

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

**August 17, 2009  
Minutes **DRAFT****

**Members Present:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> AIN – Janice Burns– <b>Excused absence</b>                          | <input type="checkbox"/> Goodwill – Glenn Shelton  | <input type="checkbox"/> Riverview Psychiatric Center-Mary Louise McEwen                               |
| <input checked="" type="checkbox"/> <b>Amistad</b> – Mary Walker                             | <input type="checkbox"/> Gorham House  | <input checked="" type="checkbox"/> <b>Shalom House</b> – Mary Haynes Rodgers                          |
| <input checked="" type="checkbox"/> <b>Catholic Charities of Maine</b> –Robert Sheehan       | <input type="checkbox"/> Maine Medical Center – Christine McKenzie (Alt. Rep.)                       | <input checked="" type="checkbox"/> <b>SMART Child &amp; Family Svcs.</b> – Amy Thomas                 |
| <input checked="" type="checkbox"/> <b>Community Counseling Ctr.</b> – Melanie T.            | <input checked="" type="checkbox"/> <b>Mercy Hospital</b> – Burma Wilkins                            | <input checked="" type="checkbox"/> <b>Spring Harbor Hospital</b> – Joyce Cotton                       |
| <input checked="" type="checkbox"/> <b>Consumer Council</b> – Karen Evans                    | <input checked="" type="checkbox"/> <b>Mid-Coast Hospital</b> – Tom Kivler                           | <input type="checkbox"/> Spurwink/Portland Help Ctr. – Catherine Lorello-Snow – <b>Excused absence</b> |
| <input checked="" type="checkbox"/> <b>Counseling Services, Inc.</b> – Kathryn Vezina        | <input checked="" type="checkbox"/> <b>NAMI-ME Families</b> – Alyce Woodall                          | <input checked="" type="checkbox"/> <b>Sweetser</b> – Leslie Mulhearn                                  |
| <input type="checkbox"/> Creative Work Systems – Susan Percy                                 | <input checked="" type="checkbox"/> <b>Northeast Occupational Exchange</b> – Jennifer Tingley Prince | <input type="checkbox"/> Sweetser Peer Center  |
| <input checked="" type="checkbox"/> <b>Crossroads for Women</b> – Polly Frawley              | <input type="checkbox"/> Parkview Adventist Med. Ctr.  | <input type="checkbox"/> Transitions Counseling Inc.   |
| <input type="checkbox"/> First Atlantic/Hawthorne House                                      | <input checked="" type="checkbox"/> <b>Preble Street</b> – Jon Bradley                               | <input type="checkbox"/> Volunteers of America   |
| <input type="checkbox"/> Freeport Counseling Center – Phoebe Prosky - <b>Excused absence</b> | <input type="checkbox"/> PSL-Services  | <input checked="" type="checkbox"/> <b>Youth Alternatives / Ingraham</b> – Pat McKenzie                |

**Others Present:** MMC/Employment Serv. Network – Anne Marquis; Consumer - Christine Holler

**Presenter(s):**

**DHHS:** Carlton Lewis, Don Chamberlain, Marya Faust, Leticia Huttman and Ron Welch      **Muskie:** Linda Kinney and Julia Mason

Agenda Item	Discussion
I. Welcome, Introductions and Reminder to sign in	Carlton Lewis welcomed the group and introductions were made.
II. Minutes – Review & Approval of previous meeting minutes	Minutes were accepted as written.
III. Review Direction for the CSN per 7/09/09 memo	<p>Ron told the group that after viewing the results from the CSN questionnaire, the overall preference of all CSNs was to meet less frequently and have smaller workgroups meet between quarterly meetings. This smaller workgroup will work directly with 2 continuity of care topic areas, choosing one of the two to start with the first year. Workgroup members will consist of members of CSNs, though not all CSN members need to be on a workgroup. Other people to consider for workgroup members would be people from other agencies, hospital staff, other workgroup participants and other consumers. There must be a minimum of 3 consumers on each workgroup. Expectations are a lot more work will get done this way, and hopefully better results will ensue.</p> <p>At quarterly CSN meetings workgroups will report out on progress, provide direction, critiques and establish sub-workgroups if needed. The CSNs will have to ratify these as their role will be strong.</p> <p>In order to keep information flowing to everyone, monthly call-in sessions will take place as an additional mode of communication. The first one was held this week, on the 18<sup>th</sup>.</p>

<p>IV. Continuity of Care Work Group</p> <ul style="list-style-type: none"> <li>• Functions</li> <li>• Issues</li> <li>• Implementation</li> </ul>	<p>Ron let the group know he wanted them to choose one of the topic areas identified on his handout, <i>CSN Continuity of Care Work Groups</i> today. These 2 topics are: <u>Improved Access to Services</u> and <u>Continuity of Information</u>. He explained both of these topics will be worked on by all CSNs, one at a time, over an approximate 2-year period of time. This will give approximately one year or less for each topic. The workgroup and sub-workgroups may want to explore a whole range of other topics under these 2 areas. Also a lead person is needed to take charge of calling together a workgroup session, identifying a date of when that group may convene and where. He also said a Team Leader needs to be a CSN member, though not a leader, and reiterated that a minimum of 3 consumers need to be members. Ron explained that realistically 10 to 12 people would be a good size for a workgroup, but sub-workgroups could be a variety of several members.</p> <p>Ron told the members that they might see value in having people on the workgroup who impact the system but who may not be CSN members, such as hospital, county jails, Riverview Psychiatric Hospital, Spring Harbor Hospital, and such. He felt exploring parties who could help in whatever topic area they chose would be beneficial.</p> <p>Marya said if leaders wanted to send brief write-ups of their workgroup meetings, she would see that they got posted on the DHHS website.</p> <p>After much discussion and 2 votes, the group overwhelmingly chose <u>Improved Access to Services</u> as their first topic.</p> <p>Ron said the person who took the lead to convene the first meeting had a job that was 2-fold: 1) Invite people from this CSN and other groups in the community to become the core workgroup, and 2) manage the process and convene the first meeting. Pat McKenzie volunteered to work on convening the first workgroup session if another person would co-lead with her. Karen Evans volunteered and they will meet on Sept. 2<sup>nd</sup> to work on pulling the first meeting together. Ron suggested that the workgroup not take on too much at a time. If there are existing groups meeting now that are covering topics under your chosen area, or if someone isn't already part of these groups, he asked members to work together rather than create another workgroup in this same area. He also said DHHS would be part of these topic workgroups chosen by the CSNs. Ron said it was imperative to work with people from outside the MH community too.</p> <p><b>Action:</b> Pat and Karen will email Linda Kinney the information on the first workgroup meeting, and Linda will send this information to the CSN 6 members.</p> <p>A paper was passed around where people wrote down committees of which they are already members.</p>
<p>V. Monthly Conference Call</p>	<p>Marya acknowledged how important the flow of information is to everyone, and thus how important the monthly conference calls could be. She asked the members how they thought this first conference call went and how it could improve. Many thought it went well and acknowledged it would be difficult to have long discussions during calls like this. It was suggested group phone protocols might be sent to everyone to help smooth the operation even more. Marya reminded the group to let Linda Kinney know of any topics they would like addressed prior to each monthly meeting, and she would forward them on to the Department. She also told people to let Linda know if they didn't receive notification of the monthly call schedule, and Linda would send them another copy.</p> <p><b>Action:</b> Marya will find out if the same call in numbers will be used for each monthly meeting and let the CSNs know.</p> <p><b>Action:</b> Muskie to mail out call-in information to snail-mail people if this hasn't been done already.</p>

<p>VI. Meeting/Activity Reports</p> <ul style="list-style-type: none"> <li>• Consumer Council of Maine: local and statewide</li> <li>• Employment Support Network</li> <li>• Crisis Quarterly Meeting</li> <li>• Other?</li> </ul> <div data-bbox="163 381 451 646" style="border: 1px solid black; padding: 5px; margin-top: 20px;"> <p>Marya, She said mutual but do you think she meant transparent?</p> </div>	<p><b>Consumer Council:</b> Karen passed out a brochure from the Consumer Council System of Maine. She also passed around <i>Chapter 4 Rules for Board Representation at Community Mental Health Programs</i>. Karen reported the local council is working on 2 issue statements, one around the RFP process to make sure it is clear, clean and open. They are trying to make this process more <b>mutual (?) transparent (?)</b> to avoid tensions. The other issue was around the rules for board representation indicated on the 2<sup>nd</sup> handout. She said they are working with people and agencies to see if they would agree to have at least 2 consumers on their boards. They don't want any conflict of interest to happen as some have heard most everything will be going out to RFP in the future. The representative from Shalom House wants to go on record that they support the Consumer Council on this. Leticia and Ron came to their meeting and talked to them on the RFP process. Ron mentioned that the process of preparing and sending issue statements is superlative, and assured them these issues have been thought out and researched.</p> <p>Karen also reported that Dr. Steve Gressett came and talked to them about poison control and recycling meds. She told everyone that the Consumer Council of Maine is having some nationally, well-known speakers visit on October 1-3. Days 1 and 2 are open to anyone up to what the hotel can accommodate (approx. 250 people). The last day leaders from across the state will do extra training on collaboration and leadership skills.</p> <p><b>Employment Support Network:</b> Anne Marquis reported they are currently working with 23 clients with 5 slots open in caseload for CSN 6. Participants are employed in such fields as hotel industry, retail, social services, healthcare and custodial care. Clients are enrolled at SMCC, Andover College, Portland Adult Ed and USM. Anne passed out a CSN 6 Employment Outcomes August 2009 handout. She said they continue to meet monthly and continue to invite employers.</p> <p><b>Crisis Quarterly Meeting:</b> A lot of people are on vacation but they are plugging away at work. There will be more updates at the next meeting.</p>
<p>VII. Other</p>	<p><b>WRAP Funds:</b> Pat McKenzie said they have hit a bumpy road but are making progress. She said they need a person to work on the internet site and need ready access to an email system. She reported they have received 38 requests, and 35 have been processed with 2 in question. They were backlogged but aren't anymore. It has been a daunting process trying to keep track of all requests. They have a Facebook page with forms, etc. but want to get it HIPAA secure. They have a person who thinks he can do this for them in about 2 weeks, though not through Facebook. Pat would like to present it at the next CSN meeting if it is successful. She also wanted to say that WRAP members have been very tolerant and all have rallied to work together.</p> <p><b>Film:</b> SAMHSA is offering a film called <i>Take These Broken Wings</i>. A link to information about this film is as follows:  <a href="http://www.miwatch.org/cgi-bin/mt/mt-search.cgi?IncludeBlogs=1&amp;search=take+these+broken+wings">http://www.miwatch.org/cgi-bin/mt/mt-search.cgi?IncludeBlogs=1&amp;search=take+these+broken+wings</a></p>
<p>XIII. Public Comment</p>	<p>There were no public comments.</p>
<p>IX. Meeting Recap &amp; Agenda for Next Meeting</p>	<ul style="list-style-type: none"> <li>▪ The members have chosen <u>Improved Access to Services</u> as their first topic of work</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>▪ Pat McKenzie and Karen Evans will meet on Sept. 2 and find a location and date for the first committee meeting. They will give Linda Kinney the information and she will email all those in CSN 6 so people may attend or send a representative to this first meeting.</li> <li>▪ Monthly phone meetings – Marya will Linda know if the call-in phone number will be the same each month and she will email this information to the CSN 6 members.</li> <li>▪ Linda will type up the list of committees and membership and will send it out to all CSN 6 members. Members will in turn let Linda know who is on which committee, and/or who is the chair of the committee.</li> </ul> <p>The next quarterly meeting of CSN 6 will be November 20<sup>th</sup>.</p>