Report to the 123 Legislature
Joint Standing Committee for
Health and Human Services

Public Law, Chapter 286
34-B MRSA 3609
Sec. 12.

Report

By January 15, 2008, The Department of Health and Human Services shall report to the Joint Standing Committee on Health and Human Services regarding the operation of the community service networks in the geographic areas designated in the Maine Revised Statutes, Title 34-B, section 3608, subsection 1-A and the state health regions designated by the Maine Center for Disease Control and Prevention and the possibilities for coordination among the regions or for redesignation.

Submitted by the Dept. of Health and Human Services,
Office of Adult Mental Health Services

January 15, 2008

Community Service Networks

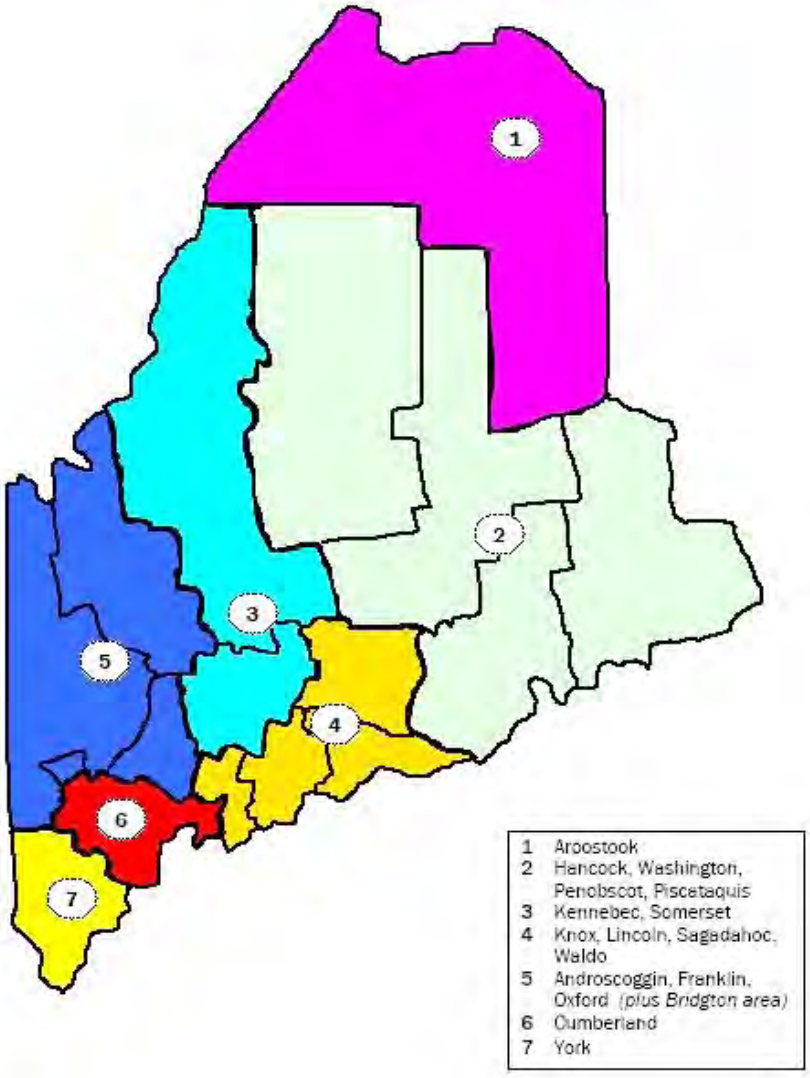
Community Service Networks (CSN) were initially created as part of the approved October 13, 2006 Consent Decree Plan (Bates, et al. v. Dept. of Health and Human Services) and subsequently enacted in to law (34-B MRSA 3608). The actual implementation began in late 2006.

The purpose of Community Service Networks is to coordinate core services among service providers in a manner that allows consumers with serious mental illness (SMI) to receive those services within their network area. Community Service Networks are charged with developing an integrated system of care within a specified geographical area and ensuring that core mental health services are delivered to consumers promptly and responsively. CSNs are required to constantly seek improvements in service integrity, continuity, efficiency and effectiveness.

The Office of Adult Mental Health Services (OAMHS) provides administrative and technical support to Community Services Networks and coordinates activities on a statewide basis. The seven CSNs meet monthly, chaired by OAMHS senior management, and are comprised of consumers, providers, community hospitals, and OAMHS staff.

Community Service Networks were organized to take advantage of existing service delivery alliances, informed by the most naturally occurring inter-county alignments. Aroostook County comprises an individual CSN because of its large geographical expanse. Cumberland County is also an individual CSN because of its population density. With the exception of York, all other counties have been combined into network areas predicated on geography, population and existing shared services.

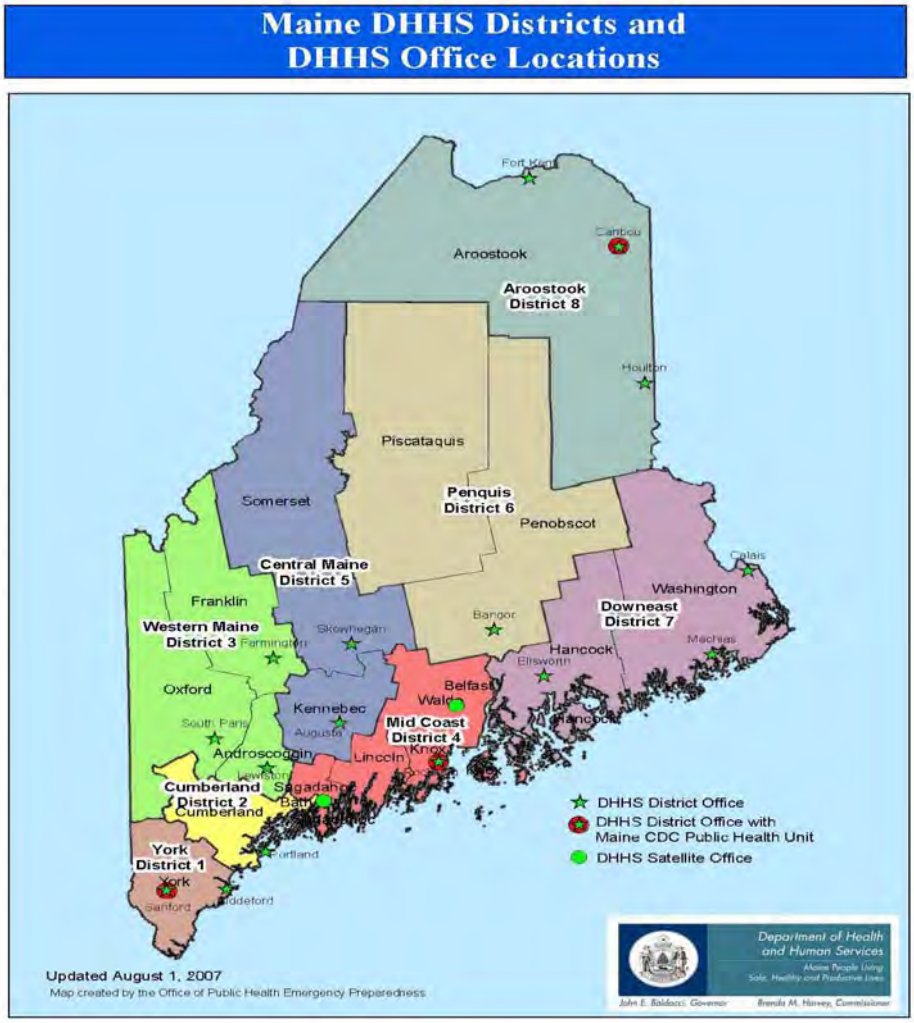
Department of Health and Human Services
Office of Adult Mental Health Services



Regionalization of Community Service Networks is based on the tenet that consumers are best served in the community of their choosing. Service providers within each network have experience addressing and resolving problems unique to their particular demographic and geographic areas.

Center for Disease Control and Prevention

The Dept. of Health and Human Services, Center for Disease Control and Prevention is organized in with accordance the DHHS district system. The Center for Disease Control and Prevention develops and delivers services to preserve, protect and promote the health and well-being of the citizens of Maine. CDCP collaborates with agencies and communities throughout Maine. CDCP and OAMHS work closely to improve the health of Maine citizens with mental illness.



Summary

The Office of Adult Mental Health Services has been asked to report to the Joint Standing Committee on Health and Human Services about the advisability of coordinating with the Center for Disease Control and Prevention districts or redesignating Community Service Networks into the CDCP districts.

Coordination:

The CSNs and the CDCP have demonstrated an ability to work collaboratively as currently configured. For example, utilizing the Behavioral Risk Factor Surveillance System, CDCP and OAMHS have recently identified a relationship between depression and cardiovascular disease and diabetes. The findings provide direction for addressing and hopefully ameliorating physical conditions that impact negatively on an individual's mental health.

OAMHS is currently planning pilot projects in conjunction with two CSNs to consider these findings and develop mechanisms to better integrate the treatment and prevention of diseases such as diabetes and cardiovascular disease with mental health treatment.

Redesignation:

The CSNs and CDCP districts effectively share knowledge, data and expertise within the existing designation schematic. Both the CSNs and the CDCP districts use counties as organizational units. The only difference between the two is CSN 2, which includes Hancock, Washington, Piscataquis and Penobscot counties and the CDCP, which divides these four counties into two districts. For CSN planning purposes, there are so few providers in the four counties that two regional CSNs would not be an efficient way to plan and problem solve.

Conclusion

OAMHS continues to seek opportunities to coordinate the resolution of public health issues with CDCP and merge information that strengthens both mental health and public health agendas. At this point, the redesignation of CSNs into the CDCP districts does not seem beneficial.