

**Community Service Network 6 Meeting  
DoubleTree Hotel, Portland, Maine  
April 20, 2007**

**Draft Minutes**

**Members Present:**

- |  |   |  |
|--|---|--|
| • David Bouthilette, AIN                       | • Burma Wilkins, Mercy Hospital                     | • Joe Brannigan, Shalom House Inc                |
| • Peter Driscoll, Amistad                      | • Lois Skillings, Mid Coast Hospital                | • Amy Thomas, Smart Child & Family Services      |
| • Don Harden, Catholic Charities               | • Christine McKenzie, MMC Voc Services              | • Mary Jane Krebs, Spring Harbor                 |
| • Laura Gottfried, Community Counseling Center | • Tracie Morgan, NAMI-ME Families                   | • Kathleen Bender, Spurwink/Portland Help Center |
| • Lois Jones, CSI                              | • Jennifer Tingley Prince, NOE                      | • Roger Wentworth, Sweetser                      |
| • Phoebe Prosky, Freeport Counseling           | • Susan Boisvert, Parkview Adventist Medical Center | • Christine Holler, Transition Planning Group    |
| • Glenn Shelton, Goodwill Industries           | • Dana Manel, Possibilities Counseling              | • Karen Evans, Transition Planning Group         |
| • Michelle Belhumeur, Gorham House             | • Jon Bradley, Preble Street                        | • Margaret Steward, Transitions Counseling       |
| • Dan Jackson, Hawthorne House                 | • Jamie Morrill, Riverview Psychiatric Center       | • Nancy Ives, VOA                                |
| • Joe Everett, Ingraham                        |   |  |

**Members Absent:**

- |                                |  |   |
|--------------------------------|--|---|
| • Casco Bay Mental Health      | • Healthy Perspectives                   | • Regional Transportation Program, Inc. |
| • Community Mediation Services | • New England Rehab Hospital of Portland | • Work Opportunities Unlimited          |
| • Creative Work Systems        | • PSL-Services                           | • Youth Alternatives                    |
| • Gorham House                 | • Sweetser Peer Center                   |   |

**Others present:**

- |                                  |                       |                         |
|----------------------------------|-----------------------|-------------------------|
| • Sally Temm, Catholic Charities | • Tom Lusth, Sweetser | • Cindy Fagan, Sweetser |
|----------------------------------|-----------------------|-------------------------|

**Staff present:** DHHS/OAMHS: Marya Faust, Don Chamberlain, Chris Robinson, Carlton Lewis. Muskie School: Elaine Ecker.

Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Carlton opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	The minutes of the April 20 meeting were approved as written.
III. Rate Standardization/Budget Update	<p>Don told the group that the budget/rate standardization process is still very fluid at present. Discussion are ongoing—no closure yet. More next month.</p> <p>Member Joe Brannigan, (who serves as the Chair of the Legislature's Health &amp; Human Services Committee), informed the group that agreement has been reached between providers and DHHS, but DHHS "won't sign off because the governor won't sign off." He also said there are some on the Appropriations Committee that think rates should be cut even more. A member asked him about immediate next steps. "Talk to legislators," he said.</p>

Agenda Item	Presentation, Discussion
IV. LD 1745: CSN Legislation	<p>Members received a draft of LD 1745, “An Act to Improve Continuity of Care within Maine’s Community-based Mental Health Services.” Don noted that “consumers and family members” need to be added to §3608 where it states “A network shall consist of...” He said the AAG (Assistant Attorney General) working on the Confidentiality Statement will also look at Item F under Responsibilities to make sure everything is consistent with current understanding and practice. Marya added that OAMHS sees this as clarifying, not changing, current policy.</p> <p>A member asked if Institute Councils will be involved in hiring any new superintendents (Dorothea Dix, Riverview), as in the past. Don explained that the Revisor’s Office had added pieces to LD 1745 that it saw as related, i.e. the section on Institute Councils. OAMHS had intended only to codify CSNs and clean up old “LSN” language. Since the bill does include the Institute Councils, the member expressed a desire that the Councils’ involvement in hiring new superintendents be spelled out.</p> <p><b>ACTION:</b> Joe Brannigan will check on adding that language to LD 1745.</p>
V. Report to the Court Master	<p>Members received copies of two documents submitted to the Court Master on March 16, 2007: 1) Letter (addressing his concerns on the Quarterly Report), and 2) Summary Assessment of Resource Gaps by CSN. Don explained: Deadlines required that OAMHS submit this baseline report to the Court Master, using the best information available, including input from CSN meetings, self-reports from agencies, RDS unmet needs data, and MaineCare data. Ongoing review of the core services will continue at the CSN meetings, and input from the CSNs will be considered in subsequent reporting to the Court Master.</p> <p>Review of service gaps reported for CSN 6:</p> <ul style="list-style-type: none"> <li>• Community support: Greater than 7-day wait for CI—data showed discrepancy, so listed as gap.</li> <li>• Outpatient: Greater than 30-day wait times.</li> <li>• Medication Management: Statewide gaps—greater than 10-day wait.</li> <li>• Residential: May need additional supported housing.</li> <li>• Vocational: Statewide unmet need, benefits and employment specialists.</li> </ul> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• Would like to see more shifts funded for police/crisis liaison. One person is not enough in Portland. Could keep busy three shifts most of the time. Invaluable resource for everyone. Don asked for more data/information in order to translate into need.</li> <li>• Free clinics see high percentage of uninsured with mental health needs. Significant gap—may be invisible.</li> <li>• Need a better process for counting non-cats and others not enrolled in MaineCare.</li> <li>• Increase warmline hours to include 5 p.m. to 8 a.m. as indicated in the Consent Decree Plan (unless service evaluation found it not effective)? The evaluation of the warmline service is not yet complete, so the expanded hours are not yet funded. The amount of money in the current budget continues for next year to fund the current hours of warmline operation.</li> <li>• Need for peer services for deaf community? Warmline TTY feature does not work satisfactorily. Possible to have Video Relay System so consumers could see their primary language?</li> <li>• Goodwill recently met with Amistad to discuss peer services for deaf community.</li> <li>• Consumer member advocated for services similar to Amistad’s to be funded/available at Community Counseling Center.</li> </ul>

Agenda Item	Presentation, Discussion
	<p>Don requested more information on numbers and issues around deaf communities served by Goodwill and Community Counseling. He also requested costs of Video Relay System.</p> <p><b>ACTION:</b> Glenn Shelton of Goodwill will provide information on costs of Video Relay System.</p>
<p>VI. Crisis Services, Community Support Services</p>	<p><u>Crisis Services</u>  CSN 6 crisis services will be discussed at the CLASS/Hospital Initiative meeting on May 11. Burma Wilkins reported that Mercy Hospital is waiting for information on education/certification of crisis workers and that Mercy’s by-laws will have to be addressed.</p> <p>A member asked if Ingraham and Sweetser provide mobile crisis to someone’s home. Both reported that is their preference, and that they do also see people in the ER and their respective offices.</p> <p><u>Community Support Services</u>  Don asked for input on possible reasons for people not being enrolled in community support services within the 7 days. A lengthy discussion followed about people who are non-cats, the timeframe it takes to become MaineCare eligible, possible ways to address or increase outreach efforts, and capture number of people who don’t acknowledge their need for services.</p> <p>Highlights:</p> <ul style="list-style-type: none"> <li>• Reasons for longer than 7 days vary: staffing vacancies, new staff not ready for full caseload, more non-cats.</li> <li>• It takes too long for people to get eligible.</li> <li>• There is a population that just want housing and don’t see the need for mental health services.</li> <li>• Can’t keep people safely house without addressing psychiatric needs.</li> <li>• Two things: 1) people who come for services and can’t get them due to eligibility, and 2) people who don’t get counted at all because they are not interested in services.</li> <li>• Had outreach with case managers in the past, which got many people into services—now not funded. Needs to be addressed.</li> <li>• Outreach is not now a core service—would the Dept. reconsider?</li> <li>• Amistad has a peer outreach worker. If money is available, why not use peers for outreach, rather than fund the living room?</li> <li>• Peers would be more powerful than providers in reaching out to those not ready to acknowledge their mental health needs.</li> </ul> <p>Don reported that OAMHS has revised its policy to allow providers to use OAMHS grant dollars to cover services to non-cats, considering non-cats the same as uninsured. He also said OAMHS is looking at realigning ICMs (Intensive Case Managers) to do less case management and more outreach.</p> <p><b>ACTION:</b> Sally Temm of Catholic Charities volunteered to work with other providers to develop a checklist for providers to use to collect information for a time-limited period on clients who appear for services but can’t be accepted, in order to help determine/quantify the numbers and the reasons why.</p> <p><u>New Action Team Program – Spring Harbor/Shalom</u>  Mary Jane Krebs of Spring Harbor described the new Action Team created in partnership with Shalom’s residential program. Spring Harbor conceived of the program to address the needs of a specific population of people who are</p>

Agenda Item	Presentation, Discussion
	<p>repeatedly hospitalized, but don't seem to benefit from those hospitalizations and discharge plans. The team puts together the strengths of both agencies: Shalom's housing/supports and ACT from Spring Harbor. The goal is to surround the person with supports, decrease hospitalizations, and help improve wellness and quality of life.</p> <p>By joining the program, the consumer agrees to get all services from the Action Team. At any subsequent point, however, the person can opt out of services and still stay in the program's housing, which meets with the Consent Decree and Dept's requirement that services be "unbundled" from housing.</p> <p>Spring Harbor is putting together a consumer advisory group to assess program and data.</p>
VII. Draft Outcomes and Statistics	<p>OAMHS is working on determining what data must be collected for Consent Decree and what can be eliminated. The CSN Statewide Policy Council is working on determining CSN outcomes and how to measure those outcomes.</p> <p>A member commented that no data is being reported for peer services. Ideas on what to collect are more than welcome, Marya said.</p>
VIII. Peer Services	<p>Karen Evans reported on peer services subcommittee meeting of April 17. Highlights from discussion:</p> <ul style="list-style-type: none"> <li>• The subcommittee agreed not to discuss new peer programs unless assured that current programs are funded. Is there funding for the "living room?" Will it take away from existing services?</li> <li>• There is no clear understanding of what the "living room" concept really is. How exactly does OAMHS envision the living room concept?</li> <li>• Perhaps the Dept. should go visit local sites to get direction.</li> <li>• Would the living room be added to Amistad? Sweetser Peer Center?</li> <li>• Should it be open 24 hours? Perhaps it shouldn't be open during the day—would duplicate services.</li> <li>• Need guidance...is it a place where you come and get a cup of coffee or a place where you get a bed?</li> </ul> <p>Don said that though OAMHS has not specified a certain amount of money at this time, this initiative would not take dollars away from current peer services.</p> <p><b>ACTION:</b> Don will ask Leticia Huttman to provide clarification on the "living room" concept.</p> <p>The group also discussed the Intentional Peer Support curriculum and certification at some length. Many concerns were raised about the costs in money and time for peers and providers of peer services, the philosophy and fit of Intentional Peer Support within some existing peer support programs and services, and the requirement that some who have already completed agency trainings and worked for in peer support for years must complete the training and become certified in order to continue in their present positions.</p> <p>Marya explained that completion of the Intentional Peer Support training and certification is not necessarily mandatory for all peer services, but is required for peers serving on ACT teams and in ERs. Marya explained that Intentional Peer Support differs from other kinds of peer support, in that it involves particular skills and ways of interacting and relating. This curriculum was developed under a three-year federal grant, overseen by the Consumer Advisory Group, during a long, careful process.</p> <p>Some member suggestions:</p>

Agenda Item	Presentation, Discussion
	<ul style="list-style-type: none"> <li>• Do an evaluation of person's present skills and competencies. If they have them, they could forego training.</li> <li>• Do training in sections or modules over several weeks.</li> <li>• Use ITV, so people don't have to travel to central location.</li> <li>• Train other trainers, to increase availability and decrease travel time.</li> </ul>
IX. Outpatient	Focused discussion next month re: wait times greater than 30 days for outpatient services.
X. Training	OAMHS is looking for input from CSNs on training issues and needs for agencies, consumers, etc., to inform the Muskie contract for the upcoming year. Chris Robinson, OAMHS Best Practices Coordinator, will be present at the May meeting to discuss this.
XI. Other	<ul style="list-style-type: none"> <li>• Status of revising grievance process? Don will ask Ron Welch.</li> <li>• IMD Report? Ron will meet with representatives from Spring Harbor, Acadia, provider(s), and consumer(s) to craft the report (with input gathered from hearings, etc.). The revised report will be distributed for feedback, and at the end of that process, brought back to the legislature.</li> </ul>
XII. Public Comment	None.
XIII. May Agenda Items	Training Outpatient Medication Management Peer Services