

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

Approved Minutes

Members Present:

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| <ul style="list-style-type: none"> • Jean Nielsen, AIN • Dale MacDonald, 100 Pine Common Ties • Craig Phillips, Common Ties MH • April Guagenti, Evergreen/Franklin Memorial | <ul style="list-style-type: none"> • June Watson, Friends Together • Alexander Katopis, Merrymeeting Behavioral • Ric Hanley, Spring Harbor • Tom Vurgason, St. Mary's/Sisters of Charity | <ul style="list-style-type: none"> • Bob Fowler, Sweetser • Stephanie Crystal Wolfstone-Francis • Chris Copeland, TCMHS |
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Members Absent:

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| <ul style="list-style-type: none"> • AHCH • Alternative Services • Community Concepts • ESM • Lutheran Community Services | <ul style="list-style-type: none"> • Maine Vocational Associates • Oxford County Mental Health • Pathways Inc • RM-Transitions Inc. • Rumford Hospital | <ul style="list-style-type: none"> • Rumford Group Homes • Stephens Memorial Hospital • Supportive Housing Associates |
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Others/Alternates Present:

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| <ul style="list-style-type: none"> • Rebecca Chandler, Evergreen | <ul style="list-style-type: none"> • Tonya Williams, Merrymeeting Behavioral |
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Staff Present: DHHS/OAMHS: Ron Welch, Marya Faust, Cindy McPherson. Muskie School: Elaine Ecker, Nadine Edris.

Agenda Item	Discussion
I. Welcome and Introductions	Ron opened the meeting in Sharon's absence, 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>Comments/Questions:</p> <ul style="list-style-type: none"> • How were these developed? A: Done internally. • A member who also attends CSN 3 listed things mentioned at that meeting: 1) No mention of families in membership; 2) Purpose Statement too long; 3) combine both statements into one. • "led by OAMHS staff"—Does that need to be there re: statute or Consent Decree? A: Yes, it still remains our responsibility in statute. • Not strong enough around planning, unless "re-imagining" covers planning in a broad interpretation. • Struggling over statement—would "public" be clearer as "publicly-funded?" A: Yes. <p>Ron said that OAMHS will gather feedback from all CSNs on the statements, respond to the feedback in detail, 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>
IV. CSN Recommendation Process	Marya asked members to review this handout, which puts in writing the CSN recommendation process.

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	<p>ACTION: Members may send any feedback to Elaine eecker@usm.maine.edu.</p> <p>Comments/Questions:</p> <ul style="list-style-type: none"> • How is the CSN process is working? How are CSNs helpful to the Department? A: A mechanism to convey information to a broad group—consumers, families, providers. A way to communicate issues in a timely way to people. Where struggling: Hoped this would be more of a planning body, but the budget and legislature happens so quickly that we haven't figured out how to get input on a more timely basis. We like to be better on follow-up, and get better at engaging members in the budget process. • Just being an advisory group doesn't always feel good—what is being taken and how seriously? • Not fully utilizing cross-pollination of CSNs—hear rich discussions, but have no established mechanism to share. Innovations tend to be more localized—could have a wider impact with a way to share.
<p>V. Budget/Legislative Update</p>	<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.) • 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

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	<p>and equitable throughout.</p> <p><u>Specialized Direct Services</u> (general funds)</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</u> (ICI)</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><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>Comment:</p> <ul style="list-style-type: none"> • If you’re going to do this, perhaps private providers should have to pay for crisis services. <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. • 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 this CSN (2), which is divided into DHHS Districts 6 and 7, Piscataquis/Penobscot and Washington/Hancock, respectively. • 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.

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	<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 (LTS) 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>Various budget related comments:</p> <ul style="list-style-type: none"> Felt like going to Augusta to talk to the legislature about the cuts went in one ear and out the other. They were going to cut things anyway. Every time there's a budget cut, we lose more services and choices. Response: Many restorations were made to the proposed Supplemental budget—the advocacy at the legislature did help make that happen. OAMHS has to stay away from the legislature, but providers and consumers <u>can</u> advocate. People would like more local warmline services. <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	<p>Ron and 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. Some possible criteria Marya mentioned, noting that MaineCare does clinical <i>and</i> financial:</p> <ul style="list-style-type: none"> People coming out of hospitals People keeping out of hospitals People coming out of jails/corrections People on spend-down, slightly over MaineCare income/asset level. <p>Comments/Questions:</p> <ul style="list-style-type: none"> There is a 3 percent constant of people who are too ill and won't apply for anything. So you're talking about prior authorization and length of time a service is provided. <p>Marya said OAMHS is waiting for a proposed per capita fee from APS to decide if APS will take over this function.</p>

Agenda Item	Discussion
VII. Health and Mental Health Integration Initiative	<p>Dr. Elsie Freeman was unable to attend due to a scheduling conflict, so Nadine Edris of the Muskie School gave a brief synopsis of the project. She said in this beginning phase it involved community planning, visioning, and forming partnerships within the CSN area to explore ways to integrate health care and mental health care. She noted that Dr. Freeman has compelling data to share that supports the need for such integration. A kick-off event is planned for July, hosted and coordinated by St. Mary's, to which potential partners will be invited. Members mentioned several organizations and entities, all of which will be included on the invitation list.</p>
VIII. RDS/EIS Unmet Needs Data by CSN	<p>Members 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.</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.</p> <p>Jean Nielsen mentioned that Kelly Staples brought questionnaires to peers and asked some of the same questions re: needs—where did that information go?</p> <p>ACTION: Marya will check on this.</p>
IX. Enrollments/RDS	<p>Marya informed that the enrollments and updates must be brought within 15% completion by 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 as required under the current system.</p>
X. Transportation Subcommittee	<p>Stephanie reported that the due to the current climate of budget cuts, etc., the subcommittee wondered about the advisability of holding the large meeting in the area to solicit ideas and options from various stakeholders. Dale reported on the proposed agenda, as requested, but after discussion, the CSN as a whole took the subcommittee's recommendation to table the event for now.</p> <p>Comments:</p> <ul style="list-style-type: none"> • Transportation is not a mental health issue—it's a poverty issue. • Case managers are being restricted as to what they can do—transportation resources not growing. • Drastic increases in gas prices are further hampering transportation opportunities. June reported that their usual daily trips to Farmington have been curtailed since they can't afford the gas. <p>Stephanie suggested that a baseline inventory be gathered of CSN members' transportation resources—as well as any creative ideas members can come up with.</p> <p>ACTION: Elaine will provide CSN 5 contact information to Stephanie, and Stephanie will send request to members to gather information as noted above.</p>

Agenda Item	Discussion
XI. Other	APS Healthcare Stephanie said that she is very impressed with APS and thinks it “may turn out to be positive in the long run.”
XII. Public Comment	None.
XIII. Meeting Recap and Agenda for Next Meeting	Consumer Council Update Enrollments/RDS Update Transportation Subcommittee