

**Community Service Network 4 Meeting
DHHS Rockland Office, Rockland
April 14, 2008**

Approved Minutes

Members Present:

- | | | |
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| • Eileen McGuire, Community Mediation Services | • Patti Isnardi, PenBay Healthcare (MCMHC) | • Priscilla Seimer, Sweetser |
| • James Talbott, Merrymeeting Behavioral | • Stephanie Field, St. Andrews Hospital | • Alex Veguilla, Sweetser Peer Center |
| • Tammy Swasey-Ballou, NAMI-ME Families | | |

Members Absent:

- | | | |
|---------------------------|---------------------------|---------------------------------|
| • AIN | • ESM | • Spring Harbor |
| • Allies, Inc. | • Group Home Foundation | • Waldo County General Hospital |
| • Consumer Council System | • Miles Memorial Hospital | |

Others Present:

Staff Present: DHHS/OAMHS: Sharon Arsenault, Marya Faust, Leticia Huttman, Brion Gallagher, Teresa Mayo, Naya Blue. 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 February minutes were approved as written.
III. CSN Purpose and Mission Statements	<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>adult public</i> mental health services. 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"> • Include “families” in membership makeup. <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> <p>Marya pointed out 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 4) 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>
IV. CSN Recommendation Process	<p>Marya asked members to review this handout, which puts in writing the CSN recommendation process. One member commented that it might be useful to spell out the numbers needed for a quorum. (Note: The CSN Memorandum of Understanding specifies, “Members present will constitute a quorum.”)</p> <p>ACTION: Members may send any feedback to Elaine eecker@usm.maine.edu.</p>

Agenda Item	Discussion
<p>V. Budget/Legislative Update</p>	<p>Before reviewing the budget outcome, Marya explained the two main “pots of money” the legislature funds for adult public mental health services provided through OAMHS, as simply diagrammed below. Every state dollar put into the MaineCare “pot” is matched by approximately two federal Medicaid dollars, while the general funds are dollar for dollar. OAMHS had to consider both “pots” in making reductions to balance the budget. General dollars have historically been disbursed through contracts with various providers, though that is changing for some services beginning July 1. (See “Status of Grant Funding” below.)</p> <div style="text-align: center;"> <pre> graph TD OAMHS --> General["General or 'Grant' \$1 = \$1"] OAMHS --> MaineCare["MaineCare \$1 = \$3 (\$1 seed + \$2 Fed = \$3)"] General --> G_Services["• Non-MaineCare reimbursable services, like Peer Services, Vocational, Housing • Services for non-MaineCare eligible Class members • Services for some non-MaineCare recipients, like CI, ACT, Med Management, Skills Dev, etc. • WRAP Funds"] MaineCare --> MC_Services["• MaineCare reimbursable services, like CI, ACT, Outpatient, Med Management, etc."] </pre> </div> <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 levels 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). The HOME Fund is supported through Maine Real Estate Transfer Tax receipts. • 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.)

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	<ul style="list-style-type: none"> • 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. The unbundling issue has not yet been resolved. <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>Question: How many people received ICI services throughout the state? A: 900 on MaineCare side, approximately 1,000 overall.</p> <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.

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	<ul style="list-style-type: none"> • 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 that 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. • 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>Comments:</p> <ul style="list-style-type: none"> • One member expressed concern about things being harder for people in crisis re: how their calls will be routed. Their calls are now routed to crisis provider closest to phone exchange. • When we all need to do less administratively, we’re being asked to do more administratively. <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>Question: What does this mean for traditional ICM clients, i.e. keeping track of clients who move around a lot. Will agencies be expected to follow people who bounce around all over the state?</p> <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	Marya 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. “There are a lot of ways to look at it and not a lot of money.”

Agenda Item	Discussion
	<p>Some possible criteria Marya mentioned:</p> <ul style="list-style-type: none"> • People coming out of institutions—jails, hospitals • Clinical eligibility same as “Section 17” • Parents with children and families • People on spend down • Income level? Certain percentage over MaineCare income limit? <p>Comments/questions:</p> <ul style="list-style-type: none"> • Consumers and families need to have some input—they might have different answers than providers. Response from member: It’s difficult for families to give input—adult children won’t give releases, so families don’t know <i>what</i> they need. • Is Department looking at dividing funds by CSN? A: The first tier is who is eligible <u>clinically</u>. • It would be helpful if OAMHS published a guide of what will be covered and also what <u>won’t</u> be covered. • Encourage OAMHS to use same criteria as APS uses for screening and authorization process. Response: Hoping APS will take over this function in the future, but it is not part of their current contract. • People with private insurance should be considered in eligibility criteria—should they have to go into bankruptcy in order to qualify for MaineCare? (Private insurance does not cover Community Integration or ACT.) • The word “vulnerable” is key: define who are the most <u>vulnerable</u>. <p>ACTION: Members may forward any additional thoughts or ideas to Elaine, eecker@usm.maine.edu.</p> <p>Members also agreed it would be helpful to have a copy of the state’s Wraparound Policy (which will remain unchanged).</p> <p>ACTION: Brion Gallagher will send Wraparound Policy link to Elaine for distribution to the CSN 4 members.</p>
<p>VII. 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. CSN 4 reports 345 unmet need per 1,000 open cases, Marya noted, which is relatively high.</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, many clients are not entered into the system or updated, and Marya stressed the importance of complete and accurate data input, as the unmet needs data will inform future budget requests. “If it’s not recorded, there’s no evidence of need,” Leticia added.</p>
<p>VIII. Enrollments/RDS</p>	<p>Marya informed that the enrollments and updates must be brought within 15% completion by May 1 (since postponed to May 15th), and providers have received notice of contractual consequences for not meeting this requirement. Once the 15% completion target is met and data is clean enough for transfer, APS will take over this function. Providers will then only enroll clients once, rather than twice under the current system.</p> <p>Member comment: “All in one place is great!”</p>

Agenda Item	Discussion
	If providers would like any additional training on the system, Brion Gallagher is the contact person.
IX. Peer Support & Recovery Subcommittee	Leticia reported on the latest developments re: the Peer Community Organizer position in CSN 4. She explained that similar positions will be filled in CSN 2 (outside Bangor area) and CSN 1. OAMHS is looking at this in the broader context of creating a coordinated effort. This approach gives organizers the opportunity to support and consult with each other, and contribute in the development of a toolkit or manual for community organizers. She further explained that the organizers in each area will be doing the legwork, and the CSN subcommittee(s) and the Office of Consumer Affairs will be helping with programmatic work.
X. Other	<p>Consumer Council Update Alex Veguilla announced that the LD 1967 (now PL 592) was passed by the legislature and signed by the Governor, making the Council an independent public instrumentality. The Statewide Consumer Council is currently :</p> <ul style="list-style-type: none"> • Recruiting an Executive Director • Working on consistent and full CSN representation • Continuing development of local councils <p>He informed that a local council information session will be held at the MidCoast Community Action building in Bath on April 28th, from 1-3 p.m.</p> <p>ACTION: Alex will send the flyer on this session to Elaine for distribution to all CSN 4 members.</p> <p>HOPE Conference Leticia reported on the upcoming HOPE Conference, happening on May 21st at the Augusta Civic Center entitled “Many Paths: Electing Your Future,” with keynote Matthew Mathai. She said the conference has a “phenomenal” lineup of workshops—and it’s free. Also, she asked that any organizations with vans help by providing transportation to consumers who need it.</p> <p>ACTION: Elaine will send link to conference brochure to all CSN members.</p>
XI. Public Comment	There was no public comment.
XII. Meeting Recap and Agenda for Next Meeting	<p><u>Recap/Follow-up</u> See ACTION items above.</p> <p><u>Next Agenda</u> CSN Purpose/Mission Statements Eligibility Criteria Peer Support & Recovery Subcommittee Update on Enrollments/RDS</p>