

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

DRAFT Minutes

Members Present:

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| <ul style="list-style-type: none"> • Dick Willauer, Alternative Services, Inc. • Joe Tinkham, Care & Comfort • Don Harden, Catholic Charities • Charlie Clemons, Charlotte White • Bill Tanner, Community Correctional Alternatives • Tracy Quadro, Community Mediation Services • Heather Ulmer, ESM | <ul style="list-style-type: none"> • Jen Raymond, Graham Behavioral • Tom McAdam, Kennebec Behavioral Health • Emilie van Eeghen, MaineGeneral/HealthReach • Jim Talbott, Merrymeeting Behavioral Health • Richard Weiss, Motivational Services • Karen Fatz, Mount St. Joseph • Ann Lang, NAMI-ME Families | <ul style="list-style-type: none"> • Carol Carothers, NAMI-ME • Lori Michaud, Redington-Fairview Hospital • Sharon King, Sebasticook Valley Hospital • Ric Hanley, Spring Harbor • Bob Fowler, Sweetser • Dana Hamilton, Youth & Family Services |
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Members Absent:

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| <ul style="list-style-type: none"> • AIN • Allies, Inc. • Assistance Plus | <ul style="list-style-type: none"> • Crisis & Counseling • Consumer Council System (excused) • Inland Hospital | <ul style="list-style-type: none"> • LINC Club • Maine Children's Home |
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Alternates/Others Present:

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| <ul style="list-style-type: none"> • Lean Waldo | <ul style="list-style-type: none"> • Mike Waldo | <ul style="list-style-type: none"> • Kerry Sirois, Mount St. Joseph |
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Staff Present: DHHS/OAMHS: Sharon Arsenault, Donald Chamberlain, Marya Faust, Leticia Huttman, David Proffitt, Wanita Page. Muskie School: Elaine Ecker, Nadine Edris.

Agenda Item	Discussion
I. Welcome and Introductions	Sharon opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	The March minutes were approved as written.
III. CSN Purpose and Mission Statements	<p>Marya mentioned the new agenda format, noting it provides a more convenient way to keep track of follow-up tasks for both members and OAMHS staff. She further explained that Regional MH Team Leaders (Sharon in CSN 3) will be recording follow-up tasks, reminding those responsible to complete them, and noting items that need to appear on the next meeting agenda.</p> <p>Members received handouts of draft CSN Purpose and Mission Statements. Marya explained that OAMHS developed these in order to clarify the focus and function of the CSNs and to provide boundaries and guidance to future CSN work. The Purpose Statement highlights the focus on <i>public</i> mental health services. (A member suggested adding the word "adult" and that was done before presenting to all subsequent CSNs.) The Mission Statement expands the purpose and describes the makeup and work of the CSNs.</p> <p><u>Comments:</u></p> <ul style="list-style-type: none"> • Ann Lang, NAMI-ME family representative, strongly advocated for adding "family members" to the Mission Statement. • Some questioned the necessity of having both a Purpose and a Mission Statement and suggested combining into one. • Another questioned the "re-imagine" concept, saying that he thought the function was to coordinate, etc., within the <i>current</i> system design.

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	<ul style="list-style-type: none"> • “Re-imagine” could also contribute to the tendency to go off on long discussions that are not focused on business. • People have very different visions of “coordinating”—not experienced coordinating at CSNs—interactive, yes, but not coordinating. “The Department tells us what direction they’re going in and asks for feedback.” • Seen as venue Department uses to “run up” policies that affect continuity of care—the Department meeting with provider network. <p>Marya explained that OAMHS will gather feedback from all CSNs on the statements, make revisions, and bring final version(s) back next month.</p> <p>ACTION: Members may send any additional feedback to Elaine, eecker@usm.maine.edu.</p>
IV. CSN Recommendation Process	<p>Marya asked members to review this handout, which puts in writing the CSN recommendation process.</p> <p>ACTION: Members may send any feedback to Elaine (eecker@usm.maine.edu).</p>
V. Budget/Legislative Update	<p>Budget Outcome</p> <p><i>Please note that the minutes on this item were compiled from all April CSN meetings to account for some variation in level of detail and for consistency, as some information became clearer throughout the month.</i></p> <p>OAMHS reported on the final legislative actions on relevant items proposed for reductions or change in the legislative budget to the best of OAMHS’ knowledge, as follows: (LD 2173 and LD 2290)</p> <p><u>Bridging Rental Assistance Program (BRAP)</u></p> <ul style="list-style-type: none"> • Funding increased by \$180,000. • Passed: Proposal to move funding source from OAMHS general funds to the Maine State Housing Authority HOME Fund, for one year, to be revisited in next budget cycle (\$2.9M). • OAMHS will still administer the funds as before. <p><u>ACT (Assertive Community Treatment)</u></p> <ul style="list-style-type: none"> • Proposed 100% cut from general funds. FY 09 funding restored. FY 08 curtailment also restored. • ACT reimbursement: Less than 16 days in service, providers reimbursed for ½ a month; 16 or more days, full month. (Previously providers could bill for a full month regardless of number of days in service within that month.) • CMS (Centers for Medicaid and Medicare Services) is pushing for a daily rate for ACT. The rate standardization work group is currently working on daily rates, both with case management included and excluded in anticipation of CMS regulations around unbundling case management. <p>Some members engaged in discussing pending or required MaineCare rule changes, what MaineCare “sections” are affected, etc. Leah Waldo asked where to find information on MaineCare sections so she can better understand and explain to her peers. Marya said she would send her a link to the MaineCare Manual online.</p> <p>ACTION: Marya will send Leah the link to the MaineCare Manual.</p>

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	<p><u>Community Integration (CI)</u></p> <ul style="list-style-type: none"> Proposed 100% cut from general funds (\$1.8M). Restored \$1M. (\$500,000 from Legislature; \$250,000 each transferred from Dorothea Dix and Riverview.) Defeated: Proposal for one CI provider per CSN. <p><u>PNMI Consumers</u></p> <ul style="list-style-type: none"> Defeated: Proposal to make uniform the amount of income consumers retain in certain PNMI's (\$50 monthly), savings of \$150,000. The amount clients keep is now variable, depending on provider. OAMHS would like to see this standardized and equitable throughout. <p><u>Specialized Direct Services (general funds)</u></p> <ul style="list-style-type: none"> Restored for FY 09. FY 08 curtailment remains. Typically covers home-based services for elders. <p><u>Intensive Community Integration (ICI)</u></p> <ul style="list-style-type: none"> Service eliminated, both MaineCare and general funds. OAMHS expected this level of care to go away soon due to CMS regulations regarding case management. Consumers may still receive CI and medication management as separate services. <p><u>Outpatient</u></p> <ul style="list-style-type: none"> Passed: Proposed 100% cut from OAMHS general funds. Proposed \$1.4M savings in MaineCare "seed" by: 1) combining all MaineCare sections pertaining to outpatient services into one section (i.e. Sections 65, 58, 100, 111) covering mental health, certain child welfare, substance abuse, psychological services; 2) opening widely to private practitioners to enter into contracts to provide MaineCare reimbursable outpatient services; and 3) setting hourly rates as follows: \$84 licensed mental health agencies; \$88 for private practitioners PhD level; \$55 other licensed private practitioners. HOWEVER, providers have until June 1 to propose an alternate and approvable plan to achieve the same savings. If that is not accomplished, the proposal above will go into effect for FY 09. DHHS Deputy Commissioner Geoff Green will convene meetings of provider organizations and private practitioners for this purpose, the first being held on April 29. <p><u>Crisis Consolidation</u></p> <ul style="list-style-type: none"> The original proposal for crisis consolidation with savings of \$1M (one provider for both adults and children per DHHS District chosen through RFP process) was replaced with another proposal less disruptive to the system. The new proposal requires crisis providers and hospitals to accomplish the same goals (one provider or one "lead provider" for both adults and children per DHHS District and achieve specified savings) through Memorandums of Understanding (MOUs). (The DHHS Districts correspond to CSN boundaries, with the exception of CSN 2, which is divided into DHHS Districts 6 and 7). The implementation of the plan is postponed to March 1, 2009, and requires savings before the end of FY 09 of \$134,000 MaineCare seed each for children and adults and \$33,600 in General Funds each for children and adults. OAMHS will issue contracts to current providers for eight months, with instructions to come together to work out solutions and MOUs by the beginning of February 2009.

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	<ul style="list-style-type: none"> • OAMHS will include consumer and family representatives in their planning discussion to determine requirements and parameters for service delivery. Providers will negotiate what needs to be done to bring that about and execute MOUs. Consumers and families will participate with OAMHS in going over the resulting MOUs. <p><u>Other</u></p> <ul style="list-style-type: none"> • NAMI-ME: Restored 50%. (FY 08 \$34,000; FY 09 \$138,900) • Amistad: Restored 100%. (FY 08 \$11,000; FY 09 \$44,000) • Maine Center for Deafness: Restored 100%. (FY 09 \$42,600) <p><u>OAMHS Positions Eliminated</u></p> <ul style="list-style-type: none"> • 14 positions eliminated: 13 ICMs (Intensive Case Managers) and one central office manager. • ICM positions: 3 Long-Term Support coordinators (employment); 3 Housing Coordinators; 3 Youth in Transition Coordinators. • Employment and housing functions will be covered by other means. • ICMs now focus on homeless, jail, shelter populations. Not carrying caseloads, rather connecting people to community services. <p>Status of Grant Funding</p> <ul style="list-style-type: none"> • Class member entitlements will be paid from grant/general funds, if the member is not a MaineCare recipient. • As of July 1, general funds for CI, ACT, and WRAP will not be distributed through the contract process as in the past. OAMHS will retain the funds and pay on a case-by-case basis through an application process. The goals are to achieve more equitable distribution among providers and to serve the most needy with the limited funding. • Guidelines for WRAP fund use have not changed. • OAMHS is working on establishing eligibility criteria for CI and ACT. (See next agenda item.)
VI. Eligibility Criteria	<p>OAMHS asked for input from CSN members as to establishing eligibility criteria for CI and ACT grant funds for people not eligible to receive those services through MaineCare. Use Section 17 clinical criteria? Financial? Financial and clinical? Acuity level? First come, first served? Geographic distribution? Should everyone be required to apply for MaineCare and be found not eligible first?</p> <p>The discussion brought out the following factors for consideration—people:</p> <ul style="list-style-type: none"> • With disability income just over the MaineCare limit • On MaineCare “spend-down” • With non-categorical MaineCare (doesn’t cover community support services) • With clinical acuity, but refuse to participate/apply for MaineCare • Leaving jails or correctional system • “In the wings” in categorical approval process <p>The discussion moved into questions about APS Healthcare involvement in this process. At this point, the APS Healthcare contract only includes MaineCare services, though at some future point APS may handle both MaineCare and grant fund eligibility. Marya stated that in either scenario, OAMHS is left with establishing criteria. “We need to know what gets you in the door for state general funds.”</p> <p>Leah Waldo stressed that many consumers find the only way to get services is to have a breakdown, and doesn’t want to see her friends and peers hurt, end up in crisis, or hospitalized to get help.</p>

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	<p>Don Harden requested guidance on those clients already receiving the services in question through grant funding. “We really don’t know what to do on July 1 for people in service.”</p>															
<p>VII. Consumer Council Update</p>	<p>In Carla Beaulieu’s absence, Leah gave a brief report on the Consumer Council System. The local council in Waterville meets on April 21.</p> <p>A member asked Leticia about the status of the RFP for Peer Services in Emergency Departments.</p> <p>ACTION: Leticia will report on status at next meeting.</p>															
<p>VIII. Enrollments/RDS</p>	<p>Don explained the incomplete status of the unmet needs data in the EIS RDS system, saying that significant numbers of people receiving community support services are either not enrolled or not updated from ISPs as required every 90 days. Of the approximately 11,000 people receiving these services, at best only 7,298 are enrolled, and of those only 4,989 are up-to-date.</p> <p>The enrollments and updates must be brought within 15% completion by May 1, Don said, and providers have received notice of contractual consequences for not meeting this requirement. OAMHS has resolved the longstanding IT problems, and IT staff will provide individual assistance to providers still experiencing difficulty in entering data.</p> <p>Don stressed the importance of having accurate unmet needs data from this system to meet Consent Decree compliance. Also, in order for APS Healthcare to take over this function (eliminating the need to enroll in two systems), the data must be “clean” enough for the transfer.</p>															
<p>IX. Work Plan Subcommittee Reports</p>	<p>Treatment – Emilie van Eeghen, Karen Mosher Don provided OAMHS response to the subcommittee’s report of last meeting:</p> <table border="1" data-bbox="573 927 1955 1403"> <thead> <tr> <th colspan="2" data-bbox="573 927 1144 959">Subcommittee Recommendations</th> <th data-bbox="1144 927 1955 959">OAMHS Response</th> </tr> </thead> <tbody> <tr> <td data-bbox="573 959 787 992">Outpatient</td> <td data-bbox="787 959 1144 992">No further cuts</td> <td data-bbox="1144 959 1955 992"> <ul style="list-style-type: none"> Cuts did occur </td> </tr> <tr> <td data-bbox="573 992 787 1117"></td> <td data-bbox="787 992 1144 1117">Establish universal outcome measures; training; financial incentives using outcome measures</td> <td data-bbox="1144 992 1955 1117"> <ul style="list-style-type: none"> OAMHS likes the ideas, but not ready to move forward. </td> </tr> <tr> <td data-bbox="573 1117 787 1242">Medication Management</td> <td data-bbox="787 1117 1144 1242">Increase funding</td> <td data-bbox="1144 1117 1955 1242"> <ul style="list-style-type: none"> No increase in resources, \$1M available for people not on MaineCare Continuing contract process – not fee-for-service Variable by CSN </td> </tr> <tr> <td data-bbox="573 1242 787 1403"></td> <td data-bbox="787 1242 1144 1403">Develop payment structure to support psychiatric consultation with primary care physicians</td> <td data-bbox="1144 1242 1955 1403"> <ul style="list-style-type: none"> OAMHS supports this recommendation and encourages further work on this issue with CSN. Dr. Stevan Gressitt, new OAMHS Medical Director, is familiar with this model and has been laying groundwork with professional psychiatric organizations. </td> </tr> </tbody> </table> <p>One member asked, “Do we know how many med management clients have a primary care physician?” which started a discussion on what data would be helpful in working on the med management consultation model.</p>	Subcommittee Recommendations		OAMHS Response	Outpatient	No further cuts	<ul style="list-style-type: none"> Cuts did occur 		Establish universal outcome measures; training; financial incentives using outcome measures	<ul style="list-style-type: none"> OAMHS likes the ideas, but not ready to move forward. 	Medication Management	Increase funding	<ul style="list-style-type: none"> No increase in resources, \$1M available for people not on MaineCare Continuing contract process – not fee-for-service Variable by CSN 		Develop payment structure to support psychiatric consultation with primary care physicians	<ul style="list-style-type: none"> OAMHS supports this recommendation and encourages further work on this issue with CSN. Dr. Stevan Gressitt, new OAMHS Medical Director, is familiar with this model and has been laying groundwork with professional psychiatric organizations.
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	<p>Don asked for work group volunteers and said he will follow up with Dr. Gressitt. Emilie van Eeghen, Tom McAdam, Leah Waldo, Richard Weiss, and Ric Hanley volunteered.</p> <p>Should include other entities working in the same or similar issues, like Quality Counts or MeHAF/Muskie?</p> <p>ACTION: The new work group will convene to begin work on consultation med management/primary care. One initial task is to determine what data is needed.</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>ACTION: Heather Ulmer will follow-up with Jean to report on status of APSE funds at the next meeting.</p> <p>Transportation – Annalee Polley Subcommittee did not meet. Requested specific unmet needs data on transportation.</p> <p>Residential – Richard Weiss Expects to have Section 8 data to report at next month’s meeting.</p> <p>Peer Supports – Carol Carothers Requested: guidance on work plan from OAMHS, specific unmet needs data on peer services, and linkage to Consumer Council. (The current data was provided on all unmet need subcategories in the meeting materials.)</p> <p>ACTION: OAMHS will provide guidance on next steps / work plans for subcommittees.</p>
<p>X. Rapid Response reviews/ Hospital and CLASS Committee</p>	<p>Don discussed the need to look at interface between crisis providers and hospitals and to review particular cases for solutions and improvements. He suggested the possibility of re-convening some form of the Hospital and CLASS committee in Region II. (Regions I and III continued meetings after the statewide initiative ended, but Region II has not.)</p> <p>Emilie van Eeghen reported that MaineGeneral (ER and Psychiatric Depts.) and Crisis & Counseling meet monthly to discuss coordinating care, reviewing cases, etc., and asked if that is what OAMHS is looking for. Don responded that he sees something a bit more expanded, ideally including Spring Harbor, Maine General, Crisis & Counseling, hospital emergency departments on case-by-case basis, and others involved in particular cases, to problem-solve the system.</p> <p>Sharon King of Sebecook Hospital said she is “more than willing to participate,” noting it is not uncommon for people to wait 12-18 hours in their ER to get appropriate services.</p> <p>Carol Carothers asked if there are mechanisms for including family members in reviewing cases, saying it’s important to get their view—which may be very different from the provider view.</p> <p>Emilie proposed bringing this issue to the next meeting at MaineGeneral to see if or how others (families, consumers, other hospitals, OAMHS) could be included.</p> <p>ACTION: Emilie will bring the issue to MaineGeneral group and report back.</p>

Agenda Item	Discussion
XI. Clarification of Mental and Physical Health Initiative / Hanley Forum	Marya explained that the “Dying 25 Years too Soon” meeting/forum happening on April 9 in Augusta, in follow-up to Dr. Elsie Freeman’s presentation in January, is intended for this CSN and not for statewide participation.
XII. Other	Ric Hanley asked if OAMHS would provide information on the relatively recent changes to involuntary commitment laws. Members indicated it would be helpful to place this item on the next agenda. Marya said OAMHS will distribute a written summary soon.
XIII. Public Comment	None.
XIV. Meeting Recap and Agenda for Next Meeting	<p>Meeting Recap:</p> <ul style="list-style-type: none"> • Please see all ACTION items above. <p>Next Agenda</p> <ul style="list-style-type: none"> • CSN Purpose and Mission Statements • Grant Funds Eligibility Criteria • Consumer Council System Update • Status of RFP for Peer Services in Emergency Departments • Changes in Involuntary Commitment Laws • Subcommittee / Work Group Reports • Enrollments/RDS Update