

## **CBHS / DHHS / OCFS Provider Meeting**

Districts 3, 4, 5

April 23, 2010

**Kathy Alley**, Team Leader for Districts 3, 4, and 5 hosted the provider meeting today.

- According to Kathy, we have been seeing trends and there appears to be a problem with families being referred for Home and Community Based Services (HCT). It is important that families need to participate in the development of a referral for these services. Families also need to clearly understand that they will be expected to participate with the child during the duration of these services. In some circumstances, families are saying after the referral has been submitted that this is not the service that the family actually needs / wants when the providers meet with them. Please make sure that the case managers are well-versed in what this service provides, and that the families fully understand the scope of this service before a referral is provided to the office of CBHS.
- We are very interested in knowing how many agencies are using our website. We need to be notified when changes should be made on the website in order to keep it current. Suggestions are always welcome for improving the site as we want it to be useful for families and providers. If you have a problem with anything on this site please contact Nadine Martin @: [Nadine.martin@maine.gov](mailto:Nadine.martin@maine.gov)
  - Nadine is out for surgery right now but Kathy Alley can forward this information to her.
- Resources are available on the back table. We would like to have providers bring their information in for the table for all future provider meetings to share with other providers and presenters - who may like to bring information back into their community. It is a nice way to network your agency services.

**Ann O'Brien**, CBHS Quality and Training Manager for Quality Improvement Services:

- Ann gave a presentation of the Child and Adolescent Family Assessment Scale. In March there was a train-the-trainer program. We now have 21 CAFAS trainers who can train other raters. So now we will have some sustainability in this program. Please note that Functional assessments have upgraded the tool. Additionally, trainers will have booster trainings every two years. All child

assessments are under the management of Dr. Jay Yoe at the office of CBHS. We are working on a calendar computerized system where all trainings from the agencies will be posted, and providers can see when the trainers are available. It is anticipated that agencies will open trainings to staff from other agencies so all providers will have access to these other trainings. We will also have training for the trainers. If there are any HCT training needs you may contact Veronica Dumont at:

[Vernonica.Dumont@Maine.gov](mailto:Vernonica.Dumont@Maine.gov) .

- We are moving from a paper-based to an electronic system and are starting in increments. We are beginning with 5 or 6 agencies to hook them up electronically. There will be reporting functions included with it. Additionally, you could develop treatment plans on it as another option. There will be the ability to report and do some supervision on this system, and it will have the ability to track trends.
- Targeted case management, HCT, and foster care treatment providers currently use the CAFAS. Feedback from the providers and families is important to guide the policy makers in central office. The first phase will start within 3 months.

**Lisa Preney, Thrive:**

- The presentation and video was given by parents Rebecca, Joy and Christine who are members of the Family Advisory Councils for Empowerment Statewide known as FACES. The FACES program is supported by Gear Parent Network. Information that was presented today is from all the families that are involved in FACES. They hope to raise awareness of trauma informed initiatives, acquire more positive responses from providers, and offer ideas to improve communication for service delivery. They wanted to create a venue for bringing family voices to the table in order to continually heighten public awareness of this important program. They do have family councils throughout the state. Everything that happens in a council goes through the other councils. Families need providers to see how important their families are to them. They want to be agents of change. Anyone that is interested in getting involved with FACES can call: **Gear at: 1-800 264-9224** and ask for a FACES council member.

Requirements to be on the council are those who have gone through empowerment training and they must be a member in good standing. It is a community forum and is limited to 15 members in each district. Councils are in the Bangor, Skowhegan, Lewiston, Belfast and South Portland areas.

**Suzanne Boras, CBHS District Supervisor:**

- Suzanne introduced our new Quality Improvement Specialist Dean Bugaj. He will be located in the Lewiston Office.
- Discussion of the New Section 28 RCS (Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations). All referrals must go to Suzanne in Lewiston (the address is listed on the bottom of the form, and the form is found at our Website at: <http://www.maine.gov/dhhs/ocfs/cbhs/index.shtml>)

You may contact Suzanne at: [Suzanne.Boras@maine.gov](mailto:Suzanne.Boras@maine.gov)

All documentation must be included with the application which includes parent signature, evaluation, filled out functional assessment, etc.

**Sharon Kelly, CBHS Central Office – Works on Maine Care Policy Development**

- Please note that the Section 28 policy can now be found on the Web.
- A state wide CBHS web-site group has reconvened their meetings and is trying to make the site more useful for the public. Please send any suggestions for improvements to Nadine Martin at: [Nadine.martin@maine.gov](mailto:Nadine.martin@maine.gov)
- The Office of Adults with Cognitive and Physical Disability Services (OACPDS) will be holding webinar trainings for Case Managers to help with the referring, and eligibility process.
- The waiver services that have been closed for children are in the process of opening up again. There is an application being developed for the federal government and for legislative approval that will be needed but our department is encouraged that approval will be forthcoming. The application is for an initial period of 3 years, with a 5 year renewal. During the first year of start-up there will be approximately 40 children placed on the waiver, with 20 children added each year thereafter giving a final total of 80 clients statewide at the end of 3 years. The waiver will be for very high needs children most of whom are already known to us and who will probably need some level of services throughout their life. Children from ages 5 to 16 will be considered and will be able to stay on the program until age 21. The anticipated start date for phase-in would be January 1, 2011. Policy will be written to support the waiver in Sec. 34. The children will be in the MR/DD or Child Welfare System.

The waiver will include assistance for the family and child in the home including respite, transportation, environmental adaptation and consultations for those who need several providers at the same time – med management etc. It is probable that Section 28 may be used at the same time. Generally 40% of the funding will go for in-home adaptations, and 60% for residential development for the 13 and

14 year old children that are becoming too dangerous to stay at home. Most stakeholders are aware of this tentative program and these homes will be located throughout the state. It is hopeful that we will be looking for fall development.

**Representative Lisa Miller: House District 52 – Representing Chelsea, Jefferson, Somerville, Washington, Whitefield and Unorganized Territory of Hibberts Cove.**

- Lisa provided a handout sheet regarding the terms frequently used in the welfare system, and provided a brief description that captured the essence of the service.
- Basically she offered clarification today to our providers of: What is Welfare?
  - **Food Stamps:** Federal Program administered by the state.
  - **TANF:** Temporary Assistance for needy Families. Generally for mothers and small children. Rules and boundaries were established during the Clinton Administration. The average monthly benefit is \$363 a month.
  - **Food Stamps:** Federal Program administered by the state.
  - **General Assistance:** Given by towns for heating and fuel. When their money runs out that's it for the year
  - **Medicaid:** We have a large percentage of our population on Medicaid - 23%. It is a federal insurance program for the poor jointly funded by the states and the federal government. \$1 state money to \$2 federal money. The stimulus money brought the federal portion up to \$3.
  - **Disability** is a federal program but takes 2 years to qualify. The state helps in the interim. Many vets are on disability – Many Vets have EBT cards that are used for various things related to their disabilities
  - **TANF** actually has some of the lowest rates in New England. People do not come to Maine for the welfare. The Supreme Court has ruled against residency requirements. Actually more people leave Maine than come in. Usually those that come in are those coming back to Maine. 12% of those coming in apply for welfare but not all qualify. There is a high rate of those using TANF but there is a 5 yr. limit and they are usually exit the system within 2 yrs.
  - **Fraud:** Maine finds that there is a 2% in this state fraud rate as compared to 4% nationally. People are asked to report suspicion of fraud. One can call the 800 number to report, however it is found that neighbors are reluctant to do so.

- **Insurance & MaineCare:** Maine does have 23% of its population receiving Maine Care compared to 20% nationally. We support drug programs for seniors, insurance for some parents of children receiving S CHIP funds. We insure some childless adults who have serious illnesses. With the new reform all citizens will be covered in some way.
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  - Maine is the poorest state in New England. We have the oldest population and our occupations have been quite dangerous – logging, fishing and manufacturing. Also our disability rate in the MH group has been growing!
    - Citizens are encouraged to call-in if they know someone is using the system inappropriately.

**Dawn Willard-Robinson / Pine Tree Camps and Applications:**

- Pine Tree Camp is Maine’s only ACA-Accredited camp for people with disabilities. It is now in its 65th year. It offers overnight and day camping for children with disabilities. A tree house was recently built that is accessible to campers. At present there are openings for all three sessions. There are seven, six day sessions which accounts for space for 650 children. The goal is to serve as many campers as possible and offer people a chance to discover their abilities. The dining room can accommodate 175 campers. Camping sessions are designed for children ages 8 to 18 with a wide range of physical and or developmental disabilities.
- Pine Tree Camp has a day camp, known as Camp Pine Cone. It is for children, ages 5 to 12 that are not yet ready for an overnight experience. The 5 day program runs from 9 am to 3pm. July 13 – July 27<sup>th</sup> is the last session. It offers two, one week sessions.
  - Applications for the 2010 summer session area available on the web at [www.pinetreesociety.org](http://www.pinetreesociety.org) or by calling 207-443-3341.
- The *first session* is appropriate for children with DD and a mix of children diagnosed with Autism and MR. The ratio of staff to camper is 1 to 3. A new cabin can house six campers with their helpers. There are a total of 4 sessions in the regular overnight camping sessions. The *3<sup>rd</sup> session* is for higher functioning children. The *4<sup>th</sup> session* is for children with physical challenges such as MD and CP and some Autism. Pine Tree Camp encourages families to visit to preview the

camp for future camp experiences for their children. Families pay what they can afford to attend Pine Tree Camp. Donations from “friends” help defray the cost.

**Leina Cortese and Melanie LaMore – Providence Corp / Services:**

- Providence Corp. is starting case management services. They also provide services in 4 other domains. They include HCT (Children’s Home and Community Based Treatment); Children’s Home and Community –Based Day Habilitation; Special Purpose Education & Treatment Center for Children with Autism Spectrum Disorders; and Inclusive School-Based Day Treatment.
- The HCT service which is intensive home based counseling uses 2 models; Trauma Focused Cognitive Behavioral Therapy and Virtual Residential Treatment Model. This is for high needs people who are one step away from residential treatment. Providence Service Corp has recently initiated this model in the state. It is also available for families that have children in care but are not quite ready to come home yet. Providence is trying to develop more teams to serve this specific population. At present they have one team in each region. For the Virtual Residential Treatment Model, you can fill out a HCT referral form and check off the VRT box. Then call the preferred site and a brochure can be sent to you explaining the service.
- Providence is also in the process of developing a program in the Western Region of the State using an ABA approach (Applied Behavioral Analysis).

NOTE: Next Scheduled Provider Meeting date is: **July 23, 2010**

Please contact Nadine Martin if you have *agenda suggestions* for that meeting at:  
[Nadine.martin@maine.gov](mailto:Nadine.martin@maine.gov)