

# Idaho Council on Children's Mental Health



## Community Report April 2007

## Introduction

Children affected by serious emotional disturbances often find themselves involved in multiple systems, such as juvenile probation and mental health services. In a system of care, agencies and community organizations work together as one system, focusing on child and family strengths. Services and supports in a system of care range from mental health services to recreational programs and are supported by guiding principles (Figure 1). The state of Idaho continues to build an infrastructure (Figure 2, page 4) for our system of care so that children can thrive in their own communities.

The Idaho Council on Children's Mental Health is pleased to provide the 2006 Community Report on Children's Mental Health. The Report provides the status and accomplishments of the Idaho System of Care, including the Idaho Council on Children's Mental Health, children's mental health councils, child-serving agencies, Federation of Families for Children's Mental Health, State Mental Health Planning Council, and the Tribal Coordinating Council.

A serious emotional disturbance includes a range of behavioral and emotional disorders severe enough to limit or interfere with a child's ability to function in the family, school, or community.

### Figure 1: Guiding principles for systems of care

- Families are full participants in service planning
- Services and supports are family centered
- Access to comprehensive services for children, including social, emotional, and educational
- Services should be provided in the least restrictive and normative environment
- Early identification and intervention is promoted
- Case management provides service coordination to meet changing needs of families and children
- Children with emotional disturbances are served in a manner sensitive to cultural needs and differences

*Reference: Building Systems of Care A Primer. Author: Sheila A. Pires (2002)*

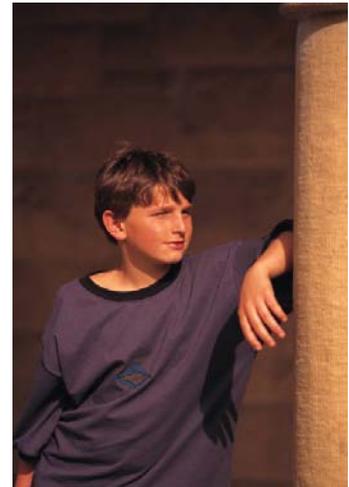
## **The Idaho Council on Children's Mental Health**

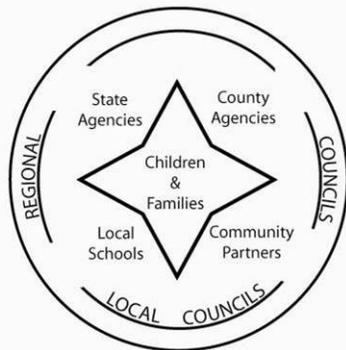
The Idaho Council on Children's Mental Health (ICCMH) is the governing body for the Idaho System of Care. It is an executive level board established by an executive order in 2001. The Council is chaired by the Lt. Governor and has appointed members from the Governor's office, Departments of Health and Welfare, Juvenile Corrections and Education. Other members include a parent, county commissioner, and representatives of the legislature, judicial branch, children's mental health service providers, Federation of Families, regional councils, tribal coordinating council and the Hispanic community.

The ICCMH encourages members to work toward System of Care goals in several ways. Formal agreements among child serving agencies are designed to meet standards of cultural competence, family involvement, and evidence based practice.

In addition, the Idaho Council on Children's Mental Health monitors both the clinical and functional outcomes of children to ensure that services are making a positive contribution to children and their families.

Lastly, the ICCMH reviews expenditures to assure that funding is used appropriately within communities.





**Figure 2: Infrastructure for Idaho System of Care**

### **ICCMH Accomplishments**

The Idaho Council for Children’s Mental Health adopted the Business Practice Model in 2005. The Business Practice Model was created by council members who wanted to have a standardized way of helping families across the state. In an effort to implement the business practice model, our system of care adopted Wraparound.

“Wraparound” is a practical way to organize community compassion. Services and support are pulled together for families affected by serious emotional disturbances, and are based on the strengths of the family. They may include piano lessons, special help for an emotionally disturbed child, or transportation to work for a parent. Families meet with professionals in order to determine their needs, with a Wraparound specialist to facilitate the process. This practice works in many other systems of care throughout the country.

The Idaho Council for Children’s Mental Health supports this effort by providing Wraparound specialists in each region of the state. A total of eight Wraparound specialists are working throughout the state and are supervised by the Department of Health and Welfare.

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### **Regional Councils**

There are seven regional councils located across the state along with a tribal coordinating council. Each regional council serves a geographic area corresponding to one of the seven Department of Health and Welfare service delivery areas. Regional council membership varies based on the number of local councils in the geographic area and number of community partners

willing to participate in the system of care. Typically, regional council members represent the local councils, parents, child serving agencies, and other community partners such as businesses, faith-based organizations, and the judiciary.

Regional councils provide a critical link between community-based local councils and the ICCMH through their regional chairpersons. Chairpersons identify community successes, challenges and create possible solutions at monthly meetings. These solutions become recommendations for the ICCMH. Regional councils also communicate statewide policies and plans from the ICCMH to the local councils.

Regional councils receive a limited amount of flexible funding to support the regional council, local council, and family involvement. Community-based groups wishing to start a local council are granted a charter from the regional council in their region.

The tribal coordinating council represents several tribes of Idaho: The Kootenai Tribe of Idaho, The Coeur d'Alene Tribe, The Nez Perce Tribe, The Shoshone-Paiute Tribe, The Shoshone-Bannock Tribe, and the Northwestern Band of The Shoshone Nation. The purpose of the Council is to improve service availability, coordination, and delivery to children with serious emotional disturbances and their families within the system of care.

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## **Local Councils**

Local councils connect community resources for children. Councils work directly with families and children in their own communities to develop coordinated plans for services and supports, and may include participants from local school districts, Department of Juvenile Corrections, Department of Health and Welfare, private providers, families of children with SED, and other community partners. There are more than 30 local councils statewide.

Councils serve families through staffing or other means. Staffing is defined as long term resource planning and coordination with families. Families work directly with council members to develop plans based on the individual strengths of the child and family. Families are also served in other ways including family supports, resource library materials, recreational passes, and other services.

Councils facilitate community collaboration through training and community outreach. These activities include community fairs, public education, and more.

### **Highlights from the Field**

**Region 1-** Region 1 approved a new Bonner Local Council charter, raising the number of local councils to four within the region. Parents are holding leadership positions in all local councils. Region 1 also completed strategic plans, cost estimates, and conducted two trainings this year, reaching over 180 parents and professionals.

**Region 2-** Region 2 CMH Council and the Social Emotional Development Workgroup partnered for an early childhood mental health conference for child workers (clinicians, PSR workers). The region presented its third annual conference featuring Michael Clark and focusing on strength-based service planning in Lewiston this year. Police Pocket Trainings in Region 2 included three county offerings. An additional session was held on the Nez Perce Reservation during which the tribe trained their community health nurses and Tribal police officers on how to respond together during a crisis situation with SED children.

**Region 7-** Region 7 held a celebration to commemorate the success and effort of those involved in building the system of care. This was also used as a time to let the community know about using the councils as a resource and as a way to reduce the stigma attached to mental illness. More than 250 people attended this event. Another very successful occasion in our region was "The World through Our Eyes" project. A display was placed at Brigham Young University-Idaho where approximately 5,000 people were able to view information on the project. Media coverage was excellent and city leaders spoke in support of children's mental health issues. The display moved to Idaho Falls where more than 3,000 people viewed this exhibit. The Madison school district, in conjunction with the Madison/Freemont council, held a summer program in which children who had been diagnosed with SED were able to attend with a friend and participate in a variety of activities. Many of the activities were hosted by the parents and professional partners on the local council. One of the goals was to teach social skills and provide events for SED kids often excluded from summer activities because of labels and behaviors associated with SED. About 17-20 youth attended each activity for the six-week period. It was an exciting and successful event.

## **Tribal Coordinating Council**

The Council meets monthly with case workers, parents, program coordinators, and other community partners. Recent activities include a workshop presentation at the May System of Care conference and a workshop at the 2006 Indian Child Welfare Conference. The council also collaborated with the Nez Perce Children's Home to provide mental health screening upon admission. The Children's Home offers protective custody to children who are removed from their home.

## **Learning Opportunities**

Annual Statewide Conference - more than 400 community members attended our annual statewide System of Care conference, May 1-2, 2006. Emphasis was placed on increased youth, family participation and cultural competency. Families, clinical professionals, and System of Care staff participated in the event. The conference included a youth track, led by the state youth involvement coordinator.

A Staff Development Advisory Group planned the conference. Membership consisted of family members, representatives from the Idaho Federation for Families, children's services staff, Idaho Child Welfare Research and Training Center, Infant and Toddler program, State Department of Education, Substance Abuse, Medicaid, and Juvenile Corrections staff participated in meetings as well. Members from the Idaho Tribes and Hispanic population were invited to participate. The advisory group created topics and other conference activities. System of Care staff (Decker Sanders, Chandra Story, Tracie Bent, and Oscar Morgan) provided coordination and facilitation of meetings and conference events.

Evaluation results from the conference were excellent. Ninety-seven percent of those completing an evaluation indicated they would return for the conference next year. The conference achieved high ratings for increasing knowledge of current research, evaluative techniques, and evidenced based practice to benefit children with serious emotional disturbances.

Networking opportunities for parents increased and there was an improvement in knowledge and understanding of current research. Additionally, there were very good ratings in understanding community collaboration for children with mental health needs.

## **Community Outreach**

Our system of care received two Excellence in Communication and Community Outreach (ECCO) awards this year. The Police Pocket Guide received Silver recognition while the 2005 System of Care Conference received Bronze recognition. This brings the total number of national level communication/social marketing awards received to five over the last three years.

Our system of care is making great strides in reaching the community with the System of Care messages. Some of the successes for this period are law enforcement training, a new website, and training via statewide video presentations.

**Law Enforcement Training** - Law enforcement officers all over the state can earn continuing education credit for learning about mental health. The training session, approved by the Peace Officers Academy, provides information on mental health issues. Topics include:

- Personal responses to mental disorders in children and youth
- Warning signs of mental illness
- Problem-solving techniques
- How to talk with parents about mental health concerns
- How to make referrals to mental health professionals
- Knowing who to contact

In addition, a cultural competency module is part of the curriculum. Law enforcement officers are encouraged to examine the many layers of culture in their area, and their own response to cultural differences.

The training is based on a police pocket guide created by parents in Massachusetts. This interactive training includes a training video for law enforcement officers and is in collaboration with Better Today's, Better Tomorrows (formerly Red Flags Idaho). Evaluations from the pilot training in Sandpoint, Idaho, were very positive.

## **Statewide Video Cast**

Our system of care partnered with Idaho State University to sponsor a video cast, winter 2006. Cynthia McCurdy, ICCMH regional council representative, shared her experiences in helping her daughter succeed by advocating for her. Trish Wheeler, Key Family Contact for the Idaho Federation of Families, informed the audience about Federation services. Kathryn Gillenwater, youth

involvement coordinator, shared upcoming activities for youth. Approximately 50 people attended.

### **System of Care website**

Information is now available to families on the web. At ***www.idahosystemofcare.org*** families, agency partners, and community members can find:

- Local contact information
- Glossary of terms and definitions
- Success stories
- Orientation manual for councils

### **Agency Reports**

The following agency reports contain information on the array of services, supports and educational opportunities pertaining to children in Idaho. Data was provided by system of care agency partners.

### **Department of Education**

The Department of Education, through local school districts, ensures eligible students, ages 3-21, are provided with an appropriate and individualized education under the Individuals with Disabilities Education Act (IDEA). Students must meet the eligibility requirements as a student with an emotional disturbance under the IDEA.

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### **Department of Health and Welfare**

The Department of Health and Welfare provides a continuum of public mental health services to children with serious emotional disturbance and their families through outpatient and inpatient treatment, or in residential settings. Services are delivered primarily through contracts and service agreements with private service providers. Medicaid pays for the majority of public mental health services for children in Idaho.

The children's mental health system is guided by the Children's Mental Health Services Act (CMHSA), which places the right and responsibility to access mental health services on parents and guardians. The Department's children's mental health services are voluntary and are provided to eligible children.

Children must meet the Department's target population of having a serious emotional disturbance to be eligible for services. Serious emotional disturbance is determined by a child/youth having a mental health diagnosis and impairment in their ability to function successfully in normal life areas including school, home, and in their communities. The CMHSA also allows judges to order involuntary services, but only in situations where children/youth are at immediate risk of causing life-threatening harm to themselves or someone else, or if they are at risk of substantially deteriorating to the point of causing a risk to their own safety.

On July 1, 2005, a new law allowed the Department to provide an assessment and services in expanded situations. The Department, under direction of the court, can provide an assessment and plan of treatment for children under the jurisdiction of the juvenile corrections act or child protection act if the court believes the child has a serious emotional disturbance and prior services have not been effective, or the child cannot follow through with orders of the court, or presents a risk to themselves or others. Additionally, the court may convene a team to assist in assessment and development of a plan of treatment.

## **Definition of Services**

### **Assessment**

A comprehensive assessment is defined as the use of the clinical interview, psychometric tools as needed, and pertinent information gathered from the family and community that addresses safety issues, family's/child's concerns, strengths, and natural supports. The assessment is used to determine the child's mental health service needs and identify resources to meet those needs. Additionally, the Department provides suicide risk assessments and mental status exams.

### **Case Management**

Case management is defined as a process for linking and coordinating segments of a service delivery, developing a comprehensive plan for meeting an individual's need for care.

### **Family Support Services**

Family support services are best described as assistance to families to manage the extra stress that accompanies caring for a child with mental health needs. This service is provided to Health and Welfare clients. The main goal of family support services is to strengthen adults in their roles as parents by providing resources for transportation, family preservation services, emergency assistance funds, training, education, or other similar services.

### **Outpatient Care**

Outpatient care is treatment that a child receives in a clinic or community setting designed to decrease distress, psychological symptoms, and maladaptive behavior or to improve adaptive and pro-social functioning. Outpatient care is funded by contracts through the Mental Health Authority and Medicaid. The children receiving services from the Mental Health Authority and the Psychosocial Rehabilitation are determined to have a serious emotional disturbance (SED). Other Medicaid services do not maintain SED as criteria for receiving the service, and therefore, the clinic option services do not reflect only children with SED. Medicaid data includes clinic option services, psychosocial rehabilitation option services, school-based mental health services, Early Periodic Screening, diagnosis, Treatment Service Coordination and psychiatric services.

### **Respite Care**

Respite services consist of time limited family support services in which an alternate care provider furnishes supervision and care for a child with mental health needs, either within the family home, residential or group home, or within a licensed foster home.

### **Day Treatment**

Day treatment is a collaborative effort between the Department of Health and Welfare and local school districts to establish structured, intensive treatment in a school or other educational setting. The treatment is aimed primarily at emotional and behavioral interventions, resulting in decreased psychiatric symptoms and increased levels of functioning. It may include a range of services such as companions or tutors to an intensive, self-contained classroom setting.

Please see appendix A for an evaluation of Day Treatment/School Mental Health services in Idaho. The evaluation of this service is to report current utilization, composition, outcomes, and gaps in Day Treatment/School Mental Health services for Idaho.

### **Therapeutic Foster Care**

Therapeutic foster care is the temporary care of a child in a licensed foster home that is given training and is supported to provide therapeutic 24-hour care for the child. The inclusion of the child's parents in the care and planning is an essential component of therapeutic foster care.

### **Residential Treatment**

Residential care is defined as group homes and treatment facilities that provide 24-hour care for children in a licensed, highly structured setting delivering comprehensive therapeutic interventions.

## Inpatient Hospital Care

Inpatient care is defined as services provided within the context of a psychiatric hospital setting. This level of care provides a high level of psychiatric and medical care and is utilized in times of potentially dangerous or high risk situations.

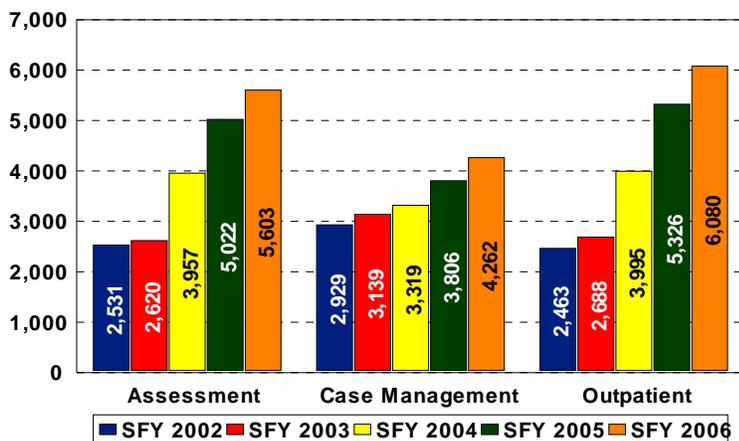
## Crisis Response

The primary focus of crisis response services is to resolve emergency situations within the community, including homes, schools, neighborhoods, and hospitals.

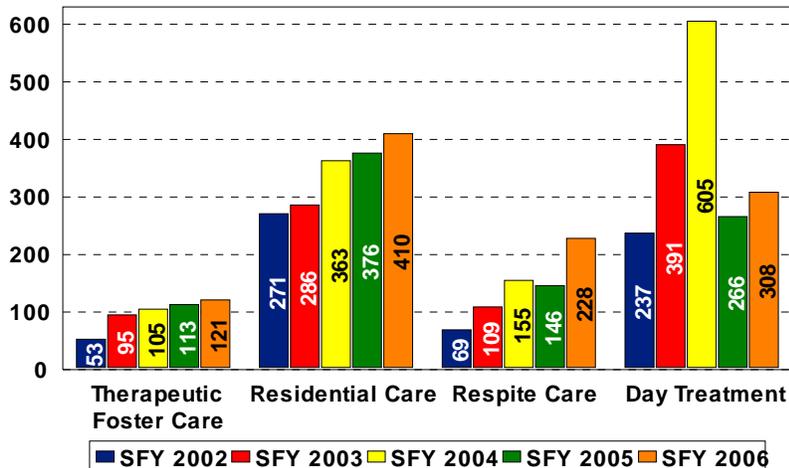
## School Based Mental Health Services

Schools can bill Medicaid for services delivered to children affected by emotional disturbances. These services include psychosocial rehabilitation, individualized educational plans, and evaluation.

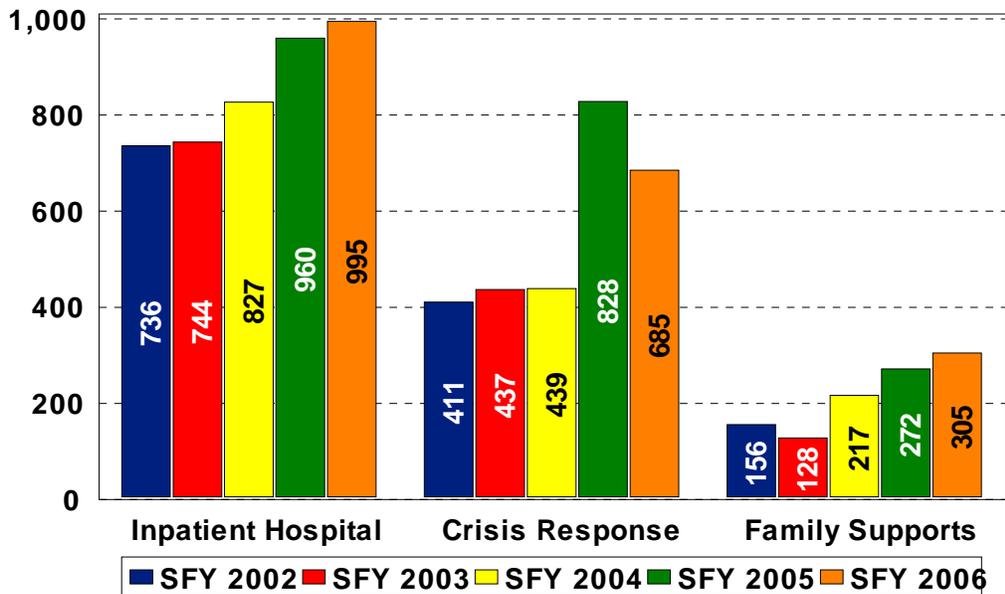
### Services Provided for Children with SED—Numbers Served



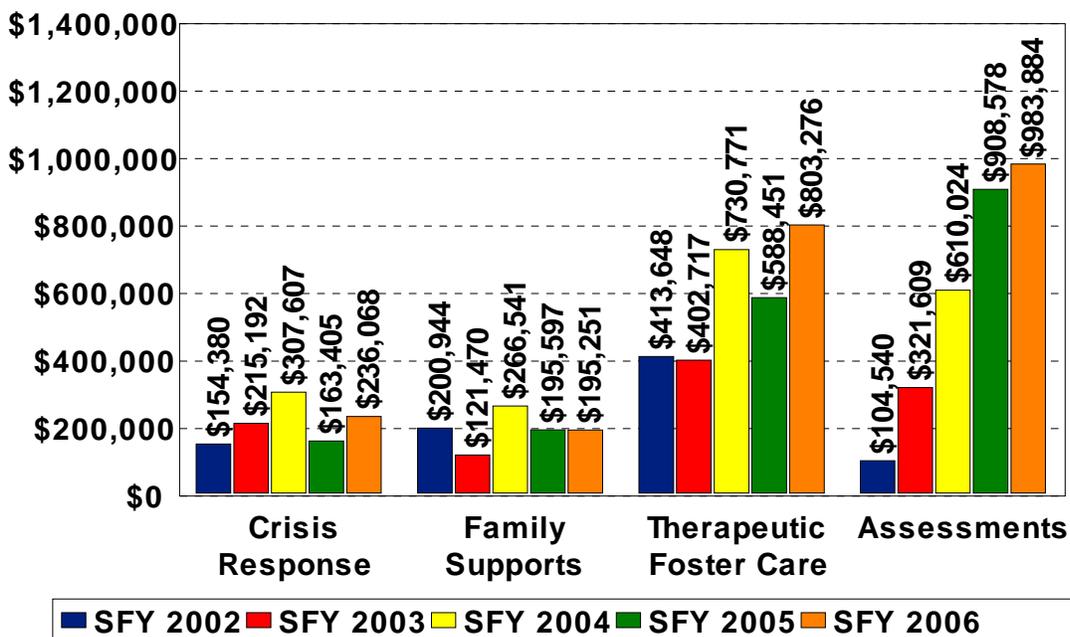
### Services Provided for Children with SED—Numbers Served



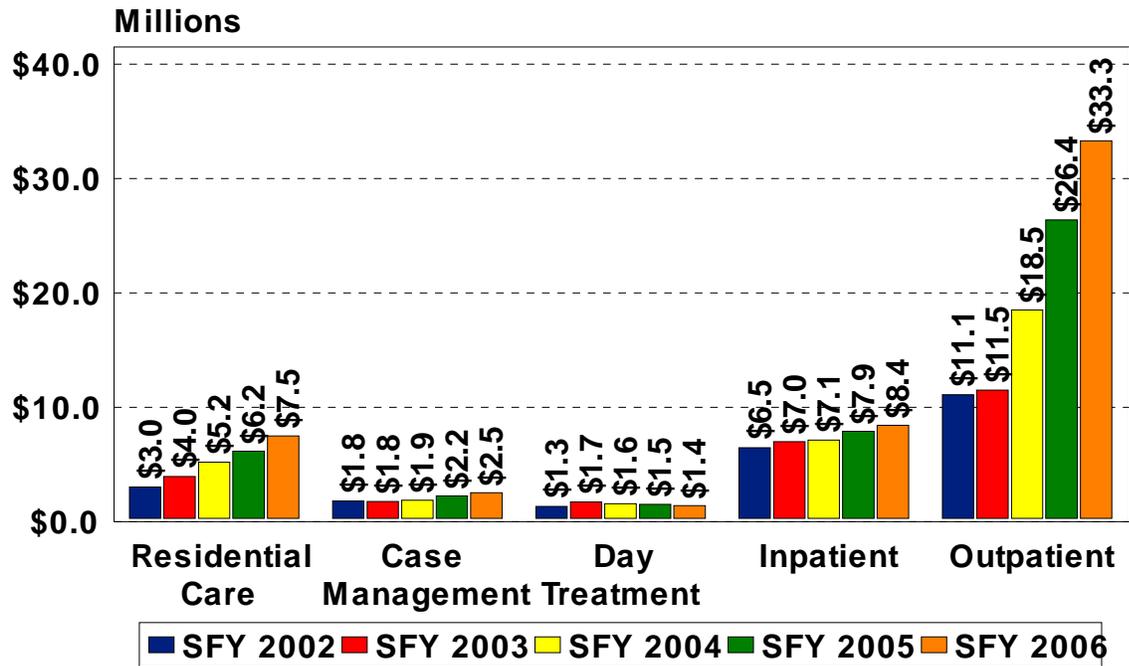
### Services Provided for Children with SED—Numbers Served



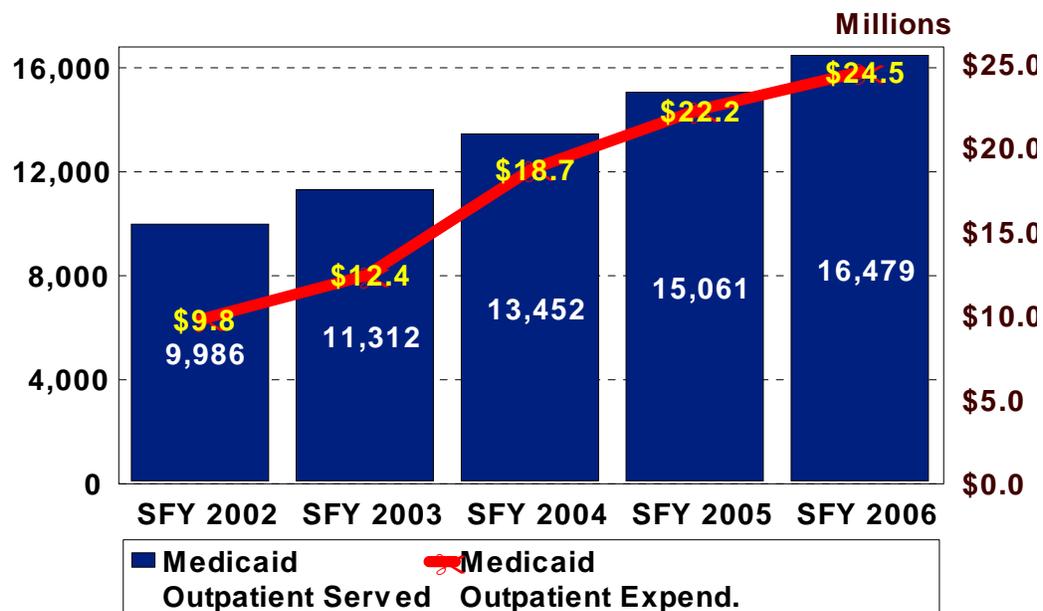
### Services Provided for Children with SED—Expenditures



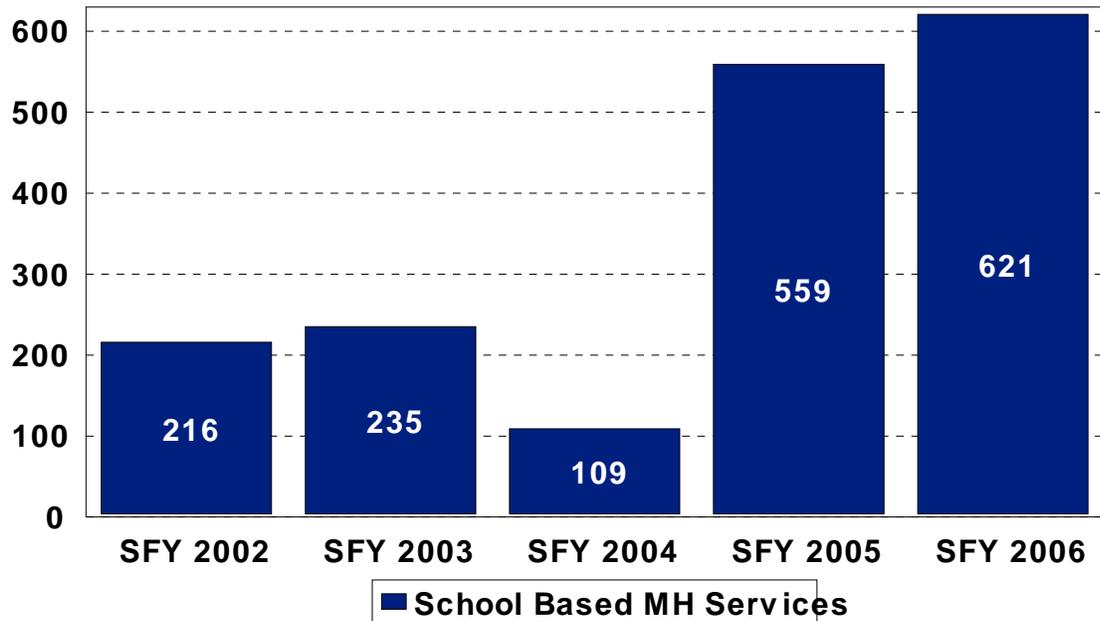
### Services Provided for Children with SED—Expenditures



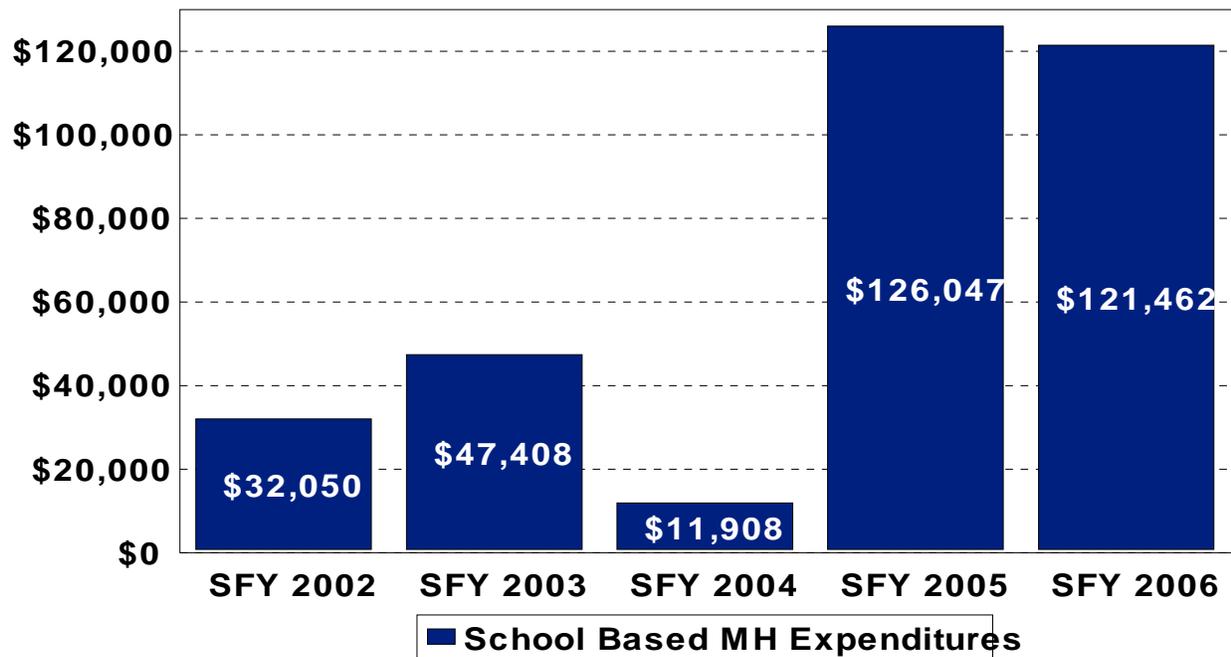
### Medicaid Outpatient Clinic Services—Number Served and Expenditures



### Medicaid School-Based Mental Health Services—Number Served



### Medicaid School-Based Mental Health Services—Expenditures



## **Department of Juvenile Corrections**

The Idaho Dept. of Juvenile Corrections (IDJC) serves youth committed under the Juvenile Corrections Act for community protection, accountability, and competency development of adjudicated juvenile offenders. IDJC has a legal mandate to provide reasonable medical care, including mental health care, to all juveniles in custody with those needs. IDJC continues to identify juveniles in custody who meet the Department of Health and Welfare's definition of having a serious emotional disturbance (SED). Juveniles with SED constitute approximately 30–40 percent of those in custody currently, and juveniles with mental health diagnoses, including those with SED, constitute approximately 40–50 percent of those in custody. The IDJC case managers, clinicians, and clinical supervisors continue to be active participants in the children's mental health councils, both locally and regionally. IDJC managers took part in the Juvenile Justice Children's Mental Health work group, and participated in that work group's presentation at the Idaho Juvenile Justice Association Conference in September 2006. Several new developments to improve services for juveniles with SED are described below.

### **Community Incentive Project – Mental Health Program**

The 2006 Idaho State Legislature appropriated funding to use for juvenile mental health services. The Idaho Department of Juvenile Corrections, Idaho Department of Health & Welfare and Idaho communities are working in partnership to meet the needs of juvenile offenders who have been diagnosed with a mental illness. By diverting youth from commitment to the Idaho Department of Juvenile Corrections, courts and counties have the opportunity to access Mental Health funds appropriated by the Idaho Legislature. These funds are intended to provide mental health resources for treatment programs needed by each juvenile to ensure the safety of the community and prevent these juveniles from going deeper into the juvenile justice system. The overall goal of this program is to serve juvenile offenders with mental health needs. This will result in strengthening families and communities.

To ensure positive outcomes, the Mental Health Program will support mental health services as needed for juvenile offenders through programs that are researched-based and considered best practice. Indicators of offender productivity and change, and program effectiveness will be tracked and reported to the Idaho Legislature.

The Mental Health Program relies on county juvenile justice systems to develop Screening Teams which create appropriate Case Plans for juvenile offenders diagnosed with a mental illness. To access these funds, the Court, Prosecutor or County Juvenile Justice Official (such as a juvenile probation officer) will convene a screening team including members such as those described in section 20-511A, of the Idaho Juvenile Corrections Act. For the Mental Health Program, screening teams must include a mental health professional, a representative from county probation or diversion, and the juvenile's parent or guardian. Other members of the screening team could include representatives from the Departments of Health and Welfare and/or Juvenile Corrections, private provider(s), representatives from an educational institution, etc.

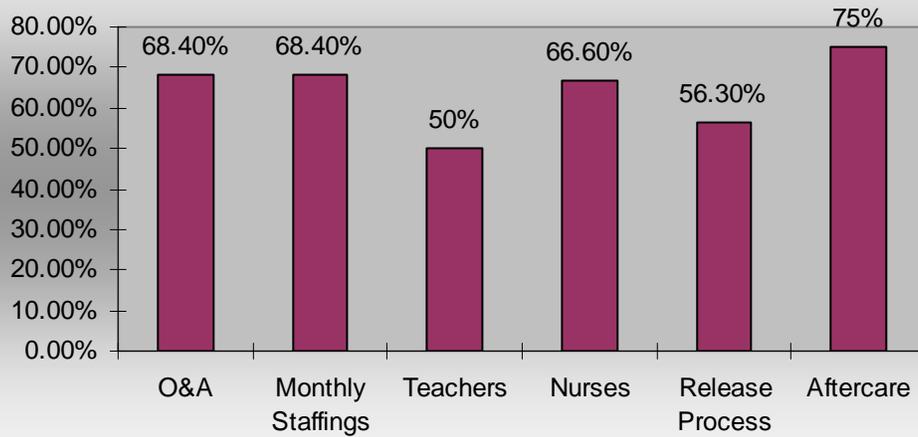
The target population for the Mental Health Program includes juvenile offenders who have been diagnosed with a mental illness. The Youth Level of Service/Case Management Inventory (YLS/CMI) and the Child and Adolescent Functional Assessment Scale (CAFAS) will be used to determine criminogenic and mental health needs. Based on this process, the Mental Health Program is not intended to provide crisis intervention services.

The Mental Health Program was implemented on July 15, 2006. As of the end of October 2006, 23 counties have signed the required agreement, and more are expected to participate. To assist counties in the required assessments, a web-based, on-line administration of the YLS/CMI was purchased by IDJC for the counties to use at no charge. Further, a state-wide survey of mental health providers was conducted to assist counties in knowing which providers in their area are capable of providing the research based therapies required by the program. The counties will submit reports to IDJC who will, in turn, track outcomes and report results to the legislature.

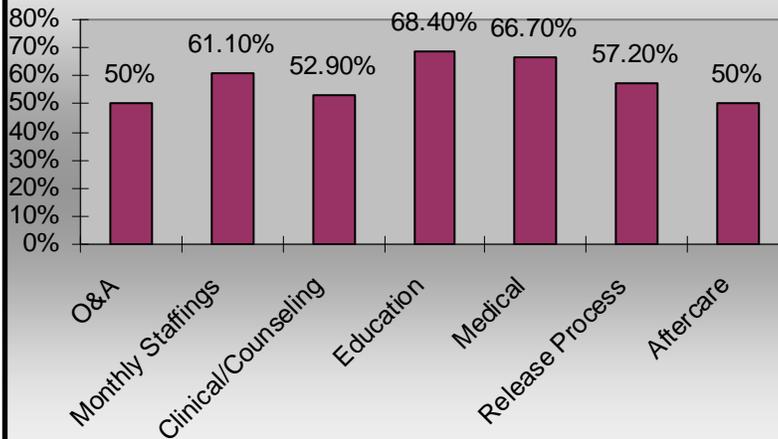
### **Family Satisfaction Survey**

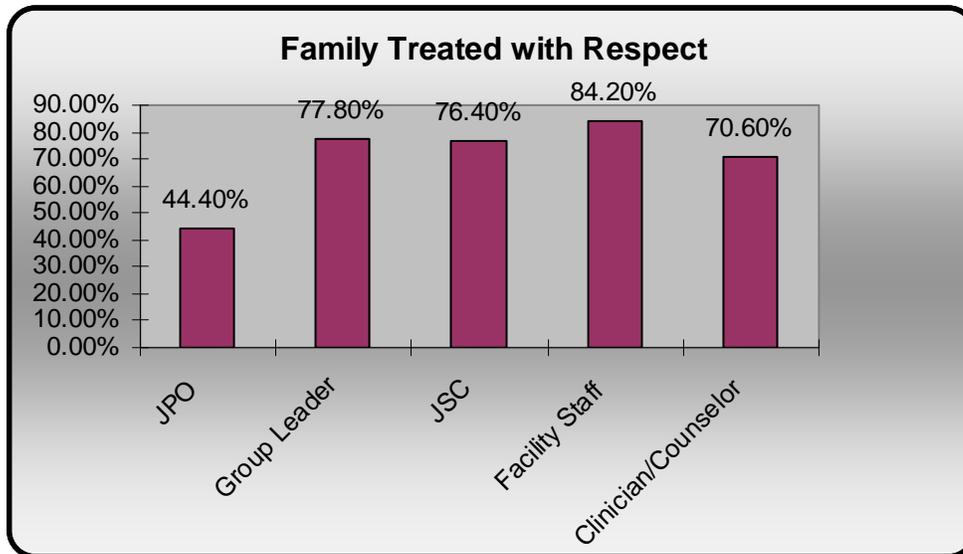
In August 2005, a satisfaction survey was sent to the parents/guardians of juveniles in our custody who have SED. This survey differed from previous satisfaction surveys and was developed in collaboration with county juvenile probation and allowed for more quantitative analysis. Surveys were mailed to the parents of 130 juveniles with SED and 20 were returned. Sample results of this preliminary data are presented below. Terms used in the graphs which are not self explanatory are JPO (county Juvenile Probation Officer), JSC (IDJC Juvenile Service Coordinator) who is a licensed Social Worker, and O&A (Observation and Assessment) which is the initial period of time in IDJC custody during which assessments are conducted to assist in placement and treatment decisions.

### Responsive to Family Concerns



### Family Satisfaction with Process





Beginning in November 2006, a process has been instituted to use the survey to seek feedback from the parents/guardians of all youth in our custody when the youth is about 30 days from being released from the departments custody and is returning to the community. Although the survey will be used for all youth, the feedback concerning youth with SED will be summarized separately to be sensitive to the needs of that portion of our total population.

This process and the survey have come to the attention of Joyce Burrell, Project Director of the National Evaluation and Technical Assistance Center for the Education of Children who are Neglected, Delinquent or At Risk (NDTAC). Ms. Burrell has requested updates on the use of the survey results, and stated her organization is not aware of any other correctional agency attempting to gather such information from parents on a state-wide basis.

### **New Mental Health Unit**

In fiscal year 2007, construction of a 24-bed mental health unit on the grounds of the Nampa Correctional Center will begin. The focus of this unit will be sub-acute psychiatric services to provide stabilization and short-term treatment for those in IDJC custody in need of such services. It is expected that this unit will serve youth who currently, and in the past have been in the residential programs of in-state contracted psychiatric facilities. IDJC will continue to rely on the in-state psychiatric facilities for acute psychiatric placements.

## **Treatment Foster Care Work Group (TFC)**

The Department of Health and Welfare convened an interagency workgroup to explore the possibility of developing a statewide TFC system for children in DHW and DJC custody. Participants in this work group include Medicaid, Family and Community Services and Clinical DHW staff, as well as Fiscal, and Community Services DJC staff. An important objective for this group is to identify on-going funding for TFC, specifically Medicaid, in the attempt to leverage state general funds match to federal funds. TFC is an evidenced-based practice for juveniles with conduct disorders and is being used in other service delivery systems to partially displace the use of existing group care.

## **Juvenile Justice/Children's Mental Health Work Group**

This workgroup is affiliated with the Idaho Council on Children's Mental Health. IDHW retained a contracted facilitator for the group, which is expected to remain active for 12 months. Participants in the group include County Detention and Probation, Family Advocates, DHW staff, as well as clinical staff from State Hospital South and Nampa State School. Public Education and others are also represented at these meetings. The overall goal is improve services to juveniles involved in the juvenile justice system with significant mental health issues. This is done by clarifying what services are currently available in the continuum of care and then identify gaps in these services. Once gaps are identified, strategies will be developed to fill these gaps using an inter-agency collaborative model.

DJC Clinical Services Staff implemented a computer-based initial comprehensive assessment report within the last year. This report includes specific goals for juveniles to accomplish while in DJC custody. These service plans include identification of SED, if special education provisions are needed, and provide a goal for the families of the juveniles to accomplish prior to the juveniles returning home.

## **SED Tracking Tool**

DJC case managers are testing a new SED tracking tool. The purpose of the tool is to assist in the care coordination of juveniles across several state departments and related agencies. DHW and Department of Education staff provided input on the tool. Some of the inter-agency collaboration tracked by this tool includes:

- Any staffing by a local CMH council prior to commitment to DJC
- Pre-qualification for CMH services established upon release from DJC custody

- Documents showing if the Idaho Federation of Families contacted the family while the juvenile was in custody.

### **Reintegration Specialist**

Beginning in December 2004, a number of male SED juveniles received services through a new Residential Treatment Contract with the Idaho Youth Ranch which includes the use of a Reintegration Specialist. The main role of the Reintegration specialist is to assist families while the juveniles are receiving treatment in placements outside of the home, and to teach skills needed for a more healthy family life once the juvenile returns to the home.

### **Re-entry Program**

The re-entry program helped a number of SED juveniles successfully return to their home communities this year. In collaboration with the Idaho Department of Vocational Rehabilitation, the Re-entry Program identified four major obstacles for juvenile offenders and their home communities.

These obstacles include:

- Affordable, safe housing,
- Transportation,
- Employment,
- Mental health counseling, and
- Medication management

Through these better coordinated and affordable services, more juveniles are becoming stable and productive citizens in their communities after release from DJC custody.

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### **Idaho Federation of Families for Children's Mental Health**

The Idaho Federation of Families for Children's Mental Health is the parent support network for families who have youth diagnosed with serious emotional disturbance. During the past year, the Federation continued to build professional and personal relationships as services were expanded.

The Board of Directors is made up of parents from regions I, II, IV, V, and VII who have youth with a serious emotional disturbance. Recruitment continues for the remaining vacant board positions.

## **Federation Staff**

Courtney Lester, Administrative Director  
Lacey Sinn, Promotions and Education Coordinator  
James Sawyer, Youth Coordinator  
Cindy Shotton, Administrative Assistant  
Nicole Gustafson, Office Assistant  
Karen Weppner, Region I Family Support Specialist  
Kathleen Mulroy, Region I Family Support Specialist  
Elaine Sonnen, Region II Family Support Specialist  
Natalee Geye, Region II Family Support Specialist  
Barbara Hill, Region III Family Support Specialist  
Stephany Huntley, Region IV Family Support Specialist  
Kara Jones, Region IV Family Support Specialist  
Sue Brown, Region V Family Support Specialist  
Patricia Green, Region VI Family Support Specialist  
Nancy Wahobin, Tribal Family Support Specialist

## **Family Support Specialist Growth**

Last year the Federation had four parent advocates working for them. This year there are 12 Family Support Specialists in the state. These parents provide parent to parent support groups, resources, referrals, and advocacy in their regions.

All 12 are parents of a child with mental health needs. These parents make a great addition to our team and provide the experience and insight to help families in their area.

## **Training and Community Outreach**

Trainings are offered to families and providers across the entire state. This year the Federation presented two trainings. For parents - Family Rules was taught statewide and was presented to families by a parent.

The second training was an update and history on Jeff D. for providers. Howard Belodoff, Jody Carpenter, and Barbara Hill, a parent representative, presented statewide via teleconference.

The Federation participated in the planning of the May Children's Mental Health Conference. The youth track allowed youth to be creative through art as well as learn from one another's experiences.

The Federation also participated in the Governor's Round Tables for Families and Children's State Mental Health Planning Council Legislative Breakfast with a table top display.

Outreach continues to be a priority of the Federation as families are still unaware of our services.

### **Family Involvement**

Family Involvement continues to be the focus of the organization. Families were sponsored to attend the May conference as well as the annual System of Care conference in Orlando, Fla. In addition, parents are participating on local System of Care boards and Committees including the Diversity Team and the Juvenile Justice/Children's Mental Health Collaborative Group. The Federation provides advances and reimbursements for families participating in System of Care activities.

Federation staff continues to be active participants of the System of Care in Idaho. The Idaho Federation of Families for Children's Mental Health contribute to the many efforts for improving the lives of children by partnering with groups such as:

- Staff Development Advisory Group
- Regional Children's Mental Health Council Chairs
- Tribal Coordinating Council
- System of Care Core Team
- Wraparound meetings w/families
- Juvenile Justice/Children's Mental Health Collaborative Group
- Transformation work group

The Administrative Director represents the Federation on the Idaho Council for Children's Mental Health and the State Planning Council.

The Federation looks forward to another year of continued growth and working to ensure families and youth are equal participants in the system.

### **Art From the Heart Classes**

<b>Location</b>	<b>Number of Participants</b>
American Falls	23
Blackfoot	8
Coeur d'Alene	30
Kellogg	22
Montpelier	5
Pocatello	9
Sandpoint	22

## **New Look for the Federation**

The promotions staff developed new brochures, a logo, newsletters, and a marketable identity for the organization. In addition, the Federation coordinated with the System of Care to develop a new website.

## **Family Support Specialists**

There are four Family Support Specialists in the state. These parents provide parent to parent support groups, resources and referral, and advocacy in their regions. Recruitment efforts continue for the remaining three regions.

These parents make a great addition to our team and provide the experience and insight to help families in their area.

Our Regional Support Specialists are: Lisa Rivera (Region I), Francis Buker (Region II), Barbara Hill (Region III), Nikki Tangen (Region IV), and Kristi Howell (Region VII).

## **Trainings and Community Outreach**

Trainings are offered to families and professionals on a regular basis across the entire state. Parenting Survival Skills, Sib Shops, and "Art from the Heart" are a few of the offered classes. Art from the heart classes allow youth to express their feeling through poetry, art work, and short stories. Parent Panels will be used to train professionals in the near future.

The Federation participated in the planning of the May Children's Mental Health Conference. Along with a presentation at the conference, the Federation sponsored a pre-conference reception. Ten youth attended a track especially for them. Classes included "Everything You Wanted to Ask a Mental Health Professional," "Unmasking the Real You," "Noncompetitive Games," and "How Nutrition Connects with Your Mental Health."

The Federation also participated in the Governor's Roundtables for Families and Children the State Mental Health Planning Council Legislative Breakfast with a tabletop display.

## Common Abbreviations

CMH: Children's Mental Health  
DHW: Department of Health and Welfare  
DJC: Department of Juvenile Corrections  
SDE: State Department of Education  
CMHSA: Children's Mental Health Services Act  
ED: Emotional Disturbance  
IDEA: Individuals with Disabilities Education Act  
SED: Serious Emotional Disturbance  
CAFAS: Child Adolescent Functional Assessment Scale  
PSR: Psychosocial Rehabilitation Services  
IEP: Individual Education Program  
RMHA: Regional Mental Health Authority  
DAG: Deputy Attorney General  
MOA: Memorandum of Agreement  
HIPAA: Health Insurance Portability and Accountability Act  
EPSDT: Early and Periodic Screening Diagnosis and Treatment  
IBI: Intensive Behavioral Interventions  
MHA: Mental Health Authority (DHW/CMH Program)  
SOC: System of Care

**DAY TREATMENT/SCHOOL MENTAL HEALTH EVALUATION**

**PURPOSE**

The evaluation of this service is to report current utilization, composition, outcomes, and gaps in Day Treatment/School Mental Health services for Idaho. This information is reported in the Idaho Council on Children’s Mental Health’s Community Report.

**INTRODUCTION**

Commonly referred to as day treatment, school mental health includes an array of mental health services that are delivered in a school setting to children with behavioral or emotional disturbance. Stroul and Friedman (1986) define day treatment as the provision of a broad range of services delivered in a coordinated manner, designed to strengthen individual and family functioning and to prevent more restrictive placement of children. Students and families experience a range of problems thus, a comprehensive system of supports is critical to meet the needs of this diverse population of students. The array of school mental health services addressed here includes the most intensive form of nonresidential mental health services, called day school (a.k.a. partial hospitalization), to the lesser restrictive levels of care, like school companion supports.

The Department primarily utilizes contracting with local school districts for Day Treatment/School Mental Health services. The details of this model can be found in the Guidance Document located in Appendix A. This model has been accepted by the Federal Court on the Jeff D vs. Idaho lawsuit. The Guidance Document includes both information on the process and the services for contracting. The Guidance Document is inclusive of the Standards and establishes the requirements of the contracts.

**METHODOLOGY**

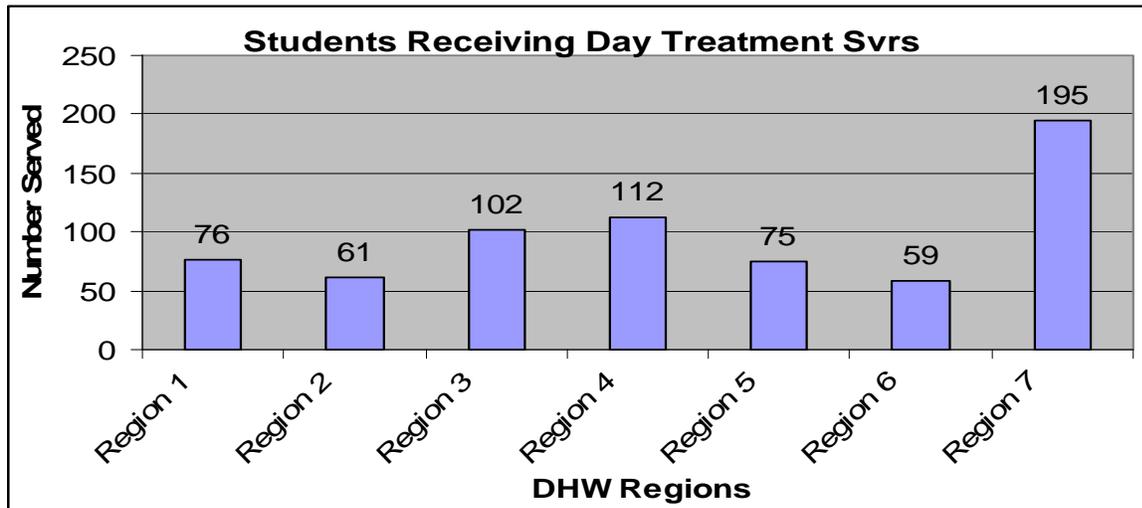
This evaluation on Day Treatment/School Mental Health services was developed through a combination of different data sources. The contract expenditures were gathered by the CMH Regional Programs by extracting the data from the Contrax system, which contains all contract information. The utilization data was determined through self-report of each of the school districts that either had a contract or were in a cooperative agreement for services with another school district. The gap information is based on districts that did not have contracts with DHW for the delivery of Day Treatment/School Mental Health services and the number to be served according to the 1998 Needs Assessment. Outcome data is gathered through the Service Evaluation Database. This outcome information measures the children’s reduction in functional impairment from the first or baseline CAFAS to the most recent or closer CAFAS.

**EXPENDITURES AND UTILIZATION**

For expenditure and utilization data, please refer to the Appendix that contains all districts, whether they were under contract, the number served, the contract amount, and the contract

expenditures for each contract in FY2006. The appendix demonstrates that 84 out of 114 or 74% of Idaho's school districts contracted with DHW for funding to deliver day treatment or school mental health services. The total allocation for these contracts would have been \$1,943,000 if all districts would have contracted. With 84 districts receiving contracts, the contracted amount was \$1,629,456 and the expenditure of those contracts was \$1,393,366. There were 680 students served by the school districts in services that were funded in part or in whole by the contract with DHW.

Below is a graph showing the number of children served by school districts receiving funding from DHW.



### COMPOSITION

The Department primarily utilizes contracting with local school districts for Day Treatment/School Mental Health services. This model has been accepted by the Federal Court on the Jeff D vs. Idaho lawsuit. The Guidance Document includes both information on the process for contracting and the services that can be contracted. The contracts can be used to support services in two models. First is the center-based model which is a traditional, self-contained day treatment model and second is the wrap around model that funds services for children in the mainstreamed classroom. The contract details the target population of students to be served and the contract payment options. After selecting the model that the school will utilize, the contract identifies which of the allowable services for which the funding will be used. A list of those services, the definition of those services, and the requirements for whom can deliver those services is below.

- a. Individual and group therapy:
  - i. Professional authorized to perform these services according to their state licensure or certification, for example Licensed Clinical Therapist/Counselor/Social Worker.
  - ii. One on one or small group psychotherapy with children/youth

- b. Skills Building/Problem Solving:
  - i. School counselors/psychologists, teachers, paraprofessionals under the direct supervision of a certified teacher, licensed Clinical Therapist/Counselor/Social Worker according to the state licensing authority for that profession
  - ii. Social skills training, conflict resolution, anger management, bully proofing, social skills training, communication skills, etc.
- c. Family Support
  - i. Directed by a licensed Clinical Therapist/Counselor/Social Worker according to the state licensing authority for that profession
  - ii. Parent education, parenting skills development, involvement of the parent in school-based program, behavior modification skills
- d. Crisis Intervention
  - i. Licensed Clinical Therapist/Counselor/Social Worker according to the state licensing authority for that profession
  - ii. Responding to mental health emergencies (as defined in the CMHSA) during the school day, a risk reduction model
- e. Behavior Modification
  - i. School counselors/psychologists, teachers, paraprofessionals under the direct supervision of a certified teacher, licensed Clinical Therapist/Counselor/Social Worker according to the state licensing authority for that profession
  - ii. Implementing a system of rewards and consequences to modify the behavior of an emotionally disturbed child/youth
- f. Consultation
  - i. Professionals uniquely qualified to provide consultation to schools regarding emotional disturbance and that are licensed or certified in the field that they practice, if applicable.
  - ii. Consultation or technical assistance in the development of services, systems of behavioral supports, and/or treatment planning for children with emotional disturbance

### **OUTCOMES**

The CAFAS results are reported in the Service Evaluation Database. The information is based on a random sample of the youth identified in DHW's information system as receiving day treatment services. There were 308 children identified as receiving the service. The data is based on a random sample of 10% or 31 children. With 90% confidence, the data is reliable within a +/-14% confidence interval. The process of gathering the data was based off of a random sample using a research randomizer at randomizer.com. In some of the sample, the data was incomplete and a randomly gathered alternate was utilized.

According to the results, with recognition of the above limitations, 86% of the children/youth served in the day treatment/school mental health service had a reduction in their functional impairment. The CAFAS measures functional impairment on a scale from 0 to 240, with 240 being the most severely impaired child. So, the lower the score of the CAFAS, the less functional impairment they have. Given that 86% had a reduction in their score, the average reduction in the CAFAS amongst the sample was 40 points or an overall improvement in functioning of approximately 17%.

### **GAPS IN DAY TREATMENT/SCHOOL MENTAL HEALTH SERVICES**

The 1998 Needs Assessment identifies that 8% of the state population of children <17 that have a serious emotional disturbance (SED) and need publicly funded mental health day treatment services. According to 2005 census, there are approximately 7,484 children in Idaho and 599 of them need publicly funded day treatment/school mental health services. In FY2006, public schools provided services to 680 students that were funded in part or in whole by contracts with DHW. Therefore, according to the targets established in the Needs Assessment, Idaho is currently serving 114% of the target.

However, even though Idaho is meeting the target, there continues to be a gap in day treatment/school mental health services in some parts of the state. These areas include the school districts that did not choose to contract with DHW. Appendix B, attached, is a list of each school district in Idaho and whether they had a contract with DHW. The schools identified as not having a contract are considered as having gaps.