

**Community Service Network 5 Meeting
DHHS Offices, Lewiston
February 26, 2007**

Approved Minutes

Members Present:

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| <ul style="list-style-type: none"> • Julie Shackley, AHCH • Marcia Turotte, Alternative Services • Dexter Billings, Beacon House • Craig Phillips, Common Ties MH • Phillip Schneider, 100 Pine Street • Mark Tully, Community Correctional Alternatives • Tracy Quadro, Community Mediation Services | <ul style="list-style-type: none"> • Kathleen Dearborn, ESM • April Guagenti, Evergreen Behavioral Services • June Watson, Friends Together • Theresa Turgeon, Merrymeeting Behavioral • Darlene Hayden, OCMHS • Andrea Krebs, Possibilities Counseling Services • Sandy Dunn, Pottle Hill, Inc. | <ul style="list-style-type: none"> • Darlene Glover, Stephens Memorial Hospital • Stephanie Crystal Wolfstone-Francis, TPG • Chris Copeland, TCMHS • Linda Hertell, Richardson Hollow • Alan LeTourneau, Richardson Hollow • Lauret Crommet, Riverview Psychiatric Center • Thomas Vurgason, Sisters of Charity Health • Ric Hanley, Spring Harbor Hospital |
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Members Absent:

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| <ul style="list-style-type: none"> • Bridgton Hospital • Central Maine Medical Center • Christopher Aaron Counseling Center • Joan Churchill, Community Concepts • Community Rehabilitation Services • Michael Cyr, Creative Work Systems | <ul style="list-style-type: none"> • Franklin Memorial Hospital • Christine Vincent, Lutheran Community Services • Maine Vocational Associates • Pathways Inc. • RM-Transitions Inc. | <ul style="list-style-type: none"> • Rumford Group Homes • Diane York, Rumford Hospital (excused) • Donna Ruble, Sweetser/Protea • Supportive Housing Associates • Transitions Counseling Inc. |
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Others Present:

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| <ul style="list-style-type: none"> • Susan Bundy, Alternative Services • D. McDonald, 100 Pine Street • Catherine Ryder, TCMHS | <ul style="list-style-type: none"> • Alex Veguilla, CCSM • Gloria Payne, DHHS |
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Staff Present: DHHS/OAMHS: Marya Faust, Sharon Arsenault. Muskie School: Sandra Hobbs, Melissa Padget.

Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Sharon Arsenault opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	The minutes from the January meeting were approved with the following changes: <ul style="list-style-type: none"> • Item IV, CSN Participation: 1) List either Sisters of Charity or St. Mary's Regional Medical Center, not both; 2) Stephens Memorial Hospital, not St. Stephens Hospital. • Item X, Crisis Services, TCMHS CSU: Add "Lewiston" to bullet point.
III. Review Meeting Guidelines	Sharon reviewed the meeting guidelines provided in the meeting materials, noting especially: 1) the agreement to turn off all cell phones and pagers, and 2) to avoid the use of acronyms and jargon.
IV. Consumer Council System of Maine	Alex Veguilla, the Consumer Council System of Maine Outreach Worker for Region II, introduced himself to the group and explained the progression and his role in the development of the new Consumer Council System. He encouraged provider members to think of ways to host/encourage meeting and informational opportunities with consumers for which they provide services, and assured he would be in contact with members to assist in his efforts to: <ul style="list-style-type: none"> • Recruit consumer participation in and educate consumers about the council system • Inform consumers about the 3 regional conferences, May 8, at the Augusta Civic Center • Meet one-on-one, in small group gatherings, or present to larger groups of consumers

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	<p>ACTION: Members will contact Alex if willing to be a contact person for their respective organizations.</p>
<p>V. Peer Services, Part II</p>	<p>Members received the following handouts:</p> <p><u>Serious Mental Illness (SMI) Estimates - 2000 Census Data</u> Updated from version distributed last month to include 2 changes:</p> <ul style="list-style-type: none"> • Population from Bridgton area moved from CSN 6 to CSN 5, where most receive services • Estimated SMI population broken down by age groups: 18-61 and 62 and over <p><u>Adult Mental Health Services MaineCare Data (2004-2006 Statewide)</u></p> <ul style="list-style-type: none"> • Skills Development category, which also includes Daily Living Skills, represents 2nd highest per person cost, serving fewer clients—more intense services provided? • All categories, except Residential, will be considered in rate standardization, currently pending. • OAMHS will try to get statewide data broken down by CSN. <p>Peer Services, Part II</p> <p>Members received 3 handouts: Updated Peer Support Funding spreadsheets, recalculated after shifting Bridgton area population from CSN 6 from CSN 5. (Per person funding amount for CSN 5 decreased from \$25 to \$24.) Members also received copies of the OAMHS Performance Indicator and Outcome Reporting Forms for Peer Services and Warm Lines. OAMHS is looking to improve the meaningfulness of the data and asks members to give feedback on the data that should be collected.</p> <p>ACTION: Members may make suggestions on the Performance Indicator and Outcome Forms by emailing Elaine Ecker at eecker@usm.maine.edu.</p> <p>Marya asked Lauret Crommet to review the peer services provided at Riverview by Amistad. Lauret distributed a brochure and information describing Amistad and explained the referral procedure and services.</p> <ul style="list-style-type: none"> • Peer-to-patient support as and where needed. • Peers are part of every treatment team (as long as patient is willing). • Peers assist team with discharge plan and finding community resources. • Also provide some peer support in MaineGeneral's Emergency Department. <p>Discussion around existing and recommended peer services:</p> <ul style="list-style-type: none"> • 24-hour service needed with substance abuse and mental health expertise. • 24/7 crisis team to insure appropriate treatment rather than involving law enforcement and causing trauma (handcuffs, for instance) in addition to mental health crisis. • Disability Rights Center representatives are at Riverview and could be included in the conversation about peer services. • Concern was expressed regarding the reduction and flat funding since 1996; as well, future funding for peer services. • 100 Pine Street having increasing difficulty operating with current funding. • Peer Centers should be encouraged to develop locally. • Peer services need to be developed with consideration of rural issues, like transportation. Mobile social clubs?

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	<ul style="list-style-type: none"> • Transportation is a major issue in Franklin County. <p>The group decided to form a subcommittee to look at current peer services and work on recommendations for new peer services in this CSN. Stephanie Crystal volunteered to chair the subcommittee and other interested members signed up.</p> <p>ACTION: The subcommittee will meet and report back at the March meeting.</p>
VI. Statewide Policy Council	<p>OAMHS chose 17 of the 27 CSN members who volunteered or were nominated to serve on the Statewide Policy Council. The membership list was provided at the meeting, as well as emailed or mailed to all CSN members. Meetings will held on March 26, April 30, May 22, and June 25, from 1-4 pm in Augusta. (Location is Maine Principals' Association, 50 Industrial Drive.)</p>
VII. Resolve PL 192	<p>Members received a copy of the newly released Resolve PL 192 Draft Report, and were reminded of the upcoming public forum at Spring Harbor on March 1 from 2:00 – 3:30 pm. The final report incorporating stakeholder feedback is due to the Legislature by March 15. Members may also send feedback to Elaine Ecker, eecker@usm.maine.edu through March 9.</p>
VIII. Crisis Stabilization Units (CSU), Part II	<p>Members received updated CSU information spreadsheets, recalculated to reflect the additional beds not included in last month's version. According to strict CSN boundary lines, CSN 4 has two beds in Belfast (Mid Coast Mental Health Services), with 71% utilization, making it the "most under-bed" area in the State. However, Sweetser CSU's 4-bed unit reports approximately half of their admissions come from CSN 4, so in practicality, four beds serve CSN 4. Using that figure, CSN 4 needs two additional beds to bring it to the State average beds per 1,000 population.</p> <p>OCMHS Crisis Stabilization Unit (CSU) Data Marya distributed the completed OCMHS CSU Additional Data Request form and reviewed with the group.</p> <p>TCMHS Crisis Stabilization Unit (CSU) Data Chris Copeland commented that TCHMS will provide their additional data to members via email by the end of the week.</p> <p>Questions for this CSN to consider:</p> <ul style="list-style-type: none"> • Is this CSN in need of more crisis beds? How many? Where? • Is staffing adequate? If staffing were to change, could unit take more acute clients? • Are there limitations at current facility that precludes certain clients? • Would peer crisis beds or "living room" substitute for additional CSU beds? <p>Discussion:</p> <ul style="list-style-type: none"> • It would be helpful to know how many were "turned away" from CSUs and why for this CSN, and for Kennebec County, as well. • Concern raised about coming to any conclusions without TCMHS' data. • TCMHS submitted proposal to DHHS for CSU beds. Will provide proposal to Elaine Ecker to send out to CSN 5 members (along with Data Form mentioned above). • Need to look at this on statewide basis. Possibly Statewide Policy Council issue?

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IX. Crisis Services Review	<p>Members received a comprehensive spreadsheet of 2006 data collected quarterly from crisis programs throughout the state, as well as the Performance Indicator and Outcome Reporting Form for Crisis Services. Feedback on data collected may be emailed to Elaine, eecker@usm.maine.edu. This item will appear on next month's agenda for further review and discussion.</p> <p>Item of particular importance in this data: Number with case managers vs. number of case managers notified about crisis. Why not closer to 100%?</p>
X. Rate Standardization	<p>Marya reported that negotiations are in process with providers. Comments:</p> <ul style="list-style-type: none"> • There could be winners and losers among providers, so local providers need to be informed and advocate with Legislators • With rate standardization there will not be any winners • Advocacy needs to happen quickly as budget decisions will be completed in two weeks.
XI. Confidentiality	<p>Members received a draft Confidentiality Statement and were encouraged to review it. Comments:</p> <ul style="list-style-type: none"> • Release to "Department representatives" needs more specificity. • Some points are too vague. • Nothing in statement about release to courts or guardians ad litem. • Good baseline, but needs to be reworked. <p>Feedback will be gathered from all CSNs and taken into consideration in further refining the document. Will bring back to CSN again.</p>
XII. Other	<p>Matters raised:</p> <ul style="list-style-type: none"> • Funding for non-categorical services • Mental health advance directives---Ric Hanley offered assistance to CSN regarding training. Community Mediation Services is available during the process.
XIII. Public Comment	None.
XIV. March Agenda Items	<ul style="list-style-type: none"> • Peer Services • Crisis services follow up • Community Support Services (ACI, ICI, CI) • Confidentiality Policy • Statewide Policy Council agenda items