

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from scanned originals with text recognition applied
(searchable text may contain some errors and/or omissions)

Final Report

**MENTAL HEALTH SERVICES PLAN
FOR CHILDREN AND YOUTH WHO ARE HOMELESS**

"THE DURHAM PLAN"

Prepared by

The Children's Plan Committee

and

The Bureau of Children With Special Needs
Department of Mental Health and Mental Retardation
State House Station #40
Augusta, Maine 04333

February 1993

Acknowledgement

The Mental Health Services Plan for Children and Youth who are Homeless, also known as "THE DURHAM PLAN", was prepared by a committee of parents, providers of shelter programs and representatives of state agencies which serve children and adolescents.

The Children's Plan: Committee Membership

Pat Anderson, Director, Street Program, YWCA of Greater Portland
Frank Antonucci, Coordinator of Homeless Education, MDE
Peter Benham, Director, Youth Alternatives Shelter
Arlene C. Cahill, Region II School-Age Services Coordinator, BCSN/DMH&MR
Sylvia Davis, Region IV School-Age Services Coordinator, BCSN/DMH&MR
Marilyn Dennis, School-Age Services Field Operations Manager, BCSN/DMH&MR
Ron Hebert, Executive Director, Youth and Family Services, Inc.
Roxy Hennings, Planner, Bureau of Juvenile Services, DOC
Helen Holmes, Parent Support Group Facilitator, Mid-Maine
Fred Kappa, Director, Bath Children's Home, BCSN/DMH&MR
Trina Levine, Director, Fair Harbor Shelter, YWCA of Greater Portland
Charlene Milliken, Parent Support Group Facilitator, Eastern Maine
Rachel Olney, Region V School-Age Services Coordinator, BCSN/DMH&MR
Robert D. Rowe, Director, New Beginnings, Inc.

Report Coordinator

James Harrod, Ph.D, Research, Planning and Evaluation Coordinator, BCSN

Introduction

In March 1991, the Interagency Task Force on Homelessness and Housing Opportunities submitted to Governor John R. McKernan, Jr. By Sundown: A Report on Homelessness in Maine. This report recommended in part, state and local groups organized to help homeless and at risk people; improved interagency coordination; increased financial assistance to families to meet basic living needs; new housing development strategies; improved educational access; and specialized services for children and teen parents. This led to the statutory creation of the Interagency Task Force on Homelessness.

In addition, the Legislature passed LD 668, a Resolve directing the Department of Mental Health and Mental Retardation to develop a plan to provide appropriate services to severely mentally ill persons who are living in homeless shelters.

In compliance with L.D. 668, the Department submitted to the Legislature Homelessness and Persons with Mental Illness in January, 1992. The plan made specific recommendations to address the needs of adults, and called for a process to develop specific recommendations to meet the needs of children and adolescents with serious emotional disabilities who are homeless. In March, the Maine Coalition for the Homeless urged immediate action on a children's plan.

Recognizing the importance of specialized services for children and adolescents, the Department used the opportunity of the June 22-23, 1992 National Institute of Mental Health sponsored regional planning conference on mental health services to homeless youth, held in Durham, New Hampshire, to initiate broad-based development of the children's plan. Durham participants formed a Children's Plan Committee and held a follow-up meeting to propose recommendations.

BCSN staff wrote the Durham Plan Draft Report in November, 1992. The draft was circulated to the Children's Plan Committee, to the Interagency Task Force on Homelessness & Housing Opportunities, and to the Interdepartmental Council, Residential, Group and Community Care Committee (RGCC), among others, for comment.

This document, THE DURHAM PLAN FINAL REPORT, incorporates feedback and comments obtained primarily from members of the Task Force on Homelessness and the IDC's RGCC.

Recommendations

The Final Report presents eight Recommendations. Each Recommendation contains specific Action Steps that are proposed to be undertaken by the Bureau of Children with Special Needs, within the framework of the IDC's Residential, Group and Community Care Committee.

Implementation and Advisory Roles

It is further recommended that this process involve the Task Force on Homelessness and Housing Opportunities in an advisory role while staff of BCSN and members of the RGCC begin implementation strategies that can be initiated without the expenditure of additional funds at this time.

SPECIFIC RECOMMENDATIONS

1. TO REMOVE LICENSING BARRIERS TO THE DELIVERY OF MENTAL HEALTH SERVICES IN SHELTER FACILITIES/PROGRAMS.

Responsible Agencies:

BCSN lead agency to initiate process through Interdepartmental Council (IDC) and its Residential, Group and Community Care Committee. Request the Interagency Task Force on Homelessness and Housing Opportunities to advise BCSN and RGCC as necessary regarding implementation/action steps.

Action Steps:

- a) Identify and remove specific obstacles to mental health services in Emergency Shelters for children, including statutory, licensing and other regulatory impediments. Begin with those affecting the short-term stay shelters (Youth Alternatives, Fair Harbor, New Beginnings and Halcyon House) and later explore issues for overnight stay shelters (Lighthouse Shelter, Shaw House).
- b) Draft legislative and other regulatory changes as appropriate.
- c) Reduce conflicting regulations and standards.
 - 1) Explore feasibility of joint licensing of mental health services in emergency shelters.
 - 2) Establish a coordinated process for licensing including residential and mental health service components.
- d) Explore with overnight shelters the role and setting for mental health service delivery, in relation to DHS homeless shelter licensing policies.

2. TO ESTABLISH A COMPREHENSIVE ARRAY OF SERVICES APPROPRIATE TO THE VARYING LEVELS OF NEED OF HOMELESS YOUTH WHO HAVE SERIOUS EMOTIONAL DISABILITIES. Services can be packaged in various ways appropriate to geographic region/available service mix and to various typical levels of acceptance of services. (See Recommendation 3.)

MODEL ARRAY OF SERVICES:

NON-RESIDENTIAL

- A. Drop-in centers for basic survival needs: food, clothing, laundry, showers, place to receive mail, phone, transportation.
- B. Place to make and meet friends; opportunities to play (recreation and social activities);
- C. Support services, developmentally appropriate: outreach; intensive case management; entitlements and benefits; independent living skills training; health services (STD/HIV, nursing, dental).
- D. Psychiatric evaluation and medication prescription and monitoring.
- E. Crisis intervention and stabilization services.
- F. Psychological therapy and counseling, esp. for age 20-21; sexual abuse victim and sexual abuse perpetrator therapy; substance abuse counseling.
- G. Educational services.
- H. Supported employment.

RESIDENTIAL

- I. Low-barrier shelter (overnight stay only).
- J. 24-Hour shelter (21-30 day max.)
- K. Extended care/diagnostic shelter (90 days or more).
- L. Scattered-site semi-independent living apartments (1.5 to 2 years).

Responsible Agencies:

BCSN lead agency to initiate process through Interdepartmental Council (IDC) and its Residential, Group and Community Care Committee. Request the Interagency Task Force on Homelessness and Housing Opportunities to advise BCSN and RGCC as necessary regarding implementation/action steps.

Action Steps:

- a) Quantify needs by region and develop prioritized list of resource and program development targets and timeframes.
- b) Identify existing resources that can be allocated to increasing availability and appropriateness of services, and implement.
- c) Develop legislative requests and grant applications for increased funding for expanded or new programs.

3. DEVELOP AN INNOVATIVE PACKAGE OF SERVICES IN EACH OF THE FIVE BCSN SERVICE REGIONS, WHICH IS APPROPRIATE TO THE UNIQUE NEEDS OF EACH REGION. Service design should fit (a) urban, suburban, rural differences; (b) ethnic and cultural diversity; (c) existing services; and (d) "levels of care" needed and appropriate to each region.

MODEL LEVELS OF CARE:

- A. "Shelter without walls." Drop-in center/soup kitchen (the "kitchen") and therapy/treatment, with psychiatric back-up (the "living room"). Low-barrier shelter (overnight stay only). For youths residing on the street, in crash pads or other homes.
- B. Youths in semi-independent living situations. Scattered-site apartments with supportive services (1.5 to 2 years). Can also access "shelter without walls" as needed.
- C. 24-Hour shelter with mental health component (21-30 day max.). Includes: Psychiatric consultation to help staff, diagnose clients, prescribe and monitor psychotropic medications. Psychological services to do crisis intervention, medication monitoring, and provide treatment.
- D. Diagnostic shelter (90 days or more of extended care).

Responsible Agencies:

BCSN lead agency to initiate process through Interdepartmental Council (IDC) and its Residential, Group, and Community Care Committee. Request the Interagency Task Force on Homelessness and Housing Opportunities to advise BCSN and RGCC as necessary regarding implementation/ action steps.

Action Steps:

- a) Identify resources required to develop an innovative, regionally-appropriate package of homeless services for each of the five BCSN service regions.
- b) Develop legislative requests and grant applications for increased funding for such systems.

4. TO REDUCE THE RATE OF DISCHARGES OF CHILDREN AT RISK OF HOMELESSNESS FROM PSYCHIATRIC INPATIENT FACILITIES TO EMERGENCY SHELTERS.

Responsible Agencies:

BCSN lead agency to initiate process through Interdepartmental Council (IDC) and its Residential, Group, and Community Care Committee. Coordinate with Inpatient facilities. Request the Interagency Task Force on Homelessness and Housing Opportunities to advise BCSN and RGCC as necessary regarding implementation/action steps.

Action Steps:

- a) In short term, provide one-on-one therapeutic aides for children discharged into emergency shelters.
- b) Collaborate with hospitals on discharge planning process to reduce number of such placements.
- c) Over long-term, develop alternative service system, per objectives #2 and #3.

5. TO INCREASE AVAILABILITY OF APPROPRIATE OUTPATIENT THERAPIES FOR HOMELESS YOUTH.

Responsible Agencies:

BCSN lead agency to initiate process through Interdepartmental Council (IDC). Coordinate with outpatient and related providers of treatment; Medicaid and other third party payors. Request the Interagency Task Force on Homelessness and Housing Opportunities to advise BCSN and RGCC as necessary regarding implementation/action steps.

Action Steps:

- a) Establish a working group to develop specific recommendations for specialized individual, group and family therapies (sexual abuse treatment, substance abuse treatment, etc.), employing methods, techniques and accessible and acceptable settings appropriate to children and youth homeless and at risk of homelessness.
- b) Identify any Medicaid or other third party barriers to increased outpatient service availability and reduce these barriers.

6. TO INCREASE AVAILABILITY OF TRAINED ONE-ON-ONE THERAPEUTIC AIDES.
(Short range need to deal with hospital discharges, general need for system as a whole.)

Responsible Agencies:

BCSN lead agency to initiate process through Interdepartmental Council (IDC). Coordinate with providers of training and/or personnel for therapeutic aide positions. Request the Interagency Task Force on Homelessness and Housing Opportunities to advise BCSN and RGCC as necessary regarding implementation/action steps.

Action Steps:

- a) Quantify needs by region, cost out program development targets, and set timeframes.
- b) Identify existing and access new resources to develop cadre of aides, including utilization of Medicaid Mental Health Clinic Community Support Services for additional funding and grant applications to possible Federal funding programs (R.S.A., S.A.M.H.S.A.).
- c) Develop training plan and deliver specialized training for Community Support Aides in homelessness and child emotional-behavioral disabilities. This is a highly specialized position, requiring 4-5 years of experience in the field.
- d) Coordinate roles between Community Support Aides and BCSN funded Crisis Workers and Community Support Case Managers.

7. TO PRODUCE A CORE CURRICULUM FOR ALL SYSTEM PERSONNEL WHO WORK WITH HOMELESS CHILDREN AND YOUTH.

Responsible Agencies:

BCSN lead agency to initiate process through Interdepartmental Council (IDC). Coordinated with (a) Substance Abuse/Mental Health dual disorders programs, (b) Child Sexual Abuse Committee. Request the Interagency Task Force on Homelessness and Housing Opportunities to advise BCSN and RGCC as necessary regarding implementation/action steps.

Action Steps:

- a) Design curriculum combining mental health, homelessness, and child development content areas. Must include: suicidality assessment, behavior management, crisis intervention, assessment and treatment of neurobiological and other psychiatric disabilities in children and adolescents, family support and parent professional partnership. Parents should be included in all phases of training.
- b) Deliver training to staff of emergency shelters, homeless shelters, McKinney Outreach Workers, and other programs serving homeless youth.
- c) Access McKinney training monies and other Federal or State monies for development and delivery of training.

8. TO IMPROVE SERVICES FOR TEEN PARENTS WHO ARE HOMELESS.

Responsible Agencies:

BCSN lead agency to initiate process through Interdepartmental Council (IDC). Involve Department of Human Services, Income Maintenance and Maternal and Child Health. Request the Interagency Task Force on Homelessness and Housing Opportunities to advise BCSN and RGCC as necessary regarding implementation/action steps.

Action Steps:

- a) Establish a work group to develop specific recommendations for specialized services, including priorities and workplan.
- b) Consider appropriateness and feasibility of creating a small discretionary fund (wraparound monies) of \$2-3,000 for each homeless outreach worker or shelter for purchase of basic necessities to permit AFDC recipients obtain and maintain their own apartment.
- c) Seek resources to implement recommendations.