

**Community Service Network 4 Meeting
DHHS Rockland Office, Rockland
October 6, 2008**

Draft Minutes

Members Present:

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| <ul style="list-style-type: none"> • Paula Greenleaf, AIN & CCSM • Alan Letourneau, ESM • Kim Greenleaf, Merrymeeting Behavioral | <ul style="list-style-type: none"> • Patti Isnardi, MCMHC/PenBay Healthcare • Martha Marchut, MCMHC/PenBay Healthcare • Stephanie Field, St. Andrews Hospital and Healthcare | <ul style="list-style-type: none"> • Leslie Mulhearn, Sweetser • Scott Metzger, Sweetser Peer Center |
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Members Absent:

- | | | |
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| <ul style="list-style-type: none"> • Allies Inc • Assistance Plus • Group Home Foundation | <ul style="list-style-type: none"> • Miles Memorial Hospital • MMC Vocational Employment Coordinator • MMC Employment Specialist CSN 4 (vacant) | <ul style="list-style-type: none"> • NAMI-ME Family Member • Riverview Psychiatric Center • Spring Harbor • Waldo County General Hospital (excused) |
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Others Present: Susan Greene

Staff Present: DHHS/OAMHS: Sharon Arsenault, Don Chamberlain, Stevan Gressitt, Leticia Huttman, Brion Gallagher. Muskie School: Anne Conners

Agenda Item	Discussion
I. Welcome and Introductions	Sharon Arsenault welcomed participants; introductions followed.
II. Review and Approval of Minutes	<p>The minutes from the August meeting were approved with the following corrections:</p> <ul style="list-style-type: none"> • Brion Gallagher was not present. • On page 5/item XI/Warparound Funds, the minutes state that “the following volunteers will bring back a proposal for the October meeting”; however, the individuals are not named. They were: Leslie Mulhearn, Patti Isnardi, Alan Letourneau, Paula Greenleaf. <p>ACTION: Anne will amend minutes and post to CSN web site.</p>
III. Feedback on OAMHS Communications	Alan Letourneau asked whether all information from OAMHS would come to the CSNs with none going to individual agencies. Don Chamberlain said that when communication affects a particular program it will go to that agency. Otherwise information will be disseminated through the CSN.
IV. Legislative & Budget Update	<p>Biennial Budget for FY 2010/2011</p> <p>Don said that the Governor has received \$655 million in new requests from all state agencies. Of that number, \$240 million was requested by DHHS as a whole. Don said he does not know the total of OAMHS request. Because of a projected shortfall in revenue, the Governor has asked all state agencies to cut 10 percent of their base budgets.</p> <p>OAMHS request included additional resources for outpatient/med management/community integration/ACT/BRAP.</p> <p>All but BRAP predicated on the potential that the court master might rule that the target population covered by the consent decree was broader than OAMHS proposed. If broadened beyond consent decree members and MaineCare, then OAMHS will need additional resources. Plaintiff attorneys and DHHS attorneys met on October 3 to discuss this</p>

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	<p>definition.</p> <p>Don explained that OAMHS makes its requests to the Commissioner, who then reviews requests and submits to the Governor's office, the Governor's office makes the final decision on requests, prepares a budget, and submits to the Legislature. OAMHS cannot advocate against the Governor's budgets; however, others are free to do so as happened last year.</p>
<p>V. Unused Prescription Drugs</p>	<p>Stevan Gressitt, M.D., Medical Director for OAMHS, presented on the Safe Medicine Disposal for ME Program for which he is a co-principal investigator.</p> <p>Dr. Gressitt explained that the program grew out of the Maine Benzodiazepine Study Group, which formed six years ago to address the overuse of benzodiazepines in the state. The group received a grant from the EPA with the assistance of the US Postal Service for a drug mail back program. So far the program has been piloted in four counties in the state. 300 mail back envelopes will be distributed to each CSN; 9,000 are available for the state. In six weeks the program will go statewide with the assistance of the Maine Medical Association, the Maine Psychiatric Association, pharmacies, and hospitals.</p> <p>Dr. Gressitt cited the following as reasons for the program:</p> <ul style="list-style-type: none"> • Reduce childhood overdose • Cut teenage drug theft • Cut accumulation by the elderly • Reduce inappropriate donations overseas • Examine wasted health care dollars <p>The self-addressed, postage-paid envelopes are sent to a blind post office box under Maine DEA control. Each envelope has a code and there are no names on the envelopes so therefore no HIPPA issues. Once envelopes are received, contents are recorded and then destroyed through incineration.</p> <p>Dr. Gressitt will present on the program at the CDC's meeting in Atlanta re replication nationally.</p> <p>One unintended consequence of Medicare D was that it eliminated a program under which prescriptions for those who died were returned to pharmacies and pharmacies then gave a rebate to the state. Dr. Gressitt said there would be fewer medications to dispose of if "at the upstream end you don't generate the waste to begin with." This would save money and reduce the need to recycle. "If we just keep chasing the waste, we're never going to close it at the front end."</p> <p>Also, many doctors prescribe a 90-day supply because of co-pay rules and ease of use for consumers. There would be less waste if prescriptions were written for three-four weeks. Don observed that two legislative initiatives this session addressed the following issues: co-pays and the number of weeks of supply and disposal.</p> <p>Discussion</p> <ul style="list-style-type: none"> • Don asked if Dr. Gressitt could comment further on re-use of meds. Dr. Gressitt said that the FDA forbids re-circulating end user drugs to another end user. Nursing homes can recycle some prescriptions through the American Society of Consultant Pharmacists. Blister packs cannot be run through the machine a second time

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	<p>because of the temperature.</p> <ul style="list-style-type: none"> • Leticia Huttman said that people can currently return unused drugs to law enforcement. She asked if there is any recording of this. Dr. Gressitt said not always. • Alan asked what is the incentive for people to participate in this program rather than flush the meds down the toilet. Dr. Gressitt said that there is no financial incentive. In some parts of the country, people receive \$5 drug store gift certifications. One incentive for pharmacies to distribute the envelopes is that they generate increased foot traffic and sales.
VI. Consumer Council Update	<p>Paula Greenleaf of AIN announced the following:</p> <ul style="list-style-type: none"> • The Council is very pleased that Elaine Ecker has been hired as the Executive Director She will start on October 20th. • The Statewide Consumer Council will meet on October 8 and 9th. • The Regional Meeting for CSN 4 will take place from 1-4 p.m. on Oct. 27 at the Augusta Civic Center. All consumers are welcome. • In Rockland, the Knox County Local Council will meet from 7-9 p.m. on Oct. 16th at the Apostolic Life Center in Thomaston.
VII. Peer Support & Recovery Subcommittee (Status re: Peer Community Organizer)	<p>Scott Metzger reported that the Subcommittee met on Oct. 1 in Augusta. Members discussed the role that the community peer organizer would play. Key findings:</p> <ul style="list-style-type: none"> • Identify peer services in the area • Identify a target area and what has worked there/what hasn't • Rockland makes the most sense as a target area given the population and resources • Identify resources in Rockland and consumers and then develop the program/services. <p>Leticia said the contract to fill the part-time position is currently in the contracting office so it has been delayed a bit.</p> <p>Scott said the Subcommittee would meet following today's meeting to further sharpen its focus. He is hopeful that someone will be hired in the next 30-60 days and that a structure will be in place for that person so they can move forward to tangible results. Approximately 80 percent of the position will be toward identifying the needs and not necessarily developing the programs. "Peer Support Without Walls." Developing diverse programming that uses community resources.</p> <p>Scott also said that the terms "peer support" and "recovery" have multiple meanings within mental health and outside of it. Education and outreach will be part of the Subcommittee's work – of providers, consumers, and the general public.</p>
VIII. Update re: Employment Specialist Search	Deborah Rousseau was not present so members did not address this item.
IX. Impact of Energy Costs	<p>Low Income Home Energy Assistance Program (LIHEAP) Question</p> <p>Paula said that LIHEAP will cover the cost of split logs for those who heat with wood. However, if individuals have their own splitter and want to split larger logs on their own, then LIHEAP will not cover the cost of this wood -- even though this is a less costly option and individuals get more wood.</p>

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	<p>ACTION: Kim will contact LIHEAP and determine what the rule is.</p>
<p>X. Wraparound Funds Proposal & Finalization</p>	<p>Brion Gallagher said a proposal will be presented at the November 10th meeting; he's had discussions with those who volunteered at the September meeting regarding how best to allocate the funds.</p> <p>Don suggested that several models could be used: in Aroostook County, one agency manages the Wraparound funds which are available to any consumer in Aroostook or individual agencies within the CSN could be allocated an amount based on a formula or a central committee within the CSN could be created. Each CSN in the state will receive Wraparound funds and can develop proposals on the process used to dispense same.</p> <p>ACTION: Brion will meet with Alan, Leslie, Patti and Paula re these funds. A proposal will be presented at the November meeting.</p>
<p>XI. Other</p>	<p>Shaller Anderson/APS/PCCM Sharon Arsenault said that Schaller Anderson presented on the MaineCare Care Management initiative at the Augusta CSN 3 morning meeting. A presentation will be scheduled for CSN 4 in November.</p> <p>OAMHS will also be developing fact sheets for distribution to the CSNs on APS, Schaller Anderson, and the MaineCare Primary Care Care Management (PCCM) expansion. APS focuses on behavioral health and prior authorization in an effort to reduce ER utilization and hospitalization; Schaller Anderson focuses on care coordination for the chronically ill high users of services; and the PCCM expansion seeks to link MaineCare members with a medical home.</p> <p>ER Study Don said that OAMHS participated in a study of emergency room utilization, which showed that those with a mental health diagnosis, a substance abuse diagnosis or a dual diagnosis had higher emergency use rates than those without these diagnoses. However, the reason for going to the ER was not their mental illness but for medical conditions.</p> <p>Stephanie Field asked if the complaints could be somatic. Scott said that this study has implications for agencies that run peer support centers in the ERs.</p> <p>APS/Prior Authorization Procedures Sharon informed members that if clients are in jail or Riverview Psychiatric Center that agencies should not go to APS to receive prior authorization for services but should instead go to the regional office. Members agreed that it would be helpful to have this information in writing.</p> <p>ACTION: Don agreed to write and distribute a memo.</p> <p>Regional Plan Advisory Committee (RPAC) Meeting Paula announced that a RPAC meeting will be held from 10 a.m. to 1 p.m. on October 10th at the Rockland City Hall. The purpose of the meeting is to gather input on public transit in Maine and improvements to the public transit system. If members have concerns they would like represented, please get them to Paula who will be attending the meeting.</p>

Agenda Item	Discussion
XII. Public Comment	None.
XIII. Meeting Recap and Agenda for Next Meeting	November 10th Agenda <ul style="list-style-type: none">• WRAP Proposal• Schaller Anderson Presentation• Employment Specialist Report• Report on RPAC meeting• Budget (impact of 10 percent reduction)• LIHEAP program (answer heating wood question)• Report on Crisis Initiative status (Don)