

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

Draft Minutes

Members Present:

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| • Jan Burns, AIN | • Jennifer Anderson, Hawthorne House | • Joyce Cotton, Spring Harbor Hospital |
| • Don Harden, Catholic Charities | • Tom Kivler, Mid Coast Hospital | • Catherine Snow, Spurwink/Portland Help Ctr |
| • Kitty Purington, Community Counseling Center | • Christine McKenzie, MMC/Vocational Services | • Leslie Mulhearn, Sweetser |
| • Karen Evans, Consumer Council of Maine | • Jennifer Tingley Prince, NOE | • Vicki MacWhinnie, VOA |
| • Christine Holler, Consumer Council of Maine | • Ed Blanchard, Shalom House | • Pat McKenzie, Youth Alternatives/Ingraham |
| • Lois Jones, Counseling Services Inc. | • Amy Thomas, Smart Child & Family | |

Members Absent:

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| • Amistad (excused) | • Mercy Hospital | • Sweetser Peer Center |
| • Crossroads for Women (excused) | • NAMI ME Families (excused) | • Transitions Counseling |
| • Freeport Counseling (excused) | • Parkview Adventist Medical Center | • Work Opportunities Unlimited |
| • Goodwill Industries (excused) | • Preble Street (excused) | • Youth Alternatives/Ingraham |
| • Gorham House | • PSL Services | |

Alternates/Others present:

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Staff present: DHHS/OAMHS: Carlton Lewis, Marya Faust. Muskie School: Elaine Ecker.

Agenda Item	Discussion
I. Welcome and Introductions	Carlton opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	The minutes from the July meeting were approved as written.
III. Feedback on OAMHS Communications	<p>Carlton informed the group that this agenda item will appear as a new standing item on all CSN agendas to give members a regular opportunity to ask questions or give feedback on all OAMHS communications (state or regional levels) received during the month. Marya added that recent and future correspondence will also be posted on the CSN website.</p> <p>At this point Marya made some announcements:</p> <p>David Proffitt's Resignation David Proffitt, Superintendent of Riverview Psychiatric Center, has resigned to take a position as CEO of Acadia Hospital in Bangor. The transition will happen over the next month or so.</p> <p>APS Healthcare—Data, Enrollment, Grant Funds</p> <ul style="list-style-type: none"> • The scheduled date for APS Healthcare to take over enrollment and RDS/EIS data is moved to September 1. Agencies will no longer be required to enter information into both APS and OAMHS systems for clients receiving community integration services. Also, entries are no longer required for PNMI clients who don't have a community support worker.

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	<ul style="list-style-type: none"> • APS will also take over applications/approvals for grant-funded services (CI, ACT, DLSS) on September 1. Any agency holding a MaineCare contract and grant contract can submit requests. • A joint memo from OAMHS and APS will be sent out to all CSN members very soon detailing the above changes. <p>Discussion:</p> <ul style="list-style-type: none"> • Is it first-come, first-served re: grant funds? A: Yes, but OAMHS will be monitoring for costs for units of service committed. • How will we get payment for services on those who lose MaineCare and we're not aware for a month or two? A: Will address that in the Q&A part of the instructions. • Are spend-downs handled through APS? A: Yes. • Christine Holler pointed out that the State cut funding for deaf services to Community Counseling Center (CCC), which resulted in the Augusta office closing--and questioned where deaf people are supposed to get services? Marya responded that she was not aware of such cuts. Kitty Purington clarified that the closing was not a result of a direct grant cut, but a cumulative effect of rate cuts. "There is a hole in the service system in Augusta." Christine stressed that funds are needed back for that service. • A member commented that it could be an interesting time next spring with OAMHS holding the grant funds. It will give OAMHS a much better handle on these grant services and whether the system is at a critical point of running out of money.
<p>IV. Legislative Session January 2009</p>	<p>Bills/Rules: Proposals/ideas from members OAMHS encourages members to bring forward any ideas for rule changes or bills for the upcoming legislative session for discussion at next month's meeting.</p> <p>Questions:</p> <ul style="list-style-type: none"> • Will there be further cuts? A: We don't know. <p><u>Judge Mills' Order - Monitor</u> In response to a member's question about whether CSNs will be involved in the court monitor process, Marya explained the background and current status: OAMHS made a presentation to Judge Mills in response to her concerns regarding the amount of funding supporting the mental health system for FY 2008, 2009, and forward, to determine 1) whether or not there were sufficient funds to meet compliance and 2) whether OAMHS has been an adequate advocate for funding. Judge Mills concluded that she could not make determinations without more information and, therefore, decided to appoint a monitor to study the matter. The monitor will conduct the study independently and may interview agency personnel, consumers, etc. Court Master Dan Wathen has nominated Elizabeth Jones, and though she is expected to do so soon, Judge Mills has not officially confirmed this nomination.</p> <p>Marya further communicated the difficult position in which OAMHS finds itself, working within the Governor's budget directions—and also advocating for funding in the way the Consent Decree envisions.</p> <p>She added that OAMHS hopes the monitor process provides an opportunity to have a good picture of what's needed to be compliance.</p>

Agenda Item	Discussion
	<p>Budget: Process for September CSN discussions Work has begun on the State's biennial budget for FY 2010 & 2011, as well as the Supplemental Budget for 2009. Initial requests are made this month, CSN information gathered during September, and requests will be finalized in October, Marya explained.</p> <p>OAMHS will make its budget requests based in part on the RDS unmet needs data (discussed below), though many other sources of information are also considered. OAMHS also welcomes any unmet needs or budget requests from CSN members, in two major categories: 1) consumer unmet needs and 2) systems or administrative needs, e.g. needs resulting from high fuel costs. Any such requests should include specific proposals to meet specific needs, with supporting data that includes how the service need is identified, how many people would be affected, how the funds would be used, etc.</p> <p>Budget: Unmet Needs Data Members received handouts of enrollment and RDS (Resource Data Summary) Unmet Needs data for the 4th Quarter of FY 2008. The materials also contained data from the previous two quarters. Marya cautioned that increases in unmet needs for the 4th quarter have more to do with providers' good work in getting overdue data into the system and not with a sudden actual increase in unmet needs. This quarter going forward, Marya said, will provide the best data for planning purposes.</p> <p>Members reviewed the various charts and graphs. Highlights for CSN 6:</p> <ul style="list-style-type: none"> • CSN 6 shows 95% of enrollments are now current. • Housing and Health Care show the highest numbers of unmet needs in this CSN (and several others). • It is important to look at the actual numbers, not just percentage changes, especially in considering small numbers. For example, an increase from 2 reports to 4 would show as a 100% change. <p>Discussion:</p> <ul style="list-style-type: none"> • If an agency has capacity in an area of unmet need, how do we make that known? A: Through the CSN here, or send it to OAMHS to give out. • Ed from Shalom stated his certainty that unmet needs have been greatly underreported. He cited two possible reasons: 1) Previous belief that data was ignored, went into a black hole, so what's the incentive? 2) Disagreement among community support workers on what unmet needs are and what should be reported. Shalom has put this as a regular agenda item for meetings with case manager, to ensure unmet needs are reported adequately. Ed went on the record "encouraging all agencies to look at this carefully, so we'll be doing an adequate job with this." • Members pointed out the low number of unmet needs in the substance abuse (SA) category, noting possible reasons: If client does not identify SA needs, then it doesn't appear on ISP as an unmet need; client often more concerned with survival needs like housing, food, safety; case managers may not have tools (like Motivational Interviewing) to work with precontemplative clients. • Unmet needs may not be captured because case manager may not agree with consumer, e.g. work, believing that consumer can't work until symptoms improve. • One provider member remarked that it might be worth reinstating agencies' independent data systems that capture unmet needs from client assessments—if the information would truly be looked at by the State.

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	<ul style="list-style-type: none"> • We need to educate consumers about the importance of this data. • Karen shared that case managers may not capture all unmet needs, because they don't want to overwhelm the client by identifying all goals at once. They may suggest working on three goals, for example, so only those three would be on the ISP. <p>Demographic Handout Members received a handout with demographic information, which Marya pointed out may be helpful in budget request preparations.</p> <p>ACTION: Members are to bring any specific proposals for rule changes, bills, and budget requests for discussion at the September meeting.</p>
<p>V. Subcommittee Work Sessions and Report Out</p>	<p>The subcommittees reported out on the work sessions held last month.</p> <p>Hospital The subcommittee is waiting for data OAMHS will obtain from an outside source re: tracking admissions between/among hospitals. They have identified several other issues to work on.</p> <p>Housing Ed from Shalom raised two issues of concern, and members engaged in a lengthy discussion about the second: 1) tremendous impact of energy costs, and 2) changes in PNMI reimbursement rules, specifically the elimination of “away days” or “bed-hold days” (days a client is away from facility).</p> <p>Information/Discussion:</p> <ul style="list-style-type: none"> • The elimination of reimbursement for bed-hold days is driven completely by Federal Medicaid rules. Maine previously had no cap on bed-hold days, but during the last session the legislature capped them at 30 per year. The Center for Medicare and Medicaid Services (CMS) “saw what was happening” and made clear that Medicaid does not pay for any bed-hold days. • Though a percentage of away days is supposed to be built into reimbursement rates, Ed stated the proposed changes will not nearly cover all of the typical away days. • Shalom tracked information on clients’ away days for the month of July. Approximately half were hospital days and half were visiting family. Fourteen people had hospitalizations (one for 30 days in Riverview) and 30 people spent time away visiting family, which, Ed said, “We think is part of recovery.” • Hospitals are very concerned about losing beds to discharge people back to. • Shalom has sent letter requesting/proposing to be paid for hospital days. • Ed strongly urged OAMHS to get <u>real data</u> on away days across agencies to realize the full impact of the situation. “I can’t underline my concern about this enough.” • Karen voiced concern for consumers—they are trying to get some stability under them, and then have to worry about losing their home? This is a <u>deterrent</u> to recovery. <p>Marya said OAMHS want to be sure to understand the full impact, and noted that meetings are scheduled/ongoing with Housing staff.</p>

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	<p>Recovery The subcommittee is looking to have Dr. Elsie Freeman make a presentation to the CSN on the “Dying 25 Years Too Soon” data and project work. Dr. Freeman is scheduled to do so at the October meeting.</p>
<p>VI. Consumer Council Update</p>	<p>Christine informed the group that the Statewide Consumer Council (SCC) is looking to fill its Executive Director position and two outreach coordinator positions. She also noted that the Council is hoping to get more state funding for staffing the warm line to address the current unsafe environment at night. Karen added that the Local Council drafted a Problem Statement on this issue.</p> <p>Karen said that the SCC is looking at holding elections. They currently have 17 representatives from around the state, but need 21 seats filled.</p> <p>She also said the SCC recently held a roundtable discussion regarding an incident that happened in the community.</p>
<p>VII. Report from the Employment Services Network (ESN)</p>	<p>Deborah Rousseau distributed and reviewed summary data re: results of the Need for Change (NFC) surveys being distributed by employment specialists (ES) and completed by consumers. Consumers indicate on the NFC their satisfaction level with their current work and/or education. The data covers all CSNs except 4 and 6, which do not have an ES as yet.</p> <p>As national data suggests, the NFCs collected show that 40 percent or more indicate a “strong or urgent need to change” their current work and/or education situations. Of the subgroup who are currently employed, 75 percent indicate a strong or urgent need to change. Those who “aren’t sure” are encouraged to come to a group discussion about how work affects benefits, since that is often the underlying concern.</p> <p>She informed that the ES hired for CSN 6 resigned and MMC is currently interviewing to fill the position. They hope to have CSN 6 data next month.</p>
<p>VIII. Impact of Energy Costs</p>	<p>Marya asked members to discuss the impact of high gas and oil prices—both on agencies administratively and on consumers they serve. OAMHS would also like to know what actions they are taking or anticipate taking to address the impacts, as well as to gather information for possible budget work.</p> <p>Members mentioned:</p> <ul style="list-style-type: none"> • Restricting catchment areas • Concern that case managers are losing on mileage reimbursements • Maine Housing energy audits • Channel 6 is pulling together a guide for available assistance for fuel—coming out in September. • 211 will be a central resource for information. • Thought of tracking through warmline? Does warmline then refer to 211? <p>This item will appear on upcoming agendas. Members are encouraged to bring back to next month’s meeting any resource or conservation ideas.</p>

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IX. Consent Decree Report	Marya informed the group that the Consent Decree Quarterly Report for April-June 2008 has been filed with the Court Master. Copies of all documents are posted on the OAMHS website: www.maine.gov/dhhs/mh/consent_decree . Members were encouraged to look at the Consent Decree Performance Standards Summary document, in particular.
X. Other	<p><u>Wraparound Funds</u> Members briefly mentioned this item, noting it will be more fully discussed at the September meeting. In the interim, ideas may be sent to Elaine: eecker@usm.maine.edu.</p> <p><u>Rep Payee Services</u> A member reported: With loss of rep payee service providers in the area, many are utilizing the City of Portland services. It's been reported that the City charges more for clients with substance abuse issues than for those without substance abuse issues. Is this true?</p> <p>ACTION: Don of Catholic Charities volunteered to look into whether different rates are charged based on substance abuse and send the information to all CSN 6 members.</p>
XI. Public Comment	None.
XII. Meeting Recap and Agenda for Next Meeting	<p>See ACTION items above.</p> <p><u>September Meeting Agenda:</u> OAMHS Communication Legislative--Bills, Budget Consumer Council Update ESN Update Wraparound Funds</p>