

**Community Service Network 1 Meeting
Aroostook Community Action Program, Presque Isle, ME
May 28, 2009**

Minutes

Members Present:		
<ul style="list-style-type: none"> • Allies, Inc., Jessica Parady • AMHC, Greg Disy • AMHC, Christine Brown 	<ul style="list-style-type: none"> • Care & Comfort, Chris Morse • Consumer Council & Harvest Inn Social Club, Chris MacArthur • Life by Design, Deborah Gray 	<ul style="list-style-type: none"> • New Day Counseling, Danielle Perry • Northern Maine General, Beth Jandreau • Northern Maine Medical Ctr, Patricia Michaud • The Aroostook medical Center, Warren Houlette
Members Absent:		
<ul style="list-style-type: none"> • Acadia Hospital (excused) • Cary Medical Center • Dorothea Dix Psychiatric Center 	<ul style="list-style-type: none"> • Houlton Regional Hospital (excused) • Kindred Spirits 	<ul style="list-style-type: none"> • NAMI-Families • NFI North
Alternates/Others present:		
<ul style="list-style-type: none"> • Maine Medical Center-ESN, Katie Burby 	<ul style="list-style-type: none"> • Northern Maine General, Michelle Raymond 	
Staff Present:		
<ul style="list-style-type: none"> • DHHS OAMHS: Don Chamberlain, Sue Lauritano, and Scott Kilcollins. DHHS QIS: Karen Glew. Muskie Staff: Scott Bernier 		

Agenda Item	Discussion
I. Welcome and Introductions	Sue welcomed participants; introductions followed.
II. Review and Approval of Minutes	Minutes were approved as written.
III. Feedback on OAMHS Communications	<ul style="list-style-type: none"> • Feedback: If there is a significant communication from DHHS, please send notice to providers and do not just post it to the website. • Response: OAMHS does send it to CEO's and it would be helpful for agencies to provide OAMHS with the names of who else should be contacted at the agency. • Feedback: When an RFP is posted on the web and in newspapers, it needs to be in other papers and not just the Augusta paper.
IV. Employment Report	<p>A report was provided in advance to members. Greg reported that AMHC continues to be excited to be the host agency. There has been a lot of positive activity. Referrals are now being accepted from other agencies for the five slots available to them.</p> <p>Katie reported that she is running a monthly vocational services group that is open to those who complete the "Needs for Change" scale. The group has room for 12 people at a time. There are currently 9 slots available. At previous meetings, they worked on identifying skills and developing resumes. At the next meeting, the topic will be on disclosure. If there is enough interest, she will increase the frequency of the meetings.</p> <p>The numbers on the pie chart in the handout add up to more than 100%. There are duplications on the chart as people could be in more than one service at a time. All seven employment service networks are working on standardizing the chart.</p>

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V. Consumer Council Update	<ul style="list-style-type: none"> • Three representatives may be sent to each CSN. Only one of the seven CSNs has that many at this time. • The Consumer Council would like to talk to case managers to try and encourage consumers to look into joining the council. Chris MacArthur is willing to meet with area case managers to discuss this. His phone number is 493-4668. • The council is having a hard time recruiting members. • The next local meeting will be at the Caribou Recreation Department Center on June 17, noon to 3pm • The local council is looking for two local members to participate in the state-wide council. • The next statewide council meeting will be June 10, 10am-4pm via ITV from the Caribou DHHS Office. • Local consumers who have seen the booklet put together by COSII were very impressed. <p>Questions/Comments:</p> <ul style="list-style-type: none"> • Question: So, if we have an interested consumer, whom do we contact? • Answer: Contact Vickie McCarty toll free: 1-877-207-5056. Or interested consumers can just show-up at the meeting.
VI. CSN Discussion	<p>Don introduced this agenda item. OAMHS and CSN members have had concerns about the effectiveness of these meetings. DHHS has been soliciting feedback from all CSNs, both through a suggestion form and discussion at meetings. The CSNs grew out of the Consent Decree requirements. OAMHS doesn't think it's been totally successful. The Department will review all feedback/suggestions and will report back to all CSNs at the June meetings. There may be variability from CSN to CSN. Feedback so far has varied from meeting every two weeks to dissolving it completely. Don also referred members to the CSN Mission statement at the top of the agenda and a handout about the CSNs.</p> <p>Discussion/comments:</p> <ul style="list-style-type: none"> • We should meet every other month due to the travel involved. I have gained a great deal of information here. It has been a great resource. • This meeting has high value with both consumers and providers present. However, consumers should have a bigger role. For example, were consumers asked about the outcome measures surveys? • Response: The group that worked on the outcome tools included at least one consumer. • I have found this very valuable. I'm too busy to rely on email. I would appreciate seeing this meeting continue in some form. • We have lost our intended focus and purpose over time. We worked well at first in coordinating care, but now the agenda is OAMHS driven. It feels like we've lost our voice. We shouldn't continue the meeting as it is unless we can gain back the early collaboration. • I have concerns about the proposed advisory groups unless they report back to the whole group. For example, the Crisis Initiative meetings were helpful when they reported back to us. • It has been a helpful meeting to meet-up with other agencies and know what's going on. • From a relationship standpoint, the face-to-face is different than teleconference/email would be. I fear we could get into an Us versus Them situation without the face-to-face meetings. • Maybe we could add to the agenda in advance if we have something that should be brought up. • Legislative updates have been beneficial. • It shows that information sharing is a dynamic process. • Let's meet every other month, but make them a little longer to get more details on each agenda item.

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	<ul style="list-style-type: none"> • If something important can't wait, use teleconference to pass on the information. • We should identify weaknesses and work collaboratively towards solutions. • It would be beneficial to move CSNs back towards its original mission/purpose. We need to define where it's falling apart to fix it. • It would be nice to know which information being sent out applies to hospitals versus agencies versus both. • It would help to identify who needs to be here for specific topics. <p>Questions/Comments:</p> <ul style="list-style-type: none"> • Question: We are a split group today. How do we seek the input of those not present? • Answer: Acadia has already provided their feedback through CSN 2. Community Care no longer is providing services in CSN 1. • Question: What are OAMHS' thoughts on the CSN meetings? • Answer from Sue: I like CSN 1, but I would also like to see it move back to problem solving. • Question: Do you have a sense for themes from feedback you have received so far? • Answer from Don: CSNs are not working as set-up. There is no consensus from CSN to CSN as to how often to meet. Many appreciate the information they receive. Many agree there is a need to refocus on the mission/purpose of the CSNs. Many find high value in the face-to-face meetings.
VII. Outcomes Discussion	<p>Don introduced this agenda item. OAMHS has held discussions with the Office of Quality Improvement Services (QIS) about measuring outcomes. Karen Glew has done a lot of research into this. This will not be a short-term project. It will evolve over time starting with a pilot project.</p> <p>Handouts of Karen's presentation were provided to those present.</p> <ul style="list-style-type: none"> • The process started in early 2008 to discuss measuring outcomes at an individual level. • Wanted a tool kit that had credibility. Need to know the tools have been reviewed and can be used at the system level. • 50 tools were researched. Those were filtered down to 4 tools. A memo was sent to stakeholders to see if other tools should also be considered. • The four tools and others that were suggested were reviewed over several months. • QIS settled on OQ Measures Toolkit, which contains 3 tools in one. More info on this toolkit can be found at: http://www.oqmeasures.com/site/ • Data reporting is in real time using PDAs. Graphs are produced immediately showing a clients progress towards recovery. • It is intended to be used as a discussion point between the case manager and the client. It is not a treatment. • The pilot will be to determine for whom the tools are working. It will begin in October, 2009. • Three providers will be in the pilot program. Only one has been named so far, Kennebec Behavioral Health, which has used this tool. The Office of Children's Behavioral Health Services (CBHS) will also be participating in the pilot. <p>Questions/Answers:</p> <ul style="list-style-type: none"> • Question: What are the costs involved? • Answer: It is the intention of OAMHS to pay for the hardware and software. Agencies will only need to cover the cost of training.

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	<ul style="list-style-type: none"> • Question: Does that include the cost of software licensing fees? • Answer from Don: Yes • Response from Karen: The intent is to use a computer or, preferably, a PDA. Information entered into the software will give immediate feedback via the Internet. The tool has been in use for about 30 years. It is web-based. In addition to real time, it lets administration go into the program and see data by service provided. • Question: So, a consumer would have to fill-out this form in the handout? • Answer: That is one of three tools being looked at. All three will be used during the pilot to determine which one is most effective. • Question: How does this system tell a provider how to treat the client? • Answer: The data goes into a database and compares it to other reports. The case manager would sit with the client and they would talk about the data together. The tool doesn't provide treatment to the client. It just provides a discussion point between the case manager and the client. • Question: What is the frequency to fill-out the tool? • Answer: That has not been determined yet. It will be part of the discussion moving forward. There are a lot of questions that haven't been answered yet. The pilot is to help determine the best way to implement the tool. • Question: Which providers were represented on the committee? • Answer: Community Health & Counseling Services (CHCS), Counseling Services, Inc. (CSI), and Kennebec Behavioral Health (KBH). • Question: So there was no representation from CSN 1? • Answer: No, it was done by regions and CHCS represented Region III. • Question: So, the pilot will start with Community Integration Services (CIS) and ACT only? • Answer: Yes. KBH has been using it with their outpatient services for some time. CHCS has been using a different tool. • Question: Who are the other two agencies for the pilot besides KBH? • Answer: They have not been chosen yet. OAMHS is looking around Augusta for the others to keep the costs of training down. • Comment: There is an urban versus rural aspect to this initiative. There are connectivity issues in Aroostook County. • Response: There are similar issues in upper Somerset, Oxford and Piscataquis Counties. This tool has also been used in the upper peninsula of Michigan, which has similar issues. There has been a canned report developed for use in such areas. The aim of the pilot is to do it in the field and not in the office. • Question: Were the provider representatives on the committee from their respective agency quality insurance office? • Answer: Not all of them. It's been a mixed group. • Question: Would part of the software/hardware support cover the PDA's? • Answer: Yes. OAMHS will cover the cost of equipment, software and end user licenses. • Comment: AMHC has experience with the electronic version of the OQ45 tool. • Response: We'd like to hear feedback on your experience with it. • Question: How does OAMHS plan to fund this? • Answer: money has been set aside for the pilot and projected into the future. OAMHS does not want this to be a cost to the agencies. A federal grant has been secured to supplement this. • Question: Do you have an estimate of the cost for this?

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	<ul style="list-style-type: none"> • Answer: The grant will be covering the pilot in the amount of \$40,000. Most of the costs are upfront for the hardware, software and licensing agreements. The costs will go down over time. • Comment: Home health agencies use hand held PCs/PDAs. Up here, they don't work well in cold weather and are very fragile. They have had problems uploading the information into them. You can talk to Visiting Nurses of Aroostook about the problems they have experienced. PDAs are also not good for those with bad eyesight due to the small-size screen. • Response: Those are things to watch for including accessibility. Children's services use laptops. • Question: Who fills out the tool? • Answer: The consumer • Question: What if he needs support? • Answer: A group will be created to help provide that support. (Don added) It will be billable time. <p>ACTION: Jennette Hitchcock of AMHC's QI Dept. will send feedback on OQ45 to Karen Glew.</p>
VIII. Legislative Update	<p>Don provided the update:</p> <ul style="list-style-type: none"> • The budget is done and is awaiting the Governor's signature. On the adult mental health side, services came through mostly unscathed. • There is a change in eligibility for CI services. Now must use LOCUS. This is effective July 1, 2009. • Scattered site PNMI's are being eliminated. A proposed community rehabilitation service in the works to replace this. It is proposed to have a daily rate of \$76.76 if approved. Consumer will not lose housing. For example, if the consumer were living in an apartment, they could continue to live there. However services would now come through Section 17 instead of PNMI. The consumer could remain in their housing, even if they opt out of other services. • Involuntary admission rules changes were tabled for now. • There is talk to establish a stateside mental health council similar to the substance abuse council. • Extension of Progressive Treatment Program (PTP). This affects Bangor and Augusta only. It allows a second 6-month period for those who are in the program and reduces the eligibility age from 21 to 18. • There is an ongoing larger PNMI discussion under Section 97. DHHS will need to separate housing from services. The change would be no earlier than July 2010. The reason for the change is to bring Maine in line with federal compliance. • As part of the budget that has passed, the state will close down offices for 10 days in the next fiscal year. Most of the dates will be near state holidays. The first shutdown date will be July 6, 2009. • ACT is going to a daily rate as of July 1, 2009. As CSN 1 does not have an ACT team, this does not affect CSN 1. <p>Questions/Comments:</p> <ul style="list-style-type: none"> • Comment: Please invite adult PNMI providers to those meetings when they begin. • Question: Who convenes the meeting? • Answer: Kathy Bubar • Question: Are the meetings monthly? • Answer: Currently they are weekly. DHHS hopes to cut back to monthly. The meeting is on Friday 1-3pm. <p>ACTION: Sue will provide AMHC with the contact information to join the PNMI discussion.</p>

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	<p>ACTION: Sue will send out a list of the dates state offices will be closed to CSN members.</p>
IX. Other	<p>Change in CSN representation Greg announced that he is stepping down as AMHC's representative to the CSN meetings. He has valued his time here. Christine Brown will now represent AMHC.</p> <p>Warm Line Don let members know that the warm line will be going out for bid shortly. Currently, there are three warm lines in the state: one run by AMHC, one by CHCS and a statewide one. Current agencies have been given a six-month contract to continue running their warm lines. The bid is to create a single, statewide system.</p> <p>Comment: I would hate to see us lose the local warm line. Many of our consumers use it.</p> <p>Agency Changes AMHC is in the process of acquiring another agency located in Washington & Hancock Counties.</p> <p>Wrap-Around Funds There is still \$600-700 in funds available.</p>
X. Public Comment	There was no public comment.
XI. Meeting Recap and Agenda for Next Meeting on June 25, 2009	<p><u>Meeting Recap</u> See ACTION items above.</p> <p><u>June Agenda</u></p> <ul style="list-style-type: none"> • Wrap Funds • Coding Training/Information • Transition to UNISYS • Unmet needs