

**Community Service Network 6 Meeting
DHHS Offices, Portland, Maine
May 18, 2007**

Draft Minutes

Members Present:

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| • David Bouthilette, AIN | • Michelle Belhumeur, Gorham House | • Jamie Morrill, Riverview Psychiatric Center |
| • Peter Driscoll, Amistad | • Kristen Crean, Ingraham | • Joe Brannigan, Shalom House Inc |
| • Don Harden, Catholic Charities | • Burma Wilkins, Mercy Hospital | • Kathleen Bender, Spurwink/Portland Help Ctr |
| • Art DiMauro, Casco Bay Mental Health | • Christine McKenzie, MMC Voc Services | • Roger Wentworth, Sweetser |
| • Kitty Purington, Community Counseling Center | • Tracie Morgan, NAMI-ME Families | • Charlotte Simpson, Sweetser Peer Center |
| • Tracy Quadro, Community Mediation Services | • Susan Boisvert, Parkview Adventist Med Ctr | • Kelli Star Fox, Transitions Counseling |
| • Phoebe Prosky, Freeport Counseling | • Jon Bradley, Preble Street | • Nancy Ives, VOA |
| • Glenn Shelton, Goodwill Industries | • Michael Faust, PSL-Services | |

Members Absent:

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| • Creative Work Systems | • New England Rehab Hospital of Portland | • Regional Transportation Program, Inc. |
| • CSI | • NOE (excused) | • Transition Planning Group (excused) |
| • Hawthorne House | • Possibilities Counseling | • Work Opportunities Unlimited |
| • Healthy Perspectives | • Smart Child & Family (excused) | • Youth Alternatives |
| • Mid Coast Hospital (excused) | • Spring Harbor (excused) | |

Others present:

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| • Richard Balsler, MMC Voc Services | • Cindy Fagan, Sweetser |
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Staff present: DHHS/OAMHS: Ron Welch, Marya Faust, Don Chamberlain, Chris Robinson, Carlton Lewis. Muskie School: Elaine Ecker, Janice Daley.

Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Carlton opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	Minutes from the April 20 meeting were approved as written, with one change: Don Harden was not present.
III. Legislative Updates: Budget, bills, rate standardization	<p>Budget/Rate Standardization</p> <p>Ron explained that the Appropriations Committee has not yet completed the state budget, though he hopes they will address the adult mental health pieces at their session on Sunday afternoon. At this point, Democrats and Republicans 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.</p> <p>Joe Brannigan mentioned that the projected savings from the ASO (Administrative Services Organization) has also been incorporated into the proposed budget, and “we have to bear those savings, too,” he said.</p> <p>Don Harden said the worst-case scenario would be a 30% rate reduction starting July 1, and the Democratic plan would mean 10.5% rate reduction starting July1—with the ASO managed care amount in addition to either scenario. “What does it mean to providers to operate in that environment? What does it mean for consumers?”</p>

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	<p>Ron said that there will be “many changes in the landscape,” (number and configuration of service providers) in the coming months and years, noting CSN 1 (Aroostook) is already dealing with elimination of some inpatient beds. He expects more and more of those kinds of discussions in all of the CSNs.</p> <p>Joe Brannigan said the budget must pass by a two-thirds majority vote, and he expects the proposed budget to change a few times before that happens. If the budget isn’t passed by July 1, state government will shut down, he said.</p> <p>ACTION: When the budget is resolved, OAMHS will communicate to all CSN members through an email bulletin.</p> <p>The group discussed the fact that Maine’s Medicaid reimbursement rates are among the highest in the country (driving the rate standardization), though controversy remains about what that means in actual costs and funding, since a closer look reportedly shows that some other states supplement their Medicaid reimbursement rates with other funds. Joe Brannigan pointed out that Maine also receives high marks for mental health services across the country. “That doesn’t come cheap,” he said.</p> <p>All concurred that planning is very difficult right now, and many are making contingency plans for the worst-case scenario. A long discussion followed about the possible impact of rate standardization. A member asked if OAMHS is “going to continue flat-funding until we can go out of business with dignity?” Ron responded to the discussion of OAMHS offering some kind of risk management/transition plan, saying “that advice is well taken,” and Don added that “we don’t really know yet what we’ll need to do—it’s good to have this discussion.”</p> <p>ACTION: OAMHS will issue something to providers no later than June 1. [More discussion and clarification under “Agenda Change” section below.]</p>
<p>IV. Training Needs for the CSN Area: July 2007-June 2008</p>	<p>Chris Robinson, OAMHS Training & Best Practices Coordinator, briefly explained their current training philosophy (fewer conferences, more skill-building), the cooperative agreement with the USM Muskie School (which encompasses most of OAMHS trainings and mental health certification programs), and asked members for feedback on the following questions:</p> <ol style="list-style-type: none"> 1) How is recruitment and retention of staff going? 2) Specific needs and training topics for next year? 3) Preferred delivery methods of trainings, e.g. web-based, face-to-face, combination? <p>Comments on recruitment/retention:</p> <ul style="list-style-type: none"> • I’m amazed we do as well as we do with recruitment, given the pressures of the job nowadays—producing billable hours, administrative burden. Retention—people leave sooner than they used to—how to sustain is always a challenge. <p>Comments on training topics:</p> <ul style="list-style-type: none"> • Doing recovery in this climate • Mental health from a <u>family systems</u> perspective • Compassion fatigue <p>Comments on delivery methods:</p>

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	<ul style="list-style-type: none"> • Good to have web-based options. • Web-based may be the training method of the future—almost exclusively. • Parkview Hospital members said they use web-based trainings extensively when they don't have the expertise in-house. They've had very good luck and success with web-based trainings. They sometimes have staff do web-based trainings together, providing some interaction. Works very well for mandatory trainings. • Goodwill member said web-based training for deaf staff would be great. They have a very small staff, so if they need to send someone to training, they have to close the program for a day. • I support web-based—let the particular provider take care of getting face-to-face interaction with each other. • If peer training was web-based, our people could do that—can't do it now. <p>Overall comments:</p> <ul style="list-style-type: none"> • I don't know why we're having this conversation in view of rates cuts, unless it's to cut down on required training to a quarter of what it is now. • Community integration people will have to have a different model—don't know what you want that to be. How can they be as present in the community? We need guidance from OAMHS about what is expected. • When budgets are cut, training funds go first, then technology. Providers will need longer timeframes to be in compliance, less rigorous training requirements, and less administrative burden. • We need to “get out of our boxes,” and think creatively about how to collaborate on larger trainings, rather than many smaller, individual ones. • I encourage the Dept. to look at how savings could be made by reducing Muskie's role re: certification, etc., perhaps putting that back on providers to do. Marya reminded that every \$1 gets \$2 federal matching funds, and Chris informed that the Muskie cooperative agreement has been cut 26% for the upcoming year. • Several provider agencies have very well developed training programs and could provide the same things. Agencies could share resources, develop more regional/local collaboration. Would like to see it become a more competitive process. • Smaller agencies are not going to survive unless they join together to become larger and share administrative burden. • Quality is important—Dept. could be looking at ways to help the best providers survive. <p>ACTION: Members may pass on any other ideas or comments to Chris Robinson at 287-4865 or christine.c.robinson@maine.gov.</p>
<p>V. Consent Decree Quarterly Report</p> <p>VI. Guidelines for Psychiatric Hospitalization Process</p> <p>VII. Policy Council Report</p> <p>VIII. Intentional Peer Support Training</p> <p>IX. Who isn't being served?</p> <p>X. Update on Vocational Services</p> <p>XI. Outpatient Services</p> <p>XII. Medication Management</p> <p>XIII. Other</p>	<p><u>AGENDA CHANGE:</u></p> <p>The discussion moved into possible ways to collaborate, group purchasing, etc., but some members expressed dissatisfaction as noted below:</p> <ul style="list-style-type: none"> • This is irrelevant; we need to look at how the system works. • Still don't really know why we're here [at CSN meetings]. • It seems the focus always shifts from local collaboration to “Augusta.” <p>Don asked members how they would like to use the remaining time and the agenda was set aside for the following discussion and setting of June's agenda:</p> <ul style="list-style-type: none"> • “Augusta agenda” distracts from working on how we can better coordinate locally, which seems like the kind of

Agenda Item	Presentation, Discussion
XIV. Public Comment	<p>discussion the CSN should have.</p> <ul style="list-style-type: none"> • There is lots of pressure building—not a great time for complex or meaty agendas. • I come here for three hours and don't see anything being accomplished. We should take ideas and work on them. • OAMHS promised it wouldn't be like the LSN, but it feels like the LSN. We come and listen to you—we're receiving stuff from you. • We need some opportunity for reasonable planning for a situation that may be brutal. • [June agenda] Have people share the discussions within individual agencies—how they are planning and strategizing to deal with the upcoming cuts. • One member agreed that would be very helpful. Another expressed caution, "Do agencies really want to share their survival mode with everyone?" (Concluded that agencies would have to decide that for themselves.) • Perhaps the Policy Council could develop a consistent way to approach this throughout the CSNs. <p>Ron and Don asked for more feedback on the risk management/transition plan, reiterating that there will be a finite amount of grant dollars for the year. The discussion resulted in a request that OAMHS hold providers harmless for 30-60 days after July 1 (providing a budget is passed by that time), to allow time for agencies to plan with some thoughtfulness and start to implement the necessary changes. Don said that request means "uploading grant dollars from later parts of the year to keep rates at current levels for 30-60 days."</p> <p>ACTION: OAMHS will provide a response to members by June 1.</p>
XV. June Agenda Items	Budget, Rate Changes—Current budget information report, provider plans, consumer concerns.