

**Community Service Network 2 Meeting**  
**CHCS, Bangor, Maine**  
**March 10, 2009**  
**DRAFT Minutes DRAFT**

**Members Present:**

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| • ACADIA HOSPITAL - Annette Adams                      | • DOROTHEA DIX PSYCH. CTR – Sharon Sprague (for Mary Louise McEwen), Marjorie Snyder | • OHI – Kathy Smith  |
| • ALLIES, INC. - Brent Bailey, Heather Boulier         | • FELLOWSHIP HEALTH RESOURCES – Susan Buck   | • PENOBSHOT VALLEY HOSP. – Michael Corbin  |
| • BANGOR COUNSELING CENTER - Theresa Oliver            | • MAINE MENTAL HEALTH CONNECTIONS - Robert Mathien                                   | • SUNRISE OPPORTUNITIES – Sharon Dean  |
| • CARE & COMFORT – Beth Brown                          | • MDI BEHAVIORAL HEALTH CARE - Sue Rouleau   | • TOGETHER PLACE – Lydia Richard   |
| • CHARLOTTE WHITE CENTER - Richard Brown               | • MEDICAL CARE DEVELOPMENT – Judy Provencher   | • WABANAKI-SWEETSER – Sharon Tomah   |
| • COMMUNITY HEALTH & COUNSELING SERVICES - Thomas Lynn | • NFI NORTH – Scott Dufour, Betty Crossman   | • TOGETHER PLACE HOUSING INC – Lydia Richard   |
| • CHOICES - Lonnie Plante                              | • NORTHEAST OCCUPATIONAL EXCHANGE – Stephanie Bernier (for Charles Tingley)          | • WASHINGTON COUNTY PSYCHOTHERAPY ASSOCIATES – Corey Schwinn, Dr. Edwards (via video conferencing) |
| • COMMUNITY CARE -David McCluskey                      |  | • WELLSRING – Pat Kimball  |
| • CONSUMER COUNCIL – Vickie McCarty                    |  |  |
| • DIRIGO COUNSELING CLINIC -Jill Peters                |  |  |

**Members Absent:**

- |                               |                                     |                                    |
|-------------------------------|-------------------------------------|------------------------------------|
| • AIN                         | • Down East Community Hospital      | • NAMI-ME -Families                |
| • AMICUS                      | • Eastern Maine Medical Center      | • Phoenix Mental Health Services   |
| • Behavioral Health Center    | • Families United (Excused absence) | • Regional Medical Center at Lubec |
| • Blue Hill Memorial Hospital | • Maine Coast Memorial Hospital     | • St. Joseph's Hospital            |
| • CA Dean Memorial Hospital   | • Mayo Regional Hospital            | • Sweetser                         |
| • Calais Regional Hospital    | • Millinocket Regional Hospital     | • Wings, Inc.                      |

**Others Present:**

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|--|---|---|
| • MMC Voc. Emp. Coordinator – Gayla Dwyer  | • Shaller Anderson - Tammy Smith                            | • Vicki Karlsson, LCPC (private practice) |
| • MMC Voc. Emp. Specialist – Leah Barteaux | • Claudia Bepko - Co-occurring State Integration Initiative |   |

**Staff Present:** DHHS/OAMHS: Scott Kilcollins, Sue Lauritano, Carrie Broker (Intern), and Laurie Mitchell. Muskie School: Phyllis vonHerrlich

Agenda Items	Discussion
I. Welcome, Introductions & Reminder to sign in	Sue Lauritano welcomed participants and reminded people to sign in if they had not done so already; introductions followed. Sue noted that DHHS staff who regularly attend are attending the presentation about the <i>Report to the Court in the Matter of Bates v. Commission, DHHS, Docket No. CV-89-88</i> (generally referred to as the “Jones Report”) in Augusta today.
II. Minutes – Review and Approval of January minutes	There were corrections to name spellings for the minutes for January 13, 2009, which were accepted as corrected.  <b>ACTION:</b> Minutes from January 13, 2009, accepted as corrected.
III. Feedback on OAMHS Communications	There were no questions regarding communications from OAMHS since the last meeting.
IV. Co-Occurring Report	Sue introduced Claudia Bepko, coordinator for the Co-occurring State Integration Initiative (COSII), and Pat

Kimball, executive director of Wellspring, one of the pilot sites.

Claudia reported on the COSII initiative:

The state received a 5-year SAMHSA grant in 2005 (one of 19 awarded) to help expand and improve integrated treatment for people with mental health and substance abuse disorders. The work focuses on the following areas of structure and policy: Licensing, Reimbursement, Screening and Assessment, Workforce Development, and Data Development. Over the five-year period, 30 pilot site agencies will be selected to implement new co-occurring approaches. Assistance will be provided to other agencies in addition to the pilot sites. Ultimately the grant is expected to help remove structural barriers to integrated treatment at the policy, funding, contracting, training, and program levels. This is the first time that co-occurring data has been collected in Maine, and it is based on surveying clients.

A Steering Committee and other subcommittees work on the infrastructure issues and make recommendations for policy and practice changes. Subcommittees report to the Steering Committee, who in turn, advises the Co-Directors. Pilot agencies implement recommended practice changes.

Training, technical assistance, and mentoring are available to pilot agencies, as well as to 50 or more other agencies. The pilot sites have sub-contracts with DHHS to conduct the systems change activities.

The grant provides for 3 years of infrastructure development and a final two years of evaluation activities. Extensive evaluation on the outcomes of the grant and the work of the pilots and sub-committees is underway now. The Co-Occurring Collaborative of Southern Maine is the partner agency for this initiative

There is a DHHS policy on integrated care that states all providers need to have Co-occurring Capability. (Co-occurring Capability is defined as “the capacity of a substance abuse, mental health, or dually licensed program to design it policies, procedures, screening, assessment, program content, treatment planning, discharge planning, interagency relationships, and staff competencies to routinely provide integrated co-occurring disorder services to individuals and families who present for care within the context of the program’s mission, design, licensure, and resources”~ from the Maine COSII Clinical Practices Committee document, 12/3/07.) Language about Co-occurring will be phased in until all contracts reflect this. A manual is forthcoming for practitioners and agencies. They will be guided by the Co-occurring Disabilities documents of DHHS, including policy and procedure statements, scope of practice guidelines, definitions, competencies, and peer support program information. Providers are supported and guided through the step-by-step process of moving to integrated service delivery. Providers, stakeholders, and are involved in the full scope of work of the grant. As the initiative on integrated care moves forward, it will expand to encompass primary care.

There is outreach now to all agencies to offer technical support and training. A meeting takes place every other month in each region. The next meeting in this region is March 25, 2-4 p.m., at Dorothea Dix – DHHS office (2<sup>nd</sup> floor, Pooler Pavilion). Any interested person can attend. Also, in May there will be regional

information and training sessions for non-pilot agencies. Agencies should take advantage of the free training, join the Co-occurring Collaborative of Southern Maine, and participate in the Penobscot County Dual-Diagnosis Collaborative.

Pat Kimball, Executive Director of Wellspring, Inc. of Bangor, reported on her agency's experience as a pilot site:

- Wellspring is a private, non-profit agency providing professional substance abuse assessment, diagnosis, and treatment to adults and adolescents; established first in 1965 (as a half-way house)
- Current programs include residential treatment programs for men and women, outpatient clinic (provides assessment, diagnosis, and treatment for adult and adolescent substance abusers, their families, and other concerned persons)
- Wellspring is the designated service provider for adult drug courts in Penobscot County and for the Charleston Correctional Facility; they have 2 apartment houses that are non-licensed facilities
- Wellspring has a substance abuse license and a mental health license for their out patient clinic
- The grant opportunity was seen as a way to change their approach to client work with support, guidance, and funding from COSII
- Involvement included: self-evaluation, staff training (extensive and on-going), updating manuals, buy-in and support from their Board of Directors (changes in Mission Statement to reflect integrated work), an Action Plan, participation in the collaborative (resulting in co-training with other agencies), changes in paper work, and changes in documentation of clinical work (matching paperwork to Stages of Change)– all done with coaching and support from COSII
- Data is critical so you can see change over time

**Discussion/Questions:**

**Question:** How do you incorporate being trauma informed?

**Answer:** You have to insure that your staff has the knowledge base to recognize trauma. You have training, appropriate paperwork, and policies, and appropriate questions need to be asked in assessment and history. Trauma is a critical piece of treatment – providers have to address the issue with proper training for staff and appropriate procedures and policies.

**Question:** Will integrated care require changes in the make-up of your staff?

**Answer:** Out patient clinic has dual license, the half-way house does not, but out patients and residential patients can pull from both programs. There are 3 dual-licensed on staff. Staff mix has not really changed, but who works with which patient changes somewhat.

**Comment:** It is not necessary to have dual licensed staff. Staff need to be able to recognize conditions, know how to speak with clients, then referrals out can be made to other agencies, but this is coordinated and the referring agency stays in communication with the client – coordinate, collaborate, do not fragment.

**Question:** Billing – how does this work if someone is referred out?

**Answer:** You bill for the services you provide; the other provider bills for their services. There is a new co-occurring code in Maine Care, however it can be used only by mental health agencies and if used, you must actually be providing fully integrated substance abuse and mental health treatment. Use of the code limits you

	<p>from referring the client to separate mental health or substance abuse treatment should it be needed.</p> <p><b>Question:</b> Issue of intellectual disabilities – can this be included?</p> <p><b>Answer:</b> Yes. Also, we are incorporating physical health into integrated care. There is also integrated home base for care – there is a focus on that. It is important to advocate for this type of integration. Also, Peer Support is very important.</p> <p>Ms. Bepko referenced the handouts and encouraged agencies to become involved in the collaboration initiatives (Co-occurring Collaborative of Southern Maine and Penobscot County Dual-Diagnosis Collaborative). She can be contacted at <a href="mailto:claudia.bepko@maine.gov">claudia.bepko@maine.gov</a>. Handout materials included: “Co-Occurring Collaborative Serving Maine (CCSME) – including information on how to join; “The Co-Occurring State ~ Infrastructure Grant Fact Sheet” and Maine DHHS COSII documents (Policy and Procedure statement, Definitions, Integrated Scope of Practice, and competencies); and a client written handbook “Many Roads to Recovery.”</p> <p>It was noted that OHI is a pilot site this year, and they are currently at the Action Plan stage.</p> <p><b>ACTION:</b> Contact information for Claudia Bepko: <a href="mailto:claudia.bepko@maine.gov">claudia.bepko@maine.gov</a> (Co-Occurring State Integration Initiative).</p>
<p>V. Consumer Council Update</p>	<p>Vickie McCarty reported.</p> <ul style="list-style-type: none"> <li>➤ The Consumer Council System of Maine executive director is at the meeting today where the <i>Report to the Court in the Matter of Bates v. Commission, DHHS, Docket No. CV-89-88</i> is being presented.</li> <li>➤ CCSM gave testimony at a recent Legislative Hearing concerning proposed budget cuts. Their concerns were in five major areas: 1) PNMI Funding Changes – Conversion of Scattered Sites; 2) Disappearing Grant Funds for Community Support Services; 3) Medicaid Seed Cuts – Community Integration (Case Management); 4) Possible 1915(i) Amendment to the State Medicaid Plan; and 5) Housing Needs – BRAP Funding. The full text of the testimony can be found on their Web site at <a href="http://www.maineccsm.org/latestnews.html">http://www.maineccsm.org/latestnews.html</a>.</li> <li>➤ CCSM testified in support of LD 609 (An Act to Amend the Laws Governing Involuntary Hospitalization Procedures When Both Commitment and Involuntary Treatment are Sought) because it allows for separation of the commitment and involuntary treatment hearings and enlarges the time within which the hearing on involuntary treatment may be heard.</li> <li>➤ CCSM also testified on LD 341 (An Act to Amend the Department of Health and Human Services’ Progressive Treatment Program). CCSM voiced serious concerns about the amendment, particularly around the issues of removal of personal liberties and lack of clarity in meaning of terms in some sub-sections. CCSM requested that the LD be tabled until the issues were clarified.</li> <li>➤ At the Regional Council level, the next meeting in Region 3 is March 24, 5:30 – 7:00 p.m. at the Peace and Justice Center. They are reaching out to involve more people at the local level. Also, an event is planned for April – “Stories of Hope” where people can share stories about their lives.</li> </ul>

**ACTION:** Legislative testimony by CCSM can be found at <http://www.maineccsm.org/latestnews.html>.

## VI. Employment

Richard Brown of the Charlotte White Center reported.

- Mr. Brown provided a written report on CSN 2: Employment Outcomes.
- Gayla Dwyer, Voc. Emp. Coordinator and Leah Barteaux, Voc. Emp. Specialist, were present.
- 14 job seekers are currently being served, and two more identified to come into the program next week. Some participants are engaged in multiple activities. Categories include: Career Exploration, Outreach & Other (those who have made a connection to the service, but have not committed to proceed with vocational goals at this point), Volunteers, Enrolled in School, Active Job Search. The caseload will ultimately be 26.
- An employment and educational resource directory is being developed.
- ES is holding monthly meetings – Vocational Services Groups – in Bangor and Dover. The goal is for these groups to happen weekly. Some employers will be present information on their hiring practices and interview processes.
- Those participating were identified through the *Need for Change* survey; 150 were surveyed and those who indicated that they wanted to work were the first identified to participate in the program.
- Leah is working with case managers to make referrals.
- At CWC, *Need for Change* is part of the initial intake process, then it is done again in 90 days.
- Non-host providers can use the *Need for Change* survey to identify those being served by their programs who would benefit from this program.
- Employment is critical to recovery.
- The Voc. Rehab. Coordinator can meet with and help agencies that would like to set up work support groups.
- Slots in the program available for non-host providers are available now – initially five. This is the case for all programs across the state. The program will contact agencies so they can use the *Need for Change* scale to identify participants, and the slots will be distributed across the agencies (i.e. no one agency will get all or most of the initial slots- they will be distributed across all).
- *Teaching Networking Skills: Paving a Way to Jobs and Careers* (Teaching manual) is an excellent resource and available at [http://www.communityinclusion.org/article.php?article\\_id=251](http://www.communityinclusion.org/article.php?article_id=251)

### **Discussion/Questions:**

**Question:** Thirteen have explored a career – what has happened with them?

**Answer:** No one is working yet – sometimes it takes a while to match skills with the jobs available.

**Question:** Are you working with Voc. Rehab?

**Answer:** Yes – we work in partnership with them. They have a seat on our board.

**Question/Comment:** What about the issue of transportation? CCSM’s program that assists people with making arrangements for transportation was identified as a resource.

**Answer:** Thank you. Note of that option will be made and there are a few other options.

	<p><b>Question:</b> What types of employment?  <b>Answer:</b> We match skills and training with positions – and two who now volunteer time are reaching for employment.</p> <p><b>Question:</b> What is to happen with the program next year?  <b>Answer:</b> Funding and numbers to be served are the same for next year as this year. Encouragement for agencies to do the <i>Need for Change</i> survey so this information would be available to make the case for increased funding.</p> <p><b>Comment:</b> The Maine Employment Curriculum out of the U Maine Center for Community Inclusion and Disability Studies was noted as a resource – it is a comprehensive curriculum on best practice employment supports for individuals with disabilities (see <a href="http://www.ccids.umaine.edu/projects/mec/about.htm">http://www.ccids.umaine.edu/projects/mec/about.htm</a>). It also has an on-line training module (<i>An Employment Vision</i>) for employment support personnel. A goal is to have the Employment programs all running consistently across the state using best practice.</p> <p><b>Comment:</b> Allies, Inc. can do free job development for young adults 18 – 25 who have a documented disability. This is funding by a federal grant; the program runs all over the state; there is no limit on how many can be served; there is no cost to participants; and participants do not have to be MaineCare eligible.</p> <p><b>Question:</b> <i>Need for Change</i> survey – can we get a copy?  <b>Answer:</b> The Program Coordinator will send.</p> <p><b>ACTION:</b> MMC Voc. Emp. Coordinator will provide copies of the <i>Need for Change</i> survey to CSN agencies.</p> <p><b>ACTION:</b> Resources for employment support personnel: Maine Employment Curriculum (<a href="http://www.ccids.umaine.edu/projects/mec/about.htm">http://www.ccids.umaine.edu/projects/mec/about.htm</a>); <i>Teaching Networking Skills: Paving a Way to Jobs and Careers</i> (<a href="http://www.communityinclusion.org/article.php?article_id=251">http://www.communityinclusion.org/article.php?article_id=251</a>).</p>
VII. APS Healthcare Report	<p>The APS Healthcare report “Maine Behavioral Health ASO Provider Administrative Burden Reduction Report” (January 2009) was sent with the meeting materials and was also available at the meeting. Ms. Lauritano asked for comments and noted that any thoughts or questions could be mailed to her after folks have had time to thoroughly study the report (<a href="mailto:susan.lauritano@maine.gov">susan.lauritano@maine.gov</a>). She noted that this report was due directly to the issues raised by CSN members.</p> <p><b>Question:</b> It there a timeframe?  <b>Answer:</b> Not yet. APS is working with DHHS.</p> <p><b>Question:</b> Are there any savings?  <b>Answer:</b> This information will be researched and reported back to CSNs.</p> <p><b>ACTION:</b> Comments re: APS Healthcare Report can be sent to Susan Lauritano at <a href="mailto:susan.lauritano@maine.gov">susan.lauritano@maine.gov</a>.</p> <p><b>ACTION:</b> The question of cost savings with APS will be researched and reported back to the CSN at the next meeting.</p>
VIII. Other	<p>1) Clarification on MHRT/C Certification:</p> <ul style="list-style-type: none"> <li>➤ Now a Conditional LSW does not qualify for Provisional MHRT/Community, Level A or Level B certification. The applicant must hold a full and current LSW from the State of Maine in order to</li> </ul>

qualify for Full MHRT/C certification. A good source for information on MHRT certification is the Website for the USM Muskie School program that handles MHRT certification:  
(<http://muskie.usm.maine.edu/cfl/index.htm>)

## 2) PNMI Update

- There is a larger departmental initiative concerning boarding homes / assisted living situations: TBI, MR, HIV, MH and others in Sec. 97. In places that don't have rehab as a focus, we need to look at these as being supported through Personal Care per the state plan - it is a different funding stream than MaineCare reimbursement. We are awaiting the larger picture of personal care to be resolved, realizing we have a part in it. (All of this is under MH.)
- Intensive rehabilitation – they are Sec. 1601 facilities.
- Scattered sites that do not have someone on site 24/7 will no longer be funded as PNMI's. We are looking to get services for individuals living in those facilities.
- We are grappling with what do services look like and cost – this is not resolved yet.
- With APS they look individually at people in these units to understand their particular needs: If a client is not making progress, there can be assessment as to whether or not it is “not making progress” or whether the it is an issue of the interventions being wrong. APS may be able to help discern one from the other.
- Cost Savings – our savings are primarily from Sec. 1603.

**Question:** How many consumers does the scattered site change affect?

**Answer:** 12-15. They will be re-categorized – not moved. Billing will be under a different category of service delivery. More information is coming out. The idea is that they will move in and out of services, so there will be a cost savings.

**Comment:** The issue of re-setting the rate. We don't have any idea of what the rates will be as of July 1 – this makes it very difficult.

**Response:** We will let you know as soon as we can – it has not been set.

3) LOCUS training – there is one taking place March 23 from 10 – 12 at Pooler Pavilion, 2<sup>nd</sup> floor, Dorothea Dix. See Scott Kilcollins if you would like to attend. There are a few slots left.

4) There were questions about the Unmet Needs Reports – both for the state and CSN 2. Scott Kilcollins said the reports are more easily understood when one has access to the data detail that underlies the reports presented quarterly. He noted that he will provide the link to this information to CSN members. Agencies can then contact him if they still have questions. **ACTION:** Scott Kilcollins will send out additional information regarding the quarterly submitted Unmet Need reports.

## 5) Poison Helpline Magnets

- These were available for members to take 50+ back to their agencies. It was noted that 15% of the Poison Help calls are from consumers of MH services for psychotropic medications. It was urged that

	<p>agencies hand these out to their consumers. A brochure has been produced and copies will be made available.</p> <p>6) Sweetser/Wabanaki has received a Native American Vocational Education Grant.</p>
IX. Public Input	There was no public input.
X. Recap and Issues for Next Meeting	<p><b>ACTIONS:</b></p> <ul style="list-style-type: none"> <li>➤ Minutes from January 13, 2009 accepted as corrected.</li> <li>➤ Contact information for Claudia Bepko: <a href="mailto:claudia.bepko@maine.gov">claudia.bepko@maine.gov</a> (Co-Occurring State Integration Initiative).</li> <li>➤ Legislative testimony by CCSM can be found at <a href="http://www.maineccsm.org/latestnews.html">http://www.maineccsm.org/latestnews.html</a>.</li> <li>➤ MMC Voc. Emp. Coordinator will provide copies of the <i>Need for Change</i> survey to CSN agencies.</li> <li>➤ Resources for employment support personnel: Maine Employment Curriculum (<a href="http://www.ccids.umaine.edu/projects/mec/about.htm">http://www.ccids.umaine.edu/projects/mec/about.htm</a>); <i>Teaching Networking Skills: Paving a Way to Jobs and Careers</i> (<a href="http://www.communityinclusion.org/article.php?article_id=251">http://www.communityinclusion.org/article.php?article_id=251</a>).</li> <li>➤ Comments re: APS Healthcare Report can be sent to Susan Lauritano at <a href="mailto:susan.lauritano@maine.gov">susan.lauritano@maine.gov</a>.</li> <li>➤ The question of cost savings with APS will be researched and reported back to the CSN.</li> <li>➤ Scott Kilcollins to send additional information re: Unmet Need reports.</li> </ul> <p><b>Items Next Meeting:</b> Cost savings re: APS report back</p>