

ODMH Kids News: Building Ohio's Future



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Cluster-Based Planning: "Painting" Holistic Pictures of Youth with Behavioral Healthcare Needs

Twenty years ago, "Systems of Care" emerged as what many national experts saw as the way to deliver behavioral health services to youth. Systems of Care are supposed to ensure that youth with behavioral health needs have access to a comprehensive array of services that address their physical, emotional, social and educational needs. A key component is a comprehensive assessment process that considers strengths and weaknesses and describes how the child functions in the context of the family, school, and other relevant settings (Stroul & Friedman, 1988a). In addition, because the vast majority of children with mental health needs have multiple problems that affect their functioning in several areas of their lives (NIMH 1991), multiple agency or system involvement is the norm and makes the implementation of integrated and coordinated services and continuity of care critical (Stroul & Friedman 1988a, Pg. 13).

Many communities have had great difficulty putting "Systems of Care" into practice. A lack of resources has been one limiting factor; however, an equally important barrier has been the lack of systematic planning technologies to facilitate their clinical and administrative management. **At the center of such technologies must be a clear and common understanding of the youth and families to be served.**

About 20 years ago, Synthesis, Inc., began development of its Cluster-Based Planning and Outcomes Management (C-POM™) system. This started with an effort to describe subgroups of larger clinical populations in a more holistic and understand-

able way so that community planning, service delivery and program evaluation could be improved. Over the years, the work focused on two clinical populations: Adults with Severe Mental Disabilities and Youth with Behavioral Healthcare Needs. In 2001, Cluster-Based Planning for Adults with Severe Mental Disabilities was recognized by the Ohio Department of Mental Health (ODMH) as a mental health best practice.

A Cluster is a subgroup of a larger clinical population that shares common strengths, problems, treatment histories, social or environmental contexts, and/or life situations. Clusters represent holistic bio-psycho-social histories of patterns in the lives of youth and their families. Clusters describe how the mental health problems, addictive behaviors, physical health conditions, educational performance and/or social functioning of youth affect, are affected by, are created by, and/or are responded to by their families, others around them, and the community at large, over a period of time.

Starting in the late 1980's, Synthesis implemented five projects (some funded by ODMH; others by local ADAMHS Boards, local foundations or agencies) to identify clusters of youth with behavioral healthcare needs. Youth Clusters were described by work groups of community experts who typically represented Schools, Public Children Service Agencies (PCSA), Mental Health Agencies, Substance Abuse Agencies, Juvenile Courts, Parent Advocacy Groups, and Health Departments. Cluster Descriptions also included information about the parents and families of the youth. The Cluster Descriptions incorporated the language and knowledge of the community's experts and created common pictures which could be used to

coordinate services to youth being seen across systems or by several agencies. They also served as a common language for providers from different professions and disciplines.

In these projects, ten clusters of youth receiving outpatient, day-treatment or residential care in the community mental health system were identified. Many of the clusters were found across service areas. Some of the cluster titles include: "Youth Who Have ADHD Or Other Neuro-Behavioral Conditions"; "Youth Who Are Depressed And/Or Suicidal"; "Youth With Severe Behavior Problems"; Youth Who Have Been Sexually, Physically, Or Emotionally Abused" and "Youth with Both Mental Retardation & Behavioral Problems". Each cluster has a one-page prose Description that is used to determine which bio-psychosocial history best fits the youth and his/her family.

Cluster-Based Planning And The Youth Cluster Descriptions have a variety of uses including: 1) Coordinating Treatment Planning Across Agencies; 2) Developing Community-Based, Cluster-Specific Systems of Care; 3) Developing Best Practice and Evidence-Based Service Models; 4) Identifying and Measuring More Targeted Treatment Outcomes; 5) Enhancing Interpretation of Outcomes Information; 6) Implementing Continuous Quality Improvement; 7) Analyzing and Managing Services, Resources and Costs; 8) Recruiting, Training & Developing Staff; and 9) Managing Organizational Outcomes. Several Years ago, the Family and Child First Council of Marion County undertook an effort to identify service goals for members of each of the ten youth clusters. Next they identified community services and opportunities

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that would form a core "system of care" for youth in each cluster and their families. The community agencies are currently seeking resources to begin implementation of system of care components for specific clusters.

Over the last two years, eight agencies providing services to youth have partnered with Synthesis to conduct research which is looking at the family strengths patterns of their youth clients. The research, will determine whether these patterns are more likely to be found associated with specific youth clusters. The research will also identify the relationships between family strengths and outcomes for the members of each cluster. In the process, the research will identify problem behaviors and functioning areas that are most relevant for youth in each cluster. The outcomes are being assessed using the mandated Ohio Scales for Youth.

The Youth Clusters and Family Strengths research is being funded by ODMH, Office of Program Evaluation and Research with support from the Office of Children's Services and Prevention. The participating agencies are: Amethyst, Inc. (Columbus); Beech Brook (Cleveland); Marion Area Counseling Center (Marion); Maumee Valley Counseling Center (Defiance); Madison County Department of Families and Children (London); Rosemont, Inc. (Columbus); St. Vincent Family Center (Columbus); and Southeast, Inc. (Columbus). Each agency assesses youth for membership in one of the ten clusters. The agencies also ask parents to complete a revised version of the Australian Inventory of Family Strengths. This information along with their Ohio Scales outcomes data are submitted to Synthesis for analyses.

Preliminary findings indicate several different patterns of family strengths. In addition, there are differences among clusters in terms of their performance on the Ohio Scales. In particular, youth in different clusters score differently in terms of specific items on the Problem Behavior and Community Functioning scales. This information can be used to facilitate service planning with members of each cluster.

The results of this research should be available shortly after the end of FY08. This should provide information about whether specific family strengths patterns relate to better outcomes for youth in each cluster. The next steps

will be to identify or create specific services which enhance or build upon family strengths and test their effectiveness for members of each cluster. Cluster-based planning makes it easier to establish these links through research and facilitates community-based implementation of more holistic systems of care.

References:

- NIMH, National Advisory Mental Health Council. National Plan for Research on Child and Adolescent Mental Disorders. Rockville, MD, 1991.
- Stroul B. and Friedman R. Principles for a System of Care. Child Today, Jul-Aug 1988a, 17(4), 11-15.

For more information on Cluster-Based Planning for Youth, contact:

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*Submitted by: Bill Rubin, MA, CEO
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THE SCHOOL/COMMUNITY LIAISON PROGRAM OF ASHLAND COUNTY

The School/Community Liaison Program of Ashland County is a collaboration between the Mental Health and Recovery Board of Ashland County, Appleseed Community Mental Health Center, and each of the Ashland County public school districts. School/Community Liaisons are social service professionals working in each of the schools in Ashland County. The program consists of nine liaisons serving in 20 schools in the county. This comprises four school districts and a Career Center. The liaisons' focus rests primarily with elementary and middle school-aged students; however, they serve the high schools on an "as needed" basis and more regularly in districts where more than one liaison is operative. Referrals come from principals, guidance counselors, teachers, intervention teams, parents, community agencies and student self-referral.

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THE SCHOOL/COMMUNITY LIAISON PROGRAM OF ASHLAND COUNTY *(con't from pg. 2)*

Liaison services are designed to increase student's school attendance and coping skills, to provide immediate responses to daily crises in schools, to increase school/family partnerships, and to facilitate families' and students' access to community supports. Liaison staff work hard to keep children in school. This largely means working in partnership with parents to encourage consistent school attendance. In some cases, a call home or a personal visit from a liaison resolves unexcused absences or tardiness. Liaison staff also enhances children's readiness to learn. Liaisons are familiar with community resources and can link students and families with supports to deal with the social, emotional, medical, economic, and other barriers interfering with learning. Liaison staff encourages parents to be active partners in their children's school experiences. This effort is motivated by the fact that family involvement in school activities (i.e. attending parent/teacher conferences, assisting the PTO, etc.) truly promotes children's perception that education is an important component of their life.

Liaison staff promote healthy personal development. They instill hope and teach life skills. They work closely with guidance counselors to bring prevention services into the schools. They are also involved in individual, group, and classroom interventions, addressing issues such as bullying prevention, conflict resolution, self-esteem enhancement, problem solving, and character education. Liaison staff also provide numerous other services, such as brief assessments of needs and assets; collaboration/consultation with school staff; crisis intervention and debriefing; family outreach, education, and home visits; and linkage to school and community resources.

The Ashland School/Community Liaison Program operates year-round. During the school year, liaison staff are present at the schools on a daily basis. Over the summer months, liaison staff become more closely involved with students who need a little extra support, linking them with summer intervention programs, sports programs, camps, and other resources to keep them engaged in productive activities, thus helping them return to school in the fall better prepared for learning. The flexibility of the program permits liaisons to engage students in creative summer endeavors, such as Character Camp, "Terrific Tuesdays", and our Back to School Family Fun Day. The Liaison Program has enjoyed tremendous support from the county's school districts and various community providers who provide assistance for transportation, food, and supplies for many of the summer activities.

The program tracks improvement with attendance, academic performance, and the school behavior of students served. During 2006-2007, the program served 1,752 students. About 83 percent of these students showed increased attendance. Approximately 84 percent showed academic improvement with grades and homework completion, and 88 percent evidenced decreased problematic behaviors/visits to the principals' office. The program also tracks liaison referrals made to community supports, as well as the rate of follow through on these referrals. Last year, liaison staff collectively made over 1,900 referrals to community service agencies. The rate of follow through on these referrals was an impressive 93 percent. The program attributes this high follow-through rate to the emphasis that liaison staff place on relationships. Liaison staff work hard to build trusting relationships with their associates – not only with students, parents, and school staff, but also with community agency personnel. The liaison staff spend a lot of time getting to know other agency staff so that when they make a referral for a family, they are not just linking them with an agency, but rather they are linking them with a person – someone with whom they know the family will feel comfortable, and then support them throughout the referral process.

There are a few other noteworthy aspects of the program. The program has the flexibility to be sensitive to differences in various school cultures. Each school district and building has its own unique "culture." Thus, all liaison staff share the same basic job description and program objectives, but their work is somewhat different across school districts and buildings (i.e. rural vs. urban districts). Liaison staff are able to blend into different school cultures and provide needed services in a way that works within each unique system. Another unique aspect of the program is its funding sources. Thanks to the Ashland MHRS Board's mental health levy funds, all liaison services are offered at no cost to families. We definitely have an "out of the box" type of program. We are honored to have the opportunity to impact the children and families of our community in this innovative way.

For any questions regarding the program, please contact Stacy Merryweather, Coordinator of School/Community Liaison Services for Ashland County at 419-281-3716 or stacy@appleseedcmhc.org.

*Submitted by: Steven G. Stone, Executive Director
Mental Health & Recovery Board of Ashland County*

ADDRESSING CHILDHOOD TRAUMA: A LOCAL PERSPECTIVE

"Children are our most precious possession." Having raised four kids myself (I truly should say 'ourselves' since my better half probably did most of the heavy lifting on this task), I can truly concur with this statement which I have taken from the book, "The Chosen". Our kids are now all grown with the last being a junior at Kent State University and the next to last preparing to graduate from Baldwin Wallace (he was able to cram a four year program into five years). We can finally see the light at the end of the proverbial "financial hole". Raising our children has been, without a doubt, the most rewarding experience of our lives. We are now in the throws of the "empty nest" syndrome and so goes the cycle of life.

My two youngest were both born while I was in graduate school at Ohio State University, School of Social Work, so much of their early years were spent with my wife serving as the primary caregiver. I cannot emphasize enough how important the early years of a child's life are to their healthy development. The professional years that followed, and almost certainly my entire professional career, has been devoted to mental health treatment, either as a clinician or as an administrator. In that span of 36 years, I have devoted my efforts to addressing adult and adolescent treatment issues. So many of the issues that we see in these two groups are as a result of childhood trauma. For whatever time I have left in my professional career, I want to devote my efforts to programs that prevent or at least mitigate childhood trauma. If our field would put as much effort and resources to this task, I am convinced that we would have to put far fewer resources into treatment at the other end.

While knowledge and awareness about the impact of childhood trauma is increasing, comprehensive and coordinated efforts to prevent childhood trauma and address its consequences are lacking in most communities. There are many challenges to rallying families, schools, and communities to address childhood trauma, including:

- stigma and lack of awareness regarding mental health
- gaps in knowledge about childhood exposure to trauma and effective interventions
- gaps in service, duplication of efforts, and overly complex systems to navigate are caused by the fragmentation of existing services among various systems that serve children with mental illness (including mental health, juvenile justice, human services, child welfare, and public health)

- lack of capacity behavioral health specialists in schools
- an inadequate supply of trained providers
- inadequate attention to strategies that look at the integration of behavioral health and physical health in pediatric practices

A review of the literature discusses two aspects of childhood trauma. The first type occurs when a child is exposed to violence such as domestic violence, murder or other catastrophic events that are difficult for a child to understand and can leave them struggling to find effective ways to cope. The second type of trauma is that which is imposed on a child through direct abuse. This can be either emotional, physical, or most often, both. When this occurs at a very early age, it may have lifelong consequences.

Trauma has both immediate and long-term effects, producing a cascade of physiological and neurological responses that can lead to enduring alterations in brain development and function. Without appropriate interventions, the effects of trauma can follow children throughout their lives, impeding their healthy development and their transition to adulthood. Studies have also clearly illustrated the importance of maternal child bonding, especially within the first three months of life, and the direct impact untreated maternal depression can have on both the mother and the child. All of these factors and more have to be addressed as we consider developing appropriate interventions.

Where do we start?

- ~ *Identifying Children Exposed to Trauma.* The first step in treating children with a history of trauma or mental illnesses is early recognition early through creative efforts to identify children in middle school, high school, and even early childhood settings.
- ~ *Increasing Access to Early Intervention and Treatment.* Several models for promoting early childhood mental health are currently being tested. The mental health consultant model is one approach that is being used to bolster the ability of child care workers to address mental health needs.
- ~ *Developing Integrated Systems of Care.* To reduce the fragmentation of systems serving children with mental health needs and their families, some models are looking at the integration of physical health and behavioral health.
- ~ *Enhancing School-Based Assessment, Services, and Supports.* Some communities are developing a model of home-school liaisons whose role is to assist families with necessary linkages to services in the community.

In Union County, my realm of influence, we are undertaking a project that will pilot a joint venture to tackle the integration of behavioral health and physical health.

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This joint venture will involve collaboration between local pediatricians, family practice doctors, and local children's mental health providers. It will begin by focusing on families with children ages birth to six, as infants and toddlers are disproportionately at risk for maltreatment. According to information found on the [Zero to Three](http://www.zerotothree.org) website, (a site worthy of reviewing) www.zerotothree.org, this age group accounts for a staggering 81 percent of child maltreatment fatalities. Because these early years set the stage for all that follows, they hold the greatest danger for long-term damage as well as the greatest potential for successful intervention.



The intent of our project in Union County will be to integrate the services of a mental health practitioner in the doctor's office to provide early identification, intervention, and treatment services. We have chosen an outreach approach since we know that very few families who are seen in a doctor's office will ever successfully make or keep an appointment with a mental health provider. Our hope is that families will seek help if it is offered in connection with their doctor's appointment or at the physician's office.

Our challenge is to continue to support all efforts that push our work toward interventions at earlier ages. If we learn to invest as much money in preventing childhood trauma as we do in treating its effects, we will alleviate much of the pain and suffering of the people we serve.

Submitted by: Michael Witzky, LISW, LICDC, Executive Director
Union County Mental Health and Recovery Board

UPCOMING EVENTS

March 12, 2008 (9:00a.m. – 4:00p.m.)

Conference: Ohio Covering Kids and Families Conference

Sponsors: Voices for Ohio's Children

Content: The workshops offered will focus on improving access to health care for Ohio's uninsured children. Attendees will learn how Ohio's new child health initiatives (effective January 2008) can expand and improve public health programs for children and families.

Audience: Policy makers, health providers, outreach/enrollment workers, Head Start and early childhood programs, family-serving agencies, & anyone who is interested in making Medicaid expansion successful for Ohio's children and families.

Location: Quest Conference Center, 8405 Pulsar Place, Columbus, OH 43240

More information: Visit www.vfc-oh.org or contact Voices for Children at: 216-881-7860.

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**January 25, 2008 (9:00a.m. – 4:30p.m.)**

### **Workshop: Cognitive Behavioral Therapy (CBT) for Depression and Anxiety**

**Sponsor/Location:** Applewood Centers, 2525 E. 22<sup>nd</sup> St., Cleveland, Ohio

**Content:** Lectures & discussions will focus on anxiety and depression in children and adolescents are common and potentially debilitating disorders. Outcome research has repeatedly demonstrated that CBT is an effective treatment for anxiety and depression. This workshop will focus on teaching the building blocks of CBT for youth with mood and anxiety disorders.

**Audience:** All audiences.

**More information:** Ms. Chris Litvak, E-mail: [clitvak@applewoodcenters.org](mailto:clitvak@applewoodcenters.org)  
Phone: 216-696-6823. Web Site: <http://www.applewoodcenters.org>

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## UPCOMING EVENTS (con't)

**March 13, 200808 (8:00a.m. – 4:30p.m.)**

### **Conference: Children with Bipolar Disorder**

**Sponsor:** Children's Resource Center, Bowling Green, OH

**Content:** Lectures & question/answer format will provide a comprehensive overview of the phenomenology, course, assessment, & biopsychosocial treatment of bipolar spectrum disorder in children. Differential diagnosis & comorbidity will be reviewed. A description of how depressive & manic symptoms appear in children and adolescents will be presented, with a focus on differentiating symptoms of mania from ADHD.

**Location:** Stone Ridge Golf Club, 1553 Muirfield Dr, Bowling Green, OH

**Audience:** Clinical & school psychologists, psychiatrists, social workers, probation officers, counselors, reg. nurses, licensed practical nurses, pediatricians

**More information:** Email Janet Womack at [jwomack@bgsu.edu](mailto:jwomack@bgsu.edu); phone: 419.372.8181 or 1.877.650.8165; Website: <http://pace.bgsu.edu/ullman>

## WHAT'S NEW

### **Final Community Plan Guidelines Released**

The final Community Plan Guidelines for SFY 2009 have been posted. All plans are due to ODMH no later than 3/3/08. More at....  
<http://www.mh.state.oh.us/cmtypolicy/planning/guidelines/sfy2009.html>

### **New Web Guide to Evidence-Based Practices Launched**

SAMHSA has launched a new Web Guide that provides direct connections to Web sites containing information on specific evidence-based practices related to mental health and substance abuse. Visitors can browse evidence-based practices by topic area or by age group and setting to find links and bulleted descriptions of the program Web sites. Visit the guide at:<http://www.samhsa.gov/ebpWebguide/index.asp>

## OTHER NEWS

### **Current Events - Across the State:**

<http://dmhext01.mh.state.oh.us/dmh/events/listing.nsf/HomePage?OpenAgent>

**Ohio Family and Children First:** <http://www.ohiofcf.org/>

### **Kids: Quick Links:**

**Archived and Recent Editions of this newsletter (also subscribe)**

<http://www.mh.state.oh.us/kids/kidsnewsletter/kidsnews.html>

### **Suicide Prevention:**

<http://www.mh.state.oh.us/kids/suicideprev/suicide.prevention.html>



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