

**Community Service Network 1 Meeting
Aroostook Community Action Program, Presque Isle, ME
October 23, 2008**

DRAFT Minutes

Members Present:

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| <ul style="list-style-type: none"> • Annette Adams, Acadia Hospital (via ITV) • Brent Bailey, Allies, Inc. (via ITV) • Christine Brown, AMHC • Greg Disy, AMHC | <ul style="list-style-type: none"> • Christopher Morse, Care & Comfort • Bill Flagg, Cary Medical Center • David McCluskey, Community Care (via ITV) • Deborah Gray, Life by Design/ACES | <ul style="list-style-type: none"> • Dayla Dwyer, MMC Employment Coordinator • Katie Burby, MMC Employment Specialist-CSN 1 • Lori Soucy, New Day Counseling • Peter Sirois, Northern Maine Medical Center |
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Members Absent:

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| <ul style="list-style-type: none"> • Community Mediation Services • Dorothea Dix Psychiatric Center (excused) • Harvest Inn Social Club | <ul style="list-style-type: none"> • Houlton Regional Hospital (excused) • Kindred Spirits • NAMI-Families | <ul style="list-style-type: none"> • NFI North • Northern Maine General • TAMC (excused) |
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Alternates/Others present:

- Jennifer Anderson, Schaller-Anderson

Staff Present:

- DHHS: Don Chamberlain (via ITV), Sue Lauritano, Dr. Stevan Gressitt, Scott Kilcollins (via ITV). Muskie Staff: Scott Bernier

Agenda Item	Discussion
I. Welcome and Introductions	Sue welcomed participants; introductions followed.
II. Review and Approval of Minutes	Minutes were reviewed. Correction to question on Page 2, fifth bullet: "So, could this registry include..." insert "CNA" before "registry." Minutes were accepted with this correction.
III. Presentation by Schaller-Anderson	<p>Jennifer Anderson introduced herself and provided some background on the company she represents, Schaller-Anderson.</p> <ul style="list-style-type: none"> • Schaller-Anderson is contracted to offer care management services. • Schaller started roughly 20 years ago in Arizona and has spread to other states offering care management services. • The goal of the company is to get people healthier and by doing so, they save the state money. • Schaller has been working in Maine for two years. Schaller uses a predictive modeling process to examine MaineCare claims data and identify the top 10 percent of adults and 5 percent of children with chronic diseases. They then offer care coordination of services to those patients via telephone. • What they have found is that people who are providing mental health services may not know about their clients health issues and vice versa. Schaller-Anderson works to bring mental health and health services together. • Schaller refers clients to needed services. Examples: Smoking cessation, heating fuel assistance, diabetes management, etc. • Schaller-Anderson's Maine location is staffed by people from Maine. • Jennifer has been traveling the state to get the word out about care coordination. • Some questions that have been raised in other parts of the state include HIPPA issue. Schaller-Anderson acts as a state agent, so calling them is like calling DHHS. You may share information with them. <p>Questions/Comments:</p> <ul style="list-style-type: none"> • What is your phone number? A. 464-0342

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	<ul style="list-style-type: none"> • What is your relationship to APS Healthcare? A. We are separate entities. We do care management. APS does prior authorization and continued stay review for behavioral health. • We're concerned-\$19 million in savings was booked into the budget over this, but it hasn't happened. Response: We do utilization review for outpatient services with hospitals. We do just MaineCare. MaineCare hasn't had that oversight in the past, while other insurance companies have. It's a big change for the hospitals. We have saved the state money. We have reduced ER use rates. Care management impact can take a few years to show. • If you are doing utilization review and someone has no services, do you refer them to an agency? A. Yes. We have a list of most of the agencies in the state and here in Aroostook County. When we started the program with the state, they gave us only medical claims information and not behavioral health. We've realized this and are working on correcting this by working with you. • Let me give you an example. If we have someone with both mental health and health issues, could they already be enrolled in your program? A. Yes. Clients don't always tell us who is helping them. Eventually, we'll have the data to be able to contact you directly in regards to clients who are enrolled. • Do you have email lists for CSN Members. Response from Sue: We will give them to Schaller-Anderson. • Don added that DHHS is looking into why the health and mental health data at the state level didn't intersect before. They are also working on better communications with Schaller Anderson and will be holding a meeting soon. • Will you invite providers into that meeting? Answer from Don: Yes. I'll take that as a suggestion. • We have good system in place. With some work, we could service more than 10 percent of the adult population. <p>ACTIONS: DHHS will supply CSN email lists to Schaller-Anderson. Don will invite providers to the meeting with Schaller-Anderson.</p>
IV. Feedback on OAMHS Communications	<p>Just a quick note that there has been a lot of feedback in regards to crisis services in the other CSNs.</p> <p>Feedback:</p> <ul style="list-style-type: none"> • On the communication on PNMI, while AMHC appreciated the invitation to participate, the timing was not good. We received it on 10/20 with a turn around deadline of 11/8. A more timely notice would have been helpful.
V. Legislative & Budget Update	<p>Don referred attendees to last month's minutes for the status on each of the initiatives proposed.</p> <ul style="list-style-type: none"> • PNMI is moving forward. Kathy Bubar is taking the responsibility for it. • Add forensic patients to the bill authorizing clinical review panels has been modified. The forensic patient category has been dropped. But the review panel is still being discussed. • The proposal to expand the CNA registry to include other direct care workers has been dropped. • Exempting critical incident reporting from discovery has been dropped. • Shortening new medication prescriptions to 14 days with no co-pays has been dropped. • Establishing authority of the Department of Public Safety for disposal of unused drugs is not going to the Legislature, but it is moving forward via negotiations among the parties involved. <p>The Commissioner has forwarded the increases we requested to the Governor. Those increases include funding for BRAP, Grant funds for community inclusion, medication management and ACT Teams. Given the current economics, the Governor will probably not approve the request. The 2010-11 budget has a \$200 million shortfall. DHHS must cut \$100 million. It's under discussion. Ron Welch has indicated that anything under a few \$100,000 will not be considered. There</p>

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	<p>was a meeting on rates earlier this week where the commissioner noted that there are curtailments on the way for this fiscal year, but we don't know how much yet. There is no target yet.</p>
<p>VI. Unused Prescription Drugs</p>	<p>Dr. Stevan Gressitt provided a review and handed out envelopes to use to turn in unused drugs.</p> <ul style="list-style-type: none"> • A study group started two years ago and the Legislature passed a bill empowering MDEA to take back unused prescriptions. However, there was no funding with the bill. • The study group found funding through a grant from the Federal Environmental Protection Agency. They partnered with the US Postal Service to start this program and they have been at it for about 18 months. • The envelopes passed out are coded to this CSN. Initially, the envelopes were distributed to four counties. The program is about to go statewide, but lacks funding. • What is bailed back is counted and it's street value is calculated before the drugs are destroyed. • Aroostook County holds the record for the most impressive return to date—one envelope containing over 8,000 milligrams of Oxycodone. • The hope is to reflect the counts back to MaineCare and the Legislature and show that we can save money by reducing unused prescriptions such as shortening the first prescription. • Ninety-day mail order prescriptions are part of the problem. It can take a three days or so for side effects to start to show. When that happens, you wind-up with 87 days of unused medication. • There is also discussion about making a decal to place on homes where drugs have been cleaned out of the home. That's still in the works. • We are also hoping to determine the rates of disposal versus prescription in each CSN. <p>Feedback/Questions:</p> <ul style="list-style-type: none"> • How do people get these envelopes? A. You can get them here today and you can ask for one at participating pharmacies. • We have a monthly conference call on benzodiazepine drugs at Cary Medical Center. A drug company called, wanting to be responsible for destroying their own drugs. These calls are open to everyone. Also, if we took this to home care agencies, where they do medications assessment, they'd probably find expired drugs on those homes. •
<p>VII. Consumer Council Update</p>	<p>There was no one from the consumer council present to report. Scott reported that Elaine Ecker, formerly of the Muskie School, is the new executive director of the consumer council.</p>
<p>VIII. Report from Employment Service Network (ESN)</p>	<p>Katie reported that for now they will not be expanding the program beyond AMHC in the first year. Currently, she has 33 people in her case load and another 20 pending referrals. Of the mass mailing sent out to 350 AMHC clients, 46 have been returned and 50% of those have shown an interest in employment. She is beginning to understand the employment market needs in Aroostook County.</p> <p>Questions/Comments:</p> <ul style="list-style-type: none"> • When does that first year end? A. It depends on when we get more specialists. The maximum case load should be 30. We need more funding from DHHS to expand the program. Response from Don: We put in a request in the 2011 budget. We're also going to discuss with Maine Medical Center (MMC) to get data to support the need. • Gayla noted that you can contact her to pass on information to your clients so she can gather that data for DHHS.
<p>IX. Impact of Energy Costs</p>	<p>Nothing new this month in this CSN. In CSN 2, there has been a discussion that some landlords are evicting people and moving in themselves as those landlords have had their own homes foreclosed upon. There has also been an increase in</p>

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	<p>wrap fund requests around heating.</p> <p>Transportation hearings have been held around the state. DOT may be setting-up a website for ride sharing, but not yet. If we invite Barbara Donovan of DOT to this meeting to hear the challenges we're facing, it would help. Another member raised a concern about safety around a ride board request as you don't know who the other person is.</p> <p>MOTION: This CSN will invite Barbara Donovan to attend a meeting and discuss transportation issues.</p> <p>The motion carried.</p>
<p>X. Wraparound Report from AMHC</p>	<p>Greg reported that AMHC continues to manage wraparound funds for this CSN. Since July 1:</p> <ul style="list-style-type: none"> • 32 applications were received for funds. Of these 26 were authorized and 6 were not supported. • The majority were for non-AMHC clients: 12 from Allies, 1 was self-referred, 9 from AMHC and 4 from ACES. • \$9,130.94 out of \$10,000 has been spent to date. AMHC has received an additional \$10,000 for the rest of the fiscal year. Funds probably will not last, especially with winter coming. • Remember these funds are a last resort. • Requests were for: 8 for fuel oil; 5 for security deposits; 5 for first month's rent; 2 for power bill/power hook-up and 6 for miscellaneous such as hot water switchover, glasses, and propane. • We have roughly \$10,800 left in the fund through June.
<p>XI. Other</p>	<p><u>MAPP Contract</u></p> <p>Dr. Gressitt and Don reported on a new small contract between DHHS and the Maine Association of Psychiatric Physicians (MAPP) that was just signed this week. Dr. Gressitt explained about a similar program in Newfoundland where there are psychologists going from office to office providing consultation. The contract signed here is for a similar proposal to provide such services here on a voluntary basis. There is no funding for individual psychologists in the program, but \$7,000 for support staff to help match-up these volunteer psychiatrists with doctors within the state. It is the first such program in the country. The only concern is due to move forward carefully so as not to kill/overwhelm the program before it can move forward.</p> <p>Questions/Comments:</p> <ul style="list-style-type: none"> • This is a wonderful idea, but funding is limited. Maybe you can find third party funding to expand it. • What is the \$7,000 being used for? A. Part time administration that matches primary care with psychiatrists and some promotional activities. • How does one get a hold of a psychiatrist participating in this program? A. Call MAPP. <p>Don stated that more information on this will come out soon.</p> <p><u>Crisis Consolidation Meeting on Oct. 22</u></p> <p>Don reported that AMHC came to Augusta to meet over the CSU proposal that was supported by this CSN. The response was strong conceptually, but with the current economic situation, DHHS doesn't have the resources to increase the rate nor grant funds to cover the renovation of the building. It was suggested to look for other funds. We'll need to keep this in mind as we move forward.</p>

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	<p><u>Next meeting is a week early</u> Members were reminded that due to the Thanksgiving holiday the next CSN meeting will take place a week earlier than normal on Nov. 20 at ACAP, 9 a.m. to noon.</p>
XII. Public Comment	There was no public comment.
XIII. Meeting Recap and Agenda for Next Meeting	<p><u>Meeting Recap</u> See ACTION items above.</p> <p><u>November Agenda</u> Feedback on OAMHS Communications Status of legislative proposals Consumer Council Update Report from Employment Service Network (ESN) Impact of Energy Costs Wraparound funds Report</p>