

**Community Service Network 3 Meeting
Augusta Civic Center, Augusta
September 8, 2008**

DRAFT Minutes

Members Present:

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| • Brent Bailey, Allies, Inc. | • Lynn Duby, Crisis & Counseling | • Richard Weiss, Motivational Services |
| • Dick Willauer, Alternative Services Inc. | • Heather Ulmer, ESM | • Deborah Rousseau, MMC Vocational Employment Coordinator |
| • Annalee Polley, Assistance Plus | • Carla Beaulieu, Hope Recovery Center | • Carol Carothers, NAMI-ME |
| • Joe Tinkham, Care & Comfort | • Tom McAdam, Kennebec Behavioral Health | • Lori Michaud, Redington-Fairview Hospital |
| • Charlie Clemons, Charlotte White | • Dee Nilsen, LINC Club | • Lyn Suggs, Spring Harbor |
| • David McCluskey, Community Care | • Emilie van Eeghen, MaineGeneral/HealthReach | • Roger Wentworth, Sweetser |
| • Bill Tanner, Community Correctional Alternatives | • Jim Talbott, Merrymeeting Behavioral Health | • Lora Wilford-McManus, Youth & Family Services |
| • Troy Henderson, Consumer Council System | • Bonnie York, Merrymeeting Behavioral Health | |

Members Absent:

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| • AIN | • Inland Hospital | • NAMI-ME Families |
| • Catholic Charities | • Maine Children's Home | • Sebecook Valley Hospital (excused) |
| • Graham Behavioral Services (excused) | • Mount St. Joseph | |

Alternates/Others Present:

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| • Deborah Rousseau, MMC-Voc, Coordinator | • Bonnie York, Merrymeeting Behavioral Health |
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Staff Present: DHHS/OAMHS: Sharon Arsenault, Don Chamberlain, Marya Faust, Leticia Huttman, Wanita Page, Ron Welch. Muskie School: Elaine Ecker.

Agenda Item	Discussion
I. Welcome and Introductions	Sharon opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	The minutes of the August meeting were approved with one clarification under Item VII, paragraph 4, sentence 1: should be "due to lack of <u>police</u> training..."
III. Feedback on OAMHS Communications	No member feedback this month. <u>Communication process change/clarification:</u> Members were informed that all communications from OAMHS, whether statewide or regional, will go to the CSN representatives with the expectation that information will be shared within that representative's organization as necessary. All communications will also be posted on the CSN website. OAMHS is concerned that some information is not filtering to staff who need to know.
IV. Legislative Session January 2009 – Suggested Bills	Ron explained that though the 124 th Legislature is not yet elected, work begins now on possible bills for submission. He noted there is only a month between the election and "cloture" or the closing date for submitting bills. At this point in the process, OAMHS has put forward several broad concepts without specific language for the DHHS Commissioner and Governor to consider: 1. <u>Prior authorization for PNMI beds:</u> MaineCare does not allow for prior authorization for PNMI beds, and this requires legislative authority to change the MaineCare rule. 2. <u>Adding forensic patients to the bill authorizing clinical review panels to mandate involuntary medications:</u> At this time, only those civilly committed come under the provisions of this bill. OAMHS would like legislation to include

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	<p>people on the forensic side as well.</p> <ol style="list-style-type: none"> 3. <u>Expansion of CNA Registry to include other direct care workers</u>: Presently, there is no registry for people working in the mental health field with MHRT certifications and therefore no way to track or record the performance of those working in the field. OAMHS would like to expand the current CNA registry to include MHRTs and possibly Certified Intentional Peer Support Specialists. 4. <u>Exempt critical incident reporting from discovery and expand and clarify the mandate for reporting.</u> 5. <u>Reduction and disposal of unused medications (two concepts, for safety and less waste)</u>: <ol style="list-style-type: none"> a. Shorten medication prescriptions to 14 days, with no co-pays: Finding the most effective medications often requires trials and can result in waste and disposal issues if abandoned prescriptions have been written for the usual 60-90 day period. Under this concept, any new prescription would be written for a shorter period and consumers would not be liable for co-pay on any of them, even if it involves several trials. b. Establish authority of Department of Public Safety (DPS) in disposal of unused drugs, rather than the Department of Environmental Protection (DEP). DHHS and DPS want to remove disposal of unused drugs from DEP regulations and establish new regulations. DHHS and DPS see drugs as different from other hazardous materials. <p>Discussion:</p> <ul style="list-style-type: none"> • Troy commended the new prescriptions proposal. • Richard Weiss proposed a bond issue for infrastructure of mental health facilities to provide capital supports for energy efficiency renovations and cost of living increases for direct care staff. • Members noted the huge amounts of drugs that are thrown away and wondered how a redistribution of returned drugs might be accomplished. • Carol voiced concern that the newly formed Corrections Commission has no members with mental health expertise, noting estimates that 50-60 percent of inmates have mental illness. Is OAMHS interested in amending law to require it? Ron: Definitely, on the table. Consumers involved, too? Ron: Definitely.
V. Budget	<p>Ron informed that work is underway on the Supplement Budget for 2009 and the Biennial Budget for FY 2010/2011. Though OAMHS has submitted their initial budget requests, the Commissioner knows OAMHS is meeting with CSNs for additional input during September. OAMHS will gather information from all the CSNs and consolidate statewide.</p> <p>Ron pointed out the memo and budget template OAMHS sent out in August for members' use, which included two main categories for budget requests: 1) client-specific needs, backed up with data; and 2) systems needs. He observed that the FY 2008 4th Quarter unmet needs data is the most reliable they've ever had and informed that OAMHS is looking at those categories where 100 or more unmet needs were reported for budget requests.</p> <p>Members engaged in a long and varied discussion around unmet needs, including the reliability of the data, unidentified or underreported unmet needs, and suggestions for funding requests. Highlights:</p> <p>Vocational</p> <p>Dick Willauer said he still questions the accuracy of the vocational data, emphasizing that many people don't even apply because they don't think they can get services. He suggested some other method or source would be more accurate—the Need for Change scale, VR wait lists, etc. Do we know the number statewide on VR wait lists? A: No.</p>

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	<p>Dual-Eligibles Tom of KVH noted that people dually-eligible for MaineCare and Medicare get wait-listed more often than others, and those don't show up in unmet needs—mainly outpatient and medication management services.</p> <p>Peer Support / Recovery Troy noted that even though peer services lists low numbers of unmet needs, more peer services are needed, particularly in group homes, where they would hope to see fewer hospitalizations as a result.</p> <p>Troy also mentioned the idea of a voucher system, providing a certain amount of dollars for consumers to spend on non-traditional recovery choices.</p> <p>Elderly, with medical complications Emilie informed that this population experiences much longer than necessary hospitalizations because of the lack of facilities that serve both medical and psychiatric needs. In response to a member's question, Emilie said she could get data on this. Mt. St. Joseph's wait list numbers might also provide some data on this problem.</p> <p>Mobile Crisis Carol stated that the system is underfunded—there are not enough people to go out. When people call crisis, she said, they too often get a cop—a theme she hears in general statewide.</p> <p>APS/Infrastructure The ability for providers to do batch uploads would save a tremendous amount of time.</p> <p>Housing Subsidy amounts, state and federal, have not caught up with rental costs. The Fair Market Values are too low.</p> <p>Healthcare</p> <ul style="list-style-type: none"> • Difficult to tackle—how consumers access care for chronic disease such as diabetes—they need a spectrum of care. This area of need is not addressed specifically through OAMHS budget. Schaller-Anderson to help with these complex cases? • Bill Tanner noted that many don't understand Schaller-Anderson's (S-A) role and asked for clarity. Marya: Schaller-Anderson is contracted by DHHS to work with the Office of MaineCare and with MaineCare members who have high costs for services or use high-cost services often, e.g. ER more than 15 times in a year. The idea is that S-A would provide medical expertise to help better manage services for people with multiple or complex needs, connecting people to primary care and other services. Marya continued saying she understands S-A has been contacting consumers directly, rather than through the agencies already providing case management, and acknowledged a protocol needs to be developed to address this and other S-A communication issues with behavioral health providers. She said a meeting with S-A and behavioral health providers will be happening soon. • Members discussed the diminishing number of primary care providers (pcps) in Maine, the difficulty recruiting new pcps, due in part to the increasing amount of things they're expected to take on, and the approaching breakdown of the system if things continue in the current direction: <ul style="list-style-type: none"> ○ I use the ER because I can't get an appointment with a pcp for 3-4 weeks—I need to see someone in 2-3 days. ○ Many consumers are one physician away from a crisis.

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	<ul style="list-style-type: none"> ○ Waterville area recently lost a pcp serving 5,000 patients. ○ Pcps repeatedly say they need our help serving psychiatric patients. There is no effective link between pcps and behavioral health. Marya informed of Dr. Stephan Gressitt's (OAMHS Medical Director's) work with the Maine Association of Psychiatric Physicians re: contracts for providing doc-to-doc consultations with pcps. Richard Weiss suggested also including the Maine Nurses Association as another essential link. ○ The expected needs of Maine's increasing elder population need to be addressed now. DHHS needs to take the lead on this. ○ Spring Harbor won a federal grant to bring tele-psychiatry services to rural hospitals—including St. Andrews, Miles, and Stephen's. ○ Lynn Duby stated that legislation is needed for MaineCare to pay for these tele-services—and all insurances should cover them. <p>A member stressed concern that the impact of the previous reductions hasn't yet been felt and hopes OAMHS will include that caveat in discussions with the Governor.</p>
VI. Public Comment on Budget	None.
VII. Consumer Council Update	<p>Troy reported on the Consumer Council System:</p> <ul style="list-style-type: none"> ● Statewide Consumer Council (SCC) working on filling staff positions: Executive Director and Outreach Coordinators. ● Sent out a couple of problem statements, one of which pertained to understaffing/underfunding of warmline. ● The SCC's September meeting is cancelled in anticipation of a 2-day annual meeting in October. ● Some SCC seats are coming up for rotation/election. ● Local councils are starting up in Skowhegan, Madison, Augusta, and Rockland. Will share meeting details as they become available. <p>Carol of NAMI-ME offered to post the meeting times and send out to NAMI's mailing lists.</p>
VIII. Report from the Employment Services Network (ESN)	<p>Deborah Rousseau reported that the ESN is meeting regularly working on employment trends, developing local employers, etc.</p> <p>Deborah Thibodeau, the ES for CSN 3, reported on progress and shared data:</p> <ul style="list-style-type: none"> ● Building contacts with employers, job leads ● Now has 18 on caseload, more pending. Five of the 18 are in school, mainly working on GED. Three are working. ● Eight were referred to Vocational Rehabilitation (consumers' choice). ● Results of Need for Change scales showed that of those employed, 16% were very dissatisfied with current situation. ● High percentage has strong or very strong need for change. <p>A discussion followed about the lack of information about the ESN meetings (meeting dates, minutes) and not including CSN 3's employment subcommittee in its membership:</p> <ul style="list-style-type: none"> ● Sharon commented that as Mental Health Team Leader she should be notified of meetings in order to participate.

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	<ul style="list-style-type: none"> • Another member emphasized that providers should be included, too, adding also that case managers are rich with knowledge. “The effectiveness [of the ESN] will be limited if providers of services are not included.” • Deborah R. responded that the core group has been working to get established before bringing others in. • Ron noted the good points raised and informed the group that he meets monthly for discussion with the project’s director, Dick Balser. He said that while there is merit in getting the impetus of the ESN established, it may be time to open the meetings to others and have opportunity for comment on the agenda. Having it work as a public meeting makes a lot of sense, he concluded. • A member requested that the ESN meeting minutes be posted on the internet so people know what’s going on. • Another member asked if agencies, other than the host agency, may use the Need for Change survey while they are waiting for ES services to become available to them. Deborah R. said any interested agency may contact her for the survey. <p>Deborah Rousseau also informed that MMC has not yet recruited an ES in the CSN 4 and welcomes any help in filling this position.</p>
<p>IX. Impact of Energy Costs</p>	<p>Ron said that OAMHS has been forwarding to the Governor’s Office their rough estimates on fuel needs for residential facilities, saying a proposal was submitted re: fuel costs for PNMI’s. The proposal does not include energy audits or winterization costs. Those things would be included in a bond—all weatherization would be predicated on audits—and would need legislation for expanded audit capacity.</p> <p>Related comments:</p> <ul style="list-style-type: none"> • Even if funds were available to providers through low or no interest loans...same could be said for private landlords who have ‘stepped up to the plate’ to rent to consumers. Their buildings need energy updates, furnaces, etc., to stay viable. (Specific examples were given.) • Regional housing coordinator positions are missed on these very issues. Perhaps could look at possibility of reestablishing? <p><u>Travel Costs</u></p> <ul style="list-style-type: none"> • Very difficult to get out for client services. • Travel reimbursement needs to be included in the rate. Can target rate increase for only utility costs. (Mileage reimbursement cannot exceed state rate if paid with state dollars.) • Three elements of energy impact to be considered in rates for next year: 1) cost of gas/oil changes; 2) cost of utilities (limit to how low thermostats may be set); and 3) cost of living for people serving. • DLS (daily living skills) has lowest rate and providers are finding it increasingly difficult to recruit qualified and appropriate staff. <p><u>Public Transportation</u></p> <ul style="list-style-type: none"> • KVCAP has lost many drivers in areas where no other transportation is available to consumers, due to high fuel costs.
<p>X. ISP Feedback: Hospitals</p>	<p>Emilie informed that the expanded quarterly meeting at MaineGeneral will be held on October 21st at 2 p.m. She reviewed the participants and purpose, i.e. how to improve numbers with ISP (Individual Service Plan) available at hospitalizations.</p> <p>The discussion that followed revealed many inherent challenges, such as:</p>

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	<ul style="list-style-type: none"> • Community Integration provider doesn't become involved usually until discharge—often due to shorter hospital stays. • Involvement of crisis in solving this issue is critical; however, sometimes crisis is not involved in admission. • Most admissions happen late afternoon to 11 p.m. • Many hospitals implement Electronic Medical Records (EMR) and cannot enter ISP—so have to use a written document that may or may not have helpful information. Any document that can't move electronically will pose barriers. • Case managers need to include the information and hospital social workers need to use the information—which should be helpful in assessing domains when social worker doesn't know the consumer. May require training for both. <p>Possible solutions:</p> <ul style="list-style-type: none"> • Revisit crisis plan design to include information that would be helpful to hospitals? Ron: Did OAMHS involve hospitals in design of crisis plans? Marya: No, we didn't. • All of the information is captured within APS process. Potentially, this information could be available through the computer--identified crisis providers could have access codes. It would also reduce administrative burden around the 24/7 requirement. A lot of issues would go away.
XI. Wraparound Funds	<p>Wraparound funds will be disbursed as usual for the first six months of this fiscal year with the expectation that individual CSNs will decide how to disburse funds for the second half of the year. Current contracts end in December and OAMHS is looking for the group to come together to make a proposal for January forward.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Is this a level playing field for all consumers? A: Funds need to be available for all of our target population. • Re: level playing field...more people in the target population reside in this CSN. This CSN does not get proportionately enough to meet the needs. It is not fairly distributed. • Barriers to re-entry from correctional system should be looked at significantly. <p>The following members volunteered themselves or a designee to serve on a subcommittee and bring a proposal back to the October meeting: NAMI-ME, Troy Henderson (CCSM), Community Correctional Alternatives, Kennebec Behavioral Health (Lynn Pellegrini), Motivational Services (John Painter). Wanita Page will set up the meeting.</p> <p>ACTION: The Wraparound Subcommittee will meet and bring back a proposal for CSN consideration at the October meeting.</p>
XII. Housing Subcommittee Reports	No report this month.
XIII. Other	<p>MaineCare Reimbursement Problem – Section 65</p> <p>Bill Tanner reported that his agency was denied substantial amounts of reimbursement for medication management services that involved consumer time with both a nurse and psychiatrist. This has been their usual way to provide the service—with the nurse doing vitals and other preliminary work before the consumer sees the psychiatrist. This stems from the changes to Section 65—consolidation of codes and daily limits on billing under the codes, Marya explained. She said that OAMHS has had extensive internal discussions on the issue, noting the coding changes had 'unintended consequences' from OAMHS' viewpoint. Tom of KBH said his agency received similar denials.</p> <p>Bill expressed the urgency of the situation and asked, "Do we need to restructure services or will the Department resolve</p>

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	<p>this right away?” Ron said OAMHS is in the process already, but he didn’t expect things to be resolved quickly. “Will it be worked out in a week? No, but we have to see what we can accomplish.”</p> <p>APS Healthcare Members discussed briefly the transition from the RDS (Resource Data System) to APS Healthcare re: ISPs. A member suggested that APS Healthcare become a standing CSN agenda item.</p> <p>General Fund Authorizations Richard Weiss expressed concern about turnaround time for general fund authorizations under the new system, saying often the need is urgent and needs a timely approval. Prior to this, a Consent Decree Coordinator or Mental Health Team Leader could approve. Ron said OAMHS will look at this in anticipation of their monthly meeting with APS—and anticipates the expectations, flow of process, will be put in writing.</p>
XIV. Public Comment	None.
XV. Meeting Recap and Agenda for Next Meeting	<p>See ACTION items above.</p> <p><u>September Meeting Agenda:</u> OAMHS Communication Legislative--Bills, Budget Consumer Council Update Housing Subcommittee Report Wraparound Subcommittee Report APS Healthcare Schaller-Anderson Update</p>