

**Community Service Network 4 Meeting
DHHS Offices, Rockland, Maine
February 12, 2007**

Draft Minutes

Members Present:

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Steve Hoad, AIN • Lisa Levinson, Community Mediation Services • Karina Patton, ESM • James Talbott, Merrymeeting Behavioral • Leslie Mulhearn, MCMHC/Pen Bay | <ul style="list-style-type: none"> • Tammy Swasey-Ballou, NAMI-ME Families • William Nelson, Riverview Psychiatric Center • Dennis King, Spring Harbor • Tammy Blackman, St. Andrew's Hospital | <ul style="list-style-type: none"> • Bob Fowler, Sweetser • Charlotte Simpson, Sweetser Peer Center • Paula Greenleaf, Transition Planning Group • Dan Bennett, Waldo County General Hospital |
|--|--|---|

Members Absent:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Tara Mullins, Allies Inc • Group Home Foundation, Inc. | <ul style="list-style-type: none"> • Miles Memorial Hospital • Dan Bennett, Waldo County General (excused) |
|---|--|

Others present: Dana Bontatibus, Sweetser; Anna Peterson, MCMHC; Alex Veguilla, CCSM.

Staff Present: DHHS/OAMHS: Don Chamberlain, Leticia Huttman, Sharon Arsenault. Muskie School: Elaine Ecker.

Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Sharon Arsenault opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	The minutes from the January meeting were approved with the following 2 changes: <ul style="list-style-type: none"> • Add to list of members present: Karina Patton, ESM • Under Item IX. Crisis Services, Mid-Coast Mental Health Center (MCMHC) Crisis Unit: "A psychiatrist is available five days a week."
III. Review Meeting Guidelines	Sharon reviewed the meeting guidelines provided in the meeting materials, noting especially: 1) the agreement to turn off all cell phones and pagers, and 2) to avoid the use of acronyms and jargon.
IV. Consumer Council System of Maine	Alex Veguilla, the Consumer Council System of Maine Outreach Worker for Region II, introduced himself to the group and explained the progression and his role in the development of the new Consumer Council System. He encouraged provider members to think of ways to host/encourage meeting and informational opportunities with consumers for which they provide services, and assured he would be in contact with members to assist in his efforts to: <ul style="list-style-type: none"> • Recruit consumer participation in and educate consumers about the council system • Inform consumers about the regional conference, May 8, at the Augusta Civic Center (hope to have at least 80 consumers attend) • Meet one-on-one, in small group gatherings, or present to larger groups of consumers <p>ACTION: Members will contact Alex if willing to be a contact person for their respective organizations.</p>
V. Peer Services, Part II	Preceding the discussion on Peer Services, members received the following handouts: <p><u>Serious Mental Illness (SMI) Estimates - 2000 Census Data</u> Updated from version distributed last month to include 2 changes:</p> <ul style="list-style-type: none"> • Population from Bridgton area moved from CSN 6 to CSN 5, where most receive services

Agenda Item	Presentation, Discussion
	<ul style="list-style-type: none"> • Estimated SMI population broken down by age groups: 18-61 and 62 and over <p><u>Adult Mental Health Services MaineCare Data (2004-2006 Statewide)</u></p> <ul style="list-style-type: none"> • Skills Development category, which also includes Daily Living Skills, represents 2nd highest per person cost, serving fewer clients—more intense services provided? • All categories, except Residential, will be considered in rate standardization, currently pending. • OAMHS will try to get statewide data broken down by CSN. <p>Peer Services, Part II</p> <p>Members received 3 handouts: Updated Peer Support Funding spreadsheets, recalculated after shifting Bridgton area population from CSN 6 from CSN 5. (Per person amounts stayed the same in CSN 4.) Leticia also handed out copies of the OAMHS Performance Indicator and Outcome Reporting Forms for Peer Services and Warm Lines. She explained that OAMHS is looking to improve the meaningfulness of the data collected and asked members to give feedback on the data that should be collected.</p> <p>Comment:</p> <ul style="list-style-type: none"> • Ongoing training should be provided to those reporting data, so that data is collected consistently—or it is meaningless. <p>ACTION: Members may make suggestions on the Performance Indicator and Outcome Forms by emailing Elaine Ecker at eecker@usm.maine.edu.</p> <p>Members agreed upon the lack of and need for peer services in large areas of this CSN and engaged in a lengthy discussion. Highlights:</p> <ul style="list-style-type: none"> • Where to start? Consumers not organized and equipped at this point to direct and sustain undertaking without significant support; consistent data is not available on the many kinds/types of peer services to inform best direction; area lacks infrastructure on which to build services. • How was infrastructure created in other areas? Long conversation needed to learn about that. • A national program “Recovery Inc.” great asset to area in the past—may be interested again. • Is a peer “base” (place) needed in order to create any of the other possibilities? • Need to gather more information and develop an infrastructure. Recommend looking at what it has taken to build services in other CSNs. • Must look at “energy” and history, or efforts are set up for failure. • Difficulties/challenges encountered in this area: Information sharing, transportation, getting “word out,” participation in consumer advisory groups, financial barriers. • Identify natural leaders? Definitely have some folks here. • Leadership Academy very effective way to build consumer knowledge, advocacy skills, and enthusiasm. AIN wish: funding for a “Graduates Academy” as follow-up to Leadership Academy. <p>The group recommended that a subcommittee form to gather and consider the information discussed. Volunteers: Leslie Mulhearn, Steve Hoad, Charlotte Simpson, Paula Greenleaf, Bob Fowler, (and Leticia Huttman).</p> <p>ACTION: The subcommittee will meet and report out at the March meeting.</p> <p>ACTION: Members will make a recommendation to OAMHS around peer services at the March meeting.</p>

Agenda Item	Presentation, Discussion
VI. Statewide Policy Council	Twenty-seven CSN members volunteered or were nominated to serve on the Statewide Policy Council. OAMHS will choose 15 members as explained previously and will get the list out to all CSN members soon. Meetings will begin in March.
VII. Resolve PL 192	<p>Members received a copy of the newly released Resolve PL 192 Draft Report. The first public forum on the report was held on Feb. 5 in Augusta, with no one attending. Other forums are scheduled for Feb. 22 in Bangor and on March 1 at Spring Harbor. The final report incorporating stakeholder feedback is due to the Legislature by March 15.</p> <p>Comment:</p> <ul style="list-style-type: none"> • The report had not even been released as of Feb. 5 meeting in Augusta—consumers had nothing available beforehand to consider or give feedback on. Schedule another meeting for Augusta, now that report is available? <p>ACTION: OAMHS will consider scheduling another forum for the Augusta area.</p>
VIII. Crisis Stabilization Units (CSU), Part II	<p>Members received updated CSU information spreadsheets, recalculated to reflect the additional beds not included in last month's version. According to strict CSN boundary lines, CSN 4 has two beds in Belfast (Mid Coast Mental Health Services), with 71% utilization, making it the "most under-bed" area in the State. However, Sweetser CSU's 4-bed unit reports approximately half of their admissions come from CSN 4, so in practicality, four beds serve CSN 4. Using that figure, CSN 4 needs two additional beds to bring it to the State average beds per 1,000 population.</p> <p>Sweetser Crisis Stabilization Unit (CSU) Data Dana Bontatibus distributed Sweetser's completed Additional Data Request form and reviewed the results with the group. Highlights:</p> <ul style="list-style-type: none"> • 42 out of 91 days at 100% occupancy (April, May, June 2006). Haven't historically tracked how many days full or number turned away. Tracking both going forward. • Average length of stay: 4.5 days • 202 admissions; 72 unduplicated. (July 1, 2005 to June 30, 2006) • Vast majority of admissions come from Cumberland (CSN 6) and Sagadahoc (CSN 4), approximately half from each. • Most admissions come from home and return home. • Will take people with history of violence. • People self-supply medication. Help available for uninsured. Diabetics: CSU holds meds; people do self-injections. • People do not move from CSU to Peer Crisis—if ready to leave CSU, not in crisis anymore. • Psychiatrist available 5 days a week. If admitted after 5 pm on Friday, see psychiatrist on Monday. <p>MCMHS Crisis Stabilization Unit (CSU) Data Leslie Mulhearn distributed MCMHC's completed Additional Data Request form and reviewed the results with the group. Highlights:</p> <ul style="list-style-type: none"> • 40 out of 91 days at 100% occupancy (April, May, June 2006). Haven't historically tracked how many days full or number turned away. Tracking both going forward. • Average length of stay: 6.0 days. (Longer average stay has to do with "outliers," those with no place to stay, can't go safely to homeless shelter.) • 98 admissions Knox; 25 admissions Waldo. • 205 admissions; 80 unduplicated. (July 1, 2005 to June 30, 2006)

Agenda Item	Presentation, Discussion
	<ul style="list-style-type: none"> • 45 admissions were hospital step-downs. Mostly Pen Bay, strong relationship--meeting monthly for 5-6 years. • MCMHS Mobile Crisis performs all Waldo General's Emergency Department assessments. • Very little geographic overlap with Sweetser's Crisis—"depends where consumers orient themselves" for services and other life activities. Some in CSN 4 look north to Belfast/Bangor, some south to Brunswick/Portland. <p>Questions for this CSN to consider:</p> <ul style="list-style-type: none"> • Is this CSN in need of more crisis beds? How many? Where? • Is staffing adequate? If staffing were to change, could unit take more acute clients? • Are there limitations at current facility that precludes certain clients? • Would peer crisis beds or "living room" substitute for additional CSU beds? <p>Leslie reported that MCMHC has requested 2 additional CSU beds. Advantages:</p> <ul style="list-style-type: none"> • Increased staffing: On given day, might be able to take more acute clients, since full-time staff would increase from 1 to 2. • Ability to offer more nursing hours. Shares nursing position presently—better to have more hours to offer the person. • Would change locations (from Rockland), probably Lincolnville or Camden. <p>Leslie also stated that they are interested in exploring "copying" the Sweetser Peer Center, in connection with mobile crisis.</p> <p>In order to make a CSN recommendation around CSU services, the group asked for 2 things: 1) Feedback on consumer preference, i.e. Is it more important to be closer to <i>home</i> or closer to <i>where one receives mental health services?</i>, and 2) Numbers of people turned away from CSU and why. MCMHC currently tracks this data and Sweetser will track for the month in between meetings.</p> <p>ACTION: Consumer members will make inquiries and provide feedback on consumer preferences at the next meeting. ACTION: MCMHS and Sweetser will provide numbers of people turned away and why (as noted in preceding paragraph) at the next meeting.</p>
IX. Crisis Services Review	<p>Members received a comprehensive spreadsheet of 2006 data collected quarterly from crisis programs throughout the state, as well as the Performance Indicator and Outcome Reporting Form for Crisis Services. Feedback on data collected may be emailed to Elaine, eecker@usm.maine.edu. This item will appear on next month's agenda for further review and discussion.</p>
X. Rate Standardization	<p>DHHS has had meetings with representatives of MAMHS about their involvement in the actual rate-setting process and expects notification of their decision soon. OAMHS must submit a rate standardization plan to save \$4M in each year of the biennium by February 20. Rate changes will take effect July 1, 2007.</p>
XI. Confidentiality	<p>Members received a draft Confidentiality Statement and were encouraged to review it and send any feedback to Elaine, eecker@usm.maine.edu. Further discussion at March meeting.</p>
XII. Other	<p>Dennis King from Spring Harbor distributed a handout describing Spring Harbor's new role as "gatekeeper" for admissions to Riverview Psychiatric Center, officially in effect 2-19-07. Spring Harbor and Riverview are developing a Memorandum of Understanding and operational protocols to clarify roles.</p>

Agenda Item	Presentation, Discussion
	Question asked: If a person is discharged from Riverview into residential setting and then requires hospitalization again, is referral made back to Riverview directly? No, goes through Spring Harbor.
XIII. Public Comment	
XIV. March Agenda Items	Report from Peer Services Subcommittee Crisis Stabilization Services, III Crisis Services Confidentiality