

**Community Service Network 6 Meeting
DHHS Offices, Portland, Maine
August 17, 2007**

Approved Minutes

Members Present:

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| <ul style="list-style-type: none"> • Peter Driscoll, Amistad • Sally Temm, Catholic Charities • Kathie Renz, Casco Bay Mental Health • Laura Gottfried, Community Counseling Center • Tracy Quadro, Community Mediation Services • Lois Jones, Counseling Services Inc. • Sherry Sabo, Counseling Services Inc. • Susan Percy, Creative Work Systems • Kirk Little, Ingraham | <ul style="list-style-type: none"> • Burma Wilkins, Mercy Hospital • Lois Skillings, Mid Coast Hospital • Richard Balser, MMC/Voc Services/Spring Hbr. • Tracie Morgan, NAMI-ME Families • Jennifer Tingley Prince, NOE • Susan Boisvert, Parkview Adventist Med Ctr • Maria Tripp, Preble Street • Joe Brannigan, Shalom House Inc | <ul style="list-style-type: none"> • Holly Hathaway, Smart Child & Family • Cathleen Snow, Spurwink/Portland Help Ctr • Cindy Fagan, Sweetser • Kelli Star Fox, Transitions Counseling • Karen Evans, Transition Planning Group • Christine Holler, Transition Planning Group • Vicki MacWhinnie, VOA • Andrea Paul, Youth Alternatives |
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Members Absent:

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| <ul style="list-style-type: none"> • AIN • Freeport Counseling • Goodwill Industries | <ul style="list-style-type: none"> • Gorham House • Hawthorne House • PSL-Services | <ul style="list-style-type: none"> • Sweetser Peer Center • Work Opportunities Unlimited |
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Others present:

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| <ul style="list-style-type: none"> • Vickie McCarty, CCSM | <ul style="list-style-type: none"> • Kelly Staples, DHHS |
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Staff present: DHHS/OAMHS: Ron Welch, Don Chamberlain, Leticia Huttman, Carlton Lewis, Jamie Morrill. Muskie School: Sandra Hobbs, Elaine Ecker.

Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Carlton opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	The June minutes were approved as written.
III. Provision of public mental health services	<p>Discussion of Eligibility Categories by service areas for public funding</p> <p>Ron explained that OAMHS is making its first attempt to more clearly define the non-Class member population who will be eligible to receive publicly funded mental health services, noting that system must respond equally to both Class members and “like persons” that are not Class members.</p> <p>To save paperwork and redundancy for agencies, OAMHS is looking at using the enrollment criteria for Section 17 MaineCare services in clarifying the target population eligible to be served by general (grant) funds, both in terms of clinical need and income level. Ron said this will be a very careful process, going into effect FY2009.</p> <p>The group went through each section in the handout “Draft General Fund Support for Community Integration” dated August 8, 2007, and as requested gave feedback and comments for OAMHS to consider in preparing a more final version. Don noted that two groups will be added based on previous CSN feedback: 1) people in jail, and 2) people hospitalized in IMDs.</p> <p>Areas of concern or groups to add:</p>

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	<ul style="list-style-type: none"> • <u>MaineCare non-categorical</u>: Need to have a procedure for access to the Team Leader, with consistent review criteria. • <u>Medicare</u>: Many Medicare clients receive a few too many dollars to qualify for MaineCare or they are dually-diagnosed and therefore ineligible. Members discussed “Spend down” as a possible solution re: income level. • <u>No other insurance</u>: The dually-diagnosed may fall into this category, because they often get denied MaineCare. For unclear reasons, MaineCare considers the substance abuse disorder as primary, and therefore denies coverage. Even when mental illness is primary, they may still be denied. (Don said he would like to get some concrete cases of people believed to be MaineCare eligible, but were denied, and review them with MaineCare eligibility people to see where the problems lie.) • <u>Class Members</u>: Ron noted that the only service the Consent Decree guarantees to Class members is a community support worker who helps develop a plan and identify unmet needs. Maine has done much more than that. • Add people with MR and MI? <p>Distribution of grant funds</p> <p>Ron also informed the group that OAMHS will be changing the distribution of its general (grant) funds. The current distribution has evolved over time for a variety of reasons and the result is not equitable. OAMHS also needs to ensure the services being purchased meet the priority needs of the target population.</p> <p>Except for peer and vocational services, funds will be redistributed according to the numbers of people with severe and persistent mental illness (SPMI) residing in the CSN, for direct client services only. CSNs will make decisions about the priority needs in the CSN, and grant funds will be distributed to agencies accordingly. Ron said OAMHS will have a concrete proposal for the October CSN meetings and go through a “full airing” before going into effect FY 2009.</p> <p>Feedback:</p> <ul style="list-style-type: none"> • Perhaps OAMHS should not only consider the number of people in each CSN with SPMI, but also how many in each CSN actually need grant-funded services. • Concerned that all this work will be done by the CSNs and OAMHS regarding distribution, and then the legislature will cut the general fund allocation. • Unmet needs should include the people who are no longer on a wait list because they could not wait any longer for services. • Wraparound funds? Will be preserved and still approved by Team Leaders. • A ‘rainy day’ or emergency fund should be established for mental health needs.
<p>IV. Consent Decree Report of July 13, 2007: Gaps in Service by CSN</p>	<p>NOTE: A member request resulted in the agenda change of moving item IX. to IV.</p> <p>Ron reviewed the Gap Report OAMHS submitted on July 13 to the Court Master. Among other sources, OAMHS went back over CSN minutes to include areas identified as gaps. He also mentioned that Peer Services and Crisis Stabilization Units were gaps identified around the state, but that this CSN did not have gaps in those services.</p> <p>Housing issues:</p> <ul style="list-style-type: none"> • A member stressed the significant shortage of housing resources, i.e. BRAP (Bridging Rental Assistance Program) slots, saying 20 per month, 5 per week available statewide, doesn’t even cover hospital discharges. “How can we say we have no gaps?”

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	<ul style="list-style-type: none"> • Don explained that the Dept. projected that BRAP and other housing services would be available in time to meet this need without creating a gap in services, which is why it did not appear in the report. The intention of BRAP was to bridge the time gap (up to 2 years) until a client receives Section 8. The underlying problem is the lack of Section 8 funding, which is a federal program. Don said that some additional Section 8 is expected in the fall, but acknowledged it “remains to be seen.” • Shalom’s Consumer Advisory Group is considering sending a letter to the Court Master detailing this and other concerns—housing is a major core service. <p>Outreach:</p> <ul style="list-style-type: none"> • Several members expressed surprise that outreach was not identified as a gap, since it had been discussed many times and recorded in the meeting minutes. Leticia clarified that OAMHS captured only those items listed as <u>recommendations</u> for the gap report in order to reflect the consensus of the group. • Don reminded that outreach is not one of the eight core services, and several members responded that outreach is a crucial service, should be a core service, and should be recorded as a gap. • Don further explained that OAMHS is working to retain the 30 ICM slots currently assigned for transfer through attrition to the Office of Integrated Access and Support. The ICM program is shifting its focus more on jail transition issues and outreach, he further explained, and some of the ICM positions will be transferred/relocated to best meet needs in particular areas of the State. <p>Med Management:</p> <ul style="list-style-type: none"> • Why is medication management identified as a statewide gap, but not listed on the reports for individual CSNs? Ron explained that this issue needs <u>systemic</u> effort. • A member said that funding is the number one factor, since reimbursements don’t come close to the private sector. • Increasingly more practitioners will not accept Medicaid. • One member’s psychiatrist limited his practice with the agency due to administrative burden and collateral care. <p>Other:</p> <ul style="list-style-type: none"> • Though not a core service, the dental care gap has significant impact on consumers’ lives. The whole of health care is a huge issue. <p>Ron explained that the July 13 Gap Report will have no formal addendum to include any of the items discussed above, but that subsequent reports will continue to improve.</p> <p>A motion and vote resulted in the following recommendation to OAMHS.</p> <p>RECOMMENDATION: Not listing housing and outreach in the gap report should be corrected.</p>
<p>V. Outcomes and Performance Measures for CSNs: What is our purpose? What are we trying to</p> <p>VI. Actions/Work Plans for CSNs: Sept 2007 – June 2008</p>	<p>Don stated that the group’s task is to identify several areas of focus that the members would like to work on and establish work groups to address the focus areas. To inform the process, members reviewed an August 2nd memo from Ron Welch listing: 1) Purpose of CSNs, 2) Basic Data for each CSN, 3) Performance Improvement Measures, and 4) CSN Outcomes. Members also referred to the Standards Summary Sheet handout from the August 1st Quarterly Report for items to consider.</p> <p>Discussion:</p>

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<p>accomplish?</p>	<ul style="list-style-type: none"> • Suggestion: Add consumer satisfaction as a performance improvement measure. • Member: Peer Services is not clearly listed in the measures or outcomes. “If it’s not measured, then it doesn’t matter—and I desperately want it to matter.” • How to capture/reflect the effects of the new vocational initiative re: “increase in % of people in competitive part-time or full-time employment.” Don explained that the intent of that outcome is to track whether the number of people working is going up or down or staying constant in each CSN. • Members suggested that the CSN focus on the outcomes identified by the OAMHS in Ron’s August 2nd memo, and made the following decision by vote: <p>VOTE: “That we contain ourselves to focus on a number of outcomes that we can actually achieve, rather than thirty that we cannot achieve.”</p> <p>The discussion resulted in the following work groups:</p> <table border="1" data-bbox="537 560 1988 899"> <thead> <tr> <th data-bbox="537 560 900 591">Housing – Standard 12(1)</th> <th data-bbox="903 560 1266 591">Vocational – Standard 26</th> <th data-bbox="1268 560 1631 591">Recovery – Standard 33</th> <th data-bbox="1633 560 1988 591">Hospital Readmissions</th> </tr> </thead> <tbody> <tr> <td data-bbox="537 592 900 899"> Joe Brannigan (or staff), Karen Evans, Dick Balser, Sheldon Wheeler Issues: Increase number of consumers in stable non-temporary living situations; decrease number with unmet residential support needs. </td> <td data-bbox="903 592 1266 899"> Dick Balser, Susan Percy, Jim Braddick Issues: Increase number of consumers in competitive employment. </td> <td data-bbox="1268 592 1631 899"> Peter Driscoll, Karen Evans, Vicki MacWhinnie, Kirk Little Issues: Measures for consumer satisfaction, social supports, community connectedness; what’s being collected; what is it telling us; what to track; neutral collection. </td> <td data-bbox="1633 592 1988 899"> Lois Skillings, Mary Jane Krebs Issue: Tracking readmissions between/among hospitals. </td> </tr> </tbody> </table> <p>OAMHS gave members the choice of whether to meet as a full CSN in September or to focus on work group tasks and forego the regular September meeting. Members decided to meet in September as previously scheduled.</p> <p>ACTION: Work groups will begin work and report on their progress at the September 21 meeting.</p>	Housing – Standard 12(1)	Vocational – Standard 26	Recovery – Standard 33	Hospital Readmissions	Joe Brannigan (or staff), Karen Evans, Dick Balser, Sheldon Wheeler Issues: Increase number of consumers in stable non-temporary living situations; decrease number with unmet residential support needs.	Dick Balser, Susan Percy, Jim Braddick Issues: Increase number of consumers in competitive employment.	Peter Driscoll, Karen Evans, Vicki MacWhinnie, Kirk Little Issues: Measures for consumer satisfaction, social supports, community connectedness; what’s being collected; what is it telling us; what to track; neutral collection.	Lois Skillings, Mary Jane Krebs Issue: Tracking readmissions between/among hospitals.
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<p>VII. Impact of Rate Changes</p>	<p>Sweetser</p> <ul style="list-style-type: none"> • Laid off 200 staff since last September, and will close Portland and Bangor offices on Sept. 30. <p>CSI</p> <ul style="list-style-type: none"> • Will see some changes over the year. Concerned about quality and access issues. • Can’t afford people in the “other” categories. • Experiencing highest turnover rate in 10 years. 								
<p>VIII. Consent Decree Quarterly Report of August 1, 2007</p>	<p>In connection with the Quarterly Consent Decree Report, a consumer member asked what happens when providers don’t have consumers on their boards as required. Response: OAMHS will follow up as a contract performance issue.</p>								
<p>IX. Policies and procedures for 24/7 availability of information</p>	<p>Don briefly reviewed the elements of the policy and emphasized the importance of the various providers working out the protocols with each other. OAMHS needs to receive a written record of the protocols, but is more concerned with the</p>								

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	<p>process than the paper, Don said.</p> <p>ACTION: OAMHS will follow up on any missing protocols.</p> <p>Members engaged in a discussion about how communication could be improved in relation to consumer medications. The protocol only requires that the prescriber's name be communicated, since it would be very difficult to keep absolutely up-to-date on current medications. Members agreed it would be helpful and potentially possible to have access to information re: drug allergies and adverse reactions for individual consumers, preferably through electronic means.</p> <p>Another concern: Consumers receiving services through multiple agencies sometimes have multiple plans that are not well coordinated or communicated.</p>
X. Other	<ul style="list-style-type: none"> • Consumer Council Update: Vickie McCarty reported on the current progress of the Consumer Council System of Maine (CCSM). She said that regional meetings were held last week, and new members were elected to the Statewide Council. Three people were elected from Region I, and there are several position still available statewide. The Statewide Council meeting is scheduled for Wednesday, Aug. 22, from 10:00 – 3:30 in Riverview's Sebago Room. • Ron reported that the ASO contract was awarded to APS from Maryland. There were no appeals. Comments from providers and state mental health authorities have been positive in all 26 states that APS serves. Hopefully, the contract will be signed in early September and be operational in November. • Ron reviewed the Administrative Rule that convenes three MH Budget Initiatives Work Groups. They are the Administrative Burden, Systems Redesign and Rate Standardization Work Groups. These work groups will address the \$9 million reduction in FY2009.
XI. Public Comment	NONE
XII. September Agenda	Review quarterly report Work group progress reports