

**Community Service Network 1 Meeting
Aroostook Community Action Program, Presque Isle, ME
September 25, 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) • Greg Disy, AMHC • Christopher Morse, Care & Comfort | <ul style="list-style-type: none"> • Bill Flagg, Cary Medical Center • Vicky Hardy, Houlton Regional Hospital • Blair McCartney, Life by Design/ACES • Katie Burby, MMC Employment Specialist-
CSN 1 | <ul style="list-style-type: none"> • Lori Soucy, New Day Counseling • Beth Jandreau, 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"> • Community Care (excused) • Community Mediation Services • Dorothea Dix Psychiatric Center | <ul style="list-style-type: none"> • Harvest Inn • Kindred Spirits | <ul style="list-style-type: none"> • NFI North • TAMC (excused) |
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Alternates/Others present:

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| <ul style="list-style-type: none"> • Karen L. Woodall, Cary Medical Center | <ul style="list-style-type: none"> • Allyson Byard, Intern, Acadia Hospital (via ITV) |
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Staff Present:

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| <ul style="list-style-type: none"> • Don Chamberlain, OAMHS | <ul style="list-style-type: none"> • Sue Lauritano, OAMHS (via ITV) | <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 accepted as written.
III. Feedback on OAMHS Communications	No one offered any feedback.
IV. Legislative Session January 2009 and Unmet Needs Data	<p>Don explained that DHHS-OAMHS has put forward a few legislative proposal concepts to the commissioner. The commissioner then presents them to the Governor. If the Governor accepts them, he presents them to the legislature. OAMHS has forwarded six concepts:</p> <ol style="list-style-type: none"> 1. <u>Prior authorization for PNMI beds:</u> MaineCare does not allow for prior authorization for PNMI beds, and this requires legislative authority to change the MaineCare rule. 2. <u>Add forensic patients to the bill authorizing clinical review panels to mandate involuntary medications:</u> At this time, only those civilly committed come under the provisions of this bill. OAMHS would like legislation to include people on the forensic side as well. 3. <u>Expansion of CNA Registry to include other direct care workers:</u> Presently, there is no registry for people working in the mental health field with MHRT certifications and therefore no way to track or record the performance of those working in the field. OAMHS would like to expand the current CNA registry to include direct support mental health professionals (MHRT/C, MHRT/I, MHSS) as a way of assuring knowledge and quality of who is practicing. Also, once a person is certified there is now no mechanism to decertify. This would provide that. 4. <u>Exempt critical incident reporting from discovery and expand and clarify the mandate for reporting.</u> 5. <u>Reduction and disposal of unused medications (two concepts, for safety and less waste):</u>

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	<p>a. Shorten new medication prescriptions to 14 days, with no co-pays: Finding the most effective medications often requires trials and can result in waste and disposal issues if abandoned prescriptions have been written for the usual 60-90 day period. Under this concept, any new prescription would be written for a shorter period and consumers would not be liable for co-pay on any of them, even if it involves several trials.</p> <p>b. Establish authority of Department of Public Safety (DPS) re: disposal of unused drugs, rather than the Department of Environmental Protection (DEP). DHHS and DPS want to remove disposal of unused drugs from DEP regulations and establish new regulations. DHHS and DPS see drugs as different from other hazardous materials. DPS disposal is also much less expensive.</p> <p>Questions?</p> <ul style="list-style-type: none"> • Can you please explain what a PNMI bed is? A. It is a private non-medical institute bed, for example, a group homes. Reimbursement is to the providers on a per diem for services. Residential care. • What about private homes? A. No, but close to that. • What is the rationale around allowing prior authorization for PNMI beds? A. We want to be clear we can have prior authorization. • So you wouldn't roll this into APS? A. I don't believe we'll do that. People covered by the consent decree need priority over others. • So, could this registry include children's BHP's and DSP's? A. Yes. • What if you are dually credentialed as a social worker and an MHRT? A. The name would be listed on both registries. So would you file with both boards? A. Yes. • How do you propose to strengthn the critical incident reporting? A. Training and better clarification of what is a critical incident. We haven't gotten to the specifics on this yet. <p>Other proposals/discussion:</p> <ul style="list-style-type: none"> • What is the interface between MAMS and DHHS on proposals? A. I don't know the answer to that. There may be issues put forth by MAMS that OAMHS can't publicly support. • At Cary Medical Center, there is the Aroostook Drug Prevention program. It's a monitoring program on prescription drugs. It should be made into a real time program to cut down on patient drug shopping. We would like to get more physicians into this system. They are going to talk to the legislature directly on it. Currently, it takes several weeks to learn if it has occurred. It would take more resources to make it work. Pharmacies are seeing this too. • Greg replied that two of their psychiatrists say this is an issue. Old info, but it is still helpful. Annette added that they haven't had their doctors talk about it, but she thinks it would be useful. <p>MOTION: We would support legislation to make the prescription drug monitoring program real time, provided it doesn't take funds away from other areas and it doesn't add costs.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • We can look at other sources of funding for this. <p>Motion carried.</p> <p>Q. Will you report back to this CSN on the status of these proposals? A. Yes.</p>
V. Budget	OAMHS has submitted a budget request to the commissioner with an understanding that there would be another round of requests from the CSNs. Some of the items that OAMHS has requested include:

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	<ul style="list-style-type: none"> • Additional employment specialists for FY11 • Requests around medication management • Requests around PNMI's <p>Are there other items we should request funding for?</p> <ul style="list-style-type: none"> • Patricia indicated that transportation is an huge issue. Don asked if it is specifically to get people home after hospital stays. Patricia responded that currently there is no real transportation. The bus doesn't run every day. It's costly to keep patients an extra day. She estimates that the costs last year for NMMC was about \$3,000. • Annette reported that Acadia has a significant bill for cab fees and delays to get people home. • Greg added that consumers have a difficult time to get to/from appointments. You have to work on the bus' schedule. There could be delay in either direction of several hours. Brent agreed and stated that this problem is statewide, but more so in CSN 1. For example, in Ashland, you have a window of 9am to 2pm one day a week to get to/from an appointment. • Bill reported that the District Coordinating Council/Healthy Maine Partnerships have taken on the transportation issue as a major objective. Cary also has an ER transportation fund to provide a cab on occasion. • Chris stated that it is a significant problem, one that can nullify the therapeutic experience for the patient. • Brent added that traditionally volunteers have provided transportation. Increased costs aren't covering their expenses. • Greg noted that county transportation has significant limitations. The demand far exceeds availability. • Don asked what is MaineCare's limitation on transportation? For example, will MaineCare pay for a cab or bus? A. The local community action program delivers the service, and then MaineCare reimburses them for it. The MaineCare recipient can also submit for reimbursement. • Annette suggested that this CSN partner up with DCC-Public Health on the transportation issue. It is also being looked at in Penobscot/Piscataquis counties. <p>MOTION: We explore studying and coming to solutions to the Aroostook transportation problems in coordination with the Public Health District Coordinating Council.</p> <p>Motion Carried.</p> <p>ACTION: Greg will communicate to Wes of AMHC, who is on the DCC, this CSN's intentions to work with them on the transportation issue.</p> <p>Any other items?</p> <ul style="list-style-type: none"> • Reimbursement on transportation should be increased. It is currently 24 cents per mile while the IRS rate is 58.5 cents per mile. • Perhaps it should be tied to inflationary rate of fuel costs. • There is a volunteer driver program here called County Ride. But I don't know what their reimbursement rate is. Response from another member: They get reimbursed from ART. <p>MOTION: Increase the reimbursement rate to 50% of the difference between the current rate and the federal rate. Motion was not seconded or voted on.</p> <ul style="list-style-type: none"> • We don't have a lot of data around this. We need to get more data on this. Where transportation has been denied,

Agenda Item	Discussion
	<p>etc.</p> <ul style="list-style-type: none"> It may be a good idea to partner with Public Health on this too. <p>ACTION: Don will suggest to Ron that within the Department that there should be a discussion to think about transportation statewide.</p> <p>Anything else?</p> <ul style="list-style-type: none"> Greg requested an increase in wraparound funds. There is \$10,000 for the current six months and there will be an additional \$10,000 for the following six months, but it isn't a lot to support the needs with current travel and energy costs. Don asked how many community integration (CI) clients are there in Aroostook County? A. Approximately 500. Sue added that this figure does not include the additional amount that the regional OAMHS office has covered. In July & August of this year, Region III OAMHS has paid out \$12,588 in wraparound funds. Greg reported that AMHC has been trying to divide the money evenly over all 6 months, but every month demand is exceeding available funds. Q. How are denials being received? A. They understand the reality of the limit of funds. What would the recommended increase be? A. I can get that data together for you. <p>MOTION: To increase wraparound funding for CSN 1 based on review of wraparound data and denials to be submitted by AMHC (Greg) to OAMHS.</p> <p>The Motion carried.</p> <p>ACTION: Greg will submit data to OAMHS and will also report this data to this CSN at the next meeting.</p> <p>MOTION: Provide grant dollars to community integration for new clients.</p> <p>Discussion:</p> <ul style="list-style-type: none"> Greg reported that AMHC will soon run out of grant funds for CI services. Don reported that the base dollars available in FY07 was roughly \$2 million. There would have been none in FY08, but \$1 million of that was restored. We would need another million more to be back to FY07 levels. Restored funds were distributed by population. <p>AMENDED MOTION: Increase grant funds to their previous levels for community integration.</p> <p>The altered motion carried.</p> <p>Other comments:</p> <ul style="list-style-type: none"> I don't think there is a consistent process for unmet needs funding. How is it that Aroostook has the same number as an urban area? Numbers seem arbitrary to me. A. We would not object to a change in the number. We don't have a solution to the consistency yet. Major focus has been to get the numbers in. We recognize we need to look at reliability of the data. Will we clarify the definition of unmet need? A. There is some discussion to update the policy and procedures-- after which, retrain and orient on what unmet needs

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	<ul style="list-style-type: none"> • Would it be better to use a percentage for unmet needs rather than an arbitrary number? A. I think 100 was based on a percentage. • We've been talking about consolidating crisis services here. It would be nice to have funding to back this. <p>MOTION: There should be consideration of budget support for consolidation of crisis units within this CSN either via grant or rate adjustment. Discussion: This is for the cost of the facility build-up of the new combined crisis unit that this CSN supported at previous meetings. Motion carried.</p>
VI. Public Comment on Budget	There was no public comment on the budget.
VII. Consumer Council Update	There was no one from the consumer council present to report.
VIII. Report from Employment Service Network (ESN)	<p>Katie reported that:</p> <ul style="list-style-type: none"> • She currently has a full caseload of 25 people. • She has sent out over 300 letters. She has received back 40 responses so far. Of those, 26 have significant need to go to work. • She has had two successful placements so far. One of those has not worked in ten years. • She has just returned from a 2-day Disability Employment Conference in Augusta. The training was great. • The ESN held its second meeting recently. They are working on building an employer inventory. They are also going to local chambers of commerce to obtain lists of employers. <p>Questions/comments:</p> <ul style="list-style-type: none"> • When will you move to phase two? A. I'm not quite sure yet. I'm waiting for more responses from the mailing. <p>ACTION: Katie will report back next month on this.</p> <ul style="list-style-type: none"> • Currently, you're just working for clients of AMHC, correct? A. Yes. But we will be expanding in the future to other agencies in this CSN. <p>You can also contact Gayla for help.</p>
IX. Impact of Energy Costs	<p>Have there been any changes to this since last month? A. We discussed this extensively last month. There have been no changes.</p> <p>Bill reported that a local radio show made dire predictions around the mentally ill and elderly this winter. He asked if these people could be identified, so volunteers can check up on them over the coming winter.</p>
X. Wraparound Funds	<p>Sue initiated this agenda item. The department wants to cease processing requests for wraparound funds. We reviewed this in last month's meeting, but wanted to discuss it again this month. Currently, AMHC is managing funds for this CSN. We can continue that or form a committee to oversee it, or whatever else this CSN decides.</p> <ul style="list-style-type: none"> • Greg requested that the CSN not appoint a committee to do this. These requests need a more timely response than can be provided by a committee. AMHC would not mind continuing to provide this service despite the administration required to make it work.

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	<ul style="list-style-type: none"> Chris concurs with Greg. A committee would delay the approval of requests. <p>MOTION: AMHC will continue to handle wraparound funds for this CSN. Motion carried.</p> <p>Don asked about requests over \$500. Should they continue to go to the regional office, or should this cap be increased or... Answer from Sue: The next step would be to discuss this elsewhere as this is a statewide policy. We will discuss this more at the October CSN meeting.</p> <p>Greg reminded members present that wraparound funds are a last resort for consumers. We get their workers involved in looking at other resources first. Funds are paid directly to the vendor and not the consumer.</p> <p>Q. Is there a way to maximize the use of these funds? For example purchasing bulk oil up front? Greg responded that this is a great idea, but there are limitations because some landlords may not use the same company as the one we make the deal with.</p> <p>ACTION: AMHC will report back to this CSN on how wraparound funds are being used.</p>
XI. Other	<p>Greg asked about the process for billing grant dollars. Currently, there is no place on the OAMHS encounter form for the APS number. A. What is supposed to occur with September encounter invoices is we're going to take the information from APS and crosscheck it with the invoices, and then authorize payment. We had to do this manually for July and August. So, the APS number is not necessary yet.</p> <p>Scott reported that the ACAP meeting room has been reserved for the November 20th meeting.</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>October 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</p>