

**Community Service Network 1 Meeting
Aroostook Community Action Program, Presque Isle, ME
January 22, 2009**

Minutes

Members Present:

<ul style="list-style-type: none"> • Annette Adams, Acadia Hospital (via ITV) • Brent Bailey, Allies, Inc. (via ITV) • Christine Brown, AMHC • Greg Disy, AMHC • Christopher Morse, Care & Comfort 	<ul style="list-style-type: none"> • Bill Flagg, Cary Medical Center • David McCluskey, Community Care (via ITV) • Blair McCartney, Life by Design/ACES • Gayla Dwyer, MMC Employment Coordinator 	<ul style="list-style-type: none"> • Katie Burby, MMC Employment Specialist-CSN 1 • Lori Soucy, New Day Counseling • Beth Jandreau, Northern Maine General • Patricia Michaud, Northern Maine Medical Center
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Members Absent:

<ul style="list-style-type: none"> • Community Mediation Services • Consumer Council System • Dorothea Dix Psychiatric Center (excused) 	<ul style="list-style-type: none"> • Harvest Inn Social Club • Houlton Regional Hospital (excused) • Kindred Spirits • NAMI-Families 	<ul style="list-style-type: none"> • NFI North • TAMC • Transition Planning Group
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Alternates/Others present:

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Staff Present:

<ul style="list-style-type: none"> • DHHS: Sue Lauritano and Scott Kilcollins. Muskie Staff: Scott Bernier

Agenda Item	Discussion
I. Welcome and Introductions	Sue welcomed participants; introductions followed.
II. Review and Approval of Minutes	<p>Minutes were reviewed. Correction submitted by Greg: Under Page 4, Section VI. Consent Decree, second paragraph, in the first sentence after "hospital" add "or jail". Strike the second and third sentences of this paragraph. Another attendee asked why as they clearly remember this being stated during the meeting. Greg responded that he contacted MaineCare and they stated that a person in jail is on MaineCare only until MaineCare is notified that they are in jail. A short discussion followed. At the end it was agreed to amend this as a correction of information rather than a correction to the minutes as taken. The group voted to amend the minutes with this correction of information. The vote passed with two people abstaining from the vote.</p> <p>ACTION: Scott Bernier will correct the minutes.</p>
III. Feedback on OAMHS Communications	<p>Feedback regarding the minutes and agendas.</p> <p>Several members raised concerns about the timeliness of the minutes from previous meetings. They find it difficult to prepare for this meeting if the minutes are received only a few days prior to the meeting. Those present expressed they need the minutes sooner, preferably within two weeks of the meeting. Greg stated that this is no reflection on Scott Bernier and the minutes he takes for the group, but he didn't know the process from Scott's end. Members would also like to see the minutes from other CSNs posted sooner on the website. Members would also like to receive the agendas a couple of weeks in advance.</p>

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	<p>Scott responded that he usually prepares the draft minutes within two business days and submits them to CFL's Manager for review before they are submitted to DHHS-OAMHS. Sue responded that this group could start setting the following meeting's agenda at the end of this meeting. Sue will take the requests back to the Department.</p> <p>ACTION: Sue will bring up the request to receive minutes/agendas sooner back to DHHS-OAMHS.</p> <p>Feedback regarding notification that this CSN is not accepting new consumers for services: AMHC is concerned about yesterday's (1/21) notice about the depletion of grant funds. Again, more advance notice would be appreciated. AMHC was told the same day that grant funding ended and this is too abrupt. A member asked about the people who were awaiting notice of award and had not yet received an award. They were also cut from funding. AMHC suggests that the Department engage grant-funded agencies in decision-making on issues such as this.</p> <p>Question: I have received word from a community integration (CI) worker that a client had lost MaineCare and now can't get grant funds. This client can't pay. What should we do?</p> <p>Answer from Sue L.: You would need to go through the appeal process. If the appeal is approved, you will receive a number to provide to APS. If you are denied, you will be given other suggestions. The purpose is to help those who are in care to continue to receive care. If you need my help, it would help me if you provide me the APS # of the case.</p> <p>Feedback on the Vocational Rehabilitation Services' notice about changes received earlier this month: A member stated that there was no discussion about this with Maine Medical Center. This concern was also raised in CSN 2. Another member asked as to why they should add another layer to the administrative burden. When is this going to stop? Every layer added takes away from the quality care we provide to clients. The point is that there was no discussion in regards to this change. It should have been discussed here.</p> <p>Feedback on yesterday's (1/21) email regarding quarterly medical director meetings in Augusta: A member raised concerns about the new quarterly meetings in Augusta that medical directors are required to attend. The added burden this would add to small agencies was discussed several months ago. Some small agencies only have one physician and find it difficult to fund that one position. The member felt that they shouldn't add to the burden by making them attend this meeting. They are paid \$100,000 plus for their services.</p> <p>Sue responded that the Department is trying to empower psychiatric providers to have better oversight of medication. ITV was hooked-up to allow remote sites to join in. The meetings are being held to allow them to have more of a voice in direct quality care. She suggested inviting Steve Gressitt to a future CSN meeting to discuss this decision.</p> <p>A different member pointed out that this was discussed in CSN 2; it was not welcomed and it won't allow them to meet the needs of their clients. Small agencies can't afford to set aside time for the physician to attend these meetings. The first member to raise this issue added that for their agency to send their medical director to this meeting would cost them two days of the director's time to attend a two hour meeting. Those days would be lost to clients up here. This assumes they don't have a voice, which is not accurate as our medical director does have a voice within the agency.</p>

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	<p>Sue was asked to provide the group with what the impetus of this decision is and if the impact to services was considered. Is the Department's priority for medical directors to attend meetings or to provide service to clients?</p> <p>A third member asked if this applies to all hospitals. Sue responded that it only applies to those with psychiatric clinics with a DHHS contract.</p> <p>ACTION: Sue will seek answers for the group in regards to the medical s' meeting.</p> <p>Feedback on the 12/31 correspondence to vocational support eligibility: A member raised concerns about having to go through VR for employment services because there is a huge waiting list . There is also a waiting list for the services of this CSN's employment specialist. The member was concerned that the wrong message is being given to clients that vocational services are not important. Sue responded that services have to be comparable. If you are eligible for VR, you need to use VR services. You have to be closed successfully through VR to qualify for post employment services through VR. There is no wait list for the post employment service. Also, someone in jeopardy of losing their job can obtain eight hours of employment specialist services.</p> <p>Question: Could we review the purpose of the CSN? What is our purpose? Answer from Sue L.: This is coming. Central Office is looking at this now and it should be presented at a future meeting.</p>
IV. Budget Update	<p>Sue reported that Don Chamberlain was not present at the meeting because he and Marya Faust are meeting with the state finance people to go over the budget. There will be more information in March at the next CSN meeting.</p>
V. Employment-Report on Employment Initiative	<p>Greg introduced this subject as DHHS has asked the host agencies to take a leading role on this agenda item at CSN meetings. He stated that it has been a pleasure for them to be the host agency as their values are congruent with this program. He also stated that it is nice to see DHHS-OAMHS publicly state the value of employment in recovery.</p> <p>Katie provided a handout:</p> <ul style="list-style-type: none"> • She is currently working with 37 job seekers and has 23 referrals pending. Of these 37: <ul style="list-style-type: none"> ○ 2 are working in voluntary positions ○ 8 are enrolled in school ○ 10 are actively searching for work ○ 4 are exploring career options ○ 5 are employed ○ She is working on arranging meetings with the other 8. • Individuals are employed in fields such as health care, data entry and retail. • The volunteers are at sites that include the Aroostook Medical Center and the local Humane Society • The students are enrolled at Caribou, Houlton and Presque Isle Adult Education

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	<ul style="list-style-type: none"> • As of February 9, the Employment Support Network will be fully staffed in all CSNs. We will also have peer representatives starting in February. • She will be starting a monthly employment meeting in this CSN beginning in February. It will be the forth Thursday of the month, 3 to 5 pm at the Career Center office in Presque Isle. • She will also be starting a vocational support group in February. It will be voluntary. She plans to start with the host agency (AMHC) clients. If an agency has clients seeking service, she asked that they contact Gayla. <p>Questions/Comments:</p> <ul style="list-style-type: none"> • Question: Are there any mental health agency representatives at the employment meetings? • Answer: That is not the intention of this meeting. We do plan to invite some in the future. • Question: Is there any update to extending this service beyond the host agency? • Answer: As of right now it is just at the host agency due to the budget. We currently have 37 individuals receiving services and the optimum number per employment specialist is supposed to be 25. • Comment: Greg, representing AMHC, complimented Gayla and Katie on their work. Susan suggested to Katie that she submit her handout to her in advance so that those who attend this meeting via ITV can have a copy prior to the meeting.
VI. Psychiatric Consultation	<p>A handout was provided reporting that DHHS entered into a partnership with the Maine Association of Psychiatric Physicians to provide 20 psychiatrist volunteers as consultants to mainly rural primary care practices in the state.</p> <p>Questions:</p> <ul style="list-style-type: none"> • Question: If we were working with a primary care doctor, is there contact information we can give them about this service? • Answer: Yes, please see the handout. They can contact either Cindy Paradis at cindy_fox_paradis@yahoo.com or David Moltz, MD at dmoltz2@gmail.com • Question: Are these psychiatrists paid for their services? • Answer: No, they are volunteering their services. • Question: What about liability? • Answer: The primary care physician can choose not to follow the psychiatrist's recommendations. • Question: Will the patient need to sign a release? • Answer: If you have direct questions in regards to this service, please contact either Ms. Paradis or Dr. Moltz. • Question: Is this in place yet? • Answer: Yes. It's working right now.
VII. Consumer Council Update	<p>There was no one present to provide an update. Sue asked that the Consumer Council please try to get someone here for each meeting.</p>
VIII. WRAP Process	<p>Sue notified those present that policy revisions on WRAP funds will be coming out in the next two weeks. It will change the wording "urgent needs" to "immediate needs". It will also set some fund limits in some categories. The funds are shrinking as some funds were shifted to other services. This has impacted other CSNs more than CSN 1. The revised policy will be</p>

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	sent to all CSN members.
IX. Crisis Planning Update	<p>Greg reported that there is a mandate for the creation of memorandums of understanding (MOUs) between crisis providers and hospitals in each CSN. In CSN 1, AMHC is the only crisis provider. AMHC has had agreements in place for several years and is supposed to revise and update those MOUs yearly. There have been some changes by the state. The deadline for having those changes in place in the MOUs is March 1, 2009. AMHC is holding meetings with TAMC and Houlton and hope to have agreements signed with them by the deadline.</p> <p>The MOUs will:</p> <ul style="list-style-type: none"> • Establish protocols for clients in the emergency room (ER) for more than 8 hours • Establish that treatment begins in the ER by the crisis provider • Hold quarterly meetings around crisis, which AMHC is already holding. • Cover how hospitals and providers will work together. • Require provider organizations to have crisis plans in place for clients. <p>Questions/Comments:</p> <ul style="list-style-type: none"> • Question: Do you know when you will meet with Northern Maine General? • Answer from Greg: I do not know. Please email us. Our people may already have contacted your colleague to arrange a meeting date. • Comment: It would be nice to have a presentation on the crisis process with our senior administrators at Cary Medical Center. I'm sure other hospitals would also benefit from a presentation. • Response from Greg: We would love to do that. • Response from Scott Kilcollins: We are offering training on emergency response, consent decree, blue paper process, etc. • Comment: New Day Counseling's representative gave praise on the service one of their clients received from AMHC. <p>ACTION: Scott Kilcollins will give his contact information to Bill Flagg of Cary Medical Center to arrange a date for the training he mentioned above.</p>
X. Other	<p>APS Healthcare: In regards to the feedback to APS, what has happened with the recommendations we submitted? Response from Sue: I have no information at this time. There were other recommendations submitted. Don has communicated those to APS.</p> <p>ACTION: Follow-up on this in the March Meeting.</p> <p>Monthly Benzodiazepine Study Group Meeting: Bill reported about the monthly meeting that is held at Cary on every third tuesday of the month by video conference and phone conference call. The meetings are from 5:00 - 6:30 pm. The first 45 minutes of the meeting are focused on Benzodiazepines and relate to updates on educational issues, abuse issues, treatment options, and general discussion. The second half of the meeting is dedicated Prescription Drug Return. This issue is gaining a lot of traction throughout the</p>

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	<p>country. Cary Medical Center hosts the meeting in Aroostook County, and we have locations in Bangor, Portland and Augusta for Video Conferencing. Any one can call into the phone conference by letting Bill know they are interested. He will provide them with the call in numbers. Their next meeting will be March 17. Please call Bill with any questions or if he can provide additional information. You may also want to visit http://www.mainebenzo.org. It is a great web site. Please feel free to share that with your contacts. Bill's contact info is:</p> <p>Bill Flagg, Director Community Relations and Development Cary Medical Center 163 Van Buren Road Caribou, Maine 04736 (207) 498-1376 Fax: (207) 496-2631 Cell: (207) 227-0145 bflagg@carymed.org</p> <p>New Community Integration Services Agency in CSN 1: Sue reported that Gateways (Luanne Dwyer and Linda McCord) wants to add community integration services. They are still going through the contract process. Luanne will be at the March meeting to introduce herself.</p> <p>No Meeting in February: All CSN meetings for February have been cancelled due to the budget work. An email in regards to this went out earlier this week.</p>
XI. Public Comment	There was no public comment.
XII. Meeting Recap and Agenda for Next Meeting on March 26, 2009	<p><u>Meeting Recap</u> See ACTION items above.</p> <p><u>March Agenda</u></p> <ul style="list-style-type: none"> • Feedback to OAMHS • Report back on APS discussion • Medication management/Medical director meeting • Budget • CSN purpose discussion • Employment <p>It is suggested that CSN purpose and employment should follow immediately after feedback. Those present asked that we keep the employment CSN purpose segments more as a presentation. Gayla will take the lead on the employment segment and will need 60 to 90 minutes.</p>