

**DRAFT Meeting Minutes for the
Hospital and Crisis Services Initiative Group
Friday, February 3rd, 2006**

**Sebago Room
Riverview Psychiatric Center
Augusta, Maine**

Present: Annette Adams, Acadia, via ITV; Diane L. Belanger, Turner Family Support Center; Lorraine Chamberlain, AMHC; Anne Conners, Muskie; Brian Daskivtch, Riverview; Peter Driscoll, Amistad; John Edwards, WCPA; Dr. James Fine, DHHS, Region II; Elizabeth Jones, DHHS consultant; Elena Hamilton, Midcoast Mental Health Center; Rick Karges, Crisis & Counseling Centers, Inc.; Chris Zukes Lessard, DHHS; Kirk Little, Ingraham; Simonne Maline, Amistad; Mary Jean Mork, Spring Harbor/Maine Medical Center; David Proffitt, Riverview; Dr. Marjorie Snyder, Dorothea Dix Psychiatric Center, via ITV; Sharon L. Sprague, DHHS/AMHS; Rita Soulard, SMMC; Kathleen Webster, MaineGeneral Medical Center; Richard Weiss, MoCo; Roger Wentworth, Sweetser; Bill Wypyski, Acadia Hospital, via ITV.

DHHS Updates

Following Introductions, Sharon Sprague gave an update on recent developments at DHHS. Ms. Sprague is the Acting Adult Mental Health Director while a search is held to permanently fill the position. Diana Scully, who formerly chaired the Initiative meetings, has a new position in the Department: Director for the Office of Elder Services. Claire Harrison, formerly the Adult Mental Health Team Leader in Region I, has been promoted to Systems Integration Director in that Region and Carlton Lewis is the new Team Leader. Ms. Sprague told the group that in addition to her Acting Director responsibilities, she is still the Systems Integration Leader in Region II and is in Augusta three days a week and Bangor two days a week. This makes for a hectic schedule, and Ms. Sprague said that the best way to get in touch with her is by email or via her cell phone.

Dr. James Fine announced that he would be transitioning from his role as Region II Medical Director to working at the Capitol Clinic and being responsible for forensic patients in the care of the DHHS Commissioner. Dr. Fine said that the role formerly assumed by medical directors in the three regions will be consolidated in the central office, and the newly created position, Out Patient Medical Director, will cover quality assurance and the state's monitoring of the managed care program.

Future of Initiative Meetings and Role of Elizabeth Jones, DHHS Consultant

Ms. Sprague announced that the Initiative group would be combined with the CLASS meeting, which precedes the Initiative group. Combining the membership of the two groups is an issue that has surfaced from time to time, she said, and which makes sense given the cross membership shared by CLASS and Initiative participants. Acting DHHS Commissioner Brenda Harvey supports combining the two entities, Ms. Sprague said.

The merged groups would be chaired by Elizabeth Jones, formerly the receiver for the Augusta Mental Health Institute, who has been hired by the Department as a consultant to focus on crisis and vocational services and develop a set of recommendations to bring the Department into compliance with the consent decree. Ms. Sprague said that Ms. Jones will be looking at: the use of Emergency Departments at hospitals, crisis beds, observation beds, and the link between these pieces and the continuity of care issue. By working with the CLASS and Initiative members, Ms. Jones can gather information with which to craft the recommendations.

This will be focused work, Ms. Sprague said, and the two groups can revisit the issue of continuing the merger in July after Ms. Jones' recommendations are completed.

The Initiative members agreed to the following structure for its March – July meetings:

9 a.m.: 1 hour, nuts and bolts meeting (formerly the CLASS meeting)
10 a.m.-10:30 a.m.: Break
10:30-11:30 a.m. Work on Recommendations (formerly the Initiative meeting)

Elizabeth Jones

Ms. Jones introduced herself to the group and said that she welcomed thoughts from everyone as to what the specific agenda will be. She invited emails on the March agenda to herself or Ms. Sprague at elzjns@aol.com or sharon.sprague@maine.gov. The end product of her work with the newly merged groups, she said, will be a set of specific recommendations on how the system can be reformed so it comes into compliance with the court order so it is truly a recovery-based system.

Once the agenda is developed, Ms. Jones, said, it will be distributed in advance to members of the groups and will provoke the need to have conversations in other forums. While her contract is still being developed, Ms. Jones said that she is a believer in being where the services are and said that “we have to figure out how to convey issues to people in other parts of the state.”

Ms. Jones outlined the following tasks:

- By April 1, she will review the interagency work between mental health and vocational services and draft recommendations to enhance supported employment for consumers.
- The Bed Review Committee has recently recommended construction of a new wing at Riverview, and Ms. Jones said that she doesn't know that she has any information that will dissuade that group's position. However, one disconnect in the system is between hospitalization and appropriate community placement for those who no longer need hospitalization. For example, there are currently 35 people at Dorothea Dix who are ready for discharge, but who lack a community living situation. “How does the capacity of community support get expanded in a

meaningful way so people can leave the hospital?” she asked. Changes in available resources need to be looked at, she said.

- Regarding continuity of care within the system as a whole, Ms. Jones said she would be looking at the effectiveness of crisis service units and stabilization units. “How is the community provider connected to client?” She also said she will take a broader system look rather than just focusing on the acute care piece.

Discussion with Elizabeth Jones

Vocational Services

Lorraine Chamberlain said AMCH is a provider of vocational services and that funding for these services is the “biggest issue we continually run into.” In addition, she said that the State Vocational Rehabilitation bureaus have a very narrow access point for clients. If vocational rehabilitation for those with mental illness is to succeed, Ms. Chamberlain said, more fiscal support will be needed. Ms. Jones responded that she will be looking at the feasibility of increasing funding and also at how vocational rehabilitation services have been made available to mentally ill clients so that there is a different set of entry points for them. Different parameters could be adopted such as the number of hours a person has to work to be eligible for vocational rehab services or the level of support provided to the person in the workplace, she said.

Richard Weiss asked if it is possible to expand community services through Medicaid to provide more access to employment for consumers. David Proffitt stated that under current Medicaid rules, supported employment can be reimbursed as a psychosocial service, but that reimbursement is more difficult to obtain if it is billed simply as vocational skills. Ticket to Work, a federal program through the Social Security Administration, can also become a revenue source for agencies over time, Mr. Proffitt said.

Mr. Weiss said it would also be helpful to have training available to community support staff so they could aid consumers in achieving employment. Ms. Jones said the goal is to maximize the opportunities available so the system is as responsive as possible. She suggested that the Initiative members might want to form a Subcommittee to come up with more detailed recommendations on the issue.

Future Work of Initiative

Mary Jean Mork asked if continuity of care issues would be the primary focus of Ms. Jones’s work or if all of the items are equally connected. Ms. Jones said that continuity of care is the prevailing theme, that the bed issue is clearly connected to that, and that vocational services are more on the periphery of the discussion. By the next meeting, Ms. Jones said, she hopes to be clear on the agenda for the remaining months.

Kirk Little said that there is a disconnect between what’s happening in funding in terms of MaineCare and the desire to meet the terms of the consent decree. “Who is going to pay for this?” he asked. In crisis services, he said, the biggest struggle is providing services for those who have no insurance.

Ms. Jones said she would look at the budget structure, what support needs to exist for what needs to be done, as well as whether existing resources need to be reallocated. “Our job is to explore what the possibilities are,” she said. Once Ms. Jones makes her recommendations in July, then the Department will make the decision on what needs to be done to improve care and meet the crisis standards.

Mr. Proffitt said he thought the process should be to figure out what is needed and then figure out how to pay for the care. For example, under the Housing First model, stable housing is obtained for people before services are provided. The Department needs to determine what the model is and what systems changes have to take place to make the system work, he said.

Ms. Mork said that she is concerned that the process for the Initiative members has been theoretical in nature and not task oriented. “How do we wrestle to the place where there is a way to get something done?” She said she thought the Initiative members should define the core problems and identifying subsets of those problems. Ms. Jones asked Ms. Mork to send an email with thoughts on this, and Ms. Mork agreed.

Managed Care

Chris Zukas-Lessard updated members on the implementation of the Maine Behavioral Health Managed Care program. The Department, she said, is still working on the nuts and bolts of the waiver necessary to go to a sole source system. The two remaining pieces of work revolve around developing quality and cost effectiveness plans. The Department is also planning coordinated outreach so people will understand what managed care is about and is establishing a process for appeals and grievances process.

Ms. Mork asked how managed care would affect people with dual insurance. Ms. Zukas-Lessard said that vendors would pursue reimbursement from the third party. Mr. Weiss asked if the waiver application will be posted on line, and Ms. Zukas-Lessard said that it would.

**NEXT MEETING
Friday, March 3, 2006
9 a.m.
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