

**Community Service Network 3 Meeting
Augusta Civic Center, Augusta
May 5, 2009**

Minutes

Members Present:

<input checked="" type="checkbox"/> Allies Inc - Brent Bailey	<input type="checkbox"/> Graham Behavioral Services	<input checked="" type="checkbox"/> Motivational Services Inc. – Richard Weiss
<input type="checkbox"/> Alternative Services Inc	<input checked="" type="checkbox"/> Hope Recovery Center at Maine General – Carla Beaulieu	<input checked="" type="checkbox"/> Mount St Joseph – Kerry Sirois (alt.)
<input type="checkbox"/> Assistance Plus – Olivia Lake (sub.)	<input type="checkbox"/> Inland Hospital	<input checked="" type="checkbox"/> NAMI-ME – Carol Carothers
<input checked="" type="checkbox"/> Care & Comfort - Joe Tinkham	<input checked="" type="checkbox"/> Kennebec Behavioral Health – Tom McAdam	<input checked="" type="checkbox"/> NAMI-ME – Families – Ann Lang
<input checked="" type="checkbox"/> Catholic Charities of Maine – Don Harden	<input type="checkbox"/> LINC Club	<input checked="" type="checkbox"/> Redington-Fairview Hospital – Lori Michaud
<input checked="" type="checkbox"/> Charlotte White Center – Charlie Clemons (alt.)	<input type="checkbox"/> ME Children’s Home For Little Wanderers	<input type="checkbox"/> Riverview Psychiatric Center
<input checked="" type="checkbox"/> Community Care – Tracy MacDonald	<input checked="" type="checkbox"/> MaineGeneral HealthReach Network – Emilie van Eeghen	<input checked="" type="checkbox"/> Sebastcook Valley Hospital – Sharon King
<input type="checkbox"/> Community Correctional Alternatives	<input checked="" type="checkbox"/> MaineGeneral Medical Center – Emilie vanEeghen	<input checked="" type="checkbox"/> Spring Harbor Hospital – Ric Hanley
<input type="checkbox"/> Consumer Council	<input checked="" type="checkbox"/> Merrymeeting Behav Services – James Talbott	<input type="checkbox"/> Sweetser – Bob Fowler
<input type="checkbox"/> Cornerstone Behavioral Care – Donna Ruble		<input checked="" type="checkbox"/> Youth and Family Services – Jeff Janell (alt.)
<input type="checkbox"/> Crisis & Counseling		
<input checked="" type="checkbox"/> ESM – Heather Ulmer (alt.)		

Others Present:

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| <ul style="list-style-type: none"> • MMC Voc. Emp. Coordinator – Deborah Rousseau • MMC Voc. Emp. Specialist, Reg. 3 – Deborah Thibodeau • Consumer Council System of Maine- Reg. 2 – Melissa Crowell • Advocacy Initiative Network of Maine – Monica Elwell | <ul style="list-style-type: none"> • Consumer Council System of Maine - Gracelyn Pease, Elaine Ecker • ICM Supervisor, DHHS - Julianne Edmonston • Riverview Psychiatric Center - Mary Louise McEwen, | <p>Guest Speakers:</p> <ul style="list-style-type: none"> • Claudia Bepko – COSI Project – DHHS • Peter Wohl – Crisis and Counseling • Karen Glew – State of Maine |
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Staff Present: DHHS/OAMHS: Sharon Arsenault, Don Chamberlain, Leticia Huttman, Ron Welch, Marya Faust,. Muskie School: Phyllis vonHerrlich, Julia Mason.

Agenda Item	Discussion
I. Welcome, Introductions, Reminder to Sign In	Sharon Arsenault welcomed attendees and invited people to introduce themselves.
II. Review And approval of minutes	The minutes for January 5, 2009, were reviewed and approved with one correction. ACTION: January 5, 2009, CSN 3 Minutes were approved as corrected.
III. Feedback on OAMHS Communications	No feedback on OAMHS communications.
IV. Employment Report	Tom McAdams, CEO of Kennebec Behavioral Health (host agency for employment initiative in CSN 3) turned the presentation over to Deborah Thibodeau, Employment Specialist. Deborah referred to the handout provided in the meeting packet and noted the following:

	<ul style="list-style-type: none"> • 32 clients currently. Goal is to have 20 host agency slots, plus five from other CSN 3 agencies. Once host agency count is down to 20, the five slots for other agencies will be open for clients. • Clients are active in career exploration, participating in educational opportunities, and other job preparations (e.g. volunteering) • Client employment /volunteer areas include retail sales, healthcare, social services, local schools, municipal services, and food service. • Educational pursuits are taking place at: adult education programs and institutions for higher education. • Working on developing a “marketing tool” for employers – addressing the specifics of hiring persons with psychiatric disabilities. Tool will be used for outreach to potential employers. • Partnering with employers and providers to develop a resource directory. • Employment Specialist is meeting with Graham Behavioral Services - they have been using the <i>Need for Change Scale</i> and have identified clients in their programs wanting to find employment. <p><u>Discussion:</u> It was noted that agencies can do employment development work with their clients whether they have one of the five “agency” slots in the employment initiative or not. The intent for the program is to bring the importance of employment to the forefront and serve as an example for agencies of active work on employment with clients. Deborah can provide copies of tool and assistance in using. Agencies were invited to send their <i>Need for Change</i> data to Deborah to have access to the upcoming initiative slots.</p> <p>ACTION: Agencies should contact Employment Specialist, Deborah Thibodeau (at Kennebec Behavioral Health) for any of the following purposes: (1) acquire <i>Need for Change</i> survey; (2) share their surveys in order to have access to the upcoming employment initiative client slots, (3) seek information and or consultation.</p>
V. Co-Occurring Initiative Discussion	<p>Sharon introduced Claudia Bepko, coordinator for the Co-occurring State Integration Initiative (COSII), who in turn introduced Peter Wohl from Crisis and Counseling, one of the COSII pilot sites.</p> <p>Claudia shared handouts on COSII and explained the initiative and implications.</p> <ul style="list-style-type: none"> • Now a requirement in all DHHS contracts that providers be “Co-Occurring capable” (defined as “the capacity of a substance abuse, mental health, or dually licensed program to design its policies, procedures, screening, assessment, program content, treatment planning, discharge planning, interagency relationships, and staff competencies to routinely provide integrated co-occurring disorder services to individuals and families who present for care within the context of the program’s mission, design, licensure, and resources”~ from the Maine COSII Clinical Practices Committee document, 12/3/07). • Focus on co-occurring approach has been going on in Maine for many years, which began with the establishment of the Co-Occurring Collaborative of Southern Maine (now called the Co-Occurring Collaborative Serving Maine). It is funded by DHHS & OSA and provides training and networking across the state for co-occurring disorders. Other grant funded initiatives followed and in 2005 the state was awarded a 5-year COSII grant (through SAMHSA) for infrastructure change. • Work of the grant addresses issues of: screening and assessment, licensing, reimbursement and costs, client program data and outcomes, workforce development and best practices. • Co-Occurring includes all disorders an individual might face, including substance abuse, mental health, physical health – any conditions that co-occur. Research supports that best practice for treatment is integrated care with the goal of clients being able to receive the full range of services they need provided or coordinated through one agency (referrals out would be coordinated through primary agency and contact sustained) – coordinate the care and collaborate with other agencies. Specifics around co-occurring requirements are in Rider E of all contracts. By 2011

	<p>co-occurring capability will required for all agencies, although it varies by agency depending up the particular services they provide.</p> <ul style="list-style-type: none"> • Training for agency staff is critical. Claudia referred to the handout on COCSM and the support available through the COSII grant until it ends in 2010. She noted a Web site will be available shortly. General meetings take place in each region; the next one in Region 2 (encompassing CSN 3) is May 27, at 9 AM, 41 Anthony Avenue, Augusta. Further trainings are coming up and notices will be sent. Claudia will do direct agency consultation if the trainings do not fit specific needs. • Steps to treating co-occurring disorders: standardization of screening. APS will be rolling out the standard tool (AS-OK) for screening July 1 of this year. Assessments must be integrated (assessing multiple disorders) to make certain all treatment needs are met – either by agency doing the assessment or referring out. • Consumer participation has been critical for COSII grant work; consumers serve on all working committees and there is a specific consumer input committee. A consumer created pamphlet, “Many Roads to Recovery” was among the handouts. <p>Peter Wohl, director of Substance Abuse Services at Crisis and Counseling, reported on his agency’s six years of experience working on co-occurring disorders and integrated treatment. Crisis and Counseling has made the policy and administrative changes and provided extensive training for staff. The challenge he identified at this point was that of “the comfort level” of staff in being able to fully engage in integrated treatment (staff tend to analyze and respond within the body of knowledge and parameters of their discipline). There needs to be that nudge to move staff beyond their comfort zone. He noted the change to fully integrated care is a <i>process</i> and said that Crisis and Counseling is building the skills needed and moving to the next steps of bringing practice in their agency in line with the structure.</p> <p>Claudia noted that integrated care is the way Maine DHHS will be doing business from now on and that research has shown that if one disorder goes untreated, the treatment for other disorders is not effective.</p> <p>The discussion focused on whether there were any considerations for a screening tool other than AC-OK and whether any offices at the state level would be merging (e.g. DHHS and Office of Substance Abuse). AC-OK has been identified as the screening tool. No plans are on the table for the Department to incorporate OSA. It was noted that the specifics of approaches to substance abuse are not negated by an integrated approach – the key is that services be integrated and coordinated and that agencies work collaboratively to provide a continuum of service to the client. Claudia noted that the state needs to be more integrated in terms of policy, communication, funding, etc. but the pertinence of specific fields of knowledge still remains. She noted that even at the Federal level, there is much work to do to achieve the vision and goal of integrated services.</p> <p>ACTION: Contact information for Co-Occurring: Co-Occurring Collaborative Serving Maine -- http://www.ccsme.org/index.htm, and Co-Occurring State Integration Initiative, Claudia Bepko, coordinator (phone 207-287-7360; email: claudia.bepko@maine.gov). Next Region 2 meeting (which encompasses CSN 3): May 27, at 9 AM, 41 Anthony Avenue, Augusta.</p>
<p>VI. Consumer Council System of Maine Update</p>	<p>Elaine Ecker, executive director of CCSM, reported.</p> <ul style="list-style-type: none"> • The primary focus over the past few months for CCSM has been legislative and state budget issues. • Consumer groups have been very active in testifying before state committees – Health and Human Services, Appropriations, Public Safety, and Education. • CCSM is a unifying force for all consumer groups. • Housing has been a primary focus – there is still hope, even in these difficult financial times, that there will be more funding for housing.

	<ul style="list-style-type: none"> • CCSM is very opposed to LD 1360 – An Act to Allow Law Enforcement and Family Members to Petition the District Court to Initiate Assisted Outpatient Treatment. CCSM members feel there are few safeguards in this proposed legislation. • CCSM will have a representative involved in the selection process for the new superintendent of Riverview. • The Region 2 CCSM Outreach Coordinator, Melissa Caswell, will do agency / organization visits and speaking engagement. <p>Melissa Caswell reported on local CCSM meetings: Augusta – 3rd Monday of the month; Skowhegan – 4th Monday of the month; Waterville – 3rd Tuesday of the month. This list will be prepared with locations and contact information included and emailed to CSN 3 members. In response to a question, Melissa shared that the meetings focus on discussing local issues and getting information from the State CCSM. Further information is available at the CCSM website http://www.maineccsm.org/welcome.html.</p> <p>ACTION: Melissa will prepare a list of the local CCSM meetings that pertain to CSN 3 and arrange to have emailed to network members.</p>		
VII. CSN Discussion	<p>Sharon introduced the topic of Community Service Networks and asked for input from members regarding the positives and the negatives of the way the networks function currently. Ron noted that the network system came out of the Consent Decree, that it was part of the legal negotiations around the Decree, and that the structure was then imposed on the provider community and consumers. Input is being sought on whether or not the current structure is the best way to engage providers, the consumer community, and the state in meaningful dialogue. Sharon noted that some questions (<i>Community Service Networks: Suggestions for future meetings</i>) had been sent out with the meeting notice and asked everyone to be sure to fill it out and hand it in at the conclusion of the meeting.</p> <p>The group engaged in a conversation about the positives and negatives of the current CSN structure. Summary of comments:</p> <table border="0"> <tr> <td data-bbox="611 932 1213 1295"> <p><u>Positives:</u></p> <ul style="list-style-type: none"> • Information sharing • Networking • Meaningful consumer involvement • Presentations on new initiatives informative (e.g. Employment Initiative) • Data reports useful (first time for concrete state data) • Acquire a sense of system issues from reports provided • Venue for input, sharing information, seeking solutions (e.g. APS system) </td> <td data-bbox="1304 932 2003 1446"> <p><u>Negatives:</u></p> <ul style="list-style-type: none"> • Difficult to make work • Solving/grappling with issues not happening • Staff time commitment is great (for both agencies & state) • Meeting schedule does not allow “same point in time” for input on statewide issues • No real problem solving • Meetings would be more productive if focused • Mission of CSNs not being met • No closure to issues • Meetings too large; need smaller meetings • Composition of this group does not fulfill purpose • CSN out of the loop for information from other statewide groups addressing issues (e.g. PNMI Workgroup) • Consumers are not represented where the decisions are made [in other statewide workgroups] </td> </tr> </table> <p><u>General Comments:</u></p>	<p><u>Positives:</u></p> <ul style="list-style-type: none"> • Information sharing • Networking • Meaningful consumer involvement • Presentations on new initiatives informative (e.g. Employment Initiative) • Data reports useful (first time for concrete state data) • Acquire a sense of system issues from reports provided • Venue for input, sharing information, seeking solutions (e.g. APS system) 	<p><u>Negatives:</u></p> <ul style="list-style-type: none"> • Difficult to make work • Solving/grappling with issues not happening • Staff time commitment is great (for both agencies & state) • Meeting schedule does not allow “same point in time” for input on statewide issues • No real problem solving • Meetings would be more productive if focused • Mission of CSNs not being met • No closure to issues • Meetings too large; need smaller meetings • Composition of this group does not fulfill purpose • CSN out of the loop for information from other statewide groups addressing issues (e.g. PNMI Workgroup) • Consumers are not represented where the decisions are made [in other statewide workgroups]
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	<ul style="list-style-type: none"> • Is not having a CSN an option? <ul style="list-style-type: none"> ◦ This issue would have to be taken back to the Court Master for a decision, but OAMHS would do that if that was what the group wanted. • Consider a different meeting schedule – once every other month – maybe quarterly, but this may not be frequently enough. • Is CSN in statute? (See 34-B §3608. COMMUNITY SERVICE NETWORKS 34-B §3608. COMMUNITY SERVICE NETWORKS). • Other methods are more efficient for sharing information – distinction between information sharing and meaningful dialogue to address policy and practice issues needs to be made. • Focus on common issues at meetings, e.g. unmet needs, peer support, co-occurring approach to services • Early on helping to craft budget was part of the process, but as finances got tighter and tighter, there has been less of an opportunity for input. This might be something to revive • Conference calls might be a good way to communicate, coupled with distribution lists OR conference call with a workgroup at the management level • Mission needs to be clarified • Some felt the mission statement should stay as it is, but need to have meetings that reflect the mission statement – possibly different staff should attend than currently • Smaller meetings - breakdown into topical / functional bodies, then appropriate staff can attend • Premature to make a decision – need to look at results and discuss again <p><u>Votes taken on the CSN structure and function issues:</u></p> <p><u>Move and seconded:</u> That the CSNs move to the format of a monthly statewide conference call with preparatory information on the topic(s) to be discussed sent out before hand. After a brief discussion, the question was called and the motion failed to pass.</p> <p><u>Moved and seconded:</u> That the CSN 3 meeting in June be face-to-face and that the major part of the meeting be spent looking at the results of the survey and the discussion focus on the structure and function of CSN meetings. With no objections to moving directly to the question, the question was called and the motion passed.</p> <p>Sharon again urged people to fill out the suggestion form and hand it in at the end of the meeting.</p> <p>ACTION: June 1, 2009, CSN 3 meeting will be face-to-face; topic to cover: (1) discussion of the <i>CSN: Suggestions for Future Meetings</i> sheet and (2) the overall topic of CSN structure and function.</p>
	Brief Break
VIII. Other Topics	<ul style="list-style-type: none"> • Sharon reminded attendees to sign in and noted that tracking attendance is very important because CSNs are part of the Consent Decree agreement discussion and because for those agencies that have DHHS contracts, attendance at CSN meetings is a contractual requirement. • The Consent Decree quarterly report is finished and available on the OAHMS web site. • The 2009 HOPE conference is June 25th at the Augusta Civic Center. • Don reported briefly on the PNMI Workgroup. PNMI is a statewide issue, and the state plan is out of compliance. The funding source is changing for PNMI scattered sites, although the services provided are not. Issues for each group served (as covered in contracts) are being reviewed. A new inclusive “category” for funding will likely be created. The group will meet in July to continue work on defining what definitions specific to each group served are needed. A representative from the Consumer Council System of Maine is invited to and welcomed to attend these meetings.

<p>IX. Outcomes Discussion</p>	<p>Ron introduced the topic of Outcome Measures by noting that in mid-2008, a workgroup of providers, consumers, family members, and the state took on the issue of quality outcomes for those receiving support through the Maine public mental health system. Measuring outcomes for recipients has never been a focus, but providers and consumers felt it was important to do. The workgroup undertook the task of identifying a tool to use for this measurement. The tool selected is OQ Measures (see http://www.oqmeasures.com/site/).</p> <p>Marya reviewed the criteria used to select the tool and noted a number of tools were considered, but OQ had the capability to measure the full range of issues to be measure.</p> <p>Ron introduced Karen Glew of the DHHS Office of Quality Improvement to report. Karen provided handouts: (1) an overview of the process ("Measuring Outcomes: Piloting an Outcome Tool), and (2) an article by the developers of the tool ("Uniting practice-based evidence with evidence-based practice," by Lambert and Burlingame, <i>BehavioralHealthCare</i>, October 2007).</p> <p>Starting in June 2008, the workgroup solicited input and looked at 50 different outcomes tools; 4 were selected for full presentation and OQ Measures was selected because it had the range and the immediate feedback sought. A regional provider had also good experience with it. Input is electronic on a PDA (personal digital assistant), which is then processed immediately, and feedback is available to case manager/client in a very short turnaround time. If progress of client is not on track, the clinician gets a decision tree, which can be gone over with the client. Adjustments can be made (either in supports or to plan) to keep client on track toward goals. OQ is recognized by SAMHSA as being an evidence-based program.</p> <p>Additional tools will be in the toolkit: RAS (Recovery Assessment Scale – strength based and recovery oriented). DIG Mental Health & Well-Being Survey (measures satisfaction and health status), LOCUS (Level of Care Utilization System), and Co-Occurring Questions (which are being developed).</p> <p>Piloting of the toolkit will begin October 2009. Kennebec Behavioral Health will be the first (they have prior experience with OQ) and another site is being sought – an agency that is close to Augusta (because of support and training), has a high CI client population, and does not have high technical skills. The pilot will take place October 2009 to May 2010. There will be an Advisory Committee for the pilot phase. Benchmarks for sustainability need to be identified.</p> <p>Intensive technical training will be given to clinicians and administrators. The rollout will be slow, with two involved in the pilot, then one agency added in each 2010 and 2011. This is a major culture shift from the system as it is now to being one that is consumer driven and recovery focused.</p> <p>Discussion: Issues raised included how the survey is taken – whether or not consumers can do this in privacy or if it has to be done with clinician and whether or nor a paper form can be used. The specific method has not been decided yet, but there are options as to how the consumer can take the survey. An issue, however, is the lapse of time between when the survey is taken and when clinician and consumer review the data. Immediate feedback is optimum. Different methods for filling out the surveys have been tested.</p> <p>Some were concerned about how this does or does not fit with other systems being used. Office of Substance Abuse uses Basis – 32. Selecting <u>one</u> is important to agencies and institutions because of costs, training, and quality of use. OAMHS staff clarified that it is the intention to use OQ across the board.</p>
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	<p>It was pointed out that the upfront commitment of administrative time and cost is not insignificant, but OAMHS staff noted that the intent is to underwrite costs for the software and personal digital assistants needed to implement. The issue of technical capacity in outlying rural areas also has to be taken into account.</p> <p>CSNs will receive periodic updates on this initiative.</p>
<p>X. Legislative Update</p>	<p>Ron reported that there are no further implications with state budget reductions for OAMHS other than the furlough days that will be required in the next two years (1 per month for all staff). There are, however, some changes in Children's Services and he noted he would send this out by email. The next step is for the budget to go to the Legislature to decide what to do.</p> <p>ACTION: Ron will send out information about the implications of budget reductions for Children's Services by email.</p> <p>There are a number of bills that may or may not pass: LD 609, which in essence lowers the bar for voluntary commitment, is one of concern. The bill is lacking in a number of areas: consequences for non-compliance and procedural requirements. Amendments have been proposed, but OAMHS has not reviewed them. Ron noted that the AG's office is of the same mind as DHHS regarding this bill, and is not sure that the HHS committee is in agreement on it. A request has been made for the two sides to meet. For LD 341 (bill amending the Department's Progressive Treatment Program) the committee has accepted issue of due process. The age at which the bill applies is 18, as opposed to 19 as originally proposed.</p> <p>LD 1360 (An Act to Allow Law Enforcement and Family Members To Petition the District Court To Initiate Assisted Outpatient Treatment) is under consideration. There are major shortcomings to this bill and the Consumer Council System has come out very much opposed to it.</p>
<p>XI. Other - Revisited</p>	<p><u>Executive Directors/Medical Directors Meeting</u> In response to a question, Ron noted that at a recent meeting of this group they discussed:</p> <ul style="list-style-type: none"> • the issue of clients receiving the service of state-funded medical management and how to best understand and serve this group. • a method to capture information might be to have agencies report those who meet Sec. 17 criteria for service – or some other method. • the role of OAMHS vis-à-vis clients receiving this service and primary care providers. • how to connect MH to primary care (and/or vice versa) in light of the goal of integrated services. • a memo regarding this will be forthcoming and the topic will be re-visited.
<p>XII. Public Comments</p>	<p>There were no public comments.</p>
<p>XIII. Meeting Recap and Agenda for Next Meeting</p>	<p>RECAP</p> <p>ACTIONS:</p> <ul style="list-style-type: none"> • January 5, 2009, CSN 3 Minutes were approved as corrected • Agencies should contact Employment Specialist, Deborah Thibodeau to acquire <i>Need for Change</i> survey; to seek information and/or consultation, and share their surveys in order to have access to one of the five upcoming employment initiative client slots

- For information on co-occurring disorders and agency capability contact: Co-Occurring Collaborative Serving Maine or Co-Occurring State Integration Initiative (Claudia Bepko). Next Region 2 meeting: May 27, at 9 am, 41 Anthony Avenue, Augusta
- Melissa will prepare a list of the local CCSM meetings and send to network members
- June 1, 2009, CSN 3 meeting will be face-to-face; topics to cover: (1) discussion of the *CSN: Suggestions for Future Meetings* and (2) discussion of CSN structure and function
- Ron will send out information about the implications of budget reductions for Children's Services.

NEXT MEETING:

Discussion of Community Service Networks – suggestions and general discussion of how the network functions currently and for the future.