

TABLE TALK

A MESSAGE OF HELP & HOPE



STATEWIDE ORGANIZATION OF THE FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH

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ACMH Annual Conference Highlights

By Kristen Hawkins, Parent and ACMH Board Member

One thing that most of the attendees at our annual conference had in common is the desire to make a difference. Most of us have found ourselves wanting to bring about changes but didn't have any idea how to make them happen. Wednesday morning, attendees were given the opportunity to hear Shari Krishnan, mother and parent leader, speak about *The Family Voice: How to talk with Legislators*.

Shari's talk focused on various areas, however one of her main points was that all of us, family members, and consumers of children's mental health services, have experiences to share. What we can do is to take our stories to those elected to represent us. Sharing these experiences can help bring changes to legislation, services, and the ways we are seen and valued by our communities.

Her advice helped educate and motivate all of us, and it was an excellent prelude to what came after: *Issues Overview and Action Planning Sessions*. The overview presented three key family issues: mental health parity, access to quality services, and effective school discipline policies. Each issue was briefly presented, followed by a detailed breakout session on each topic.

The breakout sessions gave the facilitators an opportunity to discuss the important points of each topic in detail as well as gave attendees time to prepare for an afternoon visit to the Michigan State Capitol. Session attendees were given "talking points" to assist with keeping their visits to their Senator and/or Representative on task as well as the opportunity to write letters to leave at the offices if their Legislator was not available to talk to them directly.

It was obvious from each of the breakout sessions that most families had no problem identifying with one or more of the key issues. The talking points were helpful because it gave attendees concise, accurate information to support their individual experiences and stories. Oftentimes it



ACMH Youth Advocate, Joseph Jackson thanks Beth Steenwyk, Deputy Director of the Office of Special Education for her keynote address.

Mission Statement:

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The mission of Association for Children's Mental Health is to promote the development of a system of care for the families of children with emotional, behavioral or mental health disorders through community education and awareness, family support, involvement and advocacy.

ACMH Annual Conference Highlights ... from page 1

is this knowledge that gives us the power and ability to focus our energy toward making a difference.

For those of you not able to attend the conference, below are the highlights of the talking points on mental health parity,

access to mental health services and effective school discipline policies. I encourage each one of you to take the opportunity to contact your Legislator, either in person or by letter, and tell them why these things are crucial to you, your family and your child. The key to policy change is helping our legislators understand what is important to us and what changes can make a difference to our children's futures.

Talking Points for Mental Health Parity*

-Contributed by Mark Reinstein, President Mental Health Association in MI

- Lack of parity is blatant discrimination against people who have brain disorders. This discrimination would not be tolerated for conditions like heart disease or cancer, nor would it be legal if based on race, ethnicity, gender or religion.
 - A poll of Michigan voters showed that 83% of them supported state legislation to establish mental health insurance parity.
 - Michigan is only 1 of 11 states without some type of parity law. Over 6 million people in Michigan have private health insurance; a state parity law would protect 40-50% of the privately insured. (Federal law on self-insured employers exempts those businesses from parity legislation at the state level.)
 - Experience in other states and with 9 million federal employees show the direct costs of parity are miniscule—typically a 1% premium increase or less.
 - The negligible direct cost of parity is more than offset by increased employee productivity; decreased absenteeism; less use of emergency rooms and medical resources; and other benefits to employers and society.
 - Mental illnesses are highly prevalent in the U.S., are often very treatable, and have treatment success rates better than many other medical conditions. When mental illness is not treated, the cost implications for businesses and society are staggering, involving billions of dollars.
 - Several studies have suggested that children are the hardest hit age group when it come to inaccessibility of services due to lack of parity.
 - There is no reliable evidence that parity legislation causes employees to lose other benefits or be dropped from health insurance coverage. Renowned parity actuarial expert Ronald Bachman has said “the (mental health parity) cost debate is over. How many studies are needed to prove the point?”
 - Governor Granholm’s 2004 Mental Health Commission strongly recommended parity legislation for Michigan. In addition to points like those above, the Commission recognized that parity law can decrease pressure on the state’s underfunded and over-burdened public mental health system.
- *(Mental Health parity brings private and public health coverage for mental health services to the same level as general health services. Currently, most insurances limit mental health treatment by restricting the number of visits or dollar amounts for services or imposing higher co-pays.)

Talking Points for Effective School Discipline Policies

-Summary of the Talking Points provided by Peri Stone-Palmquist, Director of Policy, MACED

- About 1,500 students are expelled from Michigan schools each year. 70% receive no further educational services and no one is obligated to provide services. Families must secure an education for their child, however admission policies, transportation and space availability make it a formidable, if not impossible task for most.
- Currently, Michigan has one of the harshest policies in the country, it allows expulsion for a very broad range of offenses (including verbal assault), provides little local flexibility and discourages creative, proportional responses to misbehavior.
- With no safety net and few educational opportunities, these children are at risk of school dropout, criminal involvement, and future joblessness. The costs to society are tremendous, and there is no conclusive evidence that current policies work. One study showed that schools using zero tolerance were actually less safe than those that don't.
- We need discipline solutions that truly do create safer schools, while minimizing the tremendous costs associated with zero tolerance.
- Rather than put the entire burden on the family, expelled students should be provided with education and support services. Colorado has invested in 55 expulsion programs that focus on

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core academic skills, family involvement and mental health needs. An evaluation funded thru the Co. Div. Of Criminal Justice showed that 29% of students decreased disciplinary referrals and 27% improved attendance and grades.

- If no new programs can be funded, Michigan should at least consider giving schools more discretion in admitting expelled students, rather than mandating board prohibitions. Furthermore, after 180 days, students should be presumptively re-admitted to school, and if denied, provided an automatic state-level appeal. Currently, parents must initiate this process and students are often denied admittance even after serving their “sentence.”

- Encourage alternatives to expulsion. Several states require or allow alternatives to allow for creative, proportional responses. A growing body of literature provides direction for best practice. Alternatives such as mediation, community service, individual behavior plans, teen courts, restorative justice and wrap around offer graduated response to discipline that help schools become safer and more responsive. In-school suspension programs that focus on academics and address social, emotional and behavioral needs have also proven successful.

Talking Points for Access to Quality Mental Health Services

-Contributed by Connie Callahan, Mother, & Malisa Pearson, ACMH

- 1 out of 10 children or adolescents has a serious mental health problem, and another 10% have mild to moderate problems. In Michigan, over 300,000 children have serious emotional disturbance (SED). Mental health problems in children can lead to tragic consequences, including suicide, substance abuse, inability to live independently, involvement with correctional system, school dropout, lack of vocational success and health problems.
- There is an identified lack of mental health services for these children. Less than half get treatment, services or support. Only 1 in 5 receive treatment from a mental health provider with special training to work with children. Economically challenged families, people of color, or families with children with other disabilities or health concerns have an especially difficult time getting services.
- Children with mental health problems are usually involved with more than one agency or service system. These agencies include mental and medical health, special education, child welfare, juvenile justice, and substance abuse treatment. The problem is, however, no specific agency or system takes responsibility for coordinating their care or preventing them from falling thru the cracks and not getting needed services or supports.
- Mental health *must* be considered just as important as physical health by health care providers, and as significant as learning problems by educators. Mental health assessments and care needs to be integrated into all children’s overall healthcare and education.
- Early identification of mental health problems needs to be encouraged in preschool, education, health, welfare, juvenile justice, and substance abuse treatment program settings. Staff in these programs need to be educated and develop a greater awareness of early warning signs of mental health problems, what to do about them, and where to make referrals for further assistance.
- Available mental health services must reflect current knowledge of prevention and treatment approaches that have been found to be safe and most effective. A strategy must be developed to ensure quality services are accessible to all children.
- Support training of more mental health professionals to work with children, adolescents, and their families and to provide care that is sensitive to family needs, cultural differences, and what is appropriate for children at different ages.
- Increase coordination and sharing of information by all local agencies servicing children and youth with mental health problems, with respect to the family’s culture and privacy. Oftentimes families are struggling and don’t have the knowledge or energy to navigate the system and maximize benefits for the child.

A Message from Board President, Judith Taylor

These are interesting and challenging times at the Federal and State level, that will inevitably have a ripple effect to all families’ stories in Michigan. The good news is at the Michigan level. One good news story is that two communities in Michigan involving four counties have received multi-year, multi-million dollar grants from Federal funds to serve children with serious emotional disturbance

and their families. These are “System of Care” grants that will promote family centered practices within the network of children’s services in the Lansing area (Clinton, Eaton, Ingham counties) and Kalamazoo. Both of these communities have a strong history of

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family centered practices within the mental health system and the grants will build upon this value. The grants will also increase the involvement of family advocates in the delivery system of care. The federal agency will also fund ACMH to provide additional education, information, and supports to the families, advocates, and the system of care agencies involved with these two grants. These grants will bring in over \$12 million in funding for local services over the next 3-6 years.

In addition, the Michigan Department of Community Health was awarded a home and community based waiver to provide flexible services to high risk children involved with social services, mental health and juvenile justice. This waiver will be piloted in several communities (Macomb, Central Michigan, Livingston, Van Buren, CEI) and builds on the local collaborations. ACMH hopes that these efforts will also improve the family centered practices that wrap-around these high risk youth. Congratulations to DCH staff for making this happen!

In September, ACMH sponsored a symposium on Family Centered Practices that brought together parents, advocates, staff from DCH as well as staff from about a dozen CMHSPs. While at times it was “preaching to the choir” about the importance of the family role in mental health care, we trust that the lively discussions will have a ripple effect back into these communities and foster greater

awareness and openness to family involvement – not just through family centered planning, not just for increased roles for family advocates, but also ongoing and active involvement by families in all aspects of the service system. With such efforts we can take Michigan into the era of a truly “family driven system of care.”

On the other hand, the news is not so good from Washington as the Congress develops plans to cut parts of the Medicaid program, as well as various educational and social services programs that support children and families. We must all continue our advocacy and information campaign to help Congress and the Bush administration realize the importance of these services. Please tell your story to your local, state and federal politicians so that they have a better understanding of the issues that families with a child with special needs face every day – and what these services and supports mean to you.

ACMH is also on the move – not just with our expanded relationships in various communities around the state – but we are moving our offices to downtown Lansing. This will increase our access to the Capital and to the various state departments – especially DCH. Please take note of the changes in address and phone numbers!

I wish all of you and your families the best for the upcoming holiday season.

Parent–Professional Symposium, *Exploring the family role in mental healthcare.*

On Sept. 27th ACMH hosted this important event. Its purpose was to engage family leaders and mental health administrators in an initial exploration and working dialogue on family driven mental health care. Over 70 parents and professionals from around the state participated in the dialogue.



Participants discuss the family role.



Barbara Huff delivers a powerful message about family-driven practices.

Conference Highlights

Each year, ACMH recognizes exceptional children mental health leaders. Juliet Crawford, recipient of the ACMH Parent Leadership Award, wrote the following thank-you note to the board and staff, "I cannot thank you enough for the most precious of all awards I have received in all of my life. This award recognizes that Parent leadership can occur in many forms. I didn't realize so many years ago when I lost David, how driven I was not only to recover from my grief, but to find a way to honor my son's memory."



ACMH 2005 Award Recipients (left to right): Juliet Crawford (Leadership Award), Carolyn Gammicchia (Gail E. Lanphear Exceptional Parent Award), Shareen McBride-Wicklund (Parent/Advocate Partnership Award), Connie Conklin (Parent/Professional Partnership Award), and Shirley Giles (Volunteer of the Year).



Staff and family members from southwest Detroit head home after the conference.



Parent, grandparent, and youth participants from southwest Detroit

ACMH awarded over 90 parent scholarships to support parent participation at our annual conference.

To the Staff of ACMH,
Thank you for putting together a wonderful conference! Also thank you to whoever makes the parent scholarship available - without it I would not have been able to attend this very informative & wonderful conference.

Deb Rayman

September 28, 2005 Support Children's Mental Health Rally



Over 200 family members and concerned citizens gathered for the rally at the capitol. Following the rally, over 175 letters were hand delivered by parents to their state senator and representative.



A youth advocate, Jonicea Pennell, demonstrates her support



Parent Laura Ray talks with Governor Granholm's representative, Pamela Paul-Shaheen



A Special Thanks to Lena Schaffer and All Those who Contributed Quilt Squares

ACMH extends a special thanks to all of the families who contributed quilt squares for the two handmade quilts that were presented to Governor Granholm and Janet Olszewski, Director of the Michigan Department of Community Health at the ACMH rally. Lena Schaffer, a local mom of seven, generously donated her talents and time to assemble all the beautiful squares into quilts.

Thank you, Lena, for all of your hard work and dedication!!

A Roadmap for Federal Action on America's Mental Health Crisis

A national partnership of organizations representing millions of people with mental or emotional disorders, their families, service providers, administrators, and other concerned Americans has launched a Campaign for Mental Health Reform. The Federation of Families for Children's Mental Health is one of the partners. Following are highlights from the executive summary outlining action required for successful mental health reform (published July, 2005).

Three years ago, President Bush established the New Freedom Initiative, dedicated to ensuring that people with disabilities, including those with mental disorders, have "the opportunity to learn and develop skills, engage in productive work, choose where to live and participate in community life."

The President's New Freedom Commission on Mental Health and formed and produced a written report, *Achieving the Promise: Transforming Mental Health Care in America*, in July 2003. The report made clear that effective and cost-effective treatments exist, and that early identification and intervention can prevent the negative consequences associated with unmet mental health needs.

To date, however, there has been little progress in realizing the Commission's goals or implementing its recommendations. For millions of Americans with mental disorders and their families, the consequences of this inaction have been tragic and sometimes fatal. Since the release of the Commission's final report:

- More than 63,000 Americans have been victims of suicide.
- An estimated 206,000 people with mental illnesses were admitted to state and federal prisons — many of them incarcerated due to the consequences of homelessness and neglect.
- More than 25,000 families relinquished custody of their children to child welfare or juvenile justice systems because it appeared to be the only way to secure the mental health services their children needed.

- Juvenile detention centers spent \$200 million warehousing children — some as young as 7 years old — because needed mental health services were unavailable in the community.
- As many as 13 percent of the thousands of veterans who have returned from military operations in Iraq and Afghanistan are estimated to show signs of post-traumatic stress disorder (PTSD). Left untreated, PTSD can lead to suicide, unemployment, divorce, and misery for veterans and their families.
- The American economy lost an estimated \$158 billion in productivity due to unaddressed mental health needs.

Following are their Seven Steps to Successful Mental Health Reform

Step 1: Maximize the effectiveness of scarce resources by coordinating programs and making systems "seamless" to consumers.

Step 2: Stop making criminals of those whose mental illness results in inappropriate behavior.

Step 3: Make Medicaid accountable for the effectiveness of the mental health services it pays for.

Step 4: Prevent the negative consequences of mental disorders by getting the right services to the right people at the right time.

Step 5: Invest in children and support and value their families' role in making treatment decisions.

Action Items: pass legislation to allow families to buy-into Medicaid to access services for a child with a disability; track the incidence of children being placed in child welfare and juvenile justice systems solely to obtain mental health services; and support state efforts to establish interagency systems of care for children.

Step 6: Promote independence by increasing employment, eliminating disincentives for economic self-sufficiency and ending homelessness.

Step 7: Address the mental health needs of returning veterans and their families.

Census Bureau's Annual Report (released August, 2005)

Census data shows Detroit now nation's poorest city

Detroit has risen to the top of the list of the country's most impoverished metropolises, according to the Census Bureau's American Community Survey. The data shows that 33.6 percent of Detroit residents lived at or below the federal poverty line in 2004, the largest percentage of any U.S. city of 250,000 or more people. No other Michigan municipality was among the top 70 poorest cities listed in the survey. The top five were Detroit; El Paso, Texas (28.8 percent); Miami (28.3 percent); Newark, N.J. (28.1 percent); and Atlanta (27.8 percent).

Census data summaries from the Center on Budget and Policy Priorities note the following key findings:

More Uninsured

- The number of people without health insurance was 45.8 million in 2004, compared to 45.0 million in 2003 and 39.8 million in 2000.
- The percentage of children (under 18) who are uninsured was 11.2 percent in 2004, not significantly different from the level in 2003 (11.4 percent). More detailed data suggest that Medicaid and SCHIP enrollment of children rose in 2004 and

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completely offset the reduction in private employment-based insurance for children, as it did in 2003.

- In a majority of states, the percentage of residents who are uninsured was significantly higher in the 2003-2004 period than in 2000-2001. The 26 states in which the uninsured rose includes Michigan.

More People in Poverty

Despite the fact that 2004 represented the third full year of economic recovery, the Census data shows that poverty increased again last year and median income failed to rise. The new data are particularly troubling for workers, showing backward movement for American workers on several fronts:

- Real median income among the working-age population — households headed by adults under 65 — fell by \$600 (from \$51,559 to \$50,923), a decline of 1.2 percent. (Overall median income for all households was unchanged.)
- The number of people who work but live in poverty increased by 563,000. The poverty rate increased among this group from 5.8 percent to 6.1 percent.

Economic Disparity for African-Americans

- The median income for African-American families was \$16,700 less than for all US families.
- The poverty rate for African-Americans was twice that of the general population (24.9% compared to 12.4%).
- 54% of African-American households were renters, compared to 34% of the general population in 2000.

The full report may be found at the following website:
www.census.gov/prod/2005pubs/censr-25.pdf

Link Between Early Exposure to Trauma for Girls and Later Involvement with the Juvenile Justice System

A newly released study, “A Roadmap to Mental Health Services for Transition Age Young Women: A Research Review” (TAY Report), examines data collected by the United States Justice Department. The report cites research “in which a clear relationship was found linking youth victimization, mental health problems and delinquent behavior. To view the report, go to:
www.cimh.org/downloads/TAYFinalReport421055.pdf

Television and Young Children

A study conducted by researchers, F. J. Zimmerman and D.A. Christakis with the Child Health Institute, and Department of Health Services, School of Public Health and Community Medi-

cine, University of Washington, Seattle, found that there are modest adverse effects of television viewing before age 3 years on the subsequent cognitive development of children. These results suggest that greater adherence to the American Academy of Pediatrics guidelines that children younger than 2 years not watch television is warranted.

Preparing for the GED

GEDonline prepares people for the GED Test. They offer online grading of the Official GED practice tests, interactive practice lessons, student activity and test score reporting, essay grading, online help, and much more. For details, please go to www.gedonline.org.

Youth Leadership Opportunities

Applications are being accepted through **December 15, 2005** for the **Michigan Youth Leadership Forum (MYLF)** which will take place June 11-15, 2006 at Michigan State University. The Forum is coordinated by the Michigan Commission on Disability Concerns. This free leadership development program is open to high school juniors and seniors with disabilities who have demonstrated leadership potential in their communities and schools. Approximately 30 students will be selected.

To be eligible the student must:

- have a disability (as defined by the Americans with Disabilities Act)
- be a junior or senior in high school by Sept. of 2006
- have demonstrated leadership potential in school and the community and
- reside in Michigan

If you would like an application packet, contact the ACMH office at acmhadmin@sbcglobal.net or by phone - with your name and mailing address.

Michigan's Evidence Based Practice (EBP) Initiative

Implementation of the Michigan Department of Community Health's EBP Initiative is underway. On October 1, 2005, all CMH's began implementing at least one of the two chosen EBP's for adults. Eight CMH's have also been funded to implement an EBP model for children, the Parent Management Training Oregon Model (PMTO). In October, 19 clinicians started a 13 month training program required for PMTO certification. In addition to these 8 sites, several other Michigan communities are also supporting service models for children that are evidence-based.

ACMH Updates:

ACMH was a co-sponsor of the MI Association of Community Mental Health Boards' *Successful Children, Successful Families Conference, November 3 & 4*. Dalia Smith presented a plenary session, *A Parent's Perspective*; Tiffany Leischner served on the planning committee, staffed an ACMH exhibit, and presented

a workshop with her daughter, Lindsey, *Time Goes By: A Family Journey*; and Kim Hunt, presented with Carlynn Perkins, Director of Children's Special Initiative Program with Southwest Solutions, *Shared Solutions – Parent Professional Partnerships*.

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The High Scope Experience

by: Joseph Jackson, ACMH Youth Advocate Southwest Detroit

The full experience of High Scope cannot be put in words; it's something one would have to experience. High Scope teaches you to be yourself, and truly think without the influence of pop culture. It's hard at first not talking about music and TV, and without drinking pop, but eventually you get used to it. I feel a lot better about myself physically, and mentally. I feel like my thoughts are truly mine and I've even stopped watching T.V. Co-op sports are amazing, no one rides the bench since its all about having fun, and sort of funny when you play your heart out and you're not gonna win! All in all I think everyone should take a visit to High Scope, you'll definitely find good company and yourself as well.

Joseph attended High Scope's one week youth leadership program in August.

ACMH – Southwest Detroit Family Center:

ACMH hosted our first Halloween Safe Night at the Family Center. The event went well. We had 99 children visit our office in full costumes and 26 parents who participated in the safe fun trick or treating tradition. It was a wonderful networking system. All parents received a welcome along with resources/toys for tots' applications. The Juvenile Justice/ Parent Support Group in collaboration with Southwest Solutions and Life Directions: facilitated by; Debora Martinez and the ACMH Parent Support Group: facilitated by: Vanessa Isom and Kim Hunt are off and running. The Parents are all taking Leadership roles to run the Support Groups according to what they think will be useful. ACMH has formed a leadership group made up of Parents who make and send out flyers, make contact calls to invite other parents to come to group, discuss and plan activities and topics, and generally let their voice be heard. We look forward to big things happening with this group.

Debora Martinez and Kim Fielder gave a presentation for The Skillman Foundation through Wayne State University regarding Mental Health Services in the Juvenile Justice System. ACMH also was part of a collaborative presentation at the 2nd Annual Successful Children and Families: Working together across systems conference in Lansing to discuss Parent Professional Partnerships.



ACMH Parent Mentors for CEI Parent Mentor Program and coordinator, Malisa Pearson

Both Conferences were a wonderful and positive experience for our advocates.

ACMH Youth Advocates

Contributed by Jasmine, Youth Advocate

During October, Youth United helped facilitate the life skills groups at SWCDS. Our topics included employability and job readiness. We also discussed the YU's B.A.R.J. publication which shows the differences between restorative and punitive justice. Joseph created a comic illustration for the cover!

Pam Cornell and I also interviewed several youth who have been in the juvenile justice system to learn first hand about their experiences and opinions. We have also been attending regular meetings at Alternatives for Girls to plan our youth group events. We have also contracted administrators from Southwestern, Western, and Murray Wright High Schools trying to set up balanced and restorative justice training for the students. Last but not least, we have done outreach at recreation centers, on the streets, and at the literacy event at Conley library.

Coming Events: Toys for Tots distribution days, and **Family to Family to kick off a Parent Support Group for Biological Parents** who have had their children removed from home. For additional information, contact Kim Hunt, 313-895-2860.

Exciting News from Saginaw County:

ACMH and **Dalia Smith**, the new Family Advocate in Saginaw, are embarking on a new and exciting partnership with the Saginaw County Community Mental Health Authority.

This newly created partnership has ACMH contracting with CMH as a *provider* of Family Support and Training Services. Family Support and Training is an entitlement for families who are eligible for Medicaid and is outlined in the Medicaid Manual under Code 17.3F. The services provided to families by Dalia will be billed through CMH and reimbursed through Medicaid dollars.

We are eager to get this new project up and running and are working diligently to create a strong resource for Saginaw area families, as well as, foster a promising partnership with CMH. Dalia's phone is already ringing and families are getting much needed support! We hope to build a successful model that can later be used to create similar partnerships throughout the state.

Clinton, Eaton, and Ingham Counties:

ACMH congratulates our CMH partner, **Community Mental Health Authority of Clinton-Eaton-Ingham Counties (CEI)** for their **6 year multi-million dollar System of Care Grant Award from the Substance Abuse and Mental Health Services Administration (SAMHSA)**

ACMH is a lead partner with **CEI's new 6-year system of care project**. The project is titled **IMPACCT (Integrating Multiple Paths Achieves Comprehensive**

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Children's Treatment). Its purpose is to develop a comprehensive spectrum of mental health and other necessary services provided by a coordinated network to meet the multiple and changing needs of children and families in Ingham County. ACMH will be the organized family voice and will be responsible for coordinating family involvement with design, implementation, and evaluation of the project. ACMH family advocates will also be providing direct advocacy, support, and education for families. Matt Woject is the Project Director and Malisa Pearson serves as the ACMH Lead Family Contact.

On October 1, 2005, ACMH and the Clinton, Eaton, & Ingham (CEI) Children's Services Unit began a new **Parent Mentor Program (PMP)**. The Parent Mentor Program (PMP) pairs families with a child receiving out-patient treatment with families who have helped their children through similar challenges. Mentors are ACMH staff with close working relationships with the Children's Services Unit. They are jointly supervised by ACMH's Malisa Pearson and CEI's Tracy Maddox and Sam Golper. The pool of mentors offers the diversity and flexibility to best bring together families with similar experiences, beliefs, culture, etc. There are currently 7 parent-mentors.

ACMH Family Advocate, **Tiffany Leischner** continues her active involvement with the tri-county juvenile justice diversion projects. She is now participating in juvenile hearings in Clinton County on a weekly basis which has allowed ACMH to reach many more families.

Tiffany also assists families with "Wraparound"; she facilitates referrals and serves on family and child teams. These families often have complex needs including juvenile justice, community mental health, school and wraparound and are served by multiple agencies. Tiffany frequently helps with IEP's, suspension/expulsion issues, and enforcement of student services. We greatly appreciate Tiffany and her important achievements!

For additional information about activities in the Clinton, Eaton, Ingham communities, contact Malisa at 517-372-4016.

News From the North

Cindy Miller has been very busy this fall in the **Mid Michigan area**. She has launched a new Parent Support Group in Mt. Pleasant. Cindy has supported many students and their families with school-related issues. She has participated on many Individualized Education Program Teams (IEPTs). She recently participated in the interview process for selection of a new director of Mid Michigan's Community Mental Health.

Cindy encouraged parent, Lucinda Bannen to attend the ACMH conference. Lucinda wanted to thank everyone for the opportunity to attend the conference; she enjoyed it very much and learned lots of new things. This fall, Cindy celebrated her "50" and we wish her a happy belated birthday!

Jane Shank has been active in the **Traverse City area**; she has spent considerable time developing relationships with many community partners and working closely with families on school-related problems faced by their children. Jane recently attended several workshops on psychiatric disorders and plans to share this new

information with participants in a new Parent Support Group that will be soon be starting in the Traverse City area. For more information, contact Jane at 231-943-0368.

Karen Herr continues her volunteer work with ACMH. She helps update the ACMH website, advises new family advocates, and works as an advocate and mentor with several families.

In addition to her work as ACMH coordinator for northern Michigan, **Shareen McBride-Wicklund** continues to work closely with many families from the **Mason and Oceana area**. Shareen arranged for a group of parents to meet with Rich VandenHeuvel, Director, West Michigan CMH System, to discuss children services and the needs of families in their community. Shareen has also been active with a local committee (Family Affair) that puts on a free fair for the families in our community.

Craig Delano, youth leader from the Mason/Oceana community served on a panel at the ACMH pre-conference symposium on family involvement and gave an address at the rally. He did an exceptional job! And we thank Craig for his contributions.

Oakland Highlights

Over the past few months, the Oakland County ACMH team has been going through many changes. Paulette Duggins and Chandra Jones have left the team to pursue other interests. As many readers know, Paulette was the mainstay of ACMH in Oakland County for many years and we are glad to be able to assure everyone that she is still working hard on behalf of children and families in Oakland County, and continues to share her knowledge and experience with the current ACMH team.

At present, the Oakland Team includes coordinator, Lynne Tamor, two family advocates, Marega DeLizio and Paula Eifler, and support group facilitator Nancy Scott. Recently, we have put most of our energy into individual advocacy for families needing assistance dealing with the education system, the courts, mental health service providers, and other aspects of life with challenging children. At the same time, we have been re-evaluating our other services, including support groups, parent programming, and policy-level advocacy. We were pleased that several Oakland families were able to attend the statewide ACMH conference in Lansing in September where many of those topics were addressed.

We now have a clear vision of our mission for Oakland County and surrounding counties. Because much of our funding comes from Easter Seals, the children's mental health provider to Oakland County Community Mental Health, a central focus of our team is supporting families receiving mental health services from Easter Seals. All Easter Seals families are given the opportunity to request that they be contacted by ACMH – at present, that is done at Easter Seals in-take, but plans are under way to make sure that families for whom the need arises later are informed about ACMH services. At the same time, we also provide services to families residing in Oakland County but not served by Easter Seals because they have private insurance, do not meet the Community Mental Health eligibility criteria, do not know about Easter Seals, or choose not to use Easter Seals. For them, as for Easter Seals families, we provide individualized advocacy services, as well as advice in dealing with insurance companies and mental health pro-

viders. We assist families with Easter Seals in-take if that is appropriate.

We are currently developing a calendar of parent programs that are all intended to improve access to services, quality of services, and networking opportunities with other parents. Each program will target a particular set of concerns that has been raised by Oakland County families. These new programs are an addition to the on-going Bipolar Support Group that meets bi-weekly in Auburn Hills. The south Oakland support group is continuing as well, but is seeking new members and perhaps a new format. The north Oakland support group is in the process of total revamping. Families interested in any of these groups are invited to call the project office to get information and to help us develop ways to better meet individual needs.

We are hard at work strengthening our partnership with Easter Seals, both to be able to advocate more effectively within the organization and to fully utilize the resources and knowledge of the entire Easter Seals staff. Easter Seals has also invited us to assist them in making materials and procedures more user-friendly – a task dear to the heart of every team member. Again, we invite suggestions from families – just call our project office.

We are pleased that ACMH has been included in a statewide grant that will allow us to develop expertise and materials concerned with accessing mental health services through the private insurance system – as many readers know, this is an area of intense concern to the many families who have private health insurance but find it inadequate to meet their children’s mental health needs, or who have no insurance but believe they fail to meet the financial eligibility requirements for public mental health services. Many of the calls coming into the Oakland office are from families in this situation – the grant will not allow us to solve the underlying problem, but at least we will be prepared to help families make sure that they access all available resources, including appeal procedures and second opinions.

Although most of the Oakland team’s funding comes from Oakland sources and therefore our primary responsibilities rest within the county, we also serve families in neighboring counties. At present, we have active families in Macomb, Wayne, and Genesee counties. We hope in the future to be able to enhance our services in all neighboring geographic areas, but in the meantime, we do our best to provide information, referrals, and telephone support, with in-person advocacy to the extent that we have staff available to provide it.

Lastly, we are looking at building local capacity in terms of policy-level advocacy. By that we mean that we are working ourselves to influence policies at the county, state, and federal levels that have an impact on children with emotional and behavioral issues. Beyond that, we hope try to identify family members who are interested in becoming policy-level advocates and assist them in getting the education, training, and opportunities that they need. There is a need for better representation of families of young children on policy-related committees and task forces within many organizations and at many levels. Once again, if anyone reading this article would like to become more active in trying to improve the situations of children with mental health issues and their families, please call Lynne at 248-212-0847 or 866-374-4833 (toll free).

ACMH also congratulates Kalamazoo Community Mental Health and Substance Abuse Services on their multi-year System of Care Grant Award from the Substance Abuse and Mental Health Services Administration (SAMHSA). The grant will support community efforts to improve services to children with severe emotional disorders and their families by creating family-centered, community supported and integrated systems of care. Advocacy Services for Kids (ASK), under the leadership of executive director, Sandy Roethler, will be supporting family leadership and involvement. ACMH looks forward to working with ASK and the project on successful implementation of this system change initiative.

Congratulations to the 2005 ACMH Parent Leadership Camp Participants

**Connie Callahan
Samantha Luevano–Cory
Sheri Cottingham
Craig Delano
Lois DeMott**

**Lori Eva
Jackie Igofó–Teo
Debra Martinez
Melissa Miller
Laura Ray
Melodey Ray
Dalia Smith
Sherry Warner**



And a special thank you to guest speakers; Jim Wotring and Lynn Jondahl; facilitator, Grace Menzel; parent panel members Jamie Pennell, Mora Wilkevicz, Kristen Hawkins, and Tiffany Leischner; and project coordinators Shareen McBride–Wicklund, Malisa Pearson, and Amy Winans.

TABLE TALK

A MESSAGE OF HELP & HOPE



STATEWIDE ORGANIZATION OF THE FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH

We are pleased to announce that ACMH has moved to downtown Lansing:

Please make note of our new address

100 West Washtenaw
Suite 4
Lansing, Michigan 48933
517 372-4016

We thank the Lansing Economic Development Corporation for their Office Occupancy Grant. These grants are awarded to help stimulate new businesses in downtown Lansing.

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