Annual Report

of the

Maine Developmental Services Oversight & Advisory Board

December 30, 2013 - December 30, 2014

Maine Developmental Services
Oversight & Advisory Board

Annual Report
2014

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Maine Developmental Services Oversight and Advisory Board (MDSOAB)

Annual Report

I. Executive Summary

We respectfully submit this annual report to the Joint Committee on Health and Human Services, DHHS, and the Governor, February 24, 2015. This report details the oversight activities of the MDSOAB from December 2013 to December 2014, and includes recommendations for action on each of our five identified priorities.

The MDSOAB bases information for this report on data supplied by the Department, anecdotal notes of our work and from collaboration with others during the year, and comments from the 2014 Annual Public Feedback Forum. The MDSOAB collaborated with the Department and SUFU, Maine DDC, Maine Parent Federation, and CCIDS to hold a series of Public Feedback Forums in September and October. Comment was invited via live forums and through online surveys developed for individuals, family members/guardians/correspondents, and providers (including DSP staff).

Recommendations include

- **Communication**: Redesign the OADS website to improve usability and accessibility. Dedicate a page to parent/guardians and include information about adult Waiver Services, transition strategies, and the wait list selection protocol.

- **Data**: Work with case managers to improve the accuracy and consistency of EIS data, and give the Volunteer Correspondent Coordinator needed access to the database. Provide OADS data, including trends and any action plans developed to address negative trends, as scheduled to those outside the Department, including the MDSOAB.

- **PCP:** Work with a person-centered-planning experts to provide ongoing PCP training and technical assistance to case managers. Identify an external contractor to assess the person-centeredness of plans developed with the new process, and address any issues identified.

- **Quality Management:** Develop performance measures for all services and contractors, including OADS Advocacy services. Address issues identified (i.e. frequent turnover of advocates).

- **Adult Protective Services:** Increase the number of investigators, redesign the communication system to ensure faster response to reported events, and share written reports with providers and guardians.

- **Crisis Services:** Increase the number of beds and staff to ensure adequate staff for EACH bed in each region; dedicate separate DD and MH telephone numbers, and secure a new Transitional/Emergency Housing contractor or work with the current contractor to improve access to services and quality of support.

- **SIS:** Closely evaluate resource allocation to individuals to ensure that the new model does not result in less individualized community participation, and include at least two representatives external to OADS to participate in the committee charged with determining SIS re-assessment, and the Extraordinary Review Committee.

- **Employment:** Ensure that VR counselors and Employment Specialists are trained to support ALL consumers, including those with complex communication, behavior, or physical support needs; address systemic obstacles to employment. Work with day programs to improve quality and purpose of activities to work toward greater autonomy and employment skills.

- **Residential:** Work with MACSP and DSP representatives to develop a career ladder for DSPs that rewards training and years of experience with higher pay.

• II. Introduction

The Maine Developmental Services Oversight and Advisory Board (MDSOAB) is charged with oversight of all Maine services and supports for adults with developmental and intellectual disabilities (mental retardation) and autism. We submit this annual report to the Commissioner, the Governor and the Joint Committee on Health and Human Services in partial fulfillment of our charge to provide an overview of concerns for and systemic recommendations regarding "policies, priorities, budgets and legislation affecting the rights and interests of persons with mental retardation or autism." (34-B MRSA §1223 8. B.) The MDSOAB is comprised of individuals with intellectual disabilities and autism, family members, disability advocates, service providers, and community members, and employs an Executive Director and Volunteer Correspondent Program coordinator.

This report details the Board's priority areas, recommendations, and concerns related to systemic policies and practices impacting services for Maine citizens with intellectual disabilities and autism. This report is informed by the Board's work on various collaborative committees and work groups during 2014, as well as comments from the Public Feedback Forum Series[1] held in September and October. Again this year, we focused most of our attention on the Office of Aging and Disability Services (OADS), although we began examining Vocational Rehabilitation Services (VR) through participation on the Employment First Maine initiative and employment-specific questions in the Forum Series surveys and live events.

This report includes outcomes from the Volunteer Correspondent Program, Public Feedback Forum Series 2014 Report, and a list of MDSOAB members and MDSOAB activities during the period of this report.

[1] See Appendix D for the Public Forum Series Report.

III. Priority Areas

A. OADS Operations in 2014

Changes in staffing continued at OADS throughout 2014, with more key staff changing positions or leaving entirely. For example, between January 2014 and January 2015 there were changes in OADS Director, Associate Directors of Care and Intervention, Central Operations, and Community Living and Long-Term Support; and new staff hired for Manager of Crisis Services, Quality Management (currently vacant), and a variety of other positions. We remain concerned that the restructuring of DHHS that began in 2011 leaves OADS without enough people to not only complete the work, but to monitor the impact of the changes once implemented. The Quality Management Department, in particular, is lacking in resources in light of the major changes to be implemented over the coming year.

Planning continued for implementation of the new *Supporting Individual Success* model. Goold Associates assumed responsibility for SIS assessments last summer, while work with contractors HSRI and Burns and Associates on details of the new resource allocation model continued. The Department was required to develop a Transition Plan outlining the steps Maine would take to bring each of it's Waiver Programs into compliance with the new CMS HCBS Rules. At the same time, the Department is required to submit an application for re-authorization of the Section 21 Waiver by March 16, 2015.

We commend OADS administrative team for continuing to make progress on so many major initiatives while also continuing to be seriously under-staffed and under-resourced. We appreciate the effort OADS made to engage with those outside the Department while creating or sharing aspects of proposed changes, and the opportunities it provided for both informal and formal public comment.

A1. Communication[2]

Public Forum Series results suggest that consumers get most of their information directly from case managers; this makes it important that case managers have frequent, regular updates from the Department. Guardians and family members would like more information from OADS that is updated more frequently, presented in clear, understandable terms, and easily accessed.

Providers appreciate the Department's recent efforts to improve communication, but found communication from Central Office and regional supervisors to be inconsistent and often inaccurate. They would also like to see a website that is easily accessed, frequently updated, and includes contact information for "point people" in key areas.

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[2] See Appendix D, Pubic Feedback Forum 2014 Report, pp 15-16 and 24-25 for outcomes about OADS communication

The OAB has also found the Department willing to share information, but staff is often too busy, or key people keep changing positions, to relay consistent, timely messages. As noted last year, restructuring seems to have left the Central Office and regional administrative staff with too many tasks and too few people to address them.

A2. Sections 21 and 29 Wait Lists

During 2014, OADS offered services to everyone at Priority I on the Section 21 Wait List, and began offering services to those at Priority 2. The Department plans to eliminate the entire Section 29 Wait list by the end of FY 15. We appreciate the commitment to eliminating the wait list that the Department, the Joint Committee on Health and Human Services, and the Office of the Governor continue to demonstrate.

The exact, detailed process for identifying the next individual to be offered services at Priority 2 still has not been provided or clearly articulated to the MDSOAB, and we strongly urge OADS to make this process known not just to the Board, but to the individuals and families remaining on the wait list for services. We believe that the selection process being used is unfair to families caring for their adult child at home and are not aware that there are strategies that could improve their chances for being offered services (i.e. asking the case manager to file reportable events when crises large or small occur).

A3. Data Collection and Provision

The MDSOAB also continued to experience difficulty obtaining adequate data in a timely manner from OADS in 2014. Title 34-B Section 1223,10. A states

> The department shall provide the board, on a schedule to be agreed upon between the board and the department, reports on case management, reportable events, adult protective and rights investigations, unmet needs, crisis services, quality assurance, quality improvement, budgets and other reports that contain data about or report on the delivery of services to or for the benefit of persons with [intellectual disability] or autism, including reports developed by or on behalf of the department and reports prepared by others about the department.

Karen Mason, Program Manager, the OADS staff member charged with providing data to the Board, was attentive to the requirement above, but seemed to get little cooperation from others responsible for data management. With regular, ongoing access to data, the work of the OAB would proceed much more efficiently.

The Department continued to use the EIS database in 2014 as its primary data tracking system for individuals receiving services. We continued to note inaccuracies in the EIS data about volunteer correspondents and those who have them in the EIS data that has been provided to us by OADS over the past 4 years. That the incorrect information

remains in EIS despite it being pointed out regularly makes us suspect that there is other inaccurate or incorrect information in EIS.

Title 34-B, Section 1223 10 further states

> E. The board or the board's staff may receive and examine confidential information when otherwise authorized to do so by law, including but not limited to when serving on a committee established by the department for which access to such information is necessary to perform the function of the committee.

From the inception of the Volunteer Correspondent Program (VCP)[3] in 1978 To 2011, when restructuring of DHHS occurred, the VCP Coordinator had direct access to EIS information needed for confirming correspondent requests, and screening and appointment of volunteer correspondents. To date, we have discussed the need for direct access to EIS with three OADS Directors (both acting and permanent) and with the Program Manager. We have demonstrated every time we were requested to do so that the work of the VCP would happen much more quickly, efficiently, and without taking time from already over-taxed OADS staff with direct EIS access. This is an issue that we hope, after 4 years, to resolve in 2015.

Recommendations

- **Redesign the OADS website** with an external contractor who is well-versed in Universal Design and ADA accessibility. There should be a page dedicated to parents and guardians that includes information on waiver services, wait lists, and guidelines for transitioning from OCFS to OADS services.

- **Formalize and publicize the selection process for Section 21** services, and ensure that the selection process does not negatively impact families of those still at home.

- Work with ISC and CCM professionals to **improve the accuracy and timeliness of data recorded in EIS.**

- **Provide direct EIS access to the Volunteer Correspondent Program Coordinator** to access data needed to continue and build the Program.

- **Provide data on trends, and plans to address issues identified from data, to those charged with oversight**, including the MDSOAB. [The Section 21 Waiver Application indicated that the Department does, in fact, collect data to identify trends; we have not seen this data yet.]

[3] The Volunteer Correspondent Program is presented in Appendix A of this report.

B. Services

B1. Case Management[4]

Consumers, overall reported liking their case managers, but would like them to be better informed about available services, especially employment supports and SSI/SSDI. Some consumers noted that their case managers need to keep them better informed about their PCP meetings and help them have more control of the planning process.

Guardians believed that case managers have too many people on their caseloads and, in general, too many responsibilities. They would like CCMs to be better able to translate the SIS assessment results and the impact of upcoming systemic changes on the services provided to their family member. Providers also noted that case managers have too many responsibilities, and believed that newer case managers need more training.

Providers worried that CCMS lack an orientation in person-centered planning and may not be ready to facilitate PCP meetings. The MDSOAB agrees with providers that facilitation of a person-centered planning process is more than asking different questions or submitting information in a new format. It is a process grounded in particular philosophical and theoretical orientations; without mastery of these, it becomes another string of questions to ask and boxes to fill out, rather than a dynamic map guiding every aspect of the individual's services.

The MDSOAB has an additional concern that the proposed SIS model relies too heavily on case managers to monitor and report on the quality of consumer services. Case managers appeared over-loaded with work even before PCP facilitation was added. We do not believe that case managers can, nor should they, be responsible for systematic evaluation and reporting on service quality. They also lack the statewide view that provides a critical point of comparison to the evaluation process. Since the quality of the new model begins with person-centered planning, we believe that caseworkers cannot be responsible for evaluating the quality of the plan.

Recommendations:

- **Work with person-centered-planning experts** to provide caseworkers with training and ongoing technical assistance for person-centered planning.
- **Hire an external contractor to evaluate the person-centeredness** of the new planning process.
- **Design a quality evaluation system that** is more systemic in scope and **does not rely only on case managers** for data. This should occur before implementation of the new model so that it can be piloted as implementation begins.

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[4] See Appendix D, Pubic Feedback Forum 2014 Report, pp 8-9, 16-17, and 25-26 for outcomes about case management.

B2. Adult Protective Services[5]

Providers were, in general, satisfied with Adult Protective Services investigators, but strongly suggested that there are not enough investigators to meet the need. They questioned how APS decides which cases to investigate, and suggested that all cases involving verbal abuse, rights violations by agencies, and abuse or exploitation by family members be investigated. They also believe APS needs a better communication system and that reports should be shared with providers at the conclusion of the investigation.

Recommendations:

- **Increase staffing** so that there are enough investigators to meet the need.

- **Revamp the communication system** so that investigators are able to respond within 12 hours of a report, and written outcomes are shared with providers and families.

B3. Crisis Services[6]

OADS Developmental Services offers the following Crisis Services:

- Prevention Services
- Crisis Telephone Services
- Mobile Crisis Outreach Services
- In-home Crisis Services
- Crisis Residential Services, and
- Transitional/Emergency Housing and Respite (16 beds contracted from ESM).

At present, there are 4 Crisis Supervisors and 44 Crisis staff. There are two crisis beds each in four regions of the state for a total of 8 beds staffed by OADS Crisis workers. Crisis workers respond to calls about individuals on the wait lists in addition to those currently receiving services.

Providers responding to the Provider Survey reported that, for the most part, Crisis Services were "awesome" when they were able to respond, but that there were issues with the following:

- ***The telephone communication setup***- too often the caller is referred to MH services, rather than DD services.
- ***The distance regional teams must cover***, which results in delays in responses; often the crisis is over by the time team member arrives.
- Crisis beds often seem to be **filled with people who should be in transitional housing**, leaving the person in crisis nowhere to go other than their current home.

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[5] See Appendix D, Public Feedback Forum 2014 Report, pages 28-29, for APS outcomes.

[6] See Appendix D, Public Feedback Forum 2014 Report, pages 29-30, for about Crisis Service comments.

- ***The lack of adequate staffing.*** The Crisis Services Annual Report (covering 2010-2013) states that "...the average statewide [crisis bed] vacancy rate from 2010-2013 was 52 percent." (p. 11) ***We find the statistics on the number of open beds per month, and the overall open bed rates, to be misleading since it is available staff members, not beds, that are the key to measuring available crisis services.*** In reality, the two bed/two staff model often results in both staff members being needed to support one person, so the other bed cannot be used although it is technically (and statistically) open.

The Community Consent Decree negotiation in 1995, which established the parameters of Crisis Prevention and Intervention Services, called for no less than 12 crisis beds statewide, instead of the current 8 beds. ***We are concerned that the number of crisis workers has not increased at the same rate as the increase in people being served- especially when considering those on the wait lists.*** Public Feedback Forum comments suggest that the primary crisis response modes are telephone and residential services, and that there are not enough workers to meet the need. We believe that, ideally, Crisis staff should most of their more time providing Prevention and In-Home Crisis Services, and that Crisis Residential Services should be a last resort.

Comments from providers also suggest that EFM Transitional/Emergency Housing and Respite services are very difficult to obtain, especially for those with greater medical or behavioral support needs, and that front line staff are not adequately trained to provide appropriate support.[7]

Recommendations:

- **Increase the number of crisis beds** to, at the very least, the 12 that were required in the 1995 Community Consent Decree.

- **Increase the number of crisis workers** and dedicate staff in each region to prevention and in-home services. Prevention could include providing trainings to homes and agencies on techniques like positive supports.

- **Contract with a different agency** for Transitional/Emergency Housing, return these services to Department staff, or **provide external quality monitoring** for EFM services.

B 4. Developmental Services Advocacy

Since September 2012, when the DRC assumed advocacy services, there have been at least 4 different advocates in Portland office, Katrina David Adam new person- four different advocates in Lewiston, four different advocates in Augusta, three different advocates in Rockland, and two each in Bangor and Caribou. Although DRC reversed

[7] See Appendix D, Public Feedback Forum 2014 Report, pages 30-31, for more detailed information on ESM Transitional Housing comments.

its position on fulfilling all the services formerly provided by the Office of Advocacy shortly after obtaining the OADS contract, and as such no longer votes on approvals of Severely Intrusive Behavior Plans or Safety Device Approvals, this frequent turnover in advocates results in the following:

- ***Consumers must develop a relationship with a new advocate*** every few months
- ***Planning teams must adjust*** to the different interpretations of regulations, levels of DD experience, and advocacy styles with each new advocate, and
- ***3PC members must develop a working relationship*** with and adjust to a new (non-voting, but vocal) team member who may not share the same understanding of the regulations or understanding of and experience with adults with DD.

Recommendations:

- **Include specific measures of performance** in the Department's contract with the DRC that address stability of staffing and employing advocates with direct experience with adults with DD

    - **Discuss ways to improve the position longevity** of DRC advocates working with OADS clients.

C. Supports

C1. SIS assessments[8]

Guardians wanted more information about SIS assessments and outcomes. Some guardians reported that they were not asked to participate in the SIS and others said they did not know that this assessment was happening, or the purpose for which it was intended.

Family members and providers who had more experience with the process believed that many scores are coming out lower (meaning lower support needs) than expected, and are concerned that individuals will lose support hours and staff and, by default, have more restricted lives than now.

The MDSOAB appreciates that change is difficult, and supports the Department's intent to establish a systematic and equitable way to assess needs and allocate resources. We also commend the Department's willingness to solicit the input and feedback of others as the SIS assessment and Supporting Individual Success model are developed.

[8] See Appendix D, Pubic Feedback Forum 2014 Report, pp. 17-18, and 26-28 for outcomes about the SIS

Recommendations:

- **Invite at least two representatives external to the Department** (ideally, one being a parent/guardian representative) to participate on the committee responsible for determining the need for re-assessment and on the Extraordinary Review Committees, as the present model appears limited to Department staff.

- **Closely evaluate resource allocation** to individuals during the first year for alignment with the principles of Maine's Olmstead Plan to ensure that the new model does not result in less individualized community participation.

C2. Daytimes: Employment, Day Programs

Consumers want to work[9]. Even those currently happy in their day programs often said they'd rather be working. Guardians and other family members want them doing activities that are meaningful to them and that will build autonomy and work skills.[10] All 3 groups[11] identified systemic barriers:

- ***VR process takes too long***, doesn't often result in meaningful employment
- ***Employment specialists aren't adequately equipped*** to work with people with more complex support needs

The MDSOAB supports intent of Employment First Maine, and is actively involved in its work. The Board is concerned that employment capacity is already inadequate to need, and specialists are inadequately trained to support those with ASD, complex medical, and behavioral issues. We are concerned that the increased call for VR and Employment Specialist services will be more than the system is able to provide.

Recommendations:

- **Require training (or additional training)** in supporting individuals with complex support needs for VR and employment professionals. There are

- **Identify and change current policies and practices** that impede process, especially for adults with complex support needs.

- **Work with day programs to improve the quality** of services and ensure that day activities help the individual move toward greater autonomy and employment skills.

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[9] See Appendix D, Pubic Feedback Forum 2014 Report, pp 11-12 for Individual comments about daytime activities and work

[10] See Appendix D, Pubic Feedback Forum 2014 Report, pp 18-20 for Guardian/Family Member comments about daytime activities

[11] See Appendix D, Pubic Feedback Forum 2014 Report, p. 32, for Provider comments about employment

C3. Residential Supports

Consumers seemed happy, for the most part, with where they live; however, many did not choose where or with whom they live. Many did not know of other places they could live.[12]

Guardians[13] are concerned that the new rate packages will result in less support hours, so less individualized community access. They also were concerned about DSP staff turnover and would like to see DSPs paid more.

Providers are also concerned that new rate packages will result in less staff coverage; some were considering increasing the number of of beds in their group homes to maintain staff coverage. Providers would also like to see DSPs paid more and receive benefits; this was identified as the biggest barrier to attracting and retaining experienced staff.[14] hoping this will increase longevity in position and decrease amount of resources used for staff training.

The MDSOAB strongly supports the Department's goal to professionalize the DSP staff and believes that increasing wages is a good place to start. We are concerned that the proposed rate packages may not be as generous as needed to offer every DSP benefits or pay based on experience and training.

Recommendations:

- **The Department should work closely with MACSP and DSP representatives** to begin developing a DSP career ladder that considers increased pay for increased years of experience and training.

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[12] See Appendix D, Pubic Feedback Forum 2014 Report, p 10 for Individual comments on residential supports

[13] See Appendix D, Pubic Feedback Forum 2014 Report, p 18, for Guardian comments

[14] See Appendix D, Pubic Feedback Forum 2014 Report, pp 23, 32, and Report Appendix D, pp 11-116, and pp. 121-123, for provider survey responses to questions about DSP staff.

Appendix A

1. The Volunteer Correspondent Program

The MDSOAB operates the Volunteer Correspondent Program, which began in 1978 to pair Pineland Consent Decree class members who lacked active family involvement with a volunteer to spend time with them, monitor their progress and supports, and advocate informally for them when needed. This program is now open to any adult who lacks a private guardian or family member who is involved in his or her life.

Volunteer Correspondents are individuals who maintain contact with a person with an intellectual and/or developmental disability living in a Maine community, and are recognized through an official application process of the Maine Developmental Services Oversight and Advisory Board (MDSOAB). They serve as the "eyes and ears" of the MDSOAB throughout the state of Maine.

The Volunteer Correspondent Program supports person-centered planning by matching qualified volunteers with adults with intellectual disabilities and/or autism who are in need of someone in their life to act as an advocate and friend. The VCP also supports access to professional services, an enhanced quality of life, deep-rooted community connections, maximum growth, development of social networks, and a planning process that truly focuses on the individual.

The VCP Coordinator has been working closely with Lisa McGrath from OADS to identify and address incomplete or incorrect information; however, since case managers are responsible for updating information, neither the VCP Coordinator nor Lisa McGrath can input the correct information. The correspondent information in EIS remains sadly outdated and inaccurate again this year, including:

- Outdated case manager contact information
- Outdated consumer information (address, telephone, provider contact- and, at times, deceased consumers were still listed in EIS as living)
- Outdated or missing correspondent name or contact information
- Incorrect unmet need for correspondent information

The VCP Coordinator does not have access to EIS since the DHHS restructuring, although the program's previous coordinators used EIS as an ongoing and key part of their work. This lack of access slows correspondent progress considerably, since the coordinator must spend time tracking down new case managers, new contact information for correspondents, and must rely on case managers to return her calls or e-mail messages. The MDSOAB and VCP staff met with then-Director James Martin in November to discuss access to EIS for the Coordinator, but the issue was not resolved before Mr. Martin left OADS. See p. 7 of the Annual Report for discussion of EIS access.

The Volunteer Correspondent Program produced two newsletters in 2014, which were distributed to correspondents, state and community case managers, and other service providers. These newsletters were responsible for a dramatic increase in the number of request for correspondent forms received in 2014. In addition to the newsletters, the VCP increased visibility of the program with a new website, brochures, posters, social media pages, online announcements, and recruitment messages run on local cable TV bulletin board channels.

The Volunteer Correspondent Program Coordinator participated in three trainings about the VCP, as well as raising visibility of the program at the SUFU annual conference, and through involvement in statewide public feedback forums.

The Volunteer Correspondent Program office supported correspondents individually with resources and guidance in matters dealing with possible rights violations and service-related concerns. Special attention was given to correspondents who had identified significant obstacles to their consumer match, such as homelessness, life-threatening health issues, and neglect.

In the coming year, the Volunteer Correspondent Program will focus on rebuilding what were formerly called the Regional Committees. Volunteer Correspondents will have a local support structure, and be better able to identify and address area-specific concerns. The VCP will also restructure the training provided to correspondents, including the VCP orientation manual, and will pilot a new online training method, utilizing modules and video streaming to educate all correspondents on specific areas, including any systemic changes.

Current status of the Volunteer Correspondent Program

- ***Consumers who have a Correspondent: 343.***
- *Increase of 34 since 2013.*
- *(number in EIS: 151)*

- ***Consumers who need a Correspondent: 138.***
- *Decrease of 29 since 2013.*
- ***New Correspondent Requests in 2014: 58.***
- *(number identified in EIS: 24)*

- ***Appointed Correspondents: 292.***
  (number in EIS: 150)

- ***Correspondent/consumer matches finalized in FY 2014: 43.***

- ***Correspondents awaiting appointment: 9.***

- ***Matches ended due to resignation or death of participant*: 9.**

Appendix B

Other MDSOAB Work

1. MDSOAB Participation on Three-Person Review Committees

Members of the MDSOAB participate as community members on the Three-Person Committees that are charged with reviewing and approving every severely intrusive behavior plan and safety device plan in the state. With the turnover in DRC advocates, we often find ourselves to be the senior members on these committees. As outlined earlier in this report, MDSOAB members continue to work with the Department and the DRC to create more standardized review practices across the state, to create guidelines to assist providers who submit plans for review, and to prepare for the eventual adoption of the proposed behavior regulations.

Safety Device Reviews during 2014: 315 plans
The current regulations call for the review of safety device plans at least once per year. Safety Device Plans are written for any mechanical device that restricts an individual's movement in order to keep them safe. Examples of safety devices are seat straps for shower chairs, padded bed rails, and gait belts for those with balance problems.

***Severely Intrusive Plan Reviews in 2014:* 97 plans, 388 reviews**
Severely intrusive behavior plans are created for an individual whose behavior escalates to the point where the individual or those around him or her are in danger. Severely Intrusive behavior plans involve the planned use of interventions that involve a degree of coercion and temporarily limit that person's rights. SIPs are developed by the planning team with participation from a licensed psychologist or psychiatrist. The psychologist or psychiatrist monitors implementation and effectiveness of the plan at least monthly once a plan is in place. The Three Person Review Committee, or 3PC, reviews proposed plans for documentation of prior attempts to address the behavior through less intrusive measures, for steps to protect the health, safety, and rights of the individual, and for clarity of the plan. Once a plan is approved, the 3PC reviews it at least quarterly to ensure that it conforms to the standards above and that it continues to be the least intrusive intervention possible. Three Person Committees typically meet at least once per month to review plans, with the Portland and Lewiston teams having the greatest number of plans and Aroostook having the fewest.

2. **Comment, Testimony**

- APS Policy re Written Reports (to Doreen McDaniel)
- Proposed changes to Grievance Policy
- Proposed SIS Level/Rate Package Model
- CMS Transition Plan
- Section 21 Waiver Application

3. **Participation and Collaboration**

- **OADS Adult Advocacy Group**
  - With SUFU, DDC, and DRC
- **OADS Stakeholders Advisory Group**
- **Employment First Maine**
  - Transition Work Group
  - Data Work Group
- **Statewide 3PC Committee**

Appendix C

MDSOAB Membership
December 2013-2014

MDSOAB membership has fluctuated during 2014. There are currently ten MDSOAB members. MDSOAB representatives range from Kittery to Aroostook County and include self-advocates, parents, providers, and representatives from collaborating agencies.

Membership during 2014:
Bonnie-Jean Brooks
J. Richardson Collins
Rachel Dyer (DDC representative)
Linda Elliott
Richard Estabrook (awaiting appointment)
Tyler Ingalls
Darlene MacKinnon (retired November 2014)
Eric McVay (resigned July 2014)
Jennifer Putnam (awaiting appointment)
Stephen Richard
Rory Robb
Cullen Ryan

We sent four new appointment applications to the Office of the Governor December 2012, and resubmitted two of the same applications October 2013. Two potential members left our ranks while awaiting appointment. We received word from the Office of the Governor in early January 2014 that the two appointments were made, and learned from the Office of the Secretary of State that continuing members will need to be re-appointed. We are in the process of addressing this now. We have three potential new members under consideration at the present time: two family members and one individual with a disability. In addition, SUFU is in the process of appointing two representatives to serve on our board. We hope to be up to full capacity in 2015.

We appreciate the efforts of Sean Ingram and the Office of the Governor for their assistance with the official appointment process.

Appendix D

Final Report

2014
Annual Public Feedback
Forum Series

August - October 31,2014

Forum Collaborators:

Maine Developmental Services Oversight & Advisory Board

Volunteer Correspondent Program of Maine

Maine Parent Federation

U Maine Center for Community Inclusion & Disability Studies

Speaking Up for Us

Maine Developmental Disabilities Council

With assistance from

State of Maine DHHS, Office of Aging & Disability Services