

**Community Service Network 5 Meeting
DHHS Offices, Lewiston
May 18, 2009**

Minutes

Members Present:

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| <ul style="list-style-type: none"> • Alternative Services, Inc., Kim Lane • Consumer Council, Stephanie Crystal Wolfstone-Francis • Evergreen Behavioral Svcs/Franklin Hospital, April Guagenti | <ul style="list-style-type: none"> • Evergreen Behavioral Svcs/Franklin Hospital, Dalene Sinskie • Friends Together, June Watson • Lutheran Community Services, Scott Morrison • Oxford County Mental Health, Ron McHugh | <ul style="list-style-type: none"> • Peer Center 100 Pine Street (Common Ties), Dale (Grace) MacDonald • Riverview Psychiatric Center, Lauret Crommett • Sweetser, Roger Wentworth • 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 |
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Alternates/Others present:

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| <ul style="list-style-type: none"> • Lutheran Community Services, Heather Bingelis • Maine Medical Center-ESN, Angela Desroches | <ul style="list-style-type: none"> • Merrymeeting Behavioral Services, Samantha Stancil • Oxford County Mental Health, Marylena Chaisson | <ul style="list-style-type: none"> • Possibilities Counseling, Kate Marble |
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Staff Present:

- **DHHS-OAMHS:** Ron Welch, Sharon Arsenault, Don Chamberland, Leticia Huttman, and Cindy McPherson. **DHHS-QIS:** Karen Glew. **Muskie:** Scott Bernier

Agenda Item	Discussion
I. Welcome and Introductions	Sharon welcomed participants; introductions followed.
II. Review and Approval of Minutes	Correction: Dale (Grace) MacDonald has an "a" between M & c in his last name. Minutes were accepted with this correction.
III. Feedback on OAMHS Communications	There was no feedback.
IV. Employment Report	<p>Angela provided a pie chart and report handout on her activities for the past month.</p> <ul style="list-style-type: none"> • She is currently working with 25 clients. • She is now taking clients from other agencies. • If a consumer wishes to access her services, they need to fill out the "Need for Change" scale. <p>Questions/Comments:</p> <ul style="list-style-type: none"> • Question: Your pie chart does not add up to 100%. Are there overlaps? • Answer: Yes. Some people can be doing more than one thing. As such, those people will be counted more than once. • Question: How are you getting the information out to other agencies including those in Lewiston/Auburn?

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	<ul style="list-style-type: none"> • Answer: She does what she can to distribute the information. • Question: What is the criteria case managers use to talk to consumers about this service? • Answer: The “Need for Change” scale. The consumer needs to show an interest in seeking employment. • Question: What is your caseload limit? • Answer: 25 people. • Comment: Better communications with various groups would help get the word out on your services.
V. Consumer Council Update	<p>Statewide Consumer Council Update:</p> <ul style="list-style-type: none"> • Those at the last meeting did not complete the entire agenda, as there were more agenda items than time. • Updates were provided on outreach • There is a plan to hold regional meetings • There was a discussion on the LD1360 legislative report. • The group discussed the search for a new superintendant for Riverview Psychiatric Center • Leticia Huttman did a presentation. • They discussed the NAMI report card. While the average score across the USA was a D, Maine scored a B, which was one of the highest scores in the nation. • Several committees are forming. • Maine Mental Health Partners has been asked to attend the June meeting. <p>Local Consumer Council Update:</p> <ul style="list-style-type: none"> • The local council is looking for more consumers. Other local councils are having the same problem. • The local council has proposed having the state send a brief information page to all consumers in regards to local consumer council meetings. • The next meeting will be May 27, 10am to noon at the B Street Community Center. <p>Questions/Comments:</p> <ul style="list-style-type: none"> • Question: Why would the state send the letter? Isn't that the job of the consumer council? • Answer: We don't have the addresses. • Comment: That's still confidential information. • Response: We may go through AIN and have them send it for us to their members.
VI. CSN Discussion	<p>Sharon introduced this agenda item. She asked that all members present please turn in the “CSN Suggestions for Future Meetings” form before they leave the meeting. Sharon also referred attendees to the handout that explains the mission and purpose of the CSNs. Sharon stated that numerous people in several CSNs have questioned the effectiveness of the CSNs. All CSNs are discussing this.</p> <p>ACTION: The Department will review the suggestions provided and report back to all CSNs next month.</p> <p>Ron added that it's fair to recognize that when the CSNs were formed in 2006, it was designed without field testing. The Department didn't know if it would work. Any suggested changes will need to go through the court master before they can be implemented.</p> <p>Sharon asked the group to provide suggestions on their likes and dislikes.</p>

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	<p>Likes:</p> <ul style="list-style-type: none"> • The meetings are appreciated. It enables communications with others. • The meetings enable networking with other perspectives presented. • Face-to-face discussions with OAMHS representatives are appreciated. • Consumers are being allowed to be involved. <p>Dislikes/Suggested Changes:</p> <ul style="list-style-type: none"> • We could all benefit from all making presentations on what services their agency provides. • Use of actual data to make policy decisions can be improved. • Most of the meetings seem to be about clinical services. We're not seeing an improvement in peer services. Other CSNs are expanding peer services. • There are several meetings that go on other than the CSN meetings. For example: CLASS, psychiatrists meetings, etc. The message being delivered seems different among the various groups. The message/communication needs to be the same to all groups. • It doesn't look like all attendees are on the same page. Why does this group meet when it's only an advisory group? • Meetings need to be more issues based for this area. <p>Format for future meetings:</p> <ul style="list-style-type: none"> • Suggestions from other CSN meetings include: <ul style="list-style-type: none"> ○ Hold a monthly conference call. ○ Get information out ASAP rather than wait for the meeting. ○ Meet quarterly with smaller groups meeting monthly. • Let's meet quarterly face-to-face and use the time better. Get info out electronically. • Online meeting would be alright, except not everyone is computer literate. • If the group meets via teleconference, need to remind attendees to state their name before they start talking. • Quality is more important than quantity. Would also like to see local sections only if Department works with the groups that are formed. For example, transportation group.
VII. Outcome Discussion	<p>Ron introduced this agenda item. DHHS has spent time and energy on every type of measurement except how the Department is improving the lives of consumers.</p> <p>Leticia added that the Department doesn't have good tools to measure outcomes. With the help of Karen Glew, the Department looked at about 50 different tools. This was narrowed to 4 tools. Letters were sent to agencies asking if they were using any specific tools that measure outcomes. An ad Hoc group met to look at these tools. A packet of tools was created.</p> <p>Karen Glew provided two handouts and referred attendees to the handouts.</p> <ul style="list-style-type: none"> • The process started in early 2008 to discuss measuring outcomes at an individual level. • Wanted a tool kit that had credibility. Need to know the tools have been reviewed and can be used at the system level. • 50 tools were researched. Those were filtered down to 4 tools. A memo was sent to stakeholders to see if other tools should also be considered. • The four tools and others that were suggested were reviewed over several months.

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	<ul style="list-style-type: none"> • QIS settled on OQ Measures Toolkit, which contains 3 tools in one. More info on this toolkit can be found at: http://www.oqmeasures.com/site/ • Data reporting is in real time using PDAs. Graphs are produced immediately showing a clients progress towards recovery. • The pilot will be to determine who the tools are working for. It will begin in October, 2009. • Three providers will be in the pilot program. Only one has been named so far, Kennebec Behavioral Health, which has used this tool. <p>Questions/Comments:</p> <ul style="list-style-type: none"> • Question: How can you graph people's problems? • Answer: That will be address this in the trainings. The case manager's role is still very important. Data is not the treatment. • Question: Has this been used with case managers? • Answer: Yes • Question: I'm concerned by some of these questions. Do you have a "fail safe" for non-mental health questions? • Answer: Karen doesn't have an answer for this. She would have to ask OQI about it. • Question: Is this a diagnostic tool? • Answer: No, it is more of a well-being tool. • Question: Is this something that agencies will be required to use? • Answer: At this point, it is only a pilot program. It provides opportunities between the client and the case worker to talk more about the client's treatment and if it is working. • Additional from Ron: If the pilot works, it would be rolled out across the state. Training would have to count as billable time for that to happen. • Comment: Some of us will need to be convinced this is based on behavioral health. Some of the questions here could be viewed as negative. I'm not sure this is the right set of questions. • Response: The group struggled with this. Some stakeholders also were concerned with some of the questions. Some of the other tools were extremely negatively worded. • Comment: I'm concerned that you have a managed care company (APS) at the table as you work on this. • Response: Their role, if any, has yet to be determined. • Question: Are any agencies using this? • Answer: Kennebec Behavioral Health is using it in their outpatient department. • Question: Will you use an agency with a high immigrant population? • Answer: It has been thought about. • Response from Ron: Children's mental health is also interested in this. • Comment: The questions in the handout are not associated with recovery. • Response: Recovery questions aren't in this handout. • Question: Looking at this, it is going to take a lot longer than the five minutes proposed. • Answer: That will be looked at during the pilot. There are two different surveys. One with 30 questions, the other with 45 questions. The shorter one was developed over concern about the time to complete the longer one. Yet the state that requested the shorter one is now using the longer one. <p>ACTION: Karen will send out the recovery questions.</p>

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VIII. Legislative Update	<p>Ron reported that there is nothing in the latest round of cuts that directly affects OAMHS. However, if the legislature doesn't act soon and pass a budget, OAMHS will run out of money. Please talk with your legislative representatives.</p> <p>Question/Comments:</p> <ul style="list-style-type: none"> • Question: So we may not get paid again until July? • Answer: That is correct. • Comment: We aren't allowed to charge the state for our cost of having to borrow money to get by until we get state payments. It's going to be a tipping point for some agencies. Our agency has had to do some significant cost savings measures. How can the state expect us to provide high quality services as our people are under so much stress over this? • Response: It's all of Maine State Government that is affected by this, not just OAMHS.
IX. Other	<p>CRISIS SERVICES PRESENTATION</p> <p>A handout was provided to those present. The three crisis providers in this CSN (Tri-County Mental Health, Oxford County Mental Health and Evergreen Behavioral) met over several months in response to a request from the Department to combine the three set of procedures in use into one set for all three agencies. All three agencies have also committed to joint training of staff on the new combined procedures. The group found there were more similarities among the three programs then they thought at first. Please review the handout and provide feedback in June.</p> <p>Questions/Comments:</p> <ul style="list-style-type: none"> • Comment: In regards to the summary sheet, I thought that peer services were going to be in the emergency rooms. • Response: It's not in the requirements to have peer services in the emergency rooms. • Comment: Lewiston Police refuse to take people to Central Maine Medical Center • Response: TCMHS held a training with Lewiston Police last week. Hopefully, things will improve. • Question: Is the CIT training just for professionals or can consumers also attend? • Answer: Consumers are involved with the training. • Comment from Don: It would be useful to have the telephone link directly between crisis provider and the warm line. • Response from an attendee: Our receptionist can transfer calls directly to my cell phone, so it should be possible for the crisis provider and the warm line to link up in this way. <p>WRAPAROUND COMMITTEE REPORT</p> <p>Four requests for funds have been approved. Wraparound fund applications will be available at the June meeting.</p> <p>OTHER QUESTIONS/COMMENTS:</p> <ul style="list-style-type: none"> • Question: Is ACT Team going to a daily billing rate as of July 1? • Answer: Correct. It's not been finalized. The driver behind the change is the switch-over to the new system.
X. Public Comment	There was no public comment.
XI. Meeting Recap and Agenda for Next Meeting	<p>June Agenda Items</p> <p>Crisis Services Wraparound Funds</p> <p>Next meeting is scheduled for Monday, June 15</p>