

**Community Service Network 3 Meeting
Augusta Civic Center, Augusta
August 4, 2008**

Approved Minutes

Members Present:

- | | | |
|----------------------------------------------------|-----------------------------------------------|---------------------------------------------|
| • Brent Bailey, Allies, Inc. | • Lynn Duby, Crisis & Counseling | • Ann Lang, NAMI-ME Families |
| • Annalee Polley, Assistance Plus | • Jen Raymond, Graham Behavioral | • Lori Michaud, Redington-Fairview Hospital |
| • Joe Tinkham, Care & Comfort | • Carla Beaulieu, Hope Recovery Center | • Sharon King, Sebec Valley Hospital |
| • Charlie Clemons, Charlotte White | • Emilie van Eeghen, MaineGeneral/HealthReach | • Ric Hanley, Spring Harbor |
| • David McCluskey, Community Care | • Jim Talbott, Merrymeeting Behavioral Health | • Bob Fowler, Sweetser |
| • Bill Tanner, Community Correctional Alternatives | • Richard Weiss, Motivational Services | • Jeff Janell, Youth & Family Services |
| • Troy Henderson, Consumer Council System | • Kerry Sirois, Mount St. Joseph | • Deborah Thibodeau, CSN 3 Employment Spec. |

Members Absent:

- | | | |
|----------------------------------|------------------------------|-------------------------|
| • AIN | • ESM | • LINC Club |
| • Alternative Services (excused) | • Inland Hospital | • Maine Children's Home |
| • Catholic Charities (excused) | • Kennebec Behavioral Health | • NAMI-ME |

Alternates/Others Present:

- Deborah Rousseau, MMC-Voc, Coordinator

Staff Present: DHHS/OAMHS: Don Chamberlain, Marya Faust, Wanita Page, David Proffitt. Muskie School: Elaine Ecker, Helen Hemminger.

Agenda Item	Discussion
I. Welcome and Introductions	The meeting was opened with participant introductions.
II. Review and Approval of Minutes	The minutes of the June meeting were approved with one change: Under Consumer Council Update, omit the sentence beginning "Carla reported that she tried...."
III. Feedback on OAMHS Communications	Marya informed the group that this agenda item will appear as a new standing item on all CSN agendas to give members a regular opportunity to ask questions or give feedback on all OAMHS communications (state or regional levels) received during the month. Members had no feedback for this month.
IV. Legislative Session January 2009	<u>Bills/Rules: Proposals/ideas from members</u> OAMHS encourages members to bring forward any ideas for rule changes or bills for the upcoming legislative session. More discussion on this item at the September meeting. <u>Budget: Process for September CSN discussions</u> Work has begun on the State's biennial budget for FY 2010 & 2011. OAMHS will make its budget requests based in part on the RDS unmet needs data (discussed below), though many other sources of information are also considered. OAMHS also welcomes any unmet needs or budget requests from CSN members. Any such requests should include specific proposals to meet specific needs, with supporting data that includes how the service need is identified, how many people would be affected, how the funds would be used, etc.

Agenda Item	Discussion
	<p><u>Budget: Unmet Needs Data</u></p> <p>Members received handouts of enrollment and RDS (Resource Data Summary) Unmet Needs data for the 4th Quarter of FY 2008. The materials also contained data from the previous two quarters. Marya cautioned that increases in unmet needs for the 4th quarter have more to do with providers' good work in getting overdue data into the system and not with a sudden actual increase in unmet needs. This quarter going forward, Marya said, will provide the best data for planning purposes.</p> <p>Marya reviewed a few basics about the enrollment and RDS data: 1) the data comes from agencies providing Community Integration, Intensive Community Integration (no longer offered), ACT, and State ICM services, and 2) enrollment counts each person only once, but individuals may report unmet needs in multiple categories.</p> <p>Members reviewed the various charts and graphs. Highlights for CSN 3:</p> <ul style="list-style-type: none"> • CSN 3's data profile is similar to that of the State as a whole. • Housing and Health Care show the highest numbers of unmet needs in this CSN (and several others). • It is important to look at the actual numbers, not just percentage changes, especially in considering small numbers. For example, an increase from 2 reports to 4 would show as a 100% change. <p>Discussion:</p> <ul style="list-style-type: none"> • Have there been any efforts to reduce variance on how unmet needs are identified? A: The focus to this point has been to get the data entered and the system running correctly. • Without a way to check reliability or validity, "all you have are numbers." Response: Current efforts toward quality control include 1) random samples of ISPs (Individual Service Plans); 2) Consent Decree Coordinators delivering trainings at agencies; and 3) an expectation that agencies have ongoing supervisory training. • OAMHS does not hold primary responsibility for meeting the unmet needs in all categories reported, and does not make budget requests for health care, legal, financial security, educational resources, and transportation. Transportation will remain in the discussion, however, due to the overall impact of high fuel costs. The discussion should involve specific ideas for meeting specific needs, not general requests for more dollars. • A member mentioned a joint effort undertaken awhile back by MeHAF (Maine Health Access Foundation) and the Governor's Office to expand the use of telemedicine, and noted she was unaware that any report or follow-up plan has been issued. Marya concurred on no report. • A member described growing concern and issues around consumers being able to afford housing due to landlords raising rents to cover rising energy costs. (More discussion under Item IX.) <p>ACTION: Members are to bring any specific proposals for rule changes, bills, and budget requests for discussion at the September meeting.</p>
V. Hospitals and ISPs	<p>Members received two handouts reporting results of UR Nurse reviews of hospital records for Consent Decree Performance Standard 18-1,2,3 for all four quarters of FY 2008. This standard pertains to involuntary hospitalizations of consumers receiving Community Integration services and tracks whether the hospital obtained the ISP, whether the treatment and discharge plan is consistent with the ISP, and whether the case manager is involved with treatment and discharge planning.</p> <p>Don expressed concern that performance is not improving re: hospitals receiving ISPs. He noted that case managers are usually involved in discharge treatment and planning, but still the ISP is not included in the hospital record. How can this be improved?</p>

Agenda Item	Discussion
	<p>Members engaged in a discussion of barriers, including:</p> <ul style="list-style-type: none"> • Uncertainty about who has responsibility for providing or requesting the ISP (crisis? community support agency? hospital?) • The actual value of the ISP at time of hospital admission • The unlikelihood of person being involuntarily admitted cooperating re: giving information or signing releases, etc. • Whether or not the CSN is the appropriate place to solve this issue <p>Since this involves only MaineGeneral hospitals in this CSN, Emilie suggested that the issue be discussed at the expanded MaineGeneral meeting that includes crisis and other providers.</p> <p>ACTION: Emilie will make sure ISP provision is included on the above meeting agenda.</p> <p>Another possibility under discussion is to have APS Healthcare provide the ISP information for hospitalizations. Wanita noted potential confidentiality issues, and Don said he intends to look into it further.</p>
VI. Consumer Council Update	<p>Troy Henderson reported that the Consumer Council System of Maine (CCSM) has been up and running for 10-11 months and is currently encountering some glitches and challenges. They are working to fill the Executive Director position and two Outreach Coordinator positions. Eight local councils have begun to develop, though each council is required to have diversity in its membership before it becomes an official local council.</p> <p>Troy stated the CCSM is proud of the work they've done, though they are currently under scrutiny by others. "Anytime you're doing something noteworthy, there will be challenges."</p> <p>He'd love to see consumer voice come "from the ground up," and appreciates consumers being asked what works for them. "Nothing about us, without us!"</p>
VII. Crisis Services (data)	<p>This item is revisited this month because Crisis & Counseling was not present at the meeting in June to answer questions when the 3rd Quarter data was originally presented.</p> <p>Don reported that the categories for FY 2009 reporting have changed significantly as a result of a meeting of crisis providers in June. OAMHS is most interested in determining where <u>first</u> contacts occur and hopes to better capture that information through new categories.</p> <p>Questions were raised about the number of face-to-face contacts that result in "Jail." Lynn Duby explained that jails periodically call crisis services when an inmate is in distress, for assessment, etc. Also, when person is having difficulty in the community and police are called, the person sometimes is incarcerated. She added that occasionally a person is picked up because they haven't paid fines and crisis may be called in for support, but the person is still put in jail.</p> <p>Troy expressed concern that people could end up in jail due to a lack of appropriate police training. Lynn responded that Crisis & Counseling is trying to get additional CIT training and has had contact with NAMI. Troy said he would like to contribute as a peer on this.</p> <p>There were a couple of questions Lynn said she would look into and then provide the information: 1) If the number of</p>

Agenda Item	Discussion
	<p>face-to-face contacts for ongoing support are subtracted from the total face-to-face contacts, does the remainder indicate the number of first-time contacts? 2) Are supported apartments included in the Congregate Apartment category? And 3) The number of shelter admissions must be incorrect...?</p> <p>ACTION: Lynn will bring back clarification as requested on the crisis data for the next meeting.</p>
<p>VIII. Report from the Employment Services Network (ESN)</p>	<p>Deborah Thibodeau distributed the minutes from the first ESN meeting (July 23, 2008) and gave a progress update. She has 15 on her present caseload. She also mentioned that she has received telephone calls from eight people on the VR wait list, and because the initial focus of the project is to work with people from the host agencies, she is keeping a list of such inquiries.</p> <p>This sparked additional conversation about who is eligible for ES services and when they will be able receive them. Don said that in response to similar discussion at last month's CSN meeting, OAMHS met with MMC Vocational Services for clarification. The service is open to all in the CSN; however, the first phase is working with the host agency. Over time, others should be served and people on VR wait lists should have priority. In part, Don said, this initiative is in place to deal with the backlog at VR—to provide another avenue.</p> <p>Don added that Long-Term Support (LTS) funds were underspent this year. OAMHS is interested in seeing the level of demand as the ES initiative gets underway. Will more ES positions be needed? Will it require additional LTS funds? This is the beginning of the process, not the end, he said.</p> <p>Also, data from this project should be available for this CSN next month.</p> <p>Questions/Discussion:</p> <ul style="list-style-type: none"> • How will ES services differ from VR? A: Once a person is identified, Long-Term Supports are applied for and approved. Then the best individualized plan for each person is developed—will still work hand-in-hand with VR. • Troy shared some of his experiences, having received VR services for 15 years. He said he really didn't have clear direction within himself about what he wanted to do until he completed the "Pathways to Recovery" course. Through that he began to discover his own person goals, hopes, dreams, and values. He'd been "sent to classes," through VR, but he wasn't ready and was missing some of the skills needed to progress. He has informed VR of "Pathways" course, and though it created some excitement, the course costs \$300 and VR has no way to fund it. <p>Don asked Deborah if she has reached out to the Vocational Subcommittee—Jean Gallant and Dick Willauer—to include them in the Employment Service network (ESN). Deborah said she met with them once and will meet again this month. "They have been invited to the ESN," she said.</p> <p>Deborah reported that John Thibodeau of Riverview is expected to join the ESN, and that the ESN still needs a peer representative. Troy expressed interest in working with the ESN and will discuss it further with Deborah.</p>
<p>IX. Impact of Energy Costs</p>	<p>OAMHS asked for members to discuss the impact of high gas and oil prices—both on agencies administratively and on consumers they serve. Would also like to know what actions they are taking or anticipate taking to address the impacts, as well as gather information for budget work.</p>

Agenda Item	Discussion
	<ul style="list-style-type: none"> • Bill Tanner brought up a federal bill that is ready for presidential signature that appears to include some funds specifically set aside for people with mental illness and housing. It would be helpful if someone at the state level could analyze the bill and how funds are to be distributed and what is mandated, he said. • Richard Weiss said that on an organizational level, costs have gone up 100 to 150 percent this year, on the heels of a 25 to 30 percent increase last year. • Lynn Duby reported that with the costs of travel, it is difficult to maintain home-based services. They are looking at dispatching people from different locations. • Many concerns were mentioned about what landlords are doing or may do: 1) raise rent above consumers' ability to pay or government rates; 2) fail to maintain property and lose approval as subsidized housing; 3) just walk away from the properties; 4) request subsidy funds for repairing frozen pipes, etc. • Electricity is expected to double in January. Many people pay their own electric bills—if they don't keep up, they will be cut off. • LIHEAP will not meet peoples' needs—will provide less than a full tank of oil. • Fire officials expect increased homes fires as people illegally or inappropriately install various heating units. <p>Local efforts?</p> <ul style="list-style-type: none"> • United Way is coordinating a group called Capital Area Emergency Heating that meets to try to reduce potential harm for people living in the area. Members include the City of Augusta, KVCAP, Goodwill, Maine State Housing Authority, DHHS, and providers (like Motivational Services). The next meeting is Sept. 4. • A similar group exists in Mid-Coast area and the Mid-Maine United Way is also looking to start a group. • Inexpensive weatherization kits are available through KVCAP.
X. "Dying 25 Years Too Soon"	<p>Members were updated on the mental health and healthcare integration initiative called "Dying 25 Years Too Soon," led by Dr. Elsie Freeman. Dr. Freeman is preparing a MeHAF grant proposal to further efforts on this project. Two CSN members asked the membership as a whole to formally support the grant proposal and a corresponding motion was made and seconded. Without complete information or specifics on any expectations of providers potentially involved in the project, the Motion failed by a vote of 9 to 8. An alternative motion was made, seconded, and voted unanimously:</p> <p>MOTION: The CSN supports adding this project to its agenda quarterly for updates.</p>
XI. Consent Decree Report	<p>Marya informed the group that the Consent Decree Quarterly Report for April-June 2008 has been filed with the Court Master. Copies of all documents are posted on the OAMHS website: www.maine.gov/dhhs/mh/consent_decree. Members were encouraged to look at the Consent Decree Performance Standards Summary document, in particular.</p>
XII. Subcommittee Reports	<p><u>Housing</u> No discussion—data still pending.</p> <p><u>Transportation</u> A motion was made and seconded to dissolve the Transportation Committee. Though very important to address transportation issues, the subcommittee may not be the best way. Members decided to put transportation on the CSN agenda for discussion on a quarterly basis.</p> <p>Members discussed various transportation needs. In particular, they brought up activities and meetings that would be important for health and wellness, but since they occur after hours, there is no transportation available. (AA, Weight Watchers, etc.) Members mentioned a few creative solutions in general, e.g. joining populations, combining needs of clients and needs of businesses to get people to work, etc.</p>

Agenda Item	Discussion
	<p>A member asked what it would look like if the LINC van were available at night—volunteers could drive...? Richard Weiss said he would bring this up to both LINC and Waterville social clubs.</p>
<p>XIII. Other</p>	<p>Judge Mills' Order – Monitor Marya explained that OAMHS made a presentation to Judge Mills in response to her concerns regarding the amount of funding supporting the mental health system for FY 2008, 2009, and forward, to determine whether or not there were sufficient funds to meet compliance and whether OAMHS has been an adequate advocate for funding. Judge Mills concluded that she could not make a determination without more information and, therefore, will appoint a monitor to study the matter. The monitor will conduct the study independently and may interview agency personnel, consumers, etc.</p> <p>Court Master Dan Wathen has nominated Elizabeth Jones, though Judge Mills has not officially confirmed this nomination.</p> <p>Marya also explained the difficulty OAMHS faces in being an advocate as the Consent Decree agreement envisions, since OAMHS must make requests within the directives of the DHHS Commissioner and the Governor. The appointment of a monitor may provide an opportunity to have a good picture of what's needed in the system to be in compliance.</p> <p>Demographic Handout Members received a handout with demographic information, which may be helpful in budget preparations.</p>
<p>XIV. Public Comment</p>	<p>None.</p>
<p>XV. Meeting Recap and Agenda for Next Meeting</p>	<p>See ACTION items above.</p> <p><u>September Meeting Agenda:</u> OAMHS Communication Legislative--Bills, Budget Consumer Council Update Work Plan Subcommittee Reports</p>