

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

Approved Minutes

Members Present:

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| • Dick Willauer, Alternative Services, Inc. | • Carla Beaulieu, Hope Recovery | • Carol Carothers, NAMI-ME |
| • Annalee Polley, Assistance Plus | • Karen Mosher, Kennebec Behavioral Health | • Lori Michaud, Redington-Fairview Hospital |
| • Joe Tinkham, Care & Comfort | • Emilie van Eeghen, MaineGeneral/HealthReach | • Ric Hanley, Spring Harbor |
| • Don Harden, Catholic Charities | • Jim Talbott, Merrymeeting Behavioral Health | • Bob Fowler, Sweetser |
| • Charlie Clemons, Charlotte White | • Richard Weiss, Motivational Services | • Dana Hamilton, Youth & Family Services |
| • Tracy Quadro, Community Mediation Services | • Ann Lang, NAMI-ME Families | |
| • Jen Raymond, Graham Behavioral | | |

Members Absent:

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| • AIN | • Crisis & Counseling | • Maine Children's Home |
| • Allies, Inc. | • ESM | • Mount St. Joseph |
| • Community Correctional Alternatives | • Inland Hospital | • Sebasticook Valley Hospital (excused) |
| | • LINC Club | |

Alternates/Others Present:

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| • Lean Waldo | • Mike Waldo | • Wanita Page, DHHS |
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Staff Present: DHHS/OAMHS: Sharon Arsenault, Donald Chamberlain, Marya Faust, David Proffitt. Muskie School: Elaine Ecker, Nadine Edris, Helen Hemminger.

Agenda Item	Discussion
I. Welcome and Introductions	Sharon opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	The February minutes were approved as written.
III. Budget/Legislative Update	<p>Supplemental Budget FY09 The proposed Supplemental Budget is making its way through the legislative process. OAMHS has prepared its list of proposed cuts to grant funding by service and by agencies affected—which will be sent to all CSN members.</p> <p>ACTION: Don will send out the list of proposed granting funding cuts, by service and by agency.</p> <p>OAMHS Proposals to Address Additional Revenue Shortfalls Don reported on the \$95M additional revenue shortage—beyond the \$95M addressed in the FY09 Supplemental Budget—due to 1) changes generated by CMS (Centers for Medicare & Medicaid Services) in Targeted Case Management and the Rehab Option, 2) additional state revenue shortfalls. Thus, OAMHS is working on the following proposals:</p> <p>► <u>Elimination of ICI (Intensive Community Integration) Services</u> OAMHS position: Since ICI will have to be unbundled eventually and will cease to exist, do it now. Community Integration and Med Management services will still be available separately.</p> <p>► <u>Outpatient rates/providers</u> Don said OAMHS has decided to open outpatient services to private practitioners—through agreements that will include</p>

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	<p>some licensing requirements—at a standardized rate.</p> <p>► <u>Changes to Crisis Services</u> Don explained that initially OAMHS proposed consolidating crisis services to one provider per district, which would provide both adult and children’s crisis services. This would have been done through an RFP (Request for Proposal) process. A different plan moving forward resulted from a meeting with representatives of the Southern Maine Behavioral Health Collaborative, the Maine Association of Mental Health Services (MAMHS), and the Maine Hospital Association. Instead of the consolidation/RFP process, current crisis and crisis stabilization unit providers will work together to find the savings, formalizing their agreements through MOUs (Memorandums of Understanding).</p> <p>Discussion:</p> <ul style="list-style-type: none"> • What is the status of Section 13 Targeted Case Management? Marya reported that Maine has joined multi-state lawsuit filed against the US DHHS on Feb. 29. The Department will be in close communication with CMS as it moves forward with implementation for July 1.
<p>IV. RDS/EIS Unmet Needs Data by CSN</p>	<p>Member received several data documents prepared by Helen Hemminger of the Muskie School depicting and explaining 14 categories of unmet needs data derived from the RDS/EIS system for the 2nd quarter FY08. The data is separated by CSN and comparisons made between statewide numbers and other CSNs.</p> <p>Marya explained that this is a picture of the data currently in the system. All clients receiving any level of community integration services, whether funded by MaineCare or general funds, should be enrolled and ISP information updated every 90 days by providers. The enrollment and open case numbers show that many clients are not entered into the system, and Marya encouraged providers to do so, as the unmet needs data will inform future budget requests. “What we have is pretty good,” she said, “we don’t have enough of it.”</p> <p>Members noted the striking differences among CSNs in some areas of unmet needs and wondered about possible reasons:</p> <ul style="list-style-type: none"> • Needs may actually be greater • Agencies better at reporting • Some needs may actually have been met during course of the quarter <p>A member asked, “Is the problem not being able to connect people with resources? Is it that we don’t have adequate resources to connect them to?” He continued by stating that the Consent Decree seems to place responsibility on providers and the Department to meet needs for which there are no funds and no resources. Marya clarified that the responsibilities are 1) to document unmet needs and 2) for the Department to make requests for additional funding from the Legislature. She further explained that they are working to define clearly <u>who</u> and <u>what services</u> they and their providers are responsible for.</p> <p>Other comments/discussion:</p> <ul style="list-style-type: none"> • It would be interesting to compare the expense for every 1,000 open cases. Can you tell what MaineCare expenses are per CSN? A: That may be possible. • Leah Waldo shared that she suddenly was told she could see her case manager only once a month, and that the case manager can no longer take her to medical appointments or to the grocery store, etc. “They can’t do that—I have rights!” Marya responded that though she can’t speak to Leah’s specific situation, the Federal government

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	<p>is making changes in case management [as discussed in previous meetings]. Leah added that she didn't want to see case managers hurt by being put in the position of having to give that kind of bad news to their clients. Marya agreed, saying, "We're on that page, too."</p> <ul style="list-style-type: none"> • The co-occurring capability of providers is pretty low—could be very under-reported. • Is there an acceptable number of unmet needs that allows meeting the Consent Decree? A: We need to track and make resource requests—haven't figured out those exact points yet. • Instead of comparing with other CSNs, it would be more meaningful to compare ourselves from quarter to quarter to see if we're getting better at developing the data or meeting service needs. Marya responded that OAMHS will report on improvement or change. • How does APS Healthcare change or enhance this? Marya said that at some point, providers will no longer be submitting information to the Department—it will be part of enrollment and ongoing review with APS. <p>Marya asked for comments on how to improve data reporting, and noted that at this point, OAMHS is not seeing a compelling case for additional resources.</p>
<p>V. Work Plan Subcommittee Reports</p>	<p>Treatment – Rowena Tessman Emilie Van Eeghen and Karen Mosher reported that they met and handed out a detailed report. They identified four major problematic issues: Adult Medication, Child Medication, Adult Outpatient, Child Outpatient. Highlights of discussion:</p> <p><u>Adult Medication</u></p> <ul style="list-style-type: none"> • Greatest barrier – agencies' limited ability to cover costs for uninsured or underinsured clients. Wait times increased in order to meet payor mix targets. • Recommendations: <ul style="list-style-type: none"> ○ Increase grant support. ○ Develop payment structure to support psychiatric consultation with primary care physicians (fair amount of opportunity, less expensive). Member commented that MaineCare should adopt a "consultation modifier." ○ Group med management unequivocally unacceptable. <p>Another issue is prescriptions available in the hospital, but not outside the hospital due to complications with the MaineCare formulary. People may do very well with the drugs in the hospital, but then find they have to change medications after discharge. The suggestion was made to review the details of a few relevant cases and look at what happened. Ric Hanley of Spring Harbor Hospital said they are trying to look very closely at this issue.</p> <p>A consumer member poignantly stressed that more follow-up is needed for people leaving the hospital. She shared that her brother went into Spring Harbor, newly diagnosed with mental illness. After discharge, he became very afraid of his meds, not understanding what to expect or how he felt, stopped taking them, and ultimately took his own life. She and Ric agreed to talk further after the meeting.</p> <p><u>Adult Outpatient</u></p> <ul style="list-style-type: none"> • Greatest barrier – gap between cost and reimbursement. • Recommendations: <ul style="list-style-type: none"> ○ Readjust reimbursement levels to cover costs; minimally, no further cuts. ○ Supports ASO review for individuals in outpatient treatment for extended periods

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	<ul style="list-style-type: none"> ○ Consider financial incentives for agencies using outcome measures ○ Establish universal outcome measures and provide training. Need to focus on <u>change</u>, not maintenance. <p>After Emilie noted that the subcommittee considers its task complete, Don asked about next steps—how to make some of these things happen? What’s the process?</p> <p>Suggestions:</p> <ul style="list-style-type: none"> ● Look at various models for doing some of these things. ● There are some efforts underway on integration of mental health and health care—should join with those. ● Include as part of the project Elsie Freeman’s working on with the Hanley Group? ● Psychiatrists’ Association is underutilized. Need to look at what exists and what’s working. ● Look at putting outpatient practice in primary care physicians’ offices. ● Research barriers to sustainability. <p>Emilie and Karen indicated they might be willing to play a part in follow up efforts, but did not want to take on primary responsibility for it.</p> <p>Vocational – Jean Gallant Jean Gallant was not present to report, and another subcommittee member did not know the status of the former APSE funds.</p> <p>Transportation – Annalee Polley Annalee reported that the subcommittee did not meet, being unsure of the direction to take or what they can actually do. She again mentioned the Easter Seal grant.</p> <p>A member asked about getting specific information on unmet transportation needs in this CSN, i.e. what exactly the needs are: transportation to appointments, employment, social clubs, etc. The information is available and will be provided to the subcommittee.</p> <p>ACTION: Subcommittee will look at detailed information about unmet transportation needs in this CSN to see what might be addressed.</p> <p>Leah Waldo informed the group of a significant transportation issue in Augusta: The KVCAP bus does not go out to the new Career Center on Commerce Drive. It stops at the old location and people then have to walk a distance out a busy highway.</p> <p>Residential – Richard Weiss Richard informed that they will report next month, and expects to have data regarding Section 8 and Shelter Plus Care to broaden understanding of resources.</p> <p>Peer Supports – Carol Carothers Carol requested detailed information on the data for unmet peer support needs. She said she like to include the Consumer Council System members in the subcommittee. Leah and Mike Waldo will look into who the Council reps are, why none were present today, and whether they will be attending future CSN meetings.</p>

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VI. Consumer Council Update	Leah also reported that efforts are underway to develop a local council in Waterville over the next couple of months. LD 1967 ["An Act To Establish a Consumer Council System of Maine Consistent with the AMHI Consent Decree and the State's Comprehensive Mental Health Plan"] was approved the Health & Human Services Committee.
VII. Other	None.
VIII. Public Comment	None.
IX. Agenda for Next Meeting	Budget/Legislative Update Subcommittee Reports