

**Community Service Network 4 Meeting  
DHHS Rockland Office, Rockland  
January 12, 2009**

**Approved Minutes**

**Members Present:**

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| <ul style="list-style-type: none"> <li>• Alan Letourneau, ESM</li> <li>• Kim Greenleaf, Merrymeeting Behavioral</li> <li>• David McClusky, Community Care</li> <li>• Donna Darling, Consumer Council Representative to CSN 4 meetings</li> </ul> | <ul style="list-style-type: none"> <li>• Deborah Rousseau, MMC Vocational Employment Coordinator</li> <li>• Patti Isnardi, MCMHC/PenBay Healthcare</li> <li>• Martha Marchut, MCMHC/PenBay Healthcare</li> <li>• Teresa Mayo, Riverview Psychiatric Center</li> </ul> | <ul style="list-style-type: none"> <li>• Stephanie Field, St. Andrews Hospital and Healthcare</li> <li>• Leslie Mulhearn, Sweetser</li> <li>• Scott Metzger, Sweetser Peer Center</li> <li>• Roger Wentworth, Sweetser</li> <li>• One Person signed in and their penmanship is not legible.</li> </ul> |
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**Members Absent:**

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| <ul style="list-style-type: none"> <li>• Allies Inc</li> <li>• Assistance Plus</li> <li>• Group Home Foundation</li> <li>• Paula Greenleaf, AIN &amp; CCSM</li> </ul> | <ul style="list-style-type: none"> <li>• Miles Memorial Hospital</li> <li>• MMC Employment Specialist CSN 4 (vacant)</li> </ul> | <ul style="list-style-type: none"> <li>• NAMI-ME Family Member</li> <li>• Spring Harbor</li> <li>• Waldo County General Hospital (excused)</li> </ul> |
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**Others Present:** Jennifer Anderson, Shaller Anderson (guest presenter); Tammy Swasey-Ballou, Family representative, CSN 4

**Staff Present:** DHHS/OAMHS: Sharon Arsenault, Leticia Huttman, Brion Gallagher, and Cecilia Leland. Muskie School: Phyllis vonHerrlich

Agenda Item	Discussion
I. Welcome and Introductions	Sharon Arsenault welcomed participants; introductions followed.
II. Review and Approval of Minutes	The minutes from the October 6, 2008, CSN 4 meeting were reviewed and approved.  <b>ACTION:</b> Minutes approved as presented.
III. Feedback on OAMHS Communications	Sharon Arsenault asked if there were questions about recent communications from the Department. Alan Letourneau asked about the October 2008 Court Master’s decision regarding services for non-class members. He wanted to know if his understanding that there was to be no discrimination or differentiation in access to services was indeed the case. Sharon clarified that this is true, with the only caveat being that services were available only up to point of commitment or projected use of all the funds available for that area. Once the funds have been exhausted in terms of projected outlay, a CSN would close enrollments until more funds were available, either through someone leaving services or a possible increase in funds available. A CSN can request an adjustment. Currently, the amounts available are projected based on APS data reports. Currently CSNs 2, 3, 5, and 6 are closed and reports for other CSNs are now being reviewed.
IV. Employment – <i>REPORT FROM SWEETSER ON THE EMPLOYMENT INITIATIVE</i>	Deborah Rousseau, MMC Vocational Employment Coordinator, reported that Sweetser has agreed to be the host agency for this CSN. Roger Wentworth from Sweetser reported that interviews for the Employment Specialist will be taking place shortly and the plan is to have this position filled in the very near future. The <i>Need for Change</i> scale is the tool for

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	<p>selecting the initial participants – those who score in the <i>Strong / Urgent need</i> range are those being brought into the program now. Anyone wanting assistance with the <i>Need for Change</i> survey should contact Deborah Rousseau.</p> <p><b>Question:</b> Is there a timeline for full implementation (e.g. having the program available to those outside the host agency services)?</p> <p><b>Answer:</b> We are working on this currently. The Employment Specialist position needs to be filled and we need to get the program fully set up. The caseload will be 25, which is consistent with model programs. Most of the Employment Specialists in the other CSNs (those with programs up and running) have a wait list.</p> <p><b>Comment:</b> Sharon Arsenault commented that as soon as the program gets established and the Specialist is hired, the intent is that the service goes beyond the host agency and the other agencies in the CSN will have access to it.</p> <p><b>ACTION:</b> Roger Wentworth offered to talk with those wanting to use the <i>Need for Change</i> tool.</p>
V. Schaller Anderson Presentation	<p>Sharon Arsenault introduced Jennifer Anderson, Manager of Care Management at Schaller Anderson, who addressed the meeting. She provided information about the company and the services.</p> <p>Schaller-Anderson, an Aetna Company, has been in Maine for two years; the original contract with DHHS’s Office of MaineCare Services (OMS) was to provide a care management pilot to a chronically ill segment of the MaineCare population, which encompassed about 300. In 2007, the State expanded the program and the MaineCare Care Management benefit went into effect. The care coordination benefit has six components: member identification; evidence-based practice; collaborative practice models that include physician and support-service providers; member self-care management education; process and outcomes measurement, evaluations and management; routine reporting/feedback loop (including communication with members, physicians, ancillary providers and provider profiling). Schaller Anderson’s contract now includes care coordination for the top 10 percent of the chronically ill adult population and the top 5 percent of the chronically ill pediatric population. They do not provide prior authorization as APS does.</p> <p>Members are identified as candidates for the free care coordination benefit through a stratification process using predictive modeling. If a member is stratified and placed in a high-risk category, a case manager contacts (by phone if possible) the member and assesses health care needs or barriers to accessing health care services. Once identified, members eligible for the benefit receive a letter from Schaller Anderson asking if they would like to enroll. Most common clinical conditions are: asthma, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), diabetes, and depression.</p> <p>The MaineCare Care Management Benefit is open to MaineCare members who are in one (or more) of the following categories:</p> <ul style="list-style-type: none"> <li>• those with multiple chronic conditions/co-morbidities</li> <li>• those with poly-pharmacy</li>   <li>• those in need of self-management education</li> <li>• those with special needs</li> </ul>

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	<ul style="list-style-type: none"> <li>• those whose medical care is complicated by depression</li> <li>• those with multiple emergency room or inpatient admissions</li> <li>• those who need coordination of multiple services for their medical needs</li> <li>• those exhibiting non-adherence with plans of care</li> </ul> <p>There are some exclusions: those who are dually eligible (e.g. Medicare/MaineCare), and those with an HIV/AIDS diagnosis (OMS has a waiver program in place to address their specific needs).</p> <p>Ms. Anderson said that Schaller Anderson would like to work with DHHS, agency case managers, and community resources to get people as healthy as they can be given their illnesses. She asked for assistance in contacting the hard to reach (transient, homeless populations). Currently around 11,000 are enrolled for this service – nearly the 10 / 5 % max. The goal is for those being served to have what they need to get healthy.</p> <p><b><u>Question:</u></b> How many of those being served have a mental health diagnosis and how many have case managers?  <b><u>Answer:</u></b> Most of the population being served have chronic physical health conditions; do not know how many have MH diagnosis or receive case management for this.  <b><u>Clarification:</u></b> Sharon clarified that when this program began, mental health was not on the radar screen – the focus was for management of high medical users. Since that point, it has become clear that many receiving the care management service also had MH needs and services. The outcome of the understanding was to bring about awareness of Schaller-Anderson to the CSN providers so they can be part of fully coordinated care or can direct clients to this service if appropriate where they can gain the benefit of this service. Schaller Anderson does not replace the MH case manager – they work with the case manager to develop the full complement of services needed for clients’ needs.  <b><u>Question:</u></b> How do you do your outreach?  <b><u>Answer:</u></b> Data that is collected on physical care services from the State.  <b><u>Question:</u></b> Do you have any direct contact to clients  <b><u>Answer:</u></b> Sometimes there is, but generally Schaller Anderson tries to do work through communications – phone and mail. They review MaineCare admissions, so they find clients that way – sometimes the Schaller Anderson staff goes to the hospital to contact people.  <b><u>Question:</u></b> What is different that you do from case managers currently?  <b><u>Answer:</u></b> We serve many who do not have access to or use community service agencies; we manage the medical needs and the physical needs that exist because of medical conditions; mental health case managers continue to do their own MH case management work.  <b><u>Question:</u></b> How is the alignment of case management with care management?  <b><u>Answer:</u></b> The consumer and the case manager are primary; Schaller Anderson can be called on for help with medical care, but the case manager is the leader of the case.  <b><u>Comment/Question:</u></b> Case managers would welcome this support. Do you bill under the same codes as case management?  <b><u>Answer:</u></b> No, Schaller Anderson does not bill under the same codes. They are adjunct care through a state contract and</p>

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	<p>they do only high-risk cases.</p> <p><b>Question:</b> How do we know we can use you?</p> <p><b>Answer:</b> You can always call and we can check to see if we can take on that case. We have access to the state information that will determine that.</p> <p><b>Question:</b> Can we be informed so we will know who you are serving. Now, if the customer does not inform us, there is no way for us to know. Do you notify the case manager?</p> <p><b>Answer:</b> Coordination is by way of awareness of each other, but we call case manager first – when Schaller Anderson knows, we call the agencies. At the outset, we had only the medical claims data, not the full data on all the services the client was receiving. We are working on this.</p> <p><b>Question:</b> Do you work with APS, since APS could be a coordinating point?</p> <p><b>Answer/Comment from DHHS:</b> It was just 6 – 8 weeks ago that we realized Schaller Anderson was doing this service, so we are setting up ways to communicate with each other.</p> <p><b>Comment-Schaller Anderson:</b> There are lots of elderly who need assistance – we see this from the claims data. Schaller Anderson can direct health care consumers to local agencies for case management.</p> <p><b>Comment – DHHS:</b> OAMHS learned about the program for care management only recently, and then through a comment from client who got a letter and asked about it. Physical health and mental health services are not well coordinated.</p>
<p>VI. Maine Mental Health Partners Proposal</p>	<p>Sharon noted that this agenda item would be set aside in that Dennis King, who was to report, was not able to be present. The item will be moved to the next meeting. She also noted that scheduling this report was for informational purposes only and that OAMHS was not to be seen as endorsing the program.</p> <p><b>ACTION:</b> Report on Maine Mental Health Partners Proposal will be moved to the next scheduled meeting.</p>
<p>VII. Budget Update</p>	<p>Leticia reported in Ron Welch’s absence.</p> <p>At this point, there are no more cuts for OAMHS in the supplemental budget beyond what has already been identified. The total for this is \$795,850. The major curtailments include: \$350,000 from WRAP and Community-Integration Daily Living Supports (CIDLS); \$182,524 from Dorothea Dix Psychiatric Center; \$100,000 from Special Revenue accounts at each psychiatric hospital; and roughly \$62,000 from 3 contracts. All the curtailments got moved forward into the next biennial budget. The Section 17 funds approved for consumers by APS is outside this amount.</p> <p><b>Question:</b> What about the Fee for Service funds?</p> <p><b>Answer:</b> Non-contract agencies had a set amount. If this amount is not sufficient, they need to request additional funds from the state.</p> <p><b>Question:</b> Essentially grant funded services are being cut? The services in MaineCare are not being cut – correct?</p> <p><b>Answer:</b> Correct, they are not, but the next biennial budget may be another story.</p> <p><b>Comment - OAMHS:</b> Due to the recent administration change, there may be some federal dollars coming in to offset cuts in social service programs. For the FY10-11 biennial budget, the Governor is proposing carrying forward the curtailment. As for Section 17, a look at how eligibility is determined is being considered and a group is undertaking this task. Using a tool in place of GAF (Global Assessment of Functioning), which is currently used, is being considered.</p>

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	<p>The group will reach a decision quickly. One area of concern is finding ways to provide intermittent case management for those in services (who could manage with intermittent services) without putting them in a situation where they may end up far down the queue for services. This is a flexibility that our current system does not allow for, but which DHHS-OAMHS would like to have. A new tool to assess eligibility may provide that flexibility.</p> <p><b>Question:</b> How does the latest Court Decision (Consent Decree for AMHI) impact services?</p> <p><b>Answer:</b> DHHS is in discussion with the Court Master. The judge wants some input into the budget process to make sure they are using the funds to the best advantage. The core question: Is the most being done that can be done to meet the needs of those whose needs not being met? The Court Master does, however, understand that there are limited resources. Returning to the issue of Section 17, we anticipate change in stay reviews or continuous stay reviews (that APS does) – if state gives them a different tool, they will use it. An example of an area for savings would be PNMI, Assisted Long-Term Care and Substance Abuse, to name some. The group is looking at bundled services (as they are currently) and unbundling some of them. Looking at improvements to service delivery in these areas could yield the \$10M reduction requested. We are looking for ways for clients to remain in their homes and receive the support services they need. The question of cost rates will be considered. On Wednesday afternoon there is a work session on the budget – and the budget is online. It was noted that some areas of the budget are confusing because of the merger (DHS and BDS) A memo [to CSN folks] will be sent this week by Ron Welch. If any people have questions, they are welcome to email Leticia or Sharon.</p> <p><b>ACTION:</b> Leticia urged people to go to the Web site to look at a copy of the budget and to email any questions they might have to Sharon or to her.</p> <p><b>ACTION:</b> This week, Ron Welch will be sending out a memo about the budget.</p>
VIII Psychiatric Consultation	<p>Leticia reported in Don Chamberlain’s absence.</p> <ul style="list-style-type: none"> <li>➤ A project for psychiatric consultations to rural providers has been developed by the Maine Association of Psychiatric Physicians (MAPP) in collaboration with the Maine Academy of Family Physicians (MAFP). The program links volunteer psychiatrists with providers in rural primary care practices so the primary care physician can consult with psychiatrists around care for clients in the area of mental health concerns, particularly around the issue of prescription medications.</li> <li>➤ An ongoing consultative relationship is developed between the two and the primary care practitioner can call on the psychiatrist as needed for advice and guidance. These are “informal consultations” rather than treatment or supervision and happen via telephone or email contact. The relationship is ongoing, which allows for the development of a shared body of experience and the opportunity to consult on a case over time.</li> <li>➤ The project began in 2004, in response to a lack of psychiatric service resources in rural areas. There are 20 psychiatrist volunteers and 40 primary care practices currently involved. The project has been nominated twice for the American Psychiatric Association’s District Branch Best Practice Award.</li> <li>➤ The project is funded by grants from American Psychiatric Association and OAMHS of Maine DHHS. Further information can be obtained from Cindy Paradis at <a href="mailto:cindy_fox_paradis@yahoo.com">cindy_fox_paradis@yahoo.com</a> or David Moltz MD at <a href="mailto:dmoltz2@gmail.com">dmoltz2@gmail.com</a>.</li> </ul>

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	<ul style="list-style-type: none"> <li>➤ Prescribing psychiatric drugs is one of the important areas of consultation and the program is an effort to connect the expertise of the psychiatrist with that of the rural primary care physician. Dr. Stephan Gressitt, OAMHS Medical Director, supports and promotes this program.</li> <li>➤ Psychiatry is a specialty area of medicine and needs to be used as such – such relationships between areas of medical expertise are the heart of integrated care.</li> </ul> <p><b>Question:</b> Who has a list of the primary care practices that are involved in this?</p> <p><b>Answer:</b> One could contact Dr. Gressitt, Cindy Paradis, or Dr. David Moltz (see above).</p> <p><b>Question:</b> Is this all over the state?</p> <p><b>Answer:</b> Yes, but only 40 practices are involved at this point.</p> <p><b>Question:</b> Any feedback on the success or usefulness?</p> <p><b>Answer:</b> Yes. We have heard that it is helpful to primary care practices to have this resource, particularly around the issue of prescription medications.</p> <p><b>Question:</b> Is there ongoing support?</p> <p><b>Answer:</b> Psychiatrists volunteer their time. It is good practice to have this expertise available to primary care practices – and the national organization has looked at the program as one meriting an award.</p> <p><b>Question:</b> Is the primary care physician doing the med management?</p> <p><b>Answer:</b> Yes. This is a benefit to the patient because the physician has the support of an expert in that field.</p> <p><b>Question:</b> How long does the psychiatrist spend with patient?</p> <p><b>Answer:</b> It is a consultation to the primary care physician – the consultation averages about 15 minutes.</p> <p><b>Comment:</b> In cases where people are transitioning back into the community, having this service is very helpful. It opens up the issue of a patient being open to discussing all aspects of their health care with the primary care provider if they know there is the specialist available to support the primary care provider.</p>
IX. Consumer Council Update	<p>Donna Darling reported. She noted this is her first CSN meeting and that she represents four counties at this CSN meeting (Knox, Lincoln, Sagadahoc, and Waldo Counties). Local meetings are being established (for information, see the Consumer Council System of Maine Web page at <a href="http://www.maineccsm.org/">http://www.maineccsm.org/</a>) and the focus of the CCSM work is “learning and recovery,” transportation, peer support, visibility (they are developing a pamphlet to have widely available), and, in general, ways for the consumer to have a voice. Executive Director Elaine Ecker is preparing an informational sheet for the CSNs and Donna noted she would be sure to get it out to everybody.</p> <p><b>Question:</b> The transportation issues - how are you addressing that?</p> <p><b>Answer:</b> There is information about transportation in the pamphlet on the local Consumer Council – it suggests that individuals call the Peer centers.</p> <p><b>ACTION:</b> Donna will make certain that CSN 4 members receive the informational brochure about the Consumer Council of Maine.</p>

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X. WRAP Process	<p>Sharon Arsenault reported: Sweetser is the host agent for WRAP funds in this CSN. The committee to review requests will be one person from Sweetser, one from the DHHS-OAMHS office, and one consumer. They will meet one time per week to consider use of the funds. The policy is being changed and the changes include: 1) security deposit or rent- 1 time per year (and the cap for this is \$500 in one year; the only exception is if rent or security is over this cap); heat at 100 gal./year; emergency hotel housing - 1 time per year; lights – 1 time per year; meds – two week supply 1 time per year; \$150 for other emergency needs. WRAP funds have to be the last step in seeking assistance before they will be awarded. Those who apply will have to show paperwork re: the needs. A contract in accordance with these policies needs to be prepared – this will take 4 – 5 weeks. As of 12/31/08, the old process no longer exists. The reality is that there is no way to access WRAP funds right now. If you are with an agency that has left over WRAP funds you can use these, but you have to amend the contract that was associated with these funds – takes about 10 days to do this. Sharon noted there needs to be a telephone conference ASAP to discuss the WRAP contract. Brion will set this up. The process and use of the WRAP funds will be reviewed in six months. Sharon noted that the plan from CSN 4 was not approved by the State, and because of the urgent need for a plan (there was a risk of not getting funds), Sharon made the decision.</p> <p><b>ACTION:</b> Brion will set up a conference call with Sharon, Sweetser staff, and himself to discuss WRAP contract for CSN 4.</p>
XI. Crisis Planning Update	<p>Leslie Mulhern of Sweetser reported. A year ago in Adult and Children’s crisis services, we needed to save money. DHHS was going to look at how to consolidate services and thus save funds, but agencies wanted to handle this, so small group came together to look at options. The state set standards that had to be met and incorporated into the agreements. The group came up with a plan (consistent with standards set by the state) and shared this with providers of crisis services. (Each CSN has had to submit a plan to the state and has had to make sure the MOUs are consistent with state standards, although each CSN varies somewhat from one to the other). The MOUs have been developed and are going through the process to be signed. April 13<sup>th</sup> is their next meeting where they will be looking at data for the region. The crisis providers in this area are Sweetser and MidCoast Mental Health Center; each as already has a monthly meeting with the hospitals in their area.</p> <p><b>Comment:</b> Sharon clarified that the crisis plan and MOUs have to be reviewed by OAHMS and implemented by March 1. The agreements will be for an 8-month period.</p>
XII. Other	<p>1. Report back on Peer Support Development in this area: “Peer Support without Walls” is hiring for a position. The program will go until June 30 (the person will be based at Sweetser).</p> <p><b>Question:</b> Any connection between Consumer Council of Maine and this Peer Support program?</p> <p><b>Answer:</b> Yes, there is a connection. It is a CSN program – Sweetser is the host to it.</p>

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	<p>2. Lincoln County Health Center has a fulltime psychiatric nurse practitioner who will provide medication management. The psychiatric nurse practitioner rotates in the hospitals. Clients have to have a PCP with Miles to have a referral.</p> <p>Items from previous meeting:</p> <p>3. LIHEAP – a question arose around fuel funded through this program: the question was “Can I get logs that are unsplit coming to my house? This question will have to be referred to Patti at 596-0361.  <b>ACTION:</b> Call concerning form of logs in a LIHEAP delivery will be referred to Patti at 596-0361.</p>
XIII. Public Comment	There was no public comment.
XIV. Meeting Recap and agenda for next meeting	<p>Recap:</p> <ul style="list-style-type: none"> <li>➤ Make sure everyone knows how to get the <i>Need for Change</i> form</li> <li>➤ OAMH will send out information on the budget details.</li> <li>➤ Send out a list of meetings to Linda Kinney</li> </ul> <p>Next Agenda:</p> <ul style="list-style-type: none"> <li>➤ The Maine Mental Health Partners Proposal will be scheduled</li> <li>➤ Update on rate setting process with Deloitte</li> <li>➤ WRAP update (will send out)</li> </ul>