

ODMH Kids News: Building Ohio's Future



Monthly E-Newsletter

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Youth with Serious Behavioral Problems: The Parent Perspective

What is it like raising a child with serious and persistent, emotional problems? What are the experiences of parents sitting across the desks of professionals as they try to address the challenges they face? What messages do these parents have for other parents in similar situations? Sue Giga, the Director of the Greene County Family and Children First Council, recently completed a series of in-depth interviews with five parents in her county and "listened and recorded family voices." What she heard revealed a clearer picture of the realities of families living with children having serious behavioral problems than what is typically cited in quantitative reports.

At two is when I really started noticing that something was weird...I would have to grab him and control him and say, "You do not hit me!" ...his anger, it was not within normal limits. I felt that something was wrong.

"First signs" of a problem often occurred at a very early age. The majority of the children in this sample had severe rage states and aggressive acting-out histories that put themselves and others at risk of harm. This anger led parents to seek help.

When at the help door, both public and private, all five parents cited accessibility as a positive and/or inaccessibility as a negative.

I think I called the Health Department because I didn't even know where to start....They gave me the number to another agency. So I called the other agency and they do like a phone interview. Then they say, okay, we'll get back to you to set up an intake

process. Well, two weeks went by. They didn't realize I was a mother going mental and ready to lose it with my child.

So and so has to call you and set up the intake. Well. Then finally, when I get the intake, then I had to wait another two weeks before they assigned a counselor and got us in.

When I first called and in the first conversation, she didn't brush me off the phone. She listened to everything I had to say. She supported me and made me feel that I wasn't going crazy. She helped me to come back down and realize that maybe I wasn't literally losing my mind. This helps you gain some control back. She never dismisses any emotion that I had.

And I was mesmerized by how giving she was. I know it's her job...but it was more than a job. She is my safe place to fall.

All of the parents thought medication was an important part of their children's care and mentioned both plus and minuses experienced with psychiatric services.

(The psychiatrist) was very understanding. I was very scared to put my son on medication. What are the long-term ramifications of putting a four-year-old on anti-psychotics? You know hat I mean. It was very scary.

They had so many different things going into my child, they lost track of him....the doctor started responding to the symptoms brought on by the medication with more medication.

Several parents mentioned costs as a negative aspect of their experiences with the mental health system. Interestingly, most problems were associated with insurance, rather than with the lack of insurance.

I don't qualify for any type of aid so I have to pay a bill along with insurance...I do okay with paying my house payment, electric bill, phone, etc ...I'm spending \$200-300 a month now on medication and that's quite a debt.

On the positive side, parents related sliding scale fee arrangements, free samples of medication, a willingness to adjust fees when costs were a barriers to services and assistance provided for non-traditional or non-covered services like camp and respite as especially helpful.

Communication emerged as a major aspect in determining the quality of the system involvement. As with the previous factors, parental feedback was both positive and negative. On the most basic level, parents noted difficulties just getting phone calls returned. Suck lack of response created frustration. Multiple references were also made to lack of follow-up and follow-through, (i.e., staff saying they would do something, but did not). Good communication often came down to the individual therapist or worker. Examples of poor communication improved significantly when a new worker was assigned. Good communication was clearly a trait that parents admired and felt was essential to making progress with child-specific and family issues.

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Effectiveness through the family's eye is about coping with frustration. First, the services they need for their children from schools and other child-serving systems are often not available. Second, when such services are available they are not always accessible. Third, some services are unacceptable to families who must use them. Families rely on their own cultures and backgrounds to help them decide what is best for them and their children. When services make them feel they no longer have control over their lives, or ignore or contradict their cultural values, families simply may not use services or use them less than needed. Thus, a lack of services may disproportionately affect a large number of families within specific ethnic and racial groups. Fourth, services typically focus on family weaknesses and problems rather than on their strengths. This is most acutely felt by parents when agencies allow their children to "manipulate" the situation. Parents felt there was a "disconnect" between what the children were reporting/blaming and what was actually happening at home or in school.

The messages these parents had for other parents in similar situations and for the professional community are compelling.

I have one message for providers: TAKE PARENTS SERIOUSLY!

(Other parents) don't give up. There's always help. Keep searching. There's somebody out there that will help you!

For all parents interviewed by Sue, parenting experiences were far different from the experiences they constantly saw around them. Their children did not behave as other children. Parenting techniques they saw others use successfully did not work for them. What they experienced, on a daily basis, did not make sense to them. Ironically, what these parents want and need is not different from what all parents want and need: a sense that they can help their children be safe and happy. These parents are looking for what all parents search for, support in their efforts.

To obtain a copy of the full report, contact Sue Giga at (937) 562-5600.

*Submitted by: Dora Sterling
Ohio Department of Mental Health*

Three Significant Federal Awards Received by Ohio Counties

Three counties Hocking, Erie and Franklin received great news last month. These counties were awarded federal grant funds to enhance their behavioral healthcare system of care for children and youth. In each case, the partnership between the juvenile court and the children's behavioral healthcare treatment community is the winning difference. The Franklin County Board of Alcohol, Drug Addiction and Mental Health Services was one of 15 successful communities to receive grant funding from SAMHSA. An award of \$294,032 will provide evidence-based treatment to the youth to help them and their families recover from alcohol and other drug abuse and to limit the county's child-serving community over reliance on the practice of custody relinquishment solely for the purpose of accessing behavioral healthcare services through Medicaid funding.

The Erie County Juvenile Court used their community's strong reputation with high fidelity wraparound to secure a \$974,000 Office of Juvenile Justice and Delinquency Prevention Family Strengthening grant. These funds will greatly expand the number, frequency and quality of family-driven, strength-based, facilitated wraparound service planning and monitoring meetings for children and families referred to the court for change.

The Hocking County Juvenile Court, which has been operating a Youth Drug Court for 9 years, will integrate the juvenile drug court program with the Reclaiming Futures model to reduce the number of substance abusing youth, help youth meet educational goals, and increase the number of youth living responsible lives free from substance abuse and crime. The county will receive between \$422,000 to \$425,000 for a 4-year period beginning this month. In the first year, CSAT will provide \$200,000 in technical assistance to support the treatment component, a key aspect in integration of the juvenile court and Reclaiming Futures models. Throughout the program, the Robert Wood Johnson Foundation will provide up to \$1 million in technical assistance to Hocking County and other grantees to implement the Reclaiming Futures model.

*Submitted by: Dora Sterling
Ohio Department of Mental Health*

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Parents as Partners in the Ohio Outcomes System

Committed to transforming and improving Ohio's mental health system for children and youth through supporting the principles of resiliency and family-driven services, ODMH's Office of Program Evaluation and Research (OPER), as part of their Transformation State Incentive Grant (TSIG) activities, is investigating tools that would help parents be more directive and effective in the treatment planning of their children's care. *The Ohio Scales*, the child/youth element of the Ohio Outcomes System, is central to this effort.

The concept of using outcomes information for both quality improvement and family/consumer-centered planning has been basic to the Ohio Outcomes System since it began over a decade ago. However, the dimension of using Outcomes surveys with parents in family-driven planning has been lost as efforts became concentrated upon the complex tasks of implementation of the Ohio Scales as a Certification standard. Initially, provider needs drove the development of procedures, training and technology. Tools to educate the adult consumers about how to use Outcomes surveys in treatment planning were developed earlier in the process and now are used in several areas of Ohio. Still, there has been minimal work done on products for youth and almost none for their families. The time has come for major change.

Currently OPER efforts with their contractor Joyce Campian are focused on developing an educational approach to the parents and caregivers of children and youth. The goal is to provide, to parents and caregivers, tools which can be used to foster an improved, more balanced partnership with the mental health professionals who are serving their children.

Selection of *The Ohio Scales* to help in bringing about this rebalancing is consistent with its original design. It is still relatively untapped as a way to improve the three-way (parent – professional – child) communication process. Used in a more deliberate fashion with parents, *The Ohio Scales* can help professionals actualize theoretical strategies of family-driven planning. Professionals need a large repertoire of tools to progress in this arena. Parents need solid, simple tools to do their part for children and their families.

In June 2007, through a collaborative process, an approach to training families in the use of *The Ohio Scales* was outlined. *Tapestry* parent advocates (Cuyahoga) and *FACES of Stark County* parent consumers (Stark) were

selected to review the proposed plans, materials and methods. These parents generated a number of insights, recommendations and suggestions.

Next steps are being formulated. What is clear is that training parents to use *The Ohio Scales* will increase their sense of empowerment. Empowered parents will be more effective advocates for their children as well as more effective in partnering with mental health professionals. More effective parent-professional partnerships will result in better treatment and outcomes.

Submitted by: Dora Sterling
Ohio Department of Mental Health

What's New With Multi Systemic Treatment (MST) in Ohio

Ohio now has 17 Center for Innovative Practices (CIP) affiliated Multi Systemic Treatment (MST) teams across the state and interest in this highly effective, evidence-based intervention continues. The work of these teams has been evaluated and significant findings include:

- ✓ These family-serving teams assisted 642 youth (an increase of approximately 11% from SFY06) between the ages of 12-17 in SFY 2007.
- ✓ The MST validated adherence measure indicates that these MST teams are performing above the nationally expected threshold; therefore Ohio's program fidelity is being achieved.
- ✓ The key outcomes that stakeholders should pay particular attention to include, at the time of service closure (3-5 months):
 - 88% of the youth were living at home
 - 85% of the youth were attending school or working
 - 72% of the youth had no new arrests

In addition:

- 81% of the parents acquired the necessary skills to handle future problems
- 76% reported improved family relations
- 76% reported improved network of supports

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What's New With Multi Systemic Treatment (MST) in Ohio – (Con't from page 3)

While not yet in the position to routinely measure post-discharge success, the long term outcomes of MST research thus far, including Dr. Timmons-Mitchell's Ohio clinical trial, indicate that impact of treatment is likely to be sustained. These MST provider agencies have every reason to be proud of making a real, relevant, and measurable difference in the lives of the youth and their families.

If you would like additional information please contact Patrick Canary at pjkanary@sbcglobal.net.

*Submitted by: Patrick Canary
Center for Innovative Practices*



Access to Better Care (ABC) Request for Proposals

ATTENTION: ADAMH/CMH Boards, Provider Agencies and Shareholder Organizations

The Office of Children's Services and Prevention announces the release of the following Request for Proposals (RFPs) for Behavioral Health Services for children and youth known as Access to Better Care (ABC):

1. Early Childhood:
 - . ECMH Treatment
 - . Incredible Years
 - . Maternal Depression
2. Intensive Home-based Treatment
3. Behavioral Health and Juvenile Justice

Consistent with the Governor's Executive Budget recommendations, the RFPs include the implementation of effective family-centered treatment services and related supports; address early intervention services; and target services for intensive multi-needs for children, youth and families.

The RFPs have been posted and are accessible in the "What's New at ODMH" section on the ODMH Home Page at: <http://www.mh.state.oh.us/>.

If you would like more information, please contact Gayle Gutter at (614) 466-1199 or gutterg@mh.state.oh.us.

UPCOMING EVENTS

SAVE THE DATES

November 8, 2007 (Registration 8:00am)

Conference: The Power of Partial Hospitalization & Intensive Outpatient: Tools for Treatment and Recovery

Sponsors: Ohio Ambulatory Behavioral Healthcare Association and the Ohio Department of Mental Health

Content: This presentation will discuss the current status of ambulatory behavioral health in the United States including the changes in Medicare and a legislative update...

Audience: Clinicians, psychologists, nurses, social workers, counselors in the state of Ohio

Location: Ohio State University Biomedical Research Tower 360 W. 12th Avenue, Columbus, Ohio

For more information: Mary Lou Edgington at (513) 861-3100 Ext. 4882 or marylou.edgington@va.gov.

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**November 9, 2007 (8:30am-3:45pm)**

**Conference: OSBHCA Fall Annual Meeting**

**"A Clear Vision: Improving Health Care for Ohio's Children"**

**Presented by:** Ohio School Based Health Care Association (OSBHCA)

**Content:** How to utilize free eye health screening/detection services; clear understanding of social marketing concepts & ways to improve visibility of SBHCs & their services.

**Location:** Columbus Department of Health, Rm. 119C, 240 Parsons Ave., Columbus OH 43215.

**For more information:** Carrie Baker, (614) 464-2605 or e-mail: [carrie@landermanmanagement.com](mailto:carrie@landermanmanagement.com).

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**November 12-13, 2007 (Registration deadline Nov. 5<sup>th</sup>)**

## **Conference: Ohio Council's 2007 Annual Conference**

**Presented by:** Ohio Council of Behavioral Healthcare Providers

**Content:** Statewide annual conference for the behavioral health care industry.

**Audience:** CEOs, middle managers, clinical supervisors, human resources staff, safety directors, and fiscal staff. Event is open to all provider organizations within the behavioral health care field.

**Location:** Columbus Marriott NW, 5605 Blazer Pkwy, Dublin, Ohio

**For more information:** Brenda Cornett, the Ohio Council office, at (614) 228-0747, [OCCornettB@aol.com](mailto:OCCornettB@aol.com).

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November 15 & 16, 2007

Conference: Ohio State 5th Annual MH/MR Conference –“Mental Health Aspects: Treatment and Supports”

Audience: Administrators, psychiatrists, psychologists, direct care providers, physicians, educators, residential providers, family members, social workers, nurses, students, persons with disabilities, vocational staff.

Goal: The National Association for the Dually Diagnosed is presenting the fifth annual MH/MR conference. The theme will be Mental Health Aspects: Treatment & Support. The Ohio Department of Mental Health is a conference sponsor.

Location: Crowne Plaza North Hotel, Columbus, Ohio

For information & registration: <http://www.mh.state.oh.us/index.html>

What's Happening – Across the State

<http://dmhex01.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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