

**Community Service Network 5 Meeting
DHHS Offices, Lewiston
October 20, 2008**

DRAFT Minutes

Members Present:

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| <ul style="list-style-type: none"> • Kim Lane, Alternative Services • Dale (Grace) MacDonald, Common Ties 100 Pine St. • Craig Phillips, Common Ties Mental Health* • Ray Benjamin, Common Ties Mental Health* • Joan Churchill, Community Concepts | <ul style="list-style-type: none"> • Bill Tanner, Community Correctional Alternatives • Heather Bingelis, ESM • April Guaguenti, Evergreen/Franklin Memorial • Scott Morrison, Lutheran Community Services • Angela Desrochers, MMC Emp Spec, CSN 5 • Ron McHugh, Oxford County Mental Health | <ul style="list-style-type: none"> • Thomas Vurgason, Sisters of Charity Health System • Lyn Suggs, Spring Harbor Hospital • Stephanie Crystal Wolfstone-Francis, Transition Planning Group |
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*--Craig attended the first half and Ray the second half.

Members Absent:

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| <ul style="list-style-type: none"> • AHCH • AIN (vacant) • Friends Together • Merrymeeting Behavioral Services | <ul style="list-style-type: none"> • Possibilities Counseling • Riverview Psychiatric Center (excused) • Rumford Hospital • Rumford Group Homes | <ul style="list-style-type: none"> • Stephens Memorial Hospital • Sweetser • Transitions Counseling, Inc. • Tri-County Mental Health Services |
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Others/Alternates Present:

- Jennifer Anderson, Schaller Anderson

Staff Present: DHHS/OAMHS: Sharon Arsenault, Ron Welch, Cindy McPherson, and Dr. Stevan Gressitt. Muskie School: Scott Bernier and Phyllis VonHerrlich

Agenda Item	Discussion
I. Welcome and Introductions	Sharon welcomed participants; introductions followed.
II. Review and Approval of Minutes	Minutes from the September meeting were approved as written.
III. Schaller Anderson Presentation	<p>Jennifer Anderson of Schaller Anderson was introduced to the members present. She gave a little of her background and the history of the company she works for:</p> <ul style="list-style-type: none"> • Schaller was founded 20 years ago in Phoenix, AZ and managed Arizona's Medicaid program—providing care management to beneficiaries. • The company has grown over the years and now performs similar services in several states. • The company has a contract with MaineCare to provide similar services here. • Schaller uses a predictive modeling system to examine MaineCare claims data and identify the top 10 percent of adults and the top 5 percent of children who are chronically ill and have high usage of health care services. Schaller provides care management to improve clients' health status. Most of the people working for the company in Maine are from Maine. Schaller has two offices – in Portland and Bangor – that cover the entire state. • Under care management, Schaller provides the following: if someone called looking for heating assistance, they would give that person contact info to obtain that assistance in their area. Or if someone who has diabetes and is diagnosed as schizophrenic, that person's case manager may only know how to help that client with the mental health side, but not the health care side. Schaller Anderson would help them obtain services for the diabetes. • Overall, their goal is to improve care for clients and save the state money.

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	<p>Questions/Comments:</p> <ul style="list-style-type: none"> • When you are talking about care coordination, it sounds like you're talking about a medical model. The independent living model is different. For example, an individual with health and mental health problems might take a holistic approach and take care of their own problems. They may not want the medical model. Will people be required to use your system or will you allow alternative services such as herbal remedies, tai chi, etc.? <ul style="list-style-type: none"> ○ A: It's not a mandatory program. We work with people. We will make suggestions, but we do not pigeon hole people. • How do you access this program? <ul style="list-style-type: none"> ○ A. MaineCare members targeted come out of claims data. We have a computer program that determines who to look for. Then we outreach to them via telephone. However, the information we receive is incomplete. We don't know what resources those individuals may already have access to. We are working to remedy this problem. When we know the individual has a case manager, we'll contact the case manager. We want to work with you and your services. • Has the state worked out a blanket confidentiality letter in regards to this. Right now if you called our agency we wouldn't know who you are and would not be able to give information to you. <ul style="list-style-type: none"> ○ A. We are an agent of the state. ○ Response: That isn't good enough without us receiving something in writing from the state allowing us to share information with you. ○ Response from Ron: Our attorneys are looking at this. The state falls under insurance company header under HIPPA as far as MaineCare is concerned. ○ Response back: Anyone can call you and say you're a state representative. • Do you make contact with providers? Do you have information to give to the provider that they can then give to the client, including toll free numbers? <ul style="list-style-type: none"> ○ A. When we can, yes. Consumer gets first call unless we find a case manager first. • If the providers are not supporting your service, how does the consumer move forward if they want your service? <ul style="list-style-type: none"> ○ A. We'd offer to conference call or meet with all parties involved to discuss the issue. • Any resource that would help our case managers, I would support. • Ron: DHHS is considering meeting with community inclusion (CI) agencies across the state to get the word out on this service. • Could you send this info out via email? <ul style="list-style-type: none"> ○ A. It will be on the website and we will forward it. • The problem I have is if my clients get called before I have informed them, they'll think they're getting a new case manager. <ul style="list-style-type: none"> ○ Response from another member: This has already happened at my agency. We have had a number of confused clients over this. We need to coordinate these services. We need to follow what's in the ISP and the case manager follows that. We need to avoid possible duplication of services. • The fastest way to get this information to the consumers is through the Consumer Counsel. Why not have it forward the info to consumers? • Do you have an email address or website? <ul style="list-style-type: none"> ○ A: Our website is: http://www.schalleranderson.com Also: http://www.mymainecare.com • Do you have any consumers working as advisors within your group? <ul style="list-style-type: none"> ○ A: (from Ron) I'm not sure. ○ Response: We would be willing to volunteer for it (Stephanie and Dale (Grace)). • Sharon noted that this service started by looking at MaineCare services in general and not specifically just MH.

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	<ul style="list-style-type: none"> • We just went through a round of budget cuts. Where is the money coming from for this contract? Will there be more cuts to cover the cost of this? <ul style="list-style-type: none"> ○ A: Our contract states that we will help improve health of individuals to save the state money. • We recently had a meeting with our case managers in regards to your services and a question came up. In urban areas (those areas along the I-95 corridor), there are lots of services, but this isn't the case in rural areas such as the Rangeleys, Jackmans and so on where they may have only a regional health center. There is a huge population out there that have yet to be identified. Are you focusing on these areas through those health centers? <ul style="list-style-type: none"> ○ A. We're reaching out to those small centers as much as we can. • Early on, your agency offered some small grants. Will there be more of those? <ul style="list-style-type: none"> ○ We've currently have a few small grants out there in Bangor and a few other places. However, I do not know if we'll be doing any more of them. • How do you help people if you don't have money? <ul style="list-style-type: none"> ○ We help them access services. <p>Jennifer wrapped up by encouraging members to contact her agency if there is someone you think needs services. 1-866-543-2387.</p> <p>ACTION: Ron will produce a memo in collaboration with Jennifer Anderson to send out to CSN members.</p>
<p>IV. Feedback on OAMHS Communications</p>	<p>Questions/Feedback:</p> <ul style="list-style-type: none"> • Do you recall what communications have happened in the past month? What is in the PNMI email that I received this morning? <ul style="list-style-type: none"> ○ A. (From Ron) I have not read that email yet. It just went out. • Washington County received information on changes in their crisis services funding. Why haven't we received ours? <ul style="list-style-type: none"> ○ A. It went with prepared calculations with grant funds for March and once the numbers are cleared by the Governor's office, we'll send it out. We've been doing communications/work around CSNs. However, legislation required that we had to do this piece by region. Washington and Hancock County are part of CSN 2, but considered a separate region. Due to this and the changes that will take place in crisis services there, we needed to inform them of those changes as soon as possible.
<p>V. Legislative Session January 2009</p>	<p>Ron reported that DHHS/OAMHS has taken in input from all seven CSN groups and the Consumer Council. OAMHS has presented a \$20 million request for new services to both the Governor and the Court Master. That is where we are at for the moment. Our challenge now is that the state is looking at a \$200 million deficit and roughly half of that is DHHS' share. We will not take unmet needs off the table. We are looking elsewhere for the cuts and staying away from community services. These cuts will be from all of DHHS and not just OAMHS and are for the 2010-11 biennium. For example, right now when people apply for SSI, when approved they receive a retro check. We fund services until that check arrives. We may start asking to get paid back for services we have provided when that check arrives.</p> <p>There will also be curtailments for this year. We have nothing left to cut, except some grant funds and we will not offer that up.</p> <p>Questions/Comments:</p>

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	<ul style="list-style-type: none"> • Unmet needs data is incomplete due to how questions are asked. You can get different answers by asking them in a different way. Perhaps the state needs to collect data in different ways. • What were some of the additional services you requested? <ul style="list-style-type: none"> ○ A. Medication management, community integration, peer services, 2 full-time equivalents (FTE) for the third shift of the Warm Line. • Do those cuts include the crisis budget? <ul style="list-style-type: none"> ○ A. No, the crisis budget was already factored in and we will not touch that. • If you were to put in a voucher system, couldn't you save money? <ul style="list-style-type: none"> ○ A. There are other ways to get to that kind of system. Iowa has it set-up through the state credit unions. It was then up to the consumer which services to use. They are spending a little less money through that system. • Is the 10 percent cut related to the FY09 budget and will it be applied to general fund dollars? <ul style="list-style-type: none"> ○ A. The decision could be to eliminate any one services. It's too early to know yet. • Could you look into contract on Schaller-Anderson and give us more information on it? <ul style="list-style-type: none"> ○ We will do so. <p>ACTIONS: Ron will do a mailing to CSN members detailing the \$20 million request that was made. Ron will provide more information on the Schaller-Anderson contract.</p>
VI. Unused Prescription Drugs	<p>Don introduced this item and introduced Dr. Stevan Gressitt, who then made a presentation. He also handed out an information sheet and envelopes for unused drugs.</p> <p>Background: The Maine Benzodiazepine Study Group approached the state legislature about getting a law enacted to help remove unused drugs from homes/agencies. The law passed, but with no funding. The group looked to several agencies for grant money. The Federal Environmental Protection Agency (EPA) provided funds to keep unused drugs out of the water system. \$150,000 was granted for the pilot program. In the pilot program, envelopes are being handed out in four counties: Aroostook, Penobscot, Kennebec, and York. People have been asked to place unused drugs in the envelopes and mail them. The study group will then catalog the amount, types, and street value of drugs returned before turning them over to MDA for safe disposal.</p> <p>So far the program is working. It may become a model for other states. It was brought about because individual events with law enforcement are great, but they are insufficient. October 31st is Safe Drug Disposal Day in Maine.</p> <p>The envelopes handed out today are the first to be handed out as part of our program going statewide. Please use them. The envelopes go to a blind box at MDEA. We catalog the contents of each envelope before the drugs are destroyed. Destruction will be by burning.</p> <p>There are no state dollars involved yet. But there is state funding in place to kick in after the federal money runs out. The goal after gathering this data is to address over prescription of drugs and to reduce it.</p> <p>Questions/Comments:</p> <ul style="list-style-type: none"> • What is the cost to ship one of these envelopes? <ul style="list-style-type: none"> ○ A: They are prepaid. The average has been \$2.73 per envelope. It depends on the final weight when mailed. We pay for the postage.

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	<ul style="list-style-type: none"> • Can we contact the local MDEA office and give them unused medications? <ul style="list-style-type: none"> ○ A: Yes • Have you worked out a system to reduce the length of prescriptions? <ul style="list-style-type: none"> ○ A. It is being considered. • There is a problem with limiting prescriptions as there are many people who can't see their doctors soon enough to refill them. <ul style="list-style-type: none"> ○ Response: There is a simple solution to this. The doctor could make out the prescription for 14 days with a single refill allowed for 30 days. If the prescription isn't working, it doesn't need to be refilled. • Is there a timeline/deadline for using these envelopes? <ul style="list-style-type: none"> ○ A: It would be preferred that you use them over the next couple of weeks so we can collect the data that much sooner.
VII. Consumer Council Update	<p>The Consumer Council has hired Elaine Ecker as its executive director. In addition CSN 3 & 6 have outreach workers. The regional meeting will be held on 10/27 in Augusta. The local council will meet on 10/22 at the B Street Clinic. At its last local meeting, the Council discussed transportation and the unmet needs data.</p>
VIII. Transportation Subcommittee Report Out	<p>The Transportation Subcommittee did not meet. Stephanie attended a local transportation forum last Friday in which many companies including taxis and Greyhound Bus were represented. Examples were given on how to save money such as not idling buses while waiting for them to load/unload. There was true dialogue, which is a start. People will try to connect together for transportation.</p> <p>Question:</p> <ul style="list-style-type: none"> • Do we need to keep this Subcommittee at the moment? <ul style="list-style-type: none"> ○ A. No. We could move these transportation reports under other and re-establish this Subcommittee if the need arises. <p>MOTION: This CSN disbands the transportation subcommittee.</p> <p>There was no discussion. The motion carried.</p>
IX. Report from Employment Service Network (ESN)	<p>Angela provided the following update:</p> <ul style="list-style-type: none"> • Currently, she is working with 30 job seekers and four new intakes are scheduled this week. Of those thirty: <ul style="list-style-type: none"> ○ Six have found employment, two full time and the others part time in fields such as construction, health care and social services ○ Five are volunteering at the Red Cross, Jubilee Center and at Good Shephard ○ Three have enrolled at L/A College, College of Transitions Program and Lewiston Adult Ed. ○ Five are actively seeking work. ○ Four are exploring career options. ○ Eight are still in the outreach state. This includes people that are homeless and do not have easy access to telephones or mail. This also includes people that have pending referrals to the ACT team. • At the September ESN meeting, the regional vice president of Manpower was invited to speak about employment opportunities at temp agencies. Most importantly, she shared with us that Manpower offers many free trainings to job seekers. These trainings include MS Office, conflict resolution, and interview skills tutorials.

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	<ul style="list-style-type: none"> • In the next few months, we are planning to outreach local employers so that we can obtain information regarding what positions are available and what skills they are looking for in potential employees. Yet, we also hope to provide them with information about the services we offer. <p>Questions/comments:</p> <ul style="list-style-type: none"> • Are you still working with only consumers of Common Ties Mental Health and Tri-County Mental Health Services? <ul style="list-style-type: none"> ○ A. Yes, for the moment. • Do you have a wait list at this point? <ul style="list-style-type: none"> ○ A. Yes, but it is short. Mostly those on this list are there due to the time to make contact with the client. • Are your clients evenly distributed between the two agencies? <ul style="list-style-type: none"> ○ A. I'm not keeping track of that, but it is pretty even. • Can people self-refer to your service? <ul style="list-style-type: none"> ○ A. Yes. <p>Angela wrapped up by informing the group that the local ESN's next meeting will be on Oct. 22 from 1 to 3 pm at the Lewiston CareerCenter Office.</p>
X. Impact of Energy Costs	<p>Ron reported that DHHS has submitted a request to the Governor on this. A copy will be sent out to the CSNs. Because this is an issue across the state for non-profits, the Governor may address it for everyone at once.</p> <p>Questions/Comments:</p> <ul style="list-style-type: none"> • For-profits have as much of an energy issue as non-profits and we can't get foundation money or write grants to help us. • Are they going to look at the rules around hot water temps and minimum thermostat settings? <ul style="list-style-type: none"> ○ A. Licensing requires the thermostat be set at 72F. We've had discussions around this. A week from Thursday, we will be meeting about this.
XI. Wraparound Funds	<p>A group met to discuss wraparound funds in this CSN on Oct. 2. There were questions around the amount of funds available. The group came up with the following recommendations:</p> <ul style="list-style-type: none"> • A percentage of the funds will go to Tri-County Mental Health Services • A percentage of the funds will go to Common Ties Mental Health • The remainder will go to other groups to be decided. An agency may need to handle it if one were to step forward. • People must meet criteria of Section 17 to access funds. • The group will meet quarterly to review the distribution and adjust it as necessary. • Want to keep the administration of the fund separate from the funds. <p>Ron responded that other CSNs have had similar discussions. For example, in CSN 6 (Portland), they are thinking of having one entity to handle the physical end (check cutting) and having a screening committee working by telephone to approve requests. We need to finalize this before the end of the second quarter so money isn't lost. This will be discussed at the November meeting.</p>

Agenda Item	Discussion
	<p>Questions/comments:</p> <ul style="list-style-type: none"> • I'm concerned about those who don't have case management. They still need to have access to those funds. • How much money are we talking about for this CSN? <ul style="list-style-type: none"> ○ We don't have figures with us. It would be a little more than what is now available. <p>ACTIONS: Recommendations will be sent out via email to be reviewed. Thursday's Mental Health Team meeting will determine how state funds will be dispersed to CSNs. Sharon will send-out the amount of funds via email.</p>
XII. Other	<p>A Gay Lesbian Bi Transgender/Transvestite (GLBT) group has formed in Lewiston. Dale (Grace) is the contact person. If you want more information, please contact Dale (Grace) at gracechabot@yahoo.com or 689-3057 and you are welcome to share this information with any of your clients who might benefit from this group. There were no support groups prior to this in the area of GLBT and mental health. The group is hoping to meet monthly. There will be a meeting soon with the Lewiston Police Department, the Lewiston City Council , and the group to ensure that GLBT/MI's are receiving equal protection. We are also looking for agencies willing to allow support groups in them. So far both Common Ties and Tri-County Mental Health Services have groups.</p> <p>Stephanie stated that back in the spring, someone mentioned that Lewiston gives out garden plots for \$10 per year and you do not need to be a Lewiston resident to take advantage of it. She mentioned this for there are many people who don't know about this who would benefit from it.</p>
XIII. Public Comment	There was no public comment.
XIV. Meeting Recap and Agenda for Next Meeting	<p>See action items above.</p> <p><u>November Meeting Agenda:</u> OAMHS Communication Budget Update Consumer Council Update ESN Update Wraparound Funds PNMI</p>