

**Community Service Network 4 Meeting
DHHS Offices, Rockland
May 14, 2007**

Approved Minutes

Members Present:

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| <ul style="list-style-type: none"> • Karina Patton, ESM • James Talbott, Merrymeeting Behavioral • Tammy Swasey-Ballou, NAMI-ME Families • Teresa Mayo, Riverview Psychiatric Center | <ul style="list-style-type: none"> • Sandra Weissman, Spring Harbor • Bob Fowler, Sweetser • Charlotte Simpson, Sweetser Peer Center | <ul style="list-style-type: none"> • Laurie Arguin, Transition Planning Group • Paula Greenleaf, Transition Planning Group • Dan Bennett, Waldo County General |
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Members Absent:

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| <ul style="list-style-type: none"> • AIN • Community Mediation Services | <ul style="list-style-type: none"> • MCMHC/Pen Bay (excused) | <ul style="list-style-type: none"> • St. Andrew's Hospital |
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Staff Present: DHHS/OAMHS: Marya Faust, Donald Chamberlain, Chris Robinson, Sharon Arsenault. Muskie School: Elaine Ecker.

Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Sharon opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	The minutes from the April 9 meeting were approved as written.
III. Legislative Updates: Budget, Rate Standardization, Bills: Including LD 1745	<p>Legislative Updates/Bills Don informed that public hearings were held last week for LD 1855 (relating to the blue paper commitment process) and LD 1745 (CSN legislation). Work sessions are scheduled for LD 1855 on May 16th at 1 p.m. and LD 1745 on May 17th at 1 p.m.</p> <p>Budget/Rate Standardization Don explained that rate standardization is still in flux with last Friday's target closure date unmet. Both Democrats and Republicans do agree on the total amount that must be saved by rate standardization over the next biennium: \$20M. They differ on how to split the amount between the two years: Democrats: \$6M and \$14M for 2008 and 2009, respectively. Republicans: \$10M and \$10M.</p> <p>The ASO (Administrative Services Organization) RFP (Request for Proposal) has gone out and projected savings has been built into budget proposals.</p> <p>Comments, questions, discussion:</p> <ul style="list-style-type: none"> • What happens if rate-setting/budget isn't approved by July 1, when new contracts go into effect? Answer: There has to be a budget by the end of the fiscal year for state government to continue operating.
IV. Training Needs for the CSN Area: July 2007-June 2008	<p>Chris Robinson, OAMHS Training & Best Practices Coordinator, briefly explained their current training philosophy (fewer conferences, more skill-building), the cooperative agreement with the USM Muskie School (which encompasses most of OAMHS trainings and mental health certification programs), and asked members for feedback on the following questions:</p> <ol style="list-style-type: none"> 1) How is recruitment and retention of staff going? 2) Specific needs and training topics for next year?

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	<p>3) Preferred delivery methods of trainings, e.g. web-based, face-to-face, combination?</p> <p>Comments on recruitment/retention:</p> <ul style="list-style-type: none"> • Sweetser said recruitment is difficult, especially for ACT Team due to 24-hour participation. Re: community support workers—it's a challenge to bring in people will to do the job due to paperwork demands, meeting productivity, centralized nature of position. Primary drawback is the administrative burden. • ESM is experiencing very difficult situation—all levels of staff are in the field—administrators, AAs—anyone who is certified. • People want more benefits. • Another concern: Pool includes many young people, “feeders into grad school,” who may take community support positions to “put their feet into the water,” and as a result decide not to go into the mental health field. • Relationships with area colleges yield only a few recruits. <p>Comments on training topics:</p> <ul style="list-style-type: none"> • Motivational Interviewing—results in better stress management for staff, which is equally as important as how to deal w/clients. • Advance Directives. Chris said OAMHS is working with Helen Bailey of the Disability Rights Center to develop user-friendly materials. • Consumer self-help skills • Develop website where consumers could post their service plans. Marya added that she recently learned of a state (at a conference) where consumers post their crisis plans and choose whom to grant access. <p>Comments on delivery methods:</p> <ul style="list-style-type: none"> • Would like to see MHSS (Mental Health Support Specialist) curriculum be web-based—maybe last class could be face-to-face. • Training keeps them in the job—people cite training as one of the things that retains them. • Perhaps hybrid of web-based and face-to-face would be the best way to go. <p>ACTION: Members may pass on any other ideas or comments to Chris Robinson at 287-4865 or christine.c.robinson@maine.gov.</p>
<p>V. Consent Decree Quarterly Report</p>	<p>Members received copies of the Consent Decree Quarterly Report filed on May 1, 2007. Marya pointed out the added summary section of the Performance and Quality Improvement Standards and brought up a few of the standards for discussion. Highlights:</p> <p>Standard 1: Have providers treated you with dignity and respect? Marya said providers deserve credit for doing a good job meeting this standard.</p> <p>Standard 4: Class members informed about their rights. Marya mentioned that conversations at other CSN meetings revealed two possible factors: 1) people may not remember at the time they complete the survey, and 2) discussion may not have been framed as “rights.” She asked members for input on how to improve this:</p> <ul style="list-style-type: none"> • To the extent we can have consumers interact with new clients, it improves. • When people take the survey [from which data is derived], they may not identify the conversations they've had with

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	<p>“being informed of rights.”</p> <ul style="list-style-type: none"> • A member shared learning the following approach from an ombudsman in another state: At the conclusion of the interview about rights, ask “If somebody asked you if you were informed of your rights, what would you tell them?” • Perhaps the data can be taken from a document review of the records rather than the survey. • Licensing looks at this as well. <p>Standard 18: Admissions for whom hospital obtained ISP. Marya explained that UR nurses check records for this data.</p> <ul style="list-style-type: none"> • Could be a timing issue—short hospital stay doesn’t allow time enough. • Becoming aware of client hospitalization is an issue for community support providers. • Don explained that the crisis provider is the link—crisis should notify the community support provider (as long as confidentiality is OK) and community support worker should get the ISP to the hospital right away. • Licensing may have an issue with releases done ahead of time for area hospitals—want releases to be specific and narrow. • A provider reported that they have some releases prepared ahead of time, but they specify “in case of emergency or crisis only.” • Very important to get consumer perspective on this. • Have this as part of crisis planning. OAMHS is working on a standardized crisis plan template, which a consumer member said was a good idea. <p>Standard 33: Recovery.</p> <ul style="list-style-type: none"> • In first standard, does “staff” refer to community support workers? Mostly. • In-home staff are probably those who most influence the answers—work issues could impact this. • Also, timing and symptomology at time of answering question would impact the answer. • Peer Support 101 would be useful for staff in framing recovery. • Consumers often don’t know if what they’re experiencing are normal human feelings or their illness. Learning about recovery can help them reframe such experiences. • Shifts from case manager being responsible or “taking care of” to <u>helping with</u> consumer’s recovery. • Consumer education is also very important—HOPE Conference is about empowerment. <p>Marya explained that OAMHS is just starting to negotiate with the Court Master and Plaintiffs around compliance with the Consent Decree. The Court Master talks generally in terms of a 3-year process, she said.</p>
VI. Protocol Guidelines for Hospitalization	<p>Members received a draft of Protocol Guidelines for Psychiatric Hospitalization Process. Don explained that to goal of this document is to sensitize ER staff in interactions with mental health clients/patients and is the first effort to outline what’s expected in ERs. Many troubling, negative consumer experiences such as being isolated, restrained, and ordered to disrobe in others’ presence precipitated the development of these guidelines.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Sandra Weissman informed that Spring Harbor/Maine Medical Center will be sponsoring a conference for ER personnel entitled “Psychiatry in Emergency Rooms.” The speaker is Susan Stefan, J.D., [author of <i>Emergency Department Treatment of the Psychiatric Patient: Policy Issues and Legal Requirements.</i>] MaineHealth is meeting with Portland area ER staff to discuss medical clearance issues, reducing agitation, and preventing violence. • Peer services should be included in the protocol.

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	<ul style="list-style-type: none"> • Must cut down on wait times for assessment, crisis services arrival, and being moved to inpatient. • Wait for medical clearance can be several hours, <u>then</u> they call crisis and can be another long wait. • Attitude of ER staff changes as soon as they ask about medications—even if in ER for medical reason. • Self-harm adds to negative treatment, also. <p>ACTION: Teresa Mayo will assist with adding wording to guidelines re: self-harm.</p> <p>This item will be listed on June agenda for further discussion.</p>
VII. Policy Council Report	<p>Paula Greenleaf reported that the CSN Policy Council has been working on the following items:</p> <ul style="list-style-type: none"> • Drafting CSN Purpose Statement • Standard data collection • 24/7 access of community support records. OAMHS will send out this week guidelines and procedures approved by the Policy Council. • Some work on “No-reject” policy <p>A member requested that reporting on the Policy Council be a regular standing or periodic agenda item and asked if minutes are available.</p> <p>ACTION: OAMHS will post Policy Council minutes on their website.</p>
VIII. Peer Services Recommendations	<p>Don reported that OAMHS has approved the CSN recommendation for a full-time position to further efforts of peer support in this CSN, and that the position be linked with the Mid Coast Mental Health Center CSU. Funding will be available for July 1—OAMHS is working on logistics and contracting. Don thanked the CSN for making a concrete recommendation.</p>
IX. Update on Vocational Services	<p>Don reported on the following vocational matters:</p> <ol style="list-style-type: none"> 1. Understanding how working affects benefits: OAMHS has increased contracting with Maine Medical Center’s benefit specialists--now fully operational. 2. Community support worker training is completed. OAMHS has a videotape of that training and is looking at making that available online. 3. ACT Team employment specialists devote 90 percent of their time to a wide scope of employment activities. 4. The seven employment specialists to be placed around the State: Change from earlier plan has caused a delay—Request For Proposal is going out relatively soon, which includes the following: <ul style="list-style-type: none"> • Employment and placement of seven employment specialists—housed in seven different agencies providing community support services. • Responsibility for supervision and technical assistance. • Provision of technical assistance and support of ACT Team employment specialists. • Technical help and support of developing advisory groups for infrastructure. <p>A consumer member said that a benefits specialist had visited the Sweetser Peer Center recently. The person was very supportive, took applications for evaluation, and will return with results in two weeks.</p>
X. Community Support Services	<p>Sweetser said that community support workers experience “massive frustration” with the RDS-EIS (electronic data reporting system) due to system glitches—kicked out of site, forms disappear in progress, can’t access site.</p>

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XI. Outpatient Services	<p>Sweetser (Brunswick) reported:</p> <ul style="list-style-type: none"> • 12 people on wait list for therapy (been on list for 2-3 weeks) • Trying to recruit more clinicians—presently not enough. • Thinks payor source is an issue, but not sure. • Protea is included in Sweetser’s performance data.
XII. Medication Management	<p>Comments/discussion:</p> <ul style="list-style-type: none"> • Very difficult to get a doctor. Lack of doctors is a huge problem. • Sweetser: “Can’t recruit a psychiatrist.” • Differences in what medications are covered or appropriate for certain conditions varies from insurance company to insurance company. • Sweetser’s Bangor office has unused capacity. • When people leave inpatient or jail, they may have prescriptions, but then they have to find prescriber in the community. • Don asked, “Are we underutilizing primary care doctors?” Dan Bennett of Waldo County General said he works with many primary care doctors who don’t have enough support for the level they’re currently prescribing—they want more consultation with psychiatrists. • Consumers report primary care doctors are very leery of being sole prescribers of psychiatric medications. • There is a shortage of private doctors who will take MaineCare patients. <p>Don said he will try to gather information from MCMHC (rep absent today) on Outpatient and Medication Managements for continued discussion next month. He encouraged members to be thinking of possible solutions.</p>
XIII. Other	<p>ACTION: Sharon will email everyone the Universal Referral Form and other documents related to the new Regional II PNMI Pilot Project.</p> <p>Paula Greenleaf reminded members of the upcoming consumer-led HOPE Conference, June 21-22 at the Augusta Civic Center. She will bring brochures to June meeting.</p>
XIV. Public Comment	None.
XV. June Agenda Items	<p>Protocol Guidelines for Hospitalization Medication Management Outpatient Services</p>