

## **DHHS/OCFS CHILDREN'S BEHAVIORAL HEALTH SERVICES**

### **Provider Meeting**

### **Districts 3, 4 & 5**

**July 23, 2009**

This meeting was hosted by Nadine Martin, Resource Coordinator.

#### **Doug Patrick: DHHS / Childrens' Behavioral Health Services**

MIMS is scheduled to take over in March of next year. There is recoding going on and policy changes. In August a new rule is going to be proposed. There will be MR, MH and a new entry for chronic medical conditions - both for children and adults. The enrollment procedures are going to Care Connections now.

PMNI rule change. The emergency rule will start August 1<sup>st</sup>. There is prior authorization for all residential care participants. The application can be filled out on the website and then the agency can go through prior authorization through APS.

Section 24: There is a policy revision because of coding issues. They are going to move it to another section but do not know which one at this point.

Section 65 will have changes in the community treatment. Registering will be the same. There may be additional services. Day treatment 27, early childhood developmental may be rolled into Section 65.

We are revising targeted case management standards and if any agency wants to be involved in that process they should contact Doug Patrick at 624-7904, or Nadine Martin at 624-5257.

#### **Melanie Swift: Thrive (Network of Care Initiative)**

Melanie presented information on the Network of Care which is a new website and primarily focuses on the Tri-County area. We now have a network location where agencies and/or people can store information, and also allow others to access personal information. It is a one stop area to get information on behavioral health issues and new State of Maine developments. The network of Care is now located in 24 States. Thrive dollars have been used to start this website. A brochure describes what this web based

service is about. If interested in receiving brochures to handout to clients and co-workers, please contact Melanie Swift at 782-5783 x1611. Agencies who have information listed on this website may edit what is currently listed on the Network of Care.

*Doug and Melanie* presented a live demonstration for the group today and explained the major points of capability. Individuals can provide access to specific information for a specified time by going to the website and granting access to their personalized information to a doctor, therapist, case manager, etc. Treatment plans can be entered on the site or word documents can be uploaded to the site. There is an assessment tool on the site to do wraparound. You will be able to print off information from this site. Several different languages are able to be translated on this website. The website is now live. You can create a website for your agency on particular topics if you are not yet listed. Please contact Melanie Swift if your agency is interested in learning more about this website since she is willing to make an appointment to visit your office, and explain to your staff the benefits of this program.

### **Claudia Bepko: DHHS / Co-Occurring State Integration Initiative**

The Co-occurring Initiative started four years ago. The Department received a grant to develop infrastructure for developing the mental health system. There was a poorly structured system with issues of separate mental health and substance abuse. This was basically an ineffective approach for individuals who had both disorders but was often treated for one or the other. There is a need to integrate people who have both disorders. Professionals are screening 26,000 now and the rate of co-occurrence is 84%. As health professionals we have not been recognizing these co-occurring issues. Children have higher rates of co-occurrence than adults. This new grant enabled us to change the structures in our State and help provide integrated services regarding the provision of training and resources. All providers, including non pilot agencies are now being required to become co-occurring capable. Training is coming up to help people understand what it means to become co-occurring.

The first 3 ½ years in the grant was working with the pilot sites. Now the focus is on getting non pilot sites trained. Claudia would be happy to consult and train agencies, and for more specific information her email address is: [Claudia.bepko@maine.gov](mailto:Claudia.bepko@maine.gov) She would like agencies to come to these trainings or attend the regional provider meetings. The website is now available regarding the co-occurring information and the address is: [www.maine.gov/DHHS/COSII](http://www.maine.gov/DHHS/COSII) The site will provide meeting times and the trainings that are available. The packet that was handed up contained definition of co-occurring, the statement of scope of practice, list of companies to become co-occurring capable.

They are working at getting academic and licensing boards to have part of licensing for co-occurring. A State wide screening memo has gone out to agencies that talks about the requirement to implement the screening. January 1<sup>st</sup>, agencies will have to start reporting and recording for APS. The tool that is to be used is ACOK – Adolescent screen. It screens for mental health, substance abuse and trauma. It takes about five minutes to

complete. If you get more than one yes answer than you will know that the child has to be assessed more fully. APS will want to know how many yes answers that you get on the screening. Twelve to eighteen is the assumed age for the children that will be screened but this has not been determined yet by Children's Services. It is not information that you can give to the parent unless that the child gives written permission. Screening is critical. Prevalence rates have not been tracked in the past. Rules and requirements are available now but not everyone is trained. Case managers can do the assessment. The assessments can be shared with other agencies. It is an initial screening. It can be done starting October 1<sup>st</sup>. Also, releases to give information to other agencies must be given by the child for the screening tool information.

**Emily Chase and Beth Newman: Youth and Family Services / Respect Me Program:**

The program is based on a Men's work program, but is designed specifically for female batterers in this case. Through the Department of Corrections, Youth and Family started the first female pilot program. It is a 48 week program and referrals come from the court program. They will take referrals from any county. These group sessions are done in Skowhegan. It is a required fee of \$35 per session. Payment arrangements can be worked out but it is the consumer's responsibility to get there on time and they have to pay for unexcused absences. The sessions are court mandated and there is no age limit. It is an open door policy for women that are victims as well as abusers. They will focus on their individual part as an abuser. Youth and Family Services is the only agency that provides this program right now. Emerge curriculum is used but geared to females.

**Renee Randazzo and Jane Brennan: Children's Center /Creating Inclusive Environments**

Handouts – Playdoh with recipe

Workshop announcement fliers – The Grandest Parents of All (for grandparents and other non-traditional parents) Tuesdays in Waterville starting on Sept. 15<sup>th</sup> free with child care and dinner included. 5 to 7. Call 626-3497, ext. 130.

A Children's Center flier

PowerPoint Presentation

The Children's Center serves families of children birth to 5. The preschool environment strives to be an inclusive environment for all preschool aged children. For the child with Special Needs the stigma and isolation of segregated programs is avoided with integrated programs. The benefits for children without special needs are the opportunities to develop empathy and to see children overcome disabilities as well as developing the ability to be comfortable working in a diverse environment. The inclusive programs also provide opportunities for families of children with disabilities to gain support from the wider community of parents of typically developing children.

The Children's Center is committed to having families gain access to needed programs. The Center expects participation. They have supportive programs for parents and communication with families is the key. The children develop in an environment that

promotes relationships and friendships with all peers. This year 28 children graduated to regular classrooms.

There are special classrooms for children with challenging behaviors and 2 other classrooms for those with autism. These children are integrated into the regular classrooms gradually. The Children's Center has a consultant from the Edmund Ervin Center working with them, they have all therapies available and they also have direct teaching. Their playground is state of the art with equipment and accessibility for all children including those in wheel chairs.

The Children's Center also provides a Respite Care Program (short term care for children) and a Targeted Case Management Program for families of young children. They also provide on going Educational Programs for families.

### **Don Macomber (872-5300): Care and Comfort: Home Modifications Program**

Provided 2 fliers.

Their work is done through local CAP agencies who work out funding. They specialize in building ramps, weatherizing windows and doors, specialized bed, stockade fences etc. They screen their carpenters extensively and provide them with CPR training before putting them on a job. They have five office locations in the state and will work anywhere with the exception of York and Aroostook County.

They work extensively with the elderly. In this area one would go to the Western Maine Community Action or KVCAP. Alpha 1 is an excellent source of assistance as well as United Way. 211 will also help assist to locate a provider, especially with the elderly population who might be uncomfortable asking for help. They also can do private pay.

### **DHHS: Adult Services and Transitions – Sandy Dutton, Supervisor for Adults with Disabilities. [Sandy.dutton@maine.gov](mailto:Sandy.dutton@maine.gov)**

Provided booklets.

(A discussion of Guardianship for those that do not have a parent or relative)

A new bill has been passed in the legislature that has changed the parameters of guardianship to protect the rights of those with disabilities. The state is trying to find ways to support individuals without taking on guardianship.

In general the state is asked to take on guardianship for people whose difficult behavior others don't like.

There is an ethics committee made up of doctors and others who will provide the department with an objective look at situations that may require decisions concerning guardianship. Guardianship requires a court action. The individual must be 18 years of age and sometimes it may be decided that an 18 year old would continue to require guardianship, but for example as a 26 year old he or she may no longer need that much oversight. Also limited guardianship may be appropriate for medical care for low functioning adults.

All state services are available for those found eligible, whether the individual has a guardian or not and the state continues to find ways to support individuals who need and require services without the need for court action to do so.

Jeffrey R. Lee at Adult Services is the contact for guardianship questions and his email is: [Jeffrey.R.Lee@maine.gov](mailto:Jeffrey.R.Lee@maine.gov)

More information can be found at [www.maine.gov/guardianship](http://www.maine.gov/guardianship)

Next Provider Meeting: **October 23, 2009 (FRIDAY)**

Notes respectfully submitted by:

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