

**Community Service Network 2 Meeting
Dorothea Dix, Bangor, Maine
February 12, 2008**

Approved Minutes

Members Present:

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> • Annette Adams, Acadia • Melinda Davis, AIN • Loretta Alley, Allies • Toby Wood, Care & Comfort • Richard Brown, Charlotte White Center • Thomas Lynn, CHCS • David McCluskey, Community Care • Vickie McCarty, Consumer Council System of Me | <ul style="list-style-type: none"> • Jill Peters, Dirigo Counseling • Jeremy Ashfield, Families United • Susan Buck, Fellowship Health Resources • 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"> • James Souza, NOE • Kathy Smith, OHI • Michael Corbin, Penobscot Valley Hospital • Sharon Dean, Sunrise Opportunities • Lydia Richard, Together Place • Sharon Tomah, Wabanaki-Sweetser • John Edwards, WCPA |
|---|---|---|

Members Absent:

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Amicus • Bangor Counseling Center (excused) • Behavioral Health Center • Blue Hill Memorial Hospital • CA Dean Memorial Hospital | <ul style="list-style-type: none"> • Calais Regional Hospital • Community Mediation Services (excused) • Down East Community Hospital • Maine Coast Memorial Hospital • Millinocket Regional Hospital | <ul style="list-style-type: none"> • NAMI-ME Families • Phoenix Mental Health • Regional Medical Center at Lubec • St. Joseph Hospital • Wings |
|--|--|---|

Alternates/Others Present:

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> • Mary Dunn, Charlotte White Center • Joshua Kimball, Charlotte White Center • Diane Bridge, Fellowship Health Resources • Judy Provencher, Medical Care Development | <ul style="list-style-type: none"> • Linda Catterson, NFI North • Katharine Storer, OCA • Dick Balser, MMC Vocational Services | <ul style="list-style-type: none"> • Christine McKenzie, MMC Vocational Services • Jennifer Kimble, MMC Vocational Services |
|---|---|---|

Staff Present: DHHS/OAMHS: Darren Morgan, Marjorie Snyder, Jim Braddick, Don Chamberlain & Ron Welch (via ITV briefly). 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 January meeting were approved, with one update to the meeting discussion last month regarding interim MaineCare coverage. If full MaineCare is applied for, MaineCare provides <u>full</u> interim coverage (not non-categorical), if their approval process extends beyond 45 days.
III. Budget/Legislative	<p>Ron Welch and Don Chamberlain joined the meeting via ITV to report on this agenda item only. Ron talked about the Governor's proposed Supplemental Budget (SB) for FY09, saying that it is "not a display of where we'd like to be in the mental health system." The SB annualized the FY08 curtailments, which eliminates grant funding for services that are also covered by MaineCare. Grant funds remain for peer services, vocational services, medication management, and Flex Funds. (OAMHS will be devising fairly narrow eligibility standards for Flex Funds.)</p> <p>Ron also reported on the "second round of problems" facing Maine's FY09 budget. Another \$97-99M deficit (above and beyond the \$95M addressed in the SB) has been announced—approximately \$50M of which is additional state revenue shortfall and \$45M is due to changes in the federal Medicaid program (Section 13 Targeted Case Management and the Rehab Option.)</p>

Agenda Item	Presentation, Discussion
	<p>Ron said that the legislature’s joint committee on Health & Human Services will conduct a work session on February 13th after 2 p.m. and encouraged people to be present or to let their concerns be known to committee members.</p> <p>Don explained that changes to Section 17 case management have been put on hold, though it is likely to “come under the gun” in coming months.</p>
<p>IV. Work Plan Subcommittee Reports</p>	<p>Washington County Med Management – John Edwards John Edwards reviewed at some length the previously distributed document prepared in 2006 by WCPA, CHCS, AMHC for Elizabeth Jones regarding stabilizing psychiatry service in rural Maine, particularly Washington County. The document details the history, successes, setbacks, and lists recommendations of what is needed. John said, “The problems haven’t changed, the needs haven’t changed, and the solutions are the same.” The group discussion involved past and current levels of service, what changes have occurred and why, and possible directions for the future, including the possibility of integration with other health services.</p> <p>Questions/Comments:</p> <ul style="list-style-type: none"> • System needs more “extenders” and psychiatrists with expertise to cover them. • Physicians for the most part are willing to participate in the process if they have back up [from psychiatrists]. • ITV has been tried in the past, but funding not adequate to meet technological needs in rural areas. • A member said she worked on a past committee to get psychiatrists in Washington County. She remembers when psychiatrists began leaving that they said there was too much infighting among agencies—that they wanted to do their work, but couldn’t get involved in political infighting. • Concern was expressed that CHCS may soon make changes to medication management services in Washington County that could be significant. <p>Hospital/ISP – Standards 5, 18 – Melinda Davis Melinda reported that the committee tried to contact Riverview and Jay Yoe, but calls had not been returned (not typical). She said Helen Bailey and consumers indicate they are more concerned with the contents of ISPs than the timeliness. Melinda mentioned it would be helpful to have a conversation with OAMHS for further clarification.</p>
<p>V. CI Consolidation Work Group</p>	<p>John Spieker and Dick Brown reported on this work group’s recent meeting, stating that this consolidation proposal should have gone through the System Redesign Work Group and not come in through another angle. Dick distributed copies of his testimony before the Health & Human Services and Appropriations Committees on this matter, expressing passionately that this proposal is ill advised, ill timed, and just wrong. “This is a holocaust, and people don’t realize that.” He stated that the minimal financial savings would be far outweighed by the total disruption in the existing system of care.</p> <p>The CSN members discussed possible underlying reasons why this proposal is moving forward, reviewed reasons given Commissioner Harvey, and some questioned how the Court Master and consumers could approve of such a change. Members were reminded of information given at the last CSN meeting 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. Members expressed that there are other less drastic ways to address this and indicated they would like the opportunity to explore issues and solutions with the Plaintiffs.</p> <p>Darren also reminded members that if the legislature passes this proposal, it requires both a Federal waiver and a Request for Proposal process. “It could derail at any of those points,” he said, and would take at least a year to complete.</p>

Agenda Item	Presentation, Discussion
	<p>Members questioned the role and effectiveness of CSN actions in situation such as this. One said that they address issues, make comments and recommendations, and “haven’t seen that anything comes of it.” Nevertheless, after discussion, the members decided to craft a statement to send to legislators and other CSNs based on the following motion, passed unanimously:</p> <p>MOTION: That the plan to put Community Integration Services out to bid for a single provider per Community Service Network (CSN) be removed from consideration in this budget cycle, to allow CSNs, Plaintiffs, and consumers sufficient time to address the issues for which it was originally proposed.</p> <p>ACTION: Elaine will send the wording of this motion via email to all CSN 2 members. CSN 2 members will then take steps to send position statement to legislators and others as they see fit.</p>
VI. APS Provider Council Report	<p>Annette Adams distributed copies of an APS memo regarding the mission of the Provider Advisory Council and thanking members for their service. Annette said the Council told APS that they had done a good job implementing the ASO considering the timeframe, though the process has been very stressful for providers. Annette encouraged CSN members to let her know if there is anything useful they’d like her to bring to the Council’s quarterly meetings.</p>
VII. Employment Service Networks	<p>Jim Braddick opened this item with an overview of OAMHS employment activities, including:</p> <ul style="list-style-type: none"> • Long-term vocational support program, funded for 10 years—provides job coaching when needed to maintain employment (Section 17 service.) • Six Community Work Incentive Coordinators (formerly known as Benefit Specialists) are available statewide through MMC Vocational Services. Their job is to help SSI/SSDI benefit recipients understand the impact of earned income on cash or other benefits in their specific situation. • Four-hour employment orientation training was provided to community support workers (MHRTs) last March, which emphasized the importance of employment in recovery and of including employment on consumers’ Individual Support Plans (ISPs). • As of Jan. 1, 2009, MHRT/C certification will require completion of an employment course. • OAMHS contracted with MMC to provide Technical Assistance to 10 ACT Teams to help better utilize the Employment Specialists’ time for employment-related activities and to achieve the goal of 15% of caseload obtaining employment. • Seven Employment Specialists (ES) will be hired, trained, and jointly supervised by MMC Vocational Services. MMC was the only entity to submit a Letter of Intent in response to the Request for Proposal, so they were awarded the contract for this initiative. MMC will place one ES in an agency providing CI services in each of the seven CSNs. The ES will provide job development and placement services, parallel to those offered through Bureau of Vocational Rehabilitation (VR). • OAMHS developed a formal Memorandum of Understanding (MOU) with VR, allowing coordination with and access to VR services while working with an ES through MMC Vocational Services. <p>Dick Balsler, Christine McKenzie, and Jennifer Kimble from the Department of Vocational Services at Maine Medical Center made a presentation regarding the Employment Services Network project. The project is focused on increasing employment and/or education opportunities for individuals with mental illness. There will be an Employment Service Network (ESN) in each CSN region. The ESN will be made up of: a CSN Employment Specialist (ES), the ACT ES in that</p>

Agenda Item	Presentation, Discussion
	<p>region, a Bureau of Rehabilitation Counselor, a Community Work Incentive Coordinator, Consumer from the Statewide Consumer Council, a Disability Program Navigator, Apprentice representative, and the Long Term Employment Support Coordinator for the region. Employers will be added to the ESN once it is established. Performance indicators for the project were shared. The Employment Specialist in the CSN will be a member of the CSN and will report the outcomes for the project monthly in the CSN meetings. Information from the Department of Labor about the job growth, employment opportunities, and trends will be used by the ESN for each region.</p> <p>Christine distributed copies of the letter and application form MMC sent out for agencies to use if they wish to be considered as the host agency for the Employment Specialist.</p> <p>Questions/Comments:</p> <ul style="list-style-type: none"> • “I’m liking this—it sounds like a catalyst for encouraging recovery.” • What is a Benefit Specialist? A: Benefit Specialists are now called Community Work Incentive Coordinators (CWICs). CWICs help people with disabilities determine how their existing benefits will be affected by employment. They have the most accurate and up-to-date information. The service is provided at no charge and is most often accessed through Career Centers. • How will consumers access the Employment Specialist in their CSN, especially those that are spread out? • How will agencies’ current employment activities blend with the new program? A: The goal is to build together with present resources—enhance, assist, learn from. • How will you address transportation? A: The best chance to be successful is to tailor to each CSN area. • Agencies who utilize long-term support funds would continue to do so as usual.
VIII. Peer Services	This item was not discussed.
X. Other	<p>DHHS Contract with Unisys This item was not discussed.</p> <p>In light of Darren’s leaving his position in early March and this being his last CSN 2 meeting, members took the opportunity to thank him for all his help and good work in the region.</p>
XI. Public Comment	None.
XII. Agenda for Next Meeting	<p>Budget/Legislative Update Subcommittee Reports CI Consolidation Work Group Update Peer Services DHHS Contract with Unisys Update on Consumer Council System</p>