

**Community Service Network 1 Meeting
Aroostook Community Action Program, Presque Isle, ME
August 28, 2008**

Approved 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 • Christopher Morse, Care & Comfort | <ul style="list-style-type: none"> • Sherry-Lynn Gagnon, Consumer Council System of Maine • Mary Louise McEwen, DDPC (via ITV) • Chris MacArthur, Harvest Inn Social Club • Deborah Gray, Life by Design & ACES | <ul style="list-style-type: none"> • Katie Burby, MMC Employment Specialist-CSN 1 • Danielle Perry, New Day Counseling • Kristie Bouchard, Northern Maine General • Patricia Michaud, Northern Maine Medical Center |
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Members Absent:

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| <ul style="list-style-type: none"> • Cary Medical Center • Community Care | <ul style="list-style-type: none"> • Houlton Regional Hospital • Kindred Spirits | <ul style="list-style-type: none"> • TAMC |
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Alternates/Others present:

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| <ul style="list-style-type: none"> • Beth Jandreau, Northern Maine General | <ul style="list-style-type: none"> • Lori Soucy, New Day Counseling | <ul style="list-style-type: none"> • Maila Raymond, ACES |
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Staff Present:

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| <ul style="list-style-type: none"> • Don Chamberlain, OAMHS (via ITV) • Scott Kilcollins, OAMHS (via ITV) | <ul style="list-style-type: none"> • Sue Lauritano, OAMHS | <ul style="list-style-type: none"> • Scott Bernier, USM Muskie School |
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Agenda Item	Discussion
I. Welcome and Introductions	Sue initiated the welcome and introductions.
II. Review and Approval of Minutes	Minutes were reviewed and approved with one correction: Correct the spelling of Brent Bailey's name and list him as a Member Present rather than an Alternate.
III. Feedback on OAMHS Communications	<p>Don informed the group that this agenda item will appear as a new standing item on all CSN agendas to give members a regular opportunity to ask questions or give feedback on all OAMHS communications received during the month. These communications are now also being posted on the CSN website.</p> <p>A member asked about the item listed as "Quality and Outcomes." Don explained it is a memo from Ron Welch behavioral health outcome measurement tools to be implemented in December. Members may go to the website for more details: www.maine.gov/dhhs/mh/csn/correspondence/index.html.</p>
IV. Legislative Session January 2009 and Unmet Needs Data	<p><u>Bills/Rules: Proposals/ideas from members</u> Don informed that OAMHS will seek their input in September for items/initiatives that the CSN would like to see come up before the legislature.</p> <p><u>Budget: Process for September CSN discussions</u> Work has begun on the State's biennial budget for FY 2010 & 2011, as well as the Supplemental Budget for 2009. Initial requests are made this month, CSN information gathered during September, and requests will be finalized in October.</p>

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	<p>OAMHS will make its budget requests based in part on the RDS unmet needs data (discussed below), though many other sources of information are also considered. Don informed that OAMHS is also soliciting unmet needs budget requests from CSN members, in two major categories: 1) consumer unmet needs and 2) systems or administrative needs, e.g. needs resulting from high fuel costs. Any requests should include specific proposals to meet specific needs, with supporting data that includes how the service need is identified, how many people would be affected, how the funds would be used, etc. CSN members will receive a template soon to use for this purpose.</p> <p><u>Budget: Unmet Needs Data</u></p> <p>Members received and reviewed handouts of enrollment and RDS (Resource Data Summary) Unmet Needs data for the 4th Quarter of FY 2008. (The materials also contained data from the previous two quarters.) Don explained that increases in unmet needs for the 4th quarter are due to better reporting and not to a sudden actual increase in unmet needs. OAMHS may use these 4th quarter figures as a starting point for comparison.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • AMHC requested a clear definition of an Unmet Need, so that members will know that “apples are being compared to apples.” Response: An Unmet Need is defined by the number of days that the need is unmet. The length of time varies by the service. Page 17 of the Consent Decree Plan contains a table defining the time periods for various unmet needs. Examples: <ul style="list-style-type: none"> ○ Daily Support is defined as unmet after 30 days. ○ Community Integration is defined as unmet after 60 days ○ Intensive Community Integration & ACT are defined as unmet after 60 days ○ There are some on the list that are not defined as unmet until after 90 days. • AMHC representative pointed out that consumers may not know there is a resource for their perceived unmet needs. • Has there been any discussion around the definition of a want versus a need? Greg responded that this was discussed the last time this topic was raised. This is a significant issue. So...if there are 150 people who want something, it could impact funding from DHHS. • Members expressed concern about the state making funding or service decisions based on data that may not be accurate. <ul style="list-style-type: none"> ○ How much of this data can be trusted? ○ Some data may not be reported simply because the service isn't available in their area. ○ Do caseworkers ask their clients all these questions? ○ Are there consumers reporting their unmet need--how are unmet needs reported? • Don explained that Community Integration and ACT case managers enter the data into the RDS system from the clients' ISPs (Individual Service Plans). Sue: The data is only as good as the information reported. • What about unmet needs of those not receiving services? A. If they are not receiving services, then their needs are not being reported as unmet. • Why are there consumers who aren't seeking a case manager? A. There may be confusion over what has been dropped and not dropped from MaineCare, and they may not know they can seek a case manager. <p>Scott Kilcollins reminded members to contact him if their agencies would like additional or refresher training for case managers.</p>
V. PNMI Process and Forms	Scott Kilcollins provided an overview of the new PNMI process and forms:

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	<ul style="list-style-type: none"> • There are three providers of PNMI services (beds) in CSN 1. • In order to make the application process uniform, OAHMS has consolidated to a single application form for the entire state. • There is more demand for services than there are available beds. As a result, OAMHS has a priority list. Requests need to be approved by the regional DHHS OAMHS office before someone can be assigned to a bed. <p>Sue pointed out that the APS Healthcare website contains a spreadsheet of all the PNMI across the state that lists the current number of occupied beds and the facilities' capacity. The list is alphabetized by facility name, but can be sorted by CSN.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Can we go through the process for someone to get into a PNMI? How about a situation where someone doesn't have a case manager? A. Scott Kilcollins answered he's never seen a case where an eligible client did not have a case manager. However, the person in question could contact him at the regional OAMHS office to get the necessary paperwork and referral forms. The person would then submit that paperwork to the PNMI of their choice. Then an interview and tour of the facility would follow. If it appears it would be a good match, the OAMHS Regional Team Leader would review the request.
VI. Consumer Council Update	<p>Sherr-Lynn provided an update on the Consumer Council:</p> <ul style="list-style-type: none"> • The Consumer Council is a forum where members can bring needs of the community/region they represent. They fill out problem statements and recommendations. A copy of the form was passed around the group for review. • The Council is in its first year and has spent time developing policy and procedures. • There is an application process for Local Councils. The goal is for there to be seven Local Councils per region, with 5 to 6 people present at each meeting and to meet for at least 6 months. Aroostook's Local Council is meeting this goal so far. • The Statewide Consumer Council (SCC) has had voting issues, as it has not been at full capacity. We need to bring in more people. The challenge has been how to reach more people. • The SCC is also involved with legislation. • The SCC is developing kits to help people to develop local councils. The kits include definitions and what the council is and why we're doing what we're doing. • There are 21 seats on the SCC, serving three-year terms. The goal is to elect seven new people to the SCC each year, so some members will be stepping down voluntarily before their three-year term ends to enable us to do this.
VII. Wraparound Funds	<p>Don reported that OAMHS has extended the current contracts for wraparound funds through December—AMHC holds the contract for these funds in CSN 1. Wraparound is money for people who meet MaineCare Section 17 eligibility for urgent needs such as eyeglasses, dental work, security deposits, etc. Fund disbursement typically does not exceed \$500 per request. It can either be provided as a grant or a loan. If the person can repay, it is usually offered as a loan. OAMHS wants CSN members to decide how to proceed from January forward with these funds. Don clarified that in other areas of the state, multiple providers have these funds along with the regional offices. DHHS does not want to handle this directly in the future.</p>

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	<p>Discussion:</p> <ul style="list-style-type: none"> • Are funds open to non-AMHC clients? AMHC: Absolutely. Our process: We have a person who manages the requests. They review requests and track who has received a benefit and what it was for. There is a booklet provided for repayment if the benefit is a loan. We have recently been receiving requests from Aroostook Community Action Program (ACAP). Our concern is trying to determine if people being referred by ACAP meet Section 17. We may need to limit how much of the funds are disbursed each month as there aren't a lot of funds to begin with. • Do you ask the caseworker to report back on how the funds were used? A. No. Money does not go directly to the client but to whoever is providing the service. For example if the money was needed to pay an electric bill, it would be paid directly to the electric company. <p>Don clarified that there is approximately \$10K in the wraparound fund for CSN 1, and that Section 17 of MaineCare is the section on Community Integration Services.</p> <p>ACTION: Members will give thought as to how to proceed with handling wraparound funds. This will be on the September agenda.</p> <p>ACTION: Don will seek clarification on what is needed for Consent Decree compliance.</p>
VIII. Report from Employment Service Network (ESN)	<p>Katie reported that the ESN held its first meeting on July 28 where they discussed the scenarios they've encountered. They had to cancel their second meeting due to technical issues with the Polycom ITV system.</p> <p>Q. So the group is new, but the services have been around longer? A. Yes. The ESN is new, but the services have been around longer. The ESN is like a subcommittee which focuses on employment within the CSN. In CSN 1 we are based at AMHC.</p>
IX. Impact of Energy Costs	<p>DHHS OAMHS is interested in feedback on the impact on consumers of rising energy costs. What are the impacts on agencies? Are local landlords abandoning properties?</p> <ul style="list-style-type: none"> • Chris MacDonald reported that his landlord has raised the rent \$50/month due to the rise in energy costs. • AMHC reported they have clients who have received eviction notices because the landlords in question are planning to close their buildings due to the cost of energy. • Has anyone noticed an increase in power bills? A. Yes, power rates have risen. • In Bangor, some landlords are no longer covering utilities with the rent and making utilities the responsibility of the tenants. Yes, here in Aroostook County that is also happening, or they're increasing the rent to cover utility costs. Local homeless shelters are full. • At NMMC we have clients who have no place to go. As a result they are staying here longer until they can find a place to stay. • There are meetings being held at community action programs across the state because they control LIHEAP funds. So, contact ACAP in Aroostook County to see what is happening locally. • Will we keep this as an agenda item? A. Certainly. <p>ACTION: Keep Impact of Energy Costs as an agenda item for future meetings.</p>
X. Consent Decree Report	<p>The Consent Decree Quarterly Report for April-June 2008 has been filed with the Court Master. Copies of all documents are posted on the OAMHS website: www.maine.gov/dhhs/mh/consent_decree.</p>

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	<p>DHHS is in discussion with the Court master on defining the population(s) OAMHS is responsible for under the Consent Decree.</p> <p>Don explained that OAMHS made a presentation to Judge Mills in response to her concerns regarding the amount of funding supporting the mental health system to determine whether or not there were sufficient funds to meet compliance and whether OAMHS has been an adequate advocate for funding. Judge Mills concluded that she could not make a determination without more information and, therefore, decided to appoint a monitor to study the matter. Elizabeth Jones has been appointed as the monitor. OAMHS is meeting this afternoon (8/28) with the Court Master about her role. She is to gather information over the next six months to report back to the Court.</p>
XI. Other	<p>Scott Bernier raised the issue about November and December meetings falling on holidays. After some discussion, a motion was made as follows:</p> <p>MOTION: This CSN will meet on the third Thursday of November (11/20) and skip December. The motion was seconded and carried.</p> <p>ACTION: Scott Bernier will secure the facility. COMPLETED: ACAP is available on Nov. 20th, 9am to noon.</p> <p>Greg asked a few questions in regards to Agenda Item #3: Q. What was the "Quality and Outcomes"? A. It was sent out by Ron Welch. It is a behavioral health outcome tool to be implemented in December. You can go to the DHHS website for details.</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>September Agenda</u> Budget and Legislation Consumer Council Update Report from ESN Wraparound Funds Impact of Energy Costs</p>