

**Community Service Network 4 Meeting  
DHHS Rockland Office, Rockland  
September 8, 2008**

**Draft Minutes**

**Members Present:**

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| <ul style="list-style-type: none"> <li>• Paula Greenleaf, AIN</li> <li>• Annalee Polley, Assistance Plus</li> <li>• Laurie Arguin, Consumer Council System</li> <li>• Alan Letourneau, ESM</li> </ul> | <ul style="list-style-type: none"> <li>• Kim Greenleaf, Merrymeeting Behavioral</li> <li>• Marilyn Mullens, Merrymeeting Behavioral</li> <li>• Patti Isnardi, MCMHC/PenBay Healthcare</li> <li>• Deborah Rousseau, MMC/Voc Employment Coordinator</li> </ul> | <ul style="list-style-type: none"> <li>• Tammy Swasey-Ballou, NAMI-ME Families</li> <li>• Stephanie Field, St. Andrews Hospital</li> <li>• Leslie Mulhearn, Sweetser</li> <li>• Scott Metzger, Sweetser Peer Center</li> </ul> |
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**Members Absent:**

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| <ul style="list-style-type: none"> <li>• Group Home Foundation</li> </ul> | <ul style="list-style-type: none"> <li>• Miles Memorial Hospital</li> <li>• MMC Employment Specialist CSN 4 (vacant)</li> </ul> | <ul style="list-style-type: none"> <li>• Spring Harbor</li> <li>• Waldo County General Hospital</li> </ul> |
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**Others Present:** None

**Staff Present:** DHHS/OAMHS: Sharon Arsenault, Marya Faust, Ron Welch, Leticia Huttman, Brion Gallagher. Muskie School: Elaine Ecker.

Agenda Item	Discussion
I. Welcome and Introductions	The meeting was opened with introductions around the table.
II. Review and Approval of Minutes	The minutes from the August meeting were approved with the date and attendance listing section corrected.  <b>ACTION:</b> Elaine will correct the minutes and resend to all members and post to the CSN website.
III. Feedback on OAMHS Communications	No member feedback this month.  <u>Communication process change/clarification:</u> Members were informed that all communications from OAMHS, whether statewide or regional, will go to the CSN representatives with the expectation that information will be shared within that representative's organization as necessary. All communications will also be posted on the CSN website. OAMHS is concerned that some information is not filtering to staff who need to know.
IV. Legislative Session January 2009 – Suggested Bills	Ron explained that though the 124 <sup>th</sup> Legislature is not yet elected, work begins now on possible bills for submission. He noted there is only a month between the election and “cloture” or the closing date for submitting bills. At this point in the process, OAMHS has put forward several broad concepts without specific language for the DHHS Commissioner and Governor to consider: <ol style="list-style-type: none"> <li>1. <u>Prior authorization for PNMI beds:</u> MaineCare does not allow for prior authorization for PNMI beds, and this requires legislative authority to change the MaineCare rule.</li> <li>2. <u>Add forensic patients to the bill authorizing clinical review panels to mandate involuntary medications:</u> At this time, only those civilly committed come under the provisions of this bill. OAMHS would like legislation to include people on the forensic side as well.</li> <li>3. <u>Expansion of CNA Registry to include other direct care workers:</u> Presently, there is no registry for people working in the mental health field with MHRT certifications and therefore no way to track or record the performance of those working in the field. OAMHS would like to expand the current CNA registry to include</li> </ol>

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	<p>MHRTs and possibly Certified Intentional Peer Support Specialists.</p> <ol style="list-style-type: none"> <li>4. <u>Exempt critical incident reporting from discovery and expand and clarify the mandate for reporting.</u></li> <li>5. <u>Reduction and disposal of unused medications (two concepts, for safety and less waste):</u> <ol style="list-style-type: none"> <li>a. Shorten new medication prescriptions to 14 days, with no co-pays: Finding the most effective medications often requires trials and can result in waste and disposal issues if abandoned prescriptions have been written for the usual 60-90 day period. Under this concept, any new prescription would be written for a shorter period and consumers would not be liable for co-pay on any of them, even if it involves several trials.</li> <li>b. Establish authority of Department of Public Safety (DPS) re: disposal of unused drugs, rather than the Department of Environmental Protection (DEP). DHHS and DPS want to remove disposal of unused drugs from DEP regulations and establish new regulations. DHHS and DPS see drugs as different from other hazardous materials.</li> </ol> </li> </ol> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• What do you have in mind for disposal of meds? A: OAMHS had a small pilot project where unused drugs were mailed back to the Department of Safety for disposal. May expand on that.</li> <li>• Ron stated that the original bill re: clinical review panels for involuntary medications was not aired publicly enough. The above proposal may provide another opportunity to raise issues.</li> <li>• Paula stated that the Consumer Council System definitely has issues with the involuntary medications bill and wants it changed. She said the in-house clinical review panel does not feel inclusive and consumers feel it takes rights away. Decisions are being made by people other than the consumer, without anyone on the panel for the consumer who is not being paid by the hospital, she explained. A: Point taken.</li> <li>• Are there sponsors for the bills yet? A: No, it's too early in the process. The Commissioner/Governor will decide what moves forward.</li> <li>• Will the items moving forward as bills be posted somewhere? A: We can keep the CSNs up-to-date as we move along—track them through the legislative process.</li> <li>• A member suggested also adding the Certified Intentional Peer Support Specialists (CIPSS) to the Registry, noting it would give validity to the CIPSS and the whole peer support concept.</li> <li>• What's the advantage of the Registry? How is it used? A: Gives another level to providers and prospective employers re: people in good standing. People could also lose good standing. Now there's no mechanism for that. Once a person achieves MHRT certification, they always have it regardless of performance or behavior.</li> <li>• Another member proposed establishing some type of COLA (cost of living allowance) for mental health direct care staff. It's been done on the Developmental Disability side, but not mental health. A: Legislature would have to fund it.</li> </ul> <p><b>ACTION:</b> Members may submit any additional ideas for legislation they wish OAMHS to support—deadline is September 26.</p>
V. Budget	<p>Ron informed that work is underway on the Supplement Budget for 2009 and the Biennial Budget for FY 2010/2011. Though OAMHS has submitted their initial budget requests, the Commissioner is well aware OAMHS is meeting with CSNs for additional input during September. OAMHS will gather information from all the CSNs and consolidate statewide.</p> <p>Ron pointed out the memo and budget template OAMHS sent out in August for members' use, which included two main categories for budget requests: 1) client-specific needs, backed up with data; and 2) systems needs. He observed that</p>

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	<p>the FY 2008 4<sup>th</sup> Quarter unmet needs data is the most reliable they've ever had and informed that OAMHS is looking at those categories where 100 or more unmet needs were reported for budget requests.</p> <p>Discussion:</p> <p><b>Housing</b></p> <ul style="list-style-type: none"> <li>• Alan of ESM listed the five areas of greatest need in CSN 4: mental health services, housing, health care, financial security, and transportation. He emphasized the unique nature of CSN 4 re: high housing costs and the “perennial, large” problems it presents. A: Ron informed that OAMHS is advocating for a very ambitious expansion of BRAP (Bridging Rental Assistance Program).</li> </ul> <p>Members passed the following related motion:</p> <p><b>MOTION:</b> CSN 4 endorses OAMHS moving forward in getting a larger allocation of BRAP dollars for housing, as housing problems are very evident in this CSN.</p> <p><b>Healthcare</b></p> <ul style="list-style-type: none"> <li>• A member reminded that people with mental illness and chronic disease die 25 years sooner than those without mental illness—and there’s no mechanism in place in the mental health system to address this. Ron responded: <ul style="list-style-type: none"> <li>○ Schaller Anderson (contracted by DHHS to manage complex cases) could be a step in that direction, but need local help linking people—more about developing strategies, not allocation at this point.</li> <li>○ Dr. Stephan Gressitt, OAMHS Medical Director, is moving full speed ahead on a contract with the Maine Association of Psychiatric Physicians to provide psychiatric consultation to primary care practices.</li> <li>○ Dr. Elsie Freeman’s “Dying 25 Years too Soon” project continues—has applied for a MEHAF grant.</li> </ul> </li> <li>• Stephanie informed of Maine Health Association’s project (in collaboration with Intermountain Healthcare in Utah), which has placed clinicians in 17 medical practices around the state. Stephanie is part of this project at St. Andrews. She said the project started in 2006, primarily uses the PHQ9 assessment tool, and collects data and tracks improvement on those referred for services. She offered to bring packets of information for members.</li> </ul> <p><b>Transportation/Fuel/Energy</b></p> <ul style="list-style-type: none"> <li>• Price of gas impacts consumers, providers, everybody.</li> <li>• “Direct care staff right now are going broke” due to high gas prices, one member shared.</li> <li>• People will cut down on doctor and other appointments to save money for heating—people will decompensate.</li> <li>• Really awful for people who have very low incomes. The programs out there are not equipped for this.</li> <li>• If had magic wand? More money for fuel assistance.</li> <li>• OAMHS Response: Quantifying this (above points) is so important—we need documentation from you to take to the budget process. Have information on energy for PNMI facilities, but we don’t have cost reports re: miles traveled last year, what costs are expected this year, etc.</li> <li>• Members had short discussion on area transportation resources: <ul style="list-style-type: none"> <li>○ Doesn’t make sense to fund a peer center or peer services without people being able to get there.</li> <li>○ Sweetser’s van provides transportation to doctor appointments, peer center, and food bank. Efforts like that work on a local level.</li> <li>○ Regional resources: Coastal Transportation and Waldo County Transportation.</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>○ Department of Transportation should be a resource—maybe that should be a piece of legislation.</li> <li>○ The Council of Governments (COGS) has transportation in their mission—perhaps a resource?</li> </ul> <p>Members passed the following related motion:</p> <p><b>MOTION:</b> Increase wraparound funds by 25 percent to go towards meeting higher energy and transportation costs.</p> <p><b>ACTION:</b> Members may submit budget requests for consideration—due to OAMHS before September 26.</p>
VI. Public Comment on Budget	No additional public comments on the budget.
VI. Consumer Council System Update	<p>Paula reported:</p> <ul style="list-style-type: none"> <li>• The Statewide Consumer Council will have no meeting in September, but will hold its first annual meeting on October 8 and 9. Locations and times are posted on the CCSM website.</li> <li>• Tammy Carney was recently hired as the Outreach Coordinator for Region I.</li> <li>• Laurie and Paula are continuing work on getting a local council started in the local area. They have a meeting place and set a tentative meeting date of September 16, pending confirmation of availability from meeting location.</li> </ul> <p>Tammy of NAMI-ME offered to post local council meetings on the NAMI website. Elaine will forward meeting notices to CSN members when received.</p>
VII. Establish Hospital/Crisis Meeting?	<p>Members held a brief discussion to clarify the purpose of meeting. Highlights:</p> <ul style="list-style-type: none"> <li>• Statewide meeting brings up issues, but not solutions.</li> <li>• Find solutions for systems issues pertaining to particular ERs or particular psychiatric units.</li> <li>• Provide venue to work on upcoming crisis system changes.</li> <li>• Approaches continuity of care at a more concrete level.</li> </ul> <p>It was noted that MidCoast Hospital attends CSN 6, not CSN 4, though it also serves CSN 4.</p> <p><b>ACTION:</b> Hospital and crisis providers will meet October 6, after the CSN meeting is concluded.</p> <p><b>ACTION:</b> Leslie will talk with MidCoast Hospital about attending.</p> <p><b>ACTION:</b> Sharon and Brion will prepare the agenda.</p>
VIII. Peer Support & Recovery Subcommittee	Scott reported that funding re: the community peer organizer position is “in the Department’s hands.” He requested that subcommittee members meet briefly after the CSN meeting is adjourned.
IX. Report from the Employment Services Network (ESN)	<p>Deborah Rousseau reported that work in this area has not yet begun, since MMC has been unable to recruit an Employment Specialist in this CSN. She described the qualifications: 4-year degree, some experience in employment, some experience working with people with mental illness. Brief job description: Increase employment and educational opportunities for people with mental illness and develop pathways to access those opportunities.</p> <p>She explained that the Need for Change Scale used to identify potential participants asks consumers to rate their present work and/or educational situations. Typically, 40 percent indicate they are ‘very dissatisfied’ or ‘dissatisfied’ with their current situations, she said.</p>

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	<p>A member asked if this indicates a fear of losing benefits or dissatisfaction with the actual job they are doing? A: Both.</p> <p>Member suggestions re: recruiting ES:</p> <ul style="list-style-type: none"> <li>• Look to consumers—provides a double advantage.</li> <li>• Post with Consumer Council System, consumer group at UMA, Advocacy Initiative Network (AIN), and MANP (Maine Association of Non-Profits).</li> </ul>
X. Impact of Energy Costs	Covered in budget discussions above.
XI. Wraparound Funds	<p>Wraparound funds will be disbursed as usual for the first six months of this fiscal year with the expectation that individual CSNs will decide how to disburse funds for the second half of the year. Current contracts end in December and OAMHS is looking for the group to come together to make a proposal for January forward.</p> <p>The following people volunteered to bring back a proposal for the October meeting, with the understanding that the CSN as a whole realizes this is not a simple process and is amenable to approving their proposal.</p>
XIII. Other	<p>A member brought up a situation they encounter with the MHRT/I Provisional and full certification process. People with MHRT/I Provisional certification have one year to complete the requirements for full MHRT/I certification. If they leave the workforce before completing the requirements and then come back to the workforce again under provisional status, they have only what's left of that initial year period to gain full certification. Since this often does not allow time enough for completion, it reduces the available workforce. The member stated the following recommendation: Every time a person becomes MHRT/I Provisional, they have a full year to become fully certified as an MHRT/I.</p> <p><b>ACTION:</b> Marya will follow up on this.</p>
XIV. Public Comment	None.
XV. Meeting Recap and Agenda for Next Meeting	<p>Next meeting: Since the next meeting falls on a holiday, members decided to meet a week earlier, October 6, same time, same place.</p> <p>See <b>ACTION</b> items above.</p> <p><u>October Meeting Agenda:</u>  OAMHS Communication  Legislative--Bills, Budget  Consumer Council Update  Peer Support &amp; Recovery Subcommittee Report</p>