

**Community Service Network 6 Meeting  
DHHS Offices, 161 Marginal Way, Portland  
July 18, 2008**

**Approved Minutes**

**Members Present:**

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| • Peter Driscoll, Amistad                     | • Phoebe Prosky, Freeport Counseling          | • Joe Brannigan, Shalom House Inc            |
| • Sally Temm, Catholic Charities              | • Larry Davis, Hawthorne House                | • Joyce Cotton, Spring Harbor Hospital       |
| • Karen Evans, Consumer Council of Maine      | • Burma Wilkins, Mercy Hospital               | • Catherine Snow, Spurwink/Portland Help Ctr |
| • Christine Holler, Consumer Council of Maine | • Tom Kivler, Mid Coast Hospital              | • Leslie Mulhearn, Sweetser                  |
| • Lois Jones, Counseling Services Inc.        | • Christine McKenzie, MMC/Vocational Services | • Kelli Star Fox, Transitions Counseling     |
| • Sue Percy, Creative Work Systems            | • Jennifer Tingley Prince, NOE                | • Pat McKenzie, Youth Alternatives/Ingraham  |
| • Georgana Prudhomme, Crossroads for Women    | • Jon Bradley, Preble Street                  |  |

**Members Absent:**

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|---------------------------------|-------------------------------------|--------------------------------|
| • AIN (excused)                 | • NAMI ME Families (excused)        | • Sweetser Peer Center         |
| • Community Counseling Center   | • Parkview Adventist Medical Center | • Volunteers of America        |
| • Goodwill Industries (excused) | • PSL Services                      | • Work Opportunities Unlimited |
| • Gorham House                  | • Smart Child & Family              | • Youth Alternatives/Ingraham  |

**Alternates/Others present:**

- Ed Blanchard, Shalom House

**Staff present:** DHHS/OAMHS: Carlton Lewis. Muskie School: Elaine Ecker.

| Agenda Item                        | Presentation, Discussion   |
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| I. Welcome and Introductions       | Carl opened the meeting and participants introduced themselves.  |
| II. Review and Approval of Minutes | The minutes from the June meeting were approved with one correction: Under "Other – Warmline Staffing" change "warmline has <u>no</u> staff for overnight" to "warmline has <u>only one</u> staff for overnight."  |
| III. Follow-Up Item                | <u>Don: APS to resend member handbooks?</u><br><br>Carlton said he had no information on this item.  |
| IV. Consumer Council Update        | Karen Evans reported the following: <ul style="list-style-type: none"> <li>• The Statewide Consumer Council (SCC) is still in discussion re: hiring an Executive Director. They also need to fill two Outreach Coordinator positions.</li> <li>• The SCC is concerned about the extent to which DHHS/OAMHS will consider their recommendations and input.</li> </ul>   |
| V. Wraparound Funding              | Members received a copy of the current OAMHS Statewide Wraparound Funds Disbursement Policy dated August 9, 2001. Carlton explained that distribution has historically been done in a variety of ways around the state, e.g. provider agencies, regional offices, etc., and resulted in inequities and unsystematic availability. OAMHS has decided to pool the wraparound funds and redistribute in a more equitable manner.<br><br>For the first six months of FY 2009, the funds will be distributed as before through contracts. However, by January 1, 2009, OAMHS wants new procedures for distributing the wraparound funds and is asking each CSN how they would like to |

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|             | <p>manage the funds allocated to their area. Possibilities could include establishing a CSN subcommittee to review applications, the CSN could recommend an agency or agencies to administer the funds, or request that the regional office administers the funds; and CSNs could review the list and prioritize the most urgent needs in their area, and so forth.</p> <p>The discussion brought up several areas of consideration:</p> <p><u>Access/Eligibility/Administrative Burden</u></p> <ul style="list-style-type: none"> <li>• Is wraparound limited to those receiving case management services? A: Wraparound funds are meant to be available to all consumers, whether or not they are receiving services.</li> <li>• Lois, CSI: It makes sense to have other people [not receiving services from a managing agency] get funds, but how would you know they qualify? What eligibility would be used? We do not want to increase administrative overhead.</li> <li>• Sally, Support &amp; Recovery: I can't envision taking on people we don't know.</li> <li>• Jon, Preble Street: We could probably use access to the funds—but I question how much energy to put into this, since the amount of money is so small and increases administrative burden. There may be some ways to tweak the process, but probably not worth spending time working on major changes.</li> <li>• Joe, Shalom: There are costs for checks, vouchers, staff... We have to talk about this [administrative burden] more and more, and not keep eating costs like that.</li> <li>• Jennifer, NOE: The only thing to work on may be whether community support agencies who don't have some funds want some—otherwise, if it's working well...</li> </ul> <p><u>OAMHS Involvement</u></p> <ul style="list-style-type: none"> <li>• Perhaps the Department would take responsibility for approving funds for those people not in services.</li> <li>• Real key: Are people who are not able to access through agencies able to access through OAMHS?</li> <li>• The Region III Office distributes wraparound funds for that region, and one member said she had past experience there. Though "they had good hearts," she said, the process was too slow to meet urgent needs for money. She suggested it might be useful to ask Region III how it's working now—if it's working well, might be worth considering.</li> </ul> <p><u>Timeliness</u></p> <ul style="list-style-type: none"> <li>• How could a CSN committee meet in a timely way?</li> <li>• Lois, CSI: Timeliness is what makes this work—it needs quick turnaround.</li> <li>• I'm in favor of agencies managing the funds—not quick enough turnaround otherwise. It's a good opportunity for agencies to collaborate.</li> </ul> <p><u>Client Responsibility</u></p> <ul style="list-style-type: none"> <li>• Sally: Often applications are for security deposits, first month's rent, and utility bills, and many clients are asked to repay the funds—and some do so.</li> <li>• Karen, CCSM: Recovery is about responsibility. People should be encouraged to pay back (even if only \$5 payments) with funds still available to them, as needed.</li> </ul> <p><u>Limits of Policy</u></p> <ul style="list-style-type: none"> <li>• Christine, CCSM: The policy says that consumers get a maximum of \$500 per year? Why? A: That's what's recommended, but not the reality. Q: I can't afford to buy hearing aids at \$1,000 each, since it's over the \$500 cap.</li> </ul> |

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|             | <p>How am I supposed to make that kind of purchase? A: That type of request should go to the Department.</p> <p><u>Other</u></p> <ul style="list-style-type: none"> <li>• Sally: I'm <u>very</u> concerned about winter...funds could be used up very quickly.</li> </ul> <p>The group agreed to table this item for further discussion at the September meeting, and the consensus seemed to be not to spend a great deal of time on deciding how to manage a relatively small amount of funds.</p> <p><b>ACTION:</b> Meanwhile, send any input or ideas on distribution of wraparound funds for this CSN to Elaine. <a href="mailto:eecker@usm.maine.edu">eecker@usm.maine.edu</a>.</p>   |
| VI. Other   | <p><b>Grant Dollars for ACT, Community Integration, Daily Living Skills</b></p> <p>Carlton explained that at this point, the date for APS to take over the enrollment and review process for grant-funded services is moved from August 1 to September 1. In response to a question about how agencies are to know whether funds are available for someone new coming into service, Carlton said that no new people are to be accepted for grant-funded services, unless they are Class members. "No new referrals until APS takes over enrollment," he said.</p> <p>Some provider members had questions about how to handle certain situations in the meantime, since they must continue providing services and/or can't envision turning away people with serious need. One member stated she could not recollect seeing anything from OAMHS re: not admitting people who need grant funds temporarily while working to get on MaineCare. "If there hasn't been clear communication, it's on the Department. We're at a point where though we've been able to lose and eat some stuff in the past, we can't do that anymore. The State has put us there."</p> <p>Members asked for direction and clarity from OAMHS.</p> <p>Carlton instructed, "Today, if you have people you've taken into services since July 1, get that information to me. From today, take no one new."</p> <p>Carlton also said for specific cases with high clinical need and/or if people are not able to manage without services for a month or two, to contact him to discuss.</p> <p><b>Crisis System Changes</b></p> <p>A member expressed serious concern about the process of changing the Crisis System, particularly that the DHHS-appointed work group reportedly has taken on more decision-making authority than previously indicated around allocation of funds. She emphasized the "void of information," saying it is critical for Don Chamberlain to get clarifying information out to crisis providers about crisis grant funding and what the work group is doing.</p> <p><b>ACTION:</b> Carlton will be sure to pass on these concerns and the urgent request for information to Don Chamberlain.</p> <p><b>MMC Emergency Department</b></p> <p>Karen informed the group that she has been invited to participate in Maine Medical Center's Emergency Department group, where her focus is particularly around how many times police are utilized in mental health crises. Members mentioned the need for consistent data collection on this issue and a couple of ways some missed data might be collected.</p> |

| Agenda Item                                    | Presentation, Discussion  |
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| VII. Subcommittee Work Sessions and Report Out | The three subcommittees, Housing, Hospital/Health, and Recovery, met for approximately 45 minutes. No reports were made, as the meeting effectively adjourned after the subcommittee meetings broke up. |
| VIII. Public Comment                           | None.   |
| IX. Meeting Recap and Agenda for Next Meeting  | <p>See <b>ACTION</b> items above.</p> <p>Legislative Session January 2009<br/> Consumer Council System Update<br/> Employment Specialist Update<br/> Subcommittee Work Sessions and Report Out</p>      |