

**Community Service Network 5 Meeting
DHHS Offices, Lewiston
January 28, 2008**

DRAFT Minutes

Members Present:

- | | | |
|---|---|--|
| • Jean Nielsen, AIN | • April Guagenti, Evergreen/Franklin Memorial | • Thomas Vurgason, St. Mary's/Sisters of Charity |
| • Ray Benjamin, Common Ties MH | • James Talbott, Merrymeeting Behavioral | • Darlene Glover, Stephens Memorial Hospital |
| • Dale MacDonald, Common Ties (100 Pine) | • Bob Pontbriand, OCMHS | • Bob Fowler, Sweetser |
| • Mark Tully, Community Correctional Alt. | • Diane York, Rumford Hospital | • Stephanie Crystal Wolfstone-Francis, TPG |
| • John Carroll, ESM | • Ric Hanley, Spring Harbor | |

Members Absent:

- | | | |
|----------------------------------|-------------------------------|---------------------------------|
| • AHCH | • Friends Together (excused) | • Possibilities Counseling |
| • Alternative Services (excused) | • Lutheran Community Services | • RM-Transitions Inc. |
| • Beacon House Social Club | • Maine Vocational Associates | • Rumford Group Homes |
| • Community Concepts | • Pathways Inc | • Supportive Housing Associates |
| • Community Mediation Services | | |

Others Present:

- | | |
|--------------------------|----------------------------|
| • Cindy McPherson, OAMHS | • Alexander Katopis, TCMHS |
|--------------------------|----------------------------|

Staff Present: DHHS/OAMHS: Don Chamberlain, Leticia Huttman, Lauret Crommett, Sharon Arsenault, Jim Braddick. Muskie School: Elaine Ecker, Cheryl LeBlond, Nadine Edris.

Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Sharon opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	The November minutes were approved as written.
III. Work Plan Subcommittee Reports	<p>Transportation/Peer Services – Stephanie Crystal Members received a handout listing transportation ideas generated by the subcommittee and a recommendation that a larger meeting be held in the area to solicit ideas and options from various stakeholders, i.e. consumers, providers, transportation entities, etc. A subcommittee member asked if there are funds available to pay for the meeting to be held at the Ramada Inn in Lewiston, and Don responded there are not.</p> <p>The subcommittee members continued to describe their goal to gather a larger group (40-50 people) in one place. Some other members thought that smaller, regional meetings might result in better attendance and opportunities for people in other counties to participate.</p> <p>Highlights from subcommittee:</p> <ul style="list-style-type: none"> • Stephanie mentioned many transportation entities/initiatives they would like to invite, including DOT. • Each entity is doing their own thing, but not communicating or coordinating with each other. • We have Lewiston City Council support—they're willing to come and hear what people with mental illness want. We need a place to meet and a date that allows time for people to put the meeting in their schedules. • The subcommittee proposed holding the meeting in March or April. They will inquire as to when the City Hall conference room is open. • The suggestions and ideas generated at this meeting would be recorded. The subcommittee would look at them for main points, and then share those with the full CSN for direction on next steps.

Agenda Item	Presentation, Discussion
	<p>Don reminded that before this could move forward as a CSN activity, it would need to be approved by the whole CSN. One member recommended that the subcommittee draft a proposal that includes the date, place, who will be invited, how people would get there, and the meeting's agenda, "so we have something to vote on." Sharon stated she would like the subcommittee to consider having one meeting per county. Discussion continued and resulted in the following action plan:</p> <p>ACTION: The subcommittee will meet again before the next CSN meeting to develop a detailed proposal on the meeting, including 1) a firm agenda with who is responsible for what, 2) the date, place, and time of the meeting, 3) who will be invited, and 4) proposed transportation ideas for consumers to attend the meeting.</p> <p>The full CSN will consider the proposal at the February CSN meeting.</p> <p>Hospital/ISP – Rebecca Chandler Rebecca Chandler was not present at the meeting to report on this subcommittee.</p>
IV. Continuity of Care Discussion	This agenda item was not addressed.
V. Budget	<p>Curtailments SFY 2008, Eligibility: Service Implications, SFY 2009</p> <p>Don began the budget discussion with the curtailments ordered by the Governor on Dec. 18, 2007. Detailed information was provided to members at that time as to the services and providers affected. He explained OAMHS' decision to cut grant funds for services that are also covered by MaineCare, or that are not direct services to consumers (e.g. NAMI-ME). No cuts were made to Peer Services, Vocational Services, Housing Subsidies, Crisis Services, and Residential Services. All levels of community integration services (ACT, ICI, CI), outpatient, specialized group, and specialized individual services were reduced by 25%.</p> <p>Don reported that the Supplemental Budget proposed by the Governor 'annualized' the curtailments—the services cut by one-quarter (25%) in SFY 2008 will be multiplied by four, resulting in a 100% cut in SFY 2009. In other words, no grant dollars will be available for the services affected in the initial curtailments. He reminded that the Supplemental Budget goes through the legislative process—providers, consumers, community members can engage in that process.</p> <p>ACTION: Don will distribute a list of impacted organizations with dollar amounts.</p> <p>Don mentioned that OAMHS must continue to provide community integration services for class members who want or need the service. There is currently some debate over what, if any, other services OAMHS must provide for class members.</p> <p>A consumer member expressed serious concern for the many people who will no longer be eligible for the services they need or are currently receiving with grant funding. He anticipates an increase in hospitalizations and an overflow for crisis services. He described his own personal eligibility situation and the difficult choices he and others face in deciding what necessities they can afford to pay for from their monthly SSDI benefit. Additionally, though SSDI does not provide enough to pay for his living necessities, it does put him over the income limit for food stamps, MaineCare coverage, and other low-income programs. He said he would face losing some of his services if these cuts are passed.</p> <p>Don said that the member's comments were descriptive of the cuts and changes that would happen, and again mentioned giving that information to legislators.</p>

Agenda Item	Presentation, Discussion
	<p>Don mentioned other areas of savings proposed in Supplemental Budget:</p> <ul style="list-style-type: none"> • BRAP (Bridging Rental Assistance Program—housing subsidy for people with MI): The Gov. proposes to move that program (\$2.9M) from OAMHS general funds to “Home Funds” [Housing Opportunities for Maine Fund] under the Maine State Housing Authority. Don also said the available vouchers per week will soon change from 5 to 10. • \$150,000 in certain all-inclusive PNMI settings, where providers may charge more from consumers’ Social Security benefits. • Bed Hold Days: Previously, PNMI or DHHS could “hold” beds for people who went into the hospital and would return or were anticipated to come out of the hospital and need a placement. These “bed hold” days could be billed. Under the proposed budget, no “bed hold” days will be paid. Q: Does OAMHS have a stance on this? A: Not yet. The thinking was to set a limit (like some other programs already do), since there was no limit heretofore. • DHHS plan to reduce the number of its “Offices” from 10 to 6. Details of that plan have not been laid out yet, Don said. <p>Other:</p> <ul style="list-style-type: none"> • The official Section 17 rule changes will be out on February 1, 2008.
<p>VI. Case Management: Federal Direction</p>	<p>Members received three documents pertaining to the definition of covered case management services (Section 13, specifically) recently released by CMS (Centers for Medicare & Medicaid Services): 1) the Fact Sheet on the interim final rule published by CMS; 2) the pertinent portion of Section 17 MaineCare manual on Community Integration (CI) case management; and 3) details of impact on OAMHS and current practice, if the interim final rule applies to CI case management services.</p> <p>Of particular concern are those activities the interim final rule does not allow under case management—such as accompanying clients to medical appointments, court appointments, grocery shopping, etc. CI case management would have to change from the current psychosocial model to a broker model.</p> <p>Don informed that OAMHS had requested a clarification from CMS on whether the rule applies to Section 17 CI case management. In a meeting on Jan. 22 with MaineCare, OAMHS was told that CMS indicated that it does apply. Don said that the changes to Section 13 targeted case management will go into effect, but a hold has been put on any changes to MaineCare Section 17 case management services. How long the hold will be in place is unknown, Don said, cautioning they are not confident the issue will go away.</p> <p>Other changes or possible changes Don mentioned:</p> <ul style="list-style-type: none"> • Federal level: Moving in the direction of only one case manager per client. • Federal level: ACT and ICI may go to a daily rate rather than a monthly rate. Q: Provider paid only for days they have contact with the client? A: Yes. • State level: The proposal for only one Community Integration (CI) case management provider per CSN is still in the Supplemental Budget. (Under this proposal, CI case management services would go out to RFP and result in seven providers, one per CSN. An agency could provide CI case management in only one CSN and may not provide any other mental health services within that CSN.) Q: Does this apply only to adults? A: Yes.

Agenda Item	Presentation, Discussion
VII. Legislative Update	<ul style="list-style-type: none"> • Supplemental Budget • LD 1033 – Follow-up to "An Act Regarding the Mandatory Administration of Medication in Hospitals Serving Psychiatric Patients" – work session this week. • LD 2107 - Bill proposed by OAMHS creating a forensic case review panel to review any violent act in the community committed by any current or former consumer of mental health services. • LD 1967 - Bill making the Consumer Council System of Maine a quasi-governmental agency legitimizing the Council legally and giving it more standing.
VIII. Consent Decree Report	<p>Don reported that the Court Master indicated areas of concern in his last report to the Court, including:</p> <ol style="list-style-type: none"> 1. Gaps in core services: Must be fully identified, and OAMHS is to request sufficient funding to meet those needs. 2. Contract with APS Healthcare: Though OAMHS worked with the Court Master throughout the contract process, it did not receive his final approval before the contract was signed. The Court Master filed his disapproval with the Court, and Justice Mills has scheduled a hearing during which OAMHS must show why it should not be held in contempt. OAMHS believes it acted in good faith, and hopes to address the Court Master's concerns without the need for a court hearing. Don furthered explained that the Court Master's concerns revolve around making sure the contract with APS strengthens enforcement of the Consent Decree as much as possible. OAMHS is currently engaged in negotiations with the Court Master about language in amendments to the APS contract.
IX. Quality Initiative	<p>Due to a scheduling misunderstanding, Dr. Freeman was not at the meeting to make her presentation on this initiative.</p>
X. Other	<p>Spring Harbor Hospital (SHH) Gatekeeper Report Ric Hanley distributed a handout of data and reported on the first 11 months of Spring Harbor's gatekeeper function for Riverview. He also explained its purpose and operation: Highlights:</p> <ul style="list-style-type: none"> • All referrals for admission to Riverview Psychiatric Center from CSNs 3-7 are to come through Spring Harbor. Spring Harbor makes an assessment, and if appropriate, makes the presentation to Riverview for admission. The purpose is to streamline the referral process and to ensure that Riverview's beds are used for those who most need that level of care. • SHH takes approximately 30 referrals a month, primarily from psychiatric inpatient units and a few from ERs. • 316 total calls for Riverview; 140 admitted to Riverview; 50 admitted to SHH; 126 withdrawn or treated elsewhere. • Wait lists have been nearly eliminated. • For the last 4 months, SHH adult census has been nearly full and the average stay has increased by a day (6 to 7). SHH is working to refine that data to better understand why the increase has occurred. • Consumer preference is taken into consideration and honored if possible and appropriate. • SHH welcomes any feedback. <p>Vocational Update Jim Braddick of OAMHS gave an overview of vocational initiatives, including a brief explanation of the new Employment Specialist Network being undertaken by Maine Medical Center Vocational Services. Representatives from MMC Vocational Services will make a presentation at next month's CSN meeting.</p> <ul style="list-style-type: none"> • Long-term vocational support program—provides job coaching when needed to maintain employment (Section 17 service.)

Agenda Item	Presentation, Discussion
	<ul style="list-style-type: none"> • Six Community Work Incentive Coordinators (formerly known as Benefit Specialists) are available statewide through the MMC Vocational Services. Their job is to help SSI/SSDI benefit recipients understand the impact of earned income on cash or other benefits in their specific situation. • Four-hour employment orientation training was provided to community support workers (MHRTs) last March, which emphasized the importance of employment in recovery and of including employment on consumers' Individual Support Plans (ISPs). As of Jan. 1, 2009, MHRT/C certification will require completion of an employment course. • OAMHS provides Technical Assistance to 10 ACT Teams to help with using the Employment Specialists' time for employment-related activities and to achieve the goal of 15% of caseload obtaining employment. • Seven Employment Specialists (ES) will be hired, trained, and jointly supervised by MMC Vocational Services. MMC was the only entity to submit a Letter of Intent in response to the Request for Proposal, so they were awarded the contract for this initiative. MMC will place one ES in an agency providing CI services in each of the seven CSNs. The ES will provide job development and placement services, parallel to those offered through Bureau of Vocational Rehabilitation (VR). • An Employment Services Network will be developed in each CSN, which will meet quarterly and includes: <ul style="list-style-type: none"> › CSN ES › VR Counselor › ACT Team ES › Community Work Incentive Coordinator › MH LTES Coordinator › Disabilities Program Navigator › Consumer Council Member / Peer • OAMHS developed a formal Memorandum of Understanding (MOU) with VR, allowing consumers to access VR services while working with an employment specialist through MMC Vocational Services.
XI. Public Comment	No comments were made by members of the public.
XII. Agenda for Next Meeting	<p>The next meeting will be held on Feb. 25, due to a holiday falling on the usual meeting date.</p> <p>Budget/Legislative Update Subcommittee Reports MMC Vocational Services Presentation</p>