

**Community Service Network 6 Meeting  
DHHS Office, 161 Marginal Way, Portland, Maine  
February 16, 2007**

**Approved Minutes**

**Members Present:**

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"> <li>• David Bouthilette, AIN</li> <li>• Peter Driscoll, Amistad</li> <li>• Don Harden, Catholic Charities</li> <li>• Kitty Purington, Community Counseling Center</li> <li>• Lois Jones, CSI</li> <li>• Susan Percy, Creative Work Systems</li> <li>• Phoebe Prosky, Freeport Counseling</li> <li>• Michelle Belhumeur, Gorham House</li> <li>• Joe Everett, Ingraham</li> </ul> | <ul style="list-style-type: none"> <li>• Burma Wilkins, Mercy Hospital</li> <li>• Pam Dyer, Mid Coast Hospital</li> <li>• Christine McKenzie, MMC Voc Services</li> <li>• Jennifer Tingley Prince, NOE</li> <li>• Susan Boisvert, Parkview Adventist Medical Ctr</li> <li>• Michael Faust, PSL-Services</li> <li>• Donna Yellen, Preble Street</li> <li>• Jamie Morrill, Riverview Psychiatric Center</li> <li>• Joe Brannigan, Shalom House Inc.</li> </ul> | <ul style="list-style-type: none"> <li>• Holly Hathaway, Smart Child &amp; Family Service</li> <li>• Mary Jane Krebs, Spring Harbor/MMC</li> <li>• Roger Wentworth, Sweetser</li> <li>• Charlotte Simpson, Sweetser Peer Center</li> <li>• Christine Holler, Transition Planning Group</li> <li>• Karen Evans, Transition Planning Group</li> <li>• Margaret Steward, Transitions Counseling</li> <li>• Nancy Ives, VOA</li> <li>• Julia Riley, Youth Alternatives</li> </ul> |
|---|--|---|

**Members Absent:**

- |   |   |  |
|---|---|--|
| <ul style="list-style-type: none"> <li>• Carolyn Holbrook, Casco Bay Mental Health</li> <li>• Michael Pescatello, First Atlantic/Hawthorne House</li> <li>• Food Addiction Chem Dependency Consultants</li> </ul> | <ul style="list-style-type: none"> <li>• Glenn Shelton, Goodwill Industries</li> <li>• Gouzie Associates</li> <li>• Healthy Perspectives</li> <li>• New England Rehab Hospital of Portland</li> </ul> | <ul style="list-style-type: none"> <li>• Dana Manel, Possibilities Counseling</li> <li>• Catherine Snow, Spurwink/Portland Help Center</li> <li>• Regional Transportation Program, Inc.</li> <li>• Work Opportunities Unlimited</li> </ul> |
|---|---|--|

**Alternates/Others present:**

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"> <li>• Dee Clarke, CCSM</li> <li>• Emily Garland, Ingraham</li> </ul> | <ul style="list-style-type: none"> <li>• Sharon Greenleaf, NOE</li> <li>• Cindy Fagan, Sweetser</li> </ul> | <ul style="list-style-type: none"> <li>• Wayne Barter, VOA</li> </ul> |
|---|--|---|

**Staff present:** DHHS/OAMHS: Ron Welch, Don Chamberlain, Carlton Lewis, Kelly Staples. Muskie School: Elaine Ecker, Janice Daley, Sandra Hobbs.

Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Carlton opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	The minutes were approved as written.
III. Review Meeting Guidelines	Carlton 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.  A member mentioned a communication problem, i.e. not receiving meeting notices and materials (via US mail) in a timely way.
IV. Consumer Council System of Maine	Dee Clarke, the Consumer Council System of Maine Outreach Worker for Region I, introduced herself to the group and explained her role and mission in promoting the development of the new Consumer Council System. She expressed her enthusiasm for this movement and belief that the time is right for a meaningful and effective consumer voice to influence mental health services and issues on the State and local levels. She encouraged provider members to think of ways to host/encourage meeting and informational opportunities with consumers for which they provide services, and assured she would be in contact with members to assist in her efforts to:

Agenda Item	Presentation, Discussion
	<ul style="list-style-type: none"> <li>• Recruit consumer participation in and educate consumers about the council system</li> <li>• Inform consumers about the Regional Conference, May 10, at Verillo's in Portland</li> <li>• Meet one-on-one, in small group gatherings, or present to larger groups of consumers</li> </ul> <p><b>ACTION:</b> Elaine will provide Dee with contact information for all members of CSN 6.</p>
V. Peer Services, Part II	<p>Preceding the discussion on Peer Services, 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"> <li>• Population from Bridgton area moved from CSN 6 to CSN 5, where most receive services</li> <li>• Estimated SMI population broken down by age groups: 18-61 and 62 and over</li> </ul> <p><u>Adult Mental Health Services MaineCare Data (2004-2006 Statewide)</u></p> <ul style="list-style-type: none"> <li>• Skills Development category, which also includes Daily Living Skills, represents 2<sup>nd</sup> highest per person cost, serving fewer clients—more intense services provided?</li> <li>• All categories, except Residential, will be considered in rate standardization, currently pending.</li> <li>• OAMHS will try to get statewide data broken down by CSN.</li> </ul> <p>Comments:</p> <ul style="list-style-type: none"> <li>• Would like to see national benchmarks of what is spent per person.</li> <li>• Why is the per-person funding for peer services based on population estimates (SMI 5.4%), rather than the actual number of people like MaineCare services are?</li> <li>• Data is not available in the same way presently for peer services, though the goal is to have actual numbers. One major issue is that utilization is not counted in a standard way by all peer centers and social clubs.</li> <li>• Some of the services have specific, defined, and exclusive population criteria. Peer services is more inclusive—would have to take that into consideration in comparing data.</li> </ul> <p><b>Peer Services, Part II</b> Members received revised Peer Services funding information, recalculated after shifting Bridgton area population from CSN 6 to CSN 5 (where most receive services). This population shift increased the per-person funding for peer services in CSN 6 from \$50 to \$53. CSN 2 and CSN 4 receive the lowest per-person funding, at \$9 and \$17, respectively.</p> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• Using the 5.4% could be misleading, as actual SMI population could be greater in this area due to people moving here for services. Concentration may be well above 5.4%.</li> <li>• Should consider that costs differ in different areas, e.g. rent in Portland area is higher than many other areas, and the services offered differ as well. Looking just at costs gives a shallow picture and invites acrimony.</li> <li>• We need to compare apples to apples, so encourage for standardization and refinement of data.</li> <li>• What are outcomes and expectations, return on investment?</li> <li>• Would like to see breakdown of costs—building, staff, etc., to make comparisons.</li> </ul>

Agenda Item	Presentation, Discussion
	<p><u>Amistad</u>  Peter Driscoll provided a review of Amistad's program, and distributed copies of their new brochure and informational materials. Highlights:</p> <ul style="list-style-type: none"> <li>• Created in 1982 by family members, incorporated in 1996.</li> <li>• Serves about 140 people per day for varying purposes and lengths of stay—some stay all day, some for lunch, shower, recovery class, to get bus pass, etc.</li> <li>• State dollar cost: \$7.44 per visit.</li> <li>• See approximately 400 different people per quarter.</li> <li>• Annual satisfaction surveys show members report they feel better about themselves, take better care of physical health, call crisis less often, and go to the hospital less often. Amistad is willing to share the data gathered over the years.</li> <li>• 35% to 45% of members report they do not have a case manager.</li> <li>• Amistad has 3 peer services programs: 1) Peers in ER at EMMC; 2) Peer Support Program in Riverview Psychiatric Center; 3) and the Maine Warm Line (statewide services handling 45 calls a night).</li> <li>• Amistad employs 38 people who identify as consumers.</li> </ul> <p>Comments:</p> <ul style="list-style-type: none"> <li>• Amistad probably provides “case management” for many not otherwise eligible or connected with services.</li> <li>• Would Amistad be willing to add employment questions to survey? Yes.</li> </ul> <p><u>Sweetser Peer Center</u>  Charlotte Simpson gave an overview of Sweetser's Peer Center and Peer Respite programs:</p> <ul style="list-style-type: none"> <li>• Smaller scale than Amistad, but parallel services.</li> <li>• Located 1.5 miles from town in Brunswick. Transportation can be a problem. Working on a transportation program that would make regular runs/routes.</li> <li>• Crisis Respite is alternative to CSU and hospital.</li> <li>• Those in Crisis Respite can engage in Peer Center activities. Benefits of both continue to grow. Also grows into work with mobile crisis and hospital.</li> <li>• Respite costs \$200 per night, regardless of occupancy, i.e. one person or three.</li> <li>• Sweetser provides Peer Services in the ED for Mid-Coast Hospital, from 3–11 pm daily.</li> </ul> <p>Question:</p> <ul style="list-style-type: none"> <li>• How does one move from Crisis Respite to CSU? Who makes decision? Mobile crisis assesses, with person very much involved. The person raises the change themselves, not the peer support worker.</li> </ul> <p><b>ACTION:</b> Charlotte will provide unduplicated numbers served.</p> <p>Ron Welch and Kelly Staples (Kelly recently joined the Office of Consumer Affairs) described the emerging Peer Support Specialist Certification program:</p> <ul style="list-style-type: none"> <li>• A group of peers just completed 60-hour Shery Mead training.</li> <li>• Certification will require 75 hours of service annually, ongoing education, and quarterly supervision.</li> <li>• Hope to create registry of certified peer support specialists.</li> <li>• Intention that grant-funded Warm Line and ED peer support workers will be certified peer support specialists.</li> <li>• Working toward change in MaineCare rules to require one FTE (full-time equivalent) certified peer support</li> </ul>

Agenda Item	Presentation, Discussion
	<p>specialists on ACT Teams.</p> <p>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 collected and asked members to give feedback on the data that should be collected.</p> <ul style="list-style-type: none"> <li>• There are no questions on social club standards—some require adherence and are measurable.</li> </ul> <p>The group discussed the grievance process (one of the data points reported by providers) at some length:</p> <ul style="list-style-type: none"> <li>• Failure in system, so few cases ever make it to Level II. It's consumers v. agencies with high-powered lawyers.</li> <li>• Overwhelming process, flawed, confrontational.</li> <li>• Consumers not aware of grievance rights. Information is presented when people are overwhelmed with documents to sign to receive services or when they are not doing well.</li> <li>• Need better process for ongoing education about their rights and need support to go through the process.</li> <li>• Need to introduce mediation earlier in the process.</li> <li>• Look at developing something similar to elders' ombudsman program.</li> <li>• Would support having this as an agenda item at other CSNs—get committee of providers and consumers to work on changing the process.</li> <li>• Would be great to have posters—simple, but remind people and provide education and quick info.</li> <li>• Disability Rights Center won't take Level I and only some Level II.</li> </ul> <p>Ron shared that a particular case has come under review and has led to a decision to review the entire grievance process. Leticia will lead this—it will involve an Assistant Attorney General and the Consumer Advisory Group (CAG).</p>
VI. Statewide Policy Council	<p>Twenty-seven CSN members volunteered or were nominated to serve on the Statewide Policy Council. OAMHS will choose 15 members as explained previously and will get the list out to all CSN members soon. Meetings will begin in March.</p>
VII. Resolve PL 192	<p>Members received a copy of the newly released Resolve PL 192 Draft Report (“IMD Plan”). The first public forum on the report was held on Feb. 5 in Augusta, with no one attending. Another forum will be scheduled for Augusta. Ron also said the forum originally set for Feb. 21 in Bangor will be rescheduled. Members will receive notice of the new dates. OAMHS will publicize by some form of Public Service Announcement. The forum set for March 1, 2:00-3:30 pm, at Spring Harbor will go forward as planned. The final report incorporating stakeholder feedback is due to the Legislature by March 15.</p> <p>Concerns/Questions:</p> <ul style="list-style-type: none"> <li>• How will process come back to the CSNs? The final Report will be provided to all CSN members.</li> <li>• IMD Plan doesn't seem to fit with the goal of continuity of care or the Consent Decree Plan—seems to operate in isolation.</li> <li>• Doesn't seem to be complementary to local continuum—crisis services, etc. Community left out of the process.</li> <li>• This addresses the most intensive, acute level of care—the intent is to best utilize the available beds—directed at dealing just with hospitalization.</li> </ul> <p>Ron explained several things in response to concerns and questions:</p> <ul style="list-style-type: none"> <li>• Re: Focus #3, page 8, Item 1 (Residential): A few people with very complex needs, i.e. MR, MI, serious physical</li> </ul>

Agenda Item	Presentation, Discussion
	<p>illnesses are backed up in State hospitals. The goal is to provide some kind of plan to move them from hospitalization. (A special unit is needed statewide for these few very high-needs consumers.)</p> <ul style="list-style-type: none"> <li>• Virtually nothing in the IMD Plan is out-of-synch with the Consent Decree Plan. Information on pages 24-27 of the Consent Decree Plan effectively “cut and pasted” in the IMD Plan Executive Summary.</li> <li>• Is there a State Mental Health Plan? For all intents and purposes the Consent Decree Plan is the State Mental Health Plan.</li> <li>• Is the IMD Plan just for the small group of very complex, special needs people? Two things here: Yes, it is for that small group; and, in addition, it stipulates how the hospital system will work in the future, i.e. community hospital, then specialty hospital, then state hospital.</li> </ul> <p><u>Spring Harbor as “Gatekeeper”</u></p> <p>Mary Jane Krebs distributed and reviewed a handout describing Spring Harbor’s new role as “gatekeeper” for admissions to Riverview Psychiatric Center, officially in effect 2-19-07. Spring Harbor and Riverview are developing a Memorandum of Understanding and operational protocols to clarify roles.</p> <p>The group engaged in a detailed discussion about the new admission procedure, raising many issues and protocol questions. Don mentioned the idea of forming a subcommittee to work on the issues.</p> <p>Some points of discussion:</p> <ul style="list-style-type: none"> <li>• Advance Directives—intend to honor, while preserving the appropriate use of each type of bed. Education on this could be factored into the April trainings on Advance Directives.</li> <li>• Confusion about community hospitals calling one another for beds, even those outside consumer’s area, before calling Spring Harbor. Isn’t the goal to keep people close to home? In that case, shouldn’t consumers be able to go to Spring Harbor, if closer? Example, SMMC in York is full—must then call Mid-Coast or St. Mary’s rather than Spring Harbor?</li> <li>• Complexity of Spring Harbor’s role in this CSN, serving in dual capacity of community hospital and specialty hospital.</li> <li>• How to handle when crisis assessment may not know or provide complete picture. Appropriate for long-term provider, for example, to provide information for Spring Harbor to consider in determining proper level of care? Need residential and crisis to collaborate to present complete picture—crisis plan needs to include how this is accomplished. OAMHS currently working on including such necessary components into crisis plan.</li> <li>• May need a community plan for some individuals who may see Riverview as “home,” but don’t present with need for that level of care.</li> <li>• If these issues are so confusing here, how will consumers understand? Consumers will access as they have in the past, i.e. ED, Crisis Services, etc.; however, need to consider how to inform consumers (though Crisis Services, MAPSRC, social clubs?) that the process may feel different.</li> <li>• Consumers need to know where they’re going.</li> <li>• Need a decision tree.</li> </ul> <p>Ron said that what’s missing at this point is the protocol before Spring Harbor gets involved. It’s OAMHS’ burden to address what crisis needs to do in this new structure.</p>
VIII. Crisis Stabilization Units, Part II	Due to lack of time, this item will be discussed at the March meeting.

Agenda Item	Presentation, Discussion
IX. Crisis Services Review	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, <a href="mailto:eecker@usm.maine.edu">eecker@usm.maine.edu</a> . This item will appear on next month's agenda for review and discussion.
X. Rate Standardization	Ron reported that work is continuing. More at next meeting.
XI. Confidentiality	Members received a draft Confidentiality Statement and were encouraged to review it and send any feedback to Elaine, <a href="mailto:eecker@usm.maine.edu">eecker@usm.maine.edu</a> . Discussion at March meeting.
XII. Other	A member encouraged participation in the budget hearings next week.
XIII. Public Comment	
XIV. March Agenda Items	Crisis Stabilization Services Crisis Services Confidentiality