

II: Planning Steps

Table 2 Step 3: Prioritize State Planning Activities

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Start Year:

End Year:

Number	State Priority Title	State Priority Detailed Description
1	Adults with Severe and Persistent Mental Illness	Take advantage of the expertise of consumers in developing peer driven, recovery oriented, systems of care
2	Adults with Serious and Persistent Mental Illness	Linking Mental Health system with other Behavioral Health and Physical Health care systems.
3	Adults with Severe and Persistent Mental Illness	Enhance Olmstead related activities; particularly focusing on those persons being discharged from institutions such as psychiatric hospitals, jails, prisons, and congregate care environments.
4	Adults with Severe and Persistent Mental Illness	Support outreach and engagement to underserved populations such as tribes, racial and ethnic minorities, LGBTQ individuals, and the homeless.
5	Adult with Severe and Persistent Mental Illness	Support a stable, safe and healthy place to live that reduces stigma.
6	Adults with Severe and Persistent Mental Illness	Understand and inform core elements of Maines implementation of the A.C.A

Children's Behavioral Health Services (CBHS) will continue in its role in ensuring quality of services delivered by contracted providers and will be enhancing this work with a standardized process across program areas, including residential, outpatient, case management and home and community based services. CBHS staff will take part in advanced training provided by the Department of Health and Human Services Office of Quality Improvement and the Muskie School of Public Service of the University of Southern Maine. The trainings will address components of quality assurance and quality improvement from the perspective of a state oversight entity and serve to prepare staff to

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Quality Improvement

perform this work in greater detail with respect to the anticipated start of a Managed Care Organization in next year. Work will also focus on the use and further development of systems for the recording, reporting and analysis of data, including the state Enterprise Information System (EIS) and the new Maine Integrated Health Management Solution (MIHMS). Staff will be expected to analyze data collected in these systems and also review client charts, agency procedures and quality improvement plans. CBHS staff will also be overseeing the implementation and use of quality improvement outcome measures including the Child and Adolescent Functional Assessment Scale (CAFAS) and the Youth Outcome Questionnaire (Y-OQ). CBHS staff will work to ensure that the tools are utilized in a consistent manner and that providers use the data in their own quality efforts. Staff may be engaged to train providers on the use of the tool and quality reporting aspects.

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Transition from Youth to Adult Life

Transition has long been recognized as a crucial and, for many, a challenging time in a young person's growth and development. The Maine Children's Cabinet acknowledged this dilemma and identified transition as one of its three priorities under the current Administration. In Maine, the primary focus has been on a young adult's transition from one environment to another, such as from foster care to permanency, or from inpatient psychiatric care back to home and community or from homelessness to safe and supportive housing. While these initiatives are important to assure health and wellness, the work has been more focused on the young person's transition to different systems rather than to successful independent adulthood. Historically, transition age has been considered to be 18, the age a minor becomes legally an adult. Research is showing that transition age is really a phase of emerging adulthood beginning around the ages of 15 or 16 up through age 25. During this phase, the young person explores and experiments with finding pathways to the rights, responsibilities, and expectations of adulthood. The needs of this group are unique, but all the more so if they are homeless, exiting the foster care system or correctional facilities, or trying to manage emotional illness.

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Youth Leadership

This priority builds on the experience gained from seeing young people participate as peers in Maine's System of Care Initiative over the past 5 years, hearing them while they speak, recognizing their potential, and celebrating their successes at home and on the national stage. The FY12 priority will be to infuse youth in a leadership role statewide. Leadership means moving from voice to active participation and involvement, and personal investment in the future for themselves and for their peers. There are presently three youth leadership components in place that will be further developed through opportunities to lead by experience through participation in opportunities that, with the exception of youth involved in the Thrive Initiative, did not exist in prior years. The first is the formal designation of a Youth MOVE chapter in Maine, originating during the formative years from Thrive, which in FY12 will expand and build on development of an infrastructure in Northern Maine. Youth MOVE (Motivating Others through Voices of Experience) is supported through Transformation Initiative resources from the Children's Community Mental Health Block Grant. The second and third opportunities to further develop youth leadership lie in experiences gained through the training and peer support functions that youth will perform as supports to their peers in the Healthy Transitions Initiative, leading to greater choice and progress toward independence and successful adulthood living for many youth and young adults. The third opportunity is in the creativity young people will

bring to the reformation of Thrive as the organization adapts to a changing landscape and mission that will focus on sustaining the excellent work of the past 6 years through strategies that will demand critical thinking and choices that are in touch with the young people who have been such a large part of its success.

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Trauma Informed System of Care

This Priority addresses the transition of Maine's Trauma Informed System of Care Initiative, Thrive, as it "turns the corner from superstar to sustainability." Trauma is pervasive among children, youth and families, especially those involved in public systems. These very same systems serve these trauma survivors often without treating them. Even more significant, systems are unaware of the traumas that these children, youth and families have experienced often because society does not look at behaviors through a trauma lens. It is this lack of awareness that can result in poor outcomes and the likelihood of retraumatizing families. Adverse Childhood Experiences and data collected in Maine by the Thrive Initiative demonstrate that trauma results in poor physical and mental health outcomes. Trauma matters because of the enormous societal cost and the preventability of these poor outcomes. Reconciling the balance between current research and knowledge about effective practices and the implementation of a trauma-informed framework requires a set of policies, practices and community education. Maine, along with other states, has undertaken this shift to become a trauma-informed system of care which focuses on cross system collaboration, training, education, accountability and meaningful family and youth involvement. In Maine the question is no longer, "What is wrong with you?" but instead, "What happened to you?". The last 6 years have focused on the creation of a Trauma informed Agency Assessment created by families, youth and providers in consultation with Thrive staff. This agency assessment is now a requirement as set forth in contract language for child serving agencies contracting with the Department of Health and Human Services' Office of Child and Family Services. The Thrive Initiative has created a crosswalk that matches local and national resources to trauma informed domains and establishes best practice guidelines. This crosswalk is administered along with regional and on site trainings on Trauma, Trauma Informed, Youth Guided, Family Driven and Cultural and Linguistic principles and practices. These trainings begin the technical and adaptive process of creating change in an organization. Thrive recognizes that ongoing support outside of an initial training is necessary to sustain change which is why phases of support would be offered that identify and train "trauma informed champions", creates agency specific strategic plans for becoming trauma informed and assesses change through continuous quality improvement and on site monitoring for those organizations who score with significant challenges. Thrive, in partnership with the Office of Child and Family Services, would track agency change against these system of care trauma informed principles through a re-administration of the Trauma Informed Agency Assessment. The efforts listed above would enhance an already existing system without creating additional services. Ultimately, families and youth would report increased satisfaction, safety, trust, empowerment and collaboration with their treatment providers resulting in improved treatment outcomes.

In FY12/13 CBHS will continue to support current program and practices already in place that include Functional Family Therapy, Multi Systemic Treatment, Trauma Focused Cognitive Behavioral Treatment and Child and Family Psychotherapy. CBHS staff will also

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Evidence based practices

oversee the further development and maintenance of quality of Evidence Based Practices throughout the state, including Multisystemic Therapy, Functional Family Therapy, Trauma Focused Cognitive Behavioral Therapy and Multidimensional Treatment Foster Care. Residential treatment facilities will be the ongoing subject of intensive quality reviews, focusing on facilities, staffing and in particular on clinical interventions and adherence to Evidence Based and Best Practice Parameters. Over the past several years the focused work of the CBHS Evidence Based Practice Advisory Committee, the Thrive Evaluation Committee, the CBHS Medical Director and Director of Clinical Policy and Practice has resulted in an increase of children's EBP's that have proven their effectiveness regarding treatment outcomes. Strategies include recognition of and reimbursement for EBP's and new promising practices through MaineCare policy. The objective is to stimulate a conversion from less effective service delivery and outcomes to new approaches to treatment for specific emotional and behavioral needs of children and youth

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Statewide Family Organizations

In FY12 CBHS will support the statewide family organizations in thier newly formalized alliance, Maine Alliance of Family Organizations(MAFO). Family voice and choice are critical elements of the present system of care. Each partner provides crucial service with in the various geographical areas of the State.

Footnotes: