

**Community Service Network 3 Meeting  
Augusta Civic Center, Augusta  
October 6, 2008**

**DRAFT Minutes**

**Members Present:**

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|---|---|---|
| • Brent Bailey, Allies, Inc.                        | • Jean Gallant, ESM                                       | • Karen Fatz, Mount St. Joseph                  |
| • Annalee Polley, Assistance Plus                   | • Tom McAdam, Kennebec Behavioral Health                  | • Carol Carothers, NAMI-ME                      |
| • Donald Harden, Catholic Charities                 | • Louise Gephart, HealthReach Network                     | • Ann Lang, NAMI-ME Families                    |
| • Charlie Clemons, Charlotte White                  | • Dee Nilsen, LINC Club                                   | • Jamie Morrill, Riverview Psychiatric Center   |
| • Bill Tanner, Community Correctional Alternatives  | • Emilie van Eeghen, MaineGeneral/HealthReach             | • Sharon King, Sebasticook Valley Hospital      |
| • Linda Sexton, Community Correctional Alternatives | • Jim Talbott, Merrymeeting Behavioral Health             | • Ric Hanley, Spring Harbor                     |
| • Troy Henderson, Consumer Council System           | • Richard Weiss, Motivational Services                    | • Bob Fowler, Sweetser                          |
| • Lynn Duby, Crisis & Counseling                    | • Deborah Thibodeau, MMC Emp. Spec., CSN 3                | • Lora Wilford-McManus, Youth & Family Services |
|   | • Deborah Rousseau, MMC Vocational Employment Coordinator |   |

**Members Absent:**

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|----------------------------|----------------------------------|--|
| • AIN                      | • Community Care                 | • Maine Children's Home for Little Wanderers |
| • Alternative Services Inc | • HOPE Recovery Center (excused) | • Redington-Fairview General Hospital        |
| • Care & Comfort (excused) | • Inland Hospital                |  |

**Alternates/Others Present:**

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| • Lillian Carver, MBHA | • Marcella Tierney, Manager, Provider Relations, Schaller Anderson | • Jennifer Anderson, Manager of Care Management, Schaller Anderson |
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**Staff Present:** DHHS/OAMHS: Sharon Arsenault, Don Chamberlain, Marya Faust, Elsie Freeman, Stevan Gressitt, Leticia Huttman, Wanita Page. Muskie School: Anne Conners, Elaine Ecker, Julia Mason.

Agenda Item	Discussion
I. Welcome and Introductions	Sharon welcomed participants; introductions followed.
II. Review and Approval of Minutes	The September minutes were approved with the following amendments: CSN 3 Employment Specialist Deborah Thibodeau was not present at the meeting; Deborah Rosseau was. Bonnie York of Merrymeeting was present.
III. Feedback on OAMHS Communications	No member feedback this month.
IV. Schaller Anderson Presentation	<p>Marya welcomed Marcella Tierney and Jennifer Anderson of Schaller Anderson to the meeting. She said that CSN members had expressed a great deal of interest as well as a number of questions about the work of Schaller Anderson.</p> <p>Marcella Tierney, Manager, Provider Relations, said that Schaller was founded in 1981 in Arizona by Dr. John Schaller and Joe Anderson who wanted to better serve Medicaid recipients who were not getting the level of help or intervention that commercial payers received. Schaller inaugurated care management and promoted the integration of physical and behavioral health through a care coordination model.</p> <p>Schaller has been in Maine for two years; its original contract with DHHS's Office of MaineCare Services (OMS) was to provide care management to a chronically ill segment of the MaineCare population. At that time, this encompassed 300 members. In 2007, Governor John Baldacci expanded the program and the MaineCare Care Management benefit went into effect. The Care Coordination benefit has six components: member identification; evidence-based practice;</p>

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	<p>collaborative practice models that include physician and support-service providers; member self-care management education; process and outcomes measurement, evaluations and management; routine reporting/feedback loop (including communication with members, physicians, ancillary providers and provider profiling). Schaller's contract now includes care coordination for the top 10 percent of the chronically ill adult population and the top 5 percent of the chronically ill pediatric population.</p> <p>Marcella clarified that Schaller does not provide prior authorization services as APS does.</p> <p>Members are identified as candidates for the free Care Coordination benefit through a stratification process using predictive modeling. If a member is stratified and placed in a high-risk category, a case manager contacts the member and assesses health care needs or barriers to accessing health care services. Once identified, members eligible for the benefit receive a letter from Schaller Anderson asking if they would like to enroll. Most common clinical conditions are: asthma, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), diabetes, depression.</p> <p>The MaineCare Care Management Benefit is open to the following MaineCare members:</p> <ul style="list-style-type: none"> <li>• Patients with multiple chronic conditions/co-morbidities</li> <li>• Patients with poly-pharmacy</li> <li>• Patients in need of self-management education</li> <li>• Patients with special needs</li> <li>• Patients whose medical care is complicated by depression</li> <li>• Patients with multiple emergency room or inpatient admissions</li> <li>• Patient who need coordination of multiple services for their medical needs</li> <li>• Patients exhibiting non-adherence with plans of care</li> </ul> <p>The following exclusions apply:</p> <ul style="list-style-type: none"> <li>• Members who are dually eligible, i.e. have any other insurance in addition to MaineCare. Common example: Medicare/MaineCare.</li> <li>• Members with an HIV/AIDS diagnosis—OMS has a waiver program in place to address their specific needs.</li> </ul> <p>Jennifer Anderson, Manager of Care Management at Schaller, said that Schaller would like to work with DHHS and agency case managers and community resources to get people as healthy as they can be given their illnesses. She asked for assistance in reaching the hard to reach such as the transient and homeless populations.</p> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>• Bill Tanner asked if Schaller had access via the monthly data from MaineCare regarding the identity of the behavioral health agencies currently providing services to clients. Marcella said that if the agency billed MaineCare, then Schaller sees the billing code, but the agency/case manager is not identified.</li> <li>• Marya asked if Schaller gets a run on all services attached to that client. Marcella said no.</li> <li>• Richard Weiss said that behavioral health codes should be correlated with the provider who submitted those codes. This will not identify individual clinicians, but should identify providers. Schaller's services should be integrated with existing services through better coordination.</li> <li>• Bill said that clients were receiving Schaller letters but not understanding their intent, with the result that they felt as if they were losing their case managers. He suggested it would be helpful if a dialogue could happen prior to</li> </ul>

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	<p>contacting the client. Linda Sexton reiterated this point. "Sending the letters to our consumers is not the way to go."</p> <ul style="list-style-type: none"> <li>• Marcella said that Schaller's contract with MaineCare stipulates outreach to 17,000 to 22,000 members. She said it would be logistically impossible to withhold the welcome packet until the behavioral health agency has been contacted. However, both Marcella and Jennifer said they would like to work with behavioral health case managers whenever possible.</li> <li>• Marya asked if Schaller can help those eligible for the benefit find a primary care physician (PCP). Marcella: yes</li> <li>• Richard asked if members can reach Schaller 24/7? Jennifer: yes</li> <li>• Sharon Arsenault asked for examples of other services Schaller can provide. Jennifer: transportation, finding PCP; specialists; eye and dental care (sometimes); fuel assistance.</li> <li>• Elsie Freeman said that hearing the group's comments and suggestions were very helpful. She said CSN members should be aware that MaineCare is also launching a Primary Care Care Management (PCCM) program under which primary care practices take on a certain number of MaineCare patients and provide a medical home. The PC practices get a small financial incentive to serve MaineCare members. PCCM regulations used to exclude the disabled population so only 20 percent of OAMHS clients were eligible. That regulation is no longer in effect. MaineCare members will receive a letter with a list of PCPs within a 30-minute radius of the person's residence. The letter asks members to either pick one or let MaineCare know if they already have a PCP. Members receive a number of reminder letters. If after a month MaineCare hasn't heard from the member, a PCP is assigned.</li> <li>• Richard said that he was concerned that recipients of these letters would think that they were being separated from their primary care physician. He said that his agency, with the permission of clients, could send a letter to OMS informing them of the clients' PCP. This will alert both client and staff as to what is happening.</li> <li>• Brent Bailey said that he is concerned about confidentiality issues with "a lot of data moving across a lot of borders."</li> <li>• Marya said that Schaller and APS both have business associate agreements with DHHS, so they have the authority to act as if they are the Department.</li> <li>• Marcella said she had met with Brent five months ago and shared this with him.</li> <li>• Marya said CSN members are experiencing the difficulties of integrating physical and mental health care. Schaller Anderson's focus is on chronic or severe physical health issues. The Department is trying to play catch up in terms of integration. There is a need for more communication and protocols around integration. "How internally can we improve communication so Schaller can have communication with behavioral health providers and do work better?"</li> </ul> <p><b>ACTIONS:</b></p> <ul style="list-style-type: none"> <li>• OAMHS will create summary sheets on: <ul style="list-style-type: none"> <li>○ APS</li> <li>○ Schaller</li> <li>○ PCCM</li> </ul> </li> <li>• DHHS will post Schaller's referral form on its web site along with the Schaller website: <a href="http://www.mymainecare.com">www.mymainecare.com</a></li> </ul>
V. Legislative & Budget Update	<p>Marya said that work is underway on the Biennial Budget for FY 2010/2011. All state agencies have submitted requests to the Department of Administrative Financial Services (DAFS). DAFS received \$655 million in new requests from all state agencies. Of that number, \$240 million represented new requests from DHHS as a whole. Because of lower than expected state revenue, the Governor has asked all state agency departments to cut 10 percent for their base request.</p>

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	<p>Marya said the percentage could be as high as 15 percent. Marya said OAMHS does not yet know the impact of the cuts on its services. Traditionally, mental health has been one area where “we have pushed back and said we can’t do that sort of thing.” Given the economic climate, the Department is looking outside of the box in terms of how its does things and at “strategic better practice to end up with a better quality system.”</p> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>• Richard said that Medicaid is the focus of the cost increase. “As our economy worsens Medicaid goes up.” He noted that Maine is not a Medicaid-managed care system and asked whether the Department is looking at removing optional behavioral health services as opposed to creating managed care. If Medicaid costs increase because more people are enrolling, then changing rates will not affect costs.</li> <li>• Marya said that over the next few months the Department will have data from APS re: MaineCare spending and the impact of APS on that spending. The expectation is for less units of service over time, not denial of services.</li> <li>• Don Harden asked for clarification on whether the 10 percent cut applied to the base request or new requests.</li> <li>• Marya said state departments can cut their foundational budget or reduce new requests. One new request that OAMHS would like to move forward on is the Bridge Rental Assistance Program (BRAP) request.</li> <li>• Richard noted that Justice Mills has been concerned regarding the amount of funding for the mental health system and whether OAMHS has been an adequate advocate for funding. Court Master Dan Wathen nominated Elizabeth Jones to examine this issue. Richard asked whether this process is moving forward.</li> <li>• Marya responded that this is a complicated question as it is OAMHS’ obligation to put forward what should be accomplished; however, it is difficult for the office to be advocates beyond the directives of the commissioner and the governor. Marya said the office does its best to advocate; however, it is difficult to reach the levels envisioned in the consent decree because of these constraints. She encouraged CSN members to be involved in the budget process and to raise concerns adding that this role has been essential to preserving services.</li> </ul>
<p>VI. Unused Prescription Drugs</p>	<p>Marya said that many CSNs have had discussion on medications and their safe disposal. Stevan Gressitt, M.D., Medical Director, for OAMHS, has championed this issue in Maine and internationally and was invited to today’s meeting to inform participants of the Safe Medicine Disposal for ME Program for which he is a co-principal investigator.</p> <p>Dr. Gressitt cited the following as reasons for the program:</p> <ul style="list-style-type: none"> <li>• Child overdoses</li> <li>• Teen theft and household burglary</li> <li>• Accumulation among the elderly</li> <li>• Environmental</li> <li>• Examine wasted health care dollars</li> <li>• Stop bad drug donations to other countries</li> </ul> <p>The Safe Medicine grant grew out of efforts of the Maine Benzodiazepine Study Group, which formed six years ago to address the overuse of benzodiazepines in the state.</p> <p>The program has thus far been tested in four Maine counties and has deliberately not been very well advertised due to the small (9,000) number of drug return envelopes available for the entire state.</p> <p>The program works through distributing kits to consumers through designated pharmacy sites; unused medications are then returned by mail to a centralized Maine Drug Enforcement Agency location; medication returns are catalogued by</p>

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	<p>program pharmacists and then destroyed.</p> <p>Goals of the program include creating a centralized mail-in collection hub for unused medications so researchers can analyze the types and numbers of unused medications; pilot testing this at the state level so costs and hurdles of rolling out a large scale program will be understood; developing an educational campaign regarding keeping expired and unused pills around their homes and the benefits of safe disposal.</p> <p>Dr. Gressitt said he will present at the CDC in Atlanta re replicating the model nationally.</p> <p>Results thus far show that roughly 10 percent of the drugs being sent in are controlled substances. Substances received include morphine pumps with morphine untouched; 8,815 milligrams of Oxycontin. Feedback from those participating has been that the envelope, mandated by the U.S. Postal Service, is too small.</p> <p><b>Discussion</b></p> <ul style="list-style-type: none"> <li>• Karen Fatz asked if the group working on the grant was addressing medication and disposal from nursing homes. Dr. Gressitt responded that the group is and works closely with the American Society of Consultant Pharmacists.</li> <li>• Marya asked what nursing homes currently do with unused medication. Karen said it depends on the medication. Much is flushed down the drain by state mandate.</li> <li>• Troy Henderson observed that as a person recovering from addiction, he was glad to see that this was being done. He spoke of getting drugs at yard sales when he was using.</li> <li>• Karen said she was glad to see that outreach was being done to veterinarians and pet owners.</li> <li>• James Talbott noted that the envelope was “way too small.” He asked about how to get beyond confidentiality issues with clients and said that staff are not supposed to touch clients’ medication. Dr. Gressitt said that consumers can put the medication in envelopes themselves.</li> <li>• Bob Fowler asked if people have shipped drugs in a box not in the postage paid, specially marked envelope. Dr. Gressitt said that such packages had been received.</li> </ul>
VII. Consumer Council Update	<p>Troy reported on the Consumer Council System:</p> <ul style="list-style-type: none"> <li>• Elaine Ecker has been hired as the Executive Director for the Consumer Council of Maine. Troy praised her excellent organizational and interpersonal skills and welcomed her to the council.</li> <li>• Region I and II outreach workers have been hired.</li> <li>• The Statewide Consumer Council will hold its annual meeting on October 8 and 9<sup>th</sup>.</li> </ul>
VIII. Report from Employment Service Network (ESN)	<p>Deborah Thibodeau, the ES for CSN 3, reported on progress and shared data:</p> <ul style="list-style-type: none"> <li>• The Need for Change Scale has been distributed to 540 people receiving services at Kennebec Behavioral Health. 290 scales were returned. Of the 290, 142 indicated that they were satisfied with their status or not sure if they wanted to make a change.</li> <li>• Currently has a caseload of 26 persons. Of that 26, 10 are attending school, three are seeking volunteer opportunities and five have obtained work.</li> <li>• Of the 26-member case load, 20 are signed up or wait listed at Voc Rehab.</li> </ul> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>• Jean Gallant asked what happens while those on the caseload wait for Voc Rehab. Deborah said that she works</li> </ul>

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	<p>with them on how to prepare for jobs/resume/proper dress etc.</p> <ul style="list-style-type: none"> <li>• Jean asked if Deborah is speaking to employers. Deborah responded that she is doing some job development as well.</li> <li>• Jean asked if the caseload were maxed at 26. Deborah said no and noted that the 26 people are in various stages of readiness for employment. One of the 26 is in jail and another has been hospitalized several times. Some people are more self-sufficient and need less support.</li> <li>• Jean asked if other agencies could refer to her at this point. Deborah said that this will be possible in the future; currently she is working through a significant number of potential cases with the host agency.</li> </ul> <p>Deborah also reported on the recent activities of the ESN:</p> <ul style="list-style-type: none"> <li>• The group met in July, August, and September.</li> <li>• At the September meeting, a client served by the ACT team spoke for an hour and a half of his journey over the past eight years. Eight years ago, he did not think he would be as successful as he has become. He spoke of his journey: hanging with the wrong crowd, medication compliance, and medication adjustment. He is working now and going to college and will speak with young people in transitional at the Career Center. Would like him to join group as peer representative.</li> <li>• The ESN is developing a marketing tool to target employers or potential employers regarding an employer-friendly workplace.</li> <li>• Outreach to Career Center in Skowhegan/Waterville.</li> <li>• Next Network meeting is October 23<sup>rd</sup>.</li> </ul> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>• Elaine noted that October is Disability Awareness month and that special activities are occurring throughout the state. She suggested members visit the ChoicesCEO web site: <a href="http://choices.muskie.usm.maine.edu/">http://choices.muskie.usm.maine.edu/</a></li> </ul>
IX. Impact of Energy Costs	Marya noted that the Department is supporting a bond to fund energy audits and energy-related renovations.
X. Wraparound Funds Proposal and Finalization	<p>Wanita Page said that Bill Tanner, John Painter, Troy Henderson and Carol Carothers met to develop a proposal. The group is proposing that money be distributed to the agencies based on the number of people served and the acuity of people served. An exact formula has not been developed. If a smaller agency did not want to administer its own funds, it could partner with another agency. For those not connected to an agency, a small amount of money would be available to which they could apply directly.</p> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>• Emilie Van Egan asked if the current Wrap Around Fund program will be extended beyond December 31. Wanita said no.</li> <li>• Louise Gephart asked if agencies would be allocated a certain amount of money and then invoice the Department for the expenditure. Bill Tanner said that funds would go directly to the agencies. Agencies would no longer have to go to the Consent Decree Coordinator (CDC) for funds.</li> <li>• Don Harden noted that if agencies are allocating the funds, they will have to follow state policies on same. Wanita said that the same state rules that apply to the CDC coordinators administering the funds would apply to the agencies.</li> <li>• Brent said that for small agencies the new allocation system could potentially be a nightmare as they have to establish systems to track a small amount of money. Wanita said Allies could partner with another agency if they</li> </ul>

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	<p>would like to do that.</p> <p><b>ACTION:</b>  Wanita will send proposal to Elaine who will send to CSN members. However, comments should be returned to Wanita and not Elaine. Once comments are received, a final proposal will be draft and voted on at the Nov. 3<sup>rd</sup> CSN meeting.</p>
XI. Housing Subcommittee Report	Richard Weiss said that he is delighted that the Department is seeking additional BRAP funds. Other than that, no report. Recommended that Subcommittee be disbanded.
XII. Other	<ul style="list-style-type: none"> <li>• Don H.: Once a client is approved by APS for community support, can a form be generated indicating that an agency will be paid for same. Marya: yes.</li> <li>• Sharon A. clarified that if a client goes to jail or Riverview Psychiatric Center where they don't have MaineCare coverage, providers should come to the regional office and not APS for authorization for services. Furthermore, mental health team leaders are meeting once a week with Dr. Gressitt and Don Chamberlain to review requests for regional office waivers.</li> <li>• Members discussed that having something in writing re this process would be helpful. Marya agreed and said information would also be posted on the CSN web site.</li> <li>• Marya thanked Elaine for "the wonderful support she has been providing" and added that CSN members would "miss her terribly although we are very excited about her new role."</li> </ul>
XIII. Public Comment	None
XIV. Meeting Recap and Agenda for Next Meeting	<p><b>APS Health Care</b>  Richard W. said he thought that APS Health Care was going to be added as a standing agenda item. Marya said he was right and the item had been forgotten Will add to next month's agenda.</p> <p><b>APS, Schaller, PCCM Expansion</b>  OAMHS will prepare summary sheets re all of these efforts and distribute at November CSN meeting. OAMHS will also work with Jennifer Anderson of Schaller re procedural and protocol development.</p> <p><b>APS/Community Support Waiver Process</b>  OAMHS will draft memo re jail and RPC and procedural ways to get authorization as well as memo on generating a form from APS indicating approval for mental health agency records</p> <p><b>Budget</b>  Ron Welch will continue to report on budget matters.</p> <p><b>Consumer Council</b>  Troy reminded members that the Statewide Consumer Council will meet on October 8 and 9<sup>th</sup></p> <p><b>Drug Disposal</b>  Dr. Gressitt asked members to use the drug disposal envelopes distributed at the meeting and to let him know if additional ones were needed.</p> <p><b>ESN</b></p>

Agenda Item	Discussion
	Next meeting is October 24rd <b>Wrap Around Funds Proposal.</b> Vote on November 3 <sup>rd</sup> .