

**DHHS / OCFS – Children’s Behavioral Health Services Provider Meeting**  
**(Riverview Psychiatric Hospital)**

Districts 3, 4, & 5

April 22, 2009

Welcoming, Introductions and Updates – **Kathy Alley**

Asking Providers to use the website to retrieve updated forms. The forms can be filled out on site and then saved elsewhere.

We continue to work on keeping the website up to date so if you notice any changes that need to be made please let Nadine know ASAP.

We’ve been working on updating contracts. Those Providers of Early Intervention Services stepped up to the place on very short notice to help revise the language of their contracts. We are very grateful to them for taking on and completing the project with so little lead time. They were great. Also we have been working with our Providers to renew present contracts and have almost completed that process.

Respite still has money for that service. We encourage Case Managers to tell their families what a great service that is and to apply. There are certified providers that can provide the services.

**Dr. Andy Cook and Lori Geiger:** OCFS / Department Updates: As of September of this year we will be out of the 2 year oversight of the Risinger Lawsuit. The end is in sight. Children are not waiting for service and agencies now have capacity to serve. Rule changes for Residential and Section 24: Work continues on Section 24. No date has been set as yet for publishing. There may be some movement by May 1<sup>st</sup>.

Changes are pending for Section 97. There is a standardized rate for 2 or 3 levels of care. The Department’s best intention for the welfare of children is not to make rapid and multiple changes but to continue with the rates as they are now. There fore it is “business as usual.”

Trauma Informed System of Care Assessment: Tools are to be completed by agencies, families, and / or youth. They can be done on line. If you print off the family version, mail it to Hornbyzeller (<http://tiaa.hornbyzeller.com> ) and they will enter it for them. By January of 2010, there should be feedback from Hornbyzeller. These are to be done on a voluntary basis and it is encouraged that individuals participate if possible. E-mail Doug Patrick with any questions @ [doug.patrick@maine.gov](mailto:doug.patrick@maine.gov)

The Cafas is filled out by clinicians. The Cafas measures the outward behaviors. Ohio Scales have been looked at for use. It is a way of getting quality feedback to families and therapists. The YOQ was another assessment we have looked at but it is not final yet which one will be approved. We should know results in the next couple of weeks of which assessments will be approved of by our department.

Tri-County Mental Health will be expanding down to the Portland area. APS website has summary information on how agencies did on the Cafas. Regarding higher level of service, the Cafas does not capture work done with the client by the agency. APS is collecting information on the needs of clients. You may e-mail Dr. Cook with any questions. [Andy.Cook@maine.gov](mailto:Andy.Cook@maine.gov) Community Counseling in Portland and Tri-County Mental Health will be running a community collaborative. Waiver services for children are on the shelf for the time being. MST is expanding and you can expect full staffing in coastal area in the near future. All districts will then be covered

**Melissa Winchester, Kennebec Behavioral Health Service; Amy Ackroyd, Sweetser; and, Ben Strick, Spurwink** did a presentation on Hi-Fi Wrap Around.

The High Fidelity Wraparound Process is the means by which case management is delivered to children, youth and families enrolled in Wraparound Maine. It is a way to improve the lives of children with complex needs and their families by developing individualized plans of care. The plan is developed by a family centered team, is individualized based on the strengths and culture of the child and their family and is needs driven rather than services driven.

The wraparound facilitators assist youth and their families who are at imminent risk of out of home placement due to extensive Juvenile Justice, Behavioral Health, or Child Protective involvement, to develop and engage with a wide range of natural and community supports, not just providers and “services”. The goal is to help families create self directed independently sustainable positive change.

#### Eligibility Criteria

1. Child or Youth between the ages of 5 to 18 – however each community board is able to make exceptions to this criteria
2. MaineCare
3. Axis I diagnosis
4. Currently in residential treatment or those at imminent risk of residential placement/disturbance due to extensive, multi-system involvement.

Wraparound has been shown to be most effective with children, youth and families in the top 5% of need. The Wraparound Maine Initiative is targeting this population.

All wraparound interactions are guided by **the 10 principles of wraparound.**

- Family Voice and Choice

- Team Based
- Natural Supports
- Collaboration/Integration
- Community Based
- Culturally Competent
- Individualized
- Strengths Based
- Persistence/Unconditional
- Outcomes Based

#### What Makes Wraparound Work?

1. Youth and family identify the needs that are most important to them.
2. Facilitator assists the family to develop and strengthen natural supports that can help them meet needs and sustain the youth and family in the future.
3. Youth and family develop the skills and confidence to believe they can succeed and continue to succeed after wraparound ends.
4. Develop a single simplified plan. Everyone is working on one plan and it is the families plan.

All team members are working on one plan and it is the families plan. They try to keep the child in their community, consider the families culture, and look at what is going well within the family not just the problems. The family makes a decision if they want to participate. Engage the family. Engage the team. Develop a plan of care from needs and have a crisis and safety plan. Revise the plan and update plan as needed. Plan for cessation of wrap. Families can do it themselves.

#### Four Phases of High Fidelity Wraparound:

1. **Engagement & Team Prep**
  - Orient family to wrap
  - Stabilize crisis
  - Develop the Strengths, Needs and Cultural Discovery
  - Engage Team Members
2. **Initial Plan Development**
  - Develop a plan of care
  - Develop a detailed crisis and safety plan
3. **Implementation**
  - Implement the plan
  - Revise and update the plan on a regular, ongoing basis
  - Maintain team cohesiveness and trust
4. **Transition**
  - Plan for cessation of wrap
  - Conduct commencement ceremonies
  - Follow up with the family after graduation

All Wraparound services are overseen by a High Fidelity Wraparound Board, Community Collaborative Board or Community Mobilization Team. The board is composed of community parents and youth, as well as representatives from multiple community sectors. The board meets monthly to address barriers to successful implementation of wraparound, allowing wraparound facilitators, children, youth and families to access the broadest and most individualized range of supports and services. They also oversee implementation of gate keeping and flex fund policies. Each board has created policies and procedures specific to their individual community. 50% of the team should be natural supports. They look for someone that is faith based to also be included on the board.

Flex funds are available for things that support the families system of care. It needs to be documented in the family plan. It has to be sustainable. What are you contributing to the plan? They have to know what has been tried and that it has not worked. Peer support partners and parent support partners are supported through flex funds. They look for people who have common life experiences.

Referrals come from a variety of sources. Anyone who recognizes a family in need can make a referral.

What the research tells us about the wraparound process:

- Increased permanency and stability for children
- Decreased restrictiveness of residential environments
- Improved behavior and mental health symptoms
- Improved school and early care outcomes
- Decreased family and child safety issues and risk factors
- Increased family and child protective factors
- Increased family engagement and satisfaction with services
- Increased family resources to support their own children

To make a referral you may contact:

**Kennebec Behavioral Health:**

**--Kennebec and Somerset Counties**

Melissa Winchester

Mobilization Specialist

[mwinchester@kbhmaine.org](mailto:mwinchester@kbhmaine.org)

Office: 626-3455

Cell: 314-5664

**Spurwink Services**

**--Lewiston and Auburn**

Teri Hebert

Region II Office Manager

1 (207) 782-0079  
[thebert@spurwink.org](mailto:thebert@spurwink.org)

Benjamin Strick  
Mobilization Specialist  
Spurwink Lewiston/Auburn Hi Fi Wrap  
1 (207) 615-2146 [bstrick@spurwink.org](mailto:bstrick@spurwink.org)

**Sweetser:**

**--Knox and Waldo County**

Denis Grannis-Phoenix  
Mobilization Specialist  
[Dgrannis-phoenix@sweetser.org](mailto:Dgrannis-phoenix@sweetser.org)  
Office: (207) 593-1224  
Cell: (207) 975-2138

**--Sagadahoc**

Gail Percy Fitch  
Mobilization Specialist  
[gpercyfitch@sweetser.org](mailto:gpercyfitch@sweetser.org)  
Office: (207) 373-3086  
Cell: (207) 319-8106

**Child Welfare Ombudsman Program – Dean Crocker – Maine Children’s Alliance**

This is a resource for people concerned about DHHS involvement with children and families. It was started 7 years ago by the Legislature. It is not a part of DHHS. It is a program under the auspices of the Governor’s Office. They will take complaints about the Department from parents, grandparents, foster parents and others.

They will look at any records on both sides of an issue and may not be an advocate for the caller. They will try to advocate for the child. They can be a mediator although they do not get involved in custody issues. They can make policy recommendations. They have a website [www.mekids.org/ombudsman](http://www.mekids.org/ombudsman) . They also put out an Annual Report. They try to bring people together in conflicts.

Issues that they do get involved in are sometimes foster care licensing issues, sometimes grandparent disputes, kinship issues and protection issues where the family would like the child returned home (shorter foster care terms). Also they are working more on transition issues whereas children are leaving care. They will also get involved when the parent has custody with DHHS oversight.

The state has moved significantly towards kinship placement and the Ombudsman Program tries to support this approach as long as the child will be safe. The office can move policy along and help parents and others understand and support the basic rights of all.

Dr, Cook wanted us to know today that Dean works hard to find solutions to problems rather than finding blame.

No employee/personnel complaints are heard by this group.

### Maine Children's Alliance -- David Martin, Vice Chair

David has chosen to discuss the importance of having diverse membership on Organizational Boards. David comes to his present position on the Maine Children's Alliance Board after joining the group 7 years ago. This is the 15<sup>th</sup> year that the MCA has been in place. They are the leading lobbyist group in the state for children. They have a strong presence with our legislators in Washington, DC. The Organization continues to remain a powerful lobbying and advocacy group for Maine children.

This Board has to raise quite of bit of money in order to do their job so they need board members that understands and supports significant fundraising. David is the Regional Vice President of Webber Energy Fuels and presently is Chairman of Maine Oil Dealers. Several years ago he was asked to join a Business Group connected to Maine Children's Alliance as a community business member. From his work with that group he was subsequently asked to join their Executive Board.

For example, their Board is made up of Attorneys, Bank VPs, a past Director of DHHS, an Energy Consultant and others. It is important to have people on Boards that have good jobs in the community because it takes good jobs and connections to funding sources to get children what they need.

Boards need a good vetting process including interviews before asking someone to join. Members must be known to be fiscally responsible, to understand the organization's mission and to be familiar with the bi-laws of the organization. They should also come to the Board with a seasoned background in their own businesses. Geographic considerations are important in order to maintain a cross section of varying interests.

David gave suggestions on how to seek strong knowledgeable members to any board by looking outside the box. Successful family businesses are a good source to look at. The Department of Labor has relevant data that is available to the public and free for the asking. A non-partisan organization by design has members with differing points of view. The Chamber of Commerce is a good place to start for getting to know the people in a community that can offer support and help. Don't be afraid of the Legislature, they have many 'meet and greet' groups. Go to functions that are open to the public. All Board of

Directors are registered with the Secretary of State. Go to them for a list of Who's Who. Have business cards ready to present at those meetings. Finally, it is good procedure for Boards to offer open sessions for employees in order to meet individual board members, and on occasion they can be part of a Board Meeting to learn the ropes.

Note: The resource table was introduced and providers participated by bringing items to share. This will be a continuing event so please bring brochures, and resources you would like to share with others next time.

**Next quarterly provider meeting:** July 23, 2009