



“Connecting Communities for Children” Idaho Systems of Care Newsletter

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Volume I, Issue 2

Systems of Care Increase Quality of Life

More than two-thirds of caregivers were satisfied with their child's progress after one year in a system of care.¹ Over seventy-five percent of caregivers rated services as good to excellent. In addition, clinical test results indicate students functioned better at home, in the community, and at school.

Children surveyed were from 30 different grant communities across the United States from 1993 to 1999.



What is a “System of Care?”

A system of care is a team of caring professionals and citizens working together to support children and families affected by a serious emotional disturbance. Members of the team represent public and private agencies, civic groups, and other community members. These caring citizens, chosen by the family, coordinate services and supports. Services and supports focus on the strengths of the child and family, are provided in the local community, and are customized to fit the individual culture of the family.

“How We Solved It” Challenges and Solutions

Challenge: “We discussed how to spend money, and realized that we did not have a mechanism for ordering equipment, parental reimbursement, or other

administrative activities,” said Kathy Berg, Region 4 Children’s mental health council chair.

Solution: Council members came together and developed standardized forms for invoices, request for travel, parent release of information, and monthly activity reports. In addition, a local council request form was created. Documents were presented at the regional chairs meeting and will be used as a template for statewide forms.



A Success Story

Abused and abandoned by his parents, C.J. had no where to go. His aunt and uncle took him in, along with their other children. C. J. experienced behavioral problems at school and at home. He had a hard time fitting into his new family because of a different last name. His first name made things worse. He carried the name of his abusive father and wanted it changed. C.J. wanted his aunt and uncle to adopt him, but they were struggling to feed the family and had no extra money to pay for the legal procedure.

“The local children’s mental health council paid for the adoption and name change to help C.J. become more fully accepted in his new family, and leave his abusive beginnings behind. His new family is grateful, and C.J. continues to become more emotionally stable as he enjoys the new first name which he chose, and his new family name. We are glad that we can serve our local children in many ways,” says a local council member.

National Evaluation Begins

Local evaluation specialists are being trained to begin the new national evaluation protocol which

¹ Center for Mental Health Services. (1999). Annual Report to Congress on the Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program, 1999. Atlanta, GA: ORC Macro.

includes an extensive interview process for parents . Specialists and system of care evaluators also are working with local and regional councils to determine how best to collect baseline data required by the evaluation.

Consent forms for the national evaluation are available and enrollment is underway. Information provided by families will help the state of Idaho improve the quality of life for families and children. For more information, contact a local evaluation specialist.

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Upcoming Events

Save the Dates!

Hispanic Issues Training Conference
September 15-17,2004
DoubleTree Riverside
For more information, contact the Idaho Primary Care Association at 208-345-2335

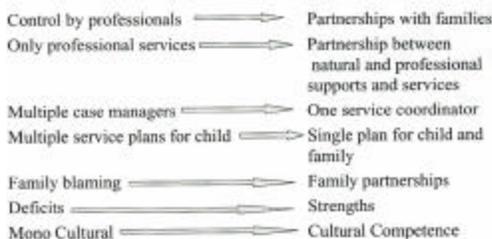
“Early Years: Critical Years for Idaho’s Children
November 16-17, 2004 at the Centre-on-the-Grove
For more information, contact the Idaho Head Start Collaboration Project at 208-334-6955

Annual Suicide Prevention Conference
November 17-19, 2004 at Centre-on–the-Grove
More information to follow

Frontline Shifts in System of Care

Things look different from the old way of doing things in a system of care.

Frontline Practice Shifts



Idaho Council For Children’s Mental Health

The regional council chairs provided a summary of the strategic planning meetings to the Idaho Council for Children’s Mental Health (ICCMH), including proposed statewide mission and vision statements for Idaho systems of care.

The planning meetings validated council members and sharpened their focus on helping children. Council members feel equipped to provide a statewide process model for systems of care, help councils use resources in productive ways, and facilitate parent participation at every level.

Proposed Vision: Provide community-based services and supports that increase the capacity for children with serious emotional disturbance (SED) and their families to live, work, learn, and participate fully in their community.

Proposed Mission: Local councils provide strengths-based, comprehensive, culturally competent system of care for children with SED and their families. This includes sufficient financial support, regional trainings, local resource development, advocacy to State-level officials, and full-circle communication.

As the governing body, ICCMH will make a decision about adopting mission and vision statements for the State.

Regional and local children’s mental health councils are a vital part of our system of care. Councils are characterized by multi-agency partnerships. Council members empower families to make decisions, coordinate services and supports, and reduce the negative impact of mental health disorders.

Learning Opportunities

Learn more about children’s mental health on the worldwide web at <http://facs-info.dhw.state.id.us/>. This site provides practical resources and information about national and local conferences and workshops.

Questions about medication? Go to <http://pharmacy.isu.edu/live/services/idis/query.html>. This service, sponsored by Idaho State University, provides information about pharmaceutical drugs upon request.

For national resources, news, and events, go to <http://www.air.org/tapartnership/>. Web-based training is available for parents, educators, juvenile justice workers, and many others.

Comment from a parent on the web site:

....." I am impressed by the quality and diversity of the information on the site." Angela Hicks, parent and local evaluation specialist

For more information, contact Technical Assistance Coordinator Oscar Morgan at morgano@idhw.state.id.us

Building on Each Others Strengths Update

" I have a child who is labeled as emotionally disturbed. I thought that meant no hope or no future.

But I was ignorant", said a parent. "I did not know what mental health meant". The region 2 planning meeting included several other testimonials. Parents spoke of renewed hope through the councils, and the need for more community outreach.

Council members set goals and objectives, and completed action plans for the year. The meeting included establishment of goals and objectives and identification of strengths and challenges for Region 2.

Bridging the Cultural Gap

Local council members and other professionals may have difficulty knowing which services and supports are appropriate for various cultural and ethnic communities, including those in rural areas. A cultural broker can bridge the gap between families and service providers by serving as a go-between or advocate.

Cultural brokers are from a variety of backgrounds. They can be health care workers, traditional healers, administrators, even neighbors. They respect various beliefs of the cultural community, understand traditional methods of healing, and have experience working their way through agency systems and processes.

For more information on cultural brokering, go to <http://gucdd.georgetown.edu/nccc>, National Center for Cultural Competence.

Community Outreach in Region One



Worry stones and regional brochures are helping Region I reach out to their community. Worry stones are believed to relieve tension and anxiety when rubbed.

The council for children's mental health provided brochures at a local business fair. The council gave worry stones to participants only if they passed along brochures to someone who they knew had children with emotional challenges. Many people accepted the stones and sent more people to the table.

The same method was used a local safety fair, sponsored by the fire department and Forest Service. According to Linda Sepa-Newell, member of the Shoshone council, both fairs were a great success.

Departmental Agencies Work Together for Children

The Department of Juvenile Corrections (DJC) is working with the Department of Health and Welfare (DHW) to promote a seamless system for children released from juvenile corrections.

DJC adopted the same definition and clinical assessment tool that DHW uses to determine eligibility for children's mental health services. This facilitates continuation of mental health services when juveniles are released back to the community. On a pilot basis, some DHW Regions have agreed to use the CAFAS scores before juveniles undergo extensive (16 months) of residential treatment with DJC. This interagency agreement allows select juveniles potentially to be eligible for public mental health services upon release.

DJC juveniles with a serious emotional disturbance (as well as non-SED juveniles in some locations) are eligible to receive staffing by a local council. The DJC Juvenile Services Coordinator and/or the parent can make the request. Staffing occurs during the aftercare planning process, resulting in improved coordination of community-based services for children being released from DJC custody.

Submitted by Nancy Bishop, DJC

Parent Perspectives

"We had a binder full of information to help us keep track of all the people we went to for services or assistance. There was a "diagnosis of the week". People told us to let go, and accept our son's disability, but we didn't," says Dr. Caile Spear, Boise State University.

Often, we saw a look of relief on a professional's face when we took ownership of our son's situation. Sometimes it was hard for professionals to answer the question, "Where do we go next?"

Councils can assist parents in answering this question by coordinating various services and supports. This empowers parents by providing support based on strengths instead of weaknesses.

According to Dr. Spear, people who really listened helped her family in their journey. "We were blessed with supports in many different ways." The most important thing is to advocate for your child. If you can't do it, find someone who can."

For more information on advocating for your child, contact the Idaho Federation of Families, at 208-433-8845.

Red Flags Idaho Changes Its Name

Red Flags Idaho is changing its name to Better Today. Better Tomorrow. For Children's Mental Health. (B2T2). The name change is needed as the program evolves and as other states and organizations around the country seek out the Idaho program.

When Red Flags began in 2000, it was borrowed from an Ohio program by the same name and focused on adolescent depression. Since that time, Idaho's program has expanded to address all mental disorders in school-age youth, suicide risk, protective factors and prevention, youth trauma, and the emerging Systems of Care in Idaho.

"B2T2 today is far different from the Ohio program and it's time we had our own name and identity," said Ann Kirkwood, Director of B2T2 for the Idaho State University Institute of Rural Health.

The program is funded by the Governor's Generation of the Child Initiative with support from the National Alliance for the Mentally Ill, Idaho Chapter. Support also is provided by the National Institute of Mental Health Constituency Outreach and Education Program, the Substance Abuse and Mental Health Administration and Telehealth Idaho.

B2T2 provides training on the signs and symptoms of mental disorders in children and youth to caregivers and gatekeepers to encourage timely treatment before a crisis occurs at school, in the family, or in the community. To date, approximately 1,500 Idahoans have been trained in scores of communities. Early data indicate at least 750 Idaho children and youth have been referred to needed care as a result of B2T2.

Trainings are provided at no cost to interested organizations and communities. For more information or to schedule a training, contact Ann Kirkwood at 208-562-8646 or 1-866-572-9940. E-mail to redflags@isu.edu.

Submitted by Ann Kirkwood, ISU

Letter From the Editor:

Entries for "A Success Story," "Challenges and Solutions," "Community Outreach," and upcoming events are needed. Please obtain permission from families to share their story. For confidentiality purposes, do not use the real names of family members when submitting a story.

Send entries to : storyc@idhw.state.id.us

Sincerely,
Chandra Story, Editor

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