

**Community Service Network 4 Meeting  
DHHS Rockland Office, Rockland  
March 9, 2009**

**Minutes**

**Members Present:**

<input checked="" type="checkbox"/>	<b>Consumer Council – Donna Darling, Paula Gustafson (Sub. Alt. Rep.)</b>	<input type="checkbox"/>	Miles Memorial Hospital	<input checked="" type="checkbox"/>	<b>St. Andrews Hosp &amp; Healthcare – Stephanie Field (Alt. Rep.)</b>
<input checked="" type="checkbox"/>	<b>ESM – Karina Patton</b>	<input type="checkbox"/>	NAMI-ME – Families	<input checked="" type="checkbox"/>	<b>Sweetser – Leslie Mulhern, Roger Wentworth (Sub. Alt. Rep.)</b>
<input checked="" type="checkbox"/>	<b>Merrymeeting Behav Svcs – Kimberly Greenleaf (Sub.)</b>	<input checked="" type="checkbox"/>	<b>Riverview Psychiatric Center – Teresa Mayo</b>	<input checked="" type="checkbox"/>	<b>Sweetser Peer Center – Scott Metzger (Sub)</b>
<input checked="" type="checkbox"/>	<b>Mid-Coast Mental Health Ctr (Pen-Bay) – Martha Marchut (Sub.)</b>	<input type="checkbox"/>	Spring Harbor Hospital	<input checked="" type="checkbox"/>	<b>Waldo County General Hospital – Dan Bennett</b>

**Others Attending:**

- MMC Vocational Services – Deb Rousseau
- MMC Vocational Services – Mary Campbell
- Community Care – David McCluskey
- Claudia Bepko – DHHS (presenter)
- Michael Morse – Mid-Coast Mental Health (presenter)
- Family Representative - Tammy Swasey-Ballou

**Staff Present:** DHHS/OAMHS: Sharon Arsenault, Leticia Huttman, Brion Gallagher. Muskie School: Phyllis vonHerrlich

Agenda Item	Discussion
I. Welcome and Introductions	Sharon Arsenault welcomed participants; introductions followed.
II. Review and Approval of Minutes	The minutes from the January 12, 2009, CSN 4 meeting were reviewed and approved as corrected. <b>ACTION:</b> January 12, 2009, Minutes approved as corrected.
III. Feedback on OAMHS Communications	There was no feedback regarding OAMHS communications since the last meeting.
IV. Employment Report	Deb Rousseau, MMC Vocational Coordinator, introduced Mary Campbell, who was recently hired as the Employment Specialist. Deb and Mary reported. <ul style="list-style-type: none"> <li>• Ninety-two <i>Need for Change</i> surveys were returned from those sent out. 21 with “strong and urgent need” were identified for the program. All will be contacted.</li> <li>• Currently, three clients are in the program - all are very enthusiastic.</li> <li>• Employer development is ongoing.</li> <li>• More clients will be coming into the program as the contacts are made.</li> </ul>

	<ul style="list-style-type: none"> <li>The employment/economic situation in the CSN 4 area is difficult right now, making it challenging for many seeing jobs.</li> </ul> <p><b>Question:</b> Who got the <i>Need for Change</i> survey?  <b>Response:</b> Host agency (Sweetser) clients. Before specifics of who they were can be shared, release forms from clients would have to be obtained, but aggregate data can be shared. We will report that to you.  <b>ACTION:</b> information on distribution of <i>Need for Change</i> survey will be reported.  <b>Question:</b> Are there any meetings?  <b>Answer:</b> The Employment Services Network is meeting April 10 at Sweetser in Rockland.  <b>Question:</b> Is Vocational Rehab attending the meeting?  <b>Response:</b> The program is working closely with Vocational Rehab.</p>
V. Consumer Council Update	<p>Donna Darling and Paula Gustafson reported.</p> <ul style="list-style-type: none"> <li>The Rockland Area Local Council meetings are as follows: (1) third Saturday of every month at the Learning Center in Brunswick, and (2) third Thursday of the month, 7 – 9 pm in So. Thomaston. Information is available on the CCSM website <a href="http://www.transformationinme.org/region2.html">http://www.transformationinme.org/region2.html</a>.</li> <li>CCSM has provided testimony at recent Legislative hearings, which has been very good. Consumer groups can testify, but they cannot lobby.</li> <li>They have been working on issues of transportation and information is available. Agencies can direct clients with transportation needs to Consumer Council. They will send information to Leticia and she will send out. <b>ACTION:</b> Transportation information from Consumer Council will be sent to OAMHS (Leticia Huttman) for distribution. Consumer Council representatives offered to participate in Employment Service Network. Mary will contact. <b>ACTION:</b> Consumer Council members offered to participate in Employment Services Network; Employment Specialist will contact.</li> </ul>
VI. Legislative Update	<p>Sharon noted that Ron Welch was not here because he was preparing for meeting tomorrow afternoon on Elizabeth Jones's <i>Report to the Court In the Matter of Bates v. Commissioner, DHHS</i>. Sharon reported in his place.</p> <p>There are two major bills before the Legislature of particular interest to OAMHS, in addition to the budget hearings and budget process: 1) LD 609, An Act To Amend the Laws Governing Involuntary Hospitalization Procedures When Both Commitment and Involuntary Treatment Are Sought , and 2) LD 341, An Act To Amend the Department of Health and Human Services' Progressive Treatment Program.</p> <p>LD 341 provides for an extension of up to 6 months of the period of participation in the DHHS's progressive treatment program for a person suffering from a severe and persistent mental illness who has been involuntarily committed to a state mental health institution and who has been participating in the progressive treatment program. This bill also changes the age for participating in the progressive treatment program from 21 years of age and older to 19 [amended to 18?] years of age and older.</p> <ul style="list-style-type: none"> <li>A concern here is for lack of due process for individual</li> </ul>

LD 609 amends the laws regarding involuntary hospitalization to permit a court to separate hearings on commitment from hearings on involuntary treatment. It also enlarges the time (to 21 days) within which the hearing on involuntary treatment may be heard.

- The Department has proposed that the window of time for continuance be 10 days and not 21 days as proposed by the legislation.

DOC is sponsoring a bill to add a Mental Health expert position to the Corrections Board.

**Question:** Who did they consult on this?

**Answer:** Psychologists at both hospitals.

**Question:** Is 10 days too much time – or not enough?

**Response (Provider):** It used to be this way (referring to the proposed increase in time – LD 609) but experience is that early treatment has been helpful. Not in favor of increased period. In some cases, earlier treatment, even if involuntary, is better, particularly for those in acute distress.

#### BUDGET RELATED ISSUES:

- For Sec. 17, LOCUS is being proposed in place of GAF for determining eligibility
- There is cost-cutting for PNMI's
  - Moving away from Sec. 1603, Scattered Sites – those that are not staffed 24/7 will no longer be funded as PNMI's
  - There is a change in the consumer contribution toward room & board in a group home settings – it will now be 80% of income. Currently, the contribution varies greatly. This is a cost cutting measure.
- On March 10, the *Report to the Court in the Matter of Bates v. Commission, DHHS, Docket No. CV-89-88* (generally referred to as the “Jones Report”) will be heard in Augusta. The Court Master had Jones do a review of funding that the state provides to meet the terms of the Consent Decree – is DHHS in compliance overall with the funding the state provides. OAMHS staff Ron Welch, Marya Faust, Don Chamberlain are preparing today for this report.

**Question:** Is the report available to the public?

**Answer:** If you were one of the agencies providing services, you should have received it.

**Question/Issue:** Fewer consumers would be eligible for services if LOCUS is used. Just for CI or fall all?

**Clarification:** They looked at all receiving CI. There was a determination that they would be better served as out-patients, but this would apply to all section 17 services.

**Question:** Did they remove Consent Decree members from the calculations? They could get C.I. based on this. Will this skew amount of saving?

**Response:** This will be clarified and a report will come back to CSN. **ACTION:** Report back to CSN on C I savings and who is included in the calculation and who is not.

**Question:** How is department assuring proper expenditure of funds?

**Response:** Details are pending.

	<p><b>Comment:</b> Having someone independent to do the LOCUS – but agencies can't do because of the cost – this is a real issue.</p> <p><b>Response:</b> The state has struggled with what is a good tool to assess how folks are functioning.</p> <p>NOTE: The Co-Occurring Initiative Discussion was moved to later in the meeting because one of the presenters was scheduled to arrive at 2:30 p.m.</p>
<p>VII. APS Healthcare Administrative Burden Report and other issues</p>	<p>Sharon referenced the report that was included with the mailing announcing the meeting. Copies of the report were also available at the meeting. She noted that the impetus for the report was because numerous agencies had conveyed to DHHS that the reporting process was taking an inordinate amount of time. A systematic approach for gathering data was set up, visits were made to numerous agencies, and a range of data input approaches was selected to look at. Meetings were held with the staff (ranging from direct care staff to technology staff) to gather data. This information was sent to APS; APS staff then attended many CSN meetings to receive input (through discussions and through a response form), and asked agencies to recommend possible solutions to the problems they were having with the system. The APS Healthcare “Maine Behavioral Health ASO Provider Administrative Burden Reduction Report” is the culmination of that work.</p> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• Batching – APS is working on improvements to batching – except where other changes are in process. The change to the Unisys System is a major change under way so when this is up and running, a system will be developed so reports can be batched.</li> <li>• More training will be offered beginning at the end of March. Sessions will be held in Lewiston, Rockland, and Augusta. Possibly there will be a larger venue (e.g. a conference) later. APS staff, Consent Decree coordinators, and all agencies will be involved in this.</li> <li>• There was a suggestion for bringing information forward to the continuing stay reviews (fourth box from top on page 10). Suggest that they try going into the initial 2-hour approved time, then copying and pasting this information into the continuing stays reviews. Sharon will convey this to APS.</li> <li>• Agencies expressed a desire to have APS come to another meeting to discuss issues with them. <b>ACTION:</b> Invite APS to come to another CSN Region 4 meeting.</li> <li>• The issue of cost savings – where is that information. Sharon will follow up and report back to the CSN. <b>ACTION:</b> Information on cost savings with APS will be requested and reported back to CSN 4.</li> <li>• The Deloitte Report has been finalized and it is available. It will not be implemented at this point, but it will be used as an advisory report to the Commissioner’s office. <b>ACTION:</b> Contact Geoff Green’s office if you would like to see the report.</li> </ul>
<p>RATE SETTING UPDATE</p>	<p>Since Mr. Chamberlain was not able to be the meeting today because of commitments in Augusta, this item will be moved to the next meeting.</p> <p><b>ACTION:</b> The Rate Setting Update will be placed on the agenda for the next meeting.</p>

**Poison HELPLine**

- Magnets with the Poison HELPLine number were available for agencies to take in quantity back to their offices. The Governor's Office will be issuing a proclamation about Poison Prevention Week. There are also "stickers" and pamphlets available from Brion Gallagher's office. An interesting statistic is that psychotropic drugs are often involved in poison cases. Poison cases are also linked to procedures for safe disposal of medications, as well as to properly prescribing medications (so there is not the problem of unused medications).

**Prescription Drug Mail Back Program**

- **Question:** What was the outcome of Prescription Drug Mail Back Program?  
**Response:** They got quite a bit back. The medications are still be being cataloged (so they will know what came back) and a report will be issued once this is done. Quite a bit of oxycodone came back. It is too early to know what will happen regarding this issue. The drug mail back program was by way of a small Federal grant. The Department of Environmental Protection has a medications disposal bill up this year. We will report back when the report is out. **ACTION:** OAMHS will report back to the CSNs re: the Prescription Drug Mail-Back Program.

**Contract Reviews**

- Sharon reported that yearly the Office has contract reviews. She handed out the DHHS Region 2 Contract Review Checklist and explained the process. This, she noted, is an opportunity for DHHS to gather a lot of information about contracts – adequacy of funding, compliance, reporting system, clarity about who is responsible for what in the contact (requirements, reports, etc.). The information the state seeks or needs to clarify about the requirements of the contracts includes: (1) Compliance Measures, (2) Staff responsible for providing information, (3) Comments –Explanations, (4) Follow-up/Dates. The categories reviewed cover: Last Review; Reports (Quarterly Financial, Service Encounter, Closeout, Audit, PNMI, Quarterly Performance Indicator); CDC; Rider E, Crisis (when applicable); Licensing; Critical Incidents; Miscellaneous (current contract); Next Contract.  
**Discussion/Questions:**  
**Question:** Is this for just Adult Services?  
**Response:** OAMHS is taking the lead on this; Child Services can follow, but they are separate meetings.  
**Question:** When do these start?  
**Response:** Beginning now.  
**Question:** If the agency has a service area that crosses regional lines, are there multiple reviews?  
**Response:** Just one, but adult and child service contracts are separate.  
**Comment:** Staff from an agency that had been through the review said that the process/meeting were "fine." At his agency, both adult and children service contracts were review. Each had a separate meeting, one following the other on the same day.  
**Question:** What role do consumers play?  
**Response:** Consumers' issues are looked at, if any have been brought forward, but other than that,

consumers do not have much to do with reviews of agencies, unless there is a club or organization that is run by a consumer group that has a contract with the state, then they receive the same review as appropriate to their organization.

### **Crisis System Update**

- It was noted that all the districts have submitted their plans to the state and the state is currently reviewing them to make certain that the minimum set standards are met and to review the budgets. The state will be meeting with the crisis programs to address the allocation of funds. The funding available remains the same. Leslie Mulhern reported briefly on the CSN 4 plan, which covers Waldo, Knox, Lincoln, and Sagadahoc (plus Brunswick). There is a 1+888 number (1-888-568-1112) for response 24/7, which triages to a Mobil Crisis Intervention Team, which can respond to the site location. The case gets connected to the appropriate child or adult service. The Crisis coordinating team meets quarterly, and the next meeting is April 13, just prior to the CSN 4 meeting. This meeting will be held at the Rockland DHHS office. The next important phase is to build awareness and get information out to all crisis services and the hospitals. Leslie invited all to attend.

### **Reports: Community Hospital Utilization Review & Unmet Needs**

- Reports in the packet were referenced: (1) Community Hospital Utilization Review, Performance Standard 18-1,2,3 by Hospital: Class Members; (2) Community Hospital Utilization Review, Performance Standard 18-1,2,3 by Hospital: Class & Non-Class Members; (3) State Report, Unmet Needs, Quarter 2; and (4) CSN 4 Report, Unmet Needs, Quarter 2.  
Community Hospital Utilization Reviews:
  - These reports (“Class” and “Class & Non-Class”) track those involuntarily hospitalized for whom the state covers costs.
  - Community hospitals do a fairly good job with discharge planning, but have a good deal of work to do in other areas.  
**Question:** Who is reflected in do these numbers?  
**Response:** Those the Department pays for (it is a limited number).
  - Acadia recently allowed the state to go in and do reviews.
  - State is allowed to review because the state pays for the services for these clients.
  - The report does not count those who are covered by other means (tracks only those state pays for).  
**Question:** Where do we find the report that has the broader ISP information?  
**Response:** State does not collect this information per se, although there is some information related to this in the crisis data.Unmet Needs Reports:
  - The DHHS Consent Decree (October 2006) required that unmet needs data be accurately collected and reported (to be used for planning purposes).
  - There were questions about the large fluctuation in the Community Integration Services from Q3, FY’08 to Q2, FY’09.

	<p><b>Comment/Question:</b> CI providers have to report anyone who does not have MaineCare services – is this separated out in that it will skew the data.</p> <p><b>Response from State:</b> This is an unmet needs report based on RDS reports (ISP) done by case managers. (If someone does not have a case manager, they are not tracked in this.) The need is counted as “unmet” only if it does not happen within a specified time. Both class and non-class members are tracked.</p> <ul style="list-style-type: none"> <li>- Note: there are no new grant dollars for Community Integration Services – this did not make it into the budget. That the budget process was still going on was noted for anyone’s interest.</li> </ul> <p><b>Question:</b> For 2010-2011 budget – what is in there for grant dollars?</p> <p><b>Response:</b> There was not an increase. What difference Federal stimulus funds might make is unknown at this time.</p>
<p>IX. Co-Occurring Initiative Discussion</p>	<p>Sharon introduced Claudia Bepko, coordinator for the Co-occurring State Integration Initiative (COSII), who in turn introduced Michael Morse from Mid-Coast Mental Health, one of the pilot sites.</p> <p>Claudia reported:  The state received a 5-year SAMHSA grant (in 2005, one of 19 awarded) to help expand and improve integrated treatment for people with mental health and substance abuse disorders. The grant is now in the fourth year. The grant provides for 3 years of infrastructure development and 2 final years of evaluation activities. The work focuses on the following areas of structure and policy: Licensing, Reimbursement, Screening and Assessment, Workforce Development, and Data Development. Over the five-year period, 30 pilot site agencies were selected to implement new co-occurring approaches and assistance was – and continues to be - provided to other agencies in addition to the pilot sites. Ultimately the grant is expected to help remove structural barriers to integrated treatment at the policy, funding, contracting, training, and program levels. As for the data, this is the first time that co-occurring data has been collected in Maine and it is based on surveying clients.</p> <p>A Steering Committee and other subcommittees work on the infrastructure issues and make recommendations for policy and practice changes. Subcommittees report to the Steering Committee, who in turn, advises the Co-Directors. Pilot agencies implement recommended practice changes.</p> <p>Training, technical assistance and mentoring are available to pilot agencies, as well as to 50 or more other agencies. The pilot sites have sub-contract with DHHS to conduct the systems change activities.</p> <p>Extensive evaluation on the outcomes of the grant and the work of the pilots and sub-committees is underway now. The Co-Occurring Collaborative of Southern Maine is the partner agency for the 5-year grant funded initiative</p> <p>There is a DHHS policy on integrated care that states all providers need to have Co-occurring Capability. (Co-occurring Capability is defined as “the capacity of a substance abuse, mental health, or dually licensed</p>

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.) Language about Co-occurring will be phased in until all contracts reflect this. A manual is forthcoming for practitioners and agencies. They will be guided by the Co-occurring Disabilities documents of DHHS, including policy and procedure statements, scope of practice guidelines, definitions, competencies, and peer support program information. Providers are supported and guided through the step-by-step process of moving to integrated service delivery. Providers, stakeholders, and consumers have been (and continue to be) involved in the full scope of work of the grant. As the initiative on integrated care moves forward, it will expand to encompass primary care.

- In the area of co-occurring disorders, it is clear that changes are needed at the Federal level so there is no fragmentation – so treatment is for the whole person.
- There is outreach now to all agencies to offer technical support and training. Any interested person can attend. The Regional meetings are every other month and the next one for this region is March 25, 9 – 11, at 41 Anthony Avenue in Augusta. There is teleconference capability at the site – if you can't be there in Augusta.
- The grant has involved consumers extensively
- In May, there will be regional information and training sessions for non-pilot agencies. Agencies should take advantage of the free training, join the Co-occurring Collaborative of Southern Maine.
- Materials provided at the meeting included: "Many Roads to Recovery" (patient produced booklet), the Co-Occurring Sate Infrastructure Initiative (COSII) fact sheet, and information on the Co-Occurring Collaborative Serving Maine (CCSME), including membership information.

**Question:** What is being done with substance abuse folks to make them aware?

**Response:** There is a lot of work being done in workforce development (developing the workforce that works in substance abuse and mental health) so both sides are looking at all the issues. The substance abuse regulations are already developed – OSA is ahead of the group. MH regulations are being developed.

Michael Morse of MCMH shared the perspective of having been a pilot site.

- MCMH worked to get a unified assessment form – added an addendum to address specific drug criteria assessment.
- How the assessment is used is critical – the COSII program staff helped with this. Assessment needs to be structured correctly to get at the information you need/want.

**Question:** Most agencies are not either solely mental health or substance abuse – what are they to do?

**Response:** To screen for co-occurring with an integrated assessment is important. There is a specific model, which includes: (1) welcome all, (2) no wrong door (don't re-direct), (3) do what it takes to get people to the services they need – even if these have to be referred out, (4) follow up on referrals (to other agencies),

(5) work collaboratively – have a joint treatment plan – and communicate, communicate, communicate. In co-occurring parallel treatment is often needed – the way most systems are now, clients can be frozen out of one or the other. In this model – welcome everyone and treat them in an integrated way.

**Question:** Integrated assessment – question of how the two conditions intersect?

**Response:** There are components in Best Practice: Stages of Change, multiple levels of care and integrated services.

**Question (directed to Michael):** What was it like?

**Response:** The issue was placed on the leadership agenda. The goal was to have an integrated system of care. It is an ongoing process – it will take years and we are still at the early point of change. The grant had exercises that the agency had to do – it took time, but they had to actually do something. All the information gathered highlighted how important it is to do integrated treatment – a high % of clients have a dual diagnosis. MCMH worked with other agencies. COSII was critical in keeping the process going. There are set steps to follow, but it helps to have someone moving it along. Making change happen is hard - getting agencies to change is very hard.

**Question:** Were there any “ah-ha – this is working” points for you?

**Response:** This is coming now – after the first year. Training and resources are in place for this to happen throughout the whole agency. The data from the surveys (from own agency and from others involved across the state) is very informative – there is a strong need across the state.

**Question:** Is there any thought to putting this into the social work curriculum across that state?

**Response (COSII coordinator):** Yes, we are working on that with the universities. Also, trying to get the Social Work Council of U.S. to change the requirements for education. This is difficult.

**Question:** Can you approach this through continuing education programs?

**Response:** Yes, we are trying to do that. An important avenue is to look to the licensing boards – if they do not require this, then licensees are not likely to do.

**Note:** The Co-Occurring Collaborative of Maine (in existence for 15 years) does trainings – they also do an on-line training. It takes 10 – 12 hours to do, but it is very affordable (see <http://www.ccsme.org/>).

**Question/Issue:** What does one do when there are conflicting (or not inline) requirements at Federal level?

**Response (COSII coordinator):** We tell people to rise to the higher level.

**Question:** What about clients who are children?

**Response:** We are trying to clarify this. There are issues with confidentiality and parental notification in substance abuse areas. We will be doing a piece on clinical standards at the end of the grant – all issues of regulation will be addressed.

**Comment:** At Riverview, there was an “Ah-Ha” last July. The mission of the hospital was changed after the grant (Riverview was a COSII pilot site). Getting some professionals to embrace integrated care took a bit of time, but now Riverview has an ongoing “Champions” group (a change team) to help change the culture of the agency.

**Comment:** The degree to which consumer involvement was embraced was noted. The importance of Peer Support groups was noted and emphasized.

**Concluding Comments:**

- It would have been ideal to have 10 years to work on this instead of the five.
- DHHS is putting up a Web site where all the materials from this initiative will be available.

	<ul style="list-style-type: none"> <li>▪ <b>ACTION:</b> Contact information for COSII is as follows: Claudia Bepko's phone (COSII coordinator): 207-287-7360; email: <a href="mailto:claudia.bepko@maine.gov">claudia.bepko@maine.gov</a></li> </ul>
<p>X. Other (revisited), RECAP, &amp; Next Meeting</p>	<p><b><u>Peer Support Development</u></b></p> <ul style="list-style-type: none"> <li>▪ Peer Support Development – There is a multi-year initiative about Peer Support Development out of Sweetser) with a subcommittee to work on. CCSM is involved. They are interviewing for staff for this – to do an inventory of needs. <b>ACTION:</b> Contact Scott Metzger at Peer Support Services at Sweetser (<a href="http://sweetser.worldpath.net/peers.aspx">http://sweetser.worldpath.net/peers.aspx</a>) for more information on Peer Support Development initiative.</li> </ul> <p><b><u>Issues from previous meetings:</u></b></p> <ul style="list-style-type: none"> <li>▪ Dennis King of Maine Mental Health Partners was supposed to speak at the January meeting, but was unable to attend. Would the group like to reschedule this? Agreement. <b>ACTION:</b> Dennis King of Maine Mental Health Partners will be invited to meet with CSN 4.</li> </ul> <p><b><u>Issues about CSN 4 meetings in general:</u></b></p> <ul style="list-style-type: none"> <li>▪ It was noted that those at the director level for OAMHS and OAMHS programs/systems seldom attend CSN 4, although they consistently attend other CSN meetings. There is an understanding that the CSN meetings are mandatory for contract agencies. Is this not reciprocal on the part of OAMHS? Where are we going with this – how do we make it broader? A response to this issue was requested. <b>ACTION:</b> the issue of who from OAMHS attends CSN 4 meetings will be directed to the OAMHS office and a response is requested.</li> </ul> <p><b>ACTIONS:</b></p> <ul style="list-style-type: none"> <li>▪ January 12, 2009, CSN 4 Minutes approved as corrected.</li> <li>▪ Information on distribution of <i>Need for Change</i> survey in CSN 4 will be reported back to group.</li> <li>▪ Transportation information from Consumer Council will be sent to OAMHS (Leticia Huttman) for distribution to CSN 4 members..</li> <li>▪ Consumer Council members offered to participate in Employment Services Network; Employment Specialist will contact CCSM.</li> <li>▪ Report back to CSN on C.I. savings: who is included in the calculation and who is not.</li> <li>▪ Invite APS to come to another CSN Region 4 meeting.</li> <li>▪ Information on cost savings with APS will be requested and reported back to CSN 4.</li> <li>▪ Contact Geoff Green's office if you would like to get a copy of the Deloitte Report.</li> <li>▪ The Rate Setting Update will be placed on the agenda for the next meeting.</li> <li>▪ OAMHS will report back to the CSNs re: the Prescription Drug Mail-Back Program.</li> <li>▪ Contact information for COSII is as follows: Claudia Bepko's phone (COSII coordinator): 207-287-7360; email: <a href="mailto:claudia.bepko@maine.gov">claudia.bepko@maine.gov</a></li> <li>▪ Contact Scott Metzger at Sweetser (<a href="http://sweetser.worldpath.net/peers.aspx">http://sweetser.worldpath.net/peers.aspx</a>) for more information Peer Support Development Initiative.</li> <li>▪ Dennis King of Maine Mental Health Partners will be invited to meet with CSN 4.</li> </ul>

- The issue of who from OAMHS attends CSN 4 meetings will be directed to the OAMHS office and a response is requested.

**ITEMS FOR UPCOMING MEETINGS:**

- ESN report.
- Maine Mental Health Partners – Dennis King will be invited to meet with CSN 4.
- Report back on who from OAMHS attends CSN 4 meetings.
- Report on Prescription Drug Mail-Back Program.
- Rate Setting Update.
- Report back on information on cost savings from use of APS system in CSN 4.
- APS to be invited to another CSN Region 4 meeting.
- Report back to CSN 4 on C.I. savings and who is included in the calculation and who is not.
- Information on distribution of *Need for Change* survey in CSN 4 will be reported back to group.