

**Community Service Network 5 Meeting
DHHS Offices, Lewiston
August 18, 2008**

Approved Minutes

Members Present:

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| <ul style="list-style-type: none"> • Kim Lane, Alternative Services • Ray Benjamin, Common Ties MH • Bill Tanner, Community Correctional Alternatives • April Guaguenti, Evergreen/Franklin Memorial | <ul style="list-style-type: none"> • Scott Morrison, Lutheran Community Services • Angela Desrochers, MMC Emp Spec, CSN 5 • Diane Pearson, Riverview Psychiatric Center • Lyn Suggs, Spring Harbor Hospital | <ul style="list-style-type: none"> • Roger Wentworth, Sweetser • Stephanie Crystal Wolfstone-Francis • Catherine Ryder, TCMHS |
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Members Absent:

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| <ul style="list-style-type: none"> • AHCH • AIN (vacant) • 100 Pine (Common Ties) • Community Concepts • ESM | <ul style="list-style-type: none"> • Friends Together (excused) • Maine Vocational Associates • Merrymeeting Behavioral (excused) • Oxford County Mental Health • Rumford Hospital | <ul style="list-style-type: none"> • Rumford Group Homes • St. Mary's/Sisters of Charity • Stephens Memorial Hospital • Supportive Housing Associates |
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Others/Alternates Present:

- Rebecca Chandler, Evergreen/Franklin Memorial

Staff Present: DHHS/OAMHS: Sharon Arsenault, Marya Faust, Cindy McPherson. Muskie School: Elaine Ecker, Helen Hemminger.

Agenda Item	Discussion
I. Welcome and Introductions	Sharon opened the meeting and participants introduced themselves. A member expressed concern at the number of members absent from the meeting.
II. Review and Approval of Minutes	The minutes from the June meeting were approved as written, with one clarification: Ron McHugh of Oxford County Mental Health was present.
III. Feedback on OAMHS Communications	<p>Sharon 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. Marya added that recent and future correspondence will also be posted on the CSN website.</p> <p>A member informed that accomplishing the required code changes quickly and efficiently was difficult for many agencies.</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. Also, entries are no longer required for PNMI clients who don't have a community support worker. • APS will also take over applications/approvals for grant-funded services on September 1. • OAMHS will send out a memo to all CSN members very soon detailing the above changes.

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	<p>Discussion:</p> <ul style="list-style-type: none"> • Will APS approve grant-funded services by units of service? A: Yes, the process is the same as it is for MaineCare services. • Any agency with MaineCare and grant contracts may apply. <p>David Proffitt's Resignation David Proffitt, Superintendent of Riverview Psychiatric Center, has resigned to take a position as CEO of Acadia Hospital in Bangor. The transition will happen over the next month or so.</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, as well as the Supplemental Budget for 2009. Initial requests are made this month, CSN information gathered during September, and requests will be finalized in October, Marya explained.</p> <p>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, in two major categories: 1) consumer unmet needs and 2) systems or administrative needs, e.g. needs resulting from high fuel costs. 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>In order to consider making funding requests for peer services, Stephanie asked OAMHS to provide information on what is spent currently, by total and broken down by "who and how much"—overall for state and particularly this CSN.</p> <p>ACTION: OAMHS will provide Stephanie with the requested information on peer services expenditures before the September meeting.</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 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>Discussion:</p> <ul style="list-style-type: none"> • Are you taking into consideration the infusion of 1,000 people into the mental health system currently being served in the jail system? Could be a serious concern... A: Yes, good issue to bear in mind—Dr. Sherrets has that data. • Though the effects are not evident yet in the unmet needs data, there have to be unmet needs as a result of the budget cuts. How do we present this to the legislature so they see the effects of the cuts? A: OAMHS cuts may

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	<p>or may not show up that easily—we look to the CSNs for that information—haven't seen any yet. Response: We haven't either—expect perhaps by January.</p> <p>Members reviewed the various charts and graphs. Highlights for CSN 5:</p> <ul style="list-style-type: none"> • CSN 5 shows 97% of enrollments are now current. • CSN 5 has nine categories where it has either the most of the second most reports of unmet needs of all the CSNs. • Mental Health Services and Health Care show the highest numbers of unmet needs in this CSN—well above the average for the state as a whole. • 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"> • Members remarked on the low level of unmet needs reported in substance abuse, noting an estimate of 75-80% of consumers suffer both MI and SA, and discussed possible reasons for this: 1) residual effect of separation of MH and SA systems; 2) client doesn't want to work on SA, so it's not recorded on the ISP; 3) the case manager may need tools, such as Motivational Interviewing, to be better able to talk about SA with clients. • Sharon informed members that a PowerPoint was developed for case managers to see how needs are determined, definitions of the categories, etc. Review may be helpful. Also Consent Decree Coordinators are available to come to agencies to provide a refresher course for case managers. <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. Consumer Council Update	<p>Stephanie reported the Council system is in the process of change and growth, noting that some things have taken a little longer to accomplish than expected.</p> <p>A question was raised about whether there is an active local council in the area. Stephanie explained that it is active, but not formally recognized as a local council as yet. Local councils must have diverse consumer representation, not just members from one agency or social club, for example, in order to be recognized. At this point, there are no recognized councils, though many fledgling and struggling efforts are underway.</p> <p>She informed that the next local council meeting in Lewiston is scheduled for August 27, 10 am to noon at the B Street Community Center, but it's not clear if that meeting will actually be held.</p>
VI. Transportation Subcommittee	<p>Stephanie reported that work on gathering information on available transportation resources is ongoing. She said with the various MOUs in place and creative ways people are providing transportation, it takes awhile to collect the information.</p> <p>The group discussed various possibilities and factors involved in this issue, and also discussed whether it's best addressed by a subcommittee or the full CSN. Highlights:</p>

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	<ul style="list-style-type: none"> • Even if a program existed to provide cars, the costs of owning a car (insurance, gasoline, maintenance) are prohibitive for most consumers. • There are several “Maines” when considering transportation needs and how they could be met, due to population centers and degrees of rurality throughout the rest of the state. • Solutions for Lewiston-Auburn will be very different than solutions for Farmington, for example, where there is no public transportation. • Maybe MaineCare rules need to be changed to allow transportation reimbursement for some things outside of medical necessity as now defined. • We should focus on solving the problem for <i>our consumers</i> and not “the world’s problem.” <p>The discussion resulted in a decision that those interested would meet a half hour before the next CSN meeting to outline a plan.</p> <p>ACTION: Interested members will meet at 12:30 p.m. on September 15 to outline a plan and then report out to the full membership during the meeting that follows.</p>
<p>VII. Report from the Employment Services Network (ESN)</p>	<p>Angela Desrochers, the Employment Specialist (ES) for CSN 5, gave a progress update. She informed that her focus is in the Lewiston-Auburn area right now, working with consumers from Common Ties and Tri-County Mental Health. Angela is currently working with 15 people and reported that one person obtained full-time employment, two are enrolled or accepted into educational programs, and some are interested in self-employment.</p> <p>Some members expressed concern about when the ES will be available for other eligible consumers outside of the host agencies. Angela was unsure of the timeframe, and Marya explained it as a phase in process—first working with clients at host agencies, and then broadening out to others. She said discussion at the “upper level” is needed to determine the timeframe for broadening out, and OAMHS will provide a report next month.</p> <p>ACTION: OAMHS will provide clarification on timeframe for ES services becoming available to other consumers.</p> <p>Angela told the group that the next meeting of ESN 5 is scheduled for August 20 at the Lewiston Career Center. The core members of the ESN consist of ACT Team Employment Specialists, Community Work Incentive Coordinators, Career Center Disability Program Navigators, rep from the apprentice program, and eventually employers, as well.</p> <p>Angela mentioned a workshop recently held in Franklin County at Franklin Memorial Hospital that engendered a lot of energy, and wondered if that group might be able to keep going or join the ESN until she can “get there.” Sharon indicated they could discuss the possibilities.</p> <p>Members gave Angela several suggestions about contacts and strategies that might help in her work.</p>
<p>VIII. Impact of Energy Costs</p>	<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 to gather information for possible budget work.</p> <p>One member expressed some widely held concerns about home fires, carbon monoxide, etc., as people may attempt to heat their homes in unsafe or potentially unsafe ways. Also, the state needs to look at Fair Market Values and how rates are set.</p>

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	Members are encouraged to bring back to next month's meeting any resource or conservation ideas.
IX. 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> <p>Judge Mills' Order – Monitor 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>
X. Other	<p>Community Correctional Alternatives (CCA) Bill reported that CCA has expanded its medication management program from 2 to 3 days a week and is accepting clients from other agencies. He explained CCA took this step in response to the number of people coming out of jails with limited meds and ending up in jail again.</p> <p>APS Healthcare Members engaged in an extended discussion about problems/challenges with APS Healthcare.</p> <ul style="list-style-type: none"> • CCA reports having to hire a full-time person to do nothing but APS, as well as half of two nurses' time spent on APS services. These expenses were not budgeted. • The continued stay reviews require long and burdensome documentation, and too often are initially denied or recommended for a lower level of care. • The expectation to see movement and change with clients every 90 days is unrealistic. • Expect to understand better over time "what they're looking for" re: documentation. • Marya said that services denied or reduced are very small in the reports. Members responded that if they fight hard enough, they do get the services (though ASI and Lutheran reported losing substantial percentages of DLSS services every time a review is done.) "We win the fight if primary providers, therapists, nurses, etc., get on the phone and explain in detail. We can do the fighting, but while we're fighting, consumers are not being served." • We need a quicker system on the front end. If a referral comes in, you have to pick up the client. <p>CSN Recommendation Protocol Stephanie requested that the protocol be amended to remove the sentence that stipulates, "only those items followed through to a majority vote will be recognized as CSN recommendations." She stated that all recommendations should be considered (they're advisory, anyway) and nothing should be voted on. Since consumers are in such a minority at meetings, their voice will be left out if a majority vote is required.</p> <p>One provider member responded that there are other inherent imbalances for many members--rural agencies and more populace agencies, for example. Diane from Riverview expressed concern about an "us and them" approach, noting that she never feels that way in the numerous joint efforts with consumers and peers at Riverview.</p>

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	Marya noted another factor is consumer representatives attending CSN meetings, reminding that the Consumer Council has two seats and all consumer groups, peer centers, and social clubs have seats as well.
XI. Public Comment	None.
XII. 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 ESN Update Transportation Subcommittee</p>