

**Community Service Network 6 Meeting  
DHHS Office, 161 Marginal Way, Portland**

**May 15, 2009  
Minutes**

<b>Members Present:</b>		
<input checked="" type="checkbox"/> <b>Amistad</b> – Peter Driscoll	<input type="checkbox"/> Freeport Counseling Center	<input type="checkbox"/> Riverview Psychiatric Center
<input checked="" type="checkbox"/> <b>Catholic Charities of Maine</b> – Sally Temm (Alt. Rep.)	<input checked="" type="checkbox"/> <b>Goodwill</b> – Glenn Shelton	<input checked="" type="checkbox"/> <b>Shalom House</b> – Mary Haynes Rodgers
<input type="checkbox"/> Community Counseling Ctr.	<input type="checkbox"/> Gorham House	<input checked="" type="checkbox"/> <b>SMART Child &amp; Family Svcs.</b> – Amy Thomas
<input checked="" type="checkbox"/> <b>Consumer Council</b> – Karen Evans, David Bouthilette	<input checked="" type="checkbox"/> <b>Maine Medical Center</b> – Christine McKenzie (Alt. Rep.)	<input checked="" type="checkbox"/> <b>Spring Harbor Hospital</b> – Joyce Cotton
<input checked="" type="checkbox"/> <b>Counseling Services, Inc.</b> – Lois Jones (Alt. Rep.)	<input checked="" type="checkbox"/> <b>Mercy Hospital</b> – Burma Wilkins	<input type="checkbox"/> Spurwink/Portland Help Ctr. – Catherine Lorello-Snow – Excused absence.
<input type="checkbox"/> Creative Work Systems	<input checked="" type="checkbox"/> <b>Mid-Coast Hospital</b> – Tom Kivler	<input checked="" type="checkbox"/> <b>Sweetser</b> – Leslie Mulhearn
<input type="checkbox"/> Crossroads for Women	<input type="checkbox"/> NAMI-ME Families	<input type="checkbox"/> Sweetser Peer Center
<input type="checkbox"/> First Atlantic/Hawthorne House	<input type="checkbox"/> Northeast Occupational Exchange	<input type="checkbox"/> Transitions Counseling Inc.
	<input type="checkbox"/> Parkview Adventist Med. Ctr.	<input type="checkbox"/> Volunteers of America
	<input checked="" type="checkbox"/> <b>Preble Street</b> – Jon Bradley	<input checked="" type="checkbox"/> <b>Youth Alternatives / Ingraham</b> – Pat McKenzie
	<input type="checkbox"/> PSL-Services	
<b>Others present:</b>		
<ul style="list-style-type: none"> <li>• AIN – Janice Burns</li> <li>• MMC-Voc. Serv. – Anne Marquis, Employment Specialist</li> </ul>	<ul style="list-style-type: none"> <li>• DHHS - Karen Glew – Presenter</li> <li>• Amistad – Steve Addario</li> <li>• Support &amp; Recovery – Robert Sheehan</li> </ul>	<ul style="list-style-type: none"> <li>• Youth Alternatives / Ingraham – Kirk Little</li> </ul>
<b>Staff Present:</b>		
DHHS: Carlton Lewis, Ron Welch, Leticia Huttman; Muskie: Phyllis vonHerrlich, Julia Mason		

<b>Agenda Item</b>	<b>Discussion</b>
I. Welcome, Introductions and Reminder to sign in	Carlton welcomed attendees; introductions followed.
II. Minutes – Review & Approval	<p>The minutes from March 20, 2009, were reviewed and corrected. Two people noted that they did not get the minutes (or meeting material) prior to the meeting. Muskie Staff will follow-up to make certain addresses are correct and that the mailings happen in a timely manner.</p> <p><b>ACTION:</b> CSN 6 Minutes for March 20, 2009, were accepted as corrected.  <b>ACTION:</b> Muskie Staff will follow up on addresses and other pertinent information for those who need to receive materials by U.S. Mail.</p>
III. Feedback On OAMHS Communications	None.
IV. Employment Report	<p>Anne Marquis reported.</p> <ul style="list-style-type: none"> <li>• Currently 22 clients.</li> <li>• Four are employed (areas include hotel industry, retail, and social services).</li> <li>• Six are enrolled in school (SMCC and Portland Adult Education).</li> </ul>

	<ul style="list-style-type: none"> <li>• Clients are volunteering for social service organizations.</li> <li>• A vocational group takes place weekly for those whose status is pending; they work on job readiness skill building.</li> <li>• ESN 6 is working on a resource guide for consumers.</li> <li>• Five slots are available for clients from other agencies (outside of program host agency – Catholic Charities); the <i>Need for Change</i> tool should be used to determine readiness for this program for these clients.</li> </ul>
V. Crisis Planning Update	<p>Pat McKenzie reported.</p> <ul style="list-style-type: none"> <li>• The Crisis Planning Group continues to meet regularly.</li> <li>• Providers in CSN are welcome to attend meetings – contact Pat McKenzie at Youth Alternatives / Ingraham.</li> <li>• They are now waiting for feedback from the state and will move forward once they have received that feedback. (DHHS staff noted a meeting would be scheduled shortly.)</li> </ul>
VI. Consumer Council System of Maine	<p>Karen Evans and David Bouthilette reported.</p> <p>State CCSM:</p> <ul style="list-style-type: none"> <li>▪ Worked hard against the involuntary commitment bill.</li> <li>▪ Working on a mission statement.</li> <li>▪ An issue for CCSM is consumer representation on agency boards. It is in the contracts, but it is an issue that is not being enforced. Consumers need the power of the vote. CCSM is preparing a statement on this. Legislation requires this – enforcement is an issue. (Note: the state is looking into this.)</li> <li>▪ Two new local councils – one is in Western Maine.</li> <li>▪ The locals make up the regional councils (three) and they are holding meetings.</li> <li>▪ CCSM does not support the Nutting bill, which has been recommended to be carried over to next session (Legislative Council decides this).</li> <li>▪ Consumers gave dynamic testimony on the involuntary commitment legislation – current standards for involuntary commitment are appropriate and tough.</li> <li>▪ At recent state meeting: worked on CCSM budget and contractual aspects; discussed again the issue of being separate from the state; discussed Riverview search process; worked on mission statement; rights of recipients of care are being revised and updated to reflect laws (aim is to come up with a guide); OAMHS staff presented on Outcomes initiative.</li> </ul>
VII. WRAP Process	<p>Carlton noted that Youth Alternatives/Ingraham would be managing the WRAP funds for this year.</p> <p>Pat McKenzie briefly discussed the transition to YA/I for the WRAP funds. She noted that ways to inform the general public about the availability of funds are being explored (referrals generally come by way of a case manager) so there is equitable access to these funds. Consideration is being given to turning this over to a consumer group to manage. This is still under consideration because there is a large administrative burden (15 – 20%) to manage these funds. There is no consumer representation on the group that manages the funds, but they are open to the idea.</p>
VIII. CSN Discussion	<p>Attendees engaged in a discussion about the structure of the CSN meetings and how they might be changed to better reflect the mission of the CSNs. Forms for feedback to OAMHS had been sent out with the meeting notice and were available at the meeting.</p> <p>Points from OAMHS:</p> <ul style="list-style-type: none"> <li>▪ This CSN form has been in effect since November 2006.</li> <li>▪ This is a blank slate in terms of structure/restructuring.</li> </ul> <p>Participants' points:</p> <ul style="list-style-type: none"> <li>▪ Used to have smaller group discussions.</li> </ul>

- Used to have food – are you trying to send us a message by taking it away?
- Inconsistency in staff who attend – a consistent body at the head table is needed.
- Really good information is gained at meetings.
- Does not like authority dynamic; power is not shared; power needs to be with the providers and the consumers.
- This is a CSN that can't work, but now you are asking them to recommend ways to change the group.
- Not a decision-making group.
- Who really needs to be here?
- Required to attend, but make it an option based on topic. Have smaller groups to make decisions.
- Relationships – “relational” power [value and benefit of relationships built here].
- Issue of power dynamic – power is in the collaboration and networking.
- We are not a decision-making body.
- Want to continue – increase capacity.
- Frustrating that there is the pretense of ability to make decisions (to have power), but really do not.
- Feels department comes in and says: “this is what we are going to do.” We have no power.
- Other groups had power to make changes (M.H. Council). We have no authority here.
- Where are the consumers in the power dynamic?
- Some agencies do not have much input because of the clients we have. Why is [specific agency] here? Have limited knowledge. It is an issue of being part of contract, but the information provided can be gotten from an email.
- Vehicle for putting forward some initiatives because you have the ear of many agencies. (e.g. employment initiative).
- Positives: relationships and knowledge of others. Keep meeting to 2 hours – too long now. (Two others supported 2-hour meeting suggestion.)
- Wants more consumer presence. Not enough specificity – no measure of what we might accomplish. Discuss rapid response protocol – it is bad – we could develop a better one.
- The CSN does not take the power. The strategic information is not the best part of the meetings – we need to take power and make decisions – what do we have power over?
- In current form it is not useful for [agency]. Need something more focused – this would allow opportunity for influence over that issue.
- Have a shorter meeting; use technology.
- There is competition now – hard for us to come to a decision about issues because we compete with each other for clients. Meetings are too long. Put out a focused issue.
- Networking, knowledge of others, consumer information are all important – but do in a 2 hour meeting.
- Did CSNs ever take power given to us in the mission statement? How can we make this work?
- It was supposed to be a decision making body.
- Support for the “functional” role of CSNs- use subcommittees.
- Prefers the full group – value group as a whole with consumers.
- Do a three-hour meeting, but spend 1 hour on specific issue (e.g., housing, recovery, housing, etc.) – work on a goal for one hour – folks could come for part of a meeting as they needed.
- Issues [discussed here] are both statewide and local.
- We need to discuss how our practice should change.
- Good information. Networking is important. Currently not a useful forum; more focused would be better; we are missing the larger mission of the group; goals are never clear.
- Overlap of issues – who is responsible for what? What other groups in state/local who work on same issues – what are the issues and who should address them?
- Only thing we put to vote is the minutes.
- Issue statements would be helpful – they help clarify. (Issue is stated, recommendations are given, outcomes outlined if steps are taken to solve issue.)

	<ul style="list-style-type: none"> <li>▪ Change is not happening</li> <li>▪ Issue of cancelling the meetings – if so many are cancelled, we can never get anything done.</li> <li>▪ Networking is valuable.</li> <li>▪ Hard to have a discussion with such a diversity of people here – who needs to be here? What is the focus?</li> <li>▪ We are here from our own agency’s perspective. Mission of group (CSN) is more general and global.</li> <li>▪ Networking in best. Other groups are informal, meet outside of this, but they have a focus. There is no place for them to report to – make a relationship and have them report to us. This would be a way to get information on what is going on. Reports are good to carry back to agency.</li> </ul> <p>The comments from the discussion and the forms will be compiled and shared at the June meeting when a decision will be made regarding the CSNs from this point on.</p> <ul style="list-style-type: none"> <li>▪ It was suggested that a committee of providers and consumers look at the information.</li> </ul> <p><b>ACTION:</b> The CSN discussion and the information from the forms will be compiled and brought back to the CSNs in June.</p>
Break 10:45 – 11:00 am	
IX. Outcomes Report	<p>Ron and Karen Glew reported.</p> <p>Two handouts on the topic were provided: “Measuring Outcomes: Piloting an Outcome Toolkit” and “Uniting Practice-based Evidence with Evidence-based Practice,” by Michael J. Lambert, Ph.D., and Gary M. Burlingame, Ph.D. (<i>BEHAVIORALHEALTHCARE</i>, October 2007).</p> <p>OAMHS has undertaken the task of measuring the quality of improvement in consumers’ lives gained from services received – essentially measuring the difference services provided make in individuals’ lives. A workgroup was formed last year for this undertaking. Karen reviewed the purpose and initial work of the group. The tools to pilot have been selected and include 3 specific tools from <i>OQ Measures</i> (OQ 45, SOQ 2.0, and OQ 30.1) (see <a href="http://www.oqmeasures.com/site/">http://www.oqmeasures.com/site/</a>). Other tools in the kit include: <i>Recovery Assessment Scale</i> (RAS), <i>DIG Mental Health and Well-Being Survey</i>, <i>Level of Care Utilization System</i> (LOCUS), and questions on Co-Occurring disorders yet to be defined. Measuring Public Health issues still needs to be factored in.</p> <p><i>OQ Measures</i> was selected based on its attributes for measuring outcomes, its reporting capacity and support provided to practitioners and clients, the creators’ responsiveness and willingness to provide training, the fact that it has been peer reviewed and approved by SAMHSA as evidence based practice, and because it is web-based with direct client input for data (consumers answer questions on a PDA provided by agency). The system has some flexibility and can handle delayed data entry as well as the direct entry. Issue such as cost and implications for statewide implementation were also considered.</p> <p>The pilot will involve two agencies, will go from October 2009 to May 2010, and will be for consumers receiving Community Integration services. One pilot agency has already been using the tool (although not for CI); the other will be one that is less technologically sophisticated. After the pilot, other agencies will be brought on slowly. DHHS is covering the cost for the essential equipment, software, and training, which will be done by the designers of the system.</p> <p>An advisory group is being formed to guide the pilot. The developers are coming in late summer and in January to do the training on the tool for the pilot sites.</p>

	<p>Discussion points:  Concerns were expressed about the tool selected, particularly the length, and the fact that many agencies are already using other tools. Given the overall needs, the tool the workgroup selected was determined to be the best. The time required to use the tool (on the part of the provider) is billable. APS has an OQ Measures interface and they are looking at other issues (e.g. approvals for service). A new system for managing funds will be coming online next year.</p>
X. Legislative Update	<p>Ron reported.</p> <ul style="list-style-type: none"> <li>▪ Budget for state is close to completion. No additional funds will be taken out of Adult Mental Health.</li> <li>▪ LOCUS substituting for GAF for Section 17 services was approved.</li> <li>▪ “Scattered sites” for PNMI have been “eliminated,” which is really a restructuring of the finance stream and not a change in services received.</li> <li>▪ Budget has a number of “back and forth” times with the House and Senate before it is finalized. If it is not finalized by first of next week (week of May 18) there will be implications for payments to providers.</li> </ul> <p>Discussion points:</p> <ul style="list-style-type: none"> <li>▪ The bill for MHRT registry did not pass.</li> <li>▪ Presence of CCSM, AIN, and other consumer groups has been a powerful voice to the Legislature this session.</li> </ul>
XI. Other	<ul style="list-style-type: none"> <li>▪ The HOPE conference is June 25 at the Augusta Civic Center. The conference title is “Tending Our Wellness Garden” and Darby Penney of the <i>Suitcase Project</i> is the keynote speaker.</li> <li>▪ Attendees were reminded to turn in their CSN structure comment forms.</li> </ul>
XII. Public Comment	<ul style="list-style-type: none"> <li>▪ The meeting room is cold.</li> </ul>
XIII. Meeting Recap & Agenda for Next Meeting	<p><u>ACTIONS:</u></p> <ul style="list-style-type: none"> <li>▪ CSN 6 Minutes for March 20, 2009, were accepted as corrected.</li> <li>▪ Muskie Staff will follow up on address and other pertinent information for those who need to receive materials by U.S. Mail.</li> <li>▪ The CSN discussion and the information from the forms will be compiled and brought back to the CSNs in June.</li> </ul> <p><u>Next Meeting:</u>  Discussion of structure for CSNs.</p>