

**DRAFT MEETING MINUTES FOR THE  
AD HOC VOCATIONAL SERVICES COMMITTEE  
OF THE  
HOSPITAL AND CRISIS SERVICES INITIATIVE  
9AM. FRIDAY, MARCH 17, 2006  
MARQUARDT BUILDING  
CONFERENCE ROOM 1A**

**PRESENT:** Richard Balser, Maine Medical Center; Jim Braddick, DHHS; Liz Carignan, AIN; John Coffin, Common Ties Mental Health Coalition; Anne Connors, Muskie; Melinda Davis, AIN; Mel Gleason, DOL, Division of Vocational Rehabilitation; Christine Dunbar, KVMHC; Gayla Dwyer, AMHC; Kristen Fortier, DHHS; Garv Golding, Tri-County Mental Health Services; Pam Holland, Tri-County Mental Health Services; Roberta Hurley, Vocational Services Consultant to DHHS; Elizabeth Jones, DHHS Consultant; Carlton Lewis, DHHS-Region I MHTL; Linda McCluskey, MCD; Mary Louise McEwen, Dorothea Dix Psychiatric Center; Karen Mosher, KVMHC; Jean Nielsen, Common Ties Mental Health Coalition; Dianne Nelder, Ingraham; Patty Perry, Allies, Houlton; Val Porter, H.O.P. Recovery Center; David Proffitt, Riverview Psychiatric Center; Mark Rosenberg, Mark S. Rosenberg Consulting Services; James R. Schmidt, Maine State Rehab Inc., KVMHC Board, High Hopes Advocacy Council; Peter Sentner, Catholic Charities, Support & Recovery; Sharon Sprague, DHHS; John Thibodeau, Riverview Psychiatric Center; Doug Townsend, CHCS; Dick Willauer, Maine State Rehab Council; Richard Weiss, MoCO Maine; Mary White, AMHC/

**INTRODUCTION**

Elizabeth Jones welcomed participants to the meeting and informed them that she would be working on recommendations to DHHS in the following three categories: vocational services, the number of beds at Riverview Psychiatric Center, and continuity of care. Before making her recommendations, Ms. Jones said that she wanted to speak with as many people as possible and thanked participants for coming to this meeting to give input. She also introduced Roberta Hurley, who is affiliated with Dartmouth Psychiatric Research Center, and whose expertise is in vocational services training, evaluation, and supported employment.

Ms. Jones then handed out a list of Action Steps submitted by the Department to the court master in order to meet the vocational services component of the consent decree. The Action Steps recommended:

- Expanded Employment Expertise in Provider Agencies
- Expanded Employment Support Alternatives
- Improved Long Term Vocational Support Program
- Improved Services by Monitoring the VR wait list

In reviewing the above Action Steps, Judge Wathen said that the Department should be making a reasonable effort to fund an array of vocational services, which are then

reflected in the ISPs. Judge Wathen, Ms. Jones said, didn't say what was proposed wasn't good or reasonable, but simply that it wasn't enough.

## **DISCUSSION**

Ms. Jones said the focus of today's meeting is solving implementation problems that get in the way of implementing EBPs in supported employment. "People are very clear that they want to get to the Action Steps." She suggested that participants "start with the fact that people want to work: what is a pathway to work for an individual with mental illness and how does that pathway get interrupted by bureaucracy, inadequate transportation, etc." Good consumer voice is also essential to the process, Ms. Jones said, adding that it would be helpful to have someone trace the pathway that clients would have to follow.

Mark Rosenberg said that when he first entered into the mental health system, he had to find a new career. He said he has been in vocational rehabilitation for four years, had a number of different counselors, completed and received his MHRTC certificate last spring, and, one year later, is still not able to find employment.

Patty Perry from Allies in Houlton said that in her agency, case managers assess consumers' skills and limitations and then connect them to vocational rehabilitation. Case managers also check in with Region III to see if long-term support can be provided for an individual. People are also connected to benefits specialists to see if their benefits will be affected by going back to work. The path is a fairly clear one, she said.

Roberta Hurley asked Ms. Perry if the agency has separate vocational services. Ms. Perry said that Allies does, but that this unit collaborates with the regular case managers.

Val Porter said that consumers can get lost in the system. Liz Carignan said that she would like to see an atmosphere created within agencies where employment was the expectation with job postings in the lobbies etc. At the state level, Ms. Carignan said she would like to see an Office of Consumer Employment as well as ongoing workshops on employment for consumers. A statewide newsletter about employment for consumers would also be a good idea. "I don't see supported employment as accessible or obvious to the general consumer population," Ms. Carignan said. Transportation is another obstacle consumers face, Ms. Carignan added.

Ms. Jones asked if "one stop centers" exist in the state. Mel Gleason said that vocational rehabilitation and career centers are "literally co-located."

Ms. Carignan said that the programs through out the state are not consistent and Ms. Hurley added that consumers might need some help to navigate the system.

While Ms. Carignan said that she loved the Action Steps that were handed out, case managers have different levels of knowledge regarding benefit reduction if a person goes back to work.

Ms. Mosher said that a large set of barriers exist for people who see themselves as able to work, but that there's also an entire population that just thinks they can't work. Club House programs offer support for some people, but not everyone goes there, Ms. Mosher said, nor should they have to. Trained vocational people are on ACT teams with a goal of a trained vocational person on the community support team, Ms. Mosher said. Ms. Hurley said that in Connecticut, vocational staff is on every team.

John Coffin said that people do want to work, but they want meaningful work that is related to their recovery, which can come into tension with the government's goal of employment as a way to reduce costs. Club members, he said, frequently say, "I'm not risking my disability for this job." The Medicaid Buy In program is a great deal for some people, he said, but some staff working for Medicaid don't know about the program.

Richard Balser said that stigma is still the number one issue. At these meetings, Mr. Balser said, he generally doesn't hear a conversation about economics and workforce development. "Where is this population as a solution to workforce problems?" he asked, suggesting that someone from businesses needs to be in the room too. The world of work is changing and college graduates are now told to expect to have five to seven careers in their lifetime, he said. "Get rid of the notion that one job is magic."

Mr. Rosenberg said that supported employment molds the person around the job instead of molding the job around the person. Mr. Balser suggested that the whole entrepreneurial system in the state should be looked at. "It's as important to say that all options are open, all activities should be explored," Mr. Balser said. "It's much more about option than restriction."

Ms. Hurley asked if agencies had Business Advisory Councils. Ms. Perry and Mr. Balser said that their organizations did.

Ms. Hurley said that more career planning is needed, instead of "food and filth jobs." James Schmidt said that for a lot of people, entry-level positions in the service industry are a necessary first step to getting back to work. "People who haven't worked for a long time have questions of how to get to work on time, maintain benefits," he said. "Give some honor to those positions –it's how a lot of us learned to work. Have failures, have successes, but get back into the workforce."

David Proffitt said that it's dangerous to look at vocational services as specialty services, much as substance abuse services have been looked at. "You don't need vocational specialists, you need rehabilitation specialists, social interactions with the job, working as part of an overall recovery experience," he said. The most influential person in helping someone get back to work is the "case manager who regularly addresses the issue." Vocational services need to be discussed in the context of the person's overall service plan. "It doesn't work piece meal," Mr. Proffitt said. "Most people don't get jobs by going to vocational services – it's one of the least likely routes."

Given the low number of clients of the Department working (approximately 6 percent), Mr. Schmidt asked: “What does a case manager need?”

Mr. Proffitt said that supported employment is a tool and that a broader cultural issue is at stake. “Do we have the expectation that full citizenship involves people going to work?”

Ms. Jones said that the Department’s core principles embrace supported employment, mainstream work, and competitive work.

Peter Sentner asked how the system should be fixed so case managers aren’t given “crazy messages about how to do this.”

Ms. Jones responded that there has to be one model that is recommended along with an economic model. “What is the economy of this?” Ms. Jones asked.

Ms. Hurley said, “Employment is everyone’s job.”

Melinda Davis said that as the executive director of a consumer organization, and as an employer, hiring people with support from vocational services, “If I were the manager of a different kind of business, I would never use them again. Waiting for their support to materialize – people use their job over and over again. If I were an employer, anywhere else, I would be very reluctant to use VR because the supports don’t happen.”

Mr. Proffitt said that what stops people with mental illness in jobs is not a skill set but social skills. While it’s true that Medicaid won’t pay for vocational services, it will pay for expanded social capacities so people are able to work, he said.

Ms. Jones asked if education of mental health professionals as to the positive benefits of work for clients is a problem. Some professionals may see employment as an added stress. “You don’t have to go to the treatment mall before you get a job,” she said.

Ms. Mosher said that while she believes that this type of attitude can be a barrier, that it can be effectively addressed when a case manager sees that the person can handle the job.

Education is needed, Mr. Proffitt said, not just for psychiatrists and mental health professionals, but also for consumers and families and businesses.

John Thibodeau said he’s seen a lot of instances where a client wants to work, vocational services wants the client to work, but the psychiatrist says no because the client is working toward discharge.

If an organization doesn’t embrace the concept of how important vocational services are, the message won’t get distributed to staff, Mr. Gleason, said. The board of directors and administrators need to be educated and shown that employment can work.

Mr. Sentner said that while case managers typically don't talk someone out of work who wants to work, "when clients say that I don't want to lose my benefits, case managers need to be given a true argument that holds for the client." He also said that all agencies are required to have case managers/support staff take Priority 1 training before they can work with the client. He said he doesn't believe that employment is addressed at all in this training.

Mr. Proffitt asked the status of the federal *Ticket to Work* program. Ms. Hurley said that the program hasn't done well. She asked if there are five benefit specialists throughout the state, and Mr. Balsler said that was correct. Ms. Hurley said it's a myth that people will lose all their benefits if they go back to work." However, Ms. Carignan said that her son has to work at McDonalds because he'll lose his benefits if he worked at a higher wage job.

Ms. Porter said that the system is very black and white and that you have to "carve your own way out."

Mr. Thibodeau said that he works with forensic patents and benefit specialists can't work with them because these patients lose their Social Security while in Riverview and the specialists are reimbursed through Social Security.

Mr. Coffin said that the system does not respond well to the cyclical nature of mental illness and that there are people working in the system who don't understand the bureaucracy themselves. From the consumer perspective, "Culturally, people aren't prepared, they go to work and think: 'Why isn't this all about me?'"

In discussing the barriers that exist, Doug Townsend said that people shouldn't lose sight of the success stories despite those barriers. For example, he said, Patty Perry from Allies doesn't see any barriers in the system. Mr. Townsend said he's afraid that the decision will be to go for one model "and throw everything that is working out."

Ms. Jones said she agreed with this statement and that agreement should exist around common principles.

## **SUMMARY**

Ms. Jones said that she and Ms. Hurley have to figure out how to present the recommendations to the Department and said that the recommendations she eventually prepares will also be presented to the larger group for discussion.

Ms. Jones also addressed the need for further discussion with representatives from Vocational Rehabilitation.

"We have to propose to the state an updated MOU with Voc Rehab so Voc Rehab is brought into the discussion in a meaningful way," Ms. Jones said. Ms. Jones said that Maine is the only state with a waiting list for vocational rehab services. Several people in

the room disagreed with this statement. Ms. Hurley said that while other states may have waiting lists for the service, not many do.

Ms. Jones said she's heard stories of people who have waited four years for service. She said she would explore this through discussion with voc rehab.

She then provided the following summary:

- Work needs to be part of recovery as a whole. The vocational services plan has to recognize the cyclical nature of illness.
- There's lots of room to improve access to work, especially on basics like transportation.
- There's a need for further discussion on how you support a person going to work, using positive models already existing from across the state.
- The economic model needs to be addressed. One strand throughout the day's discussion is how you support a person going to work and another strand is how do you finance programs.
- What kind of professional attitude, staff, and staff training supports need to be there to support people to get into work?
- How do you continue to evaluate programs on an ongoing basis?

In discussing evaluation efforts, Ms. Jones said she's already recommended utilization of the Fidelity Scale for ACT teams to see if teams are meeting the fidelity standards and if not, why not. A fidelity scale model exists for supported employment as well. Ms. Mosher suggested that outcomes be measured. "Supported employment is one model, a good model, but there are other models that work," she said. Mr. Schmidt said that the word "model" should be defined so that all understand it. Mr. Townsend said that fidelity standards might not capture all models.

### **NEED FOR FURTHER DISCUSSION**

Ms. Jones said the following topics needed further discussion:

- Having a representative from Dartmouth come to talk about supported employment
- Providing some more information about a new program that New York started in January: personalized recovery-oriented services.
- Inviting a representative from Arizona, the only other state implementing managed care while under a consent decree, to speak to Hospital and Crisis Initiative meeting about that state's experience.

## **NEXT STEPS**

Ms. Jones said that her recommendations on Vocational Services are due on **May 30<sup>th</sup>**.

Participants are invited to a meeting at **1 p.m. on April 25<sup>th</sup>** to discuss the Vocational Services recommendations. The meeting will be held in **Conference Room 1A in Marquardt**.

Participants who would like to give some additional input before April 25<sup>th</sup> meeting should email Ms. Jones at [elzjns@aol.com](mailto:elzjns@aol.com).

The meeting adjourned at 10:30 a.m.