

PEER SUPPORT SPECIALIST NETWORK OF MAINE

December 2015

JOB OPENINGS

Amistad - Riverview

- Full-time Inpatient Peer Support
- Part-time Inpatient Peer Support

Submit cover letter and resume to:
Samantha.St.Pierre@maine.gov

Kennebec Behavioral Health

Per-diem PATH Peer Navigator
Kennebec and Somerset County
(some travel to other counties
required)

Contact: Kelsey Wilkins
207-873-2136
Fax: 207-877-8427
kwilkins@kbhmaine.org

Assistance Plus

Part-Time CIPS Specialist

Contact: Heather Kelley
11 East Street
Benton, Maine 04901
Phone: (207) 453-4708
Fax: (207) 238-9978
Email: hkelley@assistanceplus.com

NEWS

Second PSS Employment Survey: Last year, the Network released a survey asking questions relative to employment status, pay rate, location, duties and other similar questions. We recently released a similar survey asking some of the same questions from our last and additional helpful questions. These surveys are intended to help guide the networks goals, and this year we will be sharing results with the Consumer Council System of Maine's, Issue Statement Committee to assist with the drafting of an issue statement that pertains, in part, to the wages peer support specialist are being payed. If you have yet to participate in the survey, please consider doing so by using this link: <https://www.surveymonkey.com/r/VXWBJ2Z>

UPCOMING EVENTS

- **Certified Intentional Peer Support**

Self-Care

-Tuesday December 8, 12:30pm

151 Jetport Blvd. South Portland, ME

-Wednesday December 16, 10am

41 Anthony Ave. Augusta, ME

Don't Forget to Sign up for Your Fidelity Review if it is time!

Register @ <http://www.eventbrite.com/o/maine-cipss-training-program-1733431674>

- **Peer Support Specialist Network of Maine**

Monthly Network Meeting

LINC Wellness Center

38 Memorial Drive

Augusta, ME 04330

Tuesday, December 15th, 12-1:30pm

Call-In # 855-856-0892 - Code: 1840241691

Contact Mindy Harrison for more info: mindysh@amistadinc.com



- **Consumer Council System of Maine**

12/1/15 – 5pm: Portland Local Council Meeting

12/10/15 – 5pm: Farmington Local Council Meeting

12/14/15 – 5pm: Augusta Local Council Meeting

12/16/15 – 5pm: Rumford Local Council Meeting

12/22/15 – 5pm: Bangor Local Council Meeting

12/23/2015 – 10am: Lewiston Local Council Meeting

Contact Us

PO Box 992
 Portland, ME 04104
 207-773-1956 ext. 108
 mindysh@amistadinc.com
 www.amistadinc.com

The following local councils, Farmington, Augusta, Rumford and Bangor, will be holding elections in December and January. The table below lists what local councils are holding elections

Please Contact CCSM for more info

(207)430-8300

info@maineccsm.org

| LOCAL COUNCIL | POSITIONS AVAILABLE | APPLICATION DUE DATE | MEETING DATE- ELECTIONS |
|---------------|--|----------------------|-------------------------|
| Augusta | Local Council Chair Local Council Secretary 2 year SCC Representative 3 Year SCC Representative | December 14, 2015 | January 11, 2015 |
| Bangor | 1 year SCC Representative | November 24, 2015 | January 26, 2015 |
| Farmington | Local Council Chair Local Council Secretary 2 year SCC Representative 3 Year SCC Representative | November 12, 2015 | December 10, 2015 |
| Rumford | 2 year SCC Rep. Local Council Chair Local Council Secretary | December 16, 2015 | January 20, 2015 |

- **NAMI Maine**

Inspiring Minds

Five 10-week sessions of NAMI Maine's skills-based recovery education course "Inspiring Minds: Skills for Balance, Connection & Fresh Perspectives" are underway in Portland, Rumford, Lewiston, Bangor, and Augusta. For more information and to register for upcoming classes, please use this link:

www.namimaine.org/inspiringminds

Some peer support specialists have reported that Inspiring Minds complements their IPS training. You are invited to check it out for yourself!

- **Person to Person Support Group**

Every Friday from 3-4pm

Amistad Peer Support and Recovery Center
1st Floor Conference Room
66 State St. Portland, ME

This is a support group for people working in the "helping" professions; Peer Support, Case Managers, Clinicians etc. This is intended to be a free, confidential and safe space for those working in the field to come and share challenges and successes in their work and to provide and receive support from colleagues. There is rotating facilitation.

ARTICLES

Proposed Rule Changes to MaineCare Section 17 and How They May Impact Peer Services in Maine

by: John L Painter, MS CPRP

**Disclaimer: The opinions expressed are entirely my own and based on a perspective as a psychosocial rehabilitation practitioner, not necessarily what might be consistent with Intentional Peer Support*

As a person who has been trained in psychosocial rehabilitation, and in the past experienced periods of deep despair, when I heard about Maine's Department of Health and Human Services (DHHS) working on rule changes to Section 17 of the MaineCare Benefits Manual (the section that is supposed to address rehabilitation services within adult behavioral health) I was cautiously optimistic.

I am not as optimistic after reading through the proposed rule changes on a number of areas, there are two areas that are important to me, and possibly peer services in Maine.

My first area of concern hits directly at what I've learned and consider at the heart of Intentional Peer Support (albeit as a person who is not at this time certified), examining power and privilege, and working towards shared responsibility.

I was expecting, after the first half of the current 127th Legislature, in light of LD1209, that DHHS would have taken obvious steps to address the current conflicts of how it oversees the IPS credentialing process as I mentioned previously, as well as removing some of the direct cost burden and inefficiencies DHHS incurs by

dedicating precious staff resources to training, versus furthering the model and pursuit of CMS funding for IPS. I was expecting the proposed rule language for CIPSS to mirror that of Mental Health Rehabilitation Technician 1 (MHRT-1) which allows for community based trainer of trainers. Instead, the proposed rule for CIPSS continues to treat Intentional Peer Support differently, and does not indicate anyone other than the state can provide training. Below is the direct excerpt [underline added] of the proposed rule.

17.01-3 Certified Intentional Peer Support Specialist (CIPSS) means an individual who has completed the DHHS Office of Substance Abuse and Adult - Mental Health Services (OAMHSSAMHS) curriculum for CIPSS and receives and maintains certification.

The other area in the proposed rule changes I found peculiar, especially in light of the two bills introduced to address nearly a quarter century of flat funding for Peer Centers aka Social Clubs, LD's 477 and 842 is an exclusion of Daily Living Support workers/services from "Social Club" environments. Below is the direct excerpt [underline added] of the proposed rule.

17.04-4 Daily Living Support Services.

Daily Living Support Services do not include:

A. Programs, services or components of services that are primarily opportunities for socialization and activities that are solely recreational in nature (such as picnics, dances, ball games, parties, field trips, religious activities, social clubs, camp and companionship activities).

This is troubling because the proposed rule change would make it virtually impossible for CIPSS credentialed individuals as well, to provide a MaineCare reimbursable service at any of the states peer centers because they are being identified in this part of Section 17, as primarily social and recreational.

While it makes sense that MaineCare would not be used to fund or support purely social or recreational activities, it is very clear in the Center Standards ratified by the Maine Association of Peer Support and Recovery Centers (MAPSRC) in 2013, that while there may be incidental social or recreational activities, the primary role of each of the Centers is to;

"provide a respectful and nurturing community where members are encouraged to participate in experiences of their choosing that will enhance innate abilities, promote recovery, and instill self-worth."

The passage from the Center Standards does not describe a social or recreational activity. Rather, it clearly describes overall objectives within Psychosocial Rehabilitation, Intentional Peer Support, and virtually all services dedicated to a humanistic approach. In short, Peer Centers, Wellness Centers, Social Clubs (or what ever term one chooses) are clearly services that focus on the restoration of instrumental activities and skills important for any adult in society, and as such should be eligible for MaineCare reimbursement pursuant to currently approved Federal Medicaid rules, and Maine's approved rehabilitation plan agreed to by the Centers for Medicare and Medicaid.

Where does this information leave a person interested in learning more?

There are at least four things anyone can do to learn more about these proposed rule changes, or share their perspective on them with the Maine DHHS;

1) read about the proposed rule changes in Section 17, which can be found on line at the following URL:
<http://www.maine.gov/dhhs/oms/rules/index.shtml>

2) attend the public hearing on the proposed rule changes

Date: Tuesday, December 1, 2015

Time: 1:00 PM

Location: 19 Union Street, Room 110, Augusta, ME 04330

3) submit comments to the DHHS. The deadline for written comments is midnight, December 11, 2015 and can be directed to:

Heidi Bechard, Comprehensive Health Planner II MaineCare Services

242 State St.

11 State House Station

Augusta, Maine 04333-0011

Phone: 207-624-4074

FAX: (207) 287-1864

TTY: 711 (Deaf or Hard of Hearing)

4) share and talk about these, and other areas of concern (and hope) for peer services in Maine through the PSS Network, and aligned individuals and services.

A Loss and A Life Long Journey

Mindy Harrison

A few weeks ago the Portland community lost an amazing recovery ally. There have been stories on the news and random places around the city about him. I was nothing more than an acquaintance to David Zysk, crossed paths handfuls of times just by the nature of our work.

I have lost so many friends from overdoses, I can no longer count just how many over the years. There was something about this loss in particular that really hit home for me though. As most people know, I am a recovering drug addict, opiates and crack-cocaine being my drugs of choice. I have been “clean” for seven and a half years, and yes Ben, that is straight through, consistent seven and a half years. When I get a phone call from an old friend telling me so-and-so died, I am not surprised any more. I am not surprised because they never wanted to do anything different, or perhaps they wanted to, but they chose not to or life circumstances prevented them from doing so. I am not surprised because in my own arrogant recovery, I expected that would be the ending point for them, one too many pills, too much or bad junk in the needle.

I think what hit me hard, in my own arrogant recovery, how could a person who had so much recovery time under his belt just turn back and relapse? How could someone who had supported so many through their struggles, and made it so far through his own, just drop it? Just like that. If he could do it, I could just as easily, right?

That is where it all came together for me. I have become so secure in the idea of being “recovered” that I have stopped viewing myself as an addict. That “me” is so far away from who I am today that I hardly ever think about it anymore, that is not “me”. That is where it gets sticky, because it is me. I could go out and pick up a drug and be right back where I was seven and a half years ago.

I was angry at David. I was angry at this man that I have no relationship to speak of. Just two people in recovery, doing work, supporting folks in Portland. That is it, yet I found myself so angry with him for throwing his recovery out the window, for leaving his girlfriend and son that I don’t even know. I was at the memorial that took place at Preble Street, there was standing room only, so many of the folks I imagine he supported had tears streaming, and I had to walk out. I was angry at him for leaving them too. The people he

supported while they suffered through their own issues. He was an example of hope and recovery, and his choice and actions just disappointed so many people that looked to him as light at the end of the very long, dark and lonely tunnel.

We can be angry with him all we want, we can be angry with the people who are selling these drugs to make a living, angry at society and our government for not making changes or funding programs for addiction. What good does all this anger do? I wonder if instead of being angry, we try to become aware. Aware of ourselves, aware of the factors that land people in less than desirable situations, aware of the constraints facing the agencies that serve people experiencing addiction and other life challenges. Aware that we all can make a difference, by getting involved, being supportive, and raising awareness.

In 2014, two hundred eight people died from drug over dose in Maine, up eighteen percent from 2013. The number of fentanyl related deaths went from nine in 2013 to forty-three deaths in 2014. (Maine Attorney General's Report: 05/2015). That is a whole lot of people and an incredibly scary rise in deaths. We are failing as a state, as a country, in providing services to these people who desperately need the support.

It is such a huge issue beyond that failure though, and another article for another day. If someone who has committed a crime gets out of prison after serving their sentence, and they cannot find work after release because of their criminal record, what are they going to do to make ends meet? A large portion of the people selling drugs are not doing it because that is what they want to do, they are doing it because that is what they know how to do, or that is what they are able to do to make money because they are unable to find work anywhere else. So we can look at the number of drug related deaths. We can look at the amount of prescriptions being written for opiates, and shake an accusing finger at the state departments for not funding recovery programs. It is not just one programs failure, it is our failure to own together as a society. The still large divide between our mental health and our overall well-being is yet to be sealed.

In this line of work, it is easy to start feeling great and forget there are things we must do to stay well. For anyone working in the human service profession, whether they have a mental health or substance abuse challenge or nothing at all, it is emotionally trying work and we have to take care. I think especially for us with histories of challenging times, it is easy to start healing, in big part, because of the work we do. Every time we are able to share our stories and have it positively received by another person, we heal just a bit. When we sit down and support someone, we feel good and whole and helpful. Even with all of these good "feelings", it is so important to be aware it may not be enough. If we are not remembering to drink that cup of tea, have that workout, hit that meeting or take that Friday night to read the book we have been putting off or to pamper ourselves a bit, we are risking a trip down a slippery slope. Doing the work is great, though I am certain it can't be our all in our recoveries.

I have to let go of my anger towards David. For whatever reason, he made a choice, a choice that ended in a lot of hurt for so many people. It does leave me with the question for all of our fellow peers in recovery, what are you doing for your recovery today and what can we do to support everyone in their own recovery? What can we do to prevent these things from happening to our friends, family and co-workers? It is so easy to step back and say it isn't our jobs, or to say we can't do anything because if someone wants to stop using drugs and get sober they have to do it for themselves. Who are the people that kept showing up when we weren't quite there yet? Who will be the person to call us on our bull when that is what is needed?

Who will be the person to remind me that I am an addict, even seven years later, I am still an addict and if I am not careful, it forms a divide and I am thinking it is "me" and "them", I no longer have an issue and it will be so easy for me to slip into poor choices again. How does this link with our mental health? One bad day could send me out looking for drugs, to calm the racing thoughts or to numb the heart wrenching pain and anxiety that some things still lend me to experience. For me, I know I have to be aware of myself and my own feelings and be responsive to them. I can't dismiss a bad day, I have to be kind and appreciative to myself and remember I am always just one bad day away from a really bad choice.