

**Community Service Network 4 Meeting
DHHS Rockland Office, Rockland
May 11, 2009**

Minutes

Members Present:

<input checked="" type="checkbox"/> Advocacy Initiative Network (AIN) – Monica Elwell	<input type="checkbox"/> Merrymeeting Behav Services	<input checked="" type="checkbox"/> St. Andrews Hosp & Healthcare – Stephanie Field (Alt. Rep.)
<input type="checkbox"/> Allies, Inc.	<input checked="" type="checkbox"/> Mid-Coast Mental Health Ctr (Pen-Bay) – Martha Marchut (Alt.)	<input checked="" type="checkbox"/> Sweetser – Cheryl LeBlond (Sub. Rep.)
<input checked="" type="checkbox"/> Community Care – Tracy MacDonald	<input type="checkbox"/> Miles Memorial Hospital	<input checked="" type="checkbox"/> Sweetser Peer Center – Troy Henderson, Sandra Hobbs
<input checked="" type="checkbox"/> Consumer Council – Troy Henderson (Sub. Rep.)	<input type="checkbox"/> NAMI-ME – Families	<input type="checkbox"/> Waldo County General Hospital
<input type="checkbox"/> ESM	<input checked="" type="checkbox"/> Riverview Psychiatric Center – Teresa Mayo	
	<input type="checkbox"/> Spring Harbor Hospital	

Others Attending:

- MMC Vocational Services – Deborah Rousseau
- MMC Vocational Services – Mary Campbell
- Family Representative - Tammy Swasey-Ballou
- Consumer Council - Melissa Caswell -

Staff Present:

DHHS/OAMHS: Sharon Arsenault, Ron Welch, Don Chamberlain, Leticia Huttman, Cecilia Leland, Brion Gallagher. DHHS/OQIS: Karen Glew, Muskie School: Phyllis vonHerrlich

Agenda Item	Discussion
I. Welcome and Introductions	Sharon welcomed attendees; introductions followed.
II. Review and Approval of Minutes	The minutes March 9, 2009, were accepted with one meeting notice correction noted by CCSM. ACTION: March 9, 2009, CSN 4 minutes accepted as corrected.
III. Feedback on OAMHS Communications	None.
IV. Employment Report	Sharon recognized Cheryl LeBlond, who turned the topic over to Mary Campbell. Mary has been in the position for three months and has a caseload of 22. She is actively working with 12: two are in volunteer placements; two are employed (as of the end of May); and eight more positions have been identified. Five – six slots are open for agencies in addition to those identified for the host agency. Agencies need to make referrals after the <i>Need for Change</i> survey has been administered. <i>Need for Change</i> material can be obtained from Mary or Deborah Rousseau (662-6131). Mary was encouraged to do outreach by attending community agency meetings and will obtain information from Brion Gallagher (287-4235) and Cecilia Leland (596-4355). The first ESN meeting in this area was very successful, and the next meeting is Friday, May 15, 9 am, at the Rockland DHHS office. CSN members are invited to attend.

	<p>ACTION: Mary will report on outreach at the next CSN4 meeting.</p>
V. Consumer Council Update	<p>Melissa Caswell and Troy Henderson reported.</p> <p>Melissa noted the two local meetings: (1) Bath/Brunswick, which meets in Brunswick, and (2) Rockland area meeting, which currently meets in So. Thomaston, although a new location is being sought. Suggestion for space can be sent to Melissa. She will prepare a list of meeting times and locations and send it out. CCSM has been very busy this spring providing testimony at legislative hearings and doing outreach to build awareness in the community about their work.</p> <p>Troy reported that Dennis King will speak at the next statewide CCSM meeting. He noted the HOPE conference on June 25, 8:30 am to 4:00 pm at the Augusta Civic Center. The conference is free and has space for 260 attendees. Also, the MAPSRC (Maine Association of Peer Support and Recovery Centers) retreat will take place on August 21 & 22 at the Y camp in Winthrop. Anyone interested can contact June Watson. OAMHS will send out contact information for June Watson.</p> <p>ACTION: Send suggestions for meeting spaces in the Rockland area to Melissa Caswell ACTION: A list of the Local Consumer Council meeting times and locations will be sent out by email. ACTION: OAMHS will send out contact information for the MAPSRC retreat in August.</p>
VI. Peer Support Services Update	<p>Troy Henderson and Sandra Hobbs, from the Peer Support Development Program based out of Sweetser in Rockland, reported.</p> <p>Troy thanked those involved with the Peer Support Services and noted that isolation is a major factor to quality of life. To address this issue, the Peer Support Services program has undertaken a search to find ways to connect people for opportunities for peer support. Troy and Sandra have been researching a tool called Community Connection Asset Mapping Process or CCAMP. It is an Internet-based, community-building tool to create supportive environments for any group or community. The goal is to create connections to natural, social support networks in local environments, and to build Circles of Support. CCAMP is being discussed by the Peer Support Development Subcommittee as a possible tool for peer support without walls in CSN 4. Peer Support for this area has been based in Rockland, but will expand into Waldo, Knox, and upper Lincoln counties. The subcommittee will soon plan general public meetings and strive to make them as open, inclusive, and as accessible as possible. CSN 4 members are cordially invited to attend Peer Support Development Subcommittee meetings. Contact Sandra or Troy at Sweetser in Rockland for details (shobbs@sweetser.com).</p>
VII. CSN Discussion	<p>Sharon noted two ways to have input on this topic: (1) discussions at each May CSN, and (2) the form sent with meeting announcements. She asked people to complete the form and hand it in by the end of the meeting.</p> <p>The department will compile the information and share it with the CSNs in June. The purpose of this undertaking is to determine what changes are needed to have CSNs meet their mission statement and the needs of consumers, providers, and families.</p>

	<p>Points noted in the discussion:</p> <ul style="list-style-type: none"> ➤ Consumer voices can be heard in current format. ➤ Opportunity to promote specific initiatives, (e.g. Employment Initiative). ➤ Information sharing is invaluable. ➤ Formal connection for consumers to provider/department groups is important. ➤ Refreshments are no longer served at meetings (sends message they are not important). ➤ Original intent of the CSNs was continuity of care. How do we know this is happening? ➤ How do we know how consumers and families feel about services? Are providers working together better? ➤ CSNs are not known outside the group – consumers, families, and even health providers do not know. ➤ Providers in some areas not communicating with each other. Some needs are not being met. ➤ Possible structure: functional advisory boards on specific aspects of MH instead of current CSN structure. Negative points to this include loss of consumer / family input for programs and policies. ➤ No decision-making authority for CSNs now. ➤ <u>How do we achieve continuity of care?</u> Attendees were reluctant to respond to this because many who normally attend were not there. ➤ Ron and Don attending give providers and consumers direct link to these positions. ➤ Are there better ways to address certain issues – such as information sharing and timely questions and concerns about it. A monthly call-in can provide timely access and opportunity for all. ➤ Real problems do not get resolved (e.g., ISPs for involuntary commitments) ➤ Support was expressed for both monthly phone call-in meetings and local meetings to deal with specific local issues. ➤ Questions about who is required or should be required to attend. ➤ Subcommittee work has had good participation and has been productive (e.g., Peer Support Without Walls). Reporting back to full CSN is important. ➤ How to increase family involvement and awareness – would a standing committee to address this area be useful. ➤ Do the CSNs really have the power to decide what the format will be. ➤ <u>Will the changes in the CSN meeting format be the same for all?</u> The comments back need to be looked at first, and then a decision can be made. ➤ There was no sentiment for making a formal motion about the structure for CSN 4 because many of the regular attendees were not present. <p>ACTION: A report back to the CSN (to include statewide and local CSN information) will be set for June and the issue will be discussed again and decisions made.</p>
Break – 2:20 – 2:30 pm	
VIII. Outcomes Discussion	<p>Ron Welch and Karen Glew reported.</p> <p>A handout entitled “Measuring Outcomes: Piloting an Outcome Toolkit” was provided.</p>

	<p>OAMHS/DHHS have undertaken the task of measuring the quality of improvement in consumers' lives gained from services received – essentially measuring the difference services provided make in individuals' lives.</p> <p>Karen reviewed the purpose and initial work of the pilot. The tools to be used have been selected and include 3 specific tools from <i>OQ Measures</i> (OQ 45, SOQ 2.0, and OQ 30.1) (see http://www.oqmeasures.com/site/). Four additional tools in the kit include: <i>Recovery Assessment Scale</i> (RAS), <i>DIG Mental Health and Well-Being Survey</i>, <i>Level of Care Utilization System</i> (LOCUS), and questions on Co-Occurring disorders yet to be defined.</p> <p>OQ was selected based on its attributes for measuring outcomes identified as important by OAMHS, its reporting back capacity, the support provided to practitioners and clients, the responsiveness on the part of the tool designers to work with the subcommittee and provide training, the fact that it has been peer reviewed and approved by SAMHSA as evidence based practice, and because it is web-based with direct client input for data (answering questions on a PDA provided to the consumer). The system has some flexibility and can handle situations of delayed data entry, as well as the direct data entry.</p> <p>The initial pilot will involve two agencies – possibly three - and will go from October 2009 to May 2010. One agency has already been using the tool. After the pilot, other agencies will be brought on slowly. DHHS is covering the cost for the essential equipment, software, and training (which will be done by the designers of the system). The pilot will be with consumers receiving Community Integration services.</p> <p>In the discussion, one person recommended that a category of “Does Not Apply” be added to the options for answers because when questions are skipped (which is done when questions do not apply) case managers and service providers tend to focus on this. Karen noted this and said she would follow up. A desire to have a peer group review this was noted.</p> <p>An advisory group is being formed for the piloting phase. A consumer who is receiving services from an agency involved in the pilot will be asked to serve on this body, as well as someone representing the co-occurring perspective.</p> <p>ACTION: Karen will take the suggestion about the additional response category “Does Not Apply” to subcommittee.</p>
IX. Legislative Update	<p>Ron Welch reported.</p> <ul style="list-style-type: none"> • The disposition of the budget is still not known, but it should be sometime this week. It is imperative for action because if the decision goes beyond 5/18, there will be issues in paying MaineCare accounts. There are programs that are being seriously impacted with the budget shortfall, but Adults Services has not had to absorb any additional cuts. • Establishing a MH Commission was voted down and DHHS has been given 6 months to come up with a response/alternative to this. • The bill (LD 1360) to allow family members and law enforcement to petition for involuntary commitment

	<p>predicated on the likelihood that someone will benefit from treatment was recommended to carry forward to the next session (the Legislative Council makes this decision). In the meantime, parties interested in this bill have been asked to work together to see if they can find common ground.</p> <ul style="list-style-type: none"> • LD 341 (An Act To Amend the Department of Health and Human Services' Progressive Treatment Program) passed (age of participation set at 18). • LD 609 (An Act To Amend the Laws Governing Involuntary Hospitalization Procedures When Both Commitment and Involuntary Treatment Are Sought) did pass. Ron thought this was with the amendment of 10 days for continuation (as opposed to the 21 in the original bill), but noted he would clarify if this were not true.
<p>X. Other Recap, & Next Meeting</p>	<p><u>Status of search for superintendent for Riverview</u></p> <ul style="list-style-type: none"> • Three applicants were interviewed. • Two out of the three were recommended for interviews with the Commissioner and Ron. Consumers, family members, the court master, and providers were all involved in the initial screening. All agreed on the two, with the understanding that the Commissioner and Ron would make the decision. • The decision will be made after May 19.
<p>XI. Public Comment</p>	<p>None.</p>
<p>XII. Meeting Recap and Agenda for Next Meeting.</p>	<p>Actions:</p> <ul style="list-style-type: none"> • March 9, 2009, CSN 4 minutes accepted as corrected. • Employment Specialist will report on outreach at the next CSN4 meeting. • Send suggestions for meeting spaces in the Rockland area to Melissa Caswell • A list of the Local Consumer Council meeting times and locations will be sent out by email. • OAMHS will send out contact information for the MAPSRC retreat in August. • A report back to the CSN (to include statewide and local CSN information) will be set for June and the issue will be discussed again and decisions made. • Suggestion about the additional response category "Does Not Apply" will be directed to subcommittee. <p>Agenda for Next Meeting: Discussion and decisions for structure for CSNs.</p>