

**Community Service Network 6 Meeting  
DHHS Offices, Portland  
September 21, 2007**

**Approved Minutes**

**Members Present:**

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| <ul style="list-style-type: none"> <li>• Peter Driscoll, Amistad</li> <li>• Don Harden, Catholic Charities</li> <li>• Kitty Purington, Community Counseling Center</li> <li>• Tracy Quadro, Community Mediation Services</li> <li>• Lois Jones, Counseling Services Inc.</li> <li>• Susan Percy, Creative Work Systems</li> <li>• Georgana Prudhomme, Crossroads for Women</li> <li>• Dan Jackson, Hawthorne House</li> </ul> | <ul style="list-style-type: none"> <li>• Michelle Belhumeur, Gorham House</li> <li>• Pam Dyer, Mid Coast Hospital</li> <li>• Richard Balsler, MMC/Voc Services</li> <li>• Tracie Morgan, NAMI-ME Families</li> <li>• Jennifer Tingley Prince, NOE</li> <li>• Jon Bradley, Preble Street</li> <li>• Michael Faust, PSL-Services</li> <li>• Joe Brannigan, Shalom House Inc</li> </ul> | <ul style="list-style-type: none"> <li>• Mary Jane Krebs, Spring Harbor Hospital</li> <li>• Catherine Snow, Spurwink/Portland Help Ctr</li> <li>• Alex Veguilla, Sweetser Peer Center</li> <li>• Kelli Star Fox, Transitions Counseling</li> <li>• Karen Evans, Transition Planning Group</li> <li>• Christine Holler, Transition Planning Group</li> <li>• Vicki MacWhinnie, VOA</li> <li>• Andrea Paul, Youth Alternatives</li> </ul> |
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**Members Absent:**

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| <ul style="list-style-type: none"> <li>• AIN</li> <li>• Casco Bay Mental Health</li> <li>• Freeport Counseling (excused)</li> <li>• Goodwill Industries</li> </ul> | <ul style="list-style-type: none"> <li>• Mercy Hospital</li> <li>• Parkview Adventist Med Ctr</li> <li>• Smart Child &amp; Family (excused)</li> </ul> | <ul style="list-style-type: none"> <li>• Sweetser</li> <li>• Work Opportunities Unlimited</li> </ul> |
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**Alternates/Others present:**

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| <ul style="list-style-type: none"> <li>• Barbara Dacri, Crossroads for Women</li> </ul> | <ul style="list-style-type: none"> <li>• Christine McKenzie, MMC/Voc Services</li> </ul> | <ul style="list-style-type: none"> <li>• Lori Tully, Transitions Counseling</li> </ul> |
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**Staff present:** DHHS/OAMHS: Don Chamberlain, Marya Faust, Leticia Huttman, Carlton Lewis. 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	The August minutes were approved as written, with one minor revision: Correct the number of vacancies still left to fill on the Statewide Consumer Council.
III. Policies and procedures for 24/7 availability of information	Don informed the group that most of the protocols submitted are missing a major component, i.e. specific contact information in order for crisis services to know exactly how to reach the community support program. Don requested that providers look at the protocols "in that light" and revise accordingly.
IV. Subcommittee Reports	<p><b>Housing – Standard 12(1), 13, 14</b></p> <p>Joe Brannigan reported that the subcommittee met (with exception/omission of Dick Balsler, for which Joe apologized) and decided their first step was to generate a series of clarifying questions for OAMHS in order to proceed forward. Joe distributed a memo to CSN 6 members that listed the questions posed to and answers given by Sheldon Wheeler (OAMHS Housing) and Marya Faust.</p> <p>Joe said the main issue of urgent concern is lack of subsidies, specifically BRAP (Bridging Rental Assistance Program) funds. The group discussed this at some length:</p> <ul style="list-style-type: none"> <li>• Only five vouchers are available each week and those are absorbed immediately.</li> <li>• Wait list went from zero to 60 people since July. Need is probably higher since people are not apt to get on a waiting list that long.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Only relief in sight is \$180,000 next July, and that will be used primarily to cover the incremental raises in rent for people already in the program.</li> <li>• Housing is the first step to recovery—we aren’t allowing consumers to begin their recovery.</li> <li>• Shalom, working through a state grant, is preparing a report on the cost of homelessness, due out next week.</li> <li>• Providers are being asked to provide this kind of service, quality, etc., through the mental health laws and the Consent Decree--how can it be done without the money to do it?</li> <li>• The current need is approximately \$500,000 in additional BRAP funds.</li> </ul> <p>The group discussion resulted the following vote and action:</p> <p><b>VOTE:</b> The CSN Housing Subcommittee will create correspondence supporting BRAP and the need for resources--to be sent to legislators, governor, commissioner, court master, etc., ASAP on behalf of CSN 6. CSN 6 also encourages other CSNs to join the effort and will provide materials to help others generate their own correspondence.</p> <p><b>ACTION:</b> Joe B. will get a draft communication to Elaine for distribution to the entire CSN for review before sending out to parties listed above. Elaine will distribute the final CSN 6 communication and “talking points” to all CSN members.</p> <p><b>Vocational – Standard 26</b> Dick Balsler said the subcommittee will be meeting on Thursday, Sept. 27, and will report next month. He noted two current vocational undertakings: State’s RFP re: Employment Specialists and the technical assistance to ACT Teams.</p> <p><b>Recovery – Standard 33</b> Peter Driscoll reported that the subcommittee had yet to meet, mostly due to his not finding out until very recently that he “volunteered” in absentia to serve. They will bring a report next month. The subcommittee requested the Consumer Satisfaction Survey from Leticia.</p> <p><b>Hospital Readmissions</b> Mary Jane Krebs reported on the challenging task of this subcommittee, and said that she and others have been working on this with DHHS QI Office (Jay Yoe) for some time. Obtaining complete picture of a person’s admissions in varying hospitals would require a signed release that covers release of information from every hospital—an unlikely and perhaps unattainable prospect. The subcommittee requested help/ideas from OAMHS.</p> <p>Marya informed that OAMHS is negotiating with the Maine Health Data Organization for access to information—noting their hope that a crosswalk can be developed, using common identifiers like date of birth, partial social security numbers, diagnosis, etc.</p> <p><b>ACTION:</b> Marya will get back to Mary Jane and Lois with what she finds out.</p> <p>Don encouraged the subcommittee to continue working on ideas to solve this issue.</p>
V. Mental Health Advance Directives	Members received a research report prepared for OAMHS by Laura Wilder, JD, on what’s happening nationally and internationally with Psychiatric Advance Directives (PADs). She found no one place to point to where the use/development of PADs is going well.

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	<p>Helen Bailey of the Disability Rights Commission has been working with OAMHS for some time in an effort to move forward with a process to develop PADs, but due to the many complexities, legalities, etc., agreement has not been reached.</p> <p>Rather, OAMHS will start by 1) offering a baseline training about PADs—what are they, how to they compare to Powers of Attorney, Crisis Plans, WRAP plans, etc., and 2) consider launching a pilot project in an area of the state where all parties have a real interest, i.e. consumers, providers, and hospitals/EDs. The CSN could make a recommendation about participating in the pilot, but would need all levels taking part.</p> <ul style="list-style-type: none"> <li>• Spring Harbor is very interested—have been working on this for some time.</li> <li>• Family members very interested, too—families “want to know what their family member wants.”</li> <li>• Community Mediation Services is will to be a part of meetings—to help facilitate discussion, especially re: perceived power imbalance.</li> <li>• Legal clinic student interns could help (another reason for a pilot in this area).</li> </ul> <p>Don Chamberlain said OAMHS is not pushing contractual obligations re: PADs at this point.</p>
VI. Other	<p><b>Proposal re: One Community Integration (CI) Provider per CSN?</b>  A member asked about the budget savings proposal that would result in there being only one community integration provider in each CSN, saying he “can’t see how CSNs have any power at all if the powers that be can impose something like this.”</p> <p>Don and Marya explained that this proposal was one of many proposals prepared in response to the Governor’s request for potential cost-saving measures. The very quick turnaround time often rules out CSN input, and since many of the proposals do not move forward, it would often be a waste of CSN members’ time. OAMHS does not know which proposals or recommendations will be implemented.</p> <p>Don also explained this proposal’s broad outline: One CI provider per CSN (does not apply to ACT), chosen by RFP process. Privosos, so far: 1) A provider could only provide CI services in one CSN. 1) Discussions, but no conclusions, re: how many other services a provider could be involved in—not prohibited from submitting RFP.</p> <p>Comments/Discussion:</p> <ul style="list-style-type: none"> <li>• DHHS Commissioner should have to the power to talk/disagree with the Governor. “I think she’s chickening out.”</li> <li>• It will be helpful at the next meeting to see how this is playing out.</li> <li>• Will OAMHS send out Governor’s recommendations to all CSN members?</li> </ul> <p><b>ACTION:</b> OAMHS will provide Governor’s recommendations to all CSN members.</p> <p><b>Contract Payment Delays</b>  Amistad asked for and received an explanation regarding delay in receiving contract funds. Another member said that it’s difficult for small agencies to survive when these kinds of things happen, and “it ends up affecting consumers.”</p> <p><b>Assignment of CSW in 7 Days</b>  A member requested clarification on the requirement that any “non-class member must be assigned a CSW within 7days,”</p>

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	<p>asking, “<i>Within existing resources?</i>” Don clarified that this is a performance issue—measurement of compliance informs discussion about what’s happening re: resource issue? Workforce issue?</p> <p>Another member stressed the importance of clear definitions and consistent methods of collection in data measurements going forward.</p> <p><b>Preble Street</b>  Jon Bradley of Preble Street reported that the shelter is experiencing record numbers, and that they are carrying enormous caseloads of people with mental health issues, some of whom have case managers. He said they haven’t been seeing those case managers on site and asked for help in getting case managers there when consumers are there. “Can we get better connected with their mental health services?” Preble Street will be working with providers on this issue.</p>
VII. Public Comment	None.
VIII. Agenda for Next Meeting	Update on budget and status of savings recommendations, especially the CI proposal. Presentation on new ASO.