

1989

Maine Department of Mental Health and Mental Retardation Report, 1989, Volume 8, Number 6

Maine Department of Mental Health and Mental Retardation

Follow this and additional works at: http://digitalmaine.com/osamhs_docs

Recommended Citation

Maine Department of Mental Health and Mental Retardation, "Maine Department of Mental Health and Mental Retardation Report, 1989, Volume 8, Number 6" (1989). *Substance Abuse and Mental Health Services Documents*. Paper 7.
http://digitalmaine.com/osamhs_docs/7

This Text is brought to you for free and open access by the Health & Human Services at Maine State Documents. It has been accepted for inclusion in Substance Abuse and Mental Health Services Documents by an authorized administrator of Maine State Documents. For more information, please contact statedocs@maine.gov.

John R. McKernan, Jr., Governor

Ronald S. Welch, Acting Commissioner

GOVERNOR
NAMES GLOVER
COMMISSIONER

Number 6

Volume 8

1989
MAINE DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

REPORT

AMHI WINS ACCREDITATION

STAFF:

Ronald S. Welch
Associate Commissioner
for Programs

Ralph Lowe, Editor
Director
Information & Public Affairs

Jane Morrison Bubar
Associate Editor

Jane Malinowski
Clerk Typist II
Text Preparation

NON-DISCRIMINATION NOTICE

In accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000d et seq.) and 45 C.F.R. Part 80, Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794) and 45 C.F.R. Part 84, the Age Discrimination Act of 1975, as amended (42 U.S.C. §6101 et seq.) and 45 C.F.R. Part 91, the Maine Human Rights Act (5 MRSA §4551 et seq.), and Title IX of the Education Amendments of 1972, the Maine Department of Mental Health and Mental Retardation does not discriminate on the basis of sex, race, color, national origin, handicap or age in admission or access to or treatment or employment in its programs or activities. Our Department's Affirmative Action Officer coordinates our efforts to comply with the U.S. Department of Health and Human Services regulations and the U.S. Department of Education implementing these federal laws. Inquiries concerning the application of these regulations and our grievance procedures for resolution of complaints alleging discrimination may be referred to our Affirmative Action Officer, State House Station #40, Augusta, Maine 04333, telephone number: (207) 289-4289 (Voice) or (207) 289-2000 (TDD), or to the Assistant Secretary of the Office of Civil Rights, Washington, D.C.

Volume 8

1989

Number 6

MAINE DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

REPORT

(EDITOR'S NOTE: As this issue went to press, the Maine Senate had voted unanimously to confirm Dr. Robert Glover as Commissioner of the Maine Department of Mental Health and Mental Retardation. Dr. Glover is expected to take over the reins by mid-January.)

IN THIS ISSUE:

Glover Appointed	3
AMHI Accredited	5
Honors & Openings	6
What Families Want! Conference	8
Herb Lovett Conference	10
Pineland Consent Decree Hearings	11
Mental Illness Awareness Week	12
Profiles on Programs	14
F.A.D.E. Update	15
Reprints of Relevance	16
Viewpoint	18
Sweep Away Stigma Update	20
From B.M.H.I.	21
Guest Column	24
Briefly	26
Pooled Trust Fund	27
Community Mental Health Forums	28
Regional Review:	
BCSN Region III	31
Systemwide	34
Seasonal Reflections	32

On the cover:
Robert W. Glover, newly appointed commissioner.
Photo by Central Photo Services
AMHI Stone Building. Photo by Peter Swartz

Printed Under Appropriation # 1340.1020



Robert W. Glover

Photo by Central Photo Services

STATEMENT BY GOVERNOR JOHN R. MCKERNAN, JR.

October 23, 1989

Dr. Robert W. Glover Appointed New Commissioner

Maine Governor John McKernan announced today that he will nominate Dr. Robert W. Glover of Philadelphia, Pennsylvania, to be the new Commissioner of the Department of Mental Health and Retardation.

Dr. Glover, 45, has served as the City of Philadelphia's Deputy Health Commissioner for the Office of Mental Health/Mental Retardation since April, 1988.

Prior to holding that position, he headed all state mental health programs for the State of Colorado from 1980 to 1988, as the Director of that state's Division of Mental Health, based in Denver.

In Colorado, he was responsible for managing state mental health programs budgeted in excess of \$100 million and employing approximately 1,800 employees.

Glover, who holds a Ph.D. in Clinical Psychology and is a Licensed Psychologist, replaces Susan Parker, who left the Commissioner's post in mid-October to assume a position in the Bush Administration in Washington, D.C.

The Governor lauded Glover as "an exceptionally well-qualified professional" with the background and experience to be a strong leader for Maine's mental health and mental retardation efforts.

"Bob Glover has the strong management background I wanted for our top mental health and mental retardation post. In Philadelphia and in Colorado, he had responsibility for delivering the full range of mental health and retardation services, and directed large staffs and millions of dollars in resources. We are fortunate to have attracted a well-qualified, proven professional like Dr. Glover to Maine. I see his nomination as another boost for our state's mental retardation and mental health efforts," he said.

Glover, an Ohio native, received his Masters Degree from Ohio State University in Columbus, Ohio, in 1968. He received his doctorate from Ohio State in 1974.

As Deputy Health Commissioner in Philadelphia, Glover managed a central office of 150 persons and a budget in excess of \$178 million.

His office also managed contracts to over ninety mental health and mental retardation service providers, offering programs to over 60,000 individuals.

Prior to working in Colorado, Glover served as Administrator of the Division of Community Rehabilitation for the Idaho Department of Health and Welfare in Boise, Idaho, from 1976 to 1980.

From 1974 to 1976, he was Assistant Commissioner in the Division of Mental Health for the State of Ohio, and was Division Chief of the Office of Program Evaluation and Research for the Ohio Department of Mental Health and Retardation from 1972-1974.

He has also served as an Assistant Clinical Professor in the Department of Psychiatry at the Colorado School of Medicine.

He spent two years in the late 1960's as a Peace Corps volunteer in Libya, North Africa.

Glover is a Past President of the Board of Directors of the National Association of State Mental Health Program Directors, as well as that organization's Research Institute.

He has been affiliated with the National Institutes of Mental Health (NIMH) in numerous capacities, including Past Chairman of the organization's Mental Health Statistics Improvement Committee and its Advisory Panel on a Privatization Study of Mental Health Facilities.

He is also a member of the Robert Wood Johnson Foundation National Advisory Committee for the Program for the Chronically Mentally Ill.

Dr. Glover and his wife Susan, who is a school teacher, have two children.

The Governor said he would formally post Dr. Glover for the Commissioner's job early next week. He said he hoped to have his nomination reviewed by the Legislature's Human Resources Committee and confirmed by the Maine State Senate by early December.

Pending confirmation, the Governor said it was probable that Glover would assume his position on a full-time basis in January, 1990. His salary will be set at \$68,619.

State of Maine
OFFICE OF THE GOVERNOR
October 12, 1989

AMHI WINS HOSPITAL ACCREDITATION

The Augusta Mental Health Institute has won hospital accreditation for another three years, Maine Governor John McKernan announced today.

The Governor said that officials representing the Joint Commission on the Accreditation of Health Care Organizations (JCAHO) had notified state mental health officials of their decision to extend the hospital's accreditation for the three year period. AMHI Superintendent William Meyer received official word of the decision in a letter dated October 6, but received today.

Governor McKernan called news of the decision "a solid boost" for the state's largest institution for the mentally ill. "We have been working steadily to improve conditions at AMHI. Accreditation by JCAHO is clear recognition of those efforts," he said.

The favorable action was approved by the Board of Commissioners of JCAHO after reviewing relevant materials and after interviews with Commissioner Parker and AMHI staff over the last several months. The accreditation will mean that Maine will continue to receive nearly \$3 million in state General Fund monies from health insurance reimbursements. Those reimbursements were in jeopardy over the last six months after an earlier survey of AMHI by JCAHO indicated that improvements were needed in the delivery of patient care.

Outgoing State Mental Health Commissioner Susan Parker heralded the JCAHO decision as "an indication that we have turned another corner in restoring AMHI's reputation in the area of patient care." "Progress at AMHI has been slow, but steady. The commitment and resources that the Governor and Legislature have dedicated to AMHI of late clearly helped us convince JCAHO that improvements are being made. And the new leadership we have brought in, in the form of Superintendent Bill Meyer, will help continue that progress," she said.

AMHI has engaged in extensive reorganization, physical plant improvements, quality assurance plans for delivery of quality treatment, staff increases, and major funding increases as part of the effort to maintain its accreditation and improve patient care.

JCAHO is a private, non-profit organization whose primary purpose is to promote high quality health care in hospitals and psychiatric facilities. Its standards establish optimal achievable goals of excellence.

HONORS &

The Department and Friends Say FAREWELL TO BETSY

Friday, October 13, was an evening of mixed emotions for the one hundred people who gathered at the Senator Inn in Augusta to bid farewell to Betsy J. Davenport. Bets, as she is known to many who have worked with her in the seventeen years she has served people with mental retardation and other developmental disabilities, resigned as Director of the Bureau of Mental Retardation, effective that date.

Having worked at Pineland, in a regional office and as the Field Operations Officer in Central Office, Bets became the Bureau Director three and a half years ago. During that over three year period, the client caseload of the Bureau has increased by more than a third. The Committee on Transition (COT) was established during that period and Davenport has chaired that group for the last two years. She has also been active on the Governor's Supported Employment Commission and as a member of the Developmental Disabilities Council.

Bets was, with the late Bill Twarog, the spirit behind the "Plan for People," a five-year plan of services and supports for people with mental retardation and autism which was developed by a large task force of public and private service providers and parents.



Acting Commissioner Ron Welch presents Davenport a framed certificate of appreciation.



Some of the many Bureau of Mental Retardation staff who attended were (left to right) Linda Capano, April Wisutskie, Krishan Verma, all of Region IV.

A voucher program for young adults with mental retardation and autism who live at home or in unsubsidized foster care and who are unable to obtain needed services from any other source benefited from Davenport's innovative and persistent advocacy for such a consumer-controlled program.

"For Families and Friends," a quarterly newsletter for correspondents, families and volunteers, is another of Bets' attempts to reach out to the broad constituency of concern; and her desire to develop collaborative relationships between state agency people and private providers has recently begun to bear fruit.

The presenting emotions that night were regret, both personal and professional, at the loss of Betsy J. Davenport and joy in new beginnings for a woman who has been dedicated to people with mental retardation and autism.

Friends and colleagues presented Bets with a framed certificate, an L.L. Bean gift certificate, cash, and an engraved plaque.

Carleen Cote arranged the party with the help of Linda Pierce and Aileen Stasulis.

Text and Photos by Jane Bubar

OPENINGS

SHEILA SEEKINS NEW AMHI CHAPLAIN

On October 24, 1989, Augusta Mental Health Institute and the Diocese of Portland, Maine, formally welcomed Sheila Seekins as Catholic Chaplain in a service of installation and reception.

Chaplain Seekins comes to the appointment well qualified through education, life and work experience.

She began studies at the University of Maine in animal science. After a few years of school, she graduated from the University of Southern Maine with a B.S. in Nursing.

Concurrent with her senior year in nursing she lived in a monastic house of prayer, where communal life was structured around the Liturgy of the Hours.

During the years following graduation Ms. Seekins worked in a variety of health care settings, including geriatrics, community health, medical, and inpatient psychiatry.

In 1984 she moved to Seattle to pursue ministry formation at Seattle University and received a Master of Pastoral Ministry.

During the past four years Ms. Seekins worked as Catholic Chaplain for the Archdiocese of Seattle. She participated in a team of chaplains responsible for ministry to Catholics in four major Seattle Hospitals, first as an assistant to a priest, later as the first full time lay chaplain on the team, and then as coordinator of the team.

She reports that "being a first calls for meeting major challenges and making changes in traditions." As she developed the experience and role of lay chaplain, she added coordinator responsibilities, including an intern program with Seattle University, assuring annual retreat time for the team, providing opportunities for peer support and team development.

While attending to these team and program concerns she continued to provide care at her assigned hospital, a county facility that cares for the under and uninsured and also serves as the tertiary trauma center for the Northwest.

When Ms. Seekins began her ministry in Seattle, she found frequent requests from patients for devotional materials.

When a search of local bookstores revealed unsuitable booklets, she published her own. *Images for the Journey* has been used in two Seattle hospitals and by several chaplains in the Northwest.

One woman reported, "using this book helped me to not choose suicide."



Welcoming Ms. Seekins to AMHI were Scott Dow, Protestant Chaplain, and Bishop W. Proulx.

Professional competency and developing new skills continues to be a priority for Ms. Seekins. She is a member of the National Association of Catholic Chaplains and has interviewed for Chaplain Certification with the Association.

When she notices skills or knowledge that need expanding she seeks out courses and readings and the wisdom of others.

Two years ago she participated in advanced ministry supervision at Seattle University and last summer studied canon law.

One of her dreams is to earn a Doctorate of Ministry in Pastoral Counseling during the next few years.

Ms. Seekins reports "I am delighted to return to Maine. And I am excited about this position at AMHI. I have an opportunity to use all of my skills—in psychiatry, liturgy, pastoral care and counseling and to develop new ones. I can also celebrate my interest in taking on big challenges that require creativity, risk, and teamwork. One of my earliest memories from childhood is of the call to 'be at prayer in the heart of the church.' Being present at AMHI in tears and laughter, in play and work, with the tremendous diversity here, is what this childhood vision is all about."

“I Want to Challenge Your Way



Barbara Huff greets the youngest conference attendee.

“What Families Want!” was a two-day conference for families and professionals who work with children with emotional-behavioral special needs. Sponsored by the Bureau of Children with Special Needs, the November 2nd and 3rd sessions were held at the Sonesta Hotel in Portland. Over 130 people attended.

Barbara Huff, the parent of a young adult with emotional disturbance, travelled from Kansas to energize Maine parents and to talk about the new national organization of which she is a founder. The Federation for Families of Children with Mental Health Problems is a network formed to provide support and advocacy for those families.

Huff spent the first conference day getting to know Maine families and the climate which surrounds the services provided to them and to their children with emotional-behavioral special needs. She keynoted the second day and facilitated two workshops, “Diagnosis, Labeling, Stigma and Blame” and “Getting Organized-Training for Parents.”

Beginning her keynote with a brief autobiography, Huff talked about the identification of her daughter’s problems, the dissolution of her marriage (“Marriages just don’t survive that kind of stress easily.”), the financial implications of intense mental health service needs, and the notion that “our kids are real targets for drugs.”

She then challenged the professionals in attendance about their way of “thinking about families,” dividing her challenges into three major categories.

First, said Huff, “I have seen a pattern in professionals over the years. You deal with crisis and we (parents in crisis situations) don’t listen as carefully as we should.” Professionals, and parents themselves, place blame on families, she declared; and “blame is a tremendous barrier.”

She detests the word “dysfunctional” when it is used to label families because it is a “judgmental and blaming kind of word.” Huff told the professionals that they “need to view families as the solution and not the problem.” It’s a “novel idea” to some professionals that families “might actually want their children.”

Huff’s second point was that, “All families are unique.” Professionals “categorize as though everybody needs it and everybody uses it,” she said. We “can’t begin to do this (meet the unique needs of individuals and families) when we haven’t done the rest, but you can’t individualize except all at once.”

Professionals need to make a commitment to individual, unique services and ways of delivering those services, she believes.

“Families need respect.” Huff’s third challenge reflects her belief that professionals do not allow families “to live any kind of life with any kind of dignity. We (families) don’t wake up in the morning and say, ‘I think I’ll screw up my kid today,’” Huff joked.

There’s great variance among professionals in how much they “respect our part on the treatment team,” she said. “We’ve watched them (our children) all come and go. We are the experts. I’m the only person who’s watched this kid from one through twenty.”

“You need to support our various levels of involvement, our various levels of need,” Huff advised professionals. There are “competing responsibilities in families” which deal with “a multitude of things.” To illustrate the variances in involvement, Huff reflected on the differences between her life in a large city in Kansas where no one will care if her car is parked outside a mental health clinic and the lives of families in rural Maine where everyone in town may recognize the vehicle. There is stigma attached to mental health services.

“What’s wrong with you all getting in the car and driving those four hours to get to the house?” Huff asked, suggesting that for a family to regularly make a long trip for services is unfair and may reflect a lack of investment on the part of professionals who do not take their services to the family.

“I’ve not seen a more collaborative group in one place than I’ve seen today,” Huff said. Maine has a “good foundation here, a better foundation than any state I’ve ever been in.” She was puzzled, however, by the reticence of Maine parents to speak publically about their children

of Thinking About Families” *Barbara Huff*



At Thursday's press conference Barbara Huff, BCSN Director Robert Durgan, Charlene Milliken of Mainely Families, and Jane Knitzer answer questions from media representatives.

with mental health needs, attributing that unusually strong reserve partly to the rural nature of the state.

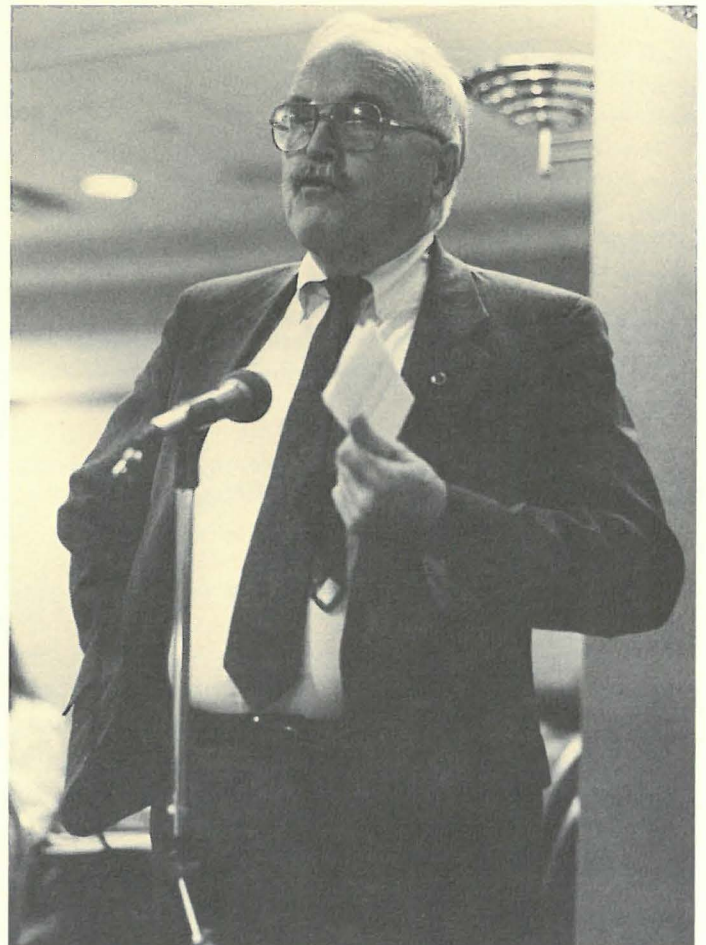
Jane Knitzer, who has completed a national study of school programs for children and youth who have emotional and behavioral handicaps, keyed the first conference day and also conducted a workshop on model educational programs.

An energizing end to the first day was a "Town Meeting." Conference participants voiced their issues and concerns before a panel of State Legislators. Representatives Christine Burke, Jean Dellert, Judith Foss, and Peter Manning, and Senator Joseph Brannigan listened and offered comments to the assembly.

Other conference presentors included Charles Bliss, Vermont Department of Mental Health, on communication between parent and child; Linda Hertell, Family Support Consultant with the Bureau of Mental Health, who discussed how families might deal with the system; Jane Weil, Chair of the Advisory Committee on Children with Special Needs, who led a group in formulating a legislative agenda; and Deborah Guimont, Executive Director of the Maine Parent Federation, moderating a panel on the types of parent support groups available in Maine.

"What Families Want!" was coordinated by C.A.R.E.S., Inc. and was planned in cooperation with York County Parent Awareness, Parents Coping Together, Mainely Families, the Maine Parent Federation, the Department of Educational and Cultural Services and the Spurwink Foundation.

*by Jane Bubar
Associate Editor*



A parent from the Bangor area explains the needs of families to legislators during the "Town Meeting."

Photos by Jane Bubar

HERB LOVETT CONFERENCE

STRATEGIES FOR POSITIVE APPROACHES TO CHALLENGING BEHAVIORS

“Our job is to figure out what people need and get it to them.”

Herb Lovett

As a follow-up event to a three-day conference last year, Herb Lovett, Ph.D., psychologist and behavior management specialist from Boston, made a return visit to Maine to provide three days of training.

The sessions were held in Bangor on October 25, in Augusta on October 26, and in Freeport on October 27 to audiences comprised of parents, residential care staff, day programming staff, case managers, respite providers and Bureau of Mental Retardation administrators.

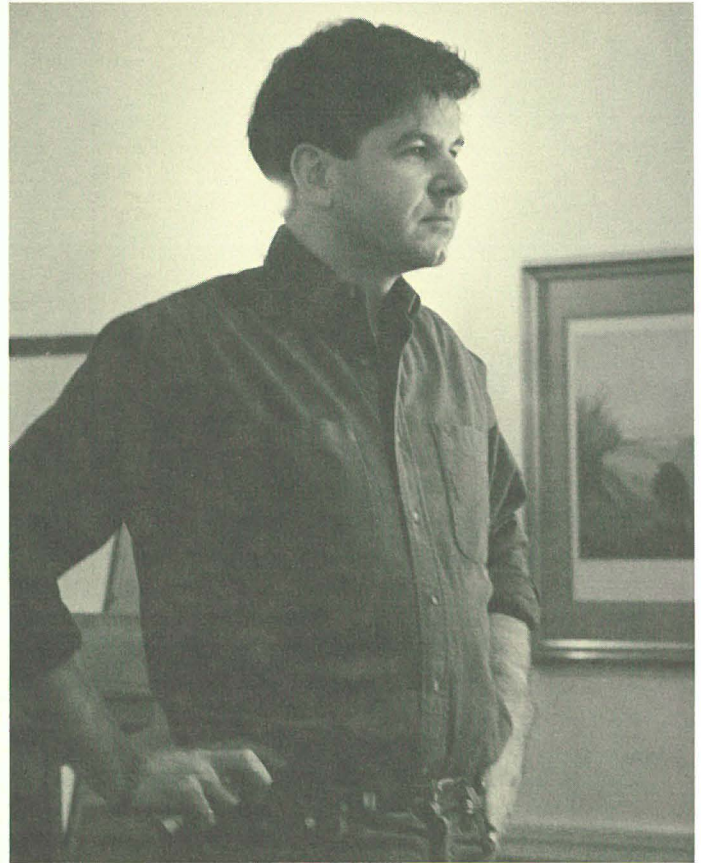
The focus of the message was to treat those people who live and work in Bureau of Mental Retardation programs and group homes as complete people needing full and satisfying lives. What is often seen as maladaptive behavior can sometimes be a response to unmet needs in another area of that person's life. Challenging behaviors can be read by sensitive staff as a statement of need, rather than a “behavior” that needs to be “fixed.”

Looking at a client's or resident's complete life can often shed light on why that person behaves a certain way. A complete life for clients and residents, as for all of us, consists of creative outlets, satisfying meaningful work, personal successes, some choice and control over their own lives, and the chance to make friends outside of their programs.

A great effort was made to avoid jargon and labelling of both people and behaviors, and to look at situations with “new eyes.” The morning sessions were spent listing behaviors that conference attendees found challenging and, together, participants puzzled out what unmet need could lie behind each one.

If a client is perceived as “defiant,” rather than staff attempting to subdue him or her, a more positive approach is to offer something different and a sense of power in his or her life.

If a client is sad, he or she may need some empathy, “permission” to be sad, and time to let the sadness run its course.



Herb Lovett

If a client is “helpless,” someone who depends on the client may bring out hidden strengths that the client didn't know he or she had.

Afternoon sessions were opportunities to share experiences around difficult behaviors, to develop positive insights into causes, and to brainstorm possible solutions.

Innovative possible solutions were often surprisingly simple answers to what looked like complicated problems: taking the time to go for a long walk to discuss feelings and problems, frequenting a coffee shop or bowling league to meet new people, matching the job to the person's personality and work style.

The three days of workshops were coordinated by Kathryn Cook, BMR Quality Assurance Director. Friday's session was interpreted into American Sign Language for deaf service providers.

Lovett's new book is entitled *Cognitive Counseling and Persons with Special Needs* and is published by Praeger, New York.

*Text and Photo by Meryl Troop
Deaf Services Coordinator
Bureau of Mental Health
(a conference participant)*

PINELAND CONSENT DECREE HEARINGS

In 1975 the then Department of Mental Health and Corrections was sued on behalf of nine persons residing at Pineland Center. The principle thrust of the suit was that persons residing at Pineland had a right to treatment. Those nine persons named in the suit represented all the residents thereafter named or referred to as class members.

The suit was different from other such legal action because the right for services included community-based as well as treatment provided at Pineland. The portion of the lawsuit addressing Pineland was referred to as Appendix A, and that portion addressing the community as Appendix B. Each listed numerous standards that needed to be met in order to meet the needs of the members of the class.

In 1978 the Department of Mental Health and Corrections, representing the State of Maine, agreed to the conditions stipulated in Appendix A and Appendix B. This agreement is referred to as the Pineland Consent Decree. A Court Master was appointed to oversee the implementation of the Decree standards.

In 1981 Pineland Center was released from court monitoring. The community side was released in 1983. The reason for this release was an assessment that overall compliance with the standards had been met.

The Consent Decree established an independent community group to continue monitoring the Decree and to assist individual members of the class with their grievances. This group is the Consumer Advisory Board (CAB).

The Decree also provides for the CAB to sponsor annually, if necessary, public forums in order to ascertain the Department's compliance with the standards. These forums are sponsored by the Chair of the CAB, the Commissioner of the Department, and a third member mutually selected by the CAB and the Commissioner.

Minutes of these meetings are taken and shared with all who attend. The information gathered from these

hearings becomes the basis of a plan for correction. Plans in the past have included experts from other states evaluating and recommending changes in the manner in which services are provided.

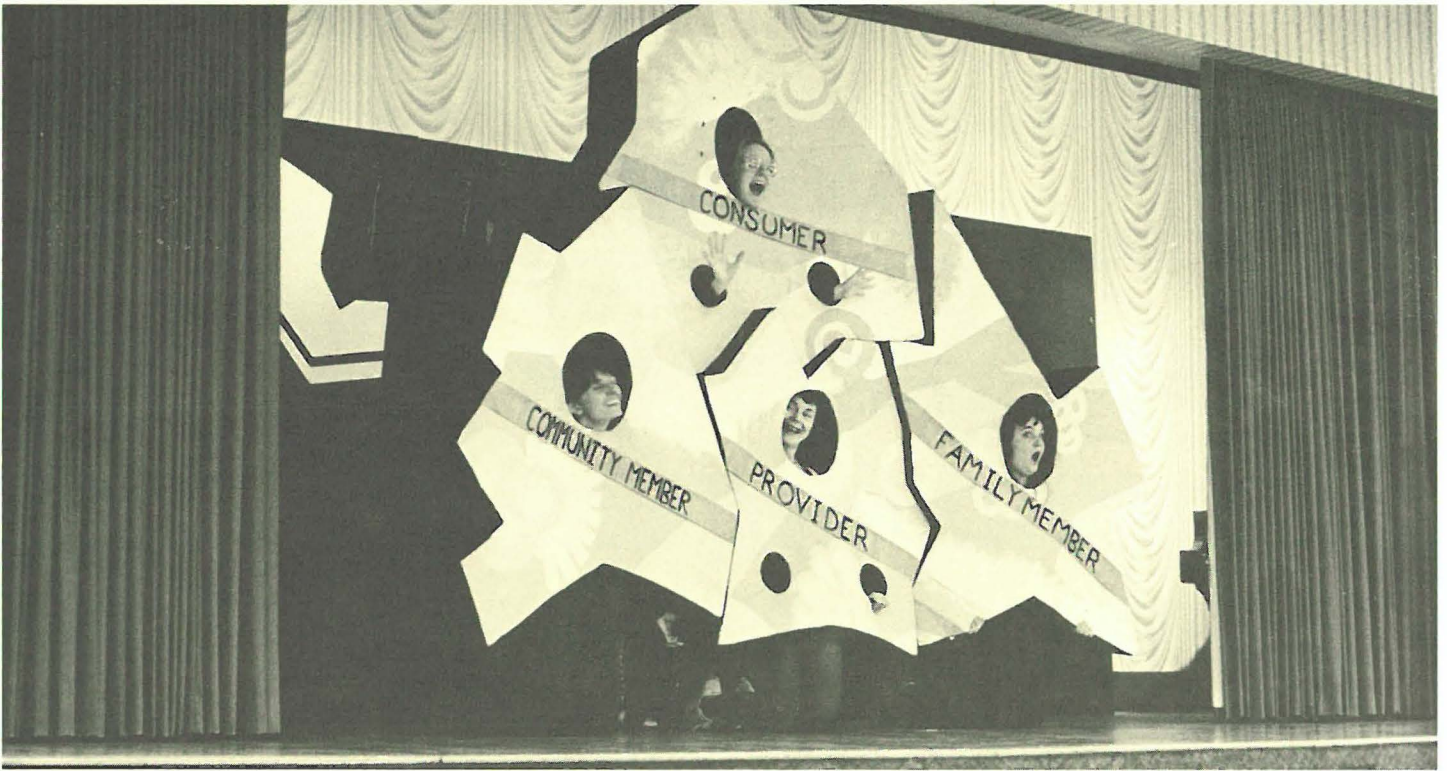
Nine public forums were held during the month of October 1989. Over 360 people attended, many providing testimony. Though each forum identified particular concerns, several issues were consistent across the state. These were

- RESIDENTIAL SERVICES, the lack of apartments, supervised apartments, group homes, homes to help adult children transition from their parents home to their own;
- DAY SERVICES, concerns about the lack of adult programs for students graduating from schools, employment options such as supported work;
- RESPITE CARE, the ability for families to obtain a break from the ongoing care, and the need for more flexibility in the programs;
- FINANCIAL, the availability of money to provide the needed services, and to allow new people to be referred for services, the ability to pay staff a decent wage;
- PARENT ADVOCACY, a lack of an organized group of parents to replicate the services once provided by the Associations for Retarded Citizens;
- MEDICAL/DENTAL, a lack of willing medical and dental professionals to address the needs of persons with mental retardation and autism.

Copies of Appendix A, Appendix B and minutes of all nine public forums can be obtained by calling or writing the Bureau of Mental Retardation State House Station #40, Augusta, Maine 04333, 289-4242. Please direct your request to Roger Deshaies, Acting Director.

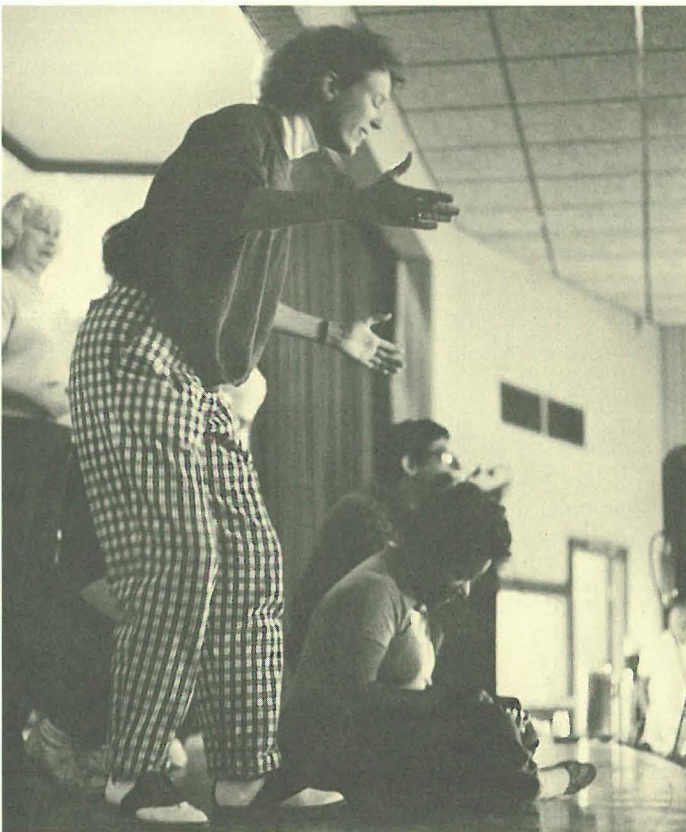
*By Roger Deshaies
Acting Director
Bureau of Mental Retardation*

MENTAL ILLNESS



The Second Step Players fit together pieces of the service puzzle.

Photo by Jane Bubar



The Players engage the audience in a skit.

Photo by Jane Bubar

In Observance of Mental Illness Awareness Week the Joint Planning Committee of Kennebec and Somerset Counties, in cooperation with the Bureau of Mental Health, co-sponsored, with the Augusta Alliance for the Mentally Ill and the Mid Maine Alliance for the Mentally Ill, an all day multi-media educational fair attended by well over three hundred people at Le Club Calumet in Augusta.

Twenty-three organizations and agencies purchased table space to distribute literature and explain their programs.

The Second Step Players, a theater group from Norwich, Conn., did a one hour show using mime, satire and comedy to emphasize the importance of providers sharing responsibility with consumers to make systems work. The Second Step Players is made up of people who have had some type of experience in the mental health system, and most of the actors and actresses have at one time been hospitalized.

Lelia Batten of the Portland Coalition for the Psychiatrically Labelled did a presentation on stigma using a slide projector and audio tape especially designed for the large audience. Lelia also answered questions from the audience.

AWARENESS WEEK



Awareness Day co-chairs were Albert McLellan, BMH, and Marc Sirois, LCSW, Kennebec Valley Mental Health Center. Photo by Peter Ezzy

Robert J. Harper, Director, Bureau of Mental Health, and Malcolm Wilson, Board Member of the National Alliance for the Mentally Ill, addressed the assembly. Harper spoke about the challenges, political and financial, facing those who receive or provide mental health services. He informed the audience about initiatives by the Bureau to fight mental illness.

Wilson gave a presentation about local family alliance efforts to provide support to members and the national and local alliances' efforts to advocate for change. Mal, as most people know him, is well known to families in Maine. He lives in Sidney with his wife Barbara and has a building named after him at his alma mater, Colby College.

The Joint Planning Committee is comprised of representatives from most of the providing organizations and agencies in Kennebec and Somerset counties. To meet the substantial costs for the event, the committee raised money through gifts, selling table space, and corporate donations from Ardito's Restaurant, the Gardiner Savings Institution, LaVerdiere's Super Drug Stores, the Waterville Rotary Club, Central Maine Power Company and Cianbro Corporation.

The Joint Planning Committee was so impressed by the response to this year's event that it is making plans to have a similar event next year during Mental Illness Awareness Week. Co-chairs of the event were Albert McLellan of Community Support Services, Bureau of Mental Health, and Marc Sirois, LCSW, Kennebec Valley Mental Health Center's Psychiatric Unit, Mid-Maine Medical Center.

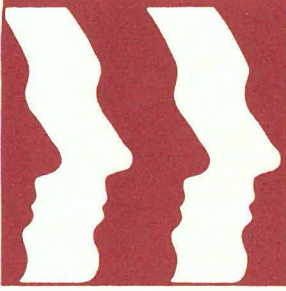
If you would like to participate in the planning of Mental Illness Awareness Week, please contact Ms. Alice Gay, RN, President, Joint Planning Committee, KVRHA, 75 Sewall Street, Augusta, Maine.

by Albert McLellan
Bureau of Mental Health



The Second Step Players head out for some "fun" with "The Staff Person from Hell."

Photo by Peter Ezzy



PROFILES ON PROGRAMS

STATEWIDE TRAINING IN EARLY INTERVENTION

The Department of Mental Health and Mental Retardation has been awarded a three year grant of \$400,376 by the Federal Department of Education to carry out statewide training in early intervention.

This project, which is a cooperative effort between Maine's Bureau of Children with Special Needs and the University of Southern Maine, proposes to implement a series of successful models for serving birth to five year old children with handicaps and their families by linking national experts with state level specialists and assisting programs in replicating these proven practices through the State's system.

The practices that will be the focus of training through this project include programming strategies, family-focused intervention, and team assessment.

Professionals and parents will convene at local sites to take part in Institutes through the University's statewide Interactive Television (ITV) system.

Following each Institute the project will provide consultation and technical assistance and coordinate in-service training using the expertise of Maine's specialists to adjust selected models to local target side needs.

The project will accomplish several objectives:

- Replicate three proven models in programming strategies, family-focused interventions and team assessment in nine target sites within Maine's birth-to-five comprehensive service delivery system for children with handicaps.
- Demonstrate a statewide outreach mechanism for Maine's birth-to-five service delivery system in collaboration with the state's lead agency, the Interdepartmental Coordinating Committee for Preschool Handicapped Children.
- Identify, select and train Maine specialists in conjunction with the three designated proven models to assist and work with the target replication sites to improve infant and early childhood intervention services.
- Develop and disseminate a repertoire of outreach products, resources and specialized training to be used by policymakers, administrators, service providers and consumers to enhance early childhood educational opportunities for birth-to-five children.

For more information call John Hornstein, Infant Development Center at 879-4126.

*By John Hornstein
Director, Infant Development Center*

F.A.D.E. Update

"It Takes Two to Make a Better One" **Public Awareness Campaign**

Emphasizing the mutual responsibility, shared by marital partners, to protect the unborn baby during pregnancy from fetal alcohol and drug effects is the focus of a new statewide campaign developed by the Maine Department of Mental Health and Mental Retardation.

The public awareness initiative is based on the theme: "It Takes Two to Make a Better One, Help Your Mate Stop Drinking During Pregnancy." The slogan maintains the husband has an equal obligation in avoiding alcoholic intake prior to and during pregnancy, alcohol having been linked as a causal factor of a variety of birth defects, including mental retardation.

The launching of the public awareness effort is being timed to coincide with the Federal requirement for mandatory warning labels on all alcoholic beverages which caution against drinking during pregnancy. The warning label mandate is now in effect.

The Department initiatives include public service announcements in the media, the distribution of bumper stickers and brochures, and the submission of legislation at the upcoming session of the 114th Maine Legislature. The bill will require that all couples, registering for a marriage license, receive an informational piece detailing the dangers associated with fetal alcohol and drug effects.

The Office of Substance Abuse Services within the Maine Department of Mental Health and Mental Retardation has joined with a number of state and private providers to create the F.A.D.E. Prevention Team, a group of individuals committed to the prevention of fetal alcohol and drug effects through education, information sharing and advocacy.

T.V. Public Service Announcement: *"It Takes Two To Make A Better One"* 30 sec.

VIDEO

Tight shot of a pregnant woman, her hands gently patting her enceinte area.

The camera pulls back showing her comfortably seated in a well-padded chair, her feet up on a hassock.

Her husband enters, a large, full wine goblet in his hand. He offers it to her.

She throws her hands up to reject the drink, vigorously nodding her head in the negative.

The husband smiles and brings a bottle out from behind his back. The camera zooms in tightly on the label: ginger ale.

Full screen caption:

IT TAKES TWO TO MAKE A BETTER ONE
Help your mate stop drinking during pregnancy.

For more information:
Call: 289-4200
Maine Department of Mental Health
and Mental Retardation

AUDIO

(Voice Over)

Major health problems can be caused by drinking during pregnancy.

The risks can range from lower I.Q.s to mental retardation.

Refraining from alcohol intake before and during pregnancy is the best safeguard for your unborn baby.

But it takes a team effort to stop drinking.

Life begins with two parents.

Two have equal responsibility in restraining the use of alcohol.

It takes two to make a better one.

Reprints of Relevance

A SOMETIME ADVERSARY

Maine law requires that advocates within the Office of Advocacy “investigate the claims and grievances of clients” and to “advocate on behalf of clients” for compliance with all laws, rules, and policies “relating to the rights and dignity of clients.”

Thus we in the Office of Advocacy represent clients. We do not represent administrators, nurses, workers, or others.

We certainly are not averse to working in cooperation with administrators, workers, and others who are charged with the difficult task of running AMHI.

In fact, as long as the rights of clients are not compromised, we prefer to work “within the system.” But our duty, under our enabling statute, is to represent clients.

There are times when there is no alternative to being “adversarial” because we will not compromise the duty entrusted to us by the statute.

In pressuring those who operate the hospital to uphold the rights and dignity of patients there, Mr. Ward is not “misinterpreting the role of patient advocate.” He is doing precisely what the law requires him to do.

In recent years it has been all too

common to have a patient die unnecessarily while at AMHI. The Office of Advocacy is entrusted with the duty of investigating those situations. Obviously, an important part of those investigations is to do a thorough review of the patient’s written record.

The law gives the patient advocate full access to all files and records of the institution. The issue is not whether the patient advocate has access, but instead where that access shall be exercised by the advocate.

Past practice at AMHI, BMHI, and Pineland has always been that the advocate may remove a patient record from a patient area and do work involving that record in the privacy of the advocate’s office. The advocate would sign out the record—so that if anyone needed the record it could be located and if someone needed to make an entry in the record the advocate would return it as soon as possible. This system has worked at all three state institutions for years, with no friction.

The ability to remove records from the wards is also a matter of efficient use of the advocate’s time. Some investigations, particularly those dealing with possible medical

and psychiatric neglect, are very complicated. It is not simply a matter of running onto the ward and checking a few facts. Reference materials such as medical dictionaries, drug compendiums and the like are crucial. The advocate needs to study the record intensively, away from interruptions.

Compounding the problem is that strange things tend to happen to patient records after the occurrence of an “untoward happening,” as they are sometimes called, and the advocate needs to very carefully correlate entries into the record. It would be impossible for the advocate to do an adequate job of investigating the case if the record review had to be conducted on the ward.

In the specific case referred to in your editorial, Mr. Ward took the chart of a woman who had committed suicide while at AMHI several days before. It is extremely difficult to imagine any reason why the chart was needed by the woman’s treaters at the time Ward had it.

What conceivable purpose could they have for wanting the chart, other than to impede the investigation which the advocate is mandated by statute to do?



This was not a case of a "reasonable request that patient charts stay on the ward." This was damage control: an attempt by the institution to control the flow of information that ordinarily has always gone to the advocate, so that information potentially detrimental to the institution is kept safe within the institute.

One can easily see how politically sensitive this particular case is. For even after our state government has created hundreds of new positions at AMHI and poured millions of dollars into the institution, there occurred an egregious series of foul-ups which resulted in another tragic and unnecessary death at AMHI.

The case is indicative of systematic problems which still plague AMHI. So the reasons why certain people would have an interest in keeping information about that death to themselves is obvious.

The Legislature decided in 1975 when it established the Office of Advocacy that the office had to be independent of the institutions. Each advocate is specifically mandated by law to report to the chief advocate, not to the superintendent of the institution in which the advocate works. This was, and continues to be a very wise policy.

Bureaucracies, whether state in-

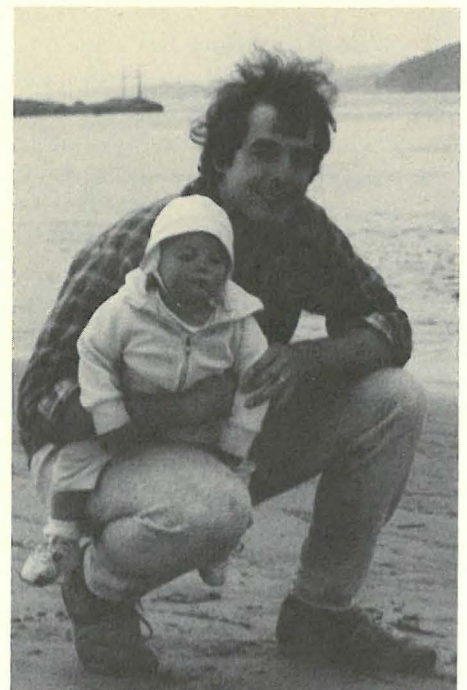
stitutions or not, try to bury their mistakes. They present to the outside world the facade that "all is well."

By not being part of the institutional hierarchy, the advocate is in a position to counter the bureaucratic tendency to bury problems. The advocate can make sure that problems are properly defined and addressed by powers that be, outside the institution.

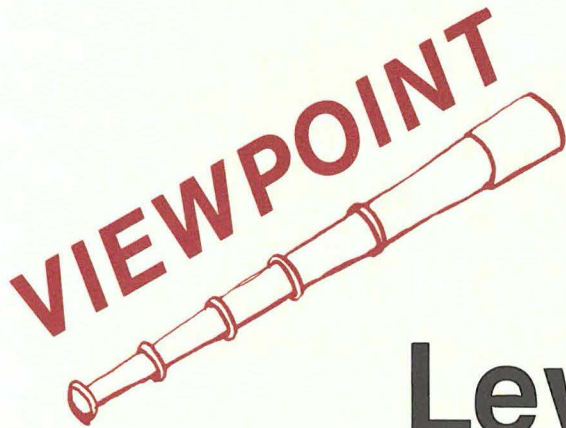
When problems are honestly identified and truly addressed, the system as a whole (as well as each client the system serves) benefits. At times the identification of problems is painful, and the process toward change and improvement is resisted.

Vigorous advocacy is at times adversarial, but that is a price that each institution, and, indeed, we as a society, should gladly be willing to pay to insure that our vulnerable people are accorded all the rights, dignity, and quality of service to which they are entitled.

*By Richard Estabrook
Chief Advocate
Maine Department Of Mental Health
and Mental Retardation
Courtesy Kennebec Journal*



*Richard and Kathryn Estabrook
Photo by Ann Havener*



Levinson Center Sees Questioning

Angela Farrell has served on the Human Rights Committee of the Elizabeth Levinson Center in Bangor "as long as it's been in existence," she reports. The Bangor attorney is also a member of the Board of Visitors of the Center. She is currently the chairperson of both groups. The REPORT talked with Farrell about her work with those groups and her commitment to children.

The Elizabeth Levinson Center, part of the Bureau of Children with Special Needs in the Department of Mental Health and Mental Retardation, provides evaluations, programming and training to children with mental retardation who are also medically fragile. Respite care is offered by the Center to families whose children with disabilities live at home.

Farrell, originally from New York, graduated from Loyola University in Baltimore and Suffolk Law School, Boston. In 1981 she became a law clerk with the Maine Supreme Judicial Court and in 1982 joined the Bangor law firm of Mitchell and Stearns.

Although she can't identify the origins of her commitment to children, particularly children who may not be able to or do not have a parent to advocate for them, Farrell demonstrates that commitment, not only in her volunteer work with the Levinson Center and United Cerebral Palsy of Northeastern Maine, but also as an attorney for children who have been abused and neglected, a specialty for which she is known in the Bangor area.

The role of the Board of Visitors of Elizabeth Levin-

son Center, according to Farrell, is to act "as a kind of overseer, to look at the Center in terms of the big picture. Whom does the Center serve? Why does it serve that population? Is there still a need for that service?"

"It wouldn't make sense (for the Center to provide a service) if there were only two people who needed that service," she asserts. The Board insures the "integrity" of the Center and that it "runs as it should" so that it does "the best that it can."

Farrell sees her own value to the Board in that she is not "part of the system." Many Board members are involved in one way or another in the system: they work for the Department of Mental Health and Mental Retardation; they have a child who is served by the Levinson Center; or they teach a child who is served there. "I am in no way connected and, as such, it may be easier for me to challenge someone on an issue without being concerned about the system," she says.

"I am not afraid to say what I think or express my opinions, as many people will tell you," Farrell told the REPORT. She thinks it important that there is someone on the Board who is free to raise issues and concerns.

The Levinson Center Board of Visitors hasn't had the pressures that some other advisory bodies have felt because, according to Farrell, the Levinson Center is "an outstanding facility." Its Board of Visitors has had "the luxury of dealing with issues that are not crises," and can, therefore, "thoroughly and completely discuss the issues, rather than make haphazard decisions.

Volunteer as Her Contribution

That's not to say we don't have some heated discussions and questions of where the Center is going," she confessed.

The Levinson Center Human Rights Committee is where she "spends most of my time," and she has been its chair for several years. "That Committee fits in with what I like to do," Farrell says. What she likes to do is insure individual rights, ascertain that a program is appropriate for a child and is in his or her best interest. As a member of the Rights Committee, she asks questions such as, "Could the program be less restrictive, less intrusive?"

"We don't purport to second guess the doctors who treat the children, but we do question carefully. We ask the questions a very concerned parent would ask," Farrell says. "Every single month you hear about that program, that medication. And the staff will get the information you need, bring in the experts who are actually providing the service, whether the experts are physical therapists, neurologists or psychologists."

"My number one concern is children and always has been," Farrell declares. "I think kids deserve somebody out there to speak out for them." Her rewards come from "knowing you've done something good for someone who cannot protect himself."

When asked what the greatest unmet need is for children with special needs, Farrell replied, "I will tell you two things. First, I feel very strongly about this: that Levinson continue to serve the medically fragile popula-

tion. It meets a need. Then there is a whole other group who are not being served and we need a statewide assessment for what I call this 'behavior group.'" There are two segments to this group as Farrell sees it, those children and adolescents who are violent or abusive to themselves or others and who often have other disabilities as well and those children and adolescents who are behaviorally out of control, who don't fit any place.

"These two groups probably can't be treated in the same facility," she says, "and we have no plans to appropriately serve them in the future." The out-of-state facilities where many of these children and adolescents must be placed are costly and take children away from their homes and families too.

What pleases Farrell is that, despite the unmet needs, "We do have some facilities that are doing well, like the Levinson Center." She wishes we were able to "do something as good for the other people, something up to the quality and standards we have at the Levinson Center."

"Many people outside the Bangor area don't know about Levinson Center," she declares. "They listen to all the troubles at the Augusta Mental Health Institute and, a few years ago, at Pineland." People also need to know about the successes of Elizabeth Levinson Center, Farrell believes.

*By Jane Bubar
Associate Editor*

SWEEP AWAY STIGMA UPDATE

This is the second of a series of radio/television public service announcements, produced through the agreement contracted between the Maine Association of Broadcasters and the Maine Department of Mental Health and Mental Retardation.

It has been distributed to the many broadcast members of the association throughout Maine and will be rotated with the previous message called "Spokes-

people."

The spot was produced by WGME-TV, Channel 13, in Portland. It was directed by Mark Diesner, filmed by Jack Suilinski and produced by Harry Kavouksorian.

The entire project is being coordinated by Michael Lawrence for the Maine Association of Broadcasters. Lawrence is station manager, WKZS/WJBQ, Lewiston-Auburn.

T.V./Radio Public Service Announcement: HOUSING AND STIGMA 30 sec.

VIDEO

Moving down a pleasant residential street, the viewer, as though from the passenger side of a car, sees a row of attractive houses.

Stops in front of a house in the row.

Cut to neighbor sweeping a nearby walkway.

Cut to persons coming out of front door. They are laughing, shopping bags on arms, as they come down walkway.

Slow pan of neighborhood from sidewalk opposite the house.

Caption:

HELP SWEEP AWAY STIGMA

Maine Department of Mental Health
and Mental Retardation

Maine Association of Broadcasters
Station ID

AUDIO

(Sound of car engine running smoothly)

Narrator: (Voice Over)

Driving through this nice, well-kept residential neighborhood is very inviting. Has a friendly feel about it. Nothing especially different as you look around.

(Sound of car stopping. Car door opening and closing.)

But there's something different about the house we're stopping in front of: it's a residence for persons recovering from mental illness.

What it's like living next to people with mental illness? Just ask a neighbor.

Neighbor:

I've enjoyed living across the street from this group. They've been very friendly, very outgoing and it's been a good experience for all the neighbors.

Narrator: (Voice Over)

*Treat yourself to a friend today.
Help sweep away stigma.
Be a neighbor who cares.*

THE THINGS WE DID LAST SUMMER



Super Senior Festival Photo by Thelma Andrews

Super Senior Festival, held in August was the biggest and best ever.

The weather was absolutely beautiful—sunny with a slight breeze in the afternoon.

Crowds of participants started pouring in at 9:00. Besides BMHI, Bangor Convalescent Center had the biggest attendance with 25, Brewer Convalescent Center took a third with 23, and James Taylor and Orono Nursing Home tied for 4th place with 13 in attendance.

Other area nursing homes that participated were Bangor City, Dexter, Stillwater Health Care, Finson Road Group Home and Sebasticook Valley Nursing Home.

The festivities opened with a flag raising by the VFW Cooties, a welcome address by Mr. Ted Yoder, and the sending off of helium balloons.

Some of the morning activities were three wheel bicycle race, walk/jog race, wheelchair race, the dunk tank and everyone's favorite, Old MacDonald's Farm race.

During the lunch hour the folks were escorted to the courtyard and seated at attractively decorated tables.

A delicious lunch was served. Participants were the first to choose from chicken, egg or ham salad sandwiches and a variety of cold drinks. Side dishes included brownies, chips and potato salad.

The afternoon was filled with lively entertainment by the Hardly Able Band, Penobscot Gymnastics Team, Top Hat Dancers II, Dancing Grammys, Professor Lu-D, Kris and Bubbles, two charming clowns, and the infamous Bruce Bowman and Gene Hoguet Duo.

Bonnie Turner, R.T., and Director of this fabulous event, ended the festivities by giving out ribbons to the top winners from the morning games. Each senior attending also received a participant ribbon.

Hats off to Bonnie Turner for her tremendous organizational skills, the BMHI Recreation Department, the Festival Planning Committee, and all those who volunteered. Whether entertainment, games, speaking or aiding a senior, it was a job well done.

If you are visiting a friend or family member in a nursing home, check the bulletin board for ribbons or ask them about the bright yellow festival shirts that they or a staff member may be wearing. I guarantee a smile will light up their face as they tell you about Super Senior Festival.

*by Mary Jane Allen
Chief of Volunteers
Bangor Mental Health Institute*



The Barely Able Band entertains.

Photo by Thelma Andrews

NEW OCCUPATIONAL THERAPY/ PHYSICAL THERAPY AREAS OPEN IN THE PROGRAM ON AGING AT B.M.H.I.

After years of dreaming and months of anticipation, the long-awaited dream became a reality as new program areas for Bangor Mental Health Institute's Program on Aging O.T. and P.T. Departments opened in early November.

The transformation of an unused institutional kitchen into bright, functional space has been remarkable.

The adjoining space consists of a spacious kitchen, dining room, living room, treatment room and office space for the O.T. department.

The P.T. department includes two treatment rooms, a spacious gym, a P.T. office, storage space, two shared lavatories and a laundry room. This project was part of recent renovations to several areas at B.M.H.I.

In the Program on Aging, the O.T. treatment focus is on assisting patients in achieving their highest level of functioning. This is accomplished through groups offered in an apartment-like setting with activities designed to meet the needs of the elderly individual.

This includes meal planning and preparation, socialization skills, work activities, remotivation, reality orientation, sensory awareness and community experiences.

All new admissions to the P.O.A. are assessed in the areas of perceptual-cognitive functioning, sensory-motor functioning, self-care and psychosocial skills to determine if O.T. is indicated.

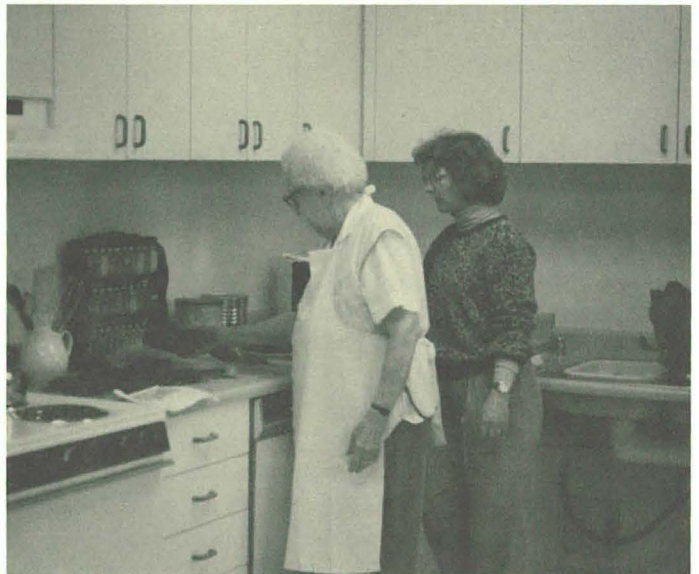
Another service provided by P.T. staff includes assessment and training in the use of adaptive equipment, assistive devices, splinting, and environmental assessment of architectural barriers.

The Physical Therapy Department provides a full range of traditional P.T. services to Program on Aging patients; whirlpool, hot packs, ultra-violet, functional assessment, evaluation, gait training and all forms of exercise as ordered by the physicians.

The P.T. department is open Monday through Friday and is staffed by a full time Certified Physical Therapy Assistant/Coordinator and a consultant Registered Physical Therapist.

For more information on O.T. programs contact Pam Christian Doiron, OTR/L at 941-4195.

For Physical Therapy information, call Linda Arbo, CPTA Coordinator at 941-4115.



In the P.O.A. Occupational and Physical Therapy Area Faye Gray, O.T. Aide, assists a client.

NEW P.O.A. HOSPITAL OPENS AT B.M.H.I.



At the P.O.A. Day Hospital Program Gail Dewitt, MHW II, and Michell Yoder, Recreation Therapist, on the left, work with two clients.

The Bangor Mental Health Institute Program on Aging has recently completed renovations to the Pooler Pavilion for a new Day Hospital program.

The program is designed to assist inpatients in the transition back to community living or to prevent hospitalization of elders at risk by providing structured day activities, psychosocial therapies, and psychiatric care.

In addition, the program will provide respite care services to elders with dementing illnesses two days a week so as to prevent or delay their institutionalization.

The staff includes two half-time psychologists, a social worker, a registered nurse, a recreational therapist and two mental health workers.

Services will be provided on a part-time basis by two educational specialists and a psychiatrist.

When available, a certified occupational therapy assistant will also be involved in the program.

The program has been in a partial implementation phase pending completion of the renovations.

An open house is planned for December to introduce the facility and staff to the Bangor area professional community, to mark the beginning of full implementation of the program.

For more information on the POA Day Hospital contact Scott Jones, Ph.D., at 941-4284 or Hope Richards at 941-4289.



GUEST

Maine Commission

I am Reid Scher, Executive Director of the Maine Commission on Mental Health. This is the first of what will be a series of intermittent articles to update readers on the progress of the Commission.

The Maine Commission on Mental Health was created by legislation passed by the Special Session of the Maine Legislature in September, 1988, and is charged with monitoring institutional and community programs for persons with mental illness.

The Commission was originally composed of 21 members and was expanded to 23 members, to include two primary consumers, by an act of the Legislature this spring.

Merrill R. Bradford is the chair, appointed by Governor John R. McKernan. All future chairs will be elected by the Commission, which voted to extend Bradford's chairmanship through November, 1990.

Of the Commission members, twelve are appointed by Governor McKernan and eleven by Speaker of the House John Martin and President of the Senate Charles Pray.

The Commission's mandated duties are to advise and consult with the governor, commissioner of the Department of Mental Health and Mental Retardation and the legislature on mental health issues and on improving care, treatment and programming for persons with mental illness in the state.

The Commission's enabling legislation requires the Commission to collaborate with the Department in the development and implementation of standards of care as well as to monitor and evaluate the efficiency and timeliness of community and institutional reform programs designed to improve opportunities for persons with mental illness.

In attempting to meet these goals, the Commission, by nature of the circumstances that led to its creation, has found much of its first year taken up by consideration of the problems at the Augusta Mental Health Institute.

In May, the Commission's subcommittee on institutes released a report on AMHI which was the result of multiple visits to the institute by Commission members, interviews with staff and patients and review of related documentation.

This report highlighted problems in, among other areas, administration and organization of the hospital, staffing in all disciplines, medical care provided to patients, medical records documentation and physical plant.

The subcommittee made several recommendations related to these issues, many of which were contained and further developed in the reports of Health Consortium, Inc.

Another area of AMHI related involvement was the AMHI Oversight Committee, on which I served this past spring. This committee was formed in an agreement by the Governor and the legislative leadership, to consider and recommend solutions to the problems at AMHI.

While it was a difficult and contentious process, it became increasingly clear to all involved that any lasting solutions to the state institutes' problems are predicated upon the development of a strong system of community based services.

This was reinforced in the Commission's most recent exploration of alternatives to our current situation.

As a part of its November meeting, the Commission traveled to Concord, New Hampshire, to view the recently opened state psychiatric hospital. It was made very

COLUMN

On Mental Health

clear to us that this hospital was only the final step of a decade of a process of developing a community system which allows New Hampshire, with a population similar to Maine's, to have only 140 adult state psychiatric beds, as opposed to the several hundred in Maine.

We are learning that there are many models available to us as we attempt to recreate our system.

The Commission is working to improve system-wide quality of care in several areas.

One of these is the development of standards of care. In a collaborative effort with the Department of Mental Health and Mental Retardation, the quality assurance committee of the Commission is embarking upon a process of developing both generic and program specific standards of care that will provide both protections to consumers relative to the services that they receive and assurances that state and federal dollars are being spent as intended.

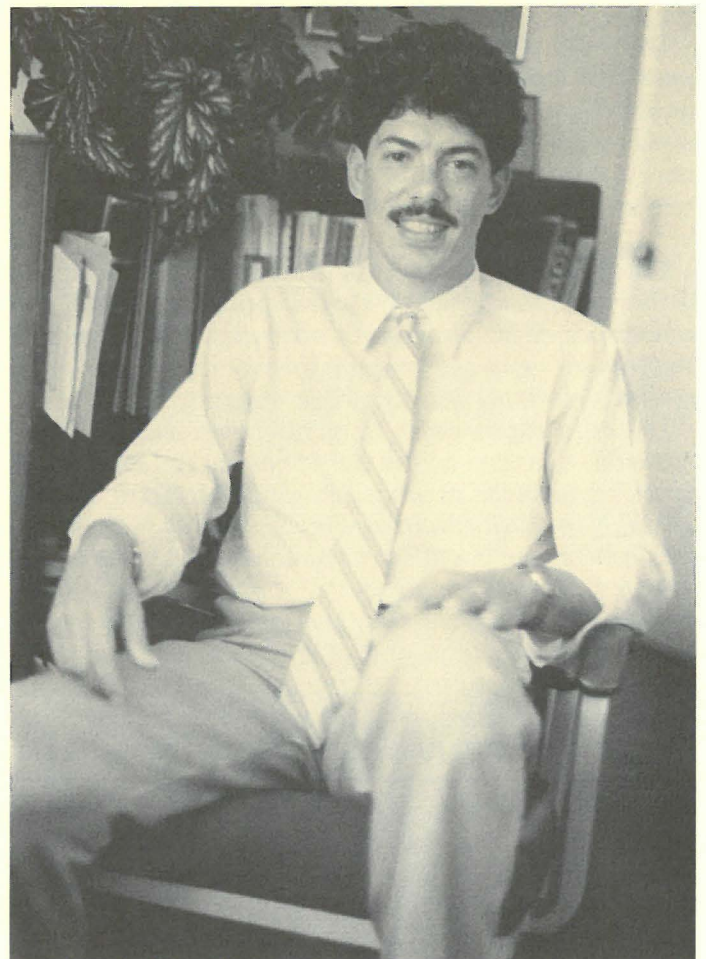
The Commission is also working to increase the licensing and quality assurance staff of the Department and to provide additional funds to community providers to perform quality assurance activities. These positions and funds will facilitate effective implementation of these standards and help to improve the quality of the mental health services received by consumers.

We are pleased to be working with the Department in these important areas and look forward to other mutual efforts to improve our mental health system.

The Maine Commission on Mental Health meets on the first Wednesday of every month and all meetings are open to the public.

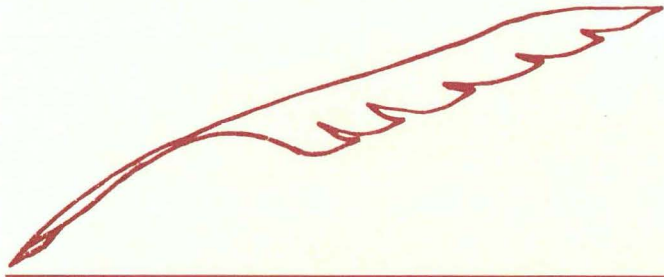
If you wish to be placed on our mailing list to receive meeting minutes or if you have any questions, please

feel free to call me at 626-3018 or write to me at State House Station 153, Augusta, Maine 04333.



Reid Scher

Photo by Jane Bubar



BRIEFLY

This year, the Department of Mental Health and Mental Retardation adopted regulations entitled **Rights of Recipients of Mental Health Services** (eff. 6-19-89) and **Rights of Recipients Who Are Children In Need of Treatment** (eff. 7-1-89). The purpose of these regulations is to articulate the rights of recipients of services of the Department so that those rights may be protected and enhanced.

In adopting these regulations, the Department received comments from advocates, family members, consumers, service providers, and mental health professionals. Whenever possible, the Department adopted their suggestions. These public comments, as well as their disposition by the Department, is public record and available for review.

The 110th Maine Legislature authorized the promulgation of the Department's Rights regulations; the resulting document is a comprehensive and thorough, albeit complex, declaration of the rights of persons with mental illness (and their guardians or parents) who receive services of the Department of Mental Health and Mental Retardation.

The breadth of these rules is such that some aspect of the matters contained therein probably is relevant to each recipient of services every day that he or she receives our services, and the protection continues to extend even after services have ended.

The regulations apply to all agencies and facilities licensed or funded by the Bureau of Mental Health; all agencies, facilities or programs administered or funded by the Bureau of Children with Special Needs; to all public or private in-patient psychiatric units; and to the state mental health institutions, Bangor Mental Health Institute and Augusta Mental Health Institute.

Where standards exist that are more stringent than those contained in the Department's regulations, the more strict standard shall be applied.

Both the Adult Rights and Children's Rights contain three sections: "Rules of General Applicability," "Rights in Inpatient and Residential Settings" and "Rights in Outpatient Settings." The "Rules of General Applicability" apply to all recipients, regardless of the treatment setting and should be read in conjunction with the rules pertaining to inpatient settings (Part B) or outpatient settings (Part C).

Because of the vulnerability of the population to whom the Department provides services, and the special circumstances or conditions of treatment or treatment settings, the exercise of these rights may require special safeguards and exceptional advocacy.

In later columns, these special safeguards will be explained in considerable detail, particularly with respect to issues of informed consent. The protections available to enforce these rights will be discussed in the next "Briefly."

Although it is evident that certain language in the regulations is subject to differences in interpretation, it should be born in mind that the regulations expressly state the intention of their drafters that the rights of recipients remain paramount.

As previously stated, this article intends to promote a general acquaintance with these complex regulations. Accordingly, the remainder of this article will be limited to a discussion of the basic rights of recipients, and a general description of the procedural mechanisms available to protect recipients of services.

Subsequent articles will discuss specific rights such as confidentiality, due process, informed consent and seclusion and restraint.

Issues relating to implementation, interpretation of and compliance with the procedures contained in the rights should provide assistance to consumers, parents and guardians, and therapeutic professionals.

Readers are invited to submit questions, comments or hypotheticals which may be addressed in this column.

The basic rights of recipients are found in Section III. of the "Rules of General Applicability" (Part A). In this part, the Department affirms the basic human, civil and legal rights of our recipients of services. Of great importance, particularly to our involuntarily committed patients, are the following declarations of rights:

- "Recipients shall not be incapacitated nor denied any right, benefit, privilege, franchise, license, authority or capacity...that they would otherwise have simply due to their status as recipients of mental health services." (Adult and Children's Rights, Part A, III.A.)

- “All basic rights of recipients shall remain intact unless specifically limited through legal proceedings, as in the case of guardianship; or, in an emergency, or, when necessary to protect the rights or safety of the recipient or others, only as outlined in specific sections of the rules.” (Adult and Children’s Rights, Part A,III.D.)

These declarations of Basic Rights are the wellspring from which many other rights derive. For example, a basic right is that a recipient of services is presumed capacitated except for the exceptions outlined above. It follows, therefore, that a recipient retains the right to be informed of all rights, to be asked for consent prior to release of confidential records, and to give informed consent to (as well as refuse) treatment.

Because of the special nature of our recipients of services, the Rights are quite specific in providing for notification of rights (Part A,V.) and for assistance in the protection of rights (Part A,VI.). Recipients have the right to know the extent of protections available to them, and to enforce those protections.

If rights are violated, recipients (and certain other defined individuals) have the power to bring grievances to seek redress for those violations. They may also bring grievances for a broad spectrum of complaints including questionable or inappropriate treatment as well as any policy, procedure, act or omission of any agency or facility to which the rights apply.

The next “Briefly” will discuss in considerable detail the sections of the Rights relating to notification of rights, protection and assistance available to recipients (and to parents and guardians) in advocating for their rights, and the grievance procedure.

Complaints and grievances may be brought to the attention of the Office of Advocacy, Department of Mental Health and Mental Retardation, State House Station 40, Augusta, Maine 04333. There will be no retaliation as a result of such a complaint. Copies of the Rights can be obtained free of charge from the Department or the Office of Advocacy.

*By Helen Montana-Marson
Legal Services Consultant*

POOLED TRUST GROUP SEEKS INPUT

An Ad Hoc group has been formed to develop a pooled trust to aid families in setting aside funds to benefit children with disabilities, including adult children, who are clients of the Department of Mental Health and Mental Retardation.

The goal of the Ad Hoc group is to develop the trust within the next year, and it is actively seeking input from interested families.

The trust will assure that resources are available in the event of the parents’ death or other financial hardship. Established as a private financial arrangement, trust monies are to come from families of the children, with charitable contributions as available.

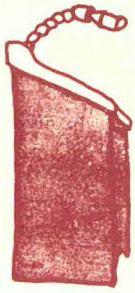
The trust will pool contributions from families to reduce costs of managing the trust’s assets. Pooling will make the trust available to middle-income families, who would not normally be able to meet the minimum investment requirements set on individual trusts through banks (about \$50,000).

An important element of the trust will be provisions to retain client eligibility for Supplemental Security Income (SSI), Medicaid, and Departmental benefits. This will require that the trust’s principal or interest not be used to purchase food, clothing, or shelter. Trust benefits from interest will be able to be used for advocacy services, treatment services beyond those available through public sources, and life enrichment (travel, education, personal items).

Prior to a family entering into the trust, the program will assist in assessment of the person’s lifetime financial needs, and in estate planning related to the care of the beneficiary. Contributions to the trust may come from life insurance policies, will, or other family sources.

Allied with, but separate from, the trust’s financial aspects will be an advocacy program to be funded through the trust. Different levels of advocacy are possible, from occasional monitoring of client status through functioning as a surrogate parent/family. Right now, what is needed most is input from interested families. The Ad Hoc group has only a few family members and there is no hard information available on how many families might participate in the trust.

If you are an interested family member, please call Michael Fleming at 289-4286, or write to Pooled Trust, c/o DMHMR Office of Planning, State House Station #40, Augusta, ME 04333.



COMMUNITY MENTAL

Bureau of Mental Health/ Collaborative Emergency Services Training

A training program jointly sponsored by Franklin Memorial Hospital and the Bureau of Mental Health/Human Resource Development was recently completed at the Hospital in Farmington. Twenty-two participants completed the extensive program that began March 14, 1989, and lasted through October 17, 1989.

Participants were from the Central Maine area and represented a cross section of mental health agencies.

The program was directed at improving the skills and knowledge of emergency mental health care providers and had direct applicability for community-based mental health workers.

The program was developed by Shapour Borna, PhD., Director of Emergency Mental Health Services, Franklin Memorial Hospital, and coordinated with Peter J. Ezzy, Director of Human Resource Development for the Bureau of Mental Health.

One of the primary functions of the Human Resource Development program in the Bureau of Mental Health is to assist with the development and sponsorship of training and educational programs of this type. Past and current HRD programs have involved formal offerings with institutions of higher learning such as the University of Maine system.

The Bureau has also supported a number of locally based training programs such as the Franklin Memorial Hospital training program. The targeted audience for this program was a mix of professional and paraprofessional mental health providers.

Continuing education units were available upon completing this course. Sessions typically involved two hour meetings at the Hospital and textbooks, including the DSM-III-R, were provided to participants at no cost. All other costs were shared by the Hospital and the Bureau, including partial travel costs for people commuting from outside of the area.

Community agencies with participants accepted in this program were Community Health and Counseling, Kennebec Valley Regional Health Agency, Motivational Services, VA program at Togus, Androscoggin Home

Health Services, Tri-County Mental Health Services, Somerset County Crisis Stabilization Services and the Kennebec Valley Mental Health Center. A representative from the Augusta Mental Health Institute also attended.

Through a cooperative agreement, the Bureau of Mental Health/Human Resource Development and Franklin Memorial Hospital approved the participation of each of these representatives. The comprehensive training program included sessions on

- Emergency Mental Health Services attending to the patients' requests
- Mental Health Status Examination
- Substance Abuse Emergencies
- Principles of Crisis Intervention
- Criteria for and Patient Referrals
- DSM—III—R as used in diagnostic structure
- The personality disordered patients, their assessment and management in the emergency room
- Acute grief pertaining to a sudden death of a loved one
- Clinical manifestations and management of depression and its sub types in an emergency setting
- Schizophrenia and other chronically psychotic patients and crisis
- Multiple trauma, ie., motor vehicle accidents
- Anxiety and panic attacks
- Talking with patients
- Adjustment disorders
- Psychotropic medications
- Lethality assessment and treatment choices of the suicidal patient
- Manic episodes, Bipolar disorder and Manic depressive illness in emergency settings
- Psychosocial rehabilitation
- Mental Health systems of service delivery
- Aids related issues
- Physical and sexual abuse
- Agitated and disrupted patients in emergency room
- The rape victim
- Community service providers

HEALTH FORUMS

Franklin Memorial Hospital Mental Health Program



Standing, left to right: Chuck Chapin, Marge Beckler, both Franklin Memorial Hospital; Colleen Reynolds, Jay High School; Virginia Rodgers, Annette Sette, both of Tri-County Mental Health Services, Farmington; Barbara Mispilkin, Kennebec Valley Medical Center; Mary Negro, Franklin Memorial Hospital; Jane Johnson, Tri-County Mental Health Services; Sandra Henry, Lewiston; Susan Taylor, MOCO, Augusta; Diane Dunn, Community Health and Counseling Services, Bangor; David Weaver, Lindsley Cross, Franklin Memorial; Patricia Keane, AMHI. Sitting, left to right: Mark Haley, MOCO; Alice Gay, Kennebec Valley Regional Health Agency, Augusta; Joanna Kent, Somerset County Crisis Stabilization, Skowhegan; Lorraine St. Pierre, Franklin Memorial; Steve Johnson, Kennebec Valley Mental Health Center, Waterville; Michael Smith, Androscoggin Home Health Services, Auburn; and Shapour Bourn, Director of Emergency Mental Health Services, Franklin Memorial Hospital. Participants not pictured were Beverly Chase, Franklin Memorial; Dennis Mills, Farmington; Priscilla Penn, Farmington; and John Stang, VA, Togus. Photo by Fred Daley

Also included were extensive case reviews throughout these sessions where in-depth discussions were held regarding program service implications for providers.

The program was initially developed in response to a perceived need for mental health clinicians in western rural Maine to work in the emergency room in Franklin Memorial Hospital providing mental health evaluations,

crisis intervention, and referrals. Applications for the course content were quickly seen as being much wider.

In recognition of this fact, area agencies were invited to send representatives to this comprehensive program. Although only continuing education units (CEU'S) were awarded for this extensive training program, the syllabus has been compared to a three or four hour course at the graduate level.

Community Mental Health Forums, continued

The outcome of the training is characterized by crisis stabilization for individuals and their families who fall victim to a variety of situational and stressful circumstances. These participants include a cross section from all socioeconomic groups, ages, occupations, and backgrounds. Included are the following sub-groups with the general diagnosis or conditions:

- a. Individuals who may or may not need inpatient psychiatric care. Characteristics include impaired reality testing, delusions, hallucinations, dark disorders, severe mood disorders and or agitation, profound depression, and drug induced psychosis.
- b. Life threatening emergencies. Characteristics include attempted suicide/homocide, feelings of hostility towards self or others, feelings of worthlessness and guilt and preoccupied thoughts of death or suicide.
- c. Crisis situations requiring immediate intervention and the need to talk with someone immediately. Characteristics include acute anxiety without discernible cause, feelings of terror or losing control and going crazy, trauma and bereavement situation.
- d. Non mental health emergencies that are of treatment focus and require social services. Characteristics include child abuse and neglect, domestic violence, substance abuse, sexual assault, sexual abuse.

The training course combined classroom lectures with role playing, clinical discussions, and review of actual case histories by a wide variety of senior clinicians meeting weekly for minimum of two hours.

At the "commencement" ceremonies on October 17th, Robert J. Harper II, Director of the Bureau of Mental Health, presented certificates to all the participants and stated his pleasure at the high participation

rate and success of the program. Harper noted the need for comprehensive programs such as this which address in a succinct manner the core skills and knowledge required of emergency mental health providers.

It was further stated that programs such as this are excellent ways of expanding mental health networking to familiarize various providers with the interactive and supportive roles of their agencies. The fact that a representative of the agency mental health institution participated in this particular session was especially beneficial to the participants and helped present a balanced and more realistic view of the mental health system as it is presently operating.

This collaborative training program is viewed as yet another example of successful joint efforts involving the Bureau of Mental Health /Human Resource Development function and a community based health facility.

Although the intent of this training was to focus upon the needs of community based emergency mental health providers with ties to Franklin Memorial Hospital, the interest level and the response rate was sufficiently high from a variety of providers in the Central Maine area to confirm the need for more activities of this type.

The representative from the Augusta Mental Health Institute added to the course content and helped to underscore the need for addressing mental health training issues from a system perspective and not from a compartmentalized view.

Comments from the participants and the evaluations were uniformly high and indicated a high level of interest in this type of training. A survey of community based providers completed by the Bureau earlier this year, which assessed their interest in training, indicated a continuing need for training activities of this type.

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



REGIONAL REVIEW

Bureau of Children with Special Needs **FOCUS ON: REGION III**

SUGARLOAF RETREAT

The 1989 Retreat for the Child Development and Autism Workers, teachers and therapists of the Bureau of Children with Special Needs was held at Sugarloaf on October 26 and 27.

On Thursday morning, words of greeting were given by Bob Durgan, Bureau Director, and Ron Welch, Acting Commissioner.

The first presentation was given by Harold Longenecker of the Portland Center for Stress and Behavioral Disorders. He covered the physiology of stress, biofeedback and relaxation techniques.

Leslie Devoe, therapist from the Rockland area, presented sexual abuse issues in which she enumerated the myths and realities of sexual abuse. She described experiences from her practice with abused children and perpetrators in prison.

Supervisors and support staff from Central Office joined the group in the evening.

Friday morning another excellent speaker, Marjorie Withers, a Washington County counselor, spoke of maximizing family strengths.

After the speaker, we had a wrap up session in which each CDW contributed to the discussion of present needs and our visions for the future, the product of which will become a part of the Bureau's overall work plan.

At the conclusion of the retreat, the supervisors surprised the CDWs with a slide show which was a moving tribute to the work that is done in the field.

Many thanks to Ed Hinckley, Field Operations Manager at the Bureau of Children with Special Needs, for coordinating an enjoyable retreat.

*By Barbara Reed, CDW
Sharon Sylvester, CDW*



The BCSN staff on retreat at Sugarloaf

Photo by Janet Weston and Marjorie Withers

WINSLOW PRESCHOOL PROGRAM

In September, School Union 52 opened the program at the Garand St. School in Winslow. The program was designed to serve 3 and 4 year old children with multiple handicaps who previously had been students at the North Street Developmental Preschool run by Ken-A-Set Association for Persons With Mental Retardation.

In the winter and spring of 1989, school districts and Ken-A-Set made the decision to have the school age students attending Hilltop School (a Ken-A-Set program) return to their districts to receive their educational programs in integrated, mainstreamed settings.

As those plans were being made, questions were raised as to the future of the preschool program. The parents of these young children organized a parent group to advocate for services. An ad hoc committee of Child Development Services, PEDs, comprised of BCSN staff, PEDs staff, school representatives, independent providers and parents was formed to make recommendations for future programming for these children.

Early Childhood Teams were convened to develop Individual Family Service Plans for each child in the program. The teams gave particular attention to where each might receive services in the least restrictive environment.

Of the 14 children, 5 were recommended to receive a self contained program due to the complexity of their handicaps and a need for intensive therapeutic services. The other 9 children were recommended to receive programs in existing nursery schools and preschools with supportive services as needed.

Betty Turner, principal and special education director in Winslow, had expressed interest in establishing a preschool program and had been meeting with CDS-PEDs over the past year. Since 4 of the 5 students recommended for the self-contained program were from School Union 52, several meetings were held with parents, and staff from BCSN, CDS-PEDs and School Union 52 to design a program. Parents were encouraged to and did take the lead role in the design of the program for their children.

With school board approval, the plans became a reality in September 1989.

The program now serves 6 children from School Union 52 and surrounding communities. It runs from 8:00-11:00 a.m. three days a week with the possibility of adding a fourth day after the first of the year. When asked to describe the program, Joyce Smith, Teacher, said, "The major focus is communication and socialization with the key to the program the therapies for carryover in all activities."

Occupational, physical and speech therapists and a teacher from vision services provide services to the children within the classroom. They incorporate therapeutic interventions into the regular schedule of developmental activities and work closely as a team in providing a coordinated program.

Perhaps the greatest success of the program is the interest and acceptance by other students in the school. The preschoolers are integrated with the kindergarten for music, story time, special story time and other special events. Plans are being made for participation in

physical education with the kindergartners and visits to area nursery schools.

Recess was described as "the best time of the day-all the kids fight to take turns playing or helping with the preschoolers."

One seventh grade class has "adopted" the preschool program and has visited the program to learn more about handicapping conditions, programming, adaptive equipment, etc. They are now making equipment and age appropriate toys such as banners, kites, shape books and soft toys for their new young friends.

At a meeting in October of parents, school personnel and providers, parents talked about their initial apprehension of a change in the program for their children and their extreme satisfaction with the way the program is operating. Parents continue to take an active role in the classroom and in carry-over activities within the home.

As we look to the implementation of PL 99-457 on a local level, the Winslow program can be considered a model because of the effective coordination between parents, school and public and private providers in establishing this program.

Recognition should be given to the staff of the program who include Joyce Smith, Teacher; Brenda McDonald, Teacher Assistant; Mary Bossie, Teacher Assistant; Roberta Ratner, Speech Pathologist; Priscilla Jackson, Physical Therapist; Judy Yeaton, Occupational Therapist; and Rosemary Houghton, Vision Services Teacher.

*By Debra Nugent Johnston
Regional Supervisor*

BEHAVIOR SPECIALIST SERVES REGION III

Child Development Services, PEDs, one of the local preschool sites, currently has a contract with Harold Longenecker, II, MA. He provides positive behavior management strategies to families with children with special needs through observations, assessments and in-home intervention.

Longenecker, a native of California, comes to us with a bachelor's and master's degree from California's State University at Sacramento. He has completed a year of his doctoral studies at United States International University and Fielding Institute at Santa Barbara, California. Longenecker currently is participating in the Mentors Program in Boston, Massachusetts, through the Fielding Institute.

Longenecker's work history has been diverse and interesting, to say the least. While he was pursuing his master's degree, he worked for a suicide prevention program and helped develop a program for treating survivors of suicide.

For three years, Longenecker studied the environmental stresses experienced by long haul truck drivers for his master's thesis.

After receiving his master's degree, Longenecker worked at a Residential Treatment Program for emotionally disturbed adolescents. He then went on to be the director of a boys' ranch in California. The ranch was for youths involved in gangs who were sent to the ranch for rehabilitation.

Prior to moving to Maine, Longenecker was in private practice doing in-patient and out-patient psychotherapy and was under contract with the State agency in California which serves people with developmental disabilities.

He also created a comprehensive treatment program that serves dual diagnosed patients.

Currently, Longenecker works for the Center for Stress and Behavioral Disorders in Portland, Maine. He is also under contract with Project PEDs for fourteen hours per week. Those hours are used serving families who need assistance managing their child's behavior through positive behavior management strategies.

Longenecker offers to the families parent training, individual behavior programming and one-on-one training with the child through compliance training.

Last year, Longenecker also conducted two seven week parent groups in the Waterville and Skowhegan areas. Those groups were two hours in length and included teaching behavior management techniques and group process for questions and answers.

Due to funding problems, those groups had to be discontinued.

Another role that Longenecker provides, through a contract with the Bureau of Children with Special Needs, is with preschool and school-aged children with autism. In this role, his focus has been on

advocacy issues and behavioral programs.

Along with the Bureau of Children with Special Needs Autism Staff, Longenecker meets with family members and offers strategies to promote appropriate school programming and other service needs for our clients.

He informs parents of the federal special education laws as well as their rights in the often threatening PET process. For example, a mother who was unsure of the PET process stated, "It doesn't seem so scary now. I feel like I can go to the meeting now and talk freely."

Longenecker incorporates family strengths and encourages active participation on the part of the family which is inherent in the Bureau of Children with Special Needs philosophy. His role does not end when the meeting closes. He actively and systematically follows through on agreed upon recommendations, and consults with the Bureau of Children with Special Needs Staff as needed.

The Bureau of Children with Special Needs is delighted to have access to Longenecker's knowledge and expertise. He has been a needed resource and the Bureau of Children with Special Needs Region III would like to say WELCOME TO MAINE!

*By Tracy Haller, CDW
Hinda Pozer, CDW
Karen Sparrow, CDW*

IN MEMORIAM

Walter F. Ulmer, who headed the Department of Mental Health and Mental Retardation when it was called Mental Health and Corrections, 1962 through 1968, died at Kennebec Valley Medical Center in October.

Ulmer was 86.

Born in Hampden, he graduated from Bangor High School and Maine Central Institute in Pittsfield. In 1928 he graduated from Bates College in Lewiston.

Ulmer had a long and distinguished career in the army, serving 38 years. During World War II, he was a battalion commander of field artillery in Europe. Among his commendations, he received the Silver Star, Bronze Star and Purple Heart.

At the end of the war, Ulmer went into teaching at Orono High School followed by Bangor High School, where he taught chemistry and coached football.

He spent 25 years in county and state governmental services.



How alcohol intake during pregnancy affects learning development was the focus of a special workshop in Augusta, sponsored by the Office of Substance Abuse Services in the Maine Department of Mental Health and Mental Retardation.

The three-hour session was presented on November 7th at the Coastline Inn, Augusta.

The presenter was Dr. Barbara Berkovich, who examined learning development issues which are unique to individuals with fetal alcohol syndrome and fetal alcohol effects.

Barbara Berkovich, Ed.D., who is the Director of the Learning Development Clinic in Cumberland, also directs and coordinates the Individual Learning Program at the University of New England in Biddeford.

Dr. Berkovich outlined several case studies of individuals she has worked with who have been affected by alcohol or other drugs during their fetal development. She discussed strategies for assessing and assisting individuals with fetal alcohol and drug effects.



The New England Mental Health Commissioners concluded their semi-annual meeting armed with new data on the benefits of supported employment for adults who have a persistent and chronic mental illness. Supported employment programs in New England match individuals with severe mental disabilities with community businesses.

The type of support will vary for each worker. Typical support services consist of job development, on-the-job training, extra supervision, transportation to and from work, job modification, and training for job-related skills.

Over 2,200 clients are currently placed in jobs throughout New England.

As an example, in Vermont 150 individuals are working and generating \$682,000 in salaries.

The tax benefit to states throughout New England is considerable.

Vermont's Department of Mental Health Commissioner William Dalton stated, "Consumers within our system have made tremendous contributions to the work force and to the economic well being of Vermont. Further, the satisfaction they have realized by their work has been reflected in their increased sense of selfworth."

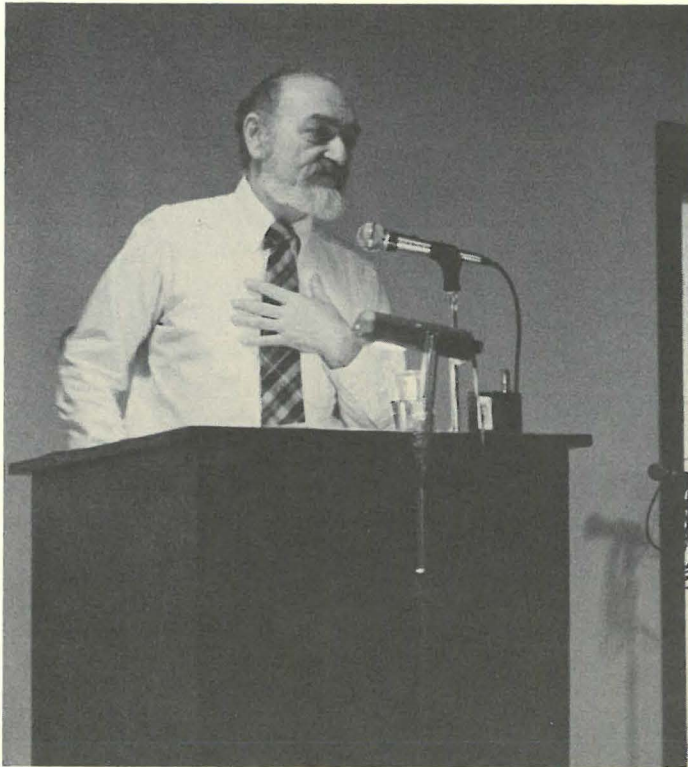
The supported work concept has been greatly advanced by employers who have given consumers of the mental health system a chance to show their value to an organization.

Mary Jane Burke of Travelers Insurance stated, "I think this situation has worked really well for both the employee and The Travelers and would certainly encourage other employers to take part in this type of program. There really is a significant need for employees in this area and it's great to see the interest in hiring these very dedicated and qualified people."

Rhode Island Commissioner Tom Romeo commenting on the help of area employers stated, "Corporations fully appreciate the strong work ethic of disabled people and their great desire to participate fully as both company employees and taxpayers. Corporations are providing the opportunity and are thrilled with the results." The commissioner cautioned advocates of supported employment that the successes of mental health consumers hinged in the long run on the availability of affordable housing in communities throughout New England.

Commissioner Donald Shumway of New Hampshire stated, "Our consumers who benefit from the many rewards of supported employment still represent the quickly growing class of the working poor. The current lack of affordable housing is jeopardizing this new workforce from successfully integrating into their home community."

The commissioners pledged to devote their next meeting in Concord, New Hampshire to the issue of the crisis in affordable housing.



Dr. Bert Pepper

Photo by Marlene Pelsor

“MENTAL ILLNESS AND SUBSTANCE ABUSE TREATMENT PROFESSIONALS CHALLENGED TO LEARN EACH OTHER’S TRADE”

So said Bert Pepper, M.D., an expert on multiple disorders of young adults and major presenter at a conference held November 2nd and 3rd in the greater Bangor area.

Pepper, a psychiatrist and Executive Director of The Information Exchange on Young Adult Chronic Patients, told an audience of more than 150 consumers, mental health professionals and substance abuse counselors that professionals treating alcohol and drug abuse must be prepared to treat mental illness. Similarly, he noted, mental health professionals must move away from their traditional roles as treaters of mental disorders and begin treating the drug and alcohol problems that usually accompany such illness.

The presentation by Pepper and co-presenter, Hilary Ryglewicz, ACSW, TIE Training Director, represents the third in a series of five training sessions the Department has designed to enhance the skills of substance abuse and mental health professionals in treating individuals with a dual diagnosis of mental illness and substance abuse. This conference was co-sponsored by our Office of Substance Abuse Services and the Office of Alcohol and Drug Abuse Prevention (OADAP) within the Department of Human Services.



Commissioner John Atwood, MSECCHA Chair, has closed the Maine State Employee Combined Charitable Appeal Campaign with a record breaking level of pledges of \$240,219, 18% over goal. DMHMR contributed \$33,640 (14% over our goal) with 731 employees pledging a contribution. Acting Commissioner Welch extends his appreciation to all employees who gave their money and their time to make this campaign such a success. A more detailed account of the Department’s campaign will follow in the next issue.

**THANK YOU VERY MUCH!
YOUR CARING AND GIVING COUNTS!**



Ellen Blair and Debbie Webb of Central Office and Larry Hamilton of the Elizabeth Levinson Center have received letters of commendation from David A. Borne, Project Director of the Maine Financial and Administrative Statewide Information System (MFASIS), for their significant contribution to the effort to successfully implement the MFASIS Human Resource System.

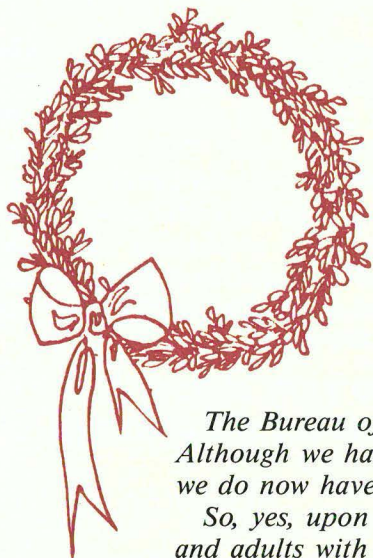
Ellen, Debbie, and Larry have invested time to become instructors in one of the training modules and they have done an exceptional job of delivering training to other users throughout Maine State Government.

Along with Dave Borne we want to express our thanks and appreciation to each of them for bringing the benefits of this new system into being.



The Department of Mental Health and Mental Retardation has been awarded \$67,500 by the National Institute of Mental Health to develop a shared mental health orientation and expertise by all mental health providers throughout Maine. The project, in conjunction with the University of Maine, will involve two major goals: 1) significant systems change toward a client-based psychosocial rehabilitation orientation and process to include all levels and sectors of the mental health system — community and inpatient, rural and urban, and public and private settings, and 2) an educational and certificate system for the development of knowledge and skills in specialized mental health areas such as case management, crisis intervention, family support, residential, abuse, social/recreational, vocational, and dual-diagnosis.

Seasonal Reflections



Dear Friends and Colleagues,

This is a traditional time for reflection, for putting things in order and for moving on. It's the spirit of the season, perhaps, which offers this gift of allowing us to consider ourselves outside of the moment and as part of a long year of challenge and change.

It's been a difficult year in mental health and mental retardation and children's services, all for different reasons. Through legislative hearings, sound gubernatorial direction and public input, debate and discussion, Maine's mental health system is on the mend, both in our institutions and in our communities.

In mental retardation, recent Consent Decree hearings across the state highlighted both accomplishments and issues demanding attention. They shall get our attention, as we work collectively on the many needs of persons with mental retardation.

The Bureau of Children with Special Needs offers us, perhaps, the best investment available. Although we haven't begun to appreciate the benefits of building a full system of services for kids, we do now have a clear vision and workable plan for the future for our children.

So, yes, upon reflection, it's been a tough year, but not one without gains; and, as a result, children and adults with mental illness, mental retardation and other developmental disabilities are more likely this year to enjoy the promise of a meaningful and dignified life than was the case even a year ago.

Growth is hard to observe, whether in a person or a program, especially when we're as absorbed as we all are in the demands of today. As I reflect, however, on this year and look forward to the next, especially under the leadership of Commissioner Glover, I can see growth, very real growth. I saw it clearly last week when a young woman with mental retardation received the "Employee of the Year" Award from the company for which she had worked for several years. So just look, you can see it, too.

Best wishes for a joyous holiday season and a growthful new year,

*Ronald S. Welch
Acting Commissioner*



411 State Office Building
Station #40
Augusta, Maine 04333

JOAN SMYRSKI (RP)
OCSS/BUREAU OF MENTAL HEALTH
STATION #40
AUGUSTA, ME 04333