

**Community Service Network 4 Meeting
DHHS Rockland Office, Rockland
August 11, 2008**

Approved Minutes

Members Present:

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| <ul style="list-style-type: none"> • Paula Greenleaf, AIN • Laurie Arguin, Consumer Council System • Alan Letourneau, ESM | <ul style="list-style-type: none"> • James Talbott, Merrymeeting Behavioral • Patti Isnardi, MCMHC/Pen Bay Healthcare • Stephanie Field, St. Andrews Hospital | <ul style="list-style-type: none"> • Leslie Mulhearn, Sweetser • Scott Metzger, Sweetser Peer Center • Dan Bennett, Waldo County General |
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Members Absent:

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| <ul style="list-style-type: none"> • Group Home Foundation • NAMI-ME Families | <ul style="list-style-type: none"> • Miles Memorial Hospital | <ul style="list-style-type: none"> • Spring Harbor |
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Others Present: None

Staff Present: DHHS/OAMHS: Sharon Arsenault, Marya Faust, Brion Gallagher. Muskie School: Elaine Ecker.

Agenda Item	Discussion
I. Welcome and Introductions	In Sharon's absence, Scott Kilcollins, Consent Decree Coordinator for Region III, opened the meeting and participants introduced themselves. (Scott was present at the meeting to address Agenda Item VII.)
II. Review and Approval of Minutes	<p>The minutes from the June meeting were approved as written.</p> <p>At this point Marya made several announcements:</p> <p>APS Healthcare—Data, Enrollment, Grant Funds</p> <ul style="list-style-type: none"> • The scheduled date for APS Healthcare to take over enrollment and RDS/EIS data is moved to September 1. Agencies will no longer be required to enter information into both APS and OAMHS systems for clients receiving community integration services. • APS will also take over applications/approvals for grant-funded services on September 1. • OAMHS will send out a memo to all CSN members detailing the above changes. <p>David Proffitt's Resignation</p> <p>David Proffitt, Superintendent of Riverview Psychiatric Center, has resigned to take a position as CEO of Acadia Hospital in Bangor. OAMHS is working on a transition plan and negotiating with David re: his leaving date.</p> <p>Judge Mills' Order – Monitor</p> <p>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, and though she is expected to do so soon, Judge Mills has not officially confirmed this nomination.</p>

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<p>III. Feedback on OAMHS Communications</p>	<p>Scott 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.</p> <p>Alan of ESM referred to problems engendered in his agency by a memo from Don Chamberlain directing agencies to encourage case managers to have consumers sign Advance Directives (ADs). Case managers cannot be witnesses, he said, and this creates an awkward situation since often no one else is available to witness. Case managers are also not prepared for this task, and it creates one more hurdle for them to jump over. Marya said she understood that case managers were to <i>talk about</i> Advance Directives with their clients, document conversation in case notes, and connect them with appropriate resources, such as the Disability Rights Center (DRC). Case managers should not be expected to write or provide guidance in creating these legal documents.</p> <p>Alan asked that Don be made aware of the quandary that's been created, back off and get the pieces in place, then make the mandate. That would be helpful, reasonable, and would give the Department the opportunity to alert the DRC to expect numerous people coming to them for assistance.</p> <p>Paula said that AIN also has good resources for helping people write their own Advance Directives—and that it seems there's a gap in getting the information out there. She offered to take the issue back to AIN for a proposal to close the education gap. Marya responded that some, including the DRC, feel strongly that assistance at a lawyer level is needed.</p> <p>A member mentioned working with Spring Harbor on a pilot project to find some blending, so it didn't have to be done by a lawyer—the discussion is timely re: where do we need to go for the next phase.</p> <p>ACTION: Paula will discuss possibilities with AIN internally, with the understanding there are no additional funds. Perhaps pilot?</p> <p>ACTION: Mary will find out what's happening with pilot project at Spring Harbor.</p>
<p>IV. Legislative Session January 2009</p>	<p><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 for discussion at next month's meeting.</p> <p><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.</p> <p><u>Budget: Unmet Needs Data</u> 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</p>

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	<p>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 4:</p> <ul style="list-style-type: none"> • CSN 4 shows several categories with much higher unmet needs than 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"> • Paula: With all of this reporting, please keep in mind that this includes only those who are in the system receiving community integration services, and not those outside the system with unmet needs. • Even though data entry is better, the results also make sense in light of current events: MCMHC stopped offering community integration and it's difficult to find a case manager in this area. Also, re: financial security, who doesn't feel less secure than 6 months ago? • Agencies are also "tightening up." With outpatient, for example, if the client is not making documentable progress, they may stop providing the service. Some may be out there still feeling they need a therapist. Things like this will also contribute to unmet needs. • How much of unmet needs reporting is the subjective opinion of the case manager? A: The information is as good as the case manager, supervisor, and agency wants to make it. OAMHS does reviews, APS does reviews, and education is provided. <p>ACTION: Members are to bring any specific proposals for rule changes, bills, and budget requests for discussion at the September meeting.</p> <p><u>Demographic Handout</u> Members received a handout with demographic information, which Marya pointed out may be helpful in budget request preparations.</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>Marya expressed concern that performance is not improving re: hospitals receiving ISPs. She 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>

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	<p>Discussion:</p> <ul style="list-style-type: none"> • Are the ISPs relevant to what happens in the hospital? A: Regardless if they are seen as relevant, they are required to be there. It's about continuity of care and informs of all 'players' involved with the person. • Most hospital staff are not interested in the ISP—it's not germane to what they're trying to do. Having the case manager involved in discharge planning—yes—bring along the ISP for the file. • People being involuntarily committed are often not willing or able to give information about their case manager and whether they consent to contact. • It's complicated at times [to get the ISP to the hospital], but it can be done.
<p>VI. Consumer Council Update</p>	<p>Paula reported that the Consumer Council is continuing to grow.</p> <ul style="list-style-type: none"> • The next meeting of the Statewide Consumer Council (SCC) is Wednesday, August 13, in Augusta. • Consumer Council members are involved with two DHHS committees: 1) Crisis Committee and 2) Emergency Department Education Committee. • The SCC continues to get a Summary Brief from OAMHS re: places they want consumer input. • Outreach Coordinators will be hired soon. • Laurie Arguin is working to get a Local Council started in this area. <p>Laurie accepted Marya's offer to put out information to CSN members on Laurie's recruitment efforts and the development of this new Local Council.</p>
<p>VII. Establish Hospital/Crisis Meeting?</p>	<p>Sharon agreed at last month's meeting to provide information from other regions to help CSN 4 decide whether members want to establish a local Hospital/Crisis meeting. Scott Kilcollins presented thorough information on the group in Region III—its goals, membership, focus, tasks, etc.</p> <p>Highlights:</p> <ul style="list-style-type: none"> • Created in recognition that services can be turbulent for a variety of reasons • Common framework—not embedded in one interest: Top quality, quick, effective, cost-effective services • Discuss challenging issues, situations, all good opportunities to learn and identify changes that can be made to policy of individual entity, Department policy, or reveal funding issues • OAMHS at meetings provides direct conduit for information. Region III prefers OAMHS involvement. • Meetings collegial, productive <p>Group Discussion:</p> <ul style="list-style-type: none"> • Region II is diverse and spread out—if all are included, not very productive. Perhaps just CSN 4 or maybe split CSN 4: Waldo/Knox and Lincoln/Sagadahoc? • Some meetings occur already between crisis providers and hospitals. • St. Andrews and Miles Memorial currently do not meet with crisis providers. • Scott of Sweetser Peer Center said meeting would be “a plus,” providing more clarity around where they fit in crisis services. • Would Department be at the table? Would Department advocate for Riverview to attend? A: Yes. • Good opportunity for Consumer Council involvement. • Could meeting be attached to the CSN meeting, perhaps quarterly? (Consensus evident around the table)

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	<p>Scott K. stated that all involved in crisis services are needed: Riverview, Spring Harbor, local hospitals, crisis providers, peers. Keep small enough to be functional, but all are critical to crisis services.</p> <p>ACTION: Scott K. will provide more information on Region III's group via email, and this item will be revisited at the next meeting.</p>
VIII. Peer Support & Recovery Subcommittee	<p>Scott Metzger informed that he talked with Leticia Huttman and Alex Veguilla for updates on the Peer Community Organizer position. Leticia said the contract with Sweetser for this position is in the process of encumbrance, with perhaps an October timeframe for filling the position. Management of the position, both at strategic and daily levels, is not yet decided, but several possibilities are being considered.</p> <p>Paula responded that as a member of the Peer Support & Recovery Subcommittee, she has not been informed or involved with some of these decisions or discussions.</p> <p>Scott offered to be the point person for the Subcommittee as Alex's replacement and will pull together more solid information for next month's meeting.</p> <p>ACTION: Scott will get clarifying information and arrange for the subcommittee members to be in contact re: next steps.</p>
IX. Report from the Employment Services Network (ESN)	<p>No discussion on this item.</p>
X. Impact of Energy Costs	<p>Marya asked members to discuss the impact of high gas and oil prices—both on agencies administratively and on consumers they serve. OAMHS would also like to know what actions they are taking or anticipate taking to address the impacts, as well as gather information for possible budget work.</p> <p>Members are encouraged to bring back to next month's meeting specifics on impact on agencies, services, consumers. OAMHS is interested in alternatives like telecommunication, she said.</p> <p>Paula mentioned a new video technology AIN has purchased, and will bring back more information next month.</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>
XIII. Other	<p>Dan of Waldo County General brought up a problem recently encountered that needs to be addressed. A particular form authorizing a person to be transferred from the hospital to a skill-nursing facility is required to be signed by State person before the person can be moved. Waldo had a person ready to move on a recent Friday, but couldn't get the signature: Region II person on vacation, Region I person was out... Dan said they made enough phone calls to get the form signed eventually, but not in time to move until the following Monday. The hospital will not be paid for those interim days.</p> <p>He added that the 10-day turnaround window the State allows itself is not acceptable—people languish waiting for transfer to the appropriate level of care. Scott K. thought it might be a 5-day turnaround, but either case is too long, Dan said.</p>

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	Marya responded that the dialogue was helpful, and OAMHS needs to better address vacation coverage and notification issues.
XIV. Public Comment	None.
XV. Meeting Recap and Agenda for Next Meeting	<p>See ACTION items above.</p> <p><u>September Meeting Agenda:</u> OAMHS Communication Legislative--Bills, Budget Consumer Council Update Peer Support & Recovery Subcommittee Report Hospital/Crisis Meeting Advance Directive Update: AIN Proposal, Spring Harbor Pilot Information</p>