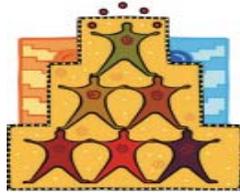


**IDAHO COUNCIL ON
CHILDREN'S MENTAL HEALTH**



REPORT TO THE GOVERNOR:

**TOWARD
A COLLABORATIVE
CHILDREN'S MENTAL HEALTH SYSTEM**

**EXECUTIVE SUMMARY
NARRATIVE**

DECEMBER 2002

Idaho Council on Children's Mental Health

Executive Summary

Governor Kempthorne issued Executive Order 2001-05 establishing the Idaho Council on Children's Mental Health (ICCMH) on February 28, 2001. The ICCMH oversees implementation of a plan designed to move children's mental health service delivery into a comprehensive system of care. Chaired by the Lieutenant Governor, members include representatives from the Office of the Governor, the legislative branch, the judicial branch, the Department of Health and Welfare, the Department of Juvenile Corrections, the Department of Education, the State Planning Council on Mental Health, a parent representative or advocate, a representative of county government, and a representative of providers of children's mental health services.

The ICCMH is responsible to the Governor for legislative policy on access to treatment, prevention, and rehabilitation services for children with serious emotional disturbances. The ICCMH supports the system of care through the development of legislative policy recommendations, statewide standards, key duties, goals, and performance outcomes. The ICCMH monitors, evaluates, reports on, and provides technical assistance to regional and local children's mental health councils.

The ICCMH has met monthly throughout the year. Members continue to model the style of collaboration needed to support the implementation of a system of care. The ICCMH's focus has been on the establishment of the Regional and Local councils and on the development of procedural and technical elements for both the state level council and the lower level councils.

This year has seen the establishment of one Regional level council in each Health and Welfare region and the establishment of at least one Local Council in each region. The Regional Councils were chartered by the ICCMH, under the Lt. Governor's signature, on July 1, 2002. The existing Local Councils were chartered by their Regional Councils in August and September 2002. The local level councils serve as the basis for the establishment of the collaborative system of care that is envisioned by the Needs Assessment and the Implementation Plan. Continued successful implementation of the plan will require both legislative and fiscal support. A budget recommendation is included in this summary.

Acronyms:

CAFAS	Child and Adolescent Functional Assessment Scale
SDE	State Department of Education
DHW	Department of Health and Welfare
DJC	Department of Juvenile Corrections
SED	Serious Emotional Disturbance
ICCMH	Idaho Council on Children's Mental Health

Idaho Council on Children's Mental Health

Narrative

The establishment of the Idaho Council on Children's Mental Health (ICCMH) marked a milestone in the move towards a collaborative children's mental health system. The highlighted accomplishments for this year are outlined below.

1. The ICCMH approved statewide Crisis Response Guidelines that provide the minimum standards for the creation of regional or local crisis response protocols throughout the state. The protocols were developed to provide consistency for responding to crisis situations throughout the state. A task force with members from the necessary stakeholders worked to develop a multi-agency response. The resulting protocols also included a children's mental health emergency response training curriculum and a plan for dissemination to the various stakeholders in the community where the protocol would be used. Development of local crisis response protocol is essential to the establishment of a system of care throughout the state.

2. A comprehensive Communications Plan was developed and adopted by the ICCMH. This plan addresses the need for communication among the stakeholders and in getting educational information to the public and new stakeholders about the system of care and particularly the Regional and Local Councils. The plan establishes a protocol for communication between the

ICCMH and its partners, through identification of and utilization of multi-media methods of information dissemination on children's mental health services and for outreach. The Substance Abuse Mental Health Services Administration (SAMHSA) grant (see number 5 below) has a public information position associated with it. It is anticipated that this person will be able to help implement the Communication Plan and its various elements.

3. An Early Identification workgroup was established in April. A critical component of any collaborative system of care includes a prevention and early identification component. This workgroup has compiled and produced a comprehensive list of screening and assessment tools for early identification that will be shared with stakeholders in the field of early childhood development. This workgroup will develop recommendations regarding increasing identification of children between the ages of 0 and 9 years of age that may need mental health services to avoid more severe conditions as they progress through childhood. The group has developed some recommendations regarding development of a curriculum for outreach, training and education of stakeholders in this area.

4. In May of this year the Plaintiffs and Defendants put together a joint report to the court on progress to that date, which included modifications of certain recommendation deadlines. This was filed and accepted with the federal court. It also sets new report deadlines and hearing dates.

5. The Department of Health and Welfare and Governor Kempthorne submitted a grant application to SAMHSA. The ICCMH agreed to act as the grant governing board if the grant was awarded. The Department received an award notice in October and has begun planning for the grant implementation. This is a six-year grant, which will provide matching federal funds to aid in the development of the system infrastructure, services, and evaluation methods of the systems growth and effectiveness.

6. The Department of Health and Welfare and the Department of Juvenile Corrections have entered into an agreement to accept CAFAS tests done by DJC in the assessment of children coming out of DJC's custody in Region III. It is anticipated that a statewide protocol for expanding this agreement to other DJC regional facilities will be developed in the near future.

7. In July, the State Department of Education presented a report from the "School-as-a-base" workgroup established to make recommendations on using schools to improve the identification of children with SED and providing a base for service delivery, where appropriate. The recommendations address the collaboration of schools and other agency stakeholders in the provision of children's mental health services. The workgroup reviewed current research and literature on collaborative systems of children's mental health care, as well as various models that are in existence in other states. The report identifies integral components of such systems and a survey was conducted to gather input from

stakeholders on priorities in this state. The report includes 9 recommendations, and has been adopted by the ICCMH.

8. Seven Regional Councils were chartered by the ICCMH in July 2002. The Regional Councils are comprised of representatives of parents, DHW, DJC, local school districts, county probation, providers, and members of the local councils in the region. The Regional Councils will oversee the Local Council establishment, and provide the oversight to the Local Councils and communication link between the Local Councils and the ICCMH.

9. In September 2002, at least one Local Council was chartered in each region. There are currently 24 Local Councils chartered in the state. The Local Councils consist of parents, DHW, DJC, County Probation, local school districts and other community partners. These Local Councils will do actual staffing of children referred to the councils from various sources. The staffing will involve meeting with the child and the child's family to determine what their needs are, reviewing what resources are available to meet those needs, and development of a plan for the child and family. It is intended that these children are children whose mental health needs cross the various child-serving agencies and that a collaborative approach will best serve the child and his or her family. This is really the core of the collaborative children's mental health system.

10. The First Lady took the lead on the issue of respite care development in the state by funding a contract for the development of a respite system. The

respite contract resulted in recommendations for the establishment of a statewide, cross-program respite system. The recommendations include a plan for phased development of the system for both planned respite and crisis respite. The contractor produced a needs assessment and a respite system structure proposal. Respite is one of the core services and is vital in any true system of care. Development of a successful, statewide, cross-program respite system is an essential component in Idaho's comprehensive system of care for children with SED and their families.

11. Data is being collected by SDE, DHW and DJC to be included in a children's mental health community report card. The data will be used to develop a baseline of services within the state and from there to develop capacity targets in the ten core services.

12. Cliff Davis, co-author of the Needs Assessment, provided technical assistance to the ICCMH by attending the October meeting and visiting each region to meet with members of the Regional and Local councils. These meetings provided an opportunity to ask specific procedural and technical questions and to receive guidance and information on the development and growth of the councils. Mr. Davis has drafted a report summarizing his visits and making recommendations on system improvements and growth.

Idaho Council on Children's Mental Health

BUDGET RECOMMENDATIONS

Amounts Dedicated to Children with SED FY04

The Implementation Plan establishes the requirement that the ICCMH provide funding recommendations to the Governor for consideration in the development of his budget. Full implementation of the plan and creation of a collaborative system of care will take years of development and further dedication of public funds. Expansion of the core services and system capacity throughout the state will take additional funding and dedication of additional resources by all stakeholders. However, the system will require time to grow.

The ICCMH recognizes that the state is experiencing serious fiscal deficits and that the Governor has had to implement several budget holdbacks, resulting in the need for state agencies to identify funds that can be saved. The ICCMH also recognizes that the Governor has stated that children's services are a priority of this administration and has made great efforts to prevent the impact of the holdbacks on these services. Given the economic projections, the ICCMH recognizes that a recommendation for additional funding is unrealistic at this time. Therefore, the ICCMH recommends that the Governor continue his strong commitment to children's services and make every effort to maintain the current level of funding for those services in the next fiscal year.