

**Community Service Network 3 Meeting
Maine Principals' Association, Augusta
January 7, 2008**

Approved Minutes

Members Present:

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| <ul style="list-style-type: none"> • Susan Seeley, AIN • Tara Mullins, Allies Inc. • Dick Willauer, Alternative Services Inc. • Annalee Polley, Assistance Plus • Charlie Clemons, Charlotte White • Mark Tully, Community Correctional Alternatives • Amy Wilmot, Community Mediation Services | <ul style="list-style-type: none"> • Michael Mitchell, Crisis & Counseling • Jean Gallant, ESM • Jen Raymond, Graham Behavioral • Carla Beaulieu, Hope Recovery • Emilie van Eeghen, MaineGeneral/HealthReach • Jim Talbott, Merrymeeting Behavioral Health • Richard Weiss, Motivational Services | <ul style="list-style-type: none"> • Karen Fatz, Mount St. Joseph • Ann Lang, NAMI-ME Families • Carol Carothers, NAMI-ME • Lori Michaud, Redington-Fairview Hospital • Sharon King, Sebecook Valley Hospital • Ric Hanley, Spring Harbor • Rowena Tessmann, Sweetser |
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Members Absent:

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| <ul style="list-style-type: none"> • Care & Comfort (excused) • Catholic Charities • Inland Hospital | <ul style="list-style-type: none"> • Kennebec Behavioral Health • LINC Club | <ul style="list-style-type: none"> • Maine Children's Home • Youth & Family Services |
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Alternates/Others Present:

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| <ul style="list-style-type: none"> • Johna Bowen, Assistance Plus | <ul style="list-style-type: none"> • Mary-Ellen Dubay, Hope Recovery Center | |
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Staff Present: DHHS/OAMHS: Ron Welch, Donald Chamberlain, Leticia Huttman, Marya Faust, David Proffitt. Muskie School: Elaine Ecker.

Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Don opened the meeting in Sharon's absence (due to illness) and participants introduced themselves.
II. Review and Approval of Minutes	<p>The November minutes were approved as written.</p> <p>At this point in the meeting, Tara Mullins made a motion to adjust the agenda to make streamlining of Community Integration (CI) a priority discussion item. Jen Raymond seconded the motion and discussion began, first to clarify the issue of concern and then to address it. All members received a packet of information prepared by "some members of this CSN," that included the current rates for CI services and several documents relating to the consolidation proposal.</p> <p>Consolidation of Community Integration (CI) Case Management Services Ron reviewed this streamlining initiative, which would decrease the number of agencies providing CI case management from 32 to 7—one per CSN. This proposal was made by OAMHS, as one of many, in response to the Governor's request for cost-saving proposals. At this time, Ron said, this initiative has gone through both the Appropriations Committee and Health and Human Services Committee twice, and "enjoys no status beyond that." The Appropriations Committee liked it because it saves a few dollars, he said, but the Health and Human Services Committee disliked it vehemently. It will become real only if it passes as part of the Supplemental Budget. If it passes, OAMHS would have to obtain a federal waiver and put the service out to RFP (Request for Proposals) process.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Q: Does this mean consumers will have no choice [of who provides CI case management]? A: That's the essence of the federal waiver.

Agenda Item	Presentation, Discussion
	<ul style="list-style-type: none"> • Thought rate setting would or could save enough dollars, and this would be unnecessary. If the rate was made consistent for every provider, millions could be saved. A: There are several approaches to saving funds in addition to rate setting—streamlining, administrative costs, system redesign. It isn't one or the other—it could be any or all approaches. • What has the Court said about this? Plaintiffs are in favor, since they approve of separating case management from the actual delivery of services.
<p>III. Budget</p>	<p>Curtailments SFY 2008 Ron 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). Ron explained that whenever revenues fall below expenses, the Governor is <i>required</i> to curtail expenses. The Governor moved quickly, and the moment he signed the curtailment order, the funds were gone.</p> <p>Don said 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.</p> <p>Eligibility: Service Implications To best serve the target population with the limited general funds available, OAMHS is working toward refining and narrowing eligibility criteria for "Section 17" services now paid for by general funds. (Last fall, CSNs reviewed the proposed criteria for Community Integration services. Eligibility for other services will be determined similarly.)</p> <p>Q: Is there a way to address Class members who don't have medical need? They are not eligible under Section 17, but are members of the Class? A: There is a process to terminate services through the Consent Decree Coordinators.</p> <p>Emilie van Eeghen stated that the issue of eligibility for non-MaineCare clients is a <u>very important</u> issue and not a simple matter. She informed the group that currently 7 members of their ACT Team don't qualify for MaineCare (a few dollars over re: SSI/SSDI), have recently been hospitalized, and have need for this level of care. In response to Ron's assurance that situations like this will be added to the discussion as the criteria are drafted, Emilie offered herself or Louise Gephart to take part in those discussions.</p> <p>SFY 2009 Ron said that the Legislature makes the final decisions on all of the proposals, curtailments, etc., that will be included in the Governor's Supplemental Budget for SFY 2009, soon to be released. The Supplemental Budget must address the \$10.1M already identified in the Biennial Budget process, as well as the projected revenue shortfall of approximately \$95M. Ron said he suspects the Health & Human Services Committee will not be happy with many of the proposals.</p> <p>APS Healthcare <u>Progress Update</u> Marya reported that a substantial amount of people/services have been registered with APS. The impossibility of an electronic link with MECMS system requires hand entering at that end and has slowed the process considerably. In light of that, a phase-in schedule was developed with the date by which each service must have the APS authorization/registration code in order to be reimbursed by MECMS. That information has already been distributed to providers.</p>

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	<p><u>Consent Decree</u> Marya also reported that OAMHS is currently engaged in negotiations with the Court Master about language in amendments to the APS contract. 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 further 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.</p> <p>The Court Master also wants to make sure gaps in core services are fully identified and that OAMHS requests the funds necessary to meet those needs. In that regard, Marya urged providers to make sure RDS entries are up-to-date, as that data provides the basis for requesting such funding.</p> <p>Marya also informed that APS, MaineCare, and Schaller Anderson (the managed care organization working with MaineCare clients with complex medical needs) are looking at ways they can work together.</p>
IV. Report from Spring Harbor on Gatekeeper Function	<p>Ric Hanley distributed a handout of data and reported on the first 10 months of Spring Harbor’s gatekeeper function for Riverview. Highlights:</p> <ul style="list-style-type: none"> • SHH takes approximately 30 referrals a month, primarily from psychiatric inpatient and a few from ERs. • 289 total calls for Riverview; 126 admitted to Riverview; 50 admitted to SHH; 113 withdrawn or treated elsewhere. • Wait time for Riverview has dropped dramatically. • SHH has executed a Memorandum of Understanding with DHHS and Riverview. • For the last 3 months, SHH adult census has been nearly full and the average stay has increased by a day (6 to 7), which has slowed the referral process a little. • SHH welcomes any feedback.
V. Case Management/Federal Direction	<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 impact on OAMHS and current practice, if the interim final rule does apply to CI case management services.</p> <p>The style of case management in the CMS rule is very much like a “brokerage.” Case management under Section 17 in Maine is not practiced that way—it is more of a psychosocial approach where the case manager provides some services that could be considered direct services. OAMHS estimates that approximately 20% of the services now provided under CI case management falls into that category.</p> <p>Marya reported that OAMHS has requested a clarification from CMS on whether the rule pertains to current Section 17 CI case management services.</p>
VI. Work Plan Subcommittee Reports	<p>Treatment Rowena Tessman replaced Donna Ruble as Sweetser’s representative to CSN 3, and she will assume Donna’s role as chair of Treatment Subcommittee. Once she has the subcommittee members’ information, she will schedule a meeting.</p>

Agenda Item	Presentation, Discussion
	<p>Vocational – Jean Gallant</p> <ul style="list-style-type: none"> The subcommittee did not meet again, though contact was made with a former board member of Maine's now-defunct Association for Persons in Supported Employment regarding the \$10,000 left over in that organization. A meeting will be scheduled later this month. The subcommittee hopes to add someone from VR and 2 consumers to their next meeting, to be scheduled in January. <p>Transportation – Annalee Polley The subcommittee did not meet again, but did start a resource list from the internet and KVCAP.</p> <p>Residential – Richard Weiss Richard gave a detailed summary of the subcommittee's meeting held on November 7 and provided handouts of their discussion and recommendations, which also included information on various models and approaches to housing. The subcommittee recommends:</p> <ol style="list-style-type: none"> Title be Housing, not Residential Schema be developed CSN 3 showing housing choices and needs Housing with care be distinguished from housing without care within schema Housing as "Housing/First" with no or low demand Inventory of housing types be made available for consumers and providers A multi-part standardized question (see handout) be asked of applicants for case management or housing with care; and that this question be made part of annual enrollment form. <p>Discussion:</p> <ul style="list-style-type: none"> Do we have an inventory of various types of housing—still unclear on various facilities, all called "PNMIs." A: Yes, have developed a list by provider and by CSN, and are now at the point of making sure beds are classified correctly. Ron commended the subcommittee on their thorough work. <p>Peer Supports – Carol Carothers Members received notes from the subcommittee's initial meeting, which listed the questions they raised and will look at in subsequent meetings. Since no peers attended, Carol suggested the subcommittee meet just before or just after the regular CSN meeting to help reduce transportation or other barriers.</p> <p>Carol also suggested that an update on the Consumer Council System of Maine be a regular agenda item</p>
VII. Quality Initiative	<p>Dr. Elsie Freeman reviewed highlights from two PowerPoint presentations containing data and information on 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

Agenda Item	Presentation, Discussion
	<ul style="list-style-type: none"> • How to make mental health systems more able to help with chronic diseases • 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 • How do we start? What are some of the things we could do that aren't too burdensome? • 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.</p> <p>ACTION: Members interested in participating will respond to an email Elaine will forward from Dr. Freeman in the next few days.</p>
VIII. Legislative Update	No further discussion on this item.
IX. Other	None.
X. Public Comment	None.
XI. Agenda for Next Meeting	Budget/Legislative Update Subcommittee Reports Consumer Council System of Maine Update