

**Community Service Network 5 Meeting
DHHS Offices, Lewiston
March 16, 2009**

DRAFT Minutes

Members Present:

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| <ul style="list-style-type: none"> • Alternative Services, Inc., Kim Lane • Common Ties Mental Health, Craig Phillips • Common Ties Mental Health, Ray Benjamin • Community Correctional Alternatives, Bill Tanner | <ul style="list-style-type: none"> • Consumer Council, Stephanie Crystal • Wolfstone-Francis • ESM, John Carroll • Evergreen Behavioral Svcs/Franklin Hospital, April Guagenti • Friends Together, June Watson | <ul style="list-style-type: none"> • Lutheran Community Services, Scott Morrison • Peer Center 100 Pine Street (Common Ties), Dale (Grace) McDonald • Riverview Psychiatric Center, Lauret Crommett • St. Mary's/Sisters of Charity Health, Tom Vurgason • Tri-County Mental Health Services, Chris Copeland |
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Members Absent:

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| <ul style="list-style-type: none"> • Androscoggin Home Care & Hospice • Beacon House Social Club • Bridgton Hospital • Central Maine Medical Center | <ul style="list-style-type: none"> • Community Concepts (Excused) • Oxford County Mental Health (Excused) • Possibilities Counseling • RM-Transitions Counseling, Inc. | <ul style="list-style-type: none"> • Rumford Hospital • Spring Harbor Hospital • Stephens Memorial Hospital • Sweetser |
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Alternates/Others present:

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| <ul style="list-style-type: none"> • Evergreen Behavioral Svcs/Franklin Hospital, Dalene Sinskie | <ul style="list-style-type: none"> • Lutheran Community Services, Heather Bingelis | <ul style="list-style-type: none"> • COSII, Claudia Bepko |
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Staff Present:

- **DHHS-OAMHS:** Ron Welch, Sharon Arsenault, and Cindy McPherson **Muskie:** Scott Bernier

Agenda Item	Discussion
I. Welcome and Introductions	Sharon welcomed participants; introductions followed.
II. Review and Approval of Minutes	January minutes were accepted as written.
III. Feedback on OAMHS Communications	<p>Questions/Comments:</p> <ul style="list-style-type: none"> • Question: Can you provide us with more information in regards to the training email sent out this past week? • Answer: Sharon sent out training notice on Friday to all Region II agencies. The trainings are on Daily Supports and how to better document services in APS Healthcare. The trainings will be held in Rockland, Lewiston and Augusta. If more are needed, more may be held later. • Question: The training announcement mentions two sessions in one day. Do you need to attend both or just one or the other. • Answer: It is the same training twice. Those who attend only need to attend one session. • Question: How many can attend a session? • Answer: 50. • Question: Whom was it sent to? • Answer: It was sent to those who were listed as the clinical directors within the APS system. • Comment: As an MHSS trainer, it would be helpful to translate this into the MHSS curriculum, as it is something that new workers should know about. Perhaps DHHS can discuss this with Muskie. • Comment: This would be helpful to case managers to understand what is needed in the ISP.

Agenda Item	Discussion
IV. Co-Occurring Report	<p>Sharon introduced Claudia Bepko. Claudia reported on the five-year grant-funded work on Co-Occurring State Integration Initiative (COSII) and provided a handout about the grant and work overseen by the Co-Occurring Collaborative of Southern Maine (CCSME).</p> <ul style="list-style-type: none"> • The grant is a five-year federal project funded by SAMHSA through the Maine Office of Substance Abuse. Its goal is to help the state to develop infrastructure that will make it possible for providers to offer integrated, co-occurring treatment services. • The grant focuses on areas of State government and policy that include Licensing, Reimbursement, Screening and Assessment, Workforce Development and Data Development. • It funds 9 agency pilot sites to implement new co-occurring approaches over three years of the grant and work with many more agencies to develop and enhance their services. • The initial three years are followed by two years of evaluation activities. • This is the final year of the grant. • The grant enabled CCSME to help pilot agencies change their infrastructure to provide services • Through the grant, CCSME worked with license regulations to alter substance abuse licensure to include integration language • The grant has helped them push for universal drug screening within the pilot agencies. • Agencies were used as pilot programs to help determine how to make those mental health agencies more integrated. • The tools created by the work will soon be available on a new website that will go live in a couple of months. • The grant has a very active consumer group. The group put together a booklet of helpful information for consumers. Copies were passed out to attendees. <p>Claudia asked the two Common Ties representatives to talk about the work their agency has done as a pilot site. She noted that Common Ties had made the most changes among the pilot sites.</p> <ul style="list-style-type: none"> • Common Ties hasn't been a pilot site for a few years, but they continue to use integration practices. • They made a top-to-bottom effort to get all employees within the agency involved. • The program provided to them was well organized and provided a lot of tools they could use. • They found the dual diagnosis capability tool very useful. • It increased their awareness of co-occurring disorders and helped them in how they approach consumers. • They formed a focus group of consumers and continue to use them for feedback. • When the opportunity came available to be a pilot program, they jumped on it for it felt like a good fit with some of the things they were already doing. As they got into it, they realized they had a longer way to go to being an integrated agency than they thought. They changed a lot of beliefs and made other changes in the agency from policy to job interviews/descriptions to intake process to training. • Prior to this program, their agency offered only case management services. • They recommend that other pilot sites should involve everyone in the agency right from the start. • They made a lot of changes and progress. They continue to test potential changes on small groups before doing change agency-wide. It is an ongoing process. <p>Claudia informed members that she may be contacted if they have more questions or want more information. There will be a training meeting for Region II on May 17 9-11am at the DHHS Office at 41 Anthony Way in Augusta. It will provide technical assistance for all non-pilot agencies.</p>

Agenda Item	Discussion
	<p>Questions/Comments (Questions addressed to and answered by Claudia unless noted):</p> <ul style="list-style-type: none"> • Question: Will this also lead to an integration of treatment for physical disability with treatment for mental health and substance abuse? • Answer: Absolutely. CCSME is currently working on other grants that will integrate physical disabilities into treatment along with cognitive disabilities, etc. • Question: In the handout under Advance Level Practitioner, what does Level 1 mean? Do people no longer need two licenses to provide services? • Answer: As an integrated agency, someone with just a mental health license can tell the client about how substance abuse affects mental health. The idea is to not increase the cost of treatment. • Question: Do you see that going both ways? • Answer: Yes. A substance abuse counselor can't diagnose, but they can talk about mental health. They can refer client to mental health services and collaborate with the mental health provider. • Question: Has there been policy change to support this yet? • Answer: No, it isn't in MaineCare billing yet. We are still working on it. • Comment: I am amazed by this booklet the consumer group put together. I have shared this with my day support group. They did a great job. • Comment: The criminal justice system is referenced in the handout. Our agency works with many on probation and with probation officers, who lack an empathy toward co-occurring disorders. As a provider, we spend a lot of time educating them on how mental health behaviors drive substance abuse. • Response: There are several projects going on in this area to help people understand how all these issues interact together. I know that Steve Sharrets of DHHS is working on co-occurring issues. • Question to Common Ties: When you were using the consumer focus group, was it just consumers from Common Ties or did you also use consumers from other agencies? • Answer from Common Ties: Just those at Common ties. We were required to do interviewing of those involved as part of the pilot project. • Question to Common Ties: Do you have any plans to expand to other consumers? • Answer from Claudia: We are hoping to survey consumers at all agencies • Response from Ron: We are working on a different pilot to look at consumer outcomes. Within the tool there are a series of co-occurring questions. We hope to start the pilot in late summer or early fall. • Comment: As an advocate, I'm stunned talking to those with substance abuse who don't know they have a mental health issue because they don't want that label. • Comment: Professional requirements for substance abuse counselors did not have a mental health requirement until recently. • Question: Are you going to offer the technical assistance trainings in jails? • Answer: We will offer some. • Question: Are these trainings just for agencies? • Answer: Yes. • Question: Can an individual join CCSME? • Answer: Yes

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V. Employment	<p>The report from Common Ties was deferred to Tri-County Mental Health, which is currently hosting the employment specialist. The report is tabled until next month.</p> <p>Questions/Comments:</p> <ul style="list-style-type: none"> • Question: Is there any expansion of this program? • Answer: It is being discussed, but nothing concrete yet. • Response from Ron: We are close to an agreement for the employment specialist to provide some availability for non-host agency providers.
VI. Crisis Planning Update	<p>The representatives from Evergreen Behavioral Services and Tri-County Mental Health Services reported:</p> <ul style="list-style-type: none"> • MOU's are in place • There are still some question on psychiatric back-up coverage • The only glitch they have encountered is with 911 dispatch. Dispatch will not allow calls to go straight to crisis. They are willing to work with the crisis agencies, but will not allow these calls to go through. <p>Sharon reported that the Department is starting to review plans to see what is there and what is missing. They plan to make appointments with each crisis agency to discuss this and any potential clarifications that may be needed.</p> <p>Questions/Comments:</p> <ul style="list-style-type: none"> • Comment from Sharon: WCPA (Washington County Psychotherapy Association) has worked with their 911 dispatch with success. Perhaps you can contact them. • Question: What was the expectation around 911 in crisis plan/MOUs? • Answer: To bump the call directly to crisis. • Response: However, 911 dispatch for this area will not do that. • Question: What crisis planning are we talking about? What was it before compared to now? • Answer: Crisis services have put together plans to collaborate together. • Question: I don't see how this is being managed. • Answer: There is a small group including consumers that have worked on this. • Question: Is there a roll for the CSN in this too? • Answer: Not at this point • Comment from TCMHS' Representative: You are not going to see a lot of change. It's more behind-the-scenes stuff as we were already meeting most of the requirements. • Question: If crisis is being moved into the home... • Answer: No, we're not moving it into the homes, but we do need to move the majority of crisis services out of the emergency room. • Comment from Ron: It would be better to ask questions like this after the crisis agencies have a chance to make a presentation at a future CSN meeting. • Question: What is the time frame to present it? • Answer: The completion date of the reviews is the end of April. So, the presentation will probably take place at the May meeting.

Agenda Item	Discussion
VII. Consumer Council Update	<p>Consumer council members present reported. Consumers presented testimony at the legislature on PNMI's around the issue of no more bed hold days. They also testified in regards to Medicaid rule changes around waivers and housing.</p> <p>At the statewide consumer council meeting, the report from OAMHS' budget was discussed. The consent decree was discussed. The council has formed several committees.</p> <p>At the local level, the issue is how to bring in other consumers to the meeting. The group plans to hold a pot luck meal/informal forum for consumers. An issue that has been brought up is that if someone misses three appointments around a service, they can't get that service anymore. The consumer who raised this concern with the local council didn't state which agency was involved. Transportation to services/meetings remains an issue. Unmet needs report doesn't always seem to match what is reported by consumers attending the council meetings.</p> <p>Questions/Comments:</p> <ul style="list-style-type: none"> • Comment: Our agency doesn't do this. • Comment from Sharon: If you encounter an issue like this again, you can give them Cindy McPherson's contact information. • Question: Are regional meetings going to be restarted in areas without local meetings? • Answer: I do not know. • Comment: I'm concerned that the Consumer Council got money to start these groups, but they aren't happening in places like Franklin County. • Response: I will bring this up at the local council meeting next week. • Question directed at TCMHS: On your consumer advisory team, is that still just for your agency? • Answer: the original purpose of the team was to examine the impact of our services. It is now starting to work with area dentists and primary care providers.
VIII. Legislative Update	<p>Ron reported. Meetings are being held tomorrow (March 17) on the following:</p> <ul style="list-style-type: none"> • To discuss changing Gap Score in Section 17 to LOCUS. • To discuss moving 128 people from scattered site PNMI's to other funding streams. It will save money. It's for people in apartment settings with 24 hour personnel. No one in a scattered site setting will know the difference • Move to standardize shared percentage of income for PNMI's to 80%. <p>In regards to the consent decree, we had suggested Richard Frank, an MH economist at Harvard, as the court monitor. We were not successful. However, all at the latest consent decree hearing agreed the highest need right now is for BRAP/housing money. There will be a hearing on this tomorrow (March 17). Judge Anthony Mark Horton is taking over the consent decree from Nancy Mills, who is now the attorney general. The first meeting with the new judge will be on March 27.</p> <p>Questions/Comments:</p> <ul style="list-style-type: none"> • Question: The 80% mentioned under PNMI. Is that 80% of a resident's income that goes to rent? • Answer: Yes

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	<ul style="list-style-type: none"> • Comment: I attended a local group meeting. The group wants to limit public housing. I see a clash coming between them and DHHS. • Response: What good is treatment if you don't have a place to live? • Question: Will this new plan make more people eligible for housing? • Answer: It will provide more housing vouchers.
IX. APS Healthcare	<p>APS's report was provided to all who attended. Ron pointed out that the report was self-explanatory.</p> <p>Questions/Comments:</p> <ul style="list-style-type: none"> • Comment: I appreciate the Department's and APS's process to look at and resolve issues with their system.
X. Other	<p>CONTRACT REVIEWS</p> <p>Sharon reported that providers of Section 17 and/or PNMI have been contacted to do contract reviews. There have been some agencies that have not been attending CSN meetings who are suppose to attend. This will be discussed at the reviews. The Department is looking at critical incident reports. They are getting hardly any reports from some agencies and many from other agencies. At these reviews what agencies are doing well and what they need to improve upon will also be discussed. Those agencies with PNMI's will have a two hour meeting rather than a one hour meeting. The extra time will be used to come up with a staffing pattern for the agency's PNMI sites. The goal is to reduce confusion and have this in the agreement at the beginning.</p> <p>Questions/Comments:</p> <ul style="list-style-type: none"> • Question: Is there anything in the works on next year's contracts that you would like to share with us? • Answer from Ron: There is no new money next year. However, last fall, we assembled a group of providers and consumers to look at consumer outcomes. Kennebec Behavioral Health (KBH) has a system that we're discussing about using system-wide. It looks at how services impact those they serve. The assessment tool can be downloaded onto a PDA. It can be done anywhere and is user friendly. KBH uses it to see if services provided are working. • Question: Are you looking for pilot agencies? • Answer: Yes • Comment: Both CCA & ESM indicated they would be interested to be pilots for this program. • Question: I'm excited by the outcomes proposal. Will you shift it to recovery based? • Answer: We're coupling it to an assessment that speaks of recovery. • Question: We use a different tool to do this. Should we stop using it? • Answer: No, that would be premature at this time. Let's see what the pilot program reveals before we take next steps. • Question: Are there any plans to hire anyone else in the accounting office to get checks out for the same month they are suppose to be for? Due to the delays our agency is behind on bill payments. • Answer: All we can do is track it down. I wish this was simple. Checks are issued by a separate state department. • Comment: You're not the only one who is behind on receiving payment.

Agenda Item	Discussion
	<p>WRAP FUNDS</p> <p>Sharon reported that Tri-County Mental Health Services has agreed to handle wrap funds for this CSN. They will have a three member committee to review requests. One member will be from TCMHS, one member will be a consumer, and the final member will be from DHHS. Funds should be in place by the end of the month. TCMHS will send out notice as soon as funds are available.</p> <p>Questions/comments:</p> <ul style="list-style-type: none"> • Question: Can people walk in off the street and access these funds? • Answer: They need to be Section 17 eligible to access the Wrap funds. • Question: Who determines eligibility for those who walk in off the street? What proof do they need? • Answer: They need to have received services in the past year or have a diagnosis. • Comment from Sharon: This is a small amount of money we're discussing. It is to be used for only a few very specific things. It will be spent quickly. • Question: Will there be a report on how these funds are used? • Answer: It can only be used for real specific things. Due to the administrative burden, there won't be a lot of reports on it. • Comment: The Consumer Council is concerned about access to the funds and the rule change to access the funds. • Comment: People with agencies have an advocate to help them access the funds. • Comment: I'm thankful that TCMHS has agreed to take over the program.
XI. Public Comment	There was no public comment.
XII. Meeting Recap and Agenda for Next Meeting	<p>April Agenda Items</p> <p>Feedback on OAMHS Communications Employment Report from Tri-County Mental Health Services on the employment initiative Budget update Consumer Council update</p> <p>Next meeting is scheduled for Monday, April 27</p>