



Consumer Council System of Maine
A Voice for Consumers of Mental Health Services

Phone: 207.430.8300

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www.maineccsm.org

Portland Local Council Meeting Agenda

Tuesday, Feb 1, 2022 at 3:30 PM

To join by video, click link: <https://us02web.zoom.us/j/8938611710> To join by phone only (no computer needed), dial: 1-929-205-6099 Enter Meeting ID# when prompted: 893 861 1710 No password needed!

1.	Welcome, Introductions, Attendance, Review Meeting Guidelines Establish Quorum
2.	Review & Adopt Meeting Agenda Review & Adopt Previous Meeting's Minutes Victoria - Minutes
3.	SCC Board of Directors Report – N/A
4.	Ongoing Business: <ul style="list-style-type: none"> a) Legislative Update & Needed Actions Vickie b) Outreach Update & Needed Actions Victoria & Vickie c) Issue Statement Updates & Needed Work d) Mobile Crisis Planning Grant Presentation Vickie e) Updates & Announcements f) Brain Storming Session - Issues Pick Top 3. Outcome Portland LC Issue Statement.- Perry/Amistad List of Programs g) Transportation Future Agenda Items:

	a) Bus Pass Legislation		
	Meeting Reflection		
	<div>1) What went well?</div> <div>2) What could be improved upon?</div>		
	Next meeting date: Tuesday, March 1, at 3:30 pm.		
	Meeting Recap & Next Steps		
	Task	Who's Responsible	Due Date





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Portland Local Council Meeting Minutes 1- 4 - 2022

Attendance:

Victoria, Vickie, Karen

Ongoing Business

Legislative Update:

Guardianship bill will be presented next Friday, January 14 at 9:00. Supporting the bill will allow consumers to collaborate with their guardians for the purpose of making necessary changes together. Vickie will assist people to sign up to testify and write testimony.

Outreach Update:

Vickie will contact radio station host so she and Victoria can meet via zoom on a certain date for purpose of promoting more interest and attendance in Portland Council. Victoria will contact NAMI Bath/Brunswick representatives.

Issue Statement Updates:

At next Issues meeting, we will continue to work on ways consumers can obtain TEs and work opportunities at clubhouses and agencies that are more conducive to their skill sets and interests.

Brainstorming Mental Health Priorities:

We discussed four different topics we want to present to Mike Freysinger of OBH .The purpose is to discuss in adult committee of QIC the possibility of finding people speak to larger group the ways we can deal with following challenges:



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1. Mental Health and Criminal Justice System; especially young people in Corrections like Long Creek. Specifically, a contact person would address ways they handle behavioral challenges.
 2. Peer Support and Mental Health; such as IPS(Intentional Peer Support) where it is being done/how/with whom.
 3. Peer Centers are more aligned with substance use rather than mental health issues. Substance use priorities take precedence over mental health priorities.
 4. Block Grant Money: Funds meant for mental health peer centers/services are being used for substance use services. Also, block grant funding for substance use services is larger than for mental health services.

Announcement: Vickie will ask Simonne about contact person for MAPSRC.

Submitted by Victoria Molta, Secretary
Sent from my iPhone



AMISTAD

"People Helping People"

We are a community where everyone is always welcome on a first-name basis without regard to diagnosis and where everyone is treated with dignity and respect.

Amistad Maine

Nonprofit organization

Maine's original peer support agency. Bath, Boothbay Harbor, Portland. Mercy, Riverview, on the street and in the jails. We are Amistad. www.amistadmaine.org

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Amistad's Mission

We help those with mental illness, substance use disorder, chronic homelessness, and related issues to recover and lead healthy lives.

We do this by fostering community among our members, by seeking to expand our peer services to reach more people in need, by advocating for more and better healthcare availability, and through our belief in the inherent potential of each individual and our respect for a meaningful consumer voice.



Recovery



Relationships



Social Justice



Respect

OUR PROGRAMS

Peer Support and Recovery Center

Lynn Sterling, Program Coordinator, (207) 773-1956, lynns@amistadinc.com

Peer Outreach Worker Program

*Ashish Shrestha, Outreach Services Coordinator, (207) 550-7726,
ashishs@amistadmaine.org*

Peer Support Program at Riverview Psychiatric Center

Julia Stone, Peer Services Coordinator, (207) 624-3954, julia.r.stone@maine.gov

Bath Recovery Community Center

Community Center – (207) 389-4937

Kimberli Lovell, Program Coordinator, (207) 607-6595, kimberlil@amistadmaine.org

Boothbay Harbor Peer & Wellness Center

*Meredith Pesce, Interim Program Coordinator, (207) 450-8492,
meredithp@amistadmaine.org*

Recovery Residences

*Meredith Pesce, Associate Executive Director, (207) 450-8492,
meredithp@amistadmaine.org*

Food Services

Jourdan Simon, Food Services Coordinator, (207) 766-8661, jsimon@amistadmaine.org

Syringe Services Program

Katie Junkert, (207) 266-7687, katiej@amistadmaine.org

Rapid Access to MAT at Mercy Hospital

Lester Gilkey, (207) 409-6671, lesterg@amistadmaine.org

If you have any questions about any of our programs, please feel free to reach out to the program contact listed here. For other inquiries, please use our general contact information



CCSM Issues Development Committee Second Draft 1/12/2022 **Barriers to Career Advancement for People with Mental Health Challenges**

The Issue:

In discussions with peers in the Maine community we are discovering some systems issues involving employment that need to be addressed. These issues go across multiple State agencies/programs. They include Vocational Rehabilitation Services and Clubhouses. For example, people can often be discouraged from employment totally or find themselves under employed. We know that with the right supports and resources many can be successful in building careers of the individuals' choosing.

Recommendations:

For clubhouses, vocational rehab and other employment programs supported by DHHS we offer the following suggestions:

1. Vocational providers should make every effort to get to know the person that they are working with and learn about the individual's strengths and goals.
2. Form support groups/social events so that people can come together and share their different struggles, hopes and dreams as well as accomplishments on their career journeys.
3. Inform people of educational opportunities as well as financial support that align with the work that they are seeking.
 - Offer mileage reimbursement to people in volunteer positions.
 - Find jobs that are flexible regarding mental health days.



- Work with Maine's Community Work Incentive Coordinators (CWICS) to make sure you are connected to an applicable health insurance plan. If people do not have access to MaineCare, we need to make sure we have exhausted every resource to get them affordable and adequate health insurance.
- As a first step to employment, many individuals could benefit from volunteering. Offering a stipend or financial support is an incentive to work.
- Provide learning opportunities for self-growth such as career development courses/career interest assessments.
- Develop a career ladder, job professional development (promotions).
- Teach workforce etiquette to lessen terminations from a job. (learning to refrain from complaining, asking too many questions and not treating the job as group therapy.)
- Encourage mainstream work including trade jobs and small business/entrepreneurship opportunities.

Expected Outcomes:

Organizations that offer opportunities in career/job development will focus more of their resources on assisting a more diverse workforce. This would support individuals in attaining the skills needed to achieve their desired employment goals.

We would like to hear from you:

To submit feedback, ideas or a personal story relating to this issue statement, please send to the CCSM either by mail at: 219 Capitol St. Suite 7 Augusta, ME 04330 or email at vmccarty@maineccsm.org

DEADLINE TO RESPOND February 14, 2022

Thank you.



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CCSM Issues Development Committee Concept Draft 1/12/2022

What are CWICs and why they are so important for Maine's Mental Health Community

Currently in Maine the amazing team of benefit counselors consist of only 6 employees to cover the needs of the entire State of Maine. We want to increase these positions so that we can support those individuals that want to return to work and who face real or perceived barriers to employment.

Background on This Program:

Work Incentives are special rules that apply when a Social Security Disability Insurance (SSDI, DWB, CDB) beneficiary or Supplemental Security Income (SSI) recipient returns to work. There are many different types of work incentives that may protect your eligibility for benefits including MaineCare or Medicare, and that may make you eligible for funding to advance your career. The rules are different depending on whether you receive SSI or Social Security for disability. If you receive both benefits, both sets of rules apply.

Benefits Counseling Services has Community Work Incentives Coordinators (CWICs) that help Maine people understand how working affects their Social Security disability and other public benefits. This service is provided at no cost to Maine residents 14 or older who receive Social Security disability benefits, are considering or currently working, and have questions about how working impacts benefits. This service is made possible through funding from the Maine Department of Labor's Bureau of Rehabilitation Services, the Maine Department of Health and Human Services, and the Social Security Administration.

<https://www.mainehealth.org/Maine-Medical-Center/Community/Vocational-Services/Benefits-Counseling>

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DEADLINE TO RESPOND February 14th , 2022

Thank you.

Penobscot County Cares
Shelter Presentation by Pallet
January 12, 2022

Penobscot County Cares (PCC) is organizing a series of presentations aimed at identifying potential solutions to three worsening crises: inadequate affordable housing, insufficient substance use disorder treatment, and too few services for individuals suffering from brain illnesses or co-occurring disorders.

At the request of PCC, Ben Simons from Pallet (<https://palletshelter.com>) gave a presentation about the ‘social purpose’ company and its success in quickly creating shelter villages—leading to permanent housing. Links to news stories are below, followed by notes from the presentation.

NewsCenter: www.newscentermaine.com/article/news/community/penobscot-county-cares-organizations-address-3-deadly-crises-community-protection/97-ece991be-965b-44c0-b143-b9a2ae1b30f3

WVH Channel 7 and Fox 22: www.foxbangor.com/news/item/penobscot-county-cares-looks-into-funds-to-shelter-unhoused/?tv-channel=fox-bangor

Pallet Shelter Units

- **Shelter 64** (<https://palletshelter.com/products/shelter-64>): Houses one or two individuals. Starting price is \$5,495. Estimated at \$10,500 with desirable features, delivery and set-up support. Each unit contains heat and A/C, lights, three outlets. Cooking is not permitted, although a small microwave and refrigerator can be accommodated.
- **Shelter 100** (<https://palletshelter.com/products/shelter-100>): Houses up to four people. Starting prices is \$8,995. Estimated at \$12,500 with desirable features, delivery and set-up support. Each unit contains heat and A/C, lights and outlets. Cooking is not permitted, although a small microwave and refrigerator can be accommodated.
- **Services Office** (<https://palletshelter.com/products/services-office>): Space for staff, security personnel, private meetings with individual shelter village residents. Starting price is \$8,995. Estimated cost with features, delivery and set-up support is \$12,000.
- **Bathroom Unit** (<https://palletshelter.com/products/bathroom>): Includes two toilets, two showers and two sinks. Price is \$36,000, plus sewer hookup; no pumping required.
- **Community Services Building** (<https://palletshelter.com/products/community-room>): Large, open unit for providing services, meals, events. Price is roughly \$41,000 including delivery and set-up support.

Project Set-Up and Management: Pallet manages the delivery and project set-up. Its shelters and other buildings are typically sold to a city, which partners with one or more community organizations with experience managing shelters, providing wrap-around services, and transitioning individuals and families into permanent supportive housing.

Location/Site: Upwards of 100 shelters can be located on one acre of land, depending on local requirements, zoning, etc. Shelters require a relatively flat surface and can be installed on gravel, which is sometimes preferable to other surfaces. Shelter villages typically include safety features such as lights and fencing. Pallet can assist with site selection and providing knowledge of best practices. The company can also oversee and support volunteers and organization representatives during installation.

Ongoing Management: Shelter villages require 24/7 oversight, usually handled by an organization experienced in operating a shelter. Security is present either 24/7 or during the night. Case managers do intake and assist residents with services. Each village has rules and guidelines. Boston's new Pallet shelter village is considered 'no barrier', meaning individuals in active addiction can be housed. In 'family' communities, no drugs are permitted on site.

Long-Term: Shelter villages by Pallet aren't intended to be a permanent fixture in a community. They're meant to address an urgent need and facilitate the process of transitioning individuals and families into permanent housing. Units can then be stored and used in case of natural disasters or in meeting other community needs.

Maine's Mobile Crisis Planning Grant

Quality Improvement Council

January 2022



Background

Press release

Biden-Harris Administration Awards \$15 Million to 20 States for Mobile Crisis Intervention

Sep 20, 2021 | Medicaid & CHIP

Through the America Rescue Plan, the federal Center for Medicaid Services (CMS) requested applications from State Medicaid Authorities for competitive planning grants to support development of community-based mobile crisis intervention services for Medicaid beneficiaries experiencing a mental health *or substance use disorder* (MH/SUD) crisis.

Background



Grant period: September 30, 2021 – September 29, 2022

States that provide qualifying mobile crisis services (QMCS) are eligible for 85% federal match for the first 12 quarters within a 5-year period when the state meets conditions.

Required Components of QMCS

Screening, assessment, stabilization and de-escalation; including coordination and referrals to health, social and other services, as needed

Services are available
24/7/365

Services are provided in the
community, outside of a
hospital or other facility setting

Privacy and confidentiality
maintained

Services are provided by a multi-disciplinary team that includes paraprofessionals

All members of the team are
trained in trauma informed care,
de-escalation strategies and
harm reduction

Teams respond to crises in a
timely manner

Teams maintain relationships
with relevant community
partners

Maine's Mobile Crisis Planning Grant Goals

Re-design Maine's current mobile crisis response services

Develop alternative payment methodology that advances crisis policy goals around access and quality

Conduct a rate study for more robust community crisis services

Create an implementation plan for provider training and technical assistance to support service delivery and data competency

Purchase and launch real time crisis tracking technology to facilitate best practice and capture of key performance metrics

Seek appropriate federal authority for re-designed MaineCare covered services

Maine's Planning Grant Objectives

Create a value-based reimbursement model to support sufficient staffing for timely crisis response.

CMS guidance requires response to occur within 1 hour.

Evidence from other states supports that adequate mobile crisis response can save money, reduce law enforcement involvement, and result in improved utilization of appropriate level of care.

The “firehouse model” is considered best practice in crisis care.

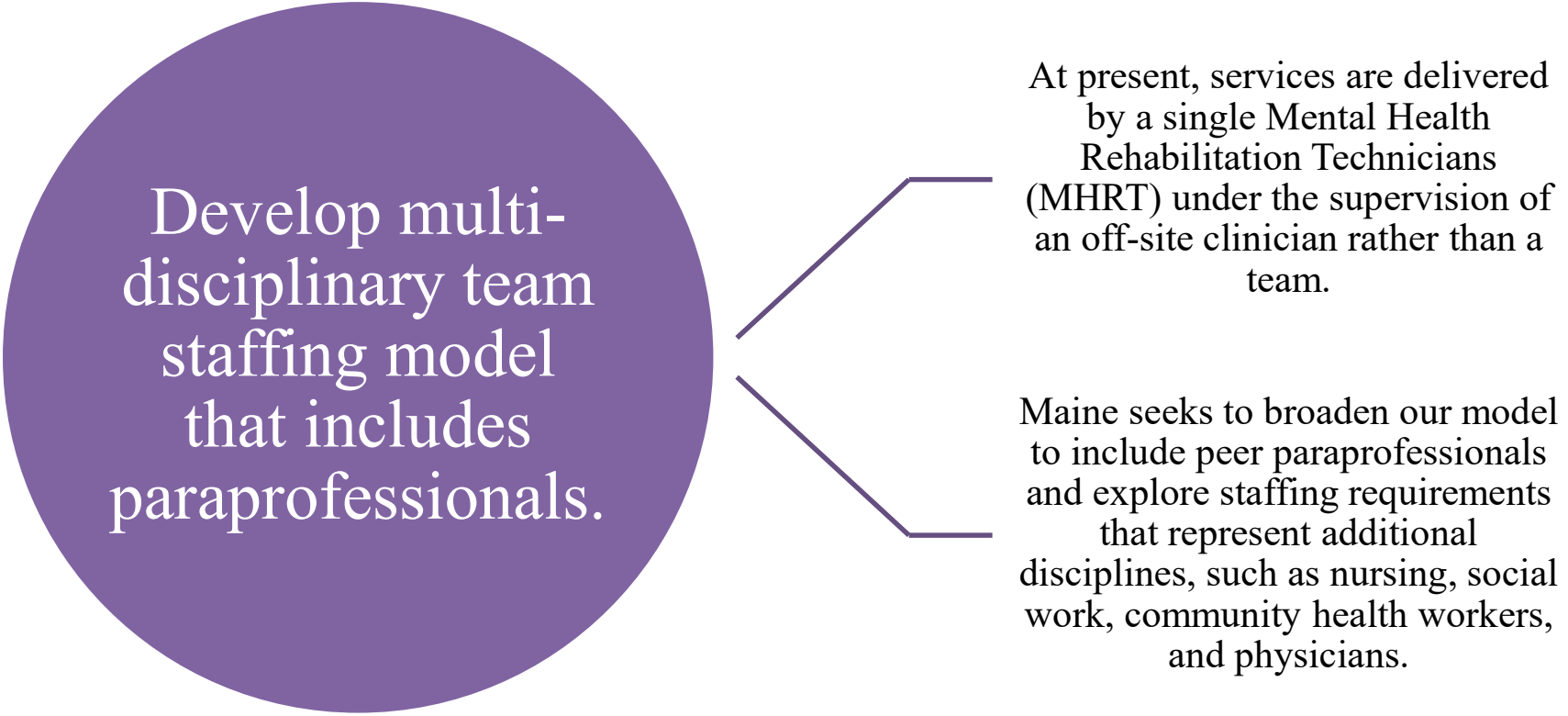
Maine's Planning Grant Objectives

Require services provided in the community and outside of a hospital or other facility setting.

Existing MaineCare policy allows services to be provided in an office or “on scene” which is inclusive of a variety of locations including member homes, school, street, emergency shelter, and emergency rooms.

The goal is to provide the most appropriate response in the least restrictive environment.

Maine's Planning Grant Objectives



Develop multi-disciplinary team staffing model that includes paraprofessionals.

At present, services are delivered by a single Mental Health Rehabilitation Technicians (MHRT) under the supervision of an off-site clinician rather than a team.

Maine seeks to broaden our model to include peer paraprofessionals and explore staffing requirements that represent additional disciplines, such as nursing, social work, community health workers, and physicians.

Maine's Planning Grant Objectives

Expand screening, assessment, and referral requirements to include physical health and substance use.

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graph LR; A((Expand screening, assessment, and referral requirements to include physical health and substance use.)) --- B[Currently, mobile crisis providers are only required to screen, assess, and refer for "a serious problem of disturbed thought, behavior, mood or social relationships, and/or crises originating from problems associated with an intellectual disability, autism, or other related condition."]; A --- C[This is an opportunity to incorporate some well-established overdose response programs into the crisis service delivery model.]
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Currently, mobile crisis providers are only required to screen, assess, and refer for “a serious problem of disturbed thought, behavior, mood or social relationships, and/or crises originating from problems associated with an intellectual disability, autism, or other related condition.”

This is an opportunity to incorporate some well-established overdose response programs into the crisis service delivery model.

Maine's Planning Grant Objectives

Revise training and certification requirements to be inclusive of co-occurring complexities

Best practice asserts that the crisis system should be the default entity capable of providing the right response to everyone every time.

As Maine's mobile crisis program has been predominantly focused on mental health, policy will need to be revised to equip providers with training to address complex crisis presentations.
(ex. IDD, SUD)

Maine's Planning Grant Activities

Research & Policy Development

Stakeholder Engagement

Technical Assistance & Training Plan Development

Data Infrastructure Development

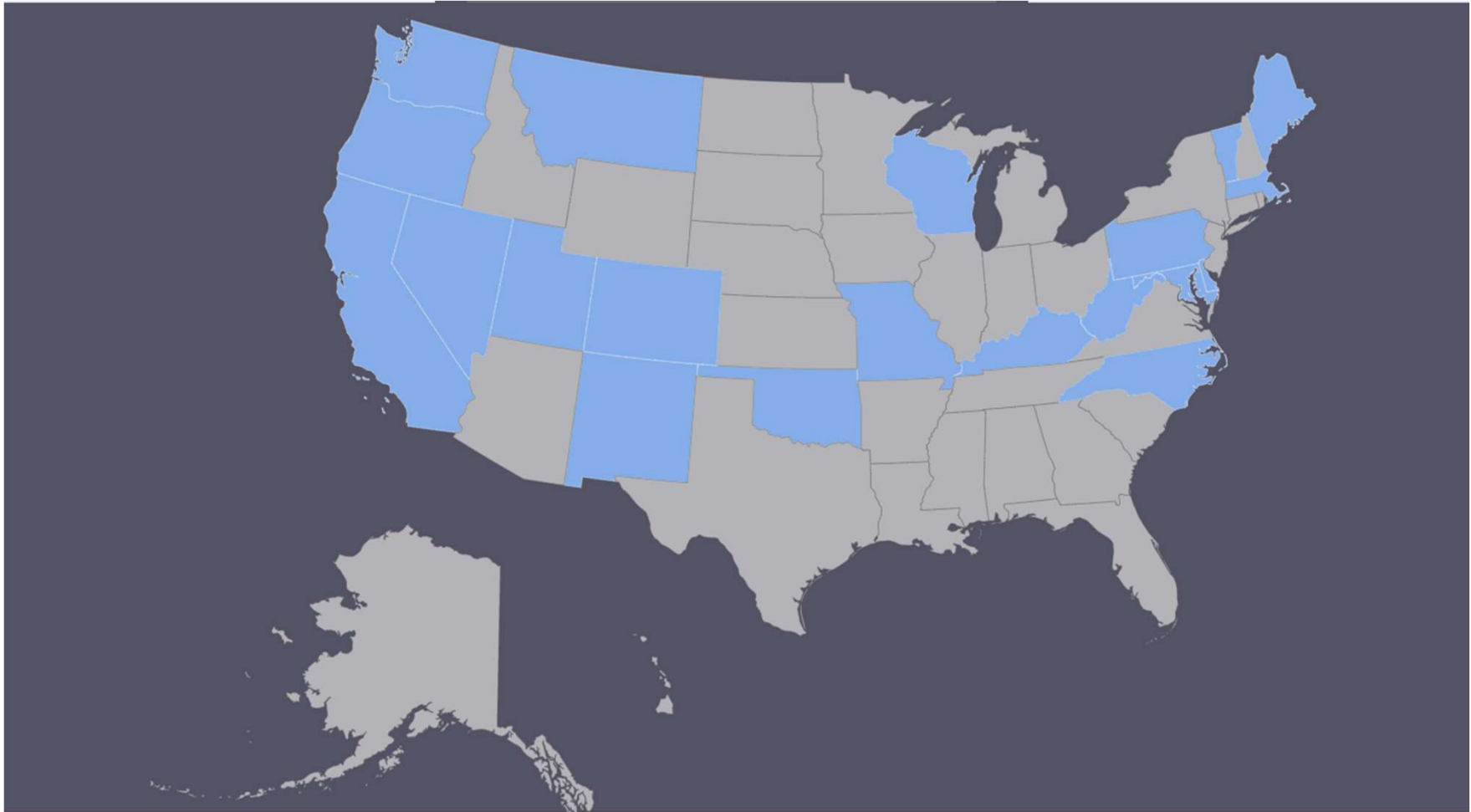
Rate Model Development

Federal Authority

Marketing

Your Thoughts?

20 Awarded States



Please send questions or comments to:

Kiley Wilkens, LSW, MPPM

Project Director, Crisis System Reform

MaineCare Delivery System Reform Unit

kiley.wilkens@maine.gov

