

**Community Service Network 1 Meeting
Aroostook Community Action Program, Presque Isle, ME
March 26, 2009**

DRAFT Minutes

Members Present:		
<ul style="list-style-type: none"> Acadia Hospital, Annette Adams (via ITV) Allies, Inc., Brent Bailey (via ITV) 	<ul style="list-style-type: none"> AMHC, Greg Disy Care & Comfort, Chris Morse Cary Medical Center, Michelle McQuade Williams 	<ul style="list-style-type: none"> Harvest Inn Social Club & Consumer Council System, Chris MacArthur Northern Maine Medical Center, Patricia Michaud
Members Absent:		
<ul style="list-style-type: none"> Dorothea Dix Psychiatric Center Houlton Regional Hospital (excused) 	<ul style="list-style-type: none"> Kindred Spirits NAMI-Families 	<ul style="list-style-type: none"> NFI North TAMC (excused)
Alternates/Others present:		
<ul style="list-style-type: none"> AMHC, Christine Brown AMHC, Peter McCorison COSI, Claudia Bepko (via ITV) Gateways, PA, Lou Ann Dwyer 	<ul style="list-style-type: none"> Life By Design, Blair McCarthy Maine Medical Center-ESN, Katie Burby Maine Medical Center, Gayla Dwyer 	<ul style="list-style-type: none"> New Day Counseling Svcs, Lori Soucy Northern Maine General, Beth Jandreau Schauffer-Anderson, Tammy Smith
Staff Present:		
<ul style="list-style-type: none"> DHHS: Don Chamberlain, Sue Lauritano (via ITV) and Scott Kilcollins (via ITV). Muskie Staff: Scott Bernier 		

Agenda Item	Discussion
I. Welcome and Introductions	Don welcomed participants; introductions followed.
II. Review and Approval of Minutes	<p>Minutes were reviewed. Correction submitted by Chris MacArthur-Harvest Inn Social Club was not present at the January meeting. Minutes were accepted with this correction</p> <p>ACTION: Scott Bernier will correct the minutes.</p>
III. Feedback on OAMHS Communications	<p>AMHC received the quality assurance (QA) report relative to RDS enrollment and is concerned with how the data is presented. It lists that there are 190 RDS enrollments overdue. This is inaccurate as AMHC has a history of being in compliance. Furthermore, the data states that 59 have been overdue since 1900. They have learned that this is a system glitch. It takes a lot of manpower to reconcile these reports. They appreciate the kind response they have received in regards to this problem.</p> <p>Response from Don: Don will follow-up on the problem. There have been problems between APS and the Department feeds. They have found that the problem is between APS & EIS. The Department will get the word out that agencies will be held harmless for now until the glitches have been resolved.</p>
IV. CSN Purpose	Don reported that this will be postponed until May. The Department is cancelling all April CSN meetings. The Department is meeting with the Muskie School to create a questionnaire that will be completed by CSN members at the May meeting to determine what we want to do as a group going forward. We will concentrate on this at the May meeting.

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	<p>Questions/Comments:</p> <ul style="list-style-type: none"> • Question: How does skipping a meeting help us get what we want out of the CSN meetings? • Answer: The CSN meetings were established to discuss continuity of care. CSN 1 (Aroostook County) and CSN 7 (York County) have done a better job on continuity than the other five CSN's. We want a month to meet with Muskie to better plan for this. We want to look at the original purpose and what is actually happening. The May meeting will also discuss outcomes. • Question: So there will be no CSN meetings across the state in April? • Answer: Correct
V. Co-Occurring Report	<p>Claudia Bepko introduced herself. Claudia reported on the five-year grant-funded work on Co-Occurring State Integration Initiative (COSII) and provided a handout about the grant and work overseen by the Co-Occurring Collaborative of Southern Maine (CCSME). Handouts were provided in advance for those who attended via ITV in Bangor.</p> <ul style="list-style-type: none"> • Claudia reminded those present that agencies recently received communication from DHHS to integrate to co-occurring care. She is here to explain what this is about. In 2001, agencies signed an MOU on integration of services. • The grant is a five-year federal project funded by SAMHSA through the Maine Office of Substance Abuse. Its goal is to help the state to develop infrastructure that will make it possible for providers to offer integrated, co-occurring treatment services. • The grant focuses on areas of State government and policy that include Licensing, Reimbursement, Screening and Assessment, Workforce Development and Data Development. • It funds 9 agency pilot sites to implement new co-occurring approaches over three years of the grant and work with many more agencies to develop and enhance their services. • The initial three years are followed by two years of evaluation activities. • This is the final year of the grant. • The grant enabled CCSME to help pilot agencies change their infrastructure to provide services • Through the grant, CCSME worked with license regulations to alter substance abuse licensure to include integration language. They are working on doing the same soon for mental health license regulations. • The grant has helped them push for universal drug screening within the pilot agencies. • Agencies were used as pilot programs to help determine how to make those mental health agencies more integrated. • The tools created by the work will soon be available on a new website that will go live in a couple of months. • The grant has a very active consumer group. This group has input on all COSI committees. The group put together a booklet of helpful information for consumers. Copies were passed out to attendees. • It is planned to expand this to include other conditions such as physical, cognitive, etc. • Best practices is integrated care. • There will soon be a website for COSI. • The overall aim of the project is to improve care. It has involved adjustments on several levels. Agencies are to become co-occurring capable over time. • Care includes the use of peers. If you don't have a peer network, please contact the Office of Consumer Affairs.

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	<p>Claudia introduced Peter McCorison of AMHC. He spoke about AMHC's experience as a pilot program.</p> <ul style="list-style-type: none"> • The idea of recovery is important. People can recover from mental illness. • Through the COSI project, AMHC found it was irrelevant which issue was diagnosed first. They found that without integrated service, the customer didn't really stabilize. • AMHC has been committed to co-occurring for several years. However, more recently, the effort had been languishing until this opportunity came along in 2005. • It has been a challenge, but it is the right way to provide services • Integration of services is important at AMHC as roughly 30% of their customers have co-occurring disorders. • AMHC wants to be more effective & efficient at providing services. • It has been a multi-year project to integrate services. • COSI had AMHC look at it's policies, clinical practice, environment, and data. AMHC rewrote job descriptions to reflect co-occurring services. • AMHC has an integrated assessment tool that was updated through this process. • AMHC developed a new screening tool. There was resistance to its use at first, but it caught on quickly (with 2 months) after it was introduced. • COSI provides training opportunities for staff. AMHC encourages other agencies to join CCSME to take advantage of these trainings. • AMHC developed teams with mental health, substance abuse and community support counselors all on the same team. • One of AMHC's successes is that stage-of-change language is used by their staff to help the customer determine where they are in the recovery process. • Another of AMHC's successes is that they have strengthened their substance abuse and mental health programs. It's made their staff more confident. • The use of data has been helpful to AMHC. • One of the barriers AMHC has experienced is when they identify someone with co-occurring, the process to fill-out the TDS form is a challenge. • It was a challenge for staff to change. • Being a part of the collaborative helped make it happen. AMHC was able to meet on a regular basis with other pilot agencies to come-up with solutions to their problems. <p>Claudia wrapped-up the presentation stating that agencies need everyone on board to get change to occur. This grant ends in a year. In the meantime, COSI can provide assistance. COSI will hold a regional meeting on May 27 from 2-4pm at Dorothea Dix Psychiatric Center for non-pilot agencies. ITV is available. Please see page three of the handout for Claudia's contact information. If enough agencies express a need, COSI will offer a training in Presque Isle.</p> <p>Questions/Comments:</p> <ul style="list-style-type: none"> • Question: How can I get more of the booklets? • Answer: Please provide Claudia your contact information and I will get you more booklets. My contact information is in the COSI handout. • Question: Is COSI going to just mental health providers or are they also going to regular doctors? Regular doctors don't know how to treat mentally ill patients. • Answer: AMHC has tried to provide support/consultation to doctors in Aroostook County.

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	<ul style="list-style-type: none"> • Response from Sue: Sue reminded the group about the volunteer psychiatrist group that was spoken about at a previous CSN meeting. • Response from Claudia: COSI is looking at other grants to help primary care doctors to know what to do with mentally ill patients. • Comment from Greg: You need a champion to make this work. Peter has been AMHC's champion and helped us move along in this direction. • Question: Does the state have a systematic plan to help non-pilot agencies? • Answer: That is part of the reason for this presentation. By July 1 a standard screening tool will be in place. It will be up to each agency to contact COSI for more help. We will offer training in each region. • Comment: In a time of struggling budgets, the state should have a systematic set of trainings in place for agencies in this area. • Response from Claudia: Trainings & resources are there. You just need to contact COSI to get them. • Question: Can you provide us with a master list with dates/locations for all trainings? • Answer: COSI will get that out. • Response from Don: We asked Claudia to attend these CSN meetings to get the word out to agencies as a first step. • Comment: In regards to the documents that were mailed out, our agency is concerned with the integrated scope of practice definitions. Specifically, the one on recognizing and educating customers on psychotropic medication. You're asking us to pull a case manager up to the level of a medical doctor. • Response from Claudia: That will be modified. The plan is for the case manager to provide basic drug interaction information. For example the side effects from taking two different drugs together. • Response from Don: Further comments can be submitted in writing to Claudia • Comment from Sue: Sue reminded attendees that the policy on integrated framework is actually in Rider E of agency contracts.
VI. Employment	<p>Greg introduced this subject.</p> <ul style="list-style-type: none"> • AMHC continues to be the host agency. They are starting to see positive results from this effort. • Forty-six percent of clients being served by the employment specialist are either employed or are seeking employment. AMHC feels very positive about the project. • Five slots are now available for non-host agencies with a limit of one slot per agency. Please contact Gayla if you are interested in one of these slots. • A tool is used that consumer completes on their own. Help is provided if it is needed. This tool is also used by AMHC as part of the 90 day review. The data collected is provided to Maine Medical Center. AMHC uses this tool for all clients, not just those who express an interest in employment. • Katie has started a monthly vocational services group. At this time, it is only open to clients at AMHC. • There will be a champion identified to help promote vocational services. The champion will go through the Maine Employment Curriculum training. • Katie provided a handout reporting on her activities: <ul style="list-style-type: none"> ○ She is currently working with 22 individuals and has 19 referrals pending. ○ Two are volunteering at TAMC and Borderview Rehabilitation & Living Center.

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	<ul style="list-style-type: none"> ○ Those employed are working in telemarketing, health care and retail fields. Those in school are attending adult education in Caribou, Presque Isle & Houlton. <p>Questions/Comments:</p> <ul style="list-style-type: none"> • Question: If I wanted to get a job and I'm not with AMHC, I can't get employment service through you, correct? • Answer: Correct. However, there are other services available such as Department of Labor's Vocational Services and the five slots available to other agencies. • Question: Did you say you are or are not doing long term support? • Answer: We are providing long term support through the host agency. • Clarification from Don: There are two contracts in place in regards to this. One is for long term support. The other is specific to the employment support contract. AMHC happens to have both contracts in this CSN. • Comment from Don: Don noted that MHRT/C requirements recently changed to include a course in vocational aspects of disability. The Department is very supportive of the employment services project.
VII. Crisis Planning Update	<p>Greg reported that AMHC has submitted all information required by DHHS. They have signed MOU's with all Aroostook County hospitals. They will meet with Greg and Lorraine Chamberlain will meet with Sue next week to review the information.</p> <p>Don reported that given the delay in some decisions, the Department has agreed to move forward with contracts while the meetings are being held. The contracts for crisis will be for 16 months for the period, March 1, 2009 through June 30, 2010.</p>
VIII. Consumer Council System	<p>Chris MacArthur provided the update. He passed out Vickie McCarty's new business cards to those who wanted one.</p> <ul style="list-style-type: none"> • He wants the word spread to area consumers about the local council meetings. • The statewide council has 2 open seats. • The local council is in need of more representation from other agencies. Currently, most of the members are from Harvest Inn Social Club. • The next local meeting will be held on April 22 from Noon to 3pm. The location has not been set-up yet. • The next statewide meeting will be on April 8, 10:30am to 4pm. Local council members are welcome to attend via ITV. • Chris has forms for those who want to be elected to represent the local council on the statewide council. Vickie also has forms. • Recently, a member had to be removed who was not attending meetings and provided no reason for their absence at meetings. Within the rules of the council, if you miss three or more meetings, you can be voted out. • Barbara Shaw will be at the next meeting to talk about the advance directives project. We previously had Helen Bailey talk about consent decree compliance. • Currently, the consumer council is under budget. <p>Question/Comments:</p> <ul style="list-style-type: none"> • Question: Do you have any flyers? It would be helpful for agencies as they could post them. • Answer: Vickie can email you the flyers.

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	<ul style="list-style-type: none"> • Comment: Your system is working well. A lot of people could learn from you. • Comment from Don: The council has been very active advocating before the legislature.
IX. Legislative Update	<p>Don provided an update. Chris MacArthur provided some of the LD numbers that Don didn't have on hand.</p> <ul style="list-style-type: none"> • Progressive treatment program (PTP)-it was initiated a few years ago for consumers at Riverview and Dorothea Dix Psychiatric Centers for those who do well in the hospital, but not in the community when they stop taking medications. Currently, they can be in involuntary commitment for six months. There are two proposals: <ul style="list-style-type: none"> ○ Extend the commitment to twelve months ○ Decrease the age of those who can be confined at the institutions from 21 to 18 • There is a second bill on the bifurcating process for involuntary hospitalization. Have proposed adding a second level of hearing for involuntary treatment to the current single level. • LD 481: Certify providers/those who provide treatment to refer people from criminal justice. This is initiating from the criminal justice system. • LD 478: Add a mental health advocate to the state board of corrections. • There is also a bill to provide training for police and EMT's on mental health issues. • There is a bill to establish a blue ribbon commission on EMS transportation of mentally ill consumers.
X. Consent Decree	<p>Don reported that Judge Mills recused herself because her sister-in-law has become the attorney general. The new Judge's last name is Horton. There is a meeting this Friday (March 27) with the new judge to discuss the case and deal with an outstanding order from the previous judge. Elizabeth Jones' report was completed. Commissioner Harvey responded. The Department is putting forth initial numbers that have created controversy. 2.6% of population is seriously mentally ill. DHHS looked at the low end of 1.7% and looked at the costs estimated to be \$65 million. The court master and plaintiffs are arguing that this is too high. DHHS' understanding is that we can't discriminate against anyone who meets Section 17 criteria regardless of their economic need. We are currently serving 10,000 clients. We could need to serve an additional 7,000.</p> <p>Questions/Comments:</p> <ul style="list-style-type: none"> • Question: Is anybody here familiar with Elizabeth Jones' report? Did anyone find some of the data was incorrect? • Answer: There are two levels to this. Some of the numbers were corrected as those numbers were drawn from studies that were not properly reviewed.
XI. Other	<p>Community Care</p> <p>Sue reported that Community Care will no longer be attending CSN 1 meetings. Their consumers in CSN 1 have all transferred to other agencies.</p> <p>Gateway, PA</p> <p>Sue announced that CSN 1 has a new provider, which is called Gateway, PA. It is based in Houlton. Lou Ann Dwyer, their CSN representative provided more information:</p> <ul style="list-style-type: none"> • Linda McCord, formerly of Life by Design, founded the agency. • The agency is in place. They are currently working on contracts.

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	<ul style="list-style-type: none"> • They will provide outpatient/community support services to adults and children. They will provide services from Mars Hill south to northern Washington County and northern Penobscot County. <p>Questions/Comments:</p> <ul style="list-style-type: none"> • Question: How many staff do you currently have? • Answer: Two • Question: Are you just limiting your services to outpatient & community support? • Answer: Yes • Question: What sources of payment are you accepting? • Answer: Insurance, MaineCare, self-pay. <p>Other Questions/Comments:</p> <ul style="list-style-type: none"> • Question: Is there any movement on the effort to move RDS' from 90 days to 6 month intervals? • Answer: The issue at the moment is how it is integrated in the APS system. DHHS is discussing it and RDS is currently required quarterly by the consent decree. We'd like to argue for doing an annual review rather than quarterly. • Question: Does this position derive from the administrative burden around APS? • Answer: Yes • Question: On the administrative burden report and extending the deadline to ten days, has there been any movement to implement this proposal since it came out in February? • Answer: Don doesn't know, but he will follow-up on it. • ACTION: Don will follow-up on this proposal. • Comment: Sue reminded those present that there is currently a wait list for grant funds for community integration statewide. It is reflected in the statewide unmet needs report in the handouts. Please note that the data is unreliable due to the data feed issue discussed earlier. • Question: When is the next PNMI provider Meeting? • Answer: April 10th, 9am to 11am. It is held every quarter on the second Friday of the month. The next one after this will be on July 10th. • Question: Can we get agenda/minutes in advance of the meeting and is this meeting for the whole region? • Answer: Yes, it is for the whole region. • Question: May I please be put on the mailing list (Patricia Michaud)? • Answer: Scott Kilcollins will do so.
XII. Public Comment	There was no public comment.
XIII. Meeting Recap and Agenda for Next Meeting on March 26, 2009	<p><u>Meeting Recap</u> See ACTION items. Summary:</p> <ul style="list-style-type: none"> • Scott Bernier will correct the January minutes. • Don will follow-up on the administrative burden proposal that was put forth in February (see Other).

Agenda Item	Discussion
	<p data-bbox="537 136 695 164"><u>April Agenda</u></p> <ul data-bbox="583 168 936 196" style="list-style-type: none"><li data-bbox="583 168 936 196">• April meeting is cancelled <p data-bbox="537 228 695 256"><u>May Agenda</u></p> <ul data-bbox="583 261 1671 289" style="list-style-type: none"><li data-bbox="583 261 1671 289">• Complete CSN purpose questionnaire and determine what CSN is to do moving forward.