

DHHS / OCFS / Children's Behavioral Health Services

Provider Meeting

October 23, 2009

This meeting was held for Districts 3, 4, and 5 at the Riverview Psychiatric Hospital and was hosted by Nadine Martin the Resource Coordinator. The following up-dates were provided:

- A) Website address: Nadine includes the website address for our department in every email that she sends out. For your convenience, please cut and paste it into your browser.
- B) Current CBHS forms: These are also located on our website, and a reminder was issued indicating that everyone may utilize these forms now. Please throw out outdated forms, and remind staff to monitor this website on a regular basis in event forms should change.
- C) Youth transitioning to adult services: Case managers should be aware of these clients and making plans months in advance regarding any applications to adult services. There is no automatic entry into the adult system and there is a specific protocol. This same protocol is true for guardianship before the child reaches the age of 18 years. Supervisors, please remind your case managers those clients in that age range should have an up-to-date treatment plan reflecting these two goals.
- D) 211: Reminder to providers that families may call this number if they are in need of fuel assistance services this winter.
- E) Natural Supports: Case Managers, please remind families about this important resource and include this goal in their treatment planning process. Please assist the family in identifying these natural supports by asking questions such as 'Who can best support and calm the child.' Case managers should be able to facilitate these types of meetings.

Graduate Degree Program in Community Mental Health

Annamarie Cioffari, Presenter

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preadmissions@snhu.edu

Graduate program in Community Mental Health
Southern New Hampshire University
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Colchester, VT 05446
www.snhu.edu/permh

Southern New Hampshire University is announcing that it will be offering their graduate degree program in Maine 2010 at a Brunswick site. This is a 60 plus credit Master's of Science Degree and provides a state licensing program in Community Mental Health. It is an all weekend format with classes all day for one Saturday and Sunday a month giving 6 credits per semester. The Program will begin here in Maine in the fall of 2010 with acceptance into the program by May of 2010. The process will be completed within 3 to 3 ½ years for each participant.

The University is presently conducting this program at sites in Alaska, New Hampshire, Vermont and Wisconsin. This program is basically for adults working in the field who want a Masters Degree. A new group is started every September or sometimes in 18 months. Those individuals in recovery are also welcomed to be a part of the group. A faculty person and adjunct persons conduct the course work for the program. The program offers specializations in Integrated Community Mental Health and Substance Abuse Services. There is a child track with a community theme, courses on community, and courses on leadership and management. There is a 700 to 1000 hour clinical internship also required as part of the program and for licensure.

Prerequisite for admittance in the program are transcripts, references, and an essay describing why one is interested in the program. The program is accredited by New England Schools and Colleges and has won an Annapolis award for innovative practices.

Interested people should send an e-mail to preadmissions@snhu.edu for more information.

Functional Family Therapy (FFT)

Melissa Cooper, LCPC - Presenter
Catholic Charities
Phone: 207 441-1312

FFT is an evidence based model. This program grew out of the need for families who did not have success with past therapies. Generally speaking they are looking at how to motivate people. It is usually scheduled for a specific period of time (15 to 30 weeks). It is one hour a week based on family needs. Most referrals have been coming out of the Department of Corrections. They look at how they make changes in the family to bring about successful change. Each family is unique. Therapists ask themselves, "Where is the family and how can they help them to reach their goals?" They look at how the family functions. There is also mutual responsibility for the problems within the family. They engage best by motivation. It is a strength-based program. Therapists want to empower families as much as possible and have them experience that they are the individual that has brought about real change. Therapists tend to look at what is outside the home and include the natural supports that can be put into use. They work on creating a long term sustainable plan to link families to natural supports.

Since July 1st Catholic Charities will accept referrals from other providers now into this program. The eligibility requirements are: 9-20 years old. At least one parent must be willing to participate and be in a 45 mile radius of Augusta, Fairfield, or Rockland area. It is a Section 65 HCT service. This service is for kids with conduct problems, running away, having difficulty in school and suffering trauma. It is for those parents who have difficulty with parenting issues. It is also for kids who are coming out of Long Creek. The kids may have substance use, but Catholic Charities don't serve children who need to go through a detoxification program. Once they have been through the detoxification program, then they can start this therapeutic program. However if the child has sexualized behavior, they will not be serve in this program. If interested in this program, there are two forms available for referrals. There is the HCT form, and then one page that is the supplemental form. The info covers the primary needs, and barrier or safety concerns. The families always need to know a referral is being made for this service. Recent evaluations or assessments are helpful to the process if possible.

Criteria include:

- MST works with families to get parents in charge and children more compliant.
- FFT looks at relationships being more functional.
- MST does 3 hours a week.
- FFT does one hour a week.

Medication Services

Ron McHugh CEO, Presenter
Oxford County Mental Health Services
Crisis Services phone number: 1-888-568-1112
Email: info@ocmhs.org
Tel: (207) 364-3549

According to Ron, Doctor Mitchell is now ready to provide psychiatry for children 12 years old and above. Booking appointments would go through Stacey Labonte at (207) 364-3030 or 1-800-568-1112 for Dr. Mitchell. Right now they are booked until December and have had only one no show since they started on September 1st.

Oxford County Mental Health Services also provide crisis services for Oxford County. In addition they have a case management program. Later, they may add a nurse practioner who will work closely with Dr. Mitchell. Ron explained that tele-medicine is available for people who can't travel to the site.

In Ron's opinion, medical services should work in conjunction with other services in order to provide effective treatment to clients.

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Behavioral Health Science Institute (BHSI) Updates

David Kinsella, Presenter

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David Kinsella has worked as a Behavioral Health Professional (BHP), a Case Manager and a clinician and therefore brings much experience to the course work for the BHP Certification.

Certification is required for employees providing in-home and community-based services as a Behavioral Health Professional under *MaineCare Section 65 HCT* and highly recommended for *Section 24* providers. The 50 hour training program covers most of the certification requirements. In addition to the BHSI course expectations, a current CPR, First Aid and Blood borne Pathogen Certificate must be submitted in order to complete the official certification process. At this time one must have a Bachelor's Degree to qualify for certification; however, anyone can take the training and receive a *Certificate of Completion*. The 50 hour course work is paid for by DHHS in conjunction with the Spurwink Services and the University of Maine, Augusta training programs.

There are ten modules to complete for certification. The first module must be completed within 30 days of hire. There is a \$10 video that may be purchased by the agency for this introductory module. (A Crosswalk video might be used as part of an agency orientation program.) To do this however, there is a course book that is required reading and a small exam that must receive a passing grade. The exam may be sent in for grading or if there is a trainer on site the grading may be done in house. An agency may choose to use this module as part of their orientation for new employees. BHSI is working on the option of an on-line version of Module I.

The rest of the training is done sequentially with one trainer as each competency builds on the previous one. The course work should be completed within one year. BHSI offers the course work 4 times a year in different locations. University of Maine also offers the course as part of a degree program.

BHSI also offers a Behavioral Health Professional Train the Trainer Course. This is a 4 day course offered once a week for those agencies who wish to have their own certified

trainer. In order to qualify one must have a degree in a related field. They must have 3 years of experience working with families and 2 yrs experience training adults. They must also have a letter of recommendation from their clinical or executive director. In addition there is a Supervisor's Curriculum. This is a 2 day course for Supervisor's of BHP's giving information on the assessment process. The Children's Case Management Course is a 1 credit course focusing on HiFi Case Management offered at the University of Maine, Augusta.

Agencies are requesting the ability to link up with those who have acquired certification. BHSI is working on the efficacy of this. Also BHSI is working on placing this training into the curriculum as part of the requirements for mental health minors within university courses. The graduates would matriculate with a degree and also certification as a BHP.

DIRFloortime Model

Sandra Doctoroff, PhD., Presenter

University of Maine Center for Community Inclusion and Disability Studies

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DIRFloortime is a model that is presented as part of the *Early Childhood Special Education* training at UMO. Each summer UMO has a Summer Workshop of DIR/Floortime. Dates for this summer are July 21 – 23.

DIR/Floortime is a model developed by Stanley Greenspan, MD and Serena Wieder, Ph.D. to provide training for world class professional across multiple areas of expertise. Consult the Interdisciplinary Council on Developmental and Learning Disorder (ICDL) at www.iddl.com for more information.

DIR/Floortime considers that early interactions are the basis for developmental growth. This is a process-driven model rather than skill-focused approach.

D = Functional emotional **developmental** capacities of each child.

I = **Individual** ways each child takes in, regulates and responds to, and comprehends sensations such as sound and touch and plans and sequences actions and ideas.

R = Learning **relationships** with caregivers, educators, therapists, peers and others adapted to the child's individual differences and developmental capacities.

There are six stages to development within this model.

1. Regulation and interest in the world.
2. Engaging/relating
3. 2-way purposeful communication
4. Shared social problem solving
5. Creating and using symbols and ideas
6. Creating logical bridges between emotions and ideas

DIR/Floortime is a model with a framework for interactions and communication that would be embedded into a classroom-based program or into any interactions between child and caregivers throughout the day. It requires a trained interdisciplinary team including family members. Floortime is a lifetime model creating circles of communication.

According to Dr. Doctoroff's presentation, ABA outcome measures are arrived at through a floortime framework, however so far there is a lack of evidence of the superiority of one model over another.

Autism and Information

Catherine Halloway, LCPC Presenter
Assistance Plus 453-4708

Changing the Course of Autism, by Bryan Jepson, MD - according to Kate is recommended reading along with information which can be found on www.thoughtfulfouse.org.

Kate indicates that Jepson's information is about a paradigm shift away from psychiatric causal factors of autism to more of a biomedical model. According to Kate, Dr. Jepson feels that autistic children are genetically vulnerable to start with and that a variety of factors come into play to interfere with the normal development of the child. Dr. Jepson also is suggesting that children with autism are very susceptible to gastrointestinal problems. His position is that while difficult to treat, these children can sometimes be treated successfully. In addition although the child with autism may be genetically susceptible to factors in the environment that may possibly trigger the onset of autism, what are those triggers or combination of triggers and what can we do to ameliorate such factors? Work is being done to look at the prevalence of heavy metals in the environments of children.

Since diagnosis and treatments for children with autism is so complex and seems to be evolving as an ever-growing problem, and special consideration of parent concerns must not be discounted if progress is to be made in the treatment of children with autism. This is certainly another viewpoint from a different perspective according to Kate, and has challenged her clinical focus about this syndrome.

Next Provider Meeting: January 22, 2010 (Friday)

