

**Community Service Network 3 Meeting
Maine Principals' Association, Augusta
February 4, 2008**

Approved Minutes

Members Present:

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| • Susan Seeley, AIN | • Michael Mitchell, Crisis & Counseling | • Richard Weiss, Motivational Services |
| • Tara Mullins, Allies Inc. | • Jean Gallant, ESM | • Ann Lang, NAMI-ME Families |
| • Joe Tinkham, Care & Comfort | • Jen Raymond, Graham Behavioral | • Carol Carothers, NAMI-ME |
| • Annalee Polley, Assistance Plus | • Carla Beaulieu, Hope Recovery | • Lori Michaud, Redington-Fairview Hospital |
| • Don Harden, Catholic Charities | • Tom McAdam, Kennebec Behavioral Health | • Sharon King, Sebasticook Valley Hospital |
| • Charlie Clemons, Charlotte White | • Emilie van Eeghen, MaineGeneral/HealthReach | • Ric Hanley, Spring Harbor |
| • Linda Sexton, Community Correctional Alts | • Jim Talbott, Merrymeeting Behavioral Health | • Cindy Fagan, Sweetser |

Members Absent:

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| • Alternative Services, Inc. | • Inland Hospital | • Maine Children's Home |
| • Community Mediation Services (excused) | • LINC Club | • Mount St. Joseph |
| | | • Youth & Family Services |

Alternates/Others Present:

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| • Brent Bailey, Allies Inc. | • Christine McKenzie, MMC Voc Svcs | • Darrell Wood, DHHS |
| • Heather Kelley, Assistance Plus | • Jennifer Kimble, MMC Voc Svcs | • Wanita Page, DHHS |
| • Bonnie York, Merrymeeting Behavioral | | |

Staff Present: DHHS/OAMHS: Ron Welch, Donald Chamberlain, Leticia Huttman, Marya Faust, Jim Braddick. Muskie School: Elaine Ecker.

| Agenda Item | Presentation, Discussion |
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| I. Welcome and Introductions | Don opened the meeting in Sharon's absence (due to illness) and participants introduced themselves. |
| II. Review and Approval of Minutes | The January minutes were approved as written. |
| III. Budget/Legislative Update | <p>Ron reported that the mental health portion of the Supplemental Budget will be presented to a joint meeting of the Legislature's Appropriations and Health & Human Services (H&HS) Committees on Wednesday, Feb. 6, which begins at 1 p.m. (MH discussion probably beginning 2:00 p.m.). The proposals will then go to the H&HS Committee for a work session, scheduled for Friday, Feb. 15. The H&HS Committee will report their resulting recommendations to the Appropriations Committee for consideration in their work sessions.</p> <p>Though it is important to attend these meetings, Ron said, it is most important for individuals, organizations, agencies, CSNs, etc., to make contact with individual members of the committees before their work sessions. (Members of the public can't speak up in a work session unless called upon.)</p> <p>Other budget related discussion:</p> <ul style="list-style-type: none"> • Members expressed concern about the timeline of budget decisions, for obvious fiscal reasons, but most importantly in relation to notifying consumers in a timely way if and when their services must be discontinued. Does OAMHS have a contingency plan or guidance for providers if the budget process becomes protracted? • OAMHS hopes to conclude soon, Ron said, on development of eligibility criteria for use of general (grant) funds. The criteria will need the approval of the Court Master before finalization. He expects that more equity in the distribution of grant funds will result. |

| Agenda Item | Presentation, Discussion |
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| | <p>Flex Funds Rapid Flex Funds will still be available on a case-by-case basis, Ron said, though the eligibility criteria are yet developed. Will be equitable across the state.</p> <p>Section 65 Medication Management Members mentioned concerns about Med Management services now being available only under Section 65, and asked if the rule might undergo any changes to better accommodate “Section 17” clients’ needs. Marya said that Section 65 is “open” again, and OAMHS is looking at they need to do and whether changes can be made. She said OAMHS is aware of the issues, but unsure of outcomes at this time. Providers need to be billing under Section 65, Marya said.</p> <p>Case Management Ron explained that the changes to Section 13 Targeted Case Management (discussed last month), do not also apply to Section 17 at this time. Any changes to Section 17 case managements services are on hold.</p> <p>Unbundling PNMI, ACT A member asked for further explanation of “unbundling PNMI” as referred to by the Commissioner in her presentation to the Legislative committees last week. Ron explained that unbundling would mean that the various treatment ‘pieces’ would have to be purchased separately and would probably in the end cost more than a bundled rate. He also said that none of the pieces could be room and board or mortgage expenses.</p> |
| IV. PNMI Bed Hold Days | <p>Mark Tully of Community Correctional Alternatives had requested that this item be placed on the agenda, Marya noted, but was not present at the meeting. Marya explained that the Supplemental Budget eliminates PNMI “bed hold days” or reimbursement for days that beds are empty pending arrival or return of a consumer. Most PNMI, Marya said, are already reimbursed at an 85% occupancy rate, which automatically builds in approximately 50 days per year. This change effectively establishes a limit on such days, where there was no limit previously.</p> |
| V. Employment Service Networks | <p>Jim Braddick opened this item with an overview of OAMHS employment activities, including:</p> <ul style="list-style-type: none"> • Long-term vocational support program, funded for 10 years—provides job coaching when needed to maintain employment (Section 17 service.) • Six Community Work Incentive Coordinators (formerly known as Benefit Specialists) are available statewide through MMC Vocational Services. Their job is to help SSI/SSDI benefit recipients understand the impact of earned income on cash or other benefits in their specific situation. • Four-hour employment orientation training was provided to community support workers (MHRTs) last March, which emphasized the importance of employment in recovery and of including employment on consumers’ Individual Support Plans (ISPs). • As of Jan. 1, 2009, MHRT/C certification will require completion of an employment course. • OAMHS contracted with MMC to provide Technical Assistance to 10 ACT Teams to help better utilize the Employment Specialists’ time for employment-related activities and to achieve the goal of 15% of caseload obtaining employment. • Seven Employment Specialists (ES) will be hired, trained, and jointly supervised by MMC Vocational Services. MMC was the only entity to submit a Letter of Intent in response to the Request for Proposal, so they were awarded the contract for this initiative. MMC will place one ES in an agency providing CI services in each of the seven CSNs. The ES will provide job development and placement services, parallel to those offered through Bureau of Vocational Rehabilitation (VR). |

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| | <ul style="list-style-type: none"> • OAMHS developed a formal Memorandum of Understanding (MOU) with VR, allowing coordination with and access to VR services while working with an ES through MMC Vocational Services. <p>Christine McKenzie and Jennifer Kimble from the Department of Vocational Services at Maine Medical Center made a presentation regarding the Employment Services Network project. The project is focused on increasing employment and/or education opportunities for individuals with mental illness. There will be an Employment Service Network (ESN) in each CSN region. The ESN will be made up of: a CSN Employment Specialist (ES), the ACT ES in that region, a Bureau of Rehabilitation Counselor, a Community Work Incentive Coordinator, Consumer from the Statewide Consumer Council, a Disability Program Navigator, and the Long Term Employment Support Coordinator for the region. Employers will be added to the ESN once it is established. Performance indicators for the project were shared. The Employment Specialist in the CSN will be a member of the CSN and will report the outcomes for the project monthly in the CSN meetings. Information from the Department of Labor about the job growth, employment opportunities, and trends will be used by the ESN for each region.</p> <p>Questions/Discussion:</p> <ul style="list-style-type: none"> • What are the qualifications for ES position? A: Prefer Master's level or Bachelor's with experience in field. MMC has capacity to provide raining for minimum requirements—but looking for Master's level. • If someone on an ACT team becomes employed, will they no longer receive ACT services? A: Receiving ACT services is a clinical decision—though employment may help person progress to lower level of care. • People don't get enough long-term support when requested—it fades out too soon. • What is Dept's stance re: chronically mentally ill—some may need long-term supports in some fashion for the rest of their lives? A: There is no limit—amount of support is individually negotiated between provider and long-term support coordinator. It is generally expected that the level of support may decline, but the program is set up to give supports indefinitely. • Sometimes VR services may end too quickly when consumer also has long-term support. |
| <p>VI. Work Plan Subcommittee Reports</p> | <p>Treatment – Rowena Tessman The new chair, Rowena Tessman, is away on vacation. Subcommittee member Emilie van Eeghen reported that this subcommittee met only once, early on, and suggested that she organize a meeting in Rowena's absence. She noted that the subcommittee has only three members and encouraged others to join them.</p> <p>ACTION: Emilie will schedule a meeting of the Treatment Subcommittee.</p> <p>Vocational – Jean Gallant Jean reported that a meeting was scheduled for last Friday, but rescheduled to the following Tuesday due to weather, to discuss possibilities for utilizing the \$10,000 remaining in the treasury of the now defunct Maine Association of Persons in Supported Employment (APSE). The former APSE board members would like more details about proposed uses of the funds, and Jean asked members for ideas, noting the board's priority for finding the best use of the funds for <u>consumers</u>.</p> <p>The group discussion focused mainly on the absence of activities or training for consumers around aspiration building—particularly to address the fears and lack of up-to-date information many consumers have about employment and loss of benefits. Members made and passed the following motion as the CSN's proposal to the APSE board for use of the funds:</p> |

| Agenda Item | Presentation, Discussion |
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| | <p>MOTION: That [the funds] be used for consumer training and aspiration-building kinds of activities.</p> <p>Jean will report on the outcome at the next CSN meeting. This subcommittee currently has only two members and would welcome more.</p> <p>Transportation – Annalee Polley Annalee reported on a few resources, including the county list provided on the Maine Transit Links web page, KVCAP, the possibility of applying for an Easter Seals Project ACTION grant. She indicated that the subcommittee is unsure of its next steps, especially in light of the current financial situation. “There’s not much out there.”</p> <p>Residential – Richard Weiss Richard reported that the subcommittee has been looking at BRAP and passed around several graphs depicting the distribution of BRAP funding around the state, by region and by agency. Ron informed the group that the supplemental budget proposes that BRAP funding will come from the MSHA HOME Fund rather than general funds. A portion of real estate transfer taxes funds the HOME Fund. BRAP would be first priority for HOME Fund dollars.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Currently Motivational Services has 20 people on the wait list for BRAP. • Emilie van Eeghen reported they’re seeing increasing homelessness. <p>Richard said the subcommittee would like to see data on Shelter Plus Care and Section 8, and will contact Sheldon Wheeler for that information.</p> <p>Peer Supports – Carol Carothers Carol reported that the committee had not met again, saying that they had carried out their initial task and needed further direction and clarity from OAMHS.</p> <p>Leticia Huttman mentioned that the Request for Proposals should be out soon for providing Peer Support in the Emergency Rooms at Maine General Hospital’s Thayer and Augusta campuses.</p> |
| VII. Consumer Council Update | <ul style="list-style-type: none"> • The Statewide Consumer Council is meeting regularly. • LD 1967, "An Act To Establish a Consumer Council System of Maine Consistent with the AMHI Consent Decree and the State's Comprehensive Mental Health Plan" has not yet been heard. • Initial stages underway for establishing local councils in: 1) Augusta/Waterville, 2) Topsham/Brunswick, 3) Lewiston, and 4) Aroostook. |
| VIII. Other | None. |
| IX. Public Comment | None. |
| X. Agenda for Next Meeting | Budget/Legislative Update Subcommittee Reports Consumer Council System of Maine Update Unmet Needs Data for CSN |