are clients of other agencies, and they don't deposit plans with us.</li> <li>• Data doesn't specify where people are coming from. Where was their place of origin (shelter, homeless, residence, etc.) when came into crisis? That information might indicate where services can be adjusted to help those people more.</li> <li>• Is the data being used for Consent Decree compliance? A: Yes.</li> </ul> <p><u>Crisis Consolidation Plan</u></p> <p>At this point, Don reviewed the upcoming work on crisis services statewide and reported on current and future activities. Don informed that OAMHS will contract with current crisis providers as usual for the first eight months of FY 09. Beginning March 1, the new consolidation plan must be implemented and new contracts will be issued based on that. Accordingly, this work will have high priority over the coming months, Don said.</p> <ul style="list-style-type: none"> <li>• The original RFP plan for one provider per district was replaced with a proposal that all crisis providers, crisis stabilization unit providers, and hospitals within each district work out the savings and system consolidation/integration features by means of MOUs (Memorandums of Understanding).</li> <li>• The Department has established a work group to determine the parameters of crisis services and establish the distribution of funds per district. The six-member work group consists of a two staff from OAMHS, two from</li> </ul>

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	<p>Children’s Services, one family member, and one consumer.</p> <ul style="list-style-type: none"> <li>• After the work group completes its tasks, the providers will hold meetings to work out the delivery of the services in their district by developing proposed MOUs amongst themselves. The Department will not be involved until the proposals come back.</li> <li>• CSN 2 recommended that provider input be included in the work group, Don said, and OAMHS has decided that the work group will seek provider information from each CSN in order to better understand how and why the current system operates as it does, both organizationally and financially. More consumer input by district will also be solicited.</li> </ul> <p>CSN 5 members voiced agreement that more input is needed beyond the six-member work group:</p> <ul style="list-style-type: none"> <li>○ It’s important to have all parties at the table from the beginning. The plan should go forward thoughtfully. Should seriously consider enlarging the work group. Not a very helpful message to the community that the State decided to have such a small work group.</li> </ul> <p>Other discussion:</p> <ul style="list-style-type: none"> <li>• Can children’s and adult crisis services be integrated effectively? A: The system that gets developed in a CSN needs to serve kids and adults in an integrated manner. How that works will be worked out in each district. The public walking in the door needs to experience it as one crisis system.</li> </ul>
<p>V. Hospital and Crisis Communication</p>	<p>Don explained that Regions I and III meet regularly to work on relationships, policy, procedure, or case-by-case debriefs to improve crisis services. In Region II, OAMHS did not encourage that to occur because CSNs were starting and thought the work might be duplicative. Now, however, this requires some kind of dialogue. OAMHS is suggesting that each of the three CSNs in Region II establish a group that regularly meets, primarily crisis and hospitals, to take a look at how it’s working.</p> <p>Rebecca of Evergreen said she tried to organize a meeting with St. Mary’s and the three crisis providers in the CSN, but held off because of the upcoming crisis consolidation work. Another member pointed out that as the work on the crisis system and structure goes forward, those discussions will happen necessarily.</p> <p>The discussion resulted a decision not to establish a meeting until after the crisis work is completed. Points brought up during the discussion:</p> <ul style="list-style-type: none"> <li>• Rebecca of Evergreen said their response times for placement are getting longer and longer, noting they are equidistant between Augusta and Lewiston.</li> <li>• Ron of OCMHS queried: Has the whole concept of a primary hospital for a district outlived itself? “If we can get a bed, we’ll send people just about anywhere.”</li> <li>• “If we’re going to improve the system of referral, we need a wide variety of hospitals on the menu.”</li> <li>• Hospitals need a common set of criteria to follow—things like lab work thrown in at the “last inning” cause additional problems.</li> <li>• The Consent Decree requires admission to hospital closest to person’s residence.</li> </ul>
<p>VI. Unmet Needs Reports</p>	<p>Participants received a multi-page report on the EIS/RDS enrollment and unmet needs data for the 3<sup>rd</sup> Quarter of FY 2008 (Jan-Mar) prepared by Helen Hemminger of the Muskie School in conjunction with OAMHS.</p> <p>Don re-emphasized the importance of this unmet needs data in budget planning and Consent Decree compliance, and the essentiality of it being up-to-date and complete. The system is programmed to determine if a need is <i>unmet</i></p>

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	<p>according to specific time parameters for each service category. Also, OAMHS would like fewer entries under “Other” subcategories, preferring that case managers use named categories if possible.</p> <p>It is the responsibility of community support workers (CSWs) and consumers to work together to make sure unmet needs appear on the ISP Individual Service Plans and CSWs enter needs into the system. CSWs are trained—though additional training may be needed—Consent Decree Coordinators (CDCs) and agencies do the trainings.</p> <p>The group reviewed the materials, and noted that most of the changes between Qtr 2 and Qtr 3 probably reflect data cleaning and better reporting. Also noted: CSN 5 had 48% of its enrollments current compared with 69% statewide.</p> <p><b>ACTION:</b> If members have feedback on any of the unmet needs graphs or tables, please send to Elaine, <a href="mailto:eecker@usm.maine.edu">eecker@usm.maine.edu</a>.</p>
VII. Consumer Council Update	<p>Stephanie gave the following updates on the Consumer Council System of Maine:</p> <ul style="list-style-type: none"> <li>• The Statewide Consumer Council (SCC) is the process of hiring an Executive Director.</li> <li>• The SCC recently went on a retreat to solidify things and “get everyone on the same page.”</li> <li>• Local Councils: Held in Lewiston monthly; starting up in Rumford.</li> </ul> <p><b>ACTION:</b> Stephanie will send local council meeting times, locations, etc., to Elaine to forward to all members.</p>
VIII. Legislative Session January 2009	<p>Don briefly explained that initial budget work for FY 2010 begins in August and also encouraged members to raise issues for which they would like to see legislation submitted by OAMHS. Further discussion on both budget and bills will be on the August and following agendas.</p> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• It’s difficult to look to August when we don’t know what’s going to happen in July...</li> <li>• How do you foresee things rolling out? How will we (CSN) advocate for this region and how will it be received? A: Unmet needs reports will become the basis for requests from OAMHS to Governor to Legislature. Unmet needs on the CSN level will be taken into consideration.</li> </ul> <p><b>ACTION:</b> Members may send ideas or input on legislation to Elaine, <a href="mailto:eecker@usm.maine.edu">eecker@usm.maine.edu</a>.</p>
IX. Community Integration and ACT Funding	<p><u>FY 2009 Contracts</u> Don and members discussed issues around FY 2009 contracts for various services. Some have gone out, i.e. Community Integration, but some are held up due to more complicated process, i.e. Residential. Don informed that OAMHS needs very detailed descriptions of residential programs in order place them in the appropriate category. More information on that will be coming shortly.</p> <p>Don said that no changes have been made as yet to the “bed hold” days. OAMHS is “rolling forward as it was, to get contracts underway.” All should be billing at 85% occupancy rate. When changes come, OAMHS will “make adjustments at that juncture.”</p> <p>Questions:</p> <ul style="list-style-type: none"> <li>• Is this full-steam ahead even though the radar is out and it’s pitch black? A: OAMHS will take the hit on it.</li> <li>• Is there consideration in terms of budgets and contracts of how the crisis in energy costs is affecting providers? OCMHS experiencing 200% increase over last year. A: There has not been.</li> </ul>

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	<ul style="list-style-type: none"> <li>• To go on record: At some point, with fuel costs going up, it may become completely unbearable.</li> </ul> <p>The group decided to go on record officially as a CSN by passing the following:</p> <p><b>MOTION: CSN 5 charges OAMHS with identifying additional fiscal resources to help community mental health providers with the rising costs of heating and travel fuel expenses.</b></p> <p><u>Community Integration and ACT Funding</u>  Don explained the process for accessing general funds for Community Integration (CI) and ACT services, beginning August 1: <i>(Please note: For clarity and consistency, the notes below include some information given at other CSN meetings).</i></p> <ul style="list-style-type: none"> <li>• OAMHS chose not to assign dollars to agencies as in the past, but to pool the funds and disburse on a case-by-case basis.</li> <li>• All CI providers will have access to the funds. CI provider contracts will contain a “not to exceed” dollar amount—a technical fiduciary requirement in order to disburse funds for those services. The amount may be amended, if necessary.</li> <li>• The process is to apply through APS Healthcare and register for prior authorization (PA) in the same way it is done for MaineCare services. APS will give the PA and do reviews for continued services. The difference is the payor—providers will bill OAMHS and OAMHS will match the authorization with the invoice and process payment.</li> <li>• OAMHS is working to finalize the eligibility criteria list--so far it includes: <ul style="list-style-type: none"> <li>○ People coming out of hospitals</li> <li>○ People coming out of jails</li> <li>○ People coming out of CSUs (crisis stabilization units)</li> <li>○ People on spend-down with income under 150% of poverty level</li> <li>○ People on SSI/SSDI under 150% of poverty level</li> </ul> </li> <li>• APS will screen for eligibility using the final criteria list.</li> <li>• Dollars will be distributed by CSN, by the number of people with SMI (severe mental illness). This number will be calculated using the population of adults and the percentage of the population that is expected to have SMI, as determined by the National Institutes of Health.</li> <li>• Small amount for Daily Living Skills is included in this funding pool.</li> </ul> <p>IMPORTANT: People already receiving grant-funded CI services will continue to do so in the usual manner through the end of July.</p> <p><u>WRAP Funds</u>  For the first six months of FY 09 contracts, distribution of WRAP funds will continue as in FY 08. At that point, OAMHS will ask CSNs to have conversations about how to handle those funds for the remaining six months.</p>
X. Transportation Subcommittee	Nothing additional to report at this time.
XI. Other	<p><u>MMC Employment Specialist Initiative</u>  Angela Desrochers, CSN 5’s Employment Specialist (ES), introduced herself and shared her progress in this new position. She works mainly with TCMHS and Common Ties. She explained and distributed copies of the “Need for</p>

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	<p>Change" tool, saying it is based on the research work of Dr. Edward Casper into why the employment rate for those with SMI is so low. Using the survey, clients self-rate to determine how satisfied or dissatisfied they are with their current employment or education, and the ES will start building caseloads based on their responses.</p> <p>The group discussed the availability of the tool and the ES services to other agencies in the CSN, asking how soon after embedding in host agency may other agencies make referrals?</p> <p>Don informed that OAMHS is clarifying this with the MMC Vocational Department.</p> <p><u>PNMI Pilot Project</u>  Sharon said this regional pilot project is ending, and a statewide process will be implemented on August 1. Consent Decree Coordinators will put together a PowerPoint presentation for case management supervisors on how to make referrals under the new system.</p>
XII. Public Comment	None.
XIII. Meeting Recap and Agenda for Next Meeting	<p><u>Meeting Recap</u>  See <b>ACTION</b> items above.</p> <p><u>Next Meeting</u>  Members voted to cancel the July CSN meeting. The next meeting will be on August 18.</p> <p><u>August Agenda</u>  Budget/Legislation FY 2010  Consumer Council Update  Transportation Subcommittee</p>