

**Community Service Network 6 Meeting
DHHS Offices, 161 Marginal Way, Portland
April 18, 2008**

Approved Minutes

Members Present:

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| <ul style="list-style-type: none"> • Jan Burns, AIN • Don Harden, Catholic Charities • Leigh Mundank, Community Mediation Services • Karen Evans, Consumer Council of Maine • Christine Holler, Consumer Council of Maine • Sue Percy, Creative Work Systems • Georgana Prudhomme, Crossroads for Women | <ul style="list-style-type: none"> • Phoebe Prosky, Freeport Counseling • Glenn Shelton, Goodwill Industries • Burma Wilkins, Mercy Hospital • Lois Skillings, Mid Coast Hospital • Tracy Morgan, NAMI ME Families • Jon Bradley, Preble Street • Michael Faust, PSL Services | <ul style="list-style-type: none"> • Ed Blanchard, Shalom House Inc • Joyce Cotton, Spring Harbor Hospital • Catherine Snow, Spurwink/Portland Help Ctr • Pat McKenzie, Sweetser • Kelli Star Fox, Transitions Counseling |
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Members Absent:

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| <ul style="list-style-type: none"> • Amistad (excused) • Counseling Services Inc. (excused) • Creative Work Systems • Gorham House • Hawthorne House | <ul style="list-style-type: none"> • MMC/Vocational Services • NOE • Parkview Adventist Medical Center • Smart Child & Family | <ul style="list-style-type: none"> • Sweetser Peer Center (excused) • Volunteers of America • 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 • Craig Anderson, Goodwill Industries | <ul style="list-style-type: none"> • Tom Kivler, Mid Coast Hospital • Carl Cappello, Shalom House | <ul style="list-style-type: none"> • Don Burns, AIN (CSN 7) |
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Staff present: DHHS/OAMHS: Don Chamberlain, Marya Faust. Muskie School: Elaine Ecker.

Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Don opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	<p>The minutes from the February meeting were approved as written.</p> <p>Karen Evans said she still hadn't received an answer to her question regarding consumers being notified that their information had been passed to APS Healthcare. Don Chamberlain again acknowledged he had neglected to follow up:</p> <p>ACTION: Don will follow up on this issue.</p> <p>Minutes from the February 29th meeting were also distributed and accepted as written. A member requested that any subcommittee or ad hoc minutes include a list of attendees, so people know who to contact.</p>
III. CSN Mission and Purpose 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>Marya explained that OAMHS will gather feedback from all CSNs on the statements, make revisions, and bring final version(s) back next month. Other CSNs have asked to include 'families' in the description of membership makeup.</p>

Agenda Item	Presentation, Discussion
	<p><u>Comments:</u></p> <ul style="list-style-type: none"> • Tracie, NAMI-ME family representative, concurred that she'd like to see families added. • Another suggested wording "client and family-centered way." • Jon of Preble Street said the mission statement sounds like OAMHS is only responsible for those in the system, not those who also should be—no outreach piece. Additional phrase: outreach for those who ought to be there. <p>ACTION: Members may send any additional feedback to Elaine, eecker@usm.maine.edu.</p> <p>Don pointed out the new agenda format, noting it provides a more convenient way to keep track of follow-up tasks for both members and OAMHS staff. She further explained that Regional MH Team Leaders (Carlton in CSN 6) will be recording follow-up tasks, reminding those responsible to complete them, and noting items that need to appear on the next meeting agenda.</p>
IV. CSN Recommendation Process	<p>Marya asked members to review this handout, which puts in writing the CSN recommendation process.</p> <p>ACTION: Members may send any thoughts or improvements to Elaine eecker@usm.maine.edu.</p>
V. Budget/Legislative Update	<p>Before reviewing the budget outcome, Marya explained the two main "pots of money" the legislature funds for adult public mental health services provided through OAMHS, as simply diagrammed below. Every state dollar put into the MaineCare "pot" is matched by approximately two federal Medicaid dollars, while the general funds are dollar for dollar. OAMHS had to consider both "pots" in making reductions to balance the budget. General dollars have historically been disbursed through contracts with various providers, though that is changing for some services beginning July 1. (See "Status of Grant Funding" below.)</p> <div style="text-align: center;"> <pre> graph TD OAMHS[OAMHS] --> General["General or 'Grant' \$1 = \$1"] OAMHS --> MaineCare["MaineCare \$1 = \$3 (\$1 seed + \$2 Fed = \$3)"] General --> G_Services["• Non-MaineCare reimbursable services, like Peer Services, Vocational, Housing • Services for non-MaineCare eligible Class members • Services for some non-MaineCare recipients, like CI, ACT, Med Management, Skills Dev, etc. • WRAP Funds"] MaineCare --> MC_Services["• MaineCare reimbursable services, like CI, ACT, Outpatient, Med Management, etc."] </pre> </div> <p>Don also explained the two types of provider contracts: 1) fee for service: Pays for actual hours or units of service; 2) cost-settled: services/program is supplemented or purchased in whole or in part and not tied to consumers as directly.</p>

Agenda Item	Presentation, Discussion
	<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>Comment:</u></p> <ul style="list-style-type: none"> • It's important to note that not all agree that the HOME fund is a good source for BRAP—the funds are also used to develop new affordable housing programs that benefit homeless population. It's robbing Peter to pay Paul. <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 and equitable throughout. <p><u>Specialized Direct Services (general funds)</u></p> <ul style="list-style-type: none"> • Restored for FY 09. FY 08 curtailment remains. • Typically covers home-based services for elders.

Agenda Item	Presentation, Discussion
	<p><u>Intensive Community Integration (ICI)</u></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><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 CSN 2, which is divided into DHHS Districts 6 and 7). • 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. <p>Comments:</p> <ul style="list-style-type: none"> • Sally of Sweetser stated they would like to have input from consumers throughout the process re: improvements that should be included in the new plan. <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.

Agenda Item	Presentation, Discussion
	<ul style="list-style-type: none"> • ICM positions: 3 Long-Term Support coordinators (employment); 3 Housing Coordinators; 3 Youth in Transition Coordinators. • Employment and housing functions will be covered by other means, perhaps MMC Voc for employment, Shalom is vehicle for BRAP in this area. • ICMs now focus on homeless, jail, shelter populations. Not carrying caseloads, rather connecting people to community services. <p>Comments/Questions:</p> <ul style="list-style-type: none"> • Can you explain what happened with Multicultural Affairs? A: Don't know—will follow up. • Are you going to pay Shalom more to do the extra work? A: We're working on the best way to handle that. • Should have each affected group come together (housing providers, employment providers) to determine best model. • Creative Work Systems is not comfortable with plan for MMC Voc to cover the LTS functions. <p>Further discussion resulted in the following motion, made, seconded, and passed by majority vote:</p> <p>MOTION: That interested CSN members (including consumers) work with Department representatives to craft recommendations on any system redesign or resource allocations that ensure continuity of care, and bring those recommendations back to the full CSN for approval.</p> <p><u>Legislative Changes to Involuntary Commitment Laws</u></p> <p>Marya reported that OAMHS is working with lawyers to create a summary sheet of recent legislature changes to mental health laws, particularly noting changes in involuntary commitment laws. The group would like more information about the new “Clinical Review Panels” that decide about involuntary medications for people involuntarily committed to inpatient hospitals.</p> <p>Karen Evans asked if someone could come to a CSN meeting to provide a better understanding of new laws. Marya responded that OAMHS will send the information out first and go from there.</p> <p>ACTION: OAMHS will send the summary described above via email to all CSN members as soon as it's available.</p> <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.) <p>Comment:</p> <ul style="list-style-type: none"> • Suggest that you work with APS; if not replicate their format as much as possible.

Agenda Item	Presentation, Discussion
	<ul style="list-style-type: none"> It will worth the expense [to contract with APS]. To have two parallel systems running will cost you more money than investing in APS up front.
VI. Eligibility Criteria	<p>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. She noted the possibilities below that other CSNs have suggested, and asked for members' help in solving the problem of how to use the limited pool of funds:</p> <ul style="list-style-type: none"> People coming out of hospitals Preventing people from hospitalization People coming out of jails/corrections Homeless <p>Comments:</p> <ul style="list-style-type: none"> People slightly over income limit due to SSDI income or other assets People with income up to "x" over MaineCare limit? Another member: I wouldn't want to take a stab at the amount... I don't want to say that someone we see everyday can't receive the services. Focus on clinical need— "ratchet up" the clinical need level. There should be a way to figure in extenuating circumstances. <p>Don Harden brought up the clients already being served by grant dollars and the urgent need to determine their status as of July 1. He requested a timely process for July 1 changes.</p> <p>Members discussed several issues about WRAP funds and expressed concerned about timeliness if everything is handled through regional offices.</p>
VII. EIS/RDS 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>
VIII. Enrollments/RDS	<p>Don informed that due to Consent Decree requirements, 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>
IX. Report on Feb. 29 Meeting-- Local Issues, Managing Transitions	<p>After discussion, the group decided to meet once a month and go back to designating part of the regular three-hour meeting time for subcommittee work. They also asked the purposes of each subcommittee be listed on the agenda, so people will know which they wish to choose.</p>

Agenda Item	Presentation, Discussion
X. Consumer Council Update	<p>Karen informed the group that the Consumer Council System of Maine (CCSM) is now a public instrumentality, since the passage and signing by the Governor of LD 1967. The CCSM is recruiting an executive director and hopes to fill that position in June. She mentioned that Ted Adams is the outreach person for Region I and probably has or will be in touch with CSN members about the formation of local councils.</p>
IX. Other	<p>Amistad's Warmline Karen voiced concern about Amistad's warmline with funding ending for the 'second person,' saying this statewide peer service could be in trouble.</p> <p>Comment: Perhaps Crisis can work with Amistad?</p> <p>ISPs to Hospitals for Inpatient Admissions Don Chamberlain mentioned a continuity of care issue where data still shows low numbers: ISPs (Individual Service Plans) getting to hospitals for inpatient admissions. He asked if the CSN would feel comfortable having the crisis/hospital group, which already meets monthly in Region I, work on this issue. He said either a subcommittee of the CSN needs to work on the issue or could rely on the crisis/hospital group.</p> <p>Pat McKenzie of Sweetser said it is a regular item on the crisis/hospital group's agenda. Pat and Burma both expressed willingness to ask the other members about taking responsibility for this issue.</p> <p>A member asked if the crisis/hospital meeting is a subgroup of the CSN. A: No. Response: There should be more connection/linkage to the CSN.</p> <p>ACTION: Don will send email to Pat and Burma, who will then forward to other members for their response.</p>
X. Public Comment	None.
XI. Meeting Recap and Agenda for Next Meeting	<p>See ACTION items above.</p> <p>CSN Mission and Purpose Statements Subcommittees Enrollments/RDS Update Grant Funds Eligibility</p>