**Community Service Network 2 Meeting**
**Dorothea Dix, Bangor, Maine**
**April 10, 2007**

**Approved Minutes**

**Members Present:**

- Annette Adams, Acadia Hospital
- Melinda Davis, AIN
- Theresa Oliver, Bangor Counseling Center
- Tammy Smith, Care & Comfort
- Richard Brown, Charlotte White
- David McCluskey, Community Care
- Kay Carter, CHCS
- Bambi Magaw, Community Mediation Services
- Mary Louise McEwen, Dorothea Dix
- Jacquelyn Dodge, Fellowship Health Resources
- Bob Mathien, Maine Mental Health Connections
- John Spieker, Mayo Regional Hospital
- Betty Foley, Medical Care Development
- Joanne Marian, NAMI-ME Families
- Scott Dufour, NFI North
- Charles Tingley, NOE
- Kathy Smith, OHI
- Michael Corbin, Penobscot Valley Hospital
- Barbara Kerrigan, Phoenix MH Services
- Sharon Dean, Sunrise Opportunities
- Sharon Tomah, Sweetser/Wabanaki
- Dr. Robert Miller-Tinch, Together Place
- Vickie McCarty, TPG/CCSM
- Lydia Wright-Richard, TPG
- John Edwards, WCPA

**Members Absent:**

- Allies Inc.
- Amicus
- Behavioral Health Center
- Blue Hill Memorial Hospital (excused)
- CA Dean Memorial Hospital
- Calais Regional Hospital
- Down East Community Hospital
- Families United
- Maine Coast Memorial Hospital
- Maine Vocational Associates, Inc.
- MDI Behavioral Health Care
- Regional Medical Center at Lubec
- St. Joseph Hospital

**Alternates/Others Present:**

- Tom Lynn, CHCS
- Doug Townsend, CHCS
- Katharine, DHHS
- Marjorie Snyder, Dorothea Dix
- Judy Provencher, Medical Care Development
- Sharon Greenleaf, NOE
- Bonnie Brooks, OHI
- Cindy Fagan, Sweetser
- Trish Niedorowski, Wings

**Staff Present:** DHHS/OAMHS: Don Chamberlain, Leticia Huttman, Darren Morgan. Muskie School: Elaine Ecker.

| Agenda Item | Presentation, Discussion |
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| I. Welcome and Introductions | Darren Morgan opened the meeting and participants introduced themselves. |
| II. Review and Approval of Minutes | The minutes from the March 13 meeting were approved as written. |
| III. Rate Standardization/Budget Update | Don Chamberlain said no new information to report—the budget links to rate standardization and the ASO (Administrative Services Organization). Lots of ongoing discussions, revisions, and modifications.<br><br>A member commented: The process is very fluid—some services appear to have 3.5% cut, some services will have rate as calculated by Geoff Green. Language in the proposed budget includes three workgroups to address 1) the overall continuum/system of care, 2) administrative burden, policy, procedures to streamline and reduce costs of doing business, and 3) how rates are set. This proposal must go through budget process, so who knows… |

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| IV. LD 1745: CSN Legislation | Members received a draft of LD 1745, “An Act to Improve Continuity of Care within Maine’s Community-based Mental Health Services.” Don noted that the Revisor’s Office needs to add “consumers and family members” to §3608 where it states “A network shall consist of…” He said the AAG (Assistant Attorney General) working on the Confidentiality Statement will also look at Item F under Responsibilities to make sure everything is consistent with current understanding and practice.<br><br>Comments/Questions:<br>• Does this mean agencies can “in good faith” share information? I would be concerned, if so. Answer: Asking AAG to clarify. |
| V. Report to the Court Master | Members received copies of two documents submitted to the Court Master on March 16, 2007: 1) Letter (response to his concerns on OAMHS Quarterly Report) and 2) Summary Assessment of Resource Gaps by CSN. Don explained:<br>• Deadlines required that OAMHS submit this baseline report to the Court Master, using the best information available. As services are reviewed month by month at CSN meetings, OAMHS will probably revise some things.<br><br>Review of service gaps reported for CSN 2 and comments/questions:<br>• Peer Services: Unmet needs don’t indicate social clubs as a resource need? Leticia answered that it doesn’t show up on RDS as an unmet need.<br>• Don’t want to lose the fact of very low peer services funding for this CSN.<br>• In order to truly be a peer service, it needs to be peer-operated. Valid point.<br>• Crisis Stabilization Units: Gap in Washington County. Don said a proposal has come forward which will be discussed later in the meeting.<br>• Community Support: Delays in service time; need for increased CI services.<br>• Outpatient: Wait times greater than 30 days.<br>• Medication Management: Wait times greater than 10 days.<br>• Vocational: Statewide need.<br>• If a person has MI and MR and has unmet needs and uses services of both parts of the Dept., whose responsibility is to capture that information? Answer: If person is receiving community support services, the RDS would capture it; if not receiving community support services, then not captured with OAMHS. The member indicated that some people are falling through the cracks re: unmet needs reporting.<br><br>**ACTION:** Don said he would discuss this (last bullet point) with Bill Hughes of the Office of Cognitive and Physical Disabilities and bring back for more specific discussion.<br><br>• Another area of uncaptured unmet need: Those with mental illness and substance abuse, where substance abuse if considered their primary diagnosis. For example, folks prescribed narcotics for pain may experience loss of mental health/functionality due to long-term use. |
| VI. Crisis Services, Community Support Services | Crisis Services<br>A member said that this CSN, like CSN 6 (Portland), has hospitals where crisis teams do not go. Perhaps an efficiency check might be in order to better service clients and keep those out of the ED that do not need the ED. Don suggested that the regional CLASS/Hospital Initiative would be the appropriate venue for this discussion. Member agreed to take it there and report back, and Don indicated that others from this CSN could join that meeting when this is addressed.<br><br>A consumer member noted that they might be “forgetting client choice.” Some go to EMMC because they want to see |

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| | Acadia people and some go to St. Joseph's to see CHCS crisis.<br><br><u>Crisis Stabilization Units</u><br>Don reported that two providers (WCPA and Sunrise Opportunities) from Washington County have submitted a new proposal, not yet reviewed by OAMHS.<br><br>WCPA gave a thumbnail description: Try to establish 2 crisis beds by using Sunrise Opportunities' existing facility and staff, with oversight of WCPA. Staffed on as-needed basis, based on existing need at the time.<br><br><u>Community Support Services</u><br>Members received a handout of Performance Indicator data for Community Integration (CI), Intensive Community Integration (ICI), Assertive Community Treatment (ACT) for the first 2 quarters of FY07. Don asked for a conversation around what members perceive as issues/reasons when people aren't assigned a case manager within 7 days of eligibility determination.<br><br>CHCS indicated that their data listed for CI services is faulty—appears to be doubled in some columns. Also, the percentages assigned a case manager within 7 days is not good data. They tried another method for the 3rd quarter—figures are closer, but still looking to improve within their existing database. CHCS intake person estimates well over 90% are being assigned a case manager the day they come in.<br><br>Don inquired about whether there are "non-cats" (persons with "non-categorical" MaineCare eligibility—not eligible for CI services) on the waiting lists and showing up as unassigned within 7 days. CHCS indicated they have 43 on the waiting list now, many of which are non-cats and would show up as unassigned. Presently, OAMHS contracts specify that grant funds may not be used for non-cats—however, Don indicated that OAMHS is working on this issue.<br><br>CHCS operates a rural ICI Team in Ellsworth. Difficulties: distances and enough people to support staffing.<br><br>Member question: How can CSN measure impact of cuts? Is Dept. doing benchmarking on ER usage, crisis, etc., to see where things are now and where they are in 6 months? |
| VII. Draft Outcomes and Statistics | Don said OAMHS had hoped to have drafts to distribute. They're looking to determine key things that should be measured, what can be culled out, what should be counted to determine how well CSN is doing.<br><br>Comments:<br>• Should be measuring true rehabilitation.<br>• There are 4 data sets provided now that could inform: 1) monthly caseworker reports, 2) enrollment, re-enrollment, dis-enrollment (by person, diagnosis, LOCUS, etc), 3) ISP RDS, and 4) Medicaid data. The Dept. has lots of info already without asking providers to collect more.<br>• Need an objective satisfaction survey of those receiving services.<br>• Expect a shift in dynamic of service system due to rate-setting—services realigned—"where folks show up, how they show up." Need to do a baseline re: hospital admissions, how many turned down, patterns, etc. If no baseline, we won't know where people are going.<br>• Need to establish a baseline with the level of expertise of Jay Yoe of the Office of Quality Improvement.<br>• What was/is the vision of why we're collecting data? Answer: Substantial amount has been added over time and |

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| | may no longer be relevant. |
| VIII. Peer Services | Melinda Davis reported on the progress of the local consumer forums. The Lincoln meeting was postponed due to snow and is rescheduled for April 18. Vickie McCarty is gathering people in Washington County. Melinda has requested a toolkit around rural transportation from the University of Montana.<br><br>Leticia mentioned developing possible non-site-specific services, saying the CSN response is needed by June. Melinda said an effort will be made to address this at the Consumer Council System conference on April 25 in Bangor, noting that 35 people were registered so far.<br><br>Joanne Marian of NAMI-ME Families mentioned the 9-week Peer-to-Peer course now in process in Washington County. Some wondered if this might align with efforts of OAMHS around peer services. Leticia explained that this NAMI program is federally-funded and not the same thing as Peer Support 101 or other peer services. Don asked Joanne if she would present on NAMI's Peer-to-Peer program at the next meeting, and she agreed.<br><br>**ACTION:** Joanne Marian will present information on NAMI's Peer-to-Peer program at the May meeting.<br><br>Members a save-the-date notice for the HOPE Recovery & Wellness Conference on June 21 & 22 at the Augusta Civic Center. The theme is transformation and the keynote speakers are Renee Kopache and Daniel Fisher.<br><br>**ACTION**: Elaine will email all members a copy of the save-the-date notice. |
| IX. Outpatient | Will discuss in detail at May's meeting. |
| X. Training | Don told the members that OAMHS is looking for their input on training issues and needs for agencies, consumers, etc., to inform the Muskie contract for the upcoming year. Chris Robinson, OAMHS Best Practices Coordinator, will be present at the May meeting to discuss this. |
| XI. Other | Members discussed the IMD report, and how/who would contribute to its final rewrite. John Edwards said he understood that the final rewrite would involve participation of a sub-group of this CSN. "We need to help craft it to be behind it," he said. Don said he will discuss this with Ron who will make that decision. |
| XII. Public Comment | None. |
| XIII. May Agenda Items | Outpatient<br>Peer Services (including presentation by Joanne Marian)<br>Training<br>Medication Management |