Community Service Network 2 Meeting
Acadia Hospital, Bangor, Maine
May 12, 2009
Minutes

Members Present:

☒	**Acadia Hospital** – Annette Adams	☒	**Consumer Council** - Vickie McCarty	☐	Millinocket Regional Hosp
☒	**AIN** – Melinda Davis	☒	**Dirigo Counseling Clinic** – Jill Peters (Alt. Rep.)	☒	**NAMI-Me – Families** – Sue Comins
☒	**Allies Inc** – Heather Boulier (Sub. Rep.), Debra Henderlong (Alt. Rep.), Rhonda Keyte, Heather Bowier	☒	**Dorothea Dix Psychiatric Ctr** – Sharon Sprague (Sub. Rep.), Marjorie Snyder	☒	**NFI North** – Scott Dufour
☐	Amicus	☐	Downeast Community Hosp	☒	**Northeast Occupational Exchange** – Sharon Greenleaf (Alt. Rep.)
☒	**Bangor Counseling Center** –Theresa Oliver	☒	**Families United** – Jeremy Ashfield	☒	**OHI** – Kathy Smith
☐	Behavioral Health Center	☐	Fellowship Health Resources	☒	**Penobscot Valley Hospital** – Mike Corbin
☐	Blue Hill Memorial Hospital	☐	Maine Coast Memorial Hosp	☐	Phoenix Mental Health Svcs
☐	Ca Dean Memorial Hospital	☒	**Maine Mental Health Connections** – Robert Mathien	☐	Regional Medical Ctr - Lubec
☐	Calais Regional Hospital	☒	**Mayo Regional Hospital** – John Spieker	☐	St. Joseph Hospital
☒	**Care & Comfort –** Beth Brown (Alt. Rep.)	☒	**Mdi Behavioral Health Center** – Sue Rouleau	☐	Sunrise Opportunities*
☐	Charlotte White Center	☒	**Medical Care Development** – Betty Foley	☒	**Wabanaki ~ Sweetser** – Sharon Tomah
☐	Choices			☒	**Together Place** – Lydia Richard
☒	**Community Care** – Tracy Macdonald			☐	Washington County Psychotherapy Assoc.*
☒	**Community Health & Counseling** – Dale Hamilton, Thomas Lynn			☒	**Wellspring, Inc**. – Pat Kimball
				☐	Wings

*Note: Due to technical difficulties Dr. John Edwards (WCPA) and Sharon Dean (Sunrise Opportunities) were unable to connect via ITV.

Others Present:

- MMC Voc. Emp. Specialist – Leah Barteaux
- Karen Glew – DHHS OQIS (presenter)

Staff Present: DHHS/OAMHS: Scott Kilcollins, Sue Lauritano, Don Chamberlain, Carrie Broker (Intern), and Laurie Mitchell. Muskie School: Phyllis vonHerrlich

Agenda Items	Discussion
I. Welcome, Introductions & Reminder to sign in	Sue welcomed attendees and reminded all to sign in. Introductions followed.
II. Minutes – Review and Approval of March minutes	The minutes for March 10, 2009, were reviewed. **ACTION:** CSN 2 March 10, 2009, minutes approved as corrected.
III. Feedback on OAMHS Communications	Don Chamberlain spoke: • Discussed APS wait list • Grant funds are to be dispersed; may require amendments to contracts • An agency pointed out the difficulty of having a set grant and then having to turn away clients when all those funds were allocated. But with additional funds being allocated, they may end up serving some clients who entered the system after others had already been turned away because of when the wait list was established. • The system used for CSN contacts this year allowed the state to disperse additional funds; this system will not be used next year.

IV. Employment Report	Leah Barteau handed out the CSN 2 Employment Outcomes report. • 18 in program currently, with four intake interviews today and tomorrow. • There are three job starts and three in volunteer positions. • There are five openings for clients from other agencies; Gayla Dwyer is contacting agencies. • Activities of participants include career exploration, active job search, school, volunteer positions, job starts, and outreach. Some clients fall into more than one category. • Attendance at group sessions is four to five, and eight attended a recent job fair.
V. Consumer Council Update	Vickie McCarty reported: State CCSM work: • CCSM testified against LD 1360. Bill has been recommended for carry-over; all stakeholders directed to meet and come to agreement. • Employment Service Networks want consumers to participate in their meetings, but stipends and mileage reimbursement are being offered only on a case-by-case basis (when proof of need/loss/hardship can be established). CCSM is preparing an Issue Statement to challenge ESNs to provide stipends and mileage as a matter of course. • CCSM has seat on the MeHAF Integration Grant Steering Committee to develop projects in CSN 3 and CSN 5 to integrate elements of physical health care and mental health care. Focus is on people with SPMI and diabetes. CCSM has a seat on the MeHAF steering committee for Peer Services Grant. Principals in grant are NAMI, Amistad, and MAPSRC. The purpose of the grant is to inventory and describe peer support opportunities across state in an effort to show how peer services provide lower cost benefits for consumers' recovery. • CCSM has seat on State Voc Rehab Council Mental Health Subcommittee, which looks at issues of mental health and employment. • OAMHS executive staff are meeting once per month with CCSM executive director and chair of coordinating committee to discuss current issues. • CCSM leadership met recently with Consolidated Crisis System in Districts 6 (Penobscot & Piscataquis) & 7 (Hancock & Washington). Purpose of meeting was to address lessening use of ERs for psychiatric crisis. CCSM will be party to the provider MOUs in those districts. • CCSM is a member of Maine Can Do Better and as such receives information about federal legislative and budget issues in order to be able to respond appropriately to these. • CCSM serves on several other workgroups: Dreamers and Shakers, Public Education, and HOPE conference. Local CCSM work – Region 3: • Meetings: Greater Bangor meets the fourth Tuesday of the month at the Peace & Justice Center in Bangor; the Greater Caribou group meets the third Wednesday of the month at the Caribou Recreation Center. • Bangor area group: continue to identify representatives for CSN and SCC; social event (barbeque) upcoming in Bangor area; will participate in DDPC wellness fair in fall; have offered to collaborate with Peer Support initiative in CSN 2. • Caribou area: working with Greater Bangor Area group to do outreach in June; working on a local event/presentation to interested peers and case managers.
VI. CSN Discussion	Information is being solicited from CSN members regarding the structure of CSN work. Intent is to restructure to be more effective and in line with mission statement. The input (forms sent with the meeting notice and available at the meeting) will be compiled and shared with the CSNs in June. Attendees were asked to turn in their comment sheets during the break or after the meeting. Discussion points included:

	• Medical Community does not understand the MH system – pulling in other community hospitals [into the CSN meeting structure] would help us to serve clients better. They are required to be here by Consent Decree, but do not participate. • Face-to-face meeting is better than a telephone meeting. • Information from meetings is important (e.g., community hospitals learning about agencies). • We have not coordinated and shared information. The format is: DHHS presents and agency representatives respond. We do not resolve anything. Discussions go nowhere. It is frustrating. • Not a forum where we address issues. Meeting is more an information session. A "sharing session" would be better. (2 felt that way.) • We need to have a purpose. CSNs came out of the Consent Decree – out of Department's response to the Consent Decree. We do not really share information. Purpose of meeting is not clear. • You [DHHS] don't take advantage of the knowledge at the table. • If providers could come and showcase what their organizations do, [we] could see the strengths and weaknesses of the area. • Time and cost for executives to attend is very high. • Need to have a better idea of purpose. • There needs to be collaboration between agencies and the Department. • Over time, agency representation has changed. • The people who come to this meeting may not be the right people – look at the eight areas of mandated services – add consumers to collaboration. We speak of the budget – and get caught up there. • Meet four times per year as a whole group, and then have workgroups on specific issues. (We have worked on some issues, but nothing has come of it.) • Department gets bogged down and cannot act on the good advice we give. • Originally conceived of as a discussion group – has not turned out to be that. • Department should be clear about with system they can support – should not give false expectations. Make the limitations clear and set up the structure accordingly. • CSN was brought to the agencies. CSN has not lived up to what it was thought to be. Consumers are not listened to. • There is a dynamics divide – key players (department, providers, consumers) seem to be against each other. • Consumers have been disappointed. They have engagement, but nothing happens. Idea of CSN was sharing and collaboration to identify needs. We never set tasks to get us to change. • Department has things they need to meet with Consent Decree, but do not allow growth or change in CSN in Bangor. • Thanks for asking. It is time to end CSN. Department should go back and look at how to meet their goals. • CSN group has no authority. • Structure needs to be looked at. • Stop and take a look at a different structure. <u>If we were to stop, is there anything that you will want to continue in some way?</u> • Announcements / emails are great. <u>If we were to have a monthly call in around communications – how would you feel about that?</u> • This would provide an opportunity to comment on information. That would be better than this structure. • Use CSN structure for specific initiatives: - Opportunity to introduce changes that are coming up. - Opportunity to discuss initiatives. - Use this structure to do a forum on specific issues then proper staff can come; use for feedback, better dialogue, in depth discussion on specific to area.

	ACTION: Summary of the comments re: the structure of CSNs will be available for June meeting.
Break – 2:05 – 2:20	
VII. Outcomes Discussion	Don Chamberlain and Karen Glew reported. A handout on "Measuring Outcomes: Piloting an Outcome Toolkit" was provided. OAMHS has undertaken the task of measuring the quality of improvement in consumers' lives gained from services received – essentially measuring the difference services provided make in individuals' lives. A workgroup was formed last year for this undertaking. Karen reviewed the purpose and initial work of the group. The tools to pilot been selected and include 3 specific tools from *OQ Measures* (OQ 45, SOQ 2.0, and OQ 30.1) (see http://www.oqmeasures.com/site/). Other tools in the kit include: *Recovery Assessment Scale* (RAS), *DIG Mental Health and Well-Being Survey*, *Level of Care Utilization System* (LOCUS), and questions on Co-Occurring disorders yet to be defined. *OQ Measures* was selected based on its attributes for measuring outcomes, its reporting capacity and support provided to practitioners and clients, its responsiveness and willingness to provide training, the fact that it has been peer reviewed and approved by SAMHSA as evidence based practice, and because it is web-based with direct client input for data (consumer answer questions on a PDA provided by agency). The system has some flexibility and can handle delayed data entry as well as the direct entry. The pilot will involve two agencies, will go from October 2009 to May 2010 and will be for consumers receiving Community Integration services. One pilot agency has already been using the tool (although not for CI); the other will be one that is less technologically sophisticated. After the pilot, other agencies will be brought on slowly. DHHS is covering the cost for the essential equipment, software, and training, which will be done by the designers of the system. Points from the discussion: • Look at the whole APS system because this duplicates it. • Consider a shorter tool (which a number of agencies have been using) because the long tool (45 questions) may be overwhelming for consumers. Do a comparison of the shorter tool to the longer tool. Don will take this suggestion back to workgroup **ACTION:** The suggestion that OAMHS consider doing a comparison in the pilot of a shorter tool to OQ Measures will be taken back to the workgroup.
VIII. Legislative Update	Don reported. • Anticipated that the budget will be finalized May 13; if not, there are implications for MaineCare billing/payment. • No new cuts for Adult MH services, other than the impact of the furlough days required of state employees. • The bill (LD 1360) to allow family members and law enforcement to petition for involuntary commitment predicated on the likelihood that someone will benefit from treatment was recommended to carry forward to the next session (the Legislative Council makes this decision). In the meantime, parties interested in this bill have been asked to work together to see if they can find common ground. OAMHS opposed this bill because the basis for involuntary commitment was too arbitrary. • Establishing a MH Commission was voted down; recommended for next session; DHHS has been given 6 months to come up with a response/alternative to this. • LD 341 (An Act To Amend the Department of Health and Human Services' Progressive Treatment Program) passed (length of stay extended additional 6 months, age for participation set at 18, due process did get included). • LOCUS substituting for GAF for Section 17 services was approved.

	Points from discussion: • No state institutions to close • Bill to establish 2 pilot capitated systems reported out of committee as ought not to pass. • Rep. Perry's bill to establish an Advisory Commission To Improve Mental Health Services in the state is coming up next week. Members would be appointed by Governor. • Sen. Mill's bill regarding licensing of behavioral health care providers is coming up – OAMHS will follow.
IX. Other	Community Hospital Utilization Review – Involuntary Admissions – ISPs This issue was discussed at length. Providers noted challenges for the institutions in getting this done (e. g., commitments that happen at beginning of weekend, with discharge on Monday); having electronic medical record system would help; a provider noted meaningfulness and ownership of record is an issue – document needs to be useful. Issues of compliance with consent decree, client participation in formation of treatment plan, better alignment of APS requirements (data fields) and ISP were put forth. Suggested ISP be a focus workgroup for CSN.
X. Pubic Comment	None
XI. Meeting Recap and Agenda for Next Meeting	**ACTIONS:** • CSN 2 March 10, 2009, minutes approved as corrected. • Summary of the comments re: the structure of CSNs will be available for June meeting. • Suggestion that comparison of shorter tool to OQ Measures be part of the Measuring Outcomes pilot will be taken back to the workgroup. **Agenda for next meeting**: Structure of CSNs