

DHHS/OCFS/CBHS Districts 3, 4, 5

PROVIDER MEETING MINUTES

January 22, 2009

Presenter: Kathy Alley, Children's Team Leader -- Departmental Up-Dates

New Forms have been distributed for In Home Supports and Case Management. You are urged to go to the web to download. An information sheet (purple) with the website address was distributed in the handout packet. You are welcome to call or e-mail Lynn Dorso 624-5263 or lynn.dorso@maine.gov with any questions you may have about the process.

The website address is as follows: <http://www.maine.gov/dhhs/ocfs/cbhs/index.shtml>

Dr. Lindsey Tweed will be explaining our Child Steps Initiative later in the meeting today.

We have two new Hi Fi Wrap Providers. Kennebec Behavioral Health will be covering Kennebec/Somerset Counties and Spurwink will be covering Lewiston/Auburn area. They expect to be ready to start by the end of February. Nadine will try to place the four Hi Fi Wrap Mobilization Specialists on the April Agenda.

Budget concerns continue. Our flex funds have been reduced \$67,000. The priority will be around health and safety issues. In the future, it is likely that socialization / recreation projects can not be covered.

Doug Patrick let us know that the Respite Program is still up and going but has generally been under-utilized and thereby vulnerable in terms of funding. Parents are being asked to reveal income information. A sliding fee scale is in place but an upper income level is not a barrier, and everyone in need is asked to apply. **Renee Randazzo** from the Children's Center feels that there is a problem finding providers that the parents feel comfortable with although they have a list of well qualified providers in most areas. Case Managers can be provided with the provider list as long as they have a specific family that they are helping through the process. Respite for Maine.com has an assessment that a provider can go through to become certified.

Question to Doug about whether reporting the two levels of service is still required regarding case management services. At this time our data collections systems continues to require this. As a new system comes in, it may not be required anymore but best practice internally is for agencies to know whether a consumer is receiving Level I or Level II services. In the future after eligibility period is completed a review may be

established for more long term Case Management coverage using CAFAS scores to quality for more hours.

**Presenter: *Dr. Lindsey Tweed*, Child & Adolescent Psychologist State of Maine
Child STEPS Program – Systems and Treatment Enhancement Program**

The State of Maine has received foundation money (McArthur Foundation) to participate in a federal study to improve the quality of treatment for children with mental health issues. The Maine study is limited to children within the child welfare population; a group that is rarely studied. The children in the study are ages of 7 ³/₄ to 13 with a beginning or changing treatment for MH problems. They have a substantiated or indicated abuse, or neglect backgrounds. They may have birth, foster, kinship or adoptive parents involved. The study does not involve children with developmental or autism spectrum disabilities.

Three agencies are providing treatment for the children in the study; one in York County, one in Cumberland County, and Kennebec Behavioral Health from our region.

The children in the study are receiving treatment for oppositional/conduct problems, anxiety, depression and/or PTSD symptoms. They are divided into two groups: one group receiving treatment as usual and the other receiving care informed by the model.

The MATCH model (Modular Approach to Therapy with Child) is the treatment used for the study. The model was developed by a Harvard/UCLA collaborative group of leaders in Evidence Based Psychotherapy. Consultants from Harvard Judge Baker Clinic meet weekly with clinic therapists.

The Family Partners component of the model matches parents with experience in raising youth with mental health challenges and navigating the various youth systems (MH, CW, schools) with parents of children in the study. The goal is to provide support and problem solving for these parents and thereby reducing problems with engagement, and early drop out from treatment.

Contact is made weekly and information is entered into the Clinical Information System. A series of 12 items drawn from the Child Behavioral Checklist are reviewed as part of the weekly contact. This information is thereby always current and on hand for therapists and consultants.

The expectations of the study are that the training provided can be sustaining once the study is completed.

Dr. David Whitestone (KBH) offered that the existing therapy models used are the same for both populations in the study but packaged differently. Dennis Dix at KBH 207-873-2136 is the contact for any referrals to the project in our area. Dr. Tweed is presently

looking for children with adoptive parents for the study and asked the group to facilitate referral if they are aware of such families.

Renee Randazzo introduced Jane Brennan who is the new Director of Education and Child Care at The Children's Center.

Jennifer Fullerton, LCSW. PO Box 269, Belgrade, Me 04917.
Jen.fullerton@becket.org (207) 465-4600 x 104

Jen said that Beckett Family Services is starting a new program, "Specialized Outpatient Services." Beckett Family Services has been providing specialized residential treatment services to families for over 8 years and now want to offer these same services to youth and families on an outpatient basis and help the young people be served in a less restrictive environment.

Generally speaking, when at Beckett Family of Services, the children are in residential treatment for about a year. The ages they serve are 5 to 18 years of age, both male and female. Individual therapy is offered on a one to one basis. They specialize in home based service and work with families of children who have experienced trauma and sexualized behavior. This service will now be offered in the home to the whole family. Parent education is an important factor and will help to keep young people from being removed from the home and coming into residential treatment. Billing is under Section 65 services; (eligibility is through Central Enrollment at DHHS/ CBHS).

A family worker and therapist work with the family. Beckett is taking referrals now. The facility is in Somerset county (Norridgewock) and a 1 hour radius will be set to make distance reasonable.

Director Ray Nagel - Woodford's Family Services- Waterville, Me 04901.
www.woodfordsfamilyservices.org

Woodford's offers an Autism program of ABA (Applied Behavioral Analysis). There are 4 preschool's, one each in Rockport, Westbrook, Waterville, and Freeport. The Freeport preschool takes children from Lewiston and Auburn. This is a specialized preschool that serves children with Autism and typically developing children. Woodford's also does an in-home support program. They have behavioral consultants. Ray Nagel supervises the Rockport and Waterville pre-school programs. The Waterville program has 40 children. Twenty-four have special needs and fifteen are typically developing children. Transitioning plans are a part of the program to help children with a smooth flow into kindergarten. There is a staff of 44 and children receive a service of one to one. Most staff is certified as Ed Techs. There are 4 certified teachers on staff, one full time speech pathologist, 2 full time speech aids, and 1 full time board certified behavior analyst.

The Rockport program has 12 children with 8 special needs and 4 typically developing children. Total staff is 16. This program is moving to a capacity of 40 children as new space will accommodate more children. The pre-school provides intense behavioral interventions for children that have developmental disabilities. This service should be

provided before age 5 and is based on ABA (Applied Behavior Analysis). It is necessary to provide 30 to 40 hours a week of ABA for inappropriate behavior reduction. ABA is provided in the classroom setting. It has been proven that children who receive intense ABA model/therapy have an 85% chance of being integrated into kindergarten. Most of the children are MaineCare recipients. Staff has orientation of 16 hours of Applied Behavior Analysis overview. All staff must complete the training. Behavior updates and in-services are held to increase staff skills. Speech therapy, based on ABA training is part of the pre-school program. All therapy is a part of the normal class room program. All children receive the same program. PECS (picture exchange communication system) is used in the classroom. They have field trips for the children. CDS and MaineCare are the funding sources.

Woodfords is looking at a program for in-home supports under Section 24. It was mostly done in Southern Maine but is moving to Central Maine (districts 3, 4, 5). It involves a wrap around service and collaboration. The program's focus is on the needs of the child. Staffing is 3 full time behavioral support professionals and 5 part time staff. It focuses on ABA and works closely with the team. The staff is trained in CPR, behavior overview, cultural diversity. safety care. First aid, etc. The program is very serious about training their staff. Staff is locate in the same building. Recommendations are taken from therapist's assessments and family. It empowers the family and helps them learn skills to help their children at home.

Goals of the program: There is a 90 day quarterly review for the entire team. They want the in-home support team and preschool to work in conjunction with each other. Cross train staff so they will be generalists in all areas and know the foundations of ABA. Goals are empirical so anyone can use them with same results. Goals are measurable. Field supervisors will know what is going on in the home. Serve a wide array of children to 20 years of age. Begin in the first week of April to transition children to public school. Staff will attend with the child to public school until transition can be made. The school systems want the programs support for the children going to their schools.

Dr. Paul Nau: Woodfords Family Services. P.O. Box 1768. Portland, Maine 04104-1768 www.woodfordsfamilyservices.org

Dr. Nau spoke about Woodfords Behavioral Consultation Services. This is a separate part of Woodfords Family Support Services. They offer behavioral consultation services to individuals with Autism, neurological and developmental disabilities. The behavior analysts design interventions to meet the person needs. The services can be offered in the home or school. There are 5 board certified consultants that serve schools, organization, and institutions in Maine from Brewer, Orono, Camden, and Rockland to mid-coast Maine and to the West in New Hampshire and Massachusetts. Eligibility is based on the recommendations of the individual's treatment team.

Bartlett H. Stoodley, Department of Corrections, Juvenile Justice Program:

The Department of Corrections does not offer programs but contracts programs from agencies. They get involved with the juvenile offender when the police become

involved in a juvenile offense. They are responsible for meeting with the family and the juvenile and make the determination to keep the kid out of court or to send the juvenile to court. 60% of the juveniles don't have to go to court. They are also responsible for all detention for juveniles. Their process of conditions is for community safety and the wellbeing of the juvenile. There is oversight by the court and the judge can change the conditions. If the juvenile is found guilty then they may get probation or juvenile detention. Their age can not exceed 21 years. The department also determines all the aftercare for the juveniles when they leave their care at the corrections facility.

Everything is based on research with outcomes based on reducing recidivism. The department will track outcomes of kids for up to three years or more. Originally facilities were designed during a time when facilities were poorly built, and outcomes were poor, but the program was reinvented and new facilities were built. One facility is in South Portland and the other is in Charleston. They combine both the girls and the boys under one roof in both facilities. They will stay approximately one year and have a functional 6th grade level education and can progress to college work. For kids that don't do well in the juvenile system, it will cost 1.5 million. The stakes are high so they put lots of energy into the programs for these kids.

Staffing is very high with 200 staff to 100 kids and much of that is around security and safety. Probation Officers make all decisions around who is to be released and who is to be retained. They have a caseload of 45 kids at any one time, with which they try to implement affective intervention.

The program and services need to focus on kids with the highest needs as they are the most likely to re-offend so the focus is on the criminal risks. They define the areas and will bring programs to those particular areas. The program needs to be delivered at a level that a child can receive it. Positive reinforcement is used with them.

Cost effectiveness is shown with MST over the course of the tracking period of about three years and will cost 7 or 8 thousand dollars but the recidivism rate drops 40%. Evidence based practice will reduce recidivism. The programs that the corrections department buys need to be successful with the juveniles producing favorable outcomes. The department contracts with agencies that do MST, residential placements, and RFP's based on the needs of the child. The department tries to get special needs kids out of the juvenile system ASAP. It has been demonstrated that the longer these kids are in their system, the more poorly that they do.

Next Provider Meeting: April 22, 2009

Notes Submitted by:

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NOTE: Any questions regarding provider meetings, please contact Nadine Martin - nadine.martin@maine.gov

