

**Community Service Network 5 Meeting
DHHS Offices, Lewiston
January 26, 2009**

Minutes

Members Present:

<ul style="list-style-type: none"> • Dale (Grace) MacDonald, Common Ties 100 Pine St. • Craig Phillips, Common Ties Mental Health • John Carroll, ESM • Dalene Sinskie, Evergreen/Franklin Memorial • June Watson, Friends Together 	<ul style="list-style-type: none"> • Angela Desrochers, MMC Emp Spec, CSN 5 • Ron McHugh, Oxford County Mental Health • Lauret Crommett, Riverview Psych. Center • Thomas Vurgason, Sisters of Charity Health System 	<ul style="list-style-type: none"> • Lyn Suggs, Spring Harbor Hospital • Roger Wentworth, Sweetser • Stephanie Crystal Wolfstone-Francis, Transition Planning Group • Chris Copeland, Tri-County Mental Health
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Members Absent:

<ul style="list-style-type: none"> • AHCH • AIN (vacant) • Community Concepts 	<ul style="list-style-type: none"> • Community Correctional Alternatives (excused) • Lutheran Social Services • Possibilities Counseling 	<ul style="list-style-type: none"> • Rumford Group Homes • Rumford Hospital • Stephens Memorial Hospital
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Others/Alternates Present:

<ul style="list-style-type: none"> • Dennis King, Spring Harbor 		
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Staff Present: DHHS/OAMHS: Sharon Arsenault, Ron Welch, and Brion Gallagher. Muskie School: Scott Bernier

Agenda Item	Discussion
I. Welcome and Introductions	Sharon welcomed participants; introductions followed.
II. Review and Approval of Minutes	A member requested that all members either be fully identified or de-identified in the minutes. A short discussion followed. A motion was made and seconded to de-identify members in meeting minutes and to accept the November minutes as written after they have been de-identified. The motion was approved.
III. Feedback on OAMHS Communications	A member asked for a clarification on which communications from OAMHS this agenda item refers to. Ron responded it is for all communications to the CSN members from OAMHS. Copies of those communications are posted to the CSN website.
IV. Employment	Common Ties Mental Health (CTMH) and Tri-County Mental Health Services (TCMHS) co-host the employment specialist assigned to CSN 5. The representatives from both agencies took turns introducing this subject and the work performed by the employment specialist. CTMH's representative praised the work the employment specialist has done and noted that the co-hosting between them and TCMHS is unique in the state. Other CSNs have a single host for the employment specialist. Access to the employment specialist and case managers at both agencies has worked well. They hope to expand training opportunities for staff at both agencies to enable them to better understand how employment aids in recovery. It is hoped that those case managers will be able to do some of the employment specialist's work so that she will be more available to others in the CSN.

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	<p>The employment specialist reported on her activities since the last meeting and provided a handout:</p> <ul style="list-style-type: none"> • Currently working with 29 job seekers and have three new intakes scheduled this week. Of these: <ul style="list-style-type: none"> ○ 2 are exploring career options ○ 10 are actively seeking work ○ 4 are enrolled in classes at L/A College, Andover College and Central Maine Community College. A few have expressed interest in the Intentional Peer Support Specialist training. ○ 7 are volunteering at places such as the Good Shepherd Food Bank, Jubilee Center and at CTMH ○ 7 are employed in fields such as construction, health care and social services ○ These numbers do not add up because some are engaged in multiple activities. They could be in school and working or volunteering while looking for work. • The ESN will be compiling an employment & education resource directory for the region in the next few months. • Starting in February polycom (ITV) conferencing will be used at the meetings held at the CareerCenter on the third Wednesday of the month to connect with rural mental health/employment providers in Norway and @Wilton. It is a first step to give information to clients in other parts of this CSN. • Currently, vocational services are provided at CTMH and will soon also be provided at TCMHS. Those waiting to receive a one-on-one consultation can attend these meetings as a starting point. These meetings will be held weekly. Emails and flyers have been sent to the case managers of both agencies. <p>Questions/Comments:</p> <ul style="list-style-type: none"> • Question: Could you train people at local CareerCenters to do some of this work? • Answer: That is a good suggestion. The host agencies are also asking for training for their case managers to do some of this work. • Question: Are the weekly vocational meetings open to clients of other providers? • Answer: That should not be a problem. • Question: Where are these vocational meetings held? • Answer: They are held at the 100 Pine Street Wellness & Recovery Center here in Lewiston. • Question: Can peer support be involved in this? • Answer: It is a high priority policy. It belongs everywhere. • Question: Are the vocational trainings you are planning to offer similar to the Vocational Aspects of Disability requirement for MHRT/C certification? • Answer: The employment group isn't as involved as the class. The trainings will be different. • Question: How are these meetings being put out to the public? • Answer: There isn't much public announcement at this time. We can put something together. • Comment: A member suggested that these meetings could be announced through public service announcements (PSAs) on television. • Question: Could there be additional training for those mandated to do these services? • Ron Answered: The Department is working with VR services. VR has a waiting list and the ESN program was created to supplement their services. The monthly ESN meeting includes a representative from VR. • Comment: The employment specialist added that she has met with the VR counselors for this area and they are excited to receive the extra help. Some of them have as many as 100 clients and they can't see them more than once every month or two, while the employment specialist can see her clients more often. The VR counselors understand that employment is part of recovery.

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	<ul style="list-style-type: none"> • Comment: A member express concern that if a person is not a client of one of the two host agencies, they are not benefiting from this service. 29 or so clients in this service seems like a small percentage of all the clients in this CSN. If this is a priority with the Department, there are a lot of consumers not getting this. Ron responded that the Department will be meeting with Maine Medical Center (MMC) shortly to determine how to get the employment specialist out to other agencies. This position will not be cut from the budget. • Comment: A member noted that clients can work directly with the employment specialist. They do not need to be a client of one of the host agencies. • Comment: A member observed that it appears the employment specialist is trying to cover the entire CSN alone. • Sharon responded: The contract with MMC only covers one employment specialist per CSN. DHHS would love to have more employment specialists, but it is a budget issue.
<p>V. Mane Mental Health Partners</p>	<p>Ron introduced this topic. There has been discussion and requests for information related to MaineHealth to develop a network of providers that already have relationships with hospitals in the southern part of the state. Dennis King of Spring Harbor is attending meetings at all the CSN's in the southern part of the state to make this proposal. The Department does not necessarily endorse this proposal at this time.</p> <p>Dennis provided some background: MaineHealth is the parent company of Maine Medical Center and Spring Harbor. Their trustees began a year and a half ago on this plan and asked to be the gate keeper for the southern part of the state for inpatient services. They saw an increase in demand around MaineHealth, found that some people were getting stuck in the system, and saw funds were being cut back while financial demands would require them to be more efficient in providing services. They concluded they couldn't do this alone.</p> <p>Dennis provided a handout on their proposal for Maine Mental Health Partners: MaineHealth.</p> <p>Overview:</p> <ul style="list-style-type: none"> • Integrated delivery system for the MaineHealth region-CSN's 3-7 (Kennebec, Somerset, Knox, Lincoln, Sagadahoc, Waldo, Oxford, Androscoggin, Franklin, Cumberland, and York Counties) • Coordinated regional care continuum <ul style="list-style-type: none"> ○ Services delivered close to home, without ability to pay ○ Fullest possible continuum ○ Enhanced flow across continuum • Quality & cost benefits <ul style="list-style-type: none"> ○ Clinical integration ○ Access to SHH/MMC psychiatry/telepsychiatry ○ Shared services organization for economies of scale • The service area would cover the same CSN's for which Spring Harbor Hospital is the designated "safety net" psychiatric hospital. <p>Proposed Relationships:</p> <ul style="list-style-type: none"> • Contract: least organizational alignment required, but higher cost • Affiliation: greater organizational alignment required, lower cost • Membership: Maine Mental Health Partners subsidiary/best value

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	<p>Membership benefits:</p> <ul style="list-style-type: none"> • Local oversight & control—members retain their own boards, executive directors, staff, etc. • Seat on the MMHP oversight table—members may have trustees serve on MMHP’s board • Seat at the MMHP management table—Member Executive Director sits on MMHP’s Senior Management Team. • Opportunity to participate in contracting as part of an organization with over \$1 billion in assets • Part of system serving the psychiatric care needs of MaineHealth’s Inpatient Units & Emergency Departments. • Part of system that relies on step-down services for 150+ youth & adult psychiatric hospital beds • Access to MMHP’s specialty services. <p>Questions/Comments:</p> <ul style="list-style-type: none"> • Question: What is the relationship between St. Mary’s and Spring Harbor? • Answer from St. Mary’s representative: If St. Mary’s receives a patient that they can’t handle, they refer the patient to Spring Harbor. Spring Harbor may take them or they may decide to refer them to Riverview Psychiatric Center. • Question: So, a consumer has to go through Spring Harbor? • Answer: There are very few exceptions to this. • Question: Does Spring Harbor have to see the consumer? • Answer: No. A lot of times Spring Harbor will take the recommendations of the hospital into consideration. • Question: Where is this proposal going? Where are you getting the money to do this? • Answer: We aren’t receiving funds yet. This is just a proposal at this time. Spring Harbor has no partners for this yet. • Question: If this takes effect, can people go to the hospital of their choice? • Answer: There will not be any additional hospitals with psychiatric beds. Federal law requires that in an emergency, you have to be treated at the nearest ER. • Question: Why are we at this CSN listening to this? This is a responsibility of the Department. It feels odd to be listening to this. • Answer from Ron: This is the venue to air ideas like this. You’ll be hearing about another proposal at a future meeting. • Question: Can consumers as a group join this? • Answer: This is for service providers at this point. • Question: Will it cost money for an agency to join? • Answer: Yes, but we haven’t calculated what the cost would be yet. Our goal is to have the cost be less than the resulting benefits. • Question: Why has St. Mary’s not been involved in this so far? • Answer: St. Mary’s isn’t currently a member. • Question: How did you compile the list of needs? • Answer: We have done a lot of work with providers in the past. • Question: We have examples of consolidation elsewhere with mixed results. Is the time going to come where consolidation is going to happen to us? • Ron answered: One of the ways the Department had hoped to get to a more homogenous partnership was through the formation of the CSN network. The Department found that they underestimated the competitiveness among some of the partners in the CSNs. You may see something stronger than the CSN network on the horizon.

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	<ul style="list-style-type: none"> • Comment: A member stated that it was helpful to listen to this presentation. It is better than learning about it after-the-fact as with the presentation at the previous meeting from Schaller-Anderson. • Comment: A member noted that this is not a Department-sponsored proposal, but a private entity trying to create this network. Dennis responded that Spring Harbor is trying to be open about this. • Comment: A member stated that they would hate to see this group do something like this and lose local access. The idea sounds good, but it would be better if it were initiated at the local level. • Comment: A member stated that this group should consider ideas like this, especially the concepts of interdependence and economies of scale. We can't continue with business as usual. <p>If members have any further questions, they can contact Dennis King at Spring Harbor.</p>
<p>VI. Budget/Legislative Update</p>	<p>Ron reported that there was an error in the budget and none of the cuts in the supplemental budget except for the position cuts at Dorothea Dix are carried over into the 2010-11 budget. The PATH Grant was listed for \$3.3 million when it was supposed to be \$300,000. This has been corrected. There is a proposal to change Section 17 eligibility standards for community integration (CI) services by substituting GAF in place of the current LOCUS tool as GAF is a better tool. Not everyone with mental illness needs CI services.</p> <p>There is a new service opportunity. The state can pursue a 1915I amendment to the state plan. Anyone getting services through APS would continue to do so. The amendment would be a WRAP-like service. It could be used to expand the employment specialist program and PNMI alternatives. It would be available to all on the LOCUS scale.</p> <p>The budget is balanced with the expectation the federal government will cover \$92 million. All members were provided with a copy of the request the Department made to the state. That request was not included in the Governor's budget. The Department is going to remind the legislature of those needs. It would be helpful for members to also remind the legislature.</p> <p>Questions/Comments:</p> <ul style="list-style-type: none"> • Question: Is this similar to a cash-and-carry/pick-your-own service system? • Answer: Choice is a part of it, but it needs to be psychiatrically necessary. The amendment would change the use of current funds. It wouldn't be a savings of funds. However, it would provide more flexibility in how we can use the funds. • Question: There was talk about services being eliminated and now you're saying those services were spared? • Answer: I can't speak about children's services, only adult mental health. Adult mental health took big cuts for the past four years. <p>ACTION: Ron will resend a copy of the request to Grace, who did not receive it.</p>
<p>VII. Crisis Planning Update</p>	<p>Sharon initiated this agenda item reporting that as of last week, the crisis workgroup was supposed to receive a report from each CSN. One had not yet been received for this CSN. Crisis providers in each CSN need to have memorandums of understanding (MOUs) in place with hospitals and in CSNs like this one with multiple crisis providers, they also need to have MOUs in place with each other. The Department is in need of copies of these MOUs and descriptions of what crisis services will look like within the CSN. The Department also needs to know what you put in the contract and budget for</p>

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	<p>crisis services. The Department needs this information to amend the contracts with the crisis service providers. She asked the three crisis providers in this CSN to provide an update.</p> <p>TCMHS reported that they have met with the other two crisis providers and with hospitals and are working on their MOUs.</p> <p>Oxford County Mental Health Services (OCMHS) reported they already have MOUs in place with the two hospitals in the area they serve. They plan to pass around a shell MOU with TCMHS and Evergreen Behavioral Services. Overall, they do not see any structural change as needs are being met. OCMHS has some disagreement over the financial disbursement and was hoping for some increased funds to meet the needs in this CSN.</p> <p>Evergreen Behavioral Services reported that they are communicating with TCMHS and OCMHS and will try to get the information to the Department later in the week.</p> <p>Questions/Comments:</p> <ul style="list-style-type: none"> • Question: Wasn't there suppose to be a consolidation of adult and children crisis services? • Answer: Yes. That is what is happening. Adult and children in crisis come to the same service. However, a review of crisis services only covered mobile services. It does not include residential services like those provided by Turner Family Services. • Question: Will there possibly be an extension to the March 1st deadline? Answer: It's still being addressed. The current contracts may be extended to get the amendments completed by March 1st. • Comment: A member stated that they didn't see this in the integration of services. • Response: It is an integration of crisis service budgets only. The actual service provided is already combined. • Sharon reminded the crisis providers to refer to the original letters sent to them for the details of the information requested. • Request: OCMHS' representative requested that the letter be resent. • Sharon responded: The letters are being resent to crisis providers in all the CSNs this week.
VIII. Consumer Council Update	<p>The region 2 statewide meeting was held recently. There was a discussion about the suicide at the Kennebec County Jail and the planned candlelight vigil to be held for that person. Don Chamberlain and Leticia Huttman of DHHS-OAMHS attended the meeting. There was a discussion about more mobilization of crisis services. Those who attended found the discussion uplifting.</p>
IX. Wrap Funds Proposal	<p>Sharon reported that she has asked Sweetser if they would be willing to handle the funds in this CSN through the end of June. Sweetser already handles WRAP funds in CSN 4. They have a three-member board to review requests once a week. Members of the board include one representative from Sweetser, a consumer and a representative of OAMHS. The maximum request is \$500. Wrap funds will cover less than they use to. It is to be used for such expenses as a security deposit, heating fuel, utilities, or other urgent needs as decided by the committee. In the case of utilities, there must be a disconnection notice in order to use the funds. Consumers do not need to be connected to the agency that hosts the funds in order to access the funds. Sweetser has not yet agreed to handle these funds for this CSN. If another agency would like to host the funds, please contact Sharon.</p>

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	<p>Questions/Comments:</p> <ul style="list-style-type: none"> • Question: Can funds be accessed right now? • Answer: No. The previous contract ended in December. Until a host agency is found, there is no access to these funds. • Question: How much money are we talking about? TCMHS has asked in the past and was never told the amount. This is one of the reasons they did not volunteer to continue hosting the fund. • Sharon answered: She did not realize that the amount was never sent out to members. She will send out the figure to CSN members. • Comment: A member warned that the outcome of this plan is that it will be more difficult to access and obtain funds. This system will also be slower than the system that had previously been in place. Please account for this delay if you should attempt to access the funds. Sharon responded that what funds can be used for has been narrowed because there are now a lot less funds available for WRAP. <p>ACTION: Sharon will send out the amount of WRAP funds available in CSN 5 to CSN members this week.</p>
X. Psychiatric Consultation	<p>A handout was passed out to members present about this program. Ron explained that 55% to 60% of MaineCare psychiatric drugs are being prescribed by primary care physicians (PCPs). The Department contracted with the Maine Association of Psychiatric Physicians to provide this voluntary consultation service to PCPs. Under the contract, the Department is providing a small administrative fee to run the program.</p> <p>Questions/Comments:</p> <ul style="list-style-type: none"> • Question: Does this just cover MaineCare patients? • Answer: At this point, yes, it covers just MaineCare patients. • Comment: The integration is important, but psychiatrists need to get paid for their services and there is a liability here. • Ron responded: This is a good topic to bring up with Dr. Gressitt when he attends a future CSN meeting. • Comment: This is a good first step for some who might be intimidated going to a psychiatrist, but feel comfortable going to their PCP.
XI. Other	<p>GRANT FUNDS</p> <ul style="list-style-type: none"> • Question: Why was the availability of grant funds frozen? • Answer: If a client has been approved through APS, they will continue to receive services. For everyone else, please complete the CSR forms to create a waiting list. Should more funds become available, they will go to those on the waiting list first. • Question: As TCMHS has the only ACT Team in this CSN, if they discharge someone, could they bring someone else in? • Answer from Sharon: She will look into this. • Question: Another member stated that they have someone who had been on MaineCare, but lost it. Now their agency can't be reimbursed for services to that client. • Sharon responded: The agency can submit to the Department for a waiver.

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	<p>Ron reported that there is less money now. The Department had to cut \$350,000 in the curtailment and the Class Member definition has been expanded, so we are providing services to more people with less money.</p> <p>ACTION: Sharon will look into TCMHS' question and get them an answer.</p> <p>APRIL MEETING The April meeting was original scheduled for April 20, which is Patriot's Day, a state holiday. Sharon asked the group if the meeting could be reschedule to the following Monday, April 27. Members present agreed to the date change for April.</p>
XII. Public Comment	There were no public comments.
XIII. Meeting Recap and Agenda for Next Meeting	<p>March Agenda Items</p> <ul style="list-style-type: none"> Feedback on OAMHS Communications Employment Budget update Consumer Council update Review of the Unmet Needs Report <p>Next meeting scheduled for Monday, March 16.</p>