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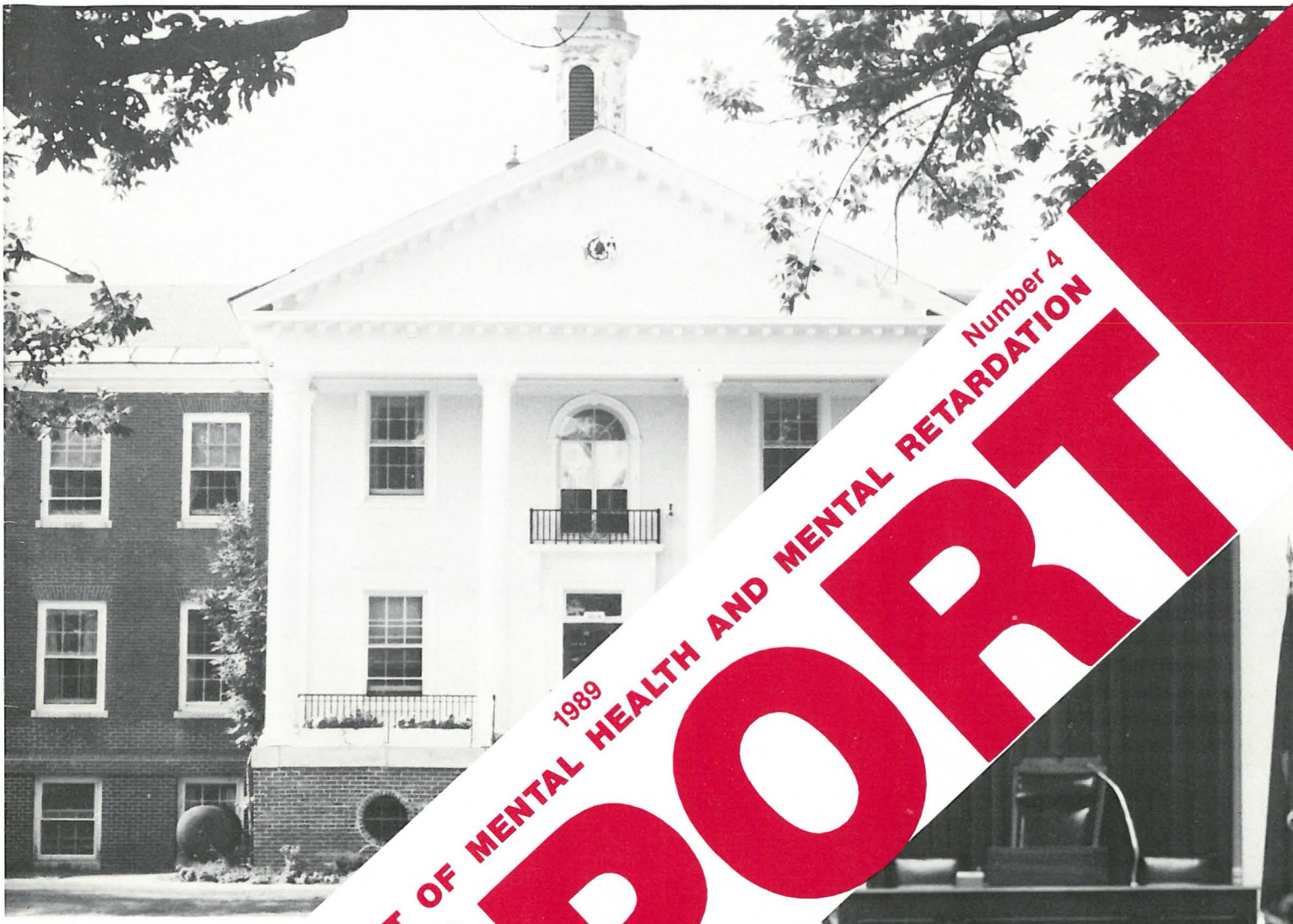
Maine Department of Mental Health and Mental Retardation Report, 1989, Volume 8, Number 4

Maine Department of Mental Health and Mental Retardation

John R. McKernan, Jr., Governor
Susan B. Parker, Commissioner



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MAINE DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION REPORT

PINELAND RETAINS MEDICAID

UNPRECEDENTED SUPPORT

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MAINE DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

REPORT

IN THIS ISSUE:

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STATEMENT BY SUSAN B. PARKER, COMMISSIONER
PINELAND CENTER MEETS NEW CERTIFICATION STANDARDS RETAINS MEDICAID

Pineland Center has met stringent new compliance standards and fulfilled all conditions for continuation of the Medicaid partnership agreement.

Pineland's definitive response and aggressive action plan insures continued reimbursement of Medicaid funds, approximately 10-million-dollars annually through reimbursement to the State of Maine.

Congratulations for a job well-done go to Superintendent Spencer Moore and Pineland staff for their tremendous efforts in making an all-out effort to correct deficiencies cited by the joint federal and state survey team six weeks ago.

According to survey protocol, the follow-up survey was conducted on July 7, 45 days after the initial month-long survey in May. It was during this period of time that the staff at Pineland Center were able to effect major refinements which brought the facility into compliance with new standards as interpreted through a much more rigorous survey process.

At the exit interview, the chief of the four-person survey team lauded the results of the follow-up survey as "quite remarkable; you have all done a terrific job." The chief surveyor said, "I thought I would tell you that you're not the only facility that is experiencing difficulties meeting active treatment standards this first time with this new survey process. It's a struggle for everybody."

Weeks prior to receiving any official deficiency statement from Maine's Department of Human Services, Pineland's administration had implemented a correction team to determine what refinements would have to be made and to oversee corrective action.

In fact, several important accomplishments were in place by the time the deficiency statement was issued.

Wherever possible, systemic changes were made to guarantee that residents of the facility will receive continuous active treatment and training services which span the entire waking day.

As a by-product of the effort to meet the challenges of new standards, an internal survey process has been implemented and will continue on a quarterly basis across the entire facility.

This system of peer review will assist in training and supporting staff to utilize the most contemporary treatment and training methods available as well as to familiarize them with increasingly challenging state and federal surveys.

Much, much credit is deserved by Pineland staff for their herculean effort to demonstrate and document the delivery of the highest quality services. Our citizens with mental retardation are well served by their dedication.

Recently there's been a great deal of negative press for the Department of Mental Health through problems at Augusta Mental Health Institute.

Now there's some great news! Pineland Hospital, the home for 270 of Maine's retarded, has met tough, new federal compliance regulations. This just seven weeks after a federal inspection team found serious problems at Pineland and warned without timely changes Pineland could lose up to ten million dollars in federal funding. That's tax money we would have had to pay at the state level, or reduced money to deal with the necessary changes at AMHI. But, more importantly, this loss of this federal accreditation would also, no doubt, affect the care of the Pineland residents.

Commissioner Parker says Pineland's definitive response and aggressive action are the reasons for the success. We agree! Hats off to Pineland Superintendent Moore, Commissioner Parker and the Department of Mental Health!

Aired: 7/12/89
A Channel 13 Editorial

Governor, Provide Unprecedented With Mental and

New and expanded programs to help citizens with mental and developmental disabilities, and total appropriations for all other areas, have received "unprecedented support" from Governor McKernan and the 114th Maine Legislature.

That was the reaction of Susan B. Parker, Commissioner of the Maine Department of Mental Health and Mental Retardation, as she reviewed data being compiled for the Department's forthcoming Annual Report to be published in August.

"This is a watershed in the flow of support," Parker said. "Although responsive to needs in the past, the present administration's initiative and legislative concurrence have provided $20-million dollars to continue new mental health initiatives funded in September of last year and an additional $27-million dollars over the FY 90/91 biennium for expanded services. That commitment from them is a catalyst for us."

Parker says the data shows that, never before in the Department's history, has there been such an "unprecedented" commitment to improving services for citizens with mental illness and mental retardation.

"The Department's operating budget, historically, has grown by 5 percent or less in the years prior to 1987. Since that time, however," she said, "yearly increases consistently have been in the 13 to 18 percent range, reflecting a growth of some $40-million dollars, or 50 percent, when comparing 1987 to the present."

Highlights from the budget analysis in the annual report currently at the printers, show a 116.3 percent rise in the level of support for community mental health programs. One anticipated result will be the completion of statewide coverage for comprehensive crisis stabilization services. That will place mental health crisis teams in areas where people have mental health crisis situations and will provide crisis residential services. In turn, this will help mitigate overcrowding trends at Maine's state-run mental institutions.

The continuation of 81 positions authorized in March for Augusta Mental Health Institute, plus the addition of 85 new staff members is expected to have a significant impact on improvements in medical care. The original positions had been disposed to reduce overcrowding through the expansion of one psychiatric ward and to bolster the new Senior Rehabilitation Unit.

The 85 new staff assignments, besides being deployed for upgrading hospital capability and enhancement of Geriatric Services, also will relieve heavy workloads. The hospital staffing float pool will be increased for better continuity of care throughout the psychiatric units. Increased nursing

Legislature Support for Citizens Developmental Disabilities

positions will allow for improved supervision of patient care. Housekeeping services will be augmented to a seven-day week for the first time, which will improve the therapeutic environment.

The authorization of 34 new positions at Bangor Mental Health Institute will advance the hospital's quality of care through the addition of direct care professionals and para-professionals. Once again, the therapeutic environment will be enhanced through increased custodial services.

In the category of children with special needs, the Department will be able to pursue new initiatives through an over-29 percent rise in funding levels.

The new budget provides $375-thousand dollars in each year of the biennium for family support services for parents who choose to care for their children with developmental disabilities at home. This appropriation triples current efforts and will enable the Bureau of Children with Special Needs to meet the increasing demand for this service.

Of this amount $60,000-thousand dollars each year will be invested in the respitality program, expanding its capabilities statewide. The program provides professionally trained caregivers who can come into the home or provide care in other authorized settings, while the parents refresh their energies on vacation or tend to essential family matters.

The budget also expands autism services to children with autism and their families, including a comprehensive system of family support services.

Services for children and adolescents with severe emotional disturbances are being bolstered.

Reorganization of the Military/Naval Children's Home in Bath will be completed with the addition of six new positions to provide its traditional services to pre-adolescents plus expand its role as a provider of transitional and independent living services to adolescent homeless youth.

In mental retardation the Department will be able to fund day habilitation services for which federal funding has lapsed.

The Department will be able to maintain a full complement of staffing at Pineland Center to insure maximum coverage of program and residential areas until the census can be reduced to its target goal of 250.

Other programs will have budget support, along with needed raises in salaries for a variety of positions.

"The whole system has been burnished with the glow of anticipation and hope," says Commissioner Parker. "We have a vote of confidence and are confident we can measure up to the degree of faith this budget action represents."

PROFILES ON PROGRAMS:

THE PINELAND PROJECT

The Pineland Project began almost two years ago when a Steering Committee was formed with representatives from AFSCME, MSEA, and the Department of Administration and Mental Health and Mental Retardation.

This Committee had two goals: 1) to examine the escalating costs of workers' compensation in State Government, and 2) to develop a model program which demonstrates that workers' compensation costs can be controlled. Pineland Center was chosen as the site to develop the model program.

Early in its deliberations, the Steering Committee reached concensus that a cooperative venture was needed and that innovative approaches should be considered in addressing work place injuries.

The group also concluded that there was a need to develop a comprehensive plan which encompasses three basic strategies: prevention, intervention and motivation.

Using these three strategies as a foundation, a comprehensive employee health and safety program was built. The program emphasizes health and safety promotion, early intervention with injured employee, a focus on return-to-work, establishing light duty/ modified duty positions that maintain an employee's dignity, open communication, grass-roots participation of employees, and cooperation between labor and management.

The Pineland Project is an employee-driven health and safety program with a two-tiered committee system which has as its task the development, implementation, and evaluation of six major programs. The programs include:

- Wellness Program;
- Early Intervention Program;
- Safety Audit Program;
- Safety Education Program;
- Health and Safety Incentive Program; and
- Pre-Placement Physical Program.

Almost 50 employees representing every work-unit at Pineland (either as members of the Workers' Compensation Committee or one of the nine Cluster Health and Safety Committees), have been involved in the Pineland Project up to this point. These committees working as the project team have accomplished much in their first six months.

The Pineland Project team has:

- Surveyed employees in regards to health promotion programs, safety needs, and incentives;
- Re-designed the Accident Reporting forms and procedures;
- Developed a Safety Audit Check-list and procedure;
- Implemented the Work Ability program (a physician designed work-absence determination service);
- Explored various health and safety programs in various Maine businesses;
- Developed a client profile geared toward giving pulled or float direct care staff important and concise information about clients in order to prevent injuries both to clients and the employees;
- Trained 130 supervisors about workers' compensation through sessions where supervisors played "The Game of Comp," did some role playing, and were introduced to their role in follow-up of injured employees;
- Developed an occupational plan work-tool to be used by rehabilitation providers assisting injured employees in the return-to-work process;
- Developed a transitional duty program that allows for employees to return to work as part of their overall occupational plan;
- Co-sponsored with the Bureau of State Employee Health Pineland's first Health Fair with cholesterol and blood pressure screening as well as an exhibition tent with representatives from various community health agencies;
- Developed an employee's handbook on workers' compensation; and
- Planned stress management programs for the months of July, August, and September.

The Pineland Project team will be working to develop supervisor follow-up packets, to complete the Incentive Program, to plan health and safety education programs, to conduct the first round of safety audits, and to get client profiles into all residential units and to educate staff about their use.

For further information about the Pineland Project, contact Christine Prue, Project Manager at 289-3861, Ext. 445.

By Christine Prue, Pineland Project Manager

Marilyn Finch and Gerard Tancrede present their case before the commissioner while playing "The Game of Comp" in one of the seven supervisor training sessions held at Pineland in June. Photo by Christine Prue

SIGNIFICANT REDUCTIONS IN ADMISSIONS AT AUGUSTA MENTAL HEALTH INSTITUTE

The Maine Department of Mental Health and Mental Retardation reports that significant reductions are being made in the number of admissions at Augusta Mental Health Institute. Susan B. Parker, Commissioner of the Department, says the diversion of prospective patients to community-based programs has exceeded expectations by 138 individuals.

Parker says that, through June, 378 clients have found mental health service alternatives in community settings. That trend greatly exceeds the anticipated impact of 240 cases originally projected for the entire fiscal year.

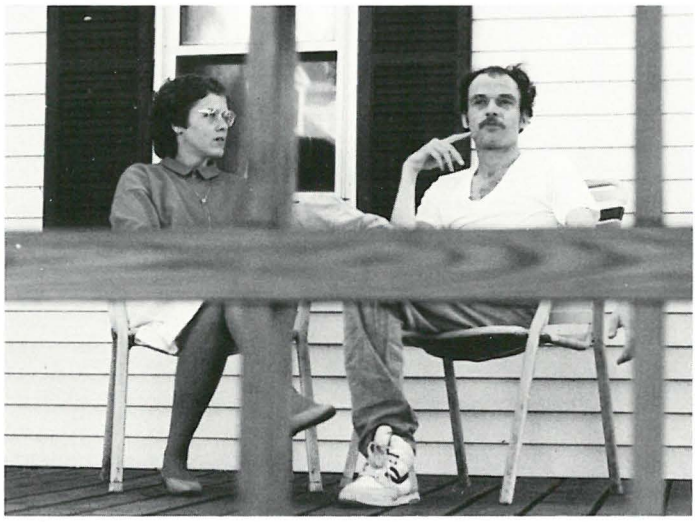
The diversions process, which began operating in March, is called CLASS: Community Linkage Assessment and Stabilization Service.

Referrals, which ordinarly would have been assigned to Augusta Mental Health Institute had the diversions process not been in place, have been made to:

Jackson Brook Institute — South Portland
Kennebec Valley Medical Center — Augusta
Maine Medical Center — Portland
Mid-Maine Medical Center — Waterville
Pen-Bay Medical Center — Glen Cove/Rockland
Regional Memorial Hospital — Brunswick
St. Mary's Hospital — Lewiston
Southern Maine Medical Center — Biddeford
Portsmouth Pavilion — Portsmouth

Commissioner Parker says the Department is pursuing a follow-up course of action. An information base is being established to monitor the quality of treatment, progress and care affecting those clients who have been placed in community hospitals.

The Department also will be studying the difference in lengths of stay in community placements between those who have been a part of the diversion process and those who have not.



At the Hallowell Crisis Stabilization house the deck is a favorite place to chat. Photo by Jane Bubar

Further, the Department will be logging knowledge regarding client groups with and without case management services.

"I believe that, with a good quality assurance and evaluation component, our Community Linkage Assessment and Stabilization Service, can do much to help our citizens with mental disabilities," says Parker.

"Coupling that with a significant and, hopefully, permanent reduction of the admissions rate at AMHI, we can eliminate the worst aspects of population increases at the institute and give the hardworking staff a chance to perform their excellent level of quality service without excessive pressure. That has been our goal all along and we're getting there."

DEPARTMENT NAMES ITS

Betsy J. Davenport, Commissioner's Award

Roger A. Deshaies, Commissioner's Award

Seven employees statewide have been named winners in the second annual Employee Recognition Program sponsored by the Maine Department of Mental Health and Mental Retardation.

They were honored at a public ceremony held at the Blaine House, the Governor's residence, in June.

The awards program was inaugurated by the Department to single out superior job performance for special recognition.

Candidates can be nominated by any employee of the Department in such divisions as professional, support, service, clerical, direct care, case management, administrative and the institutional and regional levels. After an extensive review process, final selections are made by the Commissioner.

EMPLOYEES OF THE YEAR

Julita Klavins, Team Player Award

Joan M. Smyrski, Client Services Award

Besides being presented with plaques and certificates, the employee receives $500-dollars toward educational leave intended to further enhance professional know-how plus two days of vacation time.

"These members of our team are highly, highly deserving of these honors," said Susan B. Parker, Commissioner of the Department. "I only wish I could honor even more of our employees in this public way. There always are more deserving of recognition than we have awards for, but at least these outstanding choices represent the standards of attitude and accomplishment we are fortunate to have throughout the system."

Richard L. Hanley, Morale Builder Award

Susan B. Parker, Commissioner

Ronald A. Bridges, Innovator Award

Kermit C. Perry, Exemplar Award

Award categories are described as:

Commissioner's: Exceptional over-all performance of duties and assignments;

Team Player: The worker behind the scenes without whom a project or program would not succeed;

Client Services: Successful handling of situations involving clients;

Morale Builder: Through positive mental attitude, making the workplace better for everyone;

Innovator: An individual who plans and contributes to ideas which improve services and procedures for the betterment of clients and employees;

Exemplar: The "expert" resource who makes the effort to be "in the know" and can be relied upon for useful information.

The Employee Recognition ceremony was held at Blaine House, home of Maine governors, in Augusta.

Name and Title	Home Community	Award Category
Betsy J. Davenport Director Bureau of Mental Retardation	Litchfield	Commissioner's
Roger A. Deshaies Regional Administrator Bureau of Mental Retardation, Region III	Auburn	Commissioner's
Julita Klavins Comprehensive Health Planner	Augusta	Team Player
Joan M. Smyrski Mental Health Program Coordinator Community Support	Wiscasset	Client Services
Richard L. Hanley Assistant to Superintendent Augusta Mental Health Institute	Winthrop	Morale Builder
Ronald A. Bridges Mental Retardation Program Supervisor Bureau of Children with Special Needs, Region II	Brewer	Innovator
Kermit C. Perry Recreation Therapist Augusta Mental Health Institute	Augusta	Exemplar

COMMUNITY MENTAL
CASE MANAGEMENT

Mary has had five admissions to AMHI in the last three years. She has schizophrenia and her symptoms include hearing voices, difficulty concentrating and an inability to relate easily with others.

Currently, she lives with her divorced sister and her sister's three children in a four room apartment in Portland.

On two occasions she tried to hold down a part-time job at a fast food restaurant and at a babysitting service. Both times she became anxious, complained of stress and left her job after less than a week's employment.

Psychotropic medications, which she takes three times a day keep her symptoms in check; but crises still arise which cause her to become confused and suicidal, requiring her to be re-admitted to AMHI.

Her sister recently got a job offer in Connecticut and plans to move next month. Mary is afraid to leave Portland and terrified of staying on her own.

Mary is a fictitious person, but the situation is a realistic one. She is one of thousands of people in Maine who have a severe disabling mental illness.

She would like to work, but does not know any skills and becomes anxious on the job site. She would like to socialize, but her illness has separated her from her peers.

She would like to be productive, to have a boyfriend, to return to school, to get involved in civic activities, but her illness has stigmatized her and left her as a "patient" to be treated rather than a person to be respected and included in the dance of life.

Over the last three years the number of people such as Mary has increased. Many patients at BMHI and AMHI returned to the institutes because they could not maintain themselves in their communities.

Discharge planning was difficult since there was only a limited range of aftercare options available in any given community. The resultant high rate of recidivism led to the "revolving door" syndrome, clients returned to the institutes rapidly due to a lack of community based supports and resources.

In 1986 the Department of Mental Health and Mental Retardation began working with the Bureau of Medical Services to establish rules governing Intensive Case Management Services.

On July 1, 1988 these services were deemed reimbursable by Medicaid under the Final Rule for Case Management Services (ME Medical Assistance Manual, Chapter II, Section 13).

In order to establish a comprehensive statewide case management system to provide services for Maine's people with severe, disabling mental illness, the Legislature, in the September Special Session, appropriated over $500,000 for FY '89 for case management services. Six case management programs were developed statewide to provide services.

What are Intensive Case Management Services and who will be targeted to receive these services?

The best way to answer this question is to first look at the characteristics of the target population and the long-term goals of the case management programs. The basic underlying goals are the same across programs, as are the basic everyday tasks required of case managers.

The target population for the Intensive Case Management program consists of adults (age 18 to 60 years old) who have a major mental illness.

Ordinarily, this means someone who has a DSM III R Axis I Diagnosis of major mental illness, but people diagnosed under Axis II personality disorders may fit program requirements if they show role disturbance in everyday life.

Eligibility requirements also include homelessness or risk of homelessness coupled with a history of multiple psychiatric hospitalizations.

The people of the target population are those who have frequently "fallen through the cracks" of the system due to uneven follow through in the community. Services were often fragmented and difficult to access.

The intent of the case management program is to prevent these people from falling through the cracks. One overarching goal is to provide mentally ill people with well integrated services in the community.

Family support for mentally ill clients has always been a factor in helping people stay in their communities. Case managers will work closely with concerned family members, unless this is inappropriate for some specific reason.

By strengthening community supports it will make it easier to access services while good coordination and monitoring of services will assure increased community tenure for Case Management clients.

Returns to both AMHI and BMHI should decrease as a result of increased case management services.

In line with this initiative, the Intensive Case Management programs are a very active component in C.L.A.S.S. (Community Linkage, Assessment and Stabilization Services). Case managers will be working with other

HEALTH FORUM

PROGRAMS COME ON-LINE

agencies in their communities to keep clients out of the mental health institutes.

The case management contracts for FY '90 include a provision for evening hours coverage. This will enable case managers to work closely with clients, crisis stabilization workers, and emergency workers if clients have situational problems.

Many times small situational problems can be resolved before they escalate into psychiatric emergencies through compassionate intervention.

The nature of Case Management services is fairly consistent across agencies. All programs are structured along the lines of the Boston University model of case management. This is a model consistent with the principles of psycho-social rehabiliation and includes the following basic components:

- connecting
- assessing
- planning
- linking
- advocating
- monitoring

Connecting takes place when the case manager makes contacts with a client and begins to establish interpersonal rapport to help form a therapeutic working relationship with the client.

Once the client is comfortable working with the case manager, they can begin to collaboratively formulate a service plan based on a detailed assessment of the client's needs.

The service plan formulation is a cooperative effort and includes input from the client, the client's family, provider agencies and the case manager.

The service plan includes linkages of the client to essential provider agencies so he or she can receive appropriate services.

The careful integration of services for the client will be necessary so that the client can work productively on resolving identified problems.

Advocating takes place on two levels. At the agency level there is a need to ensure communication among provider agencies and to ensure that clients receive appropriate services.

Concurrently, at the front line level, the case manager needs to assertively negotiate for appropriate, well integrated services for the client. A necessary intervention may be transportation of the client to and from services.

Finally, the monitoring of clients involves ongoing assessments of the client's progress towards identified goals. When these assessments identify barriers to the achievement of goals, then the service plan is revised by the client and the case manager to remove these barriers.

The desired outcome of these interventions (connecting, assessing, and planning, linking, advocating, and monitoring) is to help the client maintain community tenure and to help the client attain a better quality of life.

To assure that all case managers have a solid grounding in the basic skills of case management, in-service training is ongoing.

Case management supervisors and case managers from across the state recently completed a two-day training at UMF in the basics of Psycho-social Rehabilitation.

A core curriculum of basic skills and competencies will be established in the future. This curriculum is in the planning stages and will serve as a basis for a credentialling process for all case managers.

There are six case management programs statewide currently funded by the Bureau of Mental Health.

Holy Innocents of Cumberland County employs 12 case managers, 2 case manager supervisors and a clinical director. The program has been on-line since mid-October 1988.

Each case manager handles an average caseload of 22 clients. Case managers have worked closely with the Crisis Stabilization Unit to handle day-to-day crisis situations and to divert possible AMHI admissions to private psychiatric units.

Also, case managers have worked closely with clients to develop holistic comprehensive assessments and service plans. These plans have stressed client involvement and integration of services to help clients attain their goals.

On-going monitoring of clients by case managers has helped clients with severe and disabling mental illness maintain increased community tenure.

Finally, the Holy Innocents case managers have worked in concert with the triage, intake, and outreach workers to aggressively reach recalcitrant clients.

Two other case management programs came on-line in April 1989: Community Health and Counseling Services and Kennebec Valley Regional Health Association.

Both programs are developing caseloads with a goal of 50% caseload capacity by July 31, 1989.

Case Management Programs Come On-Line

The two programs are similar in structure: one case manager supervisor supervises four case managers, with projected caseloads of 20-25 clients per case manager.

Training in basic case management skills is on-going at both agencies. CH & CS have completed renovating space at their current headquarters in Bangor to house their case management crew. Case managers from KVRHA are working out of the existing Waterville site and have recently acquired office space in Augusta for the CM program.

A third CM program at the Central Maine Indian Agency is being developed in Bangor. The emphasis of this program, during startup, will be on needs assessment and case finding for Maine's mentally ill Native American population.

York County Counseling Services Case Management program and the Tri-County Mental Health Services have hired supervisors and full complements of case managers.

YCCS came on-line with client enrollments the first week of August. YCCS will serve 80-100 clients. Tri-County Mental Health Services will eventually serve 100-125 clients.

It is projected that all Intensive Case Management Programs will be fully operational by October of 1989.

At that time approximately 600-700 clients will be receiving case management services at six agencies statewide. Approximately half this number are now being provided with case management services.

Case management standards, including data collection and analysis, are currently being developed to track the overall progress of the Intensive Case Management system. The standards will ensure that the program stays focused on the goal of providing a better quality of life for Maine's severely disabled mentally ill population.

BMH is providing ongoing technical assistance, documentation training, and quality assurance monitoring for all case management programs. These services are in addition to regular Medicaid audits and ongoing CM agency internal quality assurance monitoring.

Mary is sharing an apartment with a friend. They split the rent, the chores and the headaches.

Mary has several friends. Some of these friends she met at her part-time job at a bakery.

She still takes medication three times a day, sometimes hears voices and sometimes has bad days.

But when she has a bad day she knows she does not have to cut her wrist or break a window to get someone's attention. She picks up her phone and calls her case manager. Together they discuss her problems and look for solutions.

Mary has not been back to AMHI and is looking forward to taking some evening courses next spring.

Mary's problems will not end because she connects with a case manager. Hopefully, though, a case manager will make a difference in how those problems are handled.

By experiencing careful integration of services and by experiencing caring interaction with a compassionate case manager maybe Mary will not fall through the cracks.

Maybe, Mary will be able to be a productive, happy, and independent individual.

by david Hutchins
C.M. Quality Assurance Specialist

(Ed. note: Mr. Hutchins prefers to spell his first name in lower case letters.)

SO YOU'D KNOW:

NEW QUALITY ASSURANCE MANAGER NAMED FOR BUREAU OF MENTAL RETARDATION

Kathryn E. Cook of Damariscotta has been named as Quality Assurance Manager for the Bureau of Mental Retardation.

Cook is responsible for policies and procedures that set the standards and test the efficacy of programs designed to assist persons with mental retardation.

She also supervises all training events for Maine's six mental retardation regions, plus securing dynamic, knowledgable speakers and presenters on topics which advance professional staff development.

"My job expectations are to provide leadership and support to the development of quality assurance systems which will measure individual client outcomes, as well as training events which foster and enable BMR and agency staff to develop skills and attitudes that empower people with mental retardation to function as independently as possible," Cook said.

Cook brings to her position, a broad range of experiences as a Special Education Consultant in Maine, New York, Massachusetts, Michigan, New Hampshire and Texas.

Born in Rangeley, Maine, she received her B.S. degree from the University of Maine at Farmington. She went on to earn her M.A. from Oakland University in Rochester, Michigan.

Besides her consultant credentials, Cook is a Licensed Associated Real Estate Broker.

She enjoys a variety of outdoor sports, including tennis, swimming and other water sports, skiing and skating. She is interested in golf, but hasn't taken her first swing yet.

Cook is a pianist, who enjoys music of all kinds. She has been active in music and theatre productions, choral groups and church choirs, both as a soloist and as an accompanist.

She has held board positions for community theatre groups, besides stints directing children's theatre.

On occasion she does photographic and style show modeling.

Kathryn Cook *photo by Jane Bubar*

Cook uses her musical and theatre interests as "opportunities for community involvement and enjoys the social and recreational aspects that result" from such contacts.

Cook also collects Early American antiques. She enjoys traveling and sight-seeing.

Her organizations include membership in the Maine Association of Quality Assurance Professionals and the National Association of Quality Assurance Professionals.

SPECIAL CHILDREN'S FRIENDS

Six preschoolers alternately splosh finger paint on aluminum foil, hold up their paintings for one another to admire and then lick their fingers. But that's OK. This finger paint is a mixture of cream cheese and red sugar.

Although groups of children in numerous play groups and child care facilities finger paint each day, what makes the group at Meg Ashur's Thursday day care program in Northeast Harbor different is the presence of two children with special needs and their teacher Debbie Brophy.

Crystal, a child with Down Syndrome, sits in Brophy's lap and from time to time lets Brophy guide her hands.

"Finger painting is a tactile experience that enables children to get a sense of what hands are and how they can exert pressure," said Brophy. "Today we have been working on body image and how different parts of the body work. Earlier each child in the play group traced his or her foot."

The play group program for children with special needs is an outreach service of Special Children's Friends, an Ellsworth-based group formed to provide services for preschool children in Hancock County with special needs.

For preschoolers, mainstreaming — a concept which mixes both developmentally normal children and those with special needs — benefits both groups.

"The flood of language which occurs naturally among preschoolers is of particular value to developmentally delayed children who are often not exposed to such intensive language experiences," said Ellen Martzial, SCF's home teacher.

"But even more significant is the effect of what I call reverse mainstreaming. When developmentally delayed children interact on a regular basis with those children who develop at a normal pace, as they do in most public schools, the so called 'normal children' become accustomed to wheelchairs, for example, or different reactions, and hence, are not afraid of people who are different and are comfortable with them," added Martzial.

SCF established a pilot center in Ellsworth with start-up funds received last fall from the Zayre Foundation through the Maine Community Foundation and with a $40,000 grant from the Department of Mental Health and Mental Retardation's Bureau of Children with Special Needs.

"Feeling good . . . " fingerpainting with shaving cream, promoting sensory integration.
Photos by Cathi McLain, courtesy of Bar Harbor Times.

"It's important to have a central place for children where there are a number of consulting therapists," said Cynthia Donaldson, a social worker and the director of programs for Special Children's Friends. "To provide such a place, we rented a classroom in the Reginald Couture Mental Health Building in Ellsworth."

The earlier a developmentally handicapped child receives help, the more effective such help is. In many cases it substantially reduces costs for continued service in later years.

Children, aged 2-5, who cannot attend an already-established nursery school or a day care facility because of a physical or mental handicap or behavioral problems, now have a school of their own.

Speech and physical therapists observe the children at the Ellsworth classroom each week and make suggestions for the program.

"A child who has a problem with balance, for example, will be taught a game where he or she bears weight on both knees and one hand," said Donaldson. "But the children are with us only two or three mornings a week, and because it's important for them to play these games at home if their balance is truly to improve, we encourage parent involvement."

Because each child's need is different, individual youngsters are evaluated by the therapist and an individualized program is developed to meet that child's needs.

"Together the therapist, staff, and parents develop a program for each child," said Donaldson.

Another important person on the center's staff is the social worker. "Addressing family needs is an important component of this program," said Sandi Phillips of Bar Harbor, a parent of a child with special needs and president of SCF's board.

"Stickers on my feet and on my toes . . ." developing body awareness.

"All parents welcome help with their children, but a parent with child with special needs often requires additional help," said Phillips. "The regular baby books don't cover some of what we need to know to provide an environment that will enable our children to develop their full potential. We need to know what services are available, how these can be financed, and often we just need encouragement," Phillips added.

Finding trained therapists for preschool children is often difficult, Phillips explained, and in addition such services must be paid for by private funds.

"Not all insurance companies are willing to bear such costs, and since many parents cannot afford to do so themselves, one of our goals in establishing the center was to provide such a service."

And parents appreciate the service.

"Without SCF's program, my daughter who has a sensory integration disorder would have been termed a behavior problem when she started kindergarten," said Susan Trudeau. "Even if the problem isn't completely corrected, this program has at least given her a head start — head starts are important for our children."

Another service of the program is the home program.

"Because we live in an area where transportation is often an issue," said Donaldson, "one of our goals is to provide home teachers and social workers for these children. Although it's costly to take services to the children, in the long run it is cost effective. For the earlier there is intervention the better it is for the child."

Although school-age children in Hancock County with special needs receive a number of services through the schools, there are a few services for preschool children.

The services that SCF now provides support those which already exist. There is a group in Ellsworth, Child Development Services, which currently helps parents by identifying needs, but the group does not have an ongoing program for preschool children, Donaldson said.

To remedy the situation, SCF's board last September took on the responsibility of applying for state funding and for administering a program which meets local needs.

The $40,000 grant that SCF received from the state meets approximately 60 percent of their operating budget.

"Our total budget for six months is $63,000," Phillips said. "Not only must we raise the additional $23,000 through private donations, but we must reapply for state funding if we are to continue the program. This grant runs out on August 31."

Courtesy Bar Harbor Times

VIEWPOINT

A GOOD SPORT

In 1968 a Gorham special education teacher reading **Sports Illustrated** came across an article about a sports meet for people with mental retardation to be held in Chicago. He wrote to the Chicago Parks and Recreation Department to express interest. Because of his interest, seven Maine people with mental retardation attended those first Special Olympic games. In all about 900 people participated. There were about 25 spectators. The swimming event was held in a three foot deep pool, surrounded by lifeguards. The longest race was a 300 yard dash.

Mickey Boutilier, that special education teacher from Gorham, Maine, took exception to the low expectations the games' planners had for people with mental retardation and to the dearth of sports fans in attendance. He wrote to express his concerns to Eunice Kennedy Shriver who, with then Chicago Mayor Daly, had arranged the games. His "concern" won him an invitation to a meeting with Shriver and several other people from around the country at her Maryland home. He's been involved in Special Olympics ever since. What's more, of those present at that first meeting 21 years ago, only he and Mrs. Shriver remain active in Special Olympics.

Maine applied for a "chapter" of the Special Olympics and Boutilier became its director. For the first nine years, this was a volunteer job; but, eventually, its demands led him to offer to raise his own salary if the board of directors of the Maine Chapter would establish a paid position.

The REPORT asked Boutilier what Special Olympics does that is significant. "Create public awareness," was his immediate answer. "It's an education tool. Research doesn't create understanding, but with Special Olympics the public gets to **see** what people with mental retardation can do," he continued.

"The first few years we had the Maine Special Olympics my son and daughter-in-law were the only ones at the awards stand. Now we have to rope it off to keep people back. Special Olympics gives families the opportunity to be proud of their children who are mentally retarded."

The games are significant to people with mental retardation themselves, asserts Boutilier. "Hundreds of Olympians write to me. They don't tell me 'Thanks' or 'I liked winning the race.' They write, 'We threw balloons out the hotel window,' or 'I met my girlfriend at the Special Olympics'." Special Olympians, according to Boutilier, get exposure, exposure to dormitories, to cafeterias, to cities. "The places I've gone — Reno, for instance — I never would have seen without the Special Olympics," said Boutilier. "If it's providing me with exposure to new experiences, just think what it's doing for them!"

The games are like a reunion for people, many of whom used to live at Pineland. "A volunteer told me once that the games are just like Christmas. No one is angry. No one is uptight. Everyone's just happy."

The change that has impressed Boutilier most over the years is the increase in public acceptance of people with mental retardation. "When we first started, all you saw was the back of people's heads in the newspaper photos. Motels and hotels wouldn't let us stay." On the way from those days to today, when condominium owners at Sugarloaf simply turn over their places to Olympians and newspapers devote full pages to the Special Olympics, John Christie welcomed the Maine Special Olympics to Saddleback Ski Area for the first Special Olympics winter games ever held anywhere.

The future of Special Olympics troubles Boutilier. "How many people can we serve? We don't want to self-destruct by becoming too big. The Special Olympics will go on forever. I'm not worried about that. I've always thought of the Olympics as a child. Now it's a young adult. It's entrenched. But we're facing a policy decision about who we serve," he reveals.

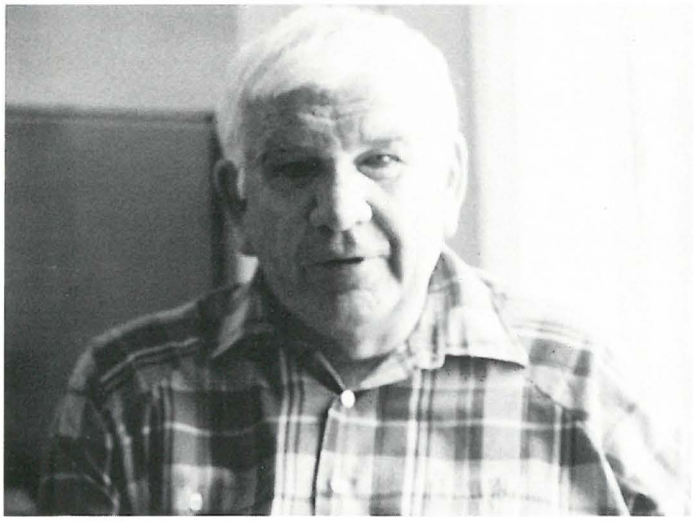
Increasingly, Maine Special Olympics has been serving athletes who are lower functioning. New events like the Motor Activities Event have been designed to give these new participants a chance to achieve. Boutilier believes that more and more people with mental retardation will join their non-retarded contemporaries in "unified sports" on teams that have both people with retardation and people who are not retarded. The trend has begun on bowling teams, he says; and he envisions unified sports softball teams soon.

RUNS SPECIAL OLYMPICS

For Boutilier his volunteer work on the Consumer Advisory Board (CAB) is "my golf." The CAB was created by the Pineland Consent Decree; and, when Maine was released from the oversight of the Court Master, the CAB took over the monitoring, both at Pineland and in communities, of the standards of the Decree. "We are the watchdog," explained Boutilier.

In order to effectively monitor compliance with the terms of the Decree, the CAB established Committees of Correspondents in each of the six Bureau of Mental Retardation regions and at Pineland. These seven committees each have four to seven members. Each member is responsible for contacting other correspondents in the region every two months to ask what is happening and what is needed. This structure has given correspondents "clout," says Boutilier. Correspondents are sometimes intimidated by the knowledge and expertise of professionals who prepare the individual plans for clients of the Bureau of Mental Retardation, and they don't always know how to express the needs of the people for whom they are correspondents. The bi-monthly contact of the Committee of Correspondents members gives them a sense of belonging.

The CAB must constantly protect against the erosion of the rights of people with mental retardation,



Mickey Boutilier *photo by Jane Bubar*

Boutilier asserts. "A lot of the key players are gone." As the people who were involved with the Consent Decree and Pineland Center before the Decree move on, memory fades and there is the danger that we will slip backward, he says.

"I want people with mental retardation to have the same rights **and the same responsibilities** as typical people," said Boutilier. Now, if a person with mental retardation turned to the person behind him in a grocery store line and asked for help, both he and the other person might be embarrassed. Boutilier dreams of the day when people with mental retardation will be comfortable in the community, asking for assistance when they need it. On that day other community members will be comfortable in giving that assistance, too.

Volunteers are the most important people, Boutilier stressed throughout our talk. Without volunteers public acceptance would be far behind what it is today.

Boutilier, jovial and informal throughout our interview, couldn't resist actually telling a joke when asked if there was anything he thought our readers should hear that we hadn't already discussed.

We don't give people with mental retardation enough credit, said Boutilier. We are like the shopkeeper who watched a young man with mental retardation outside his store for several days. "Every day four or five adolescent boys would come by and offer the young man with mental retardation his choice of a nickel or a dime. The young man always chose the nickel. Finally, the shopkeeper couldn't stand it and he said to the young man, showing him a nickel and a dime, 'Next time those boys offer you these, take the smaller one. Even though it's smaller, it's worth more.' 'If I did that,' said the young man, 'those boys wouldn't play the game with me anymore!'"

We sense that Boutilier, too, knows just what the coins in his palm are worth to him and much about how to use them to keep the game going. Whether in his paid or volunteer work, Maine people with mental retardation, their families and friends are lucky to have Mickey Boutilier on their team.

by Jane Bubar, Associate Editor

HONORS &

June 21, 1989

Frances F. Seamon Letter of Recognition from Governor John R. McKernan, Jr.

"Dear Frances:

On behalf of the people of the State of Maine, please accept my very best wishes on the occasion of the 10th Anniversary of the Mid-Maine Alliance for the Mentally Ill. I am sorry that I am unable to be with you tonight, but am pleased to have the opportunity to share a few thoughts with you and your many friends gathered here tonight.

You have certainly proved that age is no anchor to achievement. Your activities and involvement in issues of social concern, during the so-called "retirement years" alone, constitute a standard of service we all would be proud to claim as a career.

Those of us who are committed to improving the lives of our citizens with mental handicaps know the debt we owe to your counsel and caring. Your years on the Mental Health Advisory Council to the Governor helped create the momentum which led to the tremendous outpouring of funding and innovative programs we are implementing with the concurrence of the Legislature.

You have been in the forefront in founding family and self-help groups for current and former clients of our mental health system. Your insight and experience has served such clients well, especially when you, in collaboration with the task force, helped create a statute expanding the rights of those who use mental health services.

You have been a trailblazer in the modern history of mental health in Maine. From volunteer to director to president of the Kennebec Valley Mental Health Center, you were a guiding hand during the intricate negotiations and planning process which forged a major multi-service mental health network.

Not one of these commendations means anymore to you this evening than being honored tonight by the Mid-Maine Alliance for the Mentally Ill. I am sure it means a lot to you to be recognized by longtime friends who have worked as hard as you to ensure that the world is a little brighter for those less fortunate.

Again, Frances, my congratulations."

Richard M. Balser

Richard M. Balser, Administrative Director of the Department of Rehabilitation at Maine Medical Center, received a special award in June honoring his leadership, creativity and dedication in his involvement with the Hospital Industries Program. Presenting the award during Recognition Evening on behalf of Governor John R. McKernan, Jr., and themselves, were Susan B. Parker (R), Commissioner, Maine Department of Mental Health and Mental Retardation, and Betsy J. Davenport (C), Director of the Bureau of Mental Retardation.

(A/P Photo)

OPENINGS

RSVP Presentations

At the Alternative Program for the Aging, May 31 was a time for reflection on the past and basking in the glow of accomplishment. Well over a dozen A.P.A. clients have been active members of the Retired Senior Volunteer Program for several years.

On that afternoon, the clients returned from a barbeque lunch at the Pottle Works just in time for a presentation of certificates from Diane Sinclair of RSVP.

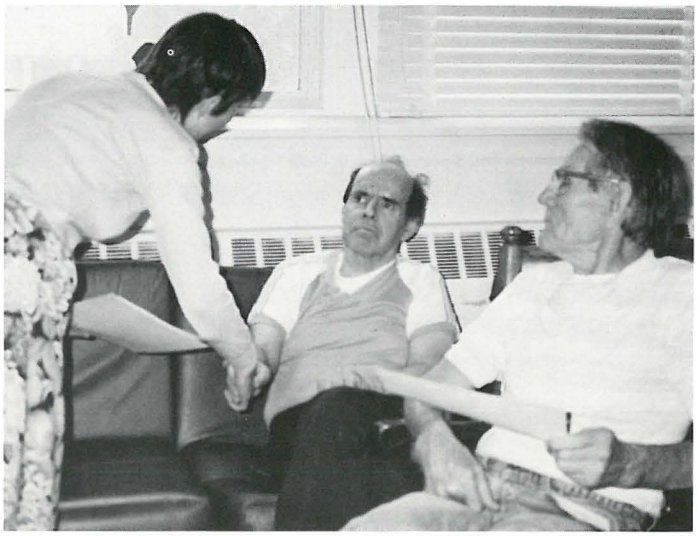
Pineland's involvement with RSVP is an innovative idea. Much of the credit for it belongs to Bill Hughes, the former Director of APA. Bill and his staff had come to feel that Pineland's seniors had something to offer, that they needn't always be on the receiving end of services and activities.

RSVP offered our seniors an opportunity to do something of significance for others. The keystone of the joint effort was a several-years project working on special Christmas ornaments. Pineland's clients assisted in the fabrication and assembly of cardboard angels in the "Be an Angel — Buy an Angel" project. The angels were sold with commercial sponsorship first with Porteous, and in subsequent years through Shop 'n Save Supermarkets.

The angels were a smashing success. They demonstrated the impressive activity that occurs when private enterprises, public agencies, and regular citizens (our clients) pool their efforts in a common cause.

The angels generated thousands of dollars for special events, entertainment, and projects benefiting Pineland's clients and community groups. And best of all, the angels gave our clients a chance to be of service to others.

Veronica Doyle, left, and Diane Sinclair, Director of RSVP, right. *Photo by Brenda Wood*



Left to right: Diane Sinclair, Director of RSVP, Theodore Brassard, Cecil Sampson. *Photo by Brenda Wood*

The Angel Project had been a massive undertaking, requiring commitment and hard work from many. But it is only one dimension of Pineland's involvement with RSVP. Our retired clients assist in the operation of the Gazebo gift shop. They have also been regularly involved in social and community events with other senior groups. RSVP has been a link to the world outside of Pineland for APA clients.

So, with all the history behind us, we gathered together on May 31, primarily to present certificates to our deserving clients.

Along with Diane Sinclair, Dr. Moore was present, as were the APA staff, Nancy MacRae (Dirctor of Pineland's Aging Services), and Brenda Wood (acting Chief of Volunteer Services). Brenda, incidentally, until recently worked at APA and was a vital part of the Angel Project.

Certificates were passed out, refreshments served, and pictures taken.

Many of us reflected upon the successes of the past and the possibilities for the future, for you may be sure that we've only just begun. The collaboration between Pineland, RSVP, and the business community has been too successful to be a one-shot affair.

We'll be getting together to design some worthy successor project, and when we do, you'll hear about it here.

by Brian Scanlon, MRPS (Pineland Center)

MENTAL HEALTH & MAINE JOIN

The Maine Bureau of Mental Health and the Maine Criminal Justice Academy joined forces recently and sponsored a three-day training session on mental health in jails.

The session was held at the Academy campus in Waterville and involved 21 participants representing Maine county jails and correctional facilities.

The purpose of this intensive three-day session, entitled "Instructional Use of the Mental Health and Jails Video Tapes," was to train personnel in the use of the video tapes as part of a comprehensive educational program addressing mental health issues in jails.

The Mental Health in Jails video tapes were produced by the Human Resource Development unit of the Bureau of Mental Health as part of a national demonstration project.

The Maine project was one of five initially funded by the National Institute of Mental Health in an effort to develop training models addressing problems encountered by local jails dealing in people with mental illness.

Maine is not unlike the rest of the country in experiencing more encounters with former clients in local jails as a result of deinstitutionalization and related programs.

Recognizing that jails have intrinsically different missions than mental health agencies, the local jails were generally ill prepared to deal with these former clients.

The video tapes were produced by the Bureau in an effort to address the primary problem areas faced by local jail personnel.

Topics were selected following the analysis of interviews with local jail personnel in Maine, working with a project advisory council representing both the mental health and correctional system in Maine.

The priority topics that were identified and for which training video tapes were produced were:

MODULE 1: **What is Mental Illness/Overview of the Mental Health System**

This module introduces the correctional officer to the mental health system and its relationship to corrections, and provides an overview of other training tapes included in the series.

MODULE 2: **Conflict Prevention**

This module is intended to provide the correctional officer with information about how to handle inmates in a constructive and non-conflicting manner in order to prevent minor incidents from developing into major conflicts or violence.

MODULE 3: **Observation Skills**

This module provides information to aid the correctional officer to accurately observe and assess behaviors and symptoms in order to better address the needs of the special inmate. The emphasis is on identifying and developing skills to observe specific behaviors for effective management.

MODULE 4: **Substance Abuse and Mental Illness**

This module is designed to give the correctional officer a working knowledge of substance abuse and substance abuse side effects. The concept of dual diagnoses and recommendation for referrals is also addressed.

MODULE 5: **Psychotropic Medications**

This last module is intended to provide an overview of psychotropic medications and to acquaint the officer with the reasons for administering the medications, side effects, and how to deal with them.

These training tapes were produced as a result of a lengthy script development and creative process. After the video tapes were tested in Kennebec County to determine their optimal use in a local jail training situation, they were distributed all over the country.

Although the tapes were intended to stand on their own and contain a wealth of information, the Kennebec County experience reinforced the notion that to be most effective, they should be presented as part of a **comprehensive training program** by a skilled mental health representative.

Over 100 copies of the tapes have been distributed nationally and the tapes are being used extensively in training programs throughout the country.

It was, therefore, especially important that a training program be implemented in Maine for all county jail officers and correctional facility representatives.

This final phase of the project involves developing a Maine-based training program to ensure that the tapes are properly used right here in the State of Maine.

The training format consisted of a seminar style presentation with individual task groups charged with preparing lesson plans for each of the segments.

During the three-day session in Waterville, this was done and each of the groups presented the materials to their fellow officers and were critiqued after preparing formal lesson plans.

CRIMINAL JUSTICE ACADEMY FORCES

As part of the training, the participants received comprehensive training manuals with supportive information and summaries of each of the tapes as well as referral information and sources for direct assistance for each of the counties.

This training was offered at the Criminal Justice Academy with support from the Maine Department of Mental Health and Mental Retardation and is also part of the last phase of the project funded by the National Institute of Mental Health.

The program was offered at no charge to the training officers and each participant received a set of the video tapes along with a comprehensive training manual.

The evaluations of this session were uniformly very high and the participants rated the program as excellent in addressing priority issues of interest to local jails.

The program content was rated "just right" by over 90% of the participants. The instructors and materials were presented in a very positive manner.

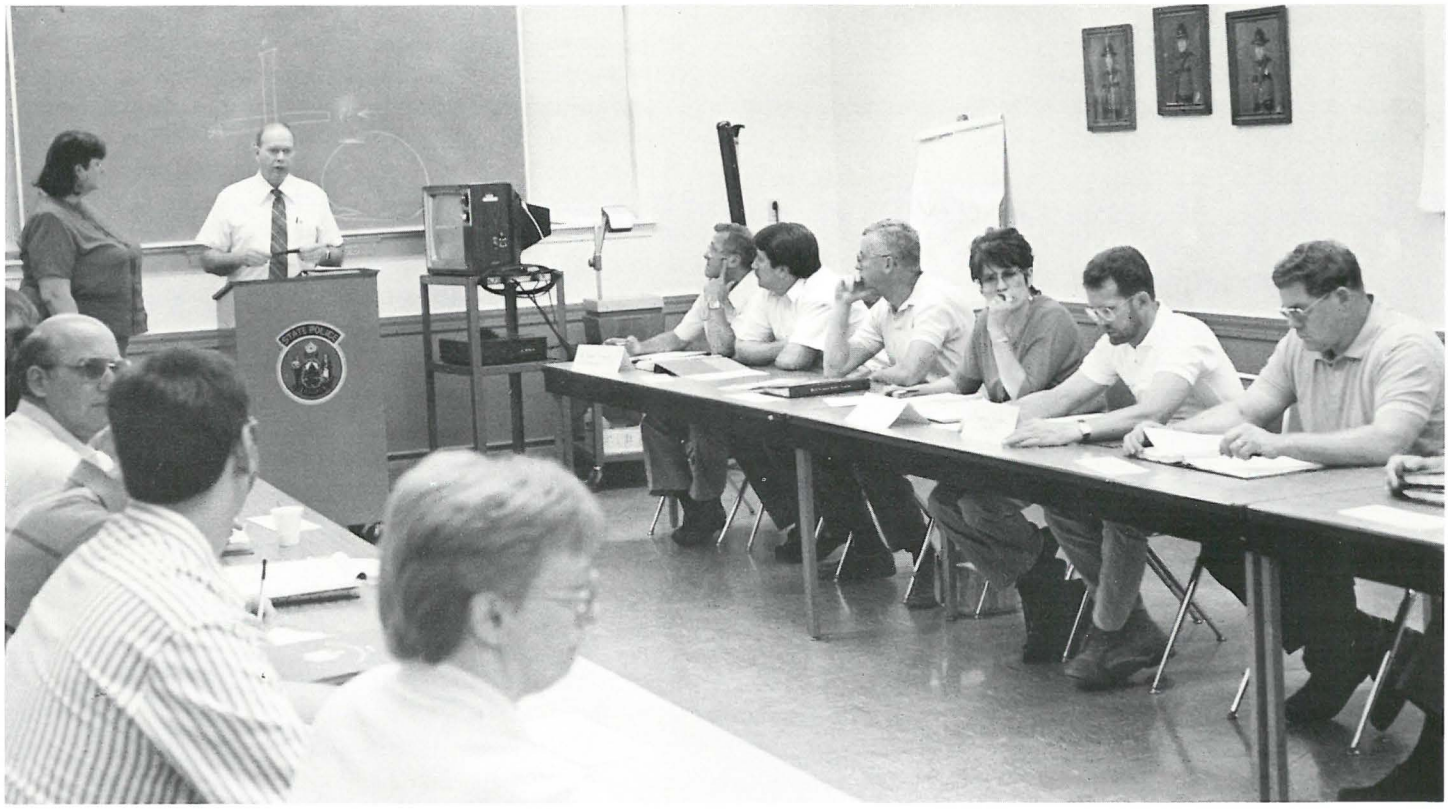
Comments from participants included:

"material will be extremely valuable, presentation was very well done, information on meds. and crisis intervention very worthwhile, the tapes and booklets will be invaluable, information was presented in a very understandable way, new information very valuable, instructors very knowledgable."

One evaluation question asked what participants disliked about the program. Comments included "too short, too little information, more time required."

Suggestions for improving future programs of this type included:

"extend the length of training or condense the material, more guest speakers from outside — professional mental health agencies, more time to cover more material in depth, sessions should be longer



Art Hildebrandt, Training Supervisor at the Maine Criminal Justice Academy, and Kay Landry, LCSW, training consultant provide an overview of the training curriculum to participants from county jails and Maine correctional facilities.

Training Officer Walter Breen from the Maine State Prison presents his group's lesson to the class for critique.

and, lastly, there should be cross classes including both mental health professionals and correctional personnel."

Topics for future programs of this type included the following areas:

"supervision of problem prisoners, more on medication and crisis intervention, suicides, more in depth treatment/crisis intervention, a seminar on and for nurses nursing in jail, the role of the correctional officer in the use of these materials, more in depth."

It was also suggested that onsite follow-up training would be very valuable.

Special recognition should be made of two very important individuals who helped make this training possible.

Art Hildebrandt, training director for the Maine Criminal Justice Academy, was instrumental in working on the original video tapes as a member of the project advisory committee and also assisted in coordinating the presentation of this material.

The person preparing the training materials and actually providing the training was Kay Landry. The evaluations of the session that she presented were uniformly excellent.

The Director of the Bureau of Mental Health, Robert J. Harper, stated, "This training, hopefully, will be part of a series of joint endeavors between the Bureau of Mental Health and the Maine Criminal Justice Academy which address the problem areas of mutual interest. All too often, people with mental illness end up in jails and are given inappropriate treatment due to lack of training on the part of local jail personnel. Training programs such as this hopefully will improve the skills and knowledge of local jail personnel regarding mental illness and also will open up communication linkages between the local jail systems and the mental health system in Maine. By all measures, this initial training of trainers was a great success. Now the next indicator will be how the tapes are used locally at each of the local jails in the Maine counties."

In conclusion, this session may be viewed as a good example of a successful, collaborative training activity jointly sponsored by the Bureau of Mental Health and the Maine Criminal Justice Academy.

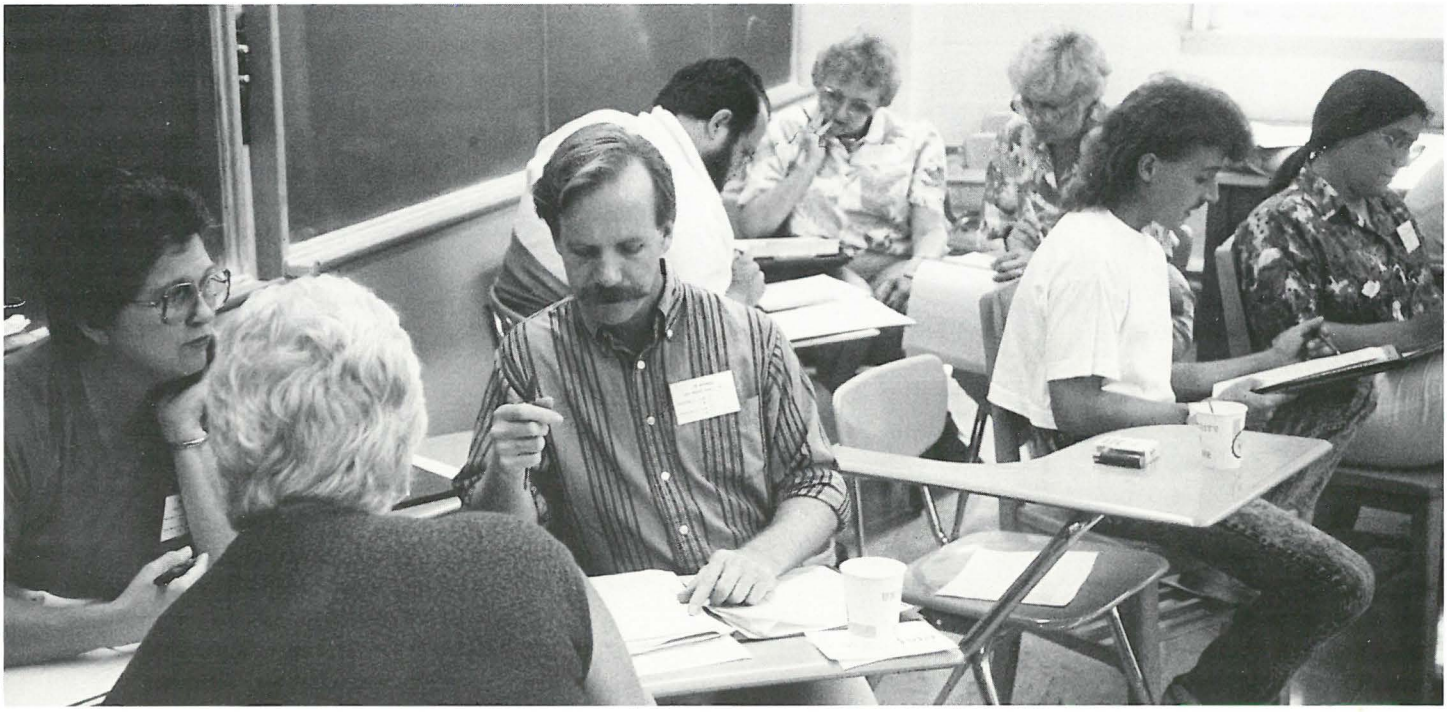
The session addressed the training/educational needs of local jail personnel in working with mentally ill clients and provided county jail and correctional facility training officers with an intensive three-day training of trainers session.

The training stressed how to integrate the video tape series on mental health and jails into a training curriculum of local officers.

More information can be obtained by contacting training officers at any of the county jails in Maine or by contacting Director of HRD, BMH, Peter J. Ezzy, at 289-4230.

Text and photos by Peter Ezzy

THIRD ANNUAL CONFERENCE
for
DIRECT SERVICE PROVIDERS



Direct care staff from throughout Maine participated in small group discussion at the Orono conference.

"Empowerment: Together We Can" was the theme of the third annual Bureau of Mental Retardation sponsored conference for people who provide direct services to people with mental retardation or autism statewide. Held in Orono on August 9 and 10 the conference recognized that those people who provide direct services "play a major role in determining the quality of life for people with mental retardation or autism."

Working topics ranged from communication to the rights and responsibilities of both staff and persons with mental retardation. A panel of family members was convened to bring their perspectives to direct service workers. Stress management in the workplace and for people with retardation was another key theme.

On Wednesday evening, August 9, Certificates of Achievement were presented to five direct service staff who have excelled in five skill areas.

For excellence in delivering Client Services, Amy O'Connel of Creative Work Systems in Saco was honored by the Bureau of Mental Retardation.

As an Innovator, one who brings novel techniques to her work, the honors went to Tami Larke of Pottle Hill, Mechanic Falls.

The Exemplar Award, given for bringing knowledge and assistance to fellow workers, was accepted by Deborah Carney of Penobscot Valley Industries in Bangor.

The Team Player was Gail Welch, also of Penobscot Valley Industries. This award is given for behind-the-scenes support for fellow workers and agency projects.

Lois Langille of Danforth Habilitation Center was selected as the Morale Builder, someone who makes others feel good about what they do and contributes to the spirit of the workplace.

These annual conferences draw people in direct services from all over Maine. As well as providing learning and skill-building session, they provide informal time to share the frustrations and joys of work.

SWEEP AWAY STIGMA UPDATE

The Maine Association of Broadcasters and the Maine Department of Mental Health and Mental Retardation have reached agreement on a massive anti-stigma campaign over the next twelve months.

Susan B. Parker, Commissioner of the Department, and Michael Lawrence, representing the Association, signed a contract late in July calling for one hundred thousand dollars of public service spots to be aired over the scores of television and radio stations on the membership rolls of the Association.

In return, the Association will receive an honorarium of twenty-five thousand dollars, consisting of state and private funds for the Association's public education activities.

Up to six scripts on various issues surrounding stigma will be produced by the Association.

The public awareness campaign kicked off in May when a public service spot was taped and distributed by WGME-TV, Channel 13, featuring Governor John R. McKernan, Jr., urging citizens to counter the effects of stigma through understanding and fair treatment.

This was followed by a "Sweep Away Stigma" spot, produced and distributed statewide by the Maine Broadcasting System, the text of which appears on the following page.

Media participation has been a major part of the "Sweep Away Stigma" campaign to date. Five prominent Maine journalists served on the Stimulator Panel at the kick-off conference in May. Shown listening to audience comments (L-R): A. Mark Woodward, Editorial Page Editor, Bangor Daily News; Peter Weyl, News Director, WMTW-TV, Channel 8; Fred Nutter, Editorial Editor, WCSH-TV, Channel 6; David King, Vice President/General Manager, WGME-TV, Channel 13; and Nancy Grape, Columnist, Maine Sunday Telegram. *Photo by Randy Tunks*

T.V. Public Service Announcement: Sweep Away Stigma 30 sec.

VIDEO

The classic American pitchman: striped shirt, big bow tie, bowler on his head. He gesticulates and plays tricks with his cards.

His voice disappears, although he stands there vigorously performing. Quick tight shot of his arms and hands as he manipulates the cards.

A table top. Three cards, face down. The pitchman turns them over, one at a time.

Each spells out a word:

Sweep Away Stigma

AUDIO:

(Fast, pitchman spiel)

Here it is! We're gonna do it!

We're gonna make a deck of cards walk, talk, snort, jump through a hoop and play the piano!

What's that? You say you're not satisfied. You say you want more for your money! Well, I'll tell ya what I'm gonna do! I'll make these cards disappear one at a time, two at a time, then all together.

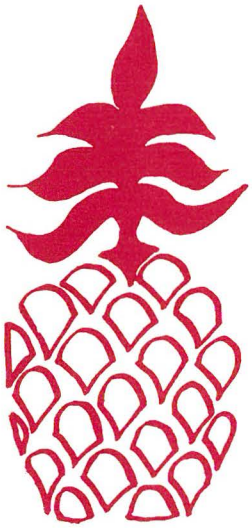
I'll make 'em reappear right before your eyes . . .

(Pitchman spiel sound ends abruptly, although he continues talking. Listeners hear a new voice over.)

Stigma's no card trick. No illusion. Neighbors with mental illness need understanding and fair treatment.

You won't find that in the cards.

You'll find that in your heart.



GUEST COLUMN

TRIP TO CINCINNATI: 1989 NAMI CONVENTION

The theme of the convention, building bridges to the future, was printed on the cover of the 32-page program.

The general sessions were called "plenary" and that word was sufficiently vague and resounding so I attended most of them.

At the first plenary we heard from Governor Celeste, the Director of the Ohio equivalent of our BMH, a State Representative, and assorted side dishes. The topic: collaboration.

NAMI was lavishly praised by the politicians, and collaboration was presented as the next great idea.

Representative Gradison of Ohio was encouraging about progress in the SSI legislative arena.

The Governor urged that more research be devoted to delivery systems, and that idea caught my fancy.

He also suggested that politicians should take a long view of such problems as we are all working on, not a view that ends abruptly with the next election. We applauded this rhetoric, and then sat looking at each other with Little Orphan Annie eyes.

The second plenary focused on the federal government's role in bridge building and we heard from bureaucrats (the administrator of Alcohol, Drug Abuse, and Mental Health Administration, known as 'ada') and deposed politician Lowell Weicker, formerly Senator from Connecticut.

They may have contributed a great deal to the convention, but I became bemused with the notion that the less people have to say the longer it takes.

That evening we all crowded into a three story restaurant called the Phoenix which had cash bars and a "light buffet." I managed to get two drinks (@ $5), a slice of roast beef, and two pieces of cheese: not the high point of the convention!

A good portion of the Maine delegation, equally divided between DMH&MR types and family members, struggled to the front door and repaired to a coffee house for something to eat.

Sunday morning featured a continental breakfast followed by the third plenary on the subject of research. Lewis Judd, Director of NIMH (National Institute of Mental Health) cheered everybody up with news of new research programs, 38 of them.

Jack Burke, of NIMH, was a good speaker — so good that I was spellbound and took no notes. The others in this session were not spellbinders, and I took no notes.

The third plenary continued on the subject of "Animal Rights" and 'Del went to the Cincinnati Zoo. I took a walking tour of Cincinnati, and to make sure that nobody mistook me for a native, I slung a camera around my neck.

The fourth plenary looked at public education's part in this bridge building business. Mitch Snyder, the very vocal and visible advocate for the homeless in Washington, DC, treated us to a rousing tirade. It was amusing to watch him gauge and then work the crowd.

He was followed by Sidney Wolfe, MD, who rated the states as the author of the compendium usually attributed to Fuller Torrey.

There were 18 workshops Sunday afternoon. I attended the one on state planning, heard Maury Lieberman damn them all with faint praise, and learned that his crew at NIMH had dispatched a review of each state's plan to each state.

Those of us who are interested in the PL 99-660 planning process might ask for this review from DMH.

'Del tried the workshop on Clozapine, a new drug introduced in April and came away wondering why Maine is not experimenting with it.

Monday, the fifth plenary mused on Services to Build Bridges. A workshop on Healthcare Economics attracted my attention, and Howard Goldman did a fine job. I would like to hear the tape of his presentation a few times.

'Del listened to the group discussing Participation of Families in Treatment and NAMI, and concluded that primary emphasis should be focused on helping family members deal with their pain.

The sixth plenary tackled the Legal System's Role and I loped off to a workshop on Wills and Trusts. This session made the point that there is nothing we can do to insulate a relative's inheritance if the government chooses to make a claim against it. We both sat in on the Suicide Intervention and Postvention session.

Monday evening was devoted to the Awards Dinner.

Tuesday morning was under Mal Wilson's gavel, and resting assured that things were under good control, we debarked for the Northeast.

We were again deeply impressed with the size, vigor, and growing influence of NAMI. The people there showed so much energy and commitment!

Those who can find the time and the financial means should make every effort to attend one of these incredible conventions.

The next one is returning to Chicago for the 10th anniversary convention — and Chicago is a great convention city.

John and 'Del Robinson
AMI of Greater Portland

Mainers who traveled to the National Alliance for the Mentally Ill Conference in Cincinnati over the Fourth of July weekend meet between sessions. Pictured left to right are John Robinson, Adelle Robinson, Commissioner Susan B. Parker, Mal Wilson, Mary Lou Curtis, Louise Hardy, Gloria Woodhead. Other Mainers attending but not pictured were Michael DeSisto, Barbara Wilson, Edward Woodhead and Linda Hertell. *Photo by Linda Hertell*

REPRINTS OF RELEVANCE

A Massachusetts Dream is a Maine Reality: THE SECURE NURSING HOME

Gerontologists in Massachusetts have long regretted the absence of locked nursing homes to provide safe care for elderly persons who wander, lack judgement, or are impulsive. Maine provides locked Intermediate Care Facilities (ICF) within its two state psychiatric hospitals.

The Greenlaw Nursing Home at the Augusta Mental Health Institute accommodates seventy residents, with an additional thirty-five beds in process of being added. All residents have at least dual diagnoses — medical, neurological, psychiatric, mental retardation. Most have behaviors which are unacceptable and unmanageable for other nursing homes. The exceptions to this are those residents who need total care and who cannot be placed elsewhere in the burdened nursing home system. Psychiatric diagnoses are primarily schizophrenia, manic-depressive illness, and organically based disorders such as Alzheimer's, Huntington's, and CVAs. This facility accepts Alzheimer's patients who do not meet the behavioral requirements of the new Alzheimer's facility in nearby Gardiner which is receiving much attention.

At Greenlaw, interdisciplinary services are provided and the team meets at 90-day intervals with each patient and family or guardian for treatment planning. The staff to patient ratio is low by the standards of an acute facility but high by those of a less specialized nursing home. There is an exceptional quality of caring and pride that extends from the very capable Director, Joan Mayo, RN, down to Housekeeping, which provides the Greenlaw mascot, Sandy, a very loved little dog. The environment is clean and bright, institutional but with many personal touches. Quality of care is good by any standards.

Nursing staff is trained in psychiatric management and is skilled in prevention and intervention techniques which minimize behavioral disruptions. The physician is skilled in the use of psychotropic medications, as well as physical problems. Physical therapy actively treats immediate problems and minimizes contractures. Diets are individualized for eating needs and personal preference.

The Rehabilitation Services for the Senior Service are supervised by an occupational therapist with a staff of four, a COTA and three Mental Health Workers. The program provides social and task-oriented groups and entertainments which channel growth and competency. Activities range from sensory stimulation to Community trips, from remotivation to the Annual Music Hall Revue.

The level of function of the residents is very low. All are compromised by illness and many by prolonged institutionalization. For some, the supports are for maintaining the best possible level of function. For others, it is a long slow process of rediscovering personal skills in spite of declining abilities.

With all the publicity criticizing the Augusta Mental Health Institute recently, it is important to know that the Nursing Home has remained funded and approved. It continues to provide a very important resolution to the needs of the older population.

by Nancy Bickford
OTR/L
Augusta Mental Health Institute

Courtesy Boston Society for Gerontologic Psychiatry Inc. Newsletter

JUNE SESSION ON PSYCHIATRIC REHABILITATION

University of Maine at Farmington

Congratulations! You have been selected to attend an all-expense-paid three-day training session at the University of Maine at Farmington.

So began a letter of notification recently sent to 40 lucky mental health workers/providers recently hired and working in the community mental health system.

These individuals were selected to attend the first full-blown session of a new institute on psychiatric rehabilitation at the University of Maine campus on June 26, 27 and 28, 1989.

Participants were all new or recent hirees and represented the mental health providers from community case management programs, community crisis intervention programs, geriatric services programs, as well as representatives from the Bureau of Children with Special Needs and the Augusta and Bangor Mental Health Institutes.

The group was the first to go through the full-fledged, three-day training institute and benefited from an earlier pilot session held in May for supervisors. The May session provided valuable feedback and evaluation criteria by which to shape the June session.

The training at the University of Maine at Farmington was carried out under a special contract agreement between the Bureau of Mental Health and the University of Maine at Farmington.

The purpose of the institute was to instill a common core of information in mental health providers regarding psychosocial rehabilitation.

The institute incorporates the perspectives of consumers, family members, direct service staff, and professional trainers. The objectives of the institute are to:

1. introduce principles of rehabilitation as they apply to persons with severe and persistent mental illness;
2. strengthen skills used in the rehabilitation process, such as motivating, goal setting, and problem solving;
3. provide opportunities for sharing of ideas and experiences.

Day one of the session included an introduction, overview, presentation of principles, the process of psychiatric rehabilitation, and the consumer perspective.

Day two included case studies in psychosocial rehabilitation and the rehabilitation perspective. Day three consisted of panel presentations and evaluations of planning activities.

This session will be followed with onsite evaluations and technical assistance for each of the participants at their work later this fall.

The Director of the Bureau of Mental Health, Robert J. Harper, II, has stated that this institute on psychiatric rehabilitation is the culmination of much planning and foundation work provided in the past through the Human Resource Development program of the Bureau of Mental Health and the University of Maine at Farmington.

The benefits to the system are significant and extensive. The mental health system benefits from having a new curriculum which addresses knowledge and skill needs required of workers interested in the psychiatric rehabilitation approach to services; the University benefits from having an infusion of new trainees and a new invigorated curriculum which meets the needs of the system; the participants benefit from having a resource which can help them to develop new skills and knowledge which will help them do their jobs better.

In summary, this is a WIN, WIN, WIN situation for all parties involved. The June session just completed forty individuals was the most ambitious yet and reaffirmed the need for a common core of knowledge regarding the psychiatric rehabilitation approach to services.

The intent is to repeat the cycle of training in the future for other workers in the mental health system and, eventually, for the participation of all workers in training of this type.

A better trained staff with shared values and a common core of knowledge and beliefs should be better able to provide quality services to the clients.

by
Peter J. Ezzy
Director
Human Resource Development
Bureau of Mental Health

THE EARLY IDENTIFICATION OF SEXUALLY ABUSIVE BEHAVIORS IN YOUNG CHILDREN

A conference, The Early Identification of Sexually Abusive Behaviors in Young Children was held at the College of the Atlantic in Bar Harbor on June 8 and 9.

30 enthusiastic participants representing every region in the state were trained as trainers. These individuals are committed to presenting at least 3 training sessions within the next calendar year.

The idea for this conference was developed at the 3rd Conference on Child Sexual Abuse in September 1988 in Bethel, Maine. The Early Intervention Workgroup invited Gail Ryan, a University Program Specialist at the Kempe National Center in Denver, Colorado.

Gail shared some thought provoking new concepts with our workgroup, namely, the fact that perpetrators of sexual abuse do not commit their first offenses as adults or even as juveniles; she reported that coercive sexual behavior can be evident as early as 4 or 5 years old.

We were fascinated with the ideas and data Gail presented. She told us of her work on a new curriculum for early childhood educators. We decided at that point that we wanted to use this curriculum in Maine. Also, we asked if she would agree to come back in the spring to present her new work and train us.

From September to June an enthusiastic interdepartmental group worked on the development of the conference. The committee consisted of: Lynne B. Adams, Kindergarten Teacher, City of Lewiston; Freda Bernotavicz, H.S.D.I., University of Southern Maine; Barbara Estes, Regional Supervisor, BCSN Region VI; Susan M. Henry, Family Services Caseworker, DHS, Augusta; Shelby Rafter, Acting Director, SETU DHS, Augusta; Karen Westburg, CPS Supervisor, DHS, Portland; and Meredith Tipton, Public Health Administrator, City of Portland.

Additionally, we received assistance in planning from our own "Maine Experts."

Doctor Ricci and Richard Watson of the Diagnostic Program for Child Abuse at Mid Maine Medical Center in Waterville; Sue Righthand, Licensed Clinical Psychologist in private practice in Rockland, formerly of MH&MR State Forensic Services; Leslie Devoe, Licensed Clinical Social Worker in private practice in Rockland; and Sandi Hodge, MSW, Program Manager, Child Protective Services Bureau of Social Services, DHS, Augusta.

These individuals did a superb job of presenting and expanding upon Gail's presentation of the curriculum. This was a very comprehensive program giving the participants essential prerequisite information — an excellent balance of auditory and visual information — presented by a diverse group of gifted professionals.

Although this was an "intense" experience it was well worth the effort. Maine is the *first* state to have this curriculum. In fact, we served as the impetus behind Gail's completing it by June!

I feel particularly excited about this new endeavor. As Regional Supervisor, BCSN Region VI, I am interested primarily in preventative programs and early intervention. This training gives me an opportunity to do both.

These new trainers will return to their regions and offer training to groups involved with young children. We actually have the opportunty to *prevent* child sexual abuse.

If, through our efforts, only one perpetrator is prevented, we have then prevented over 6,000 possible victims! These figures come from data which shows each perpetrator has on the average, 200 victims!

This has been a very important undertaking! I am proud to have been an integral part of this process.

Any groups interested in receiving the training can call me at 289-3555. I will give those inquiring the names of trainers in their areas.

by Barbara J. Estes
Regional Supervisor
Bureau of Children with Special Needs

F A D E Campaign Update

The Department is continuing its efforts in the prevention of fetal alcohol and drug effects. The demand for the new brochures, one targeting youth and one for the general public, has been great. Over 2,000 of each brochure have been distributed and requests within the state and across the country continue to come in. This month the Office of Alcohol and Drug Abuse Prevention (OADAP) within the Department of Human Services lent support to this effort by filming a Public Service Announcement (PSA) on fetal alcohol and drug effects to be aired this fall on TV stations across the state. Nancy Campbell, Prevention Coordinator for OADAP and a member of the FADE Prevention Team, enlisted the assistance of the FADE Prevention Team in developing this hi-impact PSA.

Maine's Organized Local Alliance for the Mentally Ill Affiliates

— AMI of Greater Portland	Sylvia Woolf	774-8115
— Augusta AMI	Gloria Schaeffer	377-2078
— Biddeford / Saco / York	Rita Ronan	282-2565
— Central Aroostook AMI	Wayne Kennard	764-5832
— Farmington AMI	Ethel Emerson	778-3429
— Mid Maine AMI (Waterville Area)	Hector Bolduc	873-3672
— RAFTS-AMI (Lewiston Area)	Alma Desjardins	784-7632
— SEA-AMI (Bath Area)	Mary Lou Curtis	442-0449
— Southern Aroostook AMI	Ethel Antworth	532-3572
— Valley AMI (Madawaska Area)	Ruth Tardif	728-4610
— Alliance for the Mentally Ill of Maine	Joan Pederson	942-7565

The members of each of these groups are very supportive, helpful people, most of whom have a family member with a mental illness. The local AMI groups meet regularly (once or twice a month) for support and education. The meetings are informal, new members are always welcome, and you'll find that, truly, you are not alone.

There are other organized and start-up groups in the state; for information on the Mid-Coast AMI, call Mid-Coast Mental Health Center, 594-2541; for information on the Down East AMI (Bangor) or other groups, please contact Joan Pederson, AMI-ME President.

Compiled by Linda M. Hertell

LEGAL SERVICES PROVIDES IN-HOUSE OPINION AND REVIEW

Legal Services are available within the Department for all personnel.

Any employee in need of a legal interpretation or opinion, or review of documents may request such, either by calling legal services at 289-4211 or by written communication.

Utilization of legal services by staff is strongly encouraged. As legal issues such as client rights compete with administrative and clinical judgements, mental health professionals will be faced with complex and, at times, painful conflicts and decisions.

Although legal opinions cannot substitute for clinical judgement, a legal analysis in a doubtful situation can be reassuring. Furthermore, such pro-active requests may reveal, and thus avoid, potential liability for the Department.

Issues for which personnel may seek legal interpretation include, but should not appear limited to, confidentiality of client records, inter-agency cooperation and agreements, analysis and implementation of Department statutes and regulations, proposed policy and rulemaking, RFP proposals and appeals thereon, and appeals or grievances of agency action.

There may be other issues of importance which presently lack clarity for certain staff. It would be beneficial for clients, providers and the Department to resolve such issues before they become troublesome.

There exists a high degree of cooperation between legal services and the office of the Attorney General. Both Linda Crawford and Rick Bergeron have provided unlimited access to their expertise and experience in mental health issues.

This availability should be of further encouragement to staff, who can thus implement their decisions with high levels of personal and professional assurance.

We hope that you will think of legal services whenever you need clarification of any matter.

by
Helen T. Montana-Marson
Legal Services Consultant

Nancy Wakefield, Margaret Squires and Janice LaChance, parent-trainees, join David Mandt.

Private agency representatives, Bureau of Mental Retardation staff and parents underwent training during July at Pineland Center in the Mandt System of working with aggressive and non-aggressive persons with mental retardation.

Conducted by David Mandt of Richardson, Texas, a nationally well-known and respected instructor in behavior management, the training emphasizes the least intrusive means possible involving behavior intervention when situations arise in which assistance is required for clients.

The Maine Department of Mental Health and Mental Retardation has endorsed the importance of this type of on-going training program, not only because of its positive influence regarding patient rights and liabilities, but because it keeps staff skills up-to-date. It also provides new trainers for regional offices experiencing staff turnover.

Since the initial instruction of trainers began two-and-a-half years ago, more than 300 Pineland employees and over 650 employees of private, non-profit agencies have received training in the Mandt System, according to Kathryn Cook, Quality Assurance Manager for the Bureau of Mental Retardation.

Cook, who is coordinator for the sessions, says the training program has become the "cornerstone of bureau efforts to teach individuals to use the least intrusive means of intervention possible, and to enhance non-physical intervention skills."

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Statement by Susan B. Parker, Commissioner

Ventilation and Air Conditioning in Place In All AMHI Patient Living Areas

Short-term ventilation and air conditioning is in place in all patient living areas at Augusta Mental Health Institute.

This valuable improvement will insure safety and comfort for patients through the summer heat period, even should the heat be as unprecedentedly severe as last season's.

Much planning, much cooperation and much effort on many different levels has gone into this project. It was a complex endeavor and it's highly unusual for an undertaking of this magnitude to be carried out in so timely a fashion, some three months from its inception in March to completion at the end of June of this year.

I want to thank Richard E. Besson, Chief of Hospital Services at Augusta Mental Health Institute, for his skill and leadership in coordinating the project. He used the $722-thousand-dollar special Legislative appropriation with foresight, getting the most value out of every dollar invested in this very needed improvement in the living environment for AMHI patients.

Also much credit should go to involved staff from the Bureau of Public Improvements, the Bureau of Purchases, and most certainly, the staff at the Augusta Mental Health Institute for their cooperation and support.

I have been informed that currently all patient areas have improved ventilation, especially in smoking areas, plus there are substantial air conditioned areas available, so that any repeat of last year's situations can and will be avoided.

Experience and study has made all of us much more aware of the effects of heat and the dangers associated with soaring temperatures. We have in place a comprehensive policy on heat, which details many important aspects of the dangers associated with high temperatures and humidity.

Initial orientation for new employees at AMHI emphasizes heat related issues. Current staff are reviewing the heat policy, and will do so each year to reinforce their knowledge and training.

In addition to the training given on heat, AMHI is providing classes on the proper use of air conditioners and will continue such orientation until all staff are completely familiar with their correct operation.

We are aware that this short-term project can only accommodate needs for the next three to five years, but that should secure the time needed to reach consensus on a permanent solution.

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The Augusta Alliance for the Mentally Ill (Augusta AMI) is aggressively reaching out to local families and friends of persons with a mental illness.

Gloria Schaeffer, the group's leader, is concerned that there may be many Capitol City-area families that her group hasn't yet reached. She believes these families may be hurting and may need the support and education that her group offers.

The Augusta AMI meets twice monthly at 7 p.m. for education (first Monday of the month) and support (third Monday) at the Linc Social Club, 27 Weston Street, Augusta.

Among the many recent speakers at the education meetings have been Barbara & Malcolm Wilson of the Mid Maine AMI; Senator Beverly Bustin; Buster McLellan of the Crisis Intervention Program; Laura Petovello of Maine Advocacy Services; Dr. William Sullivan of AMHI; Tom Ward, Patient Advocate at AMHI; Linda Hertell, Family Support Consultant for the Bureau of Mental Health; and Denise Letourneau of the ComPeer Volunteer Program.

Gloria stresses that "the Augusta AMI is not a counseling group, nor is it a professional mental health group. We are a group of families and friends meeting for mutual support and education.

"We may not be able to solve the problems, but we can help direct people to the proper person or agency. We are a family coming together to share. We care."

For more information, call Gloria Schaeffer at 377-2078.

John Walker, Maintenance Mechanic; Stephen Brown, Plant Maintenance Engineer III; and Richard Besson, Chief of Hospital Services, check out the new AMHI air conditioning. *Photo by Peter Swartz*

GROUNDBREAKING for the long-awaited building to enclose the swimming pool at the Elizabeth Levinson Center in Bangor took place in July. George Cyr, Chair of the Friends of Elizabeth Levinson Center, Inc. and a member of the Knights of Columbus, and Geneva Bensman, the Center's Director, examine the progress. The "Swimming in a Snow Storm" fund-raising campaign began in 1986 thanks to efforts by Cyr and the Knights of Columbus. The intent is to give children with special needs from the Center and surrounding communities an opportunity for therapeutic swimming all year long. Cyr, Albert Rand, Robert Flynn and William Hughes have spearheaded the drive which has netted more than $150-thousand dollars. This is only $30-thousand dollars short of the estimated total to complete the project. Officials hope the building will be completed by late September.

Photo by Scott Haskell
Courtesy Bangor Daily News

MAINE
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