

**DHHS/OCFS – Children’s Behavioral Health Services
Districts, 3, 4, 5**

Meeting Minutes October 23, 2008

Nadine Martin welcomed all providers and guests to the meeting. There were no departmental announcements for this meeting.

Luc Nya – DHHS: PHP/Bright Futures

Luc presented information on three programs that MaineCare covers. The first is the Prevention and Health Promotion Program (PHP) formally called Early and Periodic Screening, Diagnosis, and Treatment Services (EPSDT) Program. This is a federally mandated preventative health program for MaineCare members from birth to age 21. This program exists nationwide within all states.

Children are given periodic well child exams at given ages. Each age has a given criteria to screen for. Information on what the stages are and what the child is screened for can be found at www.aapredbook.org . You may also request a free book regarding the criteria for children receiving medically necessary health services.

Each new member receives a packet giving information concerning his or her benefits within 60 days of becoming eligible for MaineCare. This information includes a letter explaining available services including and the toll free number for MaineCare Member Services. Services include free screening exams, treatments and dental exams. The packet has a brochure that provides information about when a child should have a healthy visit and a postage-paid follow-up response card for members to request additional assistance if needed. Information can be disseminated in 7 different languages.

Members receive periodic notices when a child is due for a Bright Futures health visit. Families are given phone numbers for assistance with appointment scheduling and information about transportation services.

The second program described is Optional Treatment Services. This program includes treatment/diagnostic services and other measures provided to correct or improve defects, physical illnesses, mental illnesses or conditions discovered during an examination. These services either are not described elsewhere in the MaineCare Benefits Manual or have limitations on the number of services allowed such as Private Duty Nursing/personal Care Services.

If something unusual is found and the parent doesn’t follow up, contact is made by a public health nurse who contacts the family and can make a visit to the home to help. The family can refuse help and the case is then dropped. Child protection could be called if indicated.

Services must be described in a Comprehensive Plan of Care and have documented scientifically valid clinical evidence of effectiveness. The plan must be signed by the physician. Luc provided us with the needed 2 page form for these services. If all documentation is in place the department must respond within 30 days to the application. The average response is given within 14 days of receiving the needed information. Renewal time is one year or as otherwise indicated. Brochures are available concerning this program. Luc's office continues to work with the AG's office to support some issues that may now be considered safety issues rather than medically necessary.

The third area covered is Children's with Special Health Care Needs, headed up by Toni Wall. This service could be used when a family might not have MaineCare Service and there is a need for help. An example noted was a family here without legal status with a very sick child who had no coverage once he left the hospital. For more information please contact Luc via phone @ 287-9191, or his email is: luc.nya@maine.gov

Dr. Kristen Milliken – Portland West: Back on Track's Programs on Anger Management and Skills for Responsible Thinking

This program supports cognitive-behavioral groups that incorporate motivational interviewing strategies. These groups are for children between the ages of 13 to 18. There is a minimum of 10 to form a group and the groups are homogeneous in that groups are formed separately for girls and boys and risk factors and age are also taken into account when forming groups. 13 year olds are not placed in with 18 year olds and those with more violent behavior are not placed in with the less violent population. As a result there can be a 4 to 6 week wait to begin a new group. Also at this time groups are not able to accept sex offenders or those with MR. On occasion they have run the program individually for a 13 yr. old that may be too immature to fit into a group.

There are 16 ninety minute sessions, 2 times a week. Parents and providers are asked to meet as a group before the first session and parent questions and concerns are often taken into the children's sessions for discussion and problem solving. There are also follow up sessions for those graduating from the group.

Originally these groups were formed for children who were incarcerated but have now moved to groups prior to court action in hope of reversing behaviors that could lead to violence and criminal behavior.

When the family is involved in other services, this program can be held simultaneously as long as providers are in close contact. (An example would be MST.) However, sometimes the work involved would be too much for the child to handle at one time so alternative scheduling might be in order.

This program can be contacted through www.portlandwest.org, phone number: 207-775-0105.

Rebecca Morin, Program Manager, – Mobius: L.E.A.D. Program stands for Learning, Exploration, Achievement, and Discovery. Rebecca gave a power point presentation on “habilitative programming supporting young adults seeking life long learning opportunities and valued roles in their communities.” She began the presentation by starting with two icebreakers. The first scenario was about a girl who had a diagnosis of MR with functional literacy. The question asked was ‘Where do you work?’ She could work as a waitress, nursing home, veterinarian office, etc She decided to connect with this program because she wanted to be with others and wanted a boyfriend and possibly a job. The second scenario was a about a high functioning male diagnosed with Autism who liked video games, had never been out after 7 PM. He chose the program for a night out with the guys and to make a best friend like himself. There is a new generation of people with Developmental Disabilities, 20 to 30 years of age with delayed adolescence, wanting more active services. They desire to live on their own, connect with community education and find work. The LEAD Program offers structured independent living skills groups taught by a trained special educator. Classes include financial stability, health and nutrition, social skills at work and peer mentoring with peer supports.

The LEAD Program had its beginning in 2006 with 10 consumers. It is a program for young people with disabilities looking to make goals for their future. Support came from parent/guardian consumer forums with Executive Director and Director of Community Supports. The LEAD Program learned that consumers viewed staff as role models and mentors; peer learning is more effective than any prompt provided by a staff person, psychosocial connections improve attendance and motivation, for some people, etc. “Day” services are a form of work, and a sense of belonging. For more information contact the LEAD Program, C/O Mobius, Inc. 319 Main St. Damariscotta, Me. 04543 / Phone 207-563-3511. Email: rmorin@mobiussinc.org

Claudia Bepko – Office of Substance Abuse: Co-Occurring Disorders and State Resources: Claudia passed out a fact sheet on COSII, Co-Occurring State Integration Initiative. In 2005 Maine received a five year SAMHSA grant funded through the Governor’s office to create an integrated system of care that was welcoming to people with Co-Occurring Disorders. Its goal is to help the State develop infrastructure making it possible for providers to offer integrated, co-occurring treatment services. A person who has both an alcohol or drug problem and an emotional/psychiatric issue is said to have Co-Occurring Disorders. Both issues need to be treated if the person is to recover. One of the best supports to recovery is to connect with peers in recovery in groups such as AA, etc.

The work of the grant is helping agencies implement best practice approaches to integrated treatment. There are 23 pilot sites and 7 more agencies will be added in January 2009. One of the ways to implement best practice is to use Motivational Interviewing Techniques. This approach is designed to engage people at their own stages of readiness. The grant will achieve 5 major goals: Screen at least 3,000 people per year for the presence of co-occurring disorders, assess the level of severity, treat both disorders in a comprehensive and coordinated manner in at least 1,000 people per year,

train providers in 50 agencies to screen, assess, and to develop treatment plans, and evaluate the impact of treatment services.

Training is available for Motivational Interviewing Techniques and Claudia is willing to come back to the group and provide the training. She can be reached at DHHS, 207-287-7360. Email: Claudia.Bepko@maine.gov

Respectfully Submitted:

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