Michelle has lived in Sanford since she was eight years old. Along with being a dedicated church member in her community, she is a recent health food enthusiast and takes regular classes to improve her diet. “I go to a SNAP-Ed (Supplemental Nutrition Assistance Program Education) Healthy Eating class and now a new class called Cooking Matters where I learn to cook. We also have field trips to the grocery store,” she explains.

Nurse Care Manager Danielle Brady has worked with Michelle to establish healthy diet goals and checks her blood sugar every week when they meet at the Springvale office. “In addition to our visits, I find it beneficial to go with Michelle to her primary care appointments to discuss her diabetes and medications. We talk about her health goals and overall blood sugar management,” says Danielle.

According to the American Diabetes Association, approximately 137,413 people in Maine or 11.1% of the adult population have diabetes, costing our state $1.6 billion each year. Before Michelle became a member of the Behavioral Health Home (BHH), she was a frequent visitor to the Emergency Department and lost several toes because of chronic diabetes. The BHH program is designed so that clients with complex and costly psychological, medical and social challenges can get all of their care coordinated.

Seeing a behavioral health therapist at the Maine Behavioral Healthcare Springvale office every week is also part of Michelle’s treatment. These “Homes” are actually coordinated services designed to manage both mental and physical health for children and adults who live with mental illness and who have, or are at risk of developing, conditions like diabetes, heart disease, or lung disease.

Healthcare professionals now understand the reciprocal relationship between mental health and physical health when diagnosing common conditions. Forms of anxiety, depression, or high levels of stress can have significant negative effects on the body. For example, clients with anxiety often have chronic gastrointestinal problems or those with high levels of stress are prone to chronic pain.

Over the last year, the Maine Behavioral Healthcare BHH program grew by 18%, now serving 1,441 clients. “Typically people who have many unmet needs are eligible for BHH services. In Michelle’s case, she has benefitted from working with a case manager to develop the best mix of services to meet her health goals, and they also

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Maine Behavioral Healthcare

FROM THE CEO:

At Maine Behavioral Healthcare, we are embracing new models of care like Behavioral Health Homes (BHH) to address chronic illnesses and help improve a person’s overall health and well-being. We have converted many of our case management clients to the BHH model, providing complete “wraparound” care coordination for doctor visits, therapy sessions, social opportunities and job placement.

In this issue of the Mind & Body, we are spotlighting Michelle, a woman in our BHH program who receives care coordination in the Sanford community to improve her diabetes and overall quality of life. We also take a close look inside our Residential Programs, which create a family environment for people with serious mental illness.

To celebrate the meaning of community and family support, we held an incredible Signs of Hope fundraiser at one of our generous donor’s homes on Cumberland Foreside. The event raised money for the Lunder Family Alliance Program at Spring Harbor Hospital, a service for young people and their families that one donor described as an incredible contribution to our state.

Despite the uncertain fate of healthcare reform, Medicaid expansion and growing numbers of people in need, there are many things to be grateful for: our inspiring committed donors, our talented staff, and a network of the highest caliber providers living and working in Maine, creating amazing resources for our communities. Finally, please mark your calendar and join us for the 10th Annual Glickman Symposium on September 15 addressing youth suicide.

Thank you to all of our employees, clients and patients who contributed to this issue.

Stephen M. Merz

More Than a Home: Key to Recovery

What do you think of when you hear the word home?

For most it means security, family, support and togetherness. For the individuals who receive services through the Maine Behavioral Healthcare (MBH) residential program, home means all of this and more. The 12 residential locations at MBH span as far south as York and as far north as Belfast with a total capacity of 76 beds. All it takes is a single visit to one of these homes to become inspired by the warmth of support experienced by the residents and unwavering dedication shown by clinical staff to create a supportive family environment.

New to her leadership role in the residential program is Lee-Andra D’Attilio, LCSW, who was promoted to Director of Care Management, Social Services and Residential at MBH in June. At a recent visit to the Woodbridge Group Home in York she met with staff and residents like Jamie who have lived at the home for two years. “I am so impressed by the incredible dedication our staff show to the residents,” said D’Attilio. “We’re able to support individuals with the safety and support needed to live as independently as possible. This provides an opportunity for our residents with major mental illness to increase their sense of well-being, improve quality of life and help them function within the community.”

Jamie enjoys doing art (see sample above her photo) and appreciates the freedom experienced at the home. “I feel relaxed here, it’s a nice area,” she said. “The staff are really good about being involved in the community.” During the summer, residents have enjoyed outings to the local farmers market and in the fall they look forward to apple picking.

Woodbridge is a PNMI (Private Non-Medical Institution) residential home that accommodates seven clients who have their own bedroom and share common areas. Services include psychiatry, case management, grocery shopping, meal planning and preparation, skill building activities, outpatient therapy, individualized treatment planning, medication administration and financial coaching. The majority of referrals come from the Department of Health and Human Services (DHHS), and others from Riverview, Dorothea Dix or Spring Harbor Hospital.

“Housing is a critical part of the recovery process,” said Mary Jane Krebs, President of Spring Harbor Hospital. “Some patients who leave the hospital are in need of transitional support through our residential program, so we value the ability to provide the services they need at the least intensive level of care.”

Woodbridge Home Supervisor Dawn Hardy with Jamie, resident, and Director Lee-Andra D’Attilio

Department of Health and Human Services (DHHS), and others from Riverview, Dorothea Dix or Spring Harbor Hospital.
discuss any possible barriers,” says Alan Bean Burpee, Case Management Director.

Case managers also provide access to social services, community services, transportation, and other supports. Brittany Spencer, Michelle’s Case Manager, has worked with her on a full schedule of regular doctor’s visits at the Nasson Center in Springvale, mental health treatment at Maine Behavioral Healthcare, and incorporating community education and exercise classes as part of overall treatment.

“She also takes advantage of many groups we offer here,” explained Bean Burpee, “including gardening, adult coloring for mindfulness and peer discussion groups. The idea is that clients like Michelle can continue to build the peer connections they make here outside in the community.”

Embracing a new culture of quality of life and chronic illness management will improve the overall health of our communities by significantly reducing healthcare costs for everyone.

Behavioral Health Homes increase awareness of holistic needs, provide options for improving lives and foster disease prevention, restoration, and healing.

Our Mission

Maine Behavioral Healthcare will provide a seamless and compassionate continuum of care through a community of providers collaborating to promote recovery and the overall mental and physical well-being of those we are privileged to serve.

Lunder Family Alliance: A Parent’s Story

As the ocean fog gently rolled in and a hush fell over the crowd, Susan Stover took the microphone and began to tell her story to nearly 200 friends and family at the annual Signs of Hope fundraiser. To say she was animated and passionate would be an understatement. She described the heartbreak of growing up with a brother who suffered from schizophrenia and her disappointment after learning her middle child had inherited a similar illness. “I had read if I married someone without mental illness in his family, the odds were only 10% that we would have a child with the illness,” Stover shared. “So when my middle child began having symptoms I was very worried.”

It was when her son decided to take a gap year to travel abroad and did not contact her for several weeks that her worry escalated. When she finally got word, it was from an official at Heathrow airport. “They said he wasn’t doing anything wrong but that he was acting strange.” She sent him a ticket to come home and received another call from Logan airport. At that point he agreed to go the hospital in Boston. “It was the longest drive of my life (from Yarmouth to Boston). I was so upset and angry but railed against our fate – I was NOT going to go through this again!”

But she did.

Upon his release and subsequent return to Maine he had difficulty keeping a job, finding the right medications and staying on them. Hope for the family came in the form of The Lunder Family Alliance at Spring Harbor Hospital.

Part of the program includes the Purdy Family Navigator, a critical position that connects with families from the time their loved one is admitted. “Introduction to the hospital system can be so traumatic to family members,” said CEO Stephen Merz, FACHE. “It’s difficult for both the patient who is dealing with a disruption to their work or education, and to anxious family members who are unsure about how to best support their loved one.”

The Purdy Family Navigator was incredibly helpful to Stover’s family. She met the navigator in April when her son was admitted. “I was so discouraged but she called me regularly, even after he left the hospital. “Shortly after discharge, her son decided to stop taking his medication. “That’s when the rubber hit the road. We had a big family meeting and the navigator was there with his clinicians. “During the meeting Stover was adamant and was consistent with her son that the medication treatment was best for him.” The next day she called and told me ‘I rocked’ but I couldn’t have done it without her.”

The LFA, made possible by a generous $1,000,000 challenge grant, was designed with a goal to improve services for young adults between the ages of 18 and 30 admitted to Spring Harbor Hospital. In addition to family support, the program focuses on employment and educational opportunities and vocational training for these young patients.

This year’s Signs of Hope was held at the home of Melissa and Matthew Rubel in Cumberland Foreside and raised over $190,000 for the LFA. Please contact Development Director Michelle Zichella at 207/661-6101 or zichem@MaineBehavioralHealthcare.org if you would like to support this amazing program that brings together so many important components to recovery.

“I just love Spring Harbor Hospital and I am a firm believer in staying connected to loved ones with mental illness.”
Glickman Symposium Addresses Youth Suicide

This year marks the 10th anniversary of the Annual Glickman Family Center for Child & Adolescent Psychiatry Symposium. The symposium will focus on the all too common topic of youth suicide in Maine, where DHHS has reported that suicide was the leading cause of death for adolescents between the ages of 10 and 14 from 2011 to 2013.

Robyn Ostrander, MD, Chair of the Glickman Family Center for Child & Adolescent Psychiatry at Spring Harbor Hospital, will open with, “The Lay of the Land on Youth Suicide, Maine vs. the U.S.” The keynote speaker M. Justin Coffey, MD, FAPA, CHCIO, of the Menninger Clinic, will follow with “Managing Information to Achieve Zero Suicides.”

Dr. Coffey serves as the medical director of Menninger’s Center for Brain Stimulation and manages the Electroconvulsive Therapy Services in addition to serving as The Clinic’s chief information officer. His clinical interests focus on brain-behavior relations in patients suffering from severe mood disorders and movement disorders, including catatonia. He has been recognized as a gifted medical educator (AADPRT Ginsberg Fellow, Golden Beeper Award, Herbert Schmale Award, Frankwood Williams Award) and an up-and-coming health care leader (American Psychiatric Association Leadership Fellow).

Afternoon breakout sessions include Healthy Communities: Screen for childhood ACEs as suicide prevention (co-presented by Steve DiGiovanni, MD, and our own Rebecca Hoffmann Frances, LMFT), Care team wellbeing: Clinician survivors of unexpected patient death, and Patient Centered Care: Evidence-based depression care for youth. A workshop on media and suicide will conclude the symposium, led by Maine Medical Center child psychiatrist Erin Belfort, MD.

The symposium will be held on Friday, September 15th at MaineHealth on 110 Free Street in Portland, from 8:15am – 4:15pm.

To register, please visit https://www.mh-edu.org/10thglickman.