

**Community Service Network 3 Meeting  
Riverview Psychiatric Center, Augusta  
November 5, 2007**

**Approved Minutes**

**Members Present:**

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|---|---|---|
| • Dick Willauer, Alternative Services Inc.        | • Jen Raymond, Graham Behavioral              | • Karen Fatz, Mount St. Joseph              |
| • Annalee Polley, Assistance Plus                 | • Carla Beaulieu, Hope Recovery/TPG           | • Ann Lang, NAMI-ME Families                |
| • Joe Tinkham, Care & Comfort                     | • Louise Gephart, MaineGeneral/HealthReach    | • Carol Carothers, NAMI-ME                  |
| • Don Harden, Catholic Charities                  | • Tom McAdam, Kennebec Behavioral Health      | • Lori Michaud, Redington-Fairview Hospital |
| • Charlie Clemons, Charlotte White                | • Sharon Abrams, Maine Children's Home        | • Sharon King, Sebecook Valley Hospital     |
| • Mark Tully, Community Correctional Alternatives | • Jim Talbott, Merrymeeting Behavioral Health | • Ric Hanley, Spring Harbor                 |
| • Amy Wilmot, Community Mediation Services        | • Richard Weiss, Motivational Services        | • Donna Ruble, Sweetser                     |
| • Michael Mitchell, Crisis & Counseling           |   |   |

**Members Absent:**

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|--------------------------------|-------------|-------------------------------------|
| • AIN                          | • ESM       | • Inland Hospital                   |
| • Allies Inc.                  | • LINC Club | • Youth & Family Services (excused) |
| • Catholic Charities (excused) |             |                                     |

**Alternates/Others Present:**

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|-------------------------------------|--|-----------------|
| • Johna Bowen, Assistance Plus      | • Mary-Ellen Dubay, Hope Recovery Center   | • Leah Waldo    |
| • Troy Henderson, HealthReach       | • Karen Mosher, Kennebec Behavioral Health | • Michael Waldo |
| • Roy Barrett, Hope Recovery Center | • Chris Lord                               |                 |

**Staff Present:** DHHS/OAMHS: Ron Welch, Donald Chamberlain, Leticia Huttman, Sharon Arsenault, Lisa Wallace, David Proffitt. Muskie School: Elaine Ecker.

Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Sharon opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	The September minutes were approved as written.
III. Work Plan Subcommittee Reports	<p><b>Vocational</b> Dick Willauer informed that the subcommittee used the format of the overall work plan (Who, Why, How, Outcome, Measures) to guide their work and reported the following:</p> <ul style="list-style-type: none"> <li>• <b>Who:</b> Need further clarification on people who want to work and are not able to do so—reasons, numbers, etc.</li> <li>• <b>Why:</b> Committee identified five barriers: 1) Loss of benefits; 2) Lack of adequately trained and certified employment support staff; 3) Better trained VR counselors with specific training on assisting persons with mental illness; 4) Lack of understanding of vocational services by caseworkers and other stakeholders; 5) Realistic assessment of the need for long-term supports.</li> <li>• <b>How:</b> Development of accurate data for Maine and for CSN 3. Suggest using a consultant to develop this data. Subcommittee has identified a potential source of funds (\$10,000) and suggests DHHS match those funds. Also, would like more information as to role of the new Employment Specialists.</li> <li>• <b>Outcome:</b> 90%, though desirable, is unrealistic. Subcommittee recommends 50%. Also, need clearer definition for "work."</li> <li>• <b>Measures:</b> Suggest using the ISP (Individualized Support Plan) as primary tool to clearly identify vocational goals. This info should be shared with both the VR Counselor and community vocational provider.</li> </ul>

Agenda Item	Presentation, Discussion
	<p>The group engaged in a lengthy discussion. Highlights:</p> <ul style="list-style-type: none"> <li>• Transportation and childcare are also barriers to employment. Subcommittee will add to barrier list.</li> <li>• The proposed consultant would help identify how many there actually are who desire employment and confirm the actual barriers. Need to talk to people affected, not the provider. The potential funding source is the now-defunct Maine chapter of the Association for Persons in Supported Employment. Significant funds were not spent and could be used if former officers of the group approved.</li> <li>• Will the subcommittee flesh out what “long-term supported employment” means? Response: The real issue is KEEPING the job—the pressure to reduce supports sometimes is great. Doesn’t necessarily mean one-to-one support on a long-term basis, but long-term access to various kinds of assistance, e.g. meeting off-site to process what’s happening at work, negotiating with employer to resolve an issue, etc.</li> <li>• A consumer told about his experiences, saying he wants to “work in the worst way,” but can’t get a job due to his felonious criminal history, even though he’s been out of criminal justice system for three years. Subcommittee will add criminal justice history to list of barriers. Also, such problems are not insurmountable for a competent employment specialist, a member commented.</li> <li>• The recent 3-hour vocational training for all community support workers “didn’t do much.” One-time universal training isn’t going to do it. Need continual training—high turnover is an issue, too.</li> <li>• Vocational training is being built into the requirements for MHRT/C certification.</li> <li>• Don Chamberlain asked the subcommittee to define trainings they might like to see happen, especially in this CSN.</li> <li>• Ron Welch suggested that Jim Braddick (OAMHS), Art Jacobsen (VR), and perhaps someone from MMC Vocational Services join the subcommittee to provide information about the new Employment Specialists.</li> <li>• David Proffitt suggested focusing on developing tracks to: 1) competitive employment, 2) entrepreneurial employment, and 3) supported employment, saying these tracks would allow development of a way for nearly all to access work.</li> <li>• The group discussed the pros and cons of “volunteer” work in the discussion around employment, with caution about considering the need for employment being met by volunteering, while also noting that volunteering adds meaning and purpose to one’s life and can serve as a stepping stone to actual employment.</li> <li>• Someone from Kennebec Behavioral Health will join the subcommittee, and consumers with successful or unsuccessful experiences were encouraged to join as well.</li> </ul> <p><b>ACTIONS:</b> The Vocational Subcommittee will: 1) Add transportation, childcare, and criminal justice issues to barrier list; 2) flesh out plans for what a consultant for CSN 3 would do; 3) define trainings they would like to see happen.</p> <p>A member stated that it would be helpful to have an inclusive, meaningful, orderly way to provide/receive input re: subcommittees. Ron said it is OAMHS’ burden to provide that.</p> <p><b>Transportation</b> Annalee Polley reported that the subcommittee has met a couple of times and reported the following:</p> <ul style="list-style-type: none"> <li>• The subcommittee suggests changing the outcome to “85% with unmet needs identified will find a means of transportation.” At present in CSN 3, that 85% of identified unmet needs represents 17 people for whom transportation needs would have to be met.</li> <li>• Subcommittee would like to determine if there are any funds before exploring remedial plans.</li> <li>• Subcommittee also looked at numbers for CSN 2 and CSN 5 from the unmet needs on RDS and found comparable numbers to CSN 3. Would like to look further at RDS information to determine specific unmet</li> </ul>

Agenda Item	Presentation, Discussion
	<p>transportation needs in these CSNs.</p> <ul style="list-style-type: none"> <li>• Barriers identified so far: 1) Money; 2) Rural; 3) Medications; 4) Diagnosis; 5) Physical</li> <li>• Transportation is essential for continued employment, medication needs, peer support, and family connectedness.</li> </ul> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• Would it be useful to determine how many people have driver's licenses? Is helping people get a driver's license a possibility?</li> <li>• The Consumer Council System is really looking at transportation issues and would welcome information from the CSNs.</li> <li>• KVCAP transportation is limited—last appointment is 4 p.m. Can't use for any early evening transportation.</li> <li>• What if funds were available to help peer support centers develop transportation system(s)?</li> <li>• RDS unmet needs only covers those receiving case management, doesn't identify all others...Need a way to identify the whole picture.</li> <li>• Think of measures as progressions—where are we now, and are we moving toward the goal?</li> <li>• Not sure we have a full listing of all transportation resources available to help people access <u>services</u>.</li> </ul> <p><b>ACTIONS:</b> The Transportation Subcommittee will: 1) work on fleshing out resources, and 2) look at RDS unmet needs with more refinement.</p> <p><b>Residential</b> The Residential Subcommittee will meet at 1 p.m. on November 7, and report at the next CSN meeting.</p> <p><b>Peer Supports</b> Carol Carothers reported that to-date no consumers had joined the subcommittee. The subcommittee plans to meet when its membership includes peers.</p> <p><b>Treatment</b> The treatment subcommittee has not yet met. Donna Ruble reported that some issues have been identified re: medication management and outpatient services: Transportation (major), co-pays, no-shows</p>
V. Report from Spring Harbor on Gatekeeper Function	No time for this agenda item.
VI. Budget/Budget Work Groups/Legislative Update	<b>Budget Work Groups: Administrative Burden, System Redesign, Rate Standardization</b> No time for this agenda item.
VII. Other	No time for this agenda item.
VIII. Public Comment	No time for this agenda item.
IX. Agenda for Next Meeting	Work Plan Subcommittee Reports; Report from Spring Harbor on Gatekeeper Function, Budget/Budget Work Groups/Legislative Updates