

**Community Service Network 3 Meeting  
Maine Principals' Association, Augusta  
September 24, 2007**

**Approved Minutes**

**Members Present:**

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| <ul style="list-style-type: none"> <li>• Susan Seeley, AIN</li> <li>• Tara Mullins, Allies Inc.</li> <li>• Dick Willauer, Alternative Services Inc.</li> <li>• Annalee Polley, Assistance Plus</li> <li>• Joe Tinkham, Care &amp; Comfort</li> <li>• Don Harden, Catholic Charities</li> <li>• Charlie Clemons, Charlotte White</li> <li>• Mark Tully, Community Correctional Alternatives</li> </ul> | <ul style="list-style-type: none"> <li>• Amy Wilmot, Community Mediation Services</li> <li>• Terry Casey, Crisis &amp; Counseling</li> <li>• Jean Gallant, ESM</li> <li>• Jen Raymond, Graham Behavioral</li> <li>• Emilie van Eeghen, MaineGeneral/HealthReach</li> <li>• Tom McAdam, KVMHC</li> <li>• Jim Talbott, Merrymeeting Behavioral Health</li> <li>• Richard Weiss, Motivational Services</li> </ul> | <ul style="list-style-type: none"> <li>• Karen Fatz, Mount St. Joseph</li> <li>• Ann Lang, NAMI Family Member</li> <li>• Carol Carothers, NAMI-ME</li> <li>• Lori Michaud, Redington-Fairview Hospital</li> <li>• Sharon King, Sebasticook Valley Hospital</li> <li>• Ric Hanley, Spring Harbor</li> <li>• Cindy Fagan, Sweetser</li> <li>• Carla Beaulieu, Hope Recovery/TPG</li> </ul> |
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**Members Absent:**

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| <ul style="list-style-type: none"> <li>• LINC Club</li> <li>• Inland Hospital</li> </ul> | <ul style="list-style-type: none"> <li>• Maine Children's Home</li> </ul> | <ul style="list-style-type: none"> <li>• Youth &amp; Family Services (excused)</li> </ul> |
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**Alternates/Others Pre sent:**

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| <ul style="list-style-type: none"> <li>• Johna Bowen, Assistance Plus</li> <li>• Heather Gallant, ESM</li> <li>• Troy Henderson, HealthReach</li> </ul> | <ul style="list-style-type: none"> <li>• Louise Gephart, HealthReach</li> <li>• Anthoney Davis</li> <li>• Debbie Howard</li> </ul> | <ul style="list-style-type: none"> <li>• Chris Lord</li> <li>• Leah Waldo</li> <li>• Michael Waldo</li> </ul> |
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**Staff Present:** DHHS/OAMHS: Ron Welch, Marya Faust, Donald Chamberlain, Leticia Huttman, Sharon Arsenault, Maggie Burke. Muskie School: Elaine Ecker.

<b>Agenda Item</b>	<b>Presentation, Discussion</b>
I. Welcome and Introductions	Sharon opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	The August minutes were approved with one change: Remove Ann Lang from the list of action plan subcommittee members and add Anna Lee Polley.
III. Richardson Hollow Update	<p>Ron Welch briefly explained the circumstances around the closing of Richardson-Hollow, saying that OAMHS had been working with the agency for some time on a number of issues including liquidity and management of the organization. Richardson Hollow closed on September 19, and through agreement between the two agencies and OAMHS, Sweetser immediately assumed responsibility for its clients and has hired many of its employees. Ron said such situations would ideally come to the CSN to be worked out, but in this case, things happened too quickly, and continuity of care for the clients was paramount.</p> <p>The group discussed the various services involved and the efforts/meetings happening to locate all of the clients and case managers formerly affiliated with RH and to coordinate enrolling clients in services through Sweetser or elsewhere. Of particular note: Clients who choose to continue Daily Living Skills will need to be served by another agency, since Sweetser is offering DLS only on a transitional basis. Agencies providing DLS: Merrymeeting Behavioral, Community Correctional Alternatives, ESM, Alternative Services Inc., and Graham Behavioral Services.</p>

Agenda Item	Presentation, Discussion
IV. ICM Transition	<p>Ron reported on the current status of the ICM transition plan—which includes the plan for 30 ICM positions to move to the Office of Integrated Access and Support through attrition, as well as redesign of the ICM's responsibilities and redistribution to cover priority services. Highlights of discussion:</p> <ul style="list-style-type: none"> <li>• DHHS Commissioner identified two priority areas: mental health in jails and outreach to homeless.</li> <li>• Each region is working on moving ICMs' current caseloads, consisting mainly of challenging clients, to community services.</li> <li>• Challenges remain with transitioning “not criminally responsible” (NCR) population from ICM caseload. As some people are transitioned from Riverview’s ACT Team (now full) to community services, some of the NCR will fill those slots.</li> <li>• Member stated that Riverview wants to discharge NCRs to its ACT Team, but it is full—looking for alternatives is less than ideal and is a recipe for failure for client and agency.</li> </ul>
V. Community Integration Services: Eligibility for Public Funding	<p>OAMHS is making its first attempt to more clearly define those who will be eligible to receive publicly funded mental health services. OAMHS is looking at using the enrollment criteria for Section 17 MaineCare services in clarifying the target population eligible to be served by general (grant) fund dollars, in terms of both clinical need and income level.</p> <p>The group went through each section in the handout “Draft General Fund Support for Community Integration” dated August 8, 2007, and as requested gave feedback and comments for OAMHS to consider in preparing a final version. (OAMHS will go through every Section 17 service and develop a similar structure.)</p> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• At what point does acuity trump income? If someone is in crisis, what’s the pathway for them to receive services? Response: Each service will have separate guidelines, i.e. crisis services. This discussion pertains only to community integration services.</li> <li>• Providers should assist non-categorical clients, who they believe meet criteria for community integration services, in applying for categorical MaineCare coverage.</li> <li>• What about a category for “people who won’t apply for MaineCare?”</li> <li>• Group mentioned various scenarios under “spend down” category. Such clients often need assistance/advocacy with MaineCare.</li> <li>• It appears this process is steering everything to MaineCare.</li> <li>• A consumer shared a difficult challenge that she and many other face: 1) Having private insurance that does not cover needed mental health services, e.g. community integration, 2) having income levels which precludes other funding, but is not enough to be able to pay for services out-of-pocket. What to do??</li> <li>• Also, providers can’t afford to offer sliding fee scales or to subsume expenses for providing such services anymore.</li> </ul>
VI. CSN Action Plan Subcommittee Report	<p>Carol Carothers reported on the action plan developed by the subcommittee. After long and thorough discussion, the group decided to form five subcommittees to look more closely at each of five topics and report back. The subcommittees' initial tasks include:</p> <ul style="list-style-type: none"> <li>• Looking at outcomes as defined and make refinements or change percentages,</li> <li>• Looking at measures (what is currently collected), and</li> <li>• Identifying barriers (refinement of what and how).</li> </ul> <p>Five subcommittee topics and leaders:</p>

Agenda Item	Presentation, Discussion
	<ol style="list-style-type: none"> <li>1. Treatment: - Donna Ruble</li> <li>2. Vocational – Jean Gallant</li> <li>3. Transportation – Annalee Polley</li> <li>4. Residential – Richard Weiss</li> <li>5. Peer Supports – Carol Carothers</li> </ol> <p><b>ACTION:</b> Members will volunteer to serve on the subcommittee of their choice by replying to an email Elaine will send listing the subcommittees. Elaine will compile membership and contact information and pass that on to all.</p> <p><b>ACTION:</b> Subcommittees will report/make recommendations at the next meeting, and the CSN will decide on what issues to continue working.</p>
VII. Unmet Needs Data Demonstration	<p>Margaret Burke from OAMHS attempted to access the State’s internet site in order to present a demonstration of the unmet needs data system, but encountered security barriers and was unable to connect from the meeting location. The demo will be presented at the next meeting, if it is possible to hold the CSN meeting at a State facility.</p> <p><b>ACTION:</b> Elaine will inquire about the availability of the Sebago Room at Riverview for the Nov. 5 meeting.</p>
VIII. 24/7 Availability of Information Update	<p>Don reported that OAMHS is looking for data report from Crisis &amp; Counseling. He also said OAMHS will contact some agencies regarding missing or incomplete information in protocols, especially phone numbers and contact information.</p>
IX. Mental Health Advance Directives	<p>Leticia Huttman led the discussion on Psychiatric Advance Directives (PADs), directing members to review handout of results of research done by Laura Wilder. The research covers what’s happening nationally and internationally with PADs and provides a good summary of the many complexities involved, Leticia said.</p> <p>OAMHS has been working with Helen Bailey of the Disabilities Rights Commission in an effort to move forward with PADs, but due to the many complex legal and other issues, agreement has not been reached. In the alternative, OAMHS is planning to proceed as follows:</p> <ol style="list-style-type: none"> <li>1. Develop and offer a basic training on PADs, describing what they are and how they differ from Powers of Attorney, crisis plans, WRAP plans, etc.</li> <li>2. Explore establishing a pilot program in an area of the state where all pertinent parties are interested in being involved in working on this: consumers, families, hospitals, providers, legal.</li> </ol> <p>Don Chamberlain said that until OAMHS has a model and clear direction, “contractual requirements for PADs are on hold.”</p>
X. Other	<p>ASO Update: The contract is largely written and under review by the Court Master at present. Should be operational by December or January. Trainings on data systems will be offered for consumers and providers.</p>
XI. Public Comment	<p>No members of the public made comments at this time.</p>
XII. Agenda for Next Meeting	<p>Update on Spring Harbor’s Gatekeeper Function Update on the three Budget Workgroups</p>