

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

Approved Minutes

Members Present:

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| <ul style="list-style-type: none"> • Annette Adams, Acadia Hospital (via ITV) • Greg Disy, AMHC • Christine Brown, AMHC | <ul style="list-style-type: none"> • Christopher Morse, Care & Comfort • Community Care, David McClusky (via ITV) • Blair McCartney, Life by Design | <ul style="list-style-type: none"> • Kristie Bouchard, Northern Maine General • Ralph McPherson, TAMC |
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Members Absent:

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| <ul style="list-style-type: none"> • ACES • Allies, Inc. • Cary Medical Center • Community Mediation Services | <ul style="list-style-type: none"> • Dorothea Dix Psychiatric Center • Harvest Inn Social Club • Houlton Regional Hospital • NAMI-ME Families | <ul style="list-style-type: none"> • New Day Counseling Services • Northern Maine Medical Center • Transition Planning Group |
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Alternates/Others present:

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| <ul style="list-style-type: none"> • Gayla Dwyer, MMC Voc. Project / AMHC | <ul style="list-style-type: none"> • Lorraine Chamberlain, AMHC | <ul style="list-style-type: none"> • Kent DeMerchant, Maine CareerCenter |
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Staff Present:

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| <ul style="list-style-type: none"> • Don Chamberlain, OAMHS (via ITV) • Marya Faust, OAMHS (via ITV) | <ul style="list-style-type: none"> • Sue Lauritano, OAMHS | <ul style="list-style-type: none"> • Scott Bernier, USM Muskie School • Cheryl LeBlond, USM Muskie School |
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Agenda Item	Discussion
I. Welcome and Introductions	Sue initiated introductions.
II. Review and Approval of Minutes	Minutes were reviewed and approved with no changes.
III. CSN Purpose and Mission Statements	<p>Members received handouts of draft CSN Purpose and Mission Statements. Marya explained that OAMHS developed these in order to clarify the focus and function of the CSNs and to provide boundaries and guidance to future CSN work. The Purpose Statement highlights the focus on <i>adult public</i> mental health services. The Mission Statement expands the purpose and describes the makeup and work of the CSNs.</p> <p>Other CSNs have indicated changes:</p> <ul style="list-style-type: none"> • Inclusion of families in the purpose/mission statements • Does not speak to people who have not had access to the system. <p>Question: Would it be sufficient to refer to these people as individuals with severe and persistent mental illness?</p> <p>ACTION: Members may send any additional feedback to Elaine, eecker@usm.maine.edu.</p>

Agenda Item	Discussion
IV. CSN Recommendation Process	<p>Don asked members to review this handout, which puts in writing the CSN recommendation process.</p> <p>ACTION: Members may send any feedback to Elaine (eecker@usm.maine.edu).</p> <p>Don also pointed out the new agenda format, noting it provides a more convenient way to keep track of follow-up tasks for both members and OAMHS staff. She further explained that Regional MH Team Leaders (Sue in this CSN) will be recording follow-up tasks, reminding those responsible to complete them, and noting items that need to appear on the next meeting agenda.</p>
V. Budget/Legislative Update	<p>Budget Outcome</p> <p><i>Please note that the minutes on this item were compiled from all April CSN meetings to account for some variation in levels of detail and for consistency, as some information became clearer throughout the month.</i></p> <p>OAMHS reported on the final legislative actions on relevant items proposed for reductions or change in the legislative budget to the best of OAMHS' knowledge, as follows: (LD 2173 and LD 2290)</p> <p><u>Bridging Rental Assistance Program (BRAP)</u></p> <ul style="list-style-type: none"> • Funding increased by \$180,000. • Passed: Proposal to move funding source from OAMHS general funds to the Maine State Housing Authority HOME Fund, for one year, to be revisited in next budget cycle (\$2.9M). The HOME Fund is supported through Maine Real Estate Transfer Tax receipts. • OAMHS will still administer the funds as before. <p><u>ACT (Assertive Community Treatment)</u></p> <ul style="list-style-type: none"> • Proposed 100% cut from general funds. FY 09 funding restored. FY 08 curtailment also restored. • ACT reimbursement: Less than 16 days in service, providers reimbursed for ½ a month; 16 or more days, full month. (Previously providers could bill for a full month regardless of number of days in service within that month.) • CMS (Centers for Medicaid and Medicare Services) is pushing for a daily rate for ACT. The rate standardization work group is currently working on daily rates, both with case management included and excluded in anticipation of CMS regulations around unbundling case management. The unbundling issue has not yet been resolved. <p><u>Community Integration (CI)</u></p> <ul style="list-style-type: none"> • Proposed 100% cut from general funds (\$1.8M). Restored \$1M. (\$500,000 from Legislature; \$250,000 each transferred from Dorothea Dix and Riverview.) • Defeated: Proposal for one CI provider per CSN. <p><u>PNMI Consumers</u></p> <ul style="list-style-type: none"> • Defeated: Proposal to make uniform the amount of income consumers retain in certain PNMI's (\$50 monthly), savings of \$150,000. • The amount clients keep is now variable, depending on provider. OAMHS would like to see this standardized and equitable throughout.

Agenda Item	Discussion
	<p><u>Specialized Direct Services (general funds)</u></p> <ul style="list-style-type: none"> • Restored for FY 09. FY 08 curtailment remains. • Typically covers home-based services for elders. <p><u>Intensive Community Integration (ICI)</u></p> <ul style="list-style-type: none"> • Service eliminated, both MaineCare and general funds. • OAMHS expected this level of care to go away soon due to CMS regulations regarding case management. • Consumers may still receive CI and medication management as separate services. <p><u>Outpatient</u></p> <ul style="list-style-type: none"> • Passed: Proposed 100% cut from OAMHS general funds. • Proposed \$1.4M savings in MaineCare “seed” by: 1) combining all MaineCare sections pertaining to outpatient services into one section (i.e. Sections 65, 58, 100, 111) covering mental health, certain child welfare, substance abuse, psychological services; 2) opening widely to private practitioners to enter into contracts to provide MaineCare reimbursable outpatient services; and 3) setting hourly rates as follows: \$84 licensed mental health agencies; \$88 for private practitioners PhD level; \$55 other licensed private practitioners. • HOWEVER, providers have until June 1 to propose an alternate and approvable plan to achieve the same savings. If that is not accomplished, the proposal above will go into effect for FY 09. DHHS Deputy Commissioner Geoff Green will convene meetings of provider organizations and private practitioners for this purpose, the first being held on April 29. <p><u>Crisis Consolidation</u></p> <ul style="list-style-type: none"> • The original proposal for crisis consolidation with savings of \$1M (one provider for both adults and children per DHHS District chosen through RFP process) was replaced with another proposal less disruptive to the system. • The new proposal requires crisis providers and hospitals to accomplish the same goals (one provider or one “lead provider” for both adults and children per DHHS District that achieve specified savings) through Memorandums of Understanding (MOUs). (The DHHS Districts correspond to CSN boundaries, with the exception of CSN 2, which is divided into DHHS Districts 6 and 7). • The implementation of the plan is postponed to March 1, 2009, and requires savings before the end of FY 09 of \$134,000 MaineCare seed each for children and adults and \$33,600 in General Funds each for children and adults. OAMHS will issue contracts to current providers for eight months, with instructions to come together to work out solutions and MOUs by the beginning of February 2009. • OAMHS will include consumer and family representatives in their planning discussion to determine requirements and parameters for service delivery. Providers will negotiate what needs to be done to bring that about and execute MOUs. Consumers and families will participate with OAMHS in going over the resulting MOUs. <p><u>Other</u></p> <ul style="list-style-type: none"> • NAMI-ME: Restored 50%. (FY 08 \$34,000; FY 09 \$138,900) • Amistad: Restored 100%. (FY 08 \$11,000; FY 09 \$44,000) • Maine Center for Deafness: Restored 100%. (FY 09 \$42,600)

Agenda Item	Discussion
	<p><u>OAMHS Positions Eliminated</u></p> <ul style="list-style-type: none"> • 14 positions eliminated: 13 ICMs (Intensive Case Managers) and one central office manager. • ICM positions: 3 Long-Term Support coordinators (employment); 3 Housing Coordinators; 3 Youth in Transition Coordinators. • Employment and housing functions will be covered by other means. • ICMs now focus on homeless, jail, shelter populations. Not carrying caseloads, rather connecting people to community services. <p><u>Questions:</u></p> <ul style="list-style-type: none"> • How do you track if a consumer goes from facility to facility? A: The consumer is not tracked. It is a facility tracking issue. • How does the ICM cut affect CSN 1? A: The ICM for this area will now also be covering Millinocket and Lincoln. <p>ACTION: Don will send out a summary memo of the above updates to provider agencies.</p> <p>Status of Grant Funding</p> <ul style="list-style-type: none"> • Class member entitlements will be paid from grant/general funds, if the member is not a MaineCare recipient. • As of July 1, general funds for CI, ACT, and WRAP will not be distributed through the contract process as in the past. OAMHS will retain the funds and pay on a case-by-case basis through an application process. The goals are to achieve more equitable distribution among providers and to serve the most needy with the limited funding. • Guidelines for WRAP fund use have not changed. • OAMHS is working on establishing eligibility criteria for CI and ACT. (See next agenda item.)
VI. Eligibility Criteria	<p>DHHS is working on determining the criteria for these grant funds. Do we look at the financial situation? Do we give priority to those coming out of jails or hospitals? DHHS plans to use APS' screening system, but needs to know who/what to screen.</p> <p>What are the thoughts/suggestions from this CSN on how to proceed?</p> <ul style="list-style-type: none"> • Hospitals and jail population should be prioritized • People coming out of crisis units should be prioritized • Use the criteria for the MaineCare ISO system. <p>Question: Is the \$1 million restored targeted for non-class members? A: There is an entitlement that class members receive services for community integration. Yes, this can be used for non-class members.</p>
VII. Adult Crisis Stabilization Unit (ACSU) Building Expansion	<p>Don introduced this agenda item. Several months ago, there was talk about expanding and relocating AMHC's crisis facility due to last summer's closure of TAMC's crisis unit. At that time, this CSN voted in favor of supporting AMHC's proposal; however, the facility AMHC looked at did not work out. AMHC is now providing a new proposal for this CSN to consider.</p> <p>Lorraine provided a handout showing several data graphs covering the time period of November 2006 to March 2007 in comparison to November 2007 to March 2008. This data showed:</p> <ul style="list-style-type: none"> • The number of hospitalizations for the two time periods • Delays in response from hospitals. The "Other" listed on these was for Togus. AMHC uses NMMC and Acadia the most for those who need to be hospitalized.

Agenda Item	Discussion
	<ul style="list-style-type: none"> • Transportation delays and length of delay: 1 delay each in November, January and February. Delays ranged from 3.5 to 8 hours. • Voluntary and Involuntary Admissions • Financial cost of delays in hospitalization—as little as \$8 or 9K to as much as \$65K • AMHC uses the LOCUS Tool. Those who meet level 5 can be hospitalized voluntarily. Those at level 6 need to be hospitalized either voluntarily or involuntarily. • Cases by provider that AMHC handled November 2007 through March 2008. AMHC needs crisis plans for these individuals. It is an area of growth for AMHC. They want to invite those providers to be part of the process. <p>ACTION: Lorraine will email a copy of the data graphs to Don.</p> <p>AMHC's current crisis facility contains five beds—two double bedrooms and a single bedroom. The single bedroom is on the second floor and is not ADA compliant. They believe that by expanding into a new facility with single bedrooms, they can impact/reduce the number of hospitalizations. For example, 15 to 25 of the cases handled in January 2008 could have gone into an adult crisis unit, if it was available.</p> <p>On behalf of AMHC, Lorraine requested support of the CSN for a new facility:</p> <ul style="list-style-type: none"> • AMHC has reviewed a suitable property in Caribou • Ideally, it will combine both their adult and children units in separate wings, which will enable them to share resources between the adult and children crisis teams. • It will be all single bedrooms. <p>MOTION: This CSN will fully support AMHC to explore the option of a combined crisis unit for adults and children in separate wings. (Motion was made by Ralph and seconded by Chris.)</p> <p>VOTE: Motion carried 5 in favor and none opposed. AMHC abstained.</p> <p>Don stated that all community integration providers need to have agreements with the crisis provider for 24-hour access. Sue has sent email notices to all affected. She has been following up with providers to get these agreements, which need to be in place by April 30.</p>
VIII. RDS/EIS Unmet Needs Data by CSN	<p>Member received several data documents prepared by Helen Hemminger of the Muskie School depicting and explaining 14 categories of unmet needs data derived from the RDS/EIS system for the 2nd quarter FY08. The data is separated by CSN and comparisons made between statewide numbers and other CSNs. Don reviewed the data:</p> <ul style="list-style-type: none"> • CSN 1 has 501 open cases. There are 24 cases with an unknown status. Statewide, there are a total of 2,905 cases with an unknown status. • A service becomes an unmet need after a period of time if it is not provided for. The period of time is defined in the consent decree. • The RDS data is supposed to be updated every 90 days. Under-reporting is a substantial issue along with not being up-to-date. Some of the unmet needs in the report may have been met since the report. • We will watch this over time as unmet needs are a rolling number, which changes with time. We need to determine which unmet needs are ongoing as those are the ones this CSN may be able to act upon.

Agenda Item	Discussion
	<p><u>Questions:</u></p> <ul style="list-style-type: none"> • What does “unknown” mean in the chart on the first page? A: Data is based on the residential information provided on the individual in order to determine which CSN they are in. Those that are unknown were missing that information. • On the fifth page, under 7b, why is the sum of mental health crisis planning services so high? What is it that other CSN's don't have these problems? A: The data is only as good as those who provide it and their understanding of what an unmet need truly is. • Will DHHS look at developing criteria to help guide providers on what to look for? A: We are working on it. • Once a resource has been RDS for a while, it is an unmet need? A: Yes. Example, if you identify that an individual needs housing and if it is not addressed within a period of time, it becomes an unmet need and will remain as such until that need is met.
IX. Enrollments/RDS	<p>Don informed that the consent decree heavily relies upon RDS and the enrollment system. He stated that the enrollments and updates must be brought within 15% completion by May 15, and providers have received notice of contractual consequences for not meeting this requirement. Once the 15% completion target is met and data is clean enough for transfer, APS will take over this function. Providers will then only enroll clients once, rather than twice under the current system. The target date for the switchover to APS is July 1.</p> <p>Feedback and clarification is welcome. We need this to work in order to come into compliance with the consent decree.</p>
X. Consumer Council Update	<p>The Consumer Council has been established as its own entity by law. It is now separate and apart from DHHS. It is looking for an executive director. They are trying to develop local council groups within each CSN.</p> <p>Question: What is the relationship between the Consumer Council and the Office of Consumer Affairs (OCA)? A: It is similar to the relationship between MAMHS and OAMHS.</p> <p>ACTION: Don will have Leticia Huttman of OCA address this in writing.</p>
XI. Disability Program Navigator Services	<p>Kent DeMerchant passed around brochures from the Maine CareerCenter on their disability program. He attended to pass on information about the program including:</p> <ul style="list-style-type: none"> • Providing increasing work opportunities for those who are disabled • Connect with resources to help the disabled work • Help obtain adaptive equipment as needed • Many they help in Aroostook County have mental illness • He would like to partner with providers to help them find ways to overcome barriers to employment • He also wants to know of any barriers encountered at CareerCenters so they can be corrected <p>If you have any questions, you can contact Kent at kent.d.demerchant@maine.gov or 760-6319/800-635-0357.</p>
XII. Other	<p>During the ACSU presentation, a member raised concerns over the number of members absent at these meetings and that they need to be reminded that they need to be here. Don will have Sue send out reminders to those absent about the absentee policy.</p>

Agenda Item	Discussion
	<p>Gayla Dwyer was introduced to the group. She is the new Employment Specialist Coordinator for CSN's 1 & 2. She is excited and looking forward to the work she will be doing. She announced that the employment specialist for CSN 1 will be Katie Burbie, who has a background in Case Management. AMHC will be the host agency for Katie.</p> <p>Question for Annette from Ralph: What needs to be done to get the Release of Information agreement signed? Annette was unaware that it wasn't completed yet and will look into it.</p> <p>Ralph announced that TAMC is relocating their outpatient psychiatric services from Fort Fairfield to Presque Isle. The time frame for this is mid-summer. After this, there will be no services provided by TAMC in Fort Fairfield. The building in Fort Fairfield will be given back to the town.</p>
XIII. Public Comment	There was no public comment.
XIV. Meeting Recap and Agenda for Next Meeting	<p>Lorraine will email a copy of the ACSU data graphs to Don.</p> <p>Sue will follow-up on MOU's</p> <p>Sue will send out reminders on the absentee policy to CSN members who have been absent.</p> <p>Annette will follow-up with Ralph about the status of the Release of Information agreement.</p> <p>If anyone needs to have an agenda item added, please contact Sue. Her email is: susan.lauritano@maine.gov</p>