

**Community Service Network 6 Meeting
DHHS Offices, 161 Marginal Way, Portland
February 15, 2008**

Approved Minutes

Members Present:

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| <ul style="list-style-type: none"> • Jan Burns, AIN • Peter Driscoll, Amistad • Don Harden, Catholic Charities • Kitty Purington, Community Counseling Center • Tracy Quadro, Community Mediation Services • Karen Evans, Consumer Council of Maine • Christine Holler, Consumer Council of Maine • Lois Jones, Counseling Services Inc. | <ul style="list-style-type: none"> • Phoebe Prosky, Freeport Counseling • Jane Caron, Goodwill Industries • Michelle Belhumeur, Gorham House • Burma Wilkins, Mercy Hospital • Lois Skillings, Mid Coast Hospital • Richard Balser, MMC/Vocational Services • Tracy Morgan, NAMI ME Families • Jon Bradley, Preble Street | <ul style="list-style-type: none"> • Joe Brannigan, Shalom House Inc • Joyce Cotton, Spring Harbor Hospital • Catherine Snow, Spurwink/Portland Help Ctr • Pat McKenzie, Sweetser • Kelli Star Fox, Transitions Counseling • Vicki MacWhinnie, VOA |
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Members Absent:

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| <ul style="list-style-type: none"> • Creative Work Systems • Crossroads for Women (excused) • Hawthorne House • NOE | <ul style="list-style-type: none"> • Parkview Adventist Medical Center • PSL Services • Smart Child & Family | <ul style="list-style-type: none"> • Sweetser Peer Center (excused) • Work Opportunities Unlimited • Youth Alternatives/Ingraham |
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Alternates/Others present:

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| <ul style="list-style-type: none"> • Sally Temm, Catholic Charities • Marie Desrosiers, Community Counseling Ctr • Karla Doucette, Goodwill Industries | <ul style="list-style-type: none"> • Christine McKenzie, MMC/Vocational Services • Jennifer Kimble, MMC/Vocational Services | <ul style="list-style-type: none"> • Ed Blanchard, Shalom House • Don Burns, AIN (CSN 7) |
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Staff present: DHHS/OAMHS: Don Chamberlain, Jamie Morrill, Carlton Lewis, Kathy Lavallee. Muskie School: Elaine Ecker, Sally Ward.

Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Carlton opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	The minutes from the November meeting were approved as written. Karen Evans said she hadn't received an answer to her question regarding consumers being notified that their information had been passed to APS Healthcare, as recorded in the minutes of the last meeting. Don Chamberlain acknowledged he had neglected to follow up.
III. Budget Update	<p>Curtailments SFY 2008 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. OAMHS' portion of the curtailments totaled over \$1.05M in general funds ("grant" funds). Don 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>SFY 2009 The SFY 2009 Supplemental Budget (SB) addresses a projected revenue shortfall of approximately \$95M. Don reviewed many of the proposals it contains that pertain to mental health services:</p>

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	<ul style="list-style-type: none"> • The FY 2008 general fund curtailments were annualized in the SB: 25% reductions became 100% reductions in grant funds (for the services listed above). • BRAP (Bridging Rental Assistance Program): The Gov. proposes to move that program (\$2.9M) from OAMHS general funds to the “HOME Fund” [Housing Opportunities for Maine Fund] under the Maine State Housing Authority. A portion of the Maine Real Estate Transfer Tax funds the HOME Fund, and the legislation stipulations BRAP as the first user of funds collected. • Streamline proposal: One CI provider per CSN. This proposal would require a Federal waiver and an RFP process before it could be implemented. • \$150,000 savings by establishing a uniform expectation about how much consumers keep in PNMI settings. • PNMI: \$150,000 savings by standardizing the amount PNMI consumers retain. • ACT reimbursement change: \$200,000 savings by billing for a half month, rather than whole month, if person enters or leaves service mid-month. <p>Additional Revenue Shortfall Don reported that another \$95M revenue shortage has been projected—beyond the \$95M addressed in the FY09 Supplemental Budget—due to 1) changes generated by CMS (Centers for Medicare & Medicaid Services) in Targeted Case Management and the Rehab Option, 2) additional state revenue shortfalls.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Are rate changes being discussed to address shortfall? A: Rates are not addressed in the Supplemental Budget; however, everything may be on the table for the additional shortfall. • The rate standardization budget targets predated these additional shortages. • The budget cut for Amistad (\$44,000 rent) has not been mentioned...will significantly affect operating budget. (Due to complicated history of Amistad’s rental arrangement, appropriate parties decided to discuss this outside of the CSN meeting.) • Don mentioned other cuts: NAMI - \$278,000; Maine Center for Deafness - \$42,000; Maine Medical Center technical assistance, Community Mediation Services. • Catholic Charities has eliminated rep payee service, affecting 90 clients. <p>ACTION: Don will distribute to all CSN members a comprehensive list of mental health cuts included in the proposed FY 2009 Supplemental Budget.</p> <p><u>CI Consolidation Proposal</u> In response to a question about what this consolidation plan would look like, Don explained:</p> <ul style="list-style-type: none"> • Seven different providers of CI services, one per CSN (could provide CI services in only one CSN). • CI provider could provide no other services in that CSN, but could provide other services in other CSNs. • Reasonable arguments on both sides. Some are concerned about conflict of interest if CI providers also provide other services. On the flip side, if CI provider does provide other services, might have better continuity of care. <p>Joe Brannigan said the Court Master told the legislature’s Health & Human Services Committee that the most disturbing part of this proposal is that it would disrupt the whole system during an already difficult time.</p> <p>Targeted Case Management (TCM) Don explained that CMS (Centers for Medicare and Medicaid Services) have redefined TCM under Section 13, to include</p>

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	<p>only assessment, care plan, and referral, and to exclude any “direct-like” services. TCM was billed as a bundled monthly rate, but now will be billed by the quarter-hour.</p> <p>Don further explained that for now, after many ups and downs in determining whether the changes also apply to Section 17 case management, the Department has determined that no changes will be made to Section 17 case management (CI, ICI, ACT) services. Serious concern remains, however, that the changes will happen eventually; and the psychosocial model now practiced will change to a broker model.</p> <p>Question: What if CMS does intend for these changes to apply to Section 17, what’s the vulnerability of providers? What if retroactive to the effective date TCM changes? Is the State on the hook or providers? Don said he could not provide a definitive answer, but indicated the State would probably be accountable if that occurred.</p> <p>Jon Bradley of Preble Street listed the impacts of the cuts and the Section 13 TCM changes in homeless services:</p> <ul style="list-style-type: none"> • Some shelters may have to close or sharply curtail services. • Amistad is open less, so more people at Preble Street. • Loss of rep payee in Region I—rep payee services are critical to keeping people housed. • Shelters depend on the HOME Fund to build affordable supported housing—the only funding that comes to shelters—robbing one area to fund another. • TCM billed by the quarter-hour is impossible for shelters—really feeling the heat with TCM changes. Taking away what may have been the safety net. • Some youth shelters may not survive. <p><u>Notification to clients</u></p> <p>Don Harden recapped that under the proposed cuts to grant funding, Region I will lose all grant dollars for community support services (with the exception of Class members). All of those programs must start notifying clients of discharge no later than March, in order to do so in a legally defensible manner. The sooner OAMHS can provide guidance or a plan, the sooner providers can plan their course of action. Providers need clarity soon.</p> <p>Joe Brannigan said the budget process may go well into April before decisions are made—need direction from OAMHS re: emergency plan.</p> <p>A consumer member said that consumers, including herself, will be losing services and need time to adjust and find out alternative ways to get services. Don Chamberlain said OAMHS has asked for details on consumers in this situation from the Regional MH Team Leaders.</p> <p>Lois Jones of CSI said they’re currently doing 60-day notices of discharge—and said some of those people <u>do</u> need services. CSI has made concerted efforts to evaluate MaineCare eligibility for people before discharging them from services, though they are finding it very difficult to get accurate and non-conflicting information from the Dept. Any assistance and accurate information from the Dept. in determining eligibility would be very helpful, she said, in making changes in a planful way.</p> <p>Sally Temm of Catholic Charities noted that “one blessing” is access to APS information re: MaineCare eligibility, saying they went back through and found some people eligible.</p>

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	<p>Rehab Option He said that OAMHS is researching the impact of the Rehab Option on Section 17 PNMI/Residential services (effective July). Don noted that the main area of concern is that personal care services will no longer be covered. However, if the service is framed as <u>teaching</u> personal care, it might be in line with a rehab goal.</p> <p>Overall Comment:</p> <ul style="list-style-type: none"> One member stated she had hoped the CSN system would allow development of a better model to deliver services. With everything that's happening, everyone is distracted and "hunkered down in survival mode," and not apt or able to engage in finding long-term solutions—models that will be more efficient and effective, improving the system.
<p>IV. Subcommittees Work Session and Report Out</p>	<p>Members agreed that the current cuts and changes warrant their time and attention more than subcommittee work and engaged in discussing how to better address the current situation. Members decided that meeting once a month as a CSN doesn't provide enough time. After detailed discussion of options and areas of focus, the following motion passed by majority vote:</p> <p>MOTION: That the CSN will meet twice a month, to have ongoing discussion focusing on advocacy, making sure they have up-to-date and accurate information, managing changes/crises/transitions, and perhaps to begin looking at changes in the larger model of adult mental health services in the CSN.</p> <p>Arrangements were made to meet in the same room from 9 a.m. to noon on Friday, Feb. 29. Carlton Lewis will represent OAMHS at the meeting, and Tracy Quadro of Community Mediation Services volunteered to chair it.</p> <p>ACTION: Elaine will send email notice to all CSN 6 members re: the Feb. 29 meeting.</p> <p>The regularly scheduled CSN meetings will serve as one of the two monthly meetings, and a portion of those agendas will be spent working on local issues.</p>
<p>V. Employment Service Networks</p>	<p>Don opened this item (in Jim Braddick's absence) with an overview of OAMHS employment activities, including:</p> <ul style="list-style-type: none"> Long-term vocational support program, funded for over 10 years—provides job coaching when needed to maintain employment (Section 17 service). Six Community Work Incentive Coordinators (formerly known as Benefit Specialists) are available statewide through 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 contracted with MMC to provide Technical Assistance to 10 ACT Teams to help better utilize 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

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	<p>CSNs. The ES will provide job development and placement services, parallel to those offered through Bureau of Vocational Rehabilitation (VR).</p> <ul style="list-style-type: none"> • OAMHS developed a formal Memorandum of Understanding (MOU) with VR, allowing coordination with and access to VR services while working with an ES through MMC Vocational Services. <p>Dick Balsler, Christine McKenzie, and Jennifer Kimble from the Department of Vocational Services at Maine Medical Center made a presentation regarding the Employment Services Network project. The project is focused on increasing employment and/or education opportunities for individuals with mental illness. There will be an Employment Service Network (ESN) in each CSN region. The ESN will be made up of: a CSN Employment Specialist (ES), the ACT ES in that region, a Bureau of Rehabilitation Counselor, a Community Work Incentive Coordinator, Consumer from the Statewide Consumer Council, a Disability Program Navigator, Apprentice representative, and the Long Term Employment Support Coordinator for the region. Employers will be added to the ESN once it is established. Performance indicators for the project were shared. The Employment Specialist in the CSN will be a member of the CSN and will report the outcomes for the project monthly in the CSN meetings. Information from the Department of Labor about the job growth, employment opportunities, and trends will be used by the ESN for each region.</p> <p>Christine distributed copies of the letter and application form MMC sent out for agencies to use if they wish to be considered as the host agency for the Employment Specialist.</p> <p>Questions/Comments:</p> <ul style="list-style-type: none"> • What are the credentials for Employment Specialists? A: We're looking for those with best credentials and experiencing working with this population. • Will homeless have access to this service? Yes, must be clinically eligible for "Section 17" services.
VI. Case Management: Federal Direction	<p>Members received three documents pertaining to the definition of covered case management services 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 the impact on OAMHS and current practice, if the CMS interim final rule does apply to CI case management services.</p> <p>Discussion of this item actually took place under Item III above.</p>
VII. Legislative Update	<p>Covered in discussion above.</p>
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 as a result, OAMHS must show why it should not be held in contempt. A meeting with Justice Mills is scheduled for Feb. 21st. OAMHS believes it acted in good faith, and hopes to address the Court Master's concerns by Feb. 21st. 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. Other	<p>Don Harden encouraged people to contact their legislators about the budget situation. He also noted that MASAP (Maine</p>

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	Association of Substance Abuse Providers) is pushing for a proposed tax on alcohol called "A Dime a Drink," if people also wish to support that.
X. Public Comment	No members of the public made any comments.
XI. Agenda for Next Regular Meeting	Budget/Legislative Update Report of Feb. 29 Meeting Advocacy, Local Issues, Managing Transitions Consumer Council System Update