May 8, 2017

Minutes

Present: Kim Humphrey, Debbie Dionne, David Cowing, Mary Chris Semrow, Luann & Rob Lawler, Ed & Suellen Doggett, Nonny Soifer, Jamie Whitehouse, Mike Charley, Rebecca Schroeder, Megan Meehan, Lydia Paquette, Janet Rancourt, Todd Goodwin, Luc Nya, Frank Pennisi, Erin Rowan, Staci Converse, Margaret Cardoza, Jeanne Dunn, Beth MyLroie, Cathy Register, Julie Brennan, Jerry Silbert, Karen Mason, Jennifer Fales, Cullen Ryan, and Vickey Rand. Via Zoom – Bangor (UCPofME): Andrew Cassidy. Sanford (Waban): Morgan Jones. Auburn (John F. Murphy Homes): Ann Bentley. Brunswick (Independence Association): Colleen Gilliam. Orono (Center for Community Inclusion and Disability Studies): Mary. Presque Isle (Central Aroostook Association): Steve Richard. Gardiner (Uplift): Pam Carnie, Charlene Kinnelly. Misc. sites: Stacey Lamontagne, Kathy Adams, and Romy Spitz (with two interpreters).

Cullen Ryan introduced himself and welcomed the group. Participants introduced themselves. A motion was made and seconded to accept the minutes from last month’s meeting. Minutes were accepted.

*Thank you to Senscio Systems, who has very generously covered the cost of lunch for our 2017 meetings!* *For more information on Senscio Systems you can visit their* [*website*](http://www.sensciosystems.com/)*, or connect with them on* [*Facebook*](https://www.facebook.com/senscio) *and* [*Twitter*](https://twitter.com/senscio)*.*

The featured speakers were running late, as such other agenda items were covered before the presentation.

**Housing and other Updates:**

**Cullen:** There is an abundance of activity happening on both the state and federal levels. Congress passed a final FY17 spending package to fund the federal government through the end of September and avert a government shutdown. The final budget agreement upholds the bipartisan deal made in late 2015 to lift the spending caps required by the Budget Control Act for defense and non-defense programs. The deal does not include any of the $18 billion in cuts requested by the Trump administration for non-defense programs, which included significant cuts to HUD’s budget which would have paralyzed its ability to create affordable housing and minimized Section 8. The FY17 spending bill favorably funds most HUD programs at or above FY16 levels, including affordable housing development and Section 8 – both valuable tools for the ID/DD community. Project-based Section 8 received adequate funding for all renewal vouchers, and tenant-based Section 8 received an increase equivalent to 5,000 additional vouchers for a specific population. HOME and CDBG, both of which are resources for affordable housing, received level funding compared to FY 16.

Looking ahead to the FY18 budget, when I was in Washington, D.C. last month, coming to an agreement on FY 18 appropriations did not look promising; Congress appeared very divided. The good news about passing an FY 17 Omnibus spending bill, is that if there’s a Continuing Resolution (CR) for FY 18, which appears a likely possibility, the CR will carry through funding levels from the FY 17 Omnibus bill, versus the lower FY 16 funding.

On 5/4, the House narrowly voted to pass its American Health Care Act (AHCA), in a vote of 217-213. The AHCA, and its new amendments, proposes significant cuts to Medicaid over the next several years – affecting funding for services for people with disabilities, including ID/DD. Additionally, Medicaid is a key component for Special Education, which would also be looking at cuts should this bill become law. Now that the bill has passed that House, it goes next to the Senate, where they will consider it, draft amendments, or conduct a complete re-write of the bill. Senator Collins could be a key component to crafting this legislation in the Senate. Senator King has stated publicly that he’s opposed to the bill; Senator Collins has expressed some concerns but hasn’t officially stated she is for or against the bill. It would be wise for the Coalition to weigh in with Senator Collins, at least, and let her know how important full funding for Medicaid and Special Education is for people with ID/DD. Medicaid reforms such as block granting, which the AHCA would permit states to do, would also be very detrimental, as it puts a lot of decision making in the hands of states versus a federal mandate, which is more predictable. A clear, concise letter from this body suggesting the importance of fully-funding Medicaid, opposing the way the AHCA is written, and opposing anything to jeopardize Medicaid funding would be advantageous.

-A motion was made and seconded to draft a letter to Senators Collins as well as Senator King regarding opposing the AHCA and advocating for full funding of Medicaid.

**Discussion:** It was stated that in addition to block granting, it would be important to include language regarding how high risk pools are a bad idea, a category into which people on Section 21 could fall.

-After discussion, the motion passed unanimously.

**Cullen:** This would be an ideal time for Senator Collins in particular, but Senator King as well, to hear from people individually about how Medicaid funding affects you and your families. The most effective methodology is sending very individualized letters; crafting a paragraph explaining your and/or your family’s circumstances, and in simple language explain why Medicaid is pivotal to your and/or your family’s ability to function. I will put out a template in the form of an Action Alert when the minutes from this meeting are distributed. Thank you for taking action to preserve Medicaid funding so that you, our sons and daughters, and people we care about have the resources needed to live full lives and be included as part of the community.

**Featured speakers: Jennifer Fales, Initiatives & Clinical Review Program Manager, OADS-DHHS, and Karen Mason, Associate Director, OADS-DHHS.** [**www.maine.gov/dhhs/oads**](http://www.maine.gov/dhhs/oads/) **Topic: OADS Section 21 Forum Presentation**

**Cullen:** The Office of Aging and Disability Services (OADS) has been holding forums around the state related to changes to Section 21 and Section 29. When these forums were announced, this group suggested using the Coalition as an additional forum to disseminate this information, receive feedback, and answer questions. OADS has graciously taken us up on our offer and today we have Jenn Fales and Karen Mason here to provide the forum presentation. This is your chance to hear about the changes and weigh in. I want to welcome you both, and thank you for being here.

**Karen Mason:** Last year, when we held public forums we heard from people, parents, and family members that they want to hear from us directly, and in different ways. As such, we recently launched the [OADS Facebook page](https://www.facebook.com/OADS.MAINE/), providing another way in which people can receive information and interact with us. During last years’ forums, we said would come back around and conduct additional forums, going over what was approved in Section 21. Today we want to provide this information, some historical data, and discuss the Governor’s proposal for Section 29. I hope that you provide feedback, ask questions, and make comments; we always want to hear from you. We did have some other staff who were going to join us today, however they were unable to attend, so there may be questions we can’t answer but we will work to get answers for you. Questions and answers from the forums will be posted soon.

[**Click here for the presentation.**](http://www.maineparentcoalition.org/may-2017-presentation.html)

**Waitlist Numbers as 5/5/17: Section 21 – 1528: Priority 1 – 0; Priority 2 – 527; Priority 3 – 1001. Section 29 – 0.**

**Karen:** We continue to make offers to anyone who meets the criteria for Priority 1.

-There was a question regarding the Aldridge settlement, and how it affected the waitlists.

**Karen:** The Aldridge settlement pertained to Section 29, and the Legislature included funding in the last Biennial Budget to fund that waitlist. We were also able to make some Section 21 offers at that time. Right now, there’s legislation pending to fully fund the Section 21 waitlist.

-There was a question regarding the Section 29 waitlist.

**Karen:** Currently there is a not a waitlist for Section 29. There are some people who have been waiting a while, but unfortunately, with so many people waiting to go from Section 29 to 21, Emily *(Emily Kalafarski, Waiver Manager)* must do a lot of management of both of those waivers at the same time. There are people waiting for a little while for a Section 29 offer, but we don’t have and official waitlist. Currently Emily is on maternity leave; when she returns in two weeks she will see how many people have stopped using Section 29 services for Section 21, and will be able to start making those offers again. This has everything to do with both fiscal management and numbers management for the Section 29 waiver.

-It was asked what the distinction is between a waitlist and a queue. It had been previously reported that there is a queue for Section 29.

**Karen:** The queue is not a waitlist, it’s people who are awaiting an offer, as we must manage the fiscal side of things and the number of slots available.

-It was asked if the difference between a waitlist and a queue is that with a queue money is available but an offer hasn’t been made.

**Karen:** Yes, exactly. With the waiting list, there is no money available, thus offers aren’t being made. Over the past four to six weeks 83 offers for Section 29 have gone out but are still pending.

-It was asked how long, on average, people are waiting in the queue for Section 29, even if it’s a ballpark figure.

**Karen:** I’m not sure, as it changes from month to month. When Emily returns, I’ll have her share this information with the group.

-A parent stated that her daughter has been waiting almost a year for Section 29.

**Karen:** I want to chat with you because there might be something else going on. The wait for Section 29 is definitely not a year – we’re talking a few months. If it’s taking that long, we need to hear about that.

-It was asked if the funding difference between 2001 versus 2017, an increase of approximately $100 million, was at the expense of other areas in the budget.

**Karen**: Those figures were combined totals for both Sections 21 and 29, two-thirds of which comes from the federal government, with only one-third coming from the state. I can’t answer specifically where the money comes from.

**Cullen:** We’ve seen MaineCare cuts for people with limited incomes, people who have serious and persistent mental illness, and single adults without children. A few years ago, 70,000 people were made ineligible for MaineCare. Changes such as these are likely what allow for increases in other areas.

-It was stated that this information needs to be part of the discussion as well.

**Karen:** The Legislature takes in all this information, and it becomes the basis from which it makes funding decisions. They have a difficult job.

**Jenn Fales**: As Karen stated, we held forums last fall ahead of the Section 21 and Section 29 proposed rule changes; these rules were adopted on 3/5/17. I’m going to go through the changes reflected in the rules.  *(*[*This information is included on pages 9-10 of the presentation - click here.*](http://www.maineparentcoalition.org/may-2017-presentation.html)*)*

-There was a question regarding employment and sub-minimum wage, and if the state was working to increase wages to at least minimum wage.

**Jenn:** With the rule changes, the Department is moving towards incentivizing and supporting full employment and having opportunities as soon as possible.

**Karen:** We still have sub-minimum wage in the rule. However, with the enactment of WIOA ([the Workforce Innovation and Opportunity Act](https://www.doleta.gov/wioa/)), DOL ([Maine Department of Labor](http://www.maine.gov/labor/index.shtml)) is working with agencies across the state that still provide sub-minimum wage to move away from that. I think the timeline to eliminate sub-minimum wage is July of this year.

-It was stated it appears some providers are eliminating Voc Rehab case managers, at least in the Westbrook area.

**Karen:** I did not know that. I can look into that with someone from [Voc Rehab](http://www.maine.gov/rehab/dvr/).

-It was asked if the new training requirements are included in the rate setting structure.

**Jenn**: Yes.

-A provider stated that per the rules, grievance training must be completed with new employees before they start working with people in programs. It would be fantastic to get a train-the-trainer model going as soon as possible. Providers are facing a workforce crisis, and are unable to replace people as quickly as they’re leaving. This one training addition to the rule is a large barrier, as it adds to the amount of time it takes to get new staff up and running.

**Karen:** Absolutely. We wanted our staff to increase the number of trainings, and concurrently they’re working on some kind of webinar type format. We’re also looking at including this as a DSP module. We’ve heard this feedback across the board at forums. As such, we’ll talk with OMS ([Office of MaineCare Services](http://www.maine.gov/dhhs/oms/)) about moving the timeline for training to be in line with the other training requirements.

-It was stated that [Maine Cite](https://mainecite.org/), represented at today’s meeting, is a good in-house way of meeting webinar needs quickly.

-It was stated that in terms of assistive technology, finding someone to do the assessment hasn’t posed issues, however paying for the device – providers who pay for that upfront cost – has been very difficult.

**Karen:** This has come up with the TBI (Traumatic Brain Injury) waiver as well. We’re looking into seeing if there’s a vendor that would be willing to work around this, so providers don’t have to bear that upfront cost.

-There was a question regarding the Clinical Review Team (CRT), the transition of medical add-on services coming back in-house, and the ability to consult with physicians.

**Jenn:** The CRT is comprised of three social workers and three nurses, all of whom have histories working with this population. There isn’t a doctor on the CRT, however, we can consult with physicians, behavioral analysists, etc. on an as-needed basis. First and foremost, we will rely on the team, but it will be a very collaborative approach versus just looking at paperwork. With Medical Add-On services, it will be a phased transition back to the Department, much like the crisis support transition. A notice will go out to providers stating what’s happening, technical assistance will be made available, and the process will be conducted in a very considerate fashion.

-It was asked if behavioral add-ons are treated similarly to the medical add-on.

**Jenn:** There isn’t a behavioral add-on. However, we are looking at how best to address medical concerns as well as behavioral.

-It was asked if the CRT determines who goes to crisis homes. There was also a question regarding the availability of emergency transitional housing.

**Karen:** This process does not include the crisis system. We still have a contract with ESM for emergency transitional housing, the scope of which is much smaller than in the past. ESM notified us several months ago that they decided as an agency not to provide residential support for this population going forward. Currently they are still providing this to a few individuals. We are working with other agencies to provide this service in the interim, transitioning from ESM. Because it’s May and we’re getting too close to the beginning of a new fiscal year, we’re trying to work with other agencies on an as needed basis for the remainder of this fiscal year and next, as we put together an RFP for this service to begin on 7/1/18.

-It was stated that in many instances, pain is the source of behavioral issues. It’s hard to get someone to amend his or her behavior if gastrointestinal problems are causing pain. There are other pain-related issues as well, such as dental pain, that affect behavior. It was asked if someone can’t communicate pain, and how it affects behavior, when this is presented to the CRT, how will the team know.

**Jenn:** I don’t disagree. One of the things we did when formulating the CRT is to look at some of the dual diagnosis work of NADD ([National Association of the Dually Diagnosed](http://thenadd.org/)), which is an association for persons with developmental disabilities and mental health needs. We’re looking to get the whole team NADD dual diagnosis certified, including the medical model, and pain its influence on behavior. You’re right though, there is more to be done.

-It was asked how many crisis beds are full currently.

**Karen:** I don’t know, but we can find out. I don’t think they’re completely full, but there are some people who are having some significant challenges and having someone else move in at that moment may not be advantageous.

-A provider stated that one of the matters discussed at the Auburn forum is the Chapter 3 provision for Section 21, and the potential implication of per diem hours. It was mentioned that OADS stated at the forum that agencies have safety and supervision obligations outside of the rate structure and MaineCare requirements.

**Jenn:** Some changes were originally proposed for Chapter 3, which were subsequently removed based on feedback we received. Deb and I went back and talked with OMS, and the thought was that it might be a wording issue. MaineCare said it was a purposeful change – I don’t quite understand it and wouldn’t be able to speak to it, Deb would be in a better position to do so. We’ll look into this.

**Karen:** I think OMS’ response was to where the language said “by home” instead of “by person,” and CMS ([Centers for Medicare and Medicaid Services](https://www.cms.gov/)) does everything funded by person, so the language had to be changed.

Karen and Jenn reviewed the Governor’s proposal to increase the Section 29 cap *(*[*This information is included on page 13 of the presentation - click here.*](http://www.maineparentcoalition.org/may-2017-presentation.html)*).*

**Karen:** We want people to think over the proposal to increase the Section 29 cap and give us some feedback. Essentially this would increase the Section 29 cap from $23,937 to $47,500. This means, functionally, if this proposal does move forward, that funding increase doesn’t mean simply taking the service and doubling it and using it for any service in the array of services. The increase would provide an individual with a choice in terms of residential options, and an increase in home support options. Family members can work while their loved ones at home receive some of that protective oversight and supervision, along with activities during the day – and this affords for that. Work supports are still outside of the cap. Within the proposed $47,500 cap, someone could choose shared living, which would then leave approximately about $1,000 per month left for community supports (based on the average cost of shared living). An individual could remain living at home with his or her parents, and increase in-homes supports if they chose. However, you could not take the entire $47,500 and put it all into community supports. The proposal is not set in stone, and we want to hear your ideas. It’s my understanding that the Health and Human Services (HHS) Committee voted unanimously that this portion of the Governor’s budget ought to pass. We will see where this goes with the Appropriations Committee.

**Cullen:** In the past Section 29 has meant work supports, and now encompasses home supports and community supports. This allows for people to access day programs where they go for social connections and support. Would this proposal still allow someone to create a life that includes work, and support in day programs?

**Karen**: Yes, if they lived at home. Currently, people can utilize the entire cap for home supports, which would equate to about 18 hours a week, or use it all for community supports, which would be about 21 ½ hours per week. In this scenario, it would be an either-or choice, because the $23,937 cap equates to one or the other.

**Jenn:** If the cap is doubled, you would not be able to use the $47,500 completely for community supports, it would still be a mix-and-match.

**Cullen:** Let’s have some discussion on this. This group has spent a lot of time advocating for a service system that allows for true community inclusion, a major component of which is access to community supports.

**Karen:** Also, 75% of people waiting for Section 21 are currently receiving Section 29; the increase of the Section 29 cap to allow for more home and residential options may be sufficient for some people, eliminating their need for the comprehensive Section 21 waiver.

**Discussion regarding the proposed increase to the Section 29 cap:**

-It was stated that it would be helpful to have examples. A parent stated that her daughter goes to a day program four days per week, and in addition receives an hour of work support; if the cap were to be increased, she could have someone come into the home to help her with other things in her personal life. Or, someone could decide on a shared living option, which would use up most of the funding. Illustrating this clearly, such as “shared living uses X amount of money, leaving Y amount remaining,” would be helpful. Having examples so people can better visualize their options and what it means for their specific circumstances and needs would be very beneficial.

-Having people be included and integrated into their communities is essential. Community supports help with a myriad of things. One example is community supports for sports programs. Sports not only allow for social opportunities and connections with the community, but the physical activity exerted during sports helps people maintain their health and physical fitness, and in the end, reduces the risks and costs associated with obesity.

-It was mentioned that looking at the wraparound program that was available years ago may be helpful – using a regional approach to develop unique interventions for children and families. These principles could be used to determine additional supports. This could be a way of opening the door to real individualization.

-It was asked how reliable and accessible home supports are versus community supports, in terms of staffing.

**Karen:** It depends on the individual needs of the person. There is staff turnover in every type of program.

-A provider stated that staffing in his agency’s day programs is much more stable. Staff come to work at a set time, clock in, work, and then clock out. It’s more predictable and routine. This is not the case for in-home supports. Taking this into consideration, it was stated that people may have more trouble actually receiving in-home supports.

-It was stated that hypothetically, if the cap remains the same for community supports, a program with a 4 ½ hour day, five days per week would exceed the cap. There are other considerations as well, such as if transportation is late, then someone ends up staying longer at a day program. There may not be a magic number of community support hours needed, but it should certainly be higher than 21½ hours. There are people for whom the proposed increase would work well, possibly eliminating the need for Section 21. This would be less expensive for the Department in the long run; however, it must be thought out and done well.

-It was asked what the funding source is for work supports if they are outside of the cap.

**Karen:** Work supports have the same funding stream as services within the cap, they’re just outside of that particular cap, with their own cap and rate structure.

-It was asked if crisis services are included in the budget/cap.

**Karen:** Crisis hours are within the budget; however crisis intervention services are not. If you are calling for a crisis worker, it is outside of this. What we mean by accessing crisis hours through the CRT is a request for increased hours due to a crisis situation.

-It was asked how many people are currently waiting for Section 29

**Jenn:** There are 83 offers out where people either haven’t started the services or have yet to accept the service.

-It was asked what is the definition of shared living.

**Karen:** How is it defined in rule? An individual living in a family home, one person/one home unless there is a sibling or other long-term relationship. The provider must work with an oversight agency to provide the service, adhere to all training requirements, and be DSP certified, because it is a MaineCare service.

-It was stated that the intention of shared living is good, however sometimes people lack the feeling of identity and pride that comes from renting their own residence, and instead feel that they are in a quasi-parental situation, living with people who take care of them. There is a world of opportunity for residential options, and this is a sensitive subject. It was also asked if people with ID/DD can access the money follows the person model.

**Karen:** I haven’t heard that before so thank you for that feedback. Shared living is a choice in the array of choices. The money follows the person program isn’t either or; it’s for someone living in an institutional setting who wants to move out of that setting, wanting instead to live independently. We do have adults with ID/DD living in nursing facilities, and if they identify they want to move out they can access the program. The person must have a safety net, some other means of long-term supports established within a certain period of time, because it isn’t a long-term program.

-It was stated that the reference to money follows the person is referring to the broader definition, not the specific state program, where services are self-directed. More self-directed programs would be wonderful.

**Karen:** People receiving Section 21 or Section 29 have control of the funds and the services they access.

-A concern was expressed with adding shared living into the Section 29 model. Shared living is one choice among an array of housing options. If someone is on the Section 21 waitlist and is receiving Section 29, suddenly shared living appears as the only 24/7 residential option and people may flock to that even if it’s not the best fit for them. Also, it was stated that shared living needs significant reform. Expanding the ability for shared living providers to respond to the influx in demand for the service, and ensuring there are reforms so that it’s as individualized as possible are necessary.

**Cullen:** I want to thank you both for presenting today and using the Coalition as a forum. This is a great venue to hold future forums as well; I hope that you keep us in mind in your future planning efforts. Thank you, and well done!

**End of presentation.** *(Round of applause)*

**OCFS, DHHS –** [**www.maing.gov/dhhs/ocfs**](http://www.maing.gov/dhhs/ocfs)**:**

**Cathy Register:**  Last month it was asked how many children are currently being served out of state. Right now, there are 24 kids out of state, the majority of whom are at Easter Seals of New Hampshire, are from York County, and their families prefer that they be at there because geographically it is closer than options in Maine. The proposed Behavior Regulations are posted online, with the comment period ending on Thursday, 5/11 *(*[*click here for more information*](http://www.maine.gov/dhhs/ocfs/policy.shtml?utm_medium=email&utm_source=govdelivery) *– go down to Proposed Rules, then to: “Regulations Governing Behavior Plan Development and Implementation for Children with Intellectual Disabilities or Autism Spectrum Disorder (Autism) in Maine (*[*Adobe PDF*](http://www.maine.gov/dhhs/ocfs/documents/10-16FinalBehavRegs.pdf)*)”)*  Comments can be sent to Teresa Barrows, OCFS Behavioral Health Services Director (teresa.barrows@maine.gov). OCFS has a new Director, Kirsten Capeless, formerly the Associate Director of Early Intervention and Prevention Services. Everyone is excited and feeling very positive about her transition into her new role.

**Legislative Update:**

**Lydia Paquette – MACSP (**[Maine Association for Community Service Providers](http://meacsp.org/)**):** There is a Work Session for LD 967, the bill to increase reimbursement rates, on Thursday, which we’re very excited and hopeful for, so that DSP (Direct Support Professional) wages can be increased. The Department has released its Section 1115 Waiver Proposal, which it plans to submit to CMS. There are many aspects of the Department’s proposal that would affect the ID/DD population, including imposing a fee for non-emergency use of the ER – a $20 penalty if someone goes to the ER and is not admitted as an inpatient. We have concerns about those penalty payments, as they will greatly affect rural areas where clinics and other means of addressing one’s healthcare, apart from accessing emergency services, are not available.

**Cullen:** I’m looking into having Jack Comart or Katie Brennan come to the next meeting to provide more information on this. The Department’s 1115 waiver Proposal appears to be very dramatic, with several provisions that s will block access to services ([*click here for Maine Equal Justice Partners’ analysis of the Section 1115 Waiver proposal*](http://mejp.org/sites/default/files/Medicaid%20Waiver%20-%20Section%201115%20%25283%2529%20%282%29.pdf)). Public hearings regarding this proposal are scheduled for Wednesday, 5/17 in Portland, and Thursday, 5/18 in Augusta; written comments can be submitted until the end of the month ([*click here for more information on the proposal, public hearings, and comment period*](http://www.maine.gov/dhhs/oms/rules/demonstration-waivers.shtml?utm_medium=email&utm_source=govdelivery)). The 1115 Waiver Proposal doesn’t directly affect this population in many ways, but it does for other vulnerable populations in Maine and appears to be a very worrisome strategy.

**Lydia:** I will be drafting comments on the proposal and would be happy to collaborate.

**Other Updates:**

**DRM (Disability Rights Maine):**

**Staci Converse:** We have posted the report on restraint and seclusion in Maine schools on our website ([*click here for more information*](http://drme.org/news/2017/chapter-33-report)). One of the major findings is that kids with ID/DD are restrained and secluded at much higher rates that other populations. We have upcoming Visual Gestural Communication (VGC) trainings in Caribou, Machias, Portland, Bangor, and Sanford. You can sign up for the training through the Department’s website ([*click here to access the registration page*](http://www.maine.gov/dhhs/setu/oads-sponsored-training.shtml)). The [Portland training](http://drme.org/events/visual-gestural-communication-2-1-1-1-1) is coming up soon on 5/24, and there are still spots available.

**SMACT Update (**[Southern Maine Advisory Council on Transition](http://someadvisorycouncilontransiton.blogspot.com/)**):**

**Kathy Adams:** SMACT completed its meetings for the year on Friday. Rachel Knight presented on [Destination Occupation](https://destinationoccupation.com/), a Maine focused, career exploration resource. She would be a great speaker for a future Coalition meeting. SMACT meetings will begin again in October, and are on the first Friday of the month from 1:00-3:00 PM, at the Martin’s Point Health Care Campus, Jewell Room in Building 5.

**Beth MyLroie:** We also discussed what topics we wanted to cover in the future. If anyone from this group has ideas, please forward them to myself (emylroie@capeelizabethschools.org), Mary Chris (mcsemrowshi@gmail.com), or Kathy (mailto:kadamsot@maine.rr.com). We also discussed how the Coalition is the advocate spokesperson for our young people and looking perhaps to have SMACT become more engaged with this group.

**Announcements/Handouts:**

* [Click here for information/updates on Specialized Housing Inc.’s 14 E Street](http://www.14estreet.com/).
* Senscio Systems now has an office in Freeport, and is rapidly expanding in Maine.

**Cullen:** Check out our website [www.maineparentcoalition.org](http://www.maineparentcoalition.org). You can find the title of any of our past presentations; Click the link, and you will go right to the minutes. There is also a forum on the Section 21 & 29 page on the website. You can log in and post questions/topics for other parents to answer. Additionally, the website can always use more pictures. Check out the recently updated Service Timeline. Our goal is to be an easily accessible information clearinghouse.

The next meeting will be on **June 12,** **2017**.

**Featured speaker and topic TBD.**

Unless changed, Coalition meetings are on the 2nd Monday of the month from 12-2pm.

***Burton Fisher Community Meeting Room, 1st Floor of One City Center in Portland (off of the food court).***