

**Community Service Network 1 Meeting  
Aroostook Community Action Program, Presque Isle, ME  
January 24, 2008**

**Approved Minutes**

**Members Present:**

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| <ul style="list-style-type: none"> <li>• Annette Adams, Acadia Hospital (via ITV)</li> <li>• Greg Disy, AMHC</li> <li>• Christopher Morse, Care &amp; Comfort</li> <li>• Mary Louise McEwen, DDPC (via ITV)</li> </ul> | <ul style="list-style-type: none"> <li>• Vicki Hardy, Houlton Regional Hospital</li> <li>• Deborah Gray, Life By Design</li> <li>• Craig Fournier, Northern Maine General</li> </ul> | <ul style="list-style-type: none"> <li>• Patricia Michaud, Northern Maine Medical Center</li> <li>• Ralph McPherson, TAMC</li> <li>• Vickie McCarty, Consumer Council</li> </ul> |
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**Members Absent:**

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| <ul style="list-style-type: none"> <li>• Allies, Inc.</li> <li>• ACES</li> </ul> | <ul style="list-style-type: none"> <li>• Cary Medical Center</li> <li>• Community Mediation Services</li> </ul> | <ul style="list-style-type: none"> <li>• NAMI-ME Families</li> </ul> |
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**Alternates/Others present:**

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| <ul style="list-style-type: none"> <li>• Robert MacDonald, New Day Counseling Services</li> </ul> | <ul style="list-style-type: none"> <li>• Sherri-Lynn Gagnon, Harvest Inn Social Club</li> <li>• Gayla A. Dwyer, AMHC-Vocational Services</li> </ul> | <ul style="list-style-type: none"> <li>• Dick Balser, MMC-Vocational Services</li> <li>• Christine McKenzie, MMC-Vocational Services</li> </ul> |
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**Staff Present:**

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| <ul style="list-style-type: none"> <li>• Don Chamberlain, OAMHS</li> <li>• Scott Kilcollins, OAMHS</li> </ul> | <ul style="list-style-type: none"> <li>• Jim Braddick, OAMHS</li> </ul> | <ul style="list-style-type: none"> <li>• Scott Bernier, USM Muskie School</li> </ul> |
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Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Scott Kilcollins initiated introductions.
II. Review and Approval of Minutes	Minutes were reviewed and approved with no changes.
III. Budget	<p>Don reported on the curtailments for FY2008.</p> <ul style="list-style-type: none"> <li>• The Governor is required under the state constitution to balance the budget. When it was learned that there were going to be revenue shortfalls, he had to freeze funds (curtailments) to meet his obligation under the constitution. There was no action that could be done by the legislature to prevent this.</li> <li>• OAMHS took a 25% cut in various general fund contracts. Services covered by MaineCare took the majority of the cuts, along with funds not paying for direct services, e.g. NAMI's education project. These cuts did not affect Crisis Services, housing subsidies, or medication management. DHHS also wanted to hold harmless Peer and Vocational Rehabilitation services.</li> <li>• Due to the anticipated revenue shortfall, the FY08 budget curtailments were annualized in the proposed FY09 Supplemental Budget: 100% cut to those areas that received a 25% cut in FY08. Those cuts can be discussed, debated, and changed through the legislative process.</li> <li>• Due to the FY09 curtailment rollovers, services in Community Integration, ACT, Intensive Community Integration, Individual &amp; Family Counseling, and Specialized services will only be available for MaineCare eligible clients, with the exception of Class members who are automatically eligible for community integration.</li> <li>• Discussions will happen with the Court Master regarding how this affects the AMHI Consent Decree. More to report shortly.</li> <li>• Don will send another report on the FY09 curtailment rollovers to CSN members shortly.</li> </ul>

Agenda Item	Presentation, Discussion
IV. Employment Service Networks	<p>Jim Braddick gave an overview of the background that has lead to the creation of the Employment Service Networks.</p> <ul style="list-style-type: none"> <li>• Maine Medical Center (MMC) was awarded the contract for employment specialists under Section 17 community Support Services. The reasons for this are: <ul style="list-style-type: none"> <li>○ There is a growing awareness that employment for the mentally ill helps/aids in the recovery process.</li> <li>○ It decreases their reliance on the mental health system.</li> <li>○ It boosts self-esteem.</li> <li>○ It is evidence-based practice.</li> </ul> </li> <li>• 18 months ago, DHHS committed to do several things around employment: <ul style="list-style-type: none"> <li>○ Train community support workers to educate their clients about employment—not to find jobs for them, but explain to them how to work employment into recovery plans. In March 2007, we did a series of videoconference trainings statewide around vocational rehabilitation.</li> <li>○ We have changed the requirements for MHRT/Community to require a vocational rehabilitation component effective January 1, 2009.</li> <li>○ DHHS has a memorandum of understanding (MOU) with the Department of Labor’s Bureau of Vocational Rehabilitation. We realized this service would be similar to theirs, but that ours doesn’t have DVR funds to cover the costs. We resolved this through the MOU—consumers can use both services. This MOU was signed a year ago.</li> <li>○ Community Work Incentive Program, which is federally funded, provides funds for Community Work Incentive Coordinators (formerly known as Benefit Specialists), who job is to help any benefit recipient understand the advantages of earned income versus benefits in their specific situation. Federal funding covers two Coordinators and DHHS has added funds for four more, totaling six statewide. These people are available through the MMC Vocational Program.</li> <li>○ Long-term support program—This program supplies job coaching for the severely mentally ill who are working.</li> </ul> </li> </ul> <p>It was asked if there was funding for a transportation component. Jim responded that there was not funding for transportation.</p> <p>Don added that ACT teams are required to have an employment specialist. A policy document was sent out noting that 15% of an ACT team’s case load needs to become employed.</p> <p>A presentation was made by Richard Balsaer and Christine McKenzie from the Department of Vocational Services at Maine Medical Center regarding the Employment Services Network Project. The project is focused on increasing employment and/or education opportunities for individuals with mental illness. There will be an Employment Service Network (ESN) in each CSN region. The ESN will be made up of: a CSN Employment Specialist (ES), the ACT ES in that region, a Bureau of Rehabilitation Counselor, a Community Work Incentive Coordinator, Consumer from the Statewide Consumer Council, a Disability Program Navigator, and the Long Term Employment Support Coordinator for the region. Employers will be added to the ESN once it is established. Performance indicators for the project were shared. The Employment Specialist in the CSN will be a member of the CSN and will report the outcomes for the project monthly in the CSN meetings. Information from the Department of Labor about the job growth, employment opportunities, and trends will be used by the ESN for each region.</p>

Agenda Item	Presentation, Discussion
	<p>Questions:</p> <ul style="list-style-type: none"> <li>• Q. Will training be offered at area colleges? A. The location has not been determined yet. We want to introduce the notion of apprenticeship for people with mental illness.</li> <li>• Comment: It would be helpful to get all of our case managers onboard with this.</li> <li>• Q. Will there be an option for peer mentors? A. Yes, if you come to the table and help us. Networking is one of the ways to make this work.</li> <li>• Q. Can you give us a timeline? A. We are interviewing people right now. We will have the agency that will house the specialist identified by March 1, 2008.</li> <li>• Q. How can we contact you if we have more questions? A. Email: <a href="mailto:balsar@mmc.org">balsar@mmc.org</a>. Phone: 207-662-2088</li> </ul>
<p>V. Medication Management</p>	<p>Don initiated the discussion on this item, noting that OAMHS understands that part of the issue is a lack of manpower. He asked members who provides medication management in the County:</p> <ul style="list-style-type: none"> <li>• There is a shortage of psychiatrists in Aroostook County.</li> <li>• AMC has two full-time psychiatrists.</li> <li>• NMMC has one full-time and one part-time psychiatrist. They also have 1 nurse practitioner.</li> <li>• AMHC has one full-time psychiatrist in Presque Isle, one part-time psychiatrist in the St. John Valley, 1 nurse practitioner who splits their time between Presque Isle and Houlton. AMHC contracted full-time psychiatrist who splits their time between Presque Isle and Caribou, and have hired another psychiatrist who will be starting in August in Houlton.</li> <li>• There is one private practice psychiatrist in Caribou who also employs a nurse practitioner.</li> </ul> <p>Don asked if primary care doctors have been involved in the process. The response was that some are.  Don asked the group what the sense of their need is? Both NMMC and AMHC indicated they are still recruiting. AMHC indicated that the demand is greater then the current capacity.</p> <p>Deborah asked if there is some way to find out who is graduating and possibly get them financial support to work in Aroostook County?</p> <p>Don reported that DHHS' Medical Director is pushing the consultation model. There is a resistance from primary care providers in accepting more to their current caseloads. He asked if there is a forum of doctors in the County where they could try to move consultation further? Attendees didn't know if there was one. He asked if psychiatrists would be willing to do consultation to move patients in that direction? Attendees answered, perhaps.</p> <p>Don will bring this back to DHHS' Medical Director. Ralph suggested that DHHS start by contacting the Medical Directors of all four hospitals.</p> <p>Don then asked AMHC if they have a wait list for psychiatrists. AMHC indicated that they do not maintain a wait list anymore.</p> <p>AMHC's HR Department is working with the National Health Corp (NHC) to show NHC that Aroostook is an underserved area and to update NHC's data to reflect the loss of psychiatrists in Aroostook County.</p> <p>Don concluded this agenda item by offering OAMHS assistance with recruitment, if helpful.</p>

Agenda Item	Presentation, Discussion
VI. Attendance at Harvest Inn Social Club	Tabled until February's meeting.
VII. Case Management: Federal Direction	<p>Three handouts were provided about the changes in Section 13 Case Management at the Federal Level:</p> <ul style="list-style-type: none"> <li>• Redefinition of Section 13 case management by CMS</li> <li>• Revisions of Section 17 effective Feb. 1, 2008</li> <li>• Initial review of the Federal Rule and its impact on Section 17 services, if applicable.</li> </ul> <p>Originally, DHHS was unclear on whether this applied to Section 17 Community Integration adult case management or just targeted case management (Section 13) as specified in the interim rule. On January 22, MaineCare reported to OAMHS that CMS (Centers for Medicaid &amp; Medicare Services) clarified that it does affect all Medicaid reimbursable case management programs. DHHS is very concerned about the potential impact on current Section 17 services—the new rule does not allow case managers to provide anything it considers a direct service, e.g. accompanying a client to a court appearance, etc. It is a “broker model” instead. <b>(UPDATE: A subsequent hold has been placed on changes to Section 17 in regard to the CMS changes which are being implemented to Section 13 targeted case management.)</b></p> <p>The changes to Section 13 are effective March 1, 2008. The final implementation date is June 1, 2008.</p> <p>Questions/comments:</p> <ul style="list-style-type: none"> <li>• In Aroostook County, there are no providers in daily living support services? A: Correct.</li> <li>• So, there are elements of community support that are no longer reimbursable. What happens to those people? A: I don't have an answer.</li> <li>• I understand the state's fiscal situation. I don't understand how we can jettison a working treatment model. This is a great concern to me.</li> <li>• Shifting services this quickly will be very difficult for my agency.</li> <li>• What is going to replace this psychosocial rehabilitation model, which is evidence-based practice? A: I don't have an answer.</li> <li>• Comment: This will push people to more hospitalization, which is more expensive.</li> <li>• How do we follow this over the next few weeks? A: After Friday's meeting (1/25) at DHHS, we will identify a contact person, probably myself (Don) or Marya Faust. We will notify you who that is.</li> <li>• Is Friday's meeting (1/25) just for DHHS staff? A: MaineCare representatives are meeting with DHHS. We are getting them involved in the rewrite of the state rules to comply with the federal rule. That meeting is a follow-up between DHHS Office of Adult Mental Health Services-Central Office and MaineCare.</li> <li>• Under the Section 17 rules, first page, Section 17.04-1, the last line is crossed out. This makes the rule less clear and does not state that group services are not allowed. A: I understand that it needs to be clarified to say that this service is to be provided only individually.</li> <li>• Response: This is a problem as we provide a lot of skill building services in groups.</li> <li>• Don's Response: I will take this issue back with me. The intent here was more about delivery of the rest of Section 17 in a group setting only. For example, ISP's are not to be done in a group setting.</li> <li>• What is your perspective of a consumer having two community support providers? A: They should have one. It will probably come up in the APS billing. The federal government only wants to see one case manager per consumer.</li> <li>• I'm very concerned about this.</li> <li>• Does this include guardians? A: It includes public guardians.</li> </ul>

Agenda Item	Presentation, Discussion
VIII. Legislative Update	Don reported that he does not have an update at the moment on the Legislature.
IX. Consent Decree Update	<p>Don reported that the Court Master indicated areas of concern in his last report to the Court, including:</p> <ol style="list-style-type: none"> <li>1. Gaps in core services: Must be fully identified, and OAMHS is to request sufficient funding to meet those needs.</li> <li>2. Contract with APS Healthcare: Though OAMHS worked with the Court Master throughout the contract process, it did not receive his final approval before the contract was signed. The Court Master filed his disapproval with the Court, and Justice Mills has scheduled a hearing during which OAMHS must show why it should not be held in contempt. OAMHS believes it acted in good faith, and hopes to address the Court Master's concerns without the need for a court hearing (February). OAMHS is currently engaged in negotiations with the Court Master about language in amendments to the APS contract.</li> </ol>
X. Other	<p>Vickie reported that the consumer counsel is finding ways to work together. She will report more on this next month.</p> <p>Greg wanted to note that Kelly Staples of OAMHS had come up to do the Peer Support 101 training at AMHC. He was not present at the training, but heard from those who had attended that Kelly had done an excellent job and was well received.</p>
XI. Public Comment	No Public Comment.
XII. February Agenda Items	<ul style="list-style-type: none"> <li>• Attendance at Harvest Inn Social Club</li> <li>• Consumer Council</li> <li>• Discuss effects of APS billing process</li> </ul>