

**Community Service Network 2 Meeting
Dorothea Dix, Bangor, Maine
January 8, 2008**

Approved Minutes

Members Present:

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| <ul style="list-style-type: none"> • Annette Adams, Acadia • Melinda Davis, AIN • Tara Mullins, Allies • Theresa Oliver, Bangor Counseling Center • Michelle St. Louis, Behavioral Health Center • Richard Brown, Charlotte White Center • Kay Carter, CHCS | <ul style="list-style-type: none"> • David McCluskey, Community Care • Jill Peters, Dirigo Counseling • Jeremy Ashfield, Families United • Bob Mathien, Maine Mental Health Connections • John Spieker, Mayo Regional Hospital • Sue Rouleau, MDI Behavioral Health • Betty Foley, Medical Care Development • Scott Dufour, NFI North | <ul style="list-style-type: none"> • Charles Tingley, NOE • Kathy Smith, OHI • Barbara Kerrigan, Phoenix Mental Health • Sharon Dean, Sunrise Opportunities • Sharon Tomah, Wabanaki-Sweetser • John Edwards, WCPA (via ITV) |
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Members Absent:

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| <ul style="list-style-type: none"> • Amicus • Blue Hill Memorial Hospital • CA Dean Memorial Hospital • Consumer Council of Maine (excused) • Calais Regional Hospital • Care & Comfort | <ul style="list-style-type: none"> • Community Mediation Services (excused) • Down East Community Hospital • Fellowship Health Resources (excused) • Maine Coast Memorial Hospital • Millinocket Regional Hospital | <ul style="list-style-type: none"> • NAMI-ME Families • Penobscot Valley Hospital (excused) • Regional Medical Center at Lubec • St. Joseph Hospital • Together Place (excused) • Wings |
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Alternates/Others Present:

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| <ul style="list-style-type: none"> • Annalee Polley, Assistance Plus • Thomas Lynn, CHCS • Judy Provencher, Medical Care Development | <ul style="list-style-type: none"> • Linda Catterson, NFI North • Bonnie-Jean Brooks, OHI | <ul style="list-style-type: none"> • John Stanley • Corey Schwinn, WCPA (via ITV) |
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Staff Present: DHHS/OAMHS: Donald Chamberlain, Darren Morgan, Marya Faust, Mary Louise McEwen, Marjorie Snyder, Elsie Freeman. Muskie School: Elaine Ecker.

Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Darren opened the meeting and members introduced themselves.
II. Review and Approval of Minutes	The minutes from the November meeting were approved as written.
III. Budget	<p>Curtailments SFY 2008 Don began the budget discussion with the curtailments ordered by the Governor on Dec. 18, 2007. Detailed information was provided to members at that time as to the services and providers affected. OAMHS' portion of the curtailments totaled over \$1.05M in general funds ("grant" funds).</p> <p>He further clarified that, after some confusion on the issue, it has been determined that it is acceptable to move funds from one line (or service) to another within the services affected by the curtailments. It is possible for an agency with more than one general fund contract to raise one and lower the other. That process should be discussed with the OAMHS staff managing those contracts.</p>

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	<p>Questions:</p> <ul style="list-style-type: none"> • Can dollars be moved from categories not touched in the curtailments, such as Crisis funds (not cut) moved to ACT? Answer: Can discuss—would need to discuss that. • Are we to stop billing affected services as of the date of curtailment, Dec. 18? Don explained that the grant services affected by the curtailment were cut by 25%. So, for example, an agency's \$100,000 contract became a \$75,000 contract for SFY 2008. Agencies can bill through the full amount of the reduced contract (or \$75,000 in this example). Marya reminded that the curtailments applied only to general funds, not MaineCare. She also explained that once the Governor signed the curtailment order, the money was instantly "swept" from the OAMHS budget. • Two important questions: 1) Who will not be served now, even though they may meet clinical eligibility, and what should agencies do in those instances? 2) In the big picture of all the budget changes, i.e. curtailment, streamlining, rate setting, etc., will there be any community-based mental health services when all is said and done? <p><i>Answer:</i> That's a good question. When the Governor delivers his State of the State address, including his proposed Supplemental Budget, we'll know more. OAMHS expects that the curtailment will be annualized and "rolled in," and changes based on budget work group recommendations, streamlining initiatives and proposals will also be included at the Governor's discretion. Don explained that the Supplemental Budget makes changes—reductions or increases—in the second year of the Biennial Budget (SFY 2009) already passed by the Legislature. Marya added that the proposed Supplemental Budget must go through the Legislative process and will likely undergo many changes before it is passed.</p> <p>Eligibility: Service Implications To best serve the target population with the limited funds available, OAMHS is working on eligibility criteria for all "Section 17" services now paid for by general funds, with exception of residential and medication management. (Last fall, CSNs reviewed the proposed criteria for Community Integration services. Eligibility for other services will be determined similarly.) In large part, the clinical and income criteria will be the same as MaineCare, Marya said.</p> <p>OAMHS will generate a list of exceptions—anticipated to be a short list, Marya said, and noted it would be helpful to know who is being served now and the reasons why they aren't on MaineCare. Kay Carter reminded that much of that information is reported monthly already—Don said it goes to Purchased Services, and he will look into getting a report from them, by CSN, if possible.</p> <p>Kay also said that waiting for a MaineCare disability determination can take anywhere from 45 days to six months. Though MaineCare provides coverage during the interim from the 45th day on, there are instances where the interim coverage is Non-Categorical and therefore does not cover Community Integration services. If the interim coverage was always on the Disability level, those services could be provided and reimbursed by MaineCare. Don will look into this with MaineCare.</p> <p>UPDATE: The interim MaineCare coverage is indeed full coverage, not non-categorical.</p> <p>Community Integration Proposal The group discussed the streamlining initiative to consolidate Community Integration (CI) case management services, which would result in reducing the number of CI providers from 32 to 7--one per CSN. This proposal was one of many submitted by OAMHS in response to the Governor's request for potential cost-saving measures. The Appropriations Committee approved this proposal and the Health & Human Services Committee rejected it. Until the Supplemental Budget</p>

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	<p>is released, it is not known if it will be included. If so, there are several significant steps before implementation, requiring at least a year to complete:</p> <ol style="list-style-type: none"> 1. Proposal makes it through Supplemental Budget legislative process, 2. OAMHS obtains a Federal Medicaid waiver re: Freedom of Choice, and 3. Contracts are awarded through RFP process. <p>The proposal (when OAMHS last saw it) stipulated that the one provider of CI case management per CSN could not provide any other services in the CSN, and could provide CI case management in only one CSN. Marya reported that Consent Decree Plaintiffs are in favor of this proposal, since they see conflict of interest in the current system, in that they suspect CI providers are too apt to refer clients to other services within their own organizations.</p> <p>Comments/Questions:</p> <ul style="list-style-type: none"> • Reducing CI providers from 32 to 7 is a <i>very drastic</i> change to the system for a small savings--\$150,000. I will fight this. • Could save so much more just by setting a standard rate for CI, rather than changing the whole system. • It would be a significant step back for Wabanaki and the Native community. • CSN members should be on the RFP committee. • Will there be an opportunity for testimony on the CI proposal? Answer: Within the Supplemental Budget process, however it plays out. <p>Members discussed the idea of establishing a work group to strengthen their position, vision, and preparations for this change in CI case management services. The following motion was seconded and approved by the membership:</p> <p>MOTION: To establish a work group to plan around case management services for this CSN in the probability that the movement goes forward for one provider per CSN.</p> <p>John Spieker and Richard Brown will lead the work group. The ensuing discussion of priorities of the work group led to the following vote, tasking it as follows:</p> <p>VOTE: Charge the committee with taking a legislative approach, to oppose and educate, as the first order of business.</p>
IV. Quality Initiative	<p>Dr. Elsie Freeman reviewed highlights from two PowerPoint presentations containing data and information on the many serious health care issues for the SMI population and the mental health issues in the general population.</p> <p>She invited interested members to participate in a planning work group to look at ways to encourage and facilitate integration of health care and mental health care within a local system. The work group will involve public health and health care providers, as well as behavioral health providers and consumer groups. The short-term goal is to develop district (CSN) level pilots and/or come up with a strategic plan for grant proposals by June. Sample of issues to consider:</p> <ul style="list-style-type: none"> • How to make primary care more able to assess or screen for mental health issues • How to make mental health systems more able to help with chronic diseases

Agenda Item	Presentation, Discussion
	<ul style="list-style-type: none"> • If we screen, what do we do with the positives? (Same question arises for both) • How to help consumers navigate the health system • How to link consumers with education programs already out there, and how to make those existing programs work for mental health consumers • There are lots of ideas out there—what will work for the local system? <p>DHHS OAMHS plans to hold district (CSN) level meetings in February, facilitated by the Hanley Center on Health Leadership. The Muskie School is also providing assistance with this project.</p> <p>Member comments:</p> <ul style="list-style-type: none"> • Would want FQHCs at the table. (Federally Qualified Health Centers) • What about VA at the table? Elsie informed that the Veteran’s Administration (VA) has a better model for integration already—the question is, which of the returning veterans are not eligible for these VA services? • It’s critical to be looking at the abyss of structure and regulations between community mental health and community health centers. <p>ACTION: Members interested in participating in the work group will respond to an email Elaine will forward from Dr. Freeman tomorrow.</p>
<p>V. Case Management: Federal Direction</p>	<p>Members received three documents pertaining to the definition of covered case management services recently released by CMS (Centers for Medicare& Medicaid Services): 1) the Fact Sheet on the interim final rule published by CMS; 2) the pertinent portion of Section 17 MaineCare manual on Community Integration (CI) case management; and 3) details of the impact on OAMHS and current practice, if the interim final rule does apply to CI case management services.</p> <p>Of particular concern are those activities now included in the newly defined direct service category, and not allowable under case management—such as accompanying clients to medical appointments, court appointments, grocery shopping, etc. OAMHS estimates that approximately 20% of the services provided under CI falls into that category.</p> <p>Marya reported that OAMHS has requested a clarification from CMS on whether the rule in fact pertains to current Section 17 CI case management services.</p> <p>The members approved by vote the following position statement:</p> <p>Position Statement: CI is more than case management and needs to be understood and supported as a clinical treatment program which includes case management as well as problem-solving support, counseling, and skill building. Community Integration is based on the therapeutic relationship between the recipient of services and the CIW and is guided by a recovery-focused ISP.</p> <p>The group discussed whether or not to take a formal stand as a CSN requesting a moratorium (as was granted re: the Rehab Option rule), but concurred they would not draw attention to the matter prematurely, with the hope that the clarification comes through from CMS before ‘hell freezes over.’ Marya assured that OAMHS would do their best to obtain a timely response. Members will revisit the matter after the clarification is received.</p>

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VI. Legislative Update	<p>Two relevant legislative items currently pending:</p> <ol style="list-style-type: none"> 1. Bill proposed by OAMHS creating a forensic review panel 2. Bill sponsored by OAMHS making the Consumer Council System of Maine a quasi-governmental agency <p>Also, OAMHS put in a request to supplement BRAP funds.</p>
VII. Work Plan Subcommittee Reports	<p>Outpatient – Debra Henderlong The subcommittee has resolved the issues and no longer needs to meet.</p> <p>Washington County Med Management – John Edwards Information has been given to members. He would like a half-hour on next agenda to discuss it, and that will complete the work of the subcommittee.</p> <p>Hospital/ISP – Standards 5, 18 – Melinda Davis At this point in the meeting, Melinda was not present to report. Will appear on the next agenda.</p> <p>Review of State Provided Services – Chuck Tingley Chuck reported on the intentions of the subcommittee and said that they are encountering some difficulty acquiring data from the State. He said the restructuring and shifting of resources out the community is pushing them to look more closely at State services. The subcommittee meets again on January 14 at NOE and other members are invited to attend.</p>
VIII. Peer Services	<p>Three peer services proposals have been submitted to members and to OAMHS for consideration by: Wabanaki, Maine Mental Health Connections, and AIN. A representative of each organization gave a synopsis of their proposal for members to consider in making a recommendation to OAMHS.</p> <p>Maine Mental Health Connections Bob Mathien described the increasing population at The Together Place and the need for more staff: 1) Increase the cook hours from 14 to 40 to free the manager from the kitchen where she currently spends half of her time; 2) one full-time or preferably two part-time peer support workers to engage in a variety of activities in the center and in the community. Cost: \$36,421 with all part-time staff; \$43,321 with full-time peer support worker.</p> <p>Wabanaki Sharon Tomah described the need and the peer enthusiasm for peer-to-peer supports that encourage recovery with strong cultural components, which are considered integral to Native lives and communities. The Wabanaki proposal includes establishing a “home base” or Center adjacent to the Wabanaki office in Bangor, with paid and volunteer intentional peer support staff, to provide a wide variety of learning and social opportunities for the peers. The comprehensive budget lists total costs: \$83,629.</p> <p>Roving Recovery Education Center Melinda Davis described the concept and proposal for a Roving Recovery Education Center to cover Piscataquis, Hancock, and Washington Counties. Many consumers in these rural areas are not aware of recovery or peer-led initiatives and attempts to open “centers” would be premature and likely unsuccessful. The need is to educate consumers over a period of time. This proposal includes a full-time Recovery Specialist, overseen by AIN, who would make connections and arrange free/low-cost spaces throughout the area in which to meet with consumers on a regular rotating basis. Cost: \$62,491.</p>

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	<p>Rather than make a recommendation of one proposal over another, with one member summarizing “All three together are a beautiful thing,” members passed the following recommendation to OAMHS:</p> <p>RECOMMENDATION: That OAMHS does everything it can to work with all three organizations to develop support for all three proposals.</p> <p>Members also emphasized the disparity of peer funding in this CSN, noting CSN 2 receives the lowest dollars per person of all CSNs in the State, though the exact figures were not available at the meeting. Questions were raised about the possibility of redistributing peer dollars more evenly across the State, and about whether funding levels will continue to support whatever additional peer services OAMHS approves for this CSN.</p> <p>ACTION: Don will send out the document listing peer support funding by CSN.</p> <p>Don said his “knee-jerk” reaction was to explore whether Wabanaki and The Together Place could work something out together. Though Sharon voiced some concern about meaningful Native activities being part of any joint effort, she said they are very familiar with The Together Place, many Wabanaki clients attend there, and they would “always be willing to talk about it.”</p>
IX. Consent Decree Report	<p>Marya reported that the Court Master indicated areas of concern in his last report to the Court, including:</p> <ol style="list-style-type: none"> 1. Gaps in core services: Must be fully identified, and OAMHS is to request sufficient funding to meet those needs. 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. Marya furthered explained that the Court Master’s concerns revolve around making sure the contract with APS strengthens enforcement of the Consent Decree as much as possible. OAMHS is currently engaged in negotiations with the Court Master about language in amendments to the APS contract. <p>A member commented that she would like a discussion next month or the month after about the real impact of the APS system, i.e. how it’s impacting consumers, costs to agencies, etc., structured to address what was expected, what is reality, and what could be tweaked in this geographical area.</p> <p>Marya mentioned several avenues and processes APS already has in place for feedback from providers and consumers, particularly the Provider Council which meets again on January 23rd. Annette Adams is a member of the Provider Council and agreed to report on that meeting at the next CSN meeting.</p> <p>ACTION: Annette Adams will report on the APS Provider Council at the next CSN meeting.</p>
X. Other	<p>A member requested an update at the next meeting on the negotiations between DHHS and Unisys—status of contract, what to expect, any appeals, etc.</p>

Agenda Item	Presentation, Discussion
XI. Public Comment	None.
XII. Agenda for Next Meeting	Budget/Legislative Update Subcommittee Reports CI Consolidation Work Group Update Employment Specialist Network – MMC/Vocational Department APS Provider Council Report DHHS Contract with Unisys