

**Community Service Network 4 Meeting  
DHHS Rockland Office, Rockland  
February 11, 2008**

**Approved Minutes**

**Members Present:**

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| • Paula Greenleaf, AIN                   | • Martha Marchut, PenBay Healthcare (MCMHC)          | • Priscilla Seimer, Sweetser                 |
| • Alan Letourneau, ESM                   | • Stephanie George-Roy, Riverview Psychiatric Center | • Dana Bontatibus, Sweetser                  |
| • James Talbott, Merrymeeting Behavioral | • Stephanie Field, St. Andrews Hospital              | • Alex Veguilla, Sweetser Peer Center        |
| • Tammy Swasey-Ballou, NAMI-ME Families  |  | • Dan Bennett, Waldo County General Hospital |

**Members Absent:**

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|--------------------------------|---------------------------|-----------------------------|
| • Allies, Inc.                 | • Group Home Foundation   | • Spring Harbor             |
| • Community Mediation Services | • Miles Memorial Hospital | • Transition Planning Group |

**Others Present:** Rita DeFio, Sweetser; Dick Balsler, Christine McKenzie, and Jennifer Kimble of MMC Vocational Services

**Staff Present:** DHHS/OAMHS: Don Chamberlain, Jim Braddick, Brian Gallagher, Cecilia Leland, & Naya Blue. Muskie School: Cheryl LeBlond and Scott Bernier.

Agenda Item	Discussion
I. Welcome and Introductions	Jim Braddick opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	The October minutes were approved as written.
III. Employment Service Networks	<p>Jim Braddick opened this item with an overview of OAMHS employment activities, including:</p> <ul style="list-style-type: none"> <li>• Long-term vocational support program, funded for 10 years—provides job coaching when needed to maintain employment (Section 17 service.)</li> <li>• 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.</li> <li>• 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).</li> <li>• As of Jan. 1, 2009, MHRT/C certification will require completion of an employment course.</li> <li>• 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.</li> <li>• 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).</li> <li>• 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.</li> </ul> <p>A presentation was made by Richard Balsler and Christine McKenzie from the Department of Vocational Services at Maine Medical Center 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</p>

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	<p>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. The CSN is encouraged to think about what jobs in this area can be part of an option for your community. 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. Agencies that are interested in housing the Employment Specialists must submit applications by March 1. DHHS will keep the CSNs posted when agencies have been chosen. Applications for Employment Specialist positions can be accessed from the Maine Medical Center – HR website and <a href="http://www.jobsinmaine.com">www.jobsinmaine.com</a>.</p> <p>Questions:</p> <ul style="list-style-type: none"> <li>• Q. Is this different than vocational rehabilitation (VR)? If so, how do I refer people to it instead of VR? A. Our goal is to get people off the VR waiting list and give people the support they need to work. The current wait list for VR is four months. According to the memorandum of understanding between DHHS and VR Services, if a consumer is on the wait list, they can be referred to the Employment Specialist and receive services, if they are “Section 17” eligible.</li> <li>• Q. A lot of our people are non-categorical MaineCare. Are they eligible? A. This is not MaineCare supported, so it does not matter if they qualify for MaineCare or not. They need to meet the clinical criteria for Section 17.</li> <li>• Q. The fear of relapse is a major challenge for us. How does this program recognize this? A. The ESN coordinator will explain this to the individual. Providers will be encouraged to talk about the reality of a relapse and how to work with it. Research shows that there is little relapse in those who work.</li> </ul>
IV. Budget	<p>Don reported on the FY08 curtailments. All CSNs were sent notice of this. The governor had no choice in the matter, as he is required under the state constitution to have a balanced budget. Those curtailments have been annualized for FY09, but the FY09 budget can still be debated by the legislature. Don gave a summary of the cuts:</p> <ul style="list-style-type: none"> <li>• A number of non-direct services contracts were cut.</li> <li>• Grant funds have been eliminated. One now needs to have full MaineCare to be eligible for Intensive Community Integration, ACT and other similar services.</li> <li>• Home based services for seniors, individual and group counseling, and skills development have been cut.</li> <li>• BRAP will be moved into the HOME Fund administered by the Maine State Housing Authority.</li> <li>• Consumers must meet the eligibility criteria for MaineCare to receive services, except for Class members who remain eligible for community integration.</li> <li>• DHHS has reviewed grant recipients for the first four months of this fiscal year and found that one third have become eligible for full MaineCare.</li> </ul> <p>Question from a representative: We have a few clients who don't qualify though they are very ill. I hope we can negotiate with the state for some support for such clients. Don responded: We hope to provide some help on a case-by-case basis.</p> <p>Don concluded by asking attendees to weigh in their concerns with their state representatives. DHHS will also send out a table to show how the FY09 cuts will affect each agency.</p>

Agenda Item	Discussion
V. Case Management: Federal Direction	<p>Don referred attendees to handouts about the changes being initiated by the Center for Medicaid and Medicare Services (CMS) to the definition of case management and what can and cannot be billed under the new definition under Section 13-Targeted Case Management (TCM).</p> <ul style="list-style-type: none"> <li>• It redefines and limits who is eligible for case management</li> <li>• Moving to a quarter-hour billing rather than monthly.</li> <li>• Thanks to work from our congressional delegates and those in other states, CMS has agreed to slow down the implementation from March 1, 2008 to later this year.</li> <li>• The quarter-hour rate for TCM will be set at the current highest rate for community integration services.</li> </ul> <p>Comments/thoughts:</p> <ul style="list-style-type: none"> <li>• A member reported that no matter how you look at it, transportation is an issue. Another issue we deal with is when a client asks their case manager to accompany them to court. What are we going to do now if the judge is delayed for that court case?</li> </ul>
VI. Peer Support & Recovery Subcommittee Report	<p>The Peer Support Subcommittee met in December. They have drafted a plan for hiring a part time Peer Community Organizer and what the costs would be around this. It would be that organizer's job to determine what kind of peer services CSN 4 consumers want. A copy of the draft plan was distributed to those present at the meeting. The committee also discussed possibilities for where position might be housed and/or supervised, without resolution.</p> <p>A summary of the costs involved:</p> <ul style="list-style-type: none"> <li>• Contract position for 20 hours a week for 26 weeks at \$20/hour plus mileage where the contracted organizer would pay their own taxes. \$10,400</li> <li>• Estimate driving roughly 128 trips over the 26 weeks at an average of 80 miles per trip. \$0.40 per mile rate or roughly \$4,096 for mileage</li> <li>• Provide a Tracfone. Estimated total cost \$300</li> <li>• Internet access, laptop and other expenses \$2,154</li> <li>• Total: \$16,950</li> </ul> <p>The subcommittee asked for feedback from those present. Those present were satisfied with the work performed by the subcommittee. The subcommittee then asked if they should proceed with the hiring process.</p> <p><b>MOTION:</b> A motion was made to allow the subcommittee to move forward with the hiring process. It was seconded and carried unanimously.</p> <p>If anyone has additional comments, they can forward those to Alex.</p>
VII. Legislative Update	<p>A member did provide an update on status of a pending bill to create the Statewide Consumer Council of Maine as a quasi-state entity. UPDATE: The bill is LD 1967—hearing on Feb. 29 and work session on March 7.</p> <p>Private Non-Medical Institution (PNMI): there has been some angst over the budget elimination of bed hold days from PNMI-Adult Services. The outcome of which is that no bed hold days will be allowed going forward. This is going through the legislature at the moment. The current PNMI rate is based on 85% occupancy.</p>

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VIII. Other	<p>PenBay Healthcare (MCMHC) is closing their community integration program and its associated adult Day program. This affects 130 to 135 clients. They are working with other agencies to pick-up these clients. Agencies they are negotiating with include Sweetser, ESM, and Graham Behavioral Services. They plan to implement the closure by mid-March.</p> <p><b>ACTION:</b> Don requested that DHHS be notified with a list of who goes where to ensure that all clients affected by the closure continue to receive services.</p>
IX. Consent Decree Report	<p>Don reported on the latest quarterly report given to the court master. The court master had concern over several items in the report. The largest issue was that DHHS signed the contract with APS Healthcare to manage billing without first obtaining the court master's approval. DHHS moved forward with the APS contract since it impacted many other services in addition to adult mental health and believed they could amend the contract after the court master reviewed it. The court master was also unhappy with the gap analysis report on medication management. The court master reported his concerns to the judge. The judge has issued an order to find if DHHS is in contempt of court in the AMHI Consent Decree settlement. A preliminary hearing was held this past week. Don is unsure of the outcome of that hearing. In the meantime, DHHS is working with the court master on amendments to the APS contract. DHHS has also submitted more information on the gap analysis.</p>
X. Public Comment	<p>There was no public comment.</p>
XI. Agenda for Next Meeting	<p>Budget/Legislative Update Peer Support &amp; Recovery Subcommittee Update</p>