

TABLE TALK

A MESSAGE OF HELP & HOPE



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

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One Mother's Story

“The last five years have been rough,” says Lois DeMott, AMCH advocate and parent of Kevin, now 15 years old, was charged and sentenced as an adult for attempted robbery at the age of 13. Over the last five years, Kevin has experienced several placements in the juvenile justice and adults corrections systems. These placements have taken Kevin in and out of his family home, his community of origin and in and out of the state of Michigan – placements with policies that severely limit contact between juvenile offenders and their families. “If only I could have been there over these past five years. Kevin has gone through so much alone. If only I was able to greet him every morning, been able to have given him a hug each night, and have been able to have told him that I loved him.” Cried Lois.

Kevin has been struggling with several mental health conditions since the age of three, including being diagnosed with ADHD, opposition defiant disorder, post-traumatic stress disorder, suicidal ideations, and most recently bipolar, depression, anxiety, conduct disorder, sensory integration disorder and anti-social personality disorder. Like so many other adolescents across the nation, Kevin's mother and other family members have struggled to access adequate and appropriate mental health services for him. Today his treatment plan includes sleeping in a state prison cell.

Kevin first entered the juvenile justice system at the age of ten. Desperate to provide proper and adequate mental health services for her child, and acting on the advice of her son's community mental health worker, on one fateful evening, they contacted the police and her child was arrested on assault charges after Kevin became violent in one of his rages. “I was hoping that this arrest would instill fear in him and scare him straight. The CMH workers told me that getting him involved



continued on page 3 Kevin and mother, Lois DeMott

ACMH provides information, support, resources, referral and advocacy for children and youth with mental, emotional, or behavioral disorders and their families

Message from the Executive Director



Dear ACMH family and friends,

Last year was one of the most difficult for Michigan families, especially those who have a child with serious mental health difficulties. Reports from the MI League for Human Services note that poverty rates in our state are increasing faster than in most other states and the percentage of family incomes needed to cover basic costs, such as rent and utilities are also increasing. As we move into 2008, the state's budget crisis will continue to threaten the availability of resources to support programs and services most important to families, including education, community mental health, public health and child welfare. Unless the interests of families are clearly recognized as "constituent" priorities, the door is open for public policy decisions to be made at the expense of children and families. Clearly, these are shared concerns of the ACMH membership. The voices of families who have

a child with mental health challenges must be heard.

Families need to be able to speak up powerfully for the needs of their own families and have opportunities to join with others to strengthen the collective family voice. The ACMH board and staff will continue to do everything possible to support the empowerment of families. We invite you to join us in upcoming ACMH events, including a luncheon with state legislators, a youth leadership event, the parent leadership camp, and the annual fall conference. A schedule of these events is on the back cover of this newsletter. For details, please check the ACMH web site, contact the ACMH office, or talk with an ACMH Family Advocate.

The work of ACMH is possible only with the help of our families, members, sponsors and community partners.

Sincerely,

Amy Winans

Notice ACMH Annual Meeting and Elections – Contact the ACMH office for details and directions

The ACMH Annual Meeting will be held
Wednesday, April 23, 2008
at the MSU Kellogg Center beginning at 4 PM

The following slate of candidates has been proposed by the nominating committee:

Board Slate:

Stacey Diekevers 2008-2011

Craig Hause 2008-2010

Gail Lanphear 2008-2010

Board Slate of Officers for 2008-2009:

Gail Lanphear President

Craig Hause Vice President

Charnite Alexander Secretary

Mary McLeod Treasurer

ACMH Welcomes Two New Leaders

Ann Marston has been named as President & CEO of the Michigan League for Human Services and Jack Kresnak has joined Michigan's Children as President and CEO.

Fyi – New Name ...

The National Institute of Child Health and Human Development has been renamed. It is now the Eunice Kennedy Shriver National Institute of Child Health and Human Development.

in the legal system would be the best way to get him the help that he needed.”

Instead of scaring him, placement in juvenile detention introduced him to another lifestyle. A lifestyle consumed with gang activity, including destruction of property, truancy, gambling, premature sexual activity, and selling and abusing illicit substances. Throughout the series of placements Kevin endured, he was raped, beaten by his fellow inmates, and tried to commit suicide on two different occasions. Eager to make friendships, fit in, and avoid being the target of further victimization while in placement, Kevin began to identify with the other delinquent youth, and began to mimic their negative behaviors. “He left placement angrier than when he went in.” stated Lois. The detention center didn’t see his behaviors as being a result of living with a severe and persistent mental illness; they saw him as a throw-away kid.” The abuses her son endured while in placement were not reported to the proper authorities, and Kevin was seldom provided with proper medical treatment in a timely manner. In tearful admittance, Lois stated, “I regret making the decision to place him in out of home care.”

The stress of her experience caring and advocating for her special needs child has taken a toll on Lois and the family as a whole. Lois herself now struggles with several physical and mental health conditions. These include depression, anxiety, arrhythmia, chronic chest pains, TMJ, and panic attacks. The publicity of her child’s case has caused her to become more secluded, isolated and alone. “I fall apart when my child falls apart. I feel guilty feeling or enjoying a moment of happiness and when my child is not happy.” Lois’s older son has also suffered as a result of his younger brother’s rages. Kevin’s brother, Nick, now 19, would shut himself in his room when Kevin was raging-which was quite often. “I know that Nick was neglected at times because of the attention that Kevin needed, fortunately Nick is living a successful stable life.” Lois remarked. Stressful parenting also took a toll on Lois’s marriage which ended in divorce two years ago. In addition to familial disruptions, Kevin’s disability has taken a toll on Lois’ pocket book. Lois has incurred \$10,000 of debt to cover the expenses of psychiatric hospitalizations (as her private, employer provided health insurance only covers 50 percent of mental health care services) as well as \$14,000 in legal expenses-services that were necessary to care for Kevin.

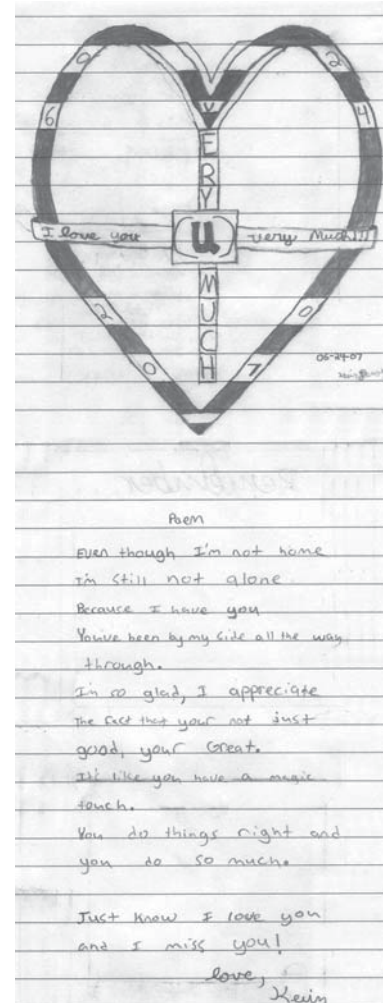
Lois firmly believes that her son’s incarceration could have been prevented. “Throughout my son’s life, services have always been offered way too late in the game.” The services that were offered were terribly fragmented. The mental health system looks to the legal system for support and answers; however police are not trained on how to interact with youth who are living with a pervasive mental illness. Police treat youth with mental health conditions like criminals. Lois believes that her son would be better served if he were able to participate in intensive, in-home mental health services instead of being locked up in a prison cell. “It’s difficult as a parent not to constantly blame yourself. Maybe I could have done things differently, maybe I could have tried harder” sighed Lois.

In conclusion, Lois offered some important advice for other parents who are facing the challenges of parenting a child with a severe and persistent mental illness:

1. It’s important to connect with other parents and build your informal support system, “The stress is too much to bear alone. Find people to share your story with. Don’t keep it in-it will tear you apart-physically and mentally.”
2. “Don’t ever give up on your child.”
3. “It’s important that your child always has an advocate. It’s good to work with professionals, but please understand that only a parent could have this level of tenacity.”
4. “Don’t forget to take the time to take care of yourself.”

Listen up policymakers!
Words of wisdom from an incarcerated juvenile delinquent (‘by Kevin’):

“Our past should be thought of and remembered, but it should not paralyze us so we do not move forward in the future.”



Advocacy Corner:



UNITED STATES SENATOR • MICHIGAN
DEBBIE STABENOW
JANUARY 2008

United States Senate • Washington, D.C. 20510-2204 • (202) 224-4822



Protecting the Health of Michigan's Children

By U.S. Senator Debbie Stabenow



Our state and our nation's most precious resource is our children. Unfortunately, too many of our children don't have access to quality, affordable health care and the programs that are in place to help are under attack.

In Michigan, there are an estimated 280,000 children who have serious emotional or mental health needs. Sadly, most of these children do not receive the care they need. In fact, the U.S. Surgeon General has found that 80% of children with a debilitating mental illness do not receive necessary treatment.

For many of our children struggling with mental illness, ample and accessible treatment can only be found in our schools. There, teachers and qualified school employees are in constant contact with our children and can help families enroll their children into the proper support programs and arrange necessary health services. School-based outreach often provides the best chance of reaching children with mental health issues early on before more serious and costly problems develop down the road.

Yet this year, the Bush administration proposed cutting payments to our schools and other community programs so vital to our children and their families.

I helped lead the fight to stop these harmful cuts from taking effect and hurting our children. And at the end of the 2007, my colleagues and I succeeded in passing a six-month freeze on the Administration's cuts before they were finalized.

And while we continue to battle for adequate and accessible mental health care for our children, we are still waging the larger fight—providing all of our children with access to quality, affordable health care.

Over 150,000 children are currently uninsured in Michigan, while roughly 9 million children nationwide go to bed every night without health care.

That is why we need to reauthorize the Children's Health Insurance Program and ensure that this successful program has the funding it needs so that all eligible children can participate.

Since 1997, the Children's Health Insurance Program has provided coverage for over 6.6 million children of working families who are not eligible for Medicaid, but still unable to afford health insurance. In Michigan, this means a family of four can earn up to \$40,000 a year to be eligible for MICHild, our Children's Health Program.

This year, I was proud to help pass the bipartisan proposal that would have renewed and improved the successful Children's Health program, which would have brought \$211 million in funds to help reach approximately 90,000 Michigan children currently eligible, but not enrolled in Medicaid. Additionally, this proposal would have required all state CHIP plans to have mental health parity. But the President vetoed this critical legislation, not once but twice and in doing so, denied health care to over 3 million children across the country.

Children are our most important resource, and we need to continue to do everything possible to protect them. You can count on my continued longstanding commitment to improving services and treatment for those needing mental health care, and I will continue to lead the fight in Congress to provide over 9 million children with the health care they need and deserve.

Senator Stabenow has been a longtime advocate of mental health services - chairing the Mental Health Committee while serving in the Michigan House of Representatives in the early 80s and leading the passage of numerous efforts benefiting individuals and families facing mental health challenges including the Children's Mental Health Act and the Family Support Subsidy Act. In the U.S. Senate, she is a cosponsor of the Mental Health Parity Act. ACMH offers our sincere thanks to Senator Stabenow for her article and for her steadfast leadership in support of children and families. We would also like to thank Press Assistant Matt Williams for his assistance.

Legislative Update:

Gang Bills Receive a Hearing in the State Senate Judiciary Committee



*Senator Wayne Kuipers
Chair, Senate Judiciary Committee*

The American gang scene is poorly understood and is a great source of public concern in spite of years of research and years of suppression and intervention efforts.¹ It is not clear how gangs intersect with the overall problem of juvenile delinquency.

What are gangs and why do we have them?

The terms “youth gang” or “street gang” are often used interchangeably to refer to neighborhood or “street-based” youth groups comprised of mainly of individuals under the age of 24 who are jointly engaged in criminal activity. Gangs form when institutional offerings and social structures are weak. They do serve a function-to respond to the needs of alienated youth. Youth join gangs for status, security, money, power, excitement, and new experiences. Gang members are responsible for a large proportion of all violent offenses committed by adolescents. Joining a gang enhances a youth’s rate of criminal activity dramatically, but criminal behavior is usually present prior to gang membership. Youth who join gangs often have histories of delinquency, substance abuse, and little attachment to school, school failure, and school drop out. Young people involved in gang activity are at risk of becoming early parents and struggling with unstable employment. Due to a lack of skills and lack of education, there is a lack of career opportunities for many of these young people.

What is Michigan’s Response?

On July, 26, 2007 gang bills SB 660 & SB 661 were introduced in the Judiciary Committee by Senators Jansen and Barcia. If passed these bills would prohibit gang activity and coercion of individuals into gangs, and set sentencing guidelines for gang recruitment. On November 27, 2007, a hearing was held on these bills. Dr. Fransisco Villaruel, Professor of Family and Child Ecology at Michigan State University provided

testimony. Dr. Villaruel is an expert on gang activity. His primary research interests include youth in the juvenile justice system and how policies impact young offenders.

“Senate Bills 660 and 661 lack a sufficient definition to be effective and fair. The purpose of the juvenile justice system is and should be reform and re-engagement. Re-engagement with family, community programs and societal institutions is paramount in steering young offenders away and out of gangs. The idea of ‘once a gang member, always a gang member’ is false. Most adolescents tire of a life of family violence and criminality and seek a means out.”

Dr. Villaruel believes that the long-term effects of these bills would be counterproductive. “Due to the implementation of similar bills in California, there are now 21 new prisons-only one state university was built in the same time period. We now have more African Americans in prison than we do in college.”

Members of the judiciary committee remarked that they “were in a pickle” since law enforcement was urging passage of the bills-contrary to the testimony given by Dr. Villaruel.

Interested in voicing your opinion to the Michigan Judiciary Committee? Contact Senator Kuipers, Committee Chair, at 517-373-6920 or via email at senwkuipers@senate.michigan.gov

Concerned about gangs in your community? Need help in coordinating a response? Contact the National Youth Gang Center, P.O. Box 12729, Tallahassee, FL 32317, phone: (850) 385-0600, email: GANG-INFO-Request@LISTS.BIGIRON.COM. Website: www.iir.com/nygc

1. Grayson, J. (2007, summer). *Gang Prevention*. *Virginia Child Protection Newsletter*, 80.

YOUTH VOICES - Kelly Everson shares his story...



*Kelly and his mother,
Rene*

With Parent involvement and professional support, anything is possible.

Everson today is a happy, healthy 20 year old residing in the northwestern lower peninsula of Michigan. Kelly is moderately cognitively impaired, and has been diagnosed with several emotional impairments throughout his young life. Kelly was not always as happy

and upbeat as he is currently. Diagnosed with ADHD at the onset of Kindergarten, school was a constant struggle for Kelly. Unaccepted by his peers and without proper support from teachers and administrators, Kelly began a downward spiral-hitting rock bottom in 7th grade. After being caught several times with knives under his bed, Kelly was placed on suicide watch. Kelly subsequently diagnosed with bipolar, oppositional defiant disorder, and obsessive-compulsive disorder. Kelly would be placed on suicide watch two additional times before graduating from high school.

“They [the school] didn’t teach me how to budget, and there were other things they didn’t teach me that I needed.” Says Kelly.

His mother, Rene, commented, “I know now that Kelly’s high school was trying to teach him stuff at a higher grade level rather than what Kelly was able to understand and comprehend. I trusted that the school knew what Kelly needed, and I was frustrated with him....All those years we treated him at his physical age when he needed to be treated like his appropriate cognitive age.”

In Kelly’s senior year of high school, he was diagnosed with borderline personality disorder.

The following text is an excerpt from a letter that Kelly wrote and presented at his final high school IEP meeting before earning his high school certificate in the Spring of 2006:

This is what I want to do in the future. I want to be able to go to the adult work center because I want to live on my own, and learn how to do math more on my own. When I walked in the adult work center, every one said, hey, wad up Kel? I never in my life had any one say that to me besides my friends Cory, Bob and Kari. When I went to high school, I blocked every one of the students out because they kept on teasing me. My

friends and I that went through the adult work center, I did not block anyone out because everyone talked to me. What I’m saying in this letter or note is the honest to God truth. Every night I pray to go to the adult work center so I can get my learning disability straight- that means doing well on all my school work.”

At the IEP meeting, and every meeting before this one, Kelly had the support of his mother, father, grandmother and his Aunt Danielle. Kelly was also fortunate enough to have the support and assistance of his therapist, Diane, from Northern Lakes CMH, Melanie, his legal guardian ad litem, and Jane, his ACMH advocate.



*ACMH Family
Advocate Jane
Shank*

“Without the support of these professionals, especially Jane, Kelly would not be where he’s at, and I would not be the parent I am today,” remarks Rene, “She’s a mentor to Kelly and me both.”

In the spring of 2006, Kelly competed in the Special Olympics and received medals in three of the four events he competed in, including a gold medal in the 400 meter dash and the long jump. “I can’t wait to compete again in 2008.” Beams Kelly.

Kelly is now enrolled full time at the adult community education center through the local ISD, and is able to continue his education until he turns 25 years of age. Through this program Kelly is learning how to cook, do laundry, budget, learning how to use the public transportation system, and other skills necessary for independent living. In addition to classroom instruction, Kelly has also had the opportunity to participate in and gain actual on the job experience. Kelly volunteers at the Women’s Resource Center, the Hope Shelter Thrift Shop, is also gainfully employed at Hollister, a clothing store in the local mall.

“I want to move out and get my own place. I enjoy working in the clothing business; I have a lot of experience.” Beams Kelly. Kelly stated that he also has a girlfriend that he enjoys spending time with. “Since we’ve been treating Kelly like his cognitive age, Kelly has changed...he’s pulled a 180. His self-esteem has gone through the roof. It’s a much better situation for all of us.” Remarks Rene.

Mental Health/Juvenile Justice Screening, Assessment and Diversion Project

The Mental Health-Juvenile Justice Screening, Assessment and Diversion Project has been implemented in Michigan since 2001. The main method used for screening juvenile offenders for mental health needs is administration of the MAYSI (Massachusetts Youth Screening Instrument¹) by the court, usually a probation officer or detention worker, or by mental health, usually a therapist with the local Community Mental Health. Court and mental health personnel typically explain the MAYSI to parents either prior to administration, or some time following. The MAYSI was designed specifically to assist juvenile justice facilities identify youth between the ages of 12 and 17 years of age who may have mental health needs. The MAYSI is a two page, 52 question self-report that only requires “yes” or “no” responses. Most youth can complete the questionnaire in 10 minutes. The MAYSI has items that relate to seven different areas of mental health. These include:

- Alcohol and drug use;
- Anger-Irritability;
- Depression-Anxiety;
- Somatic complaints (physical pain or discomfort);
- Suicide Ideation;
- Thought disturbance (reality orientation); and
- Traumatic experiences.

The MAYSI is a screening tool for assessing potential mental health needs, and can be used to assess the need for precautionary monitoring for suicide or an emergency service evaluation. The MAYSI is NOT an in-depth psychological exam and can NOT be used to provide a mental health diagnosis. The MAYSI is currently being administered in 15 Michigan counties, including Allegan, Bay, Clare/Gladwin, Midland, Mecosta/Osceola, Houghton, Genesee, Gratiot, Ionia, Jackson, Macomb, Sanilac, and St. Clair Counties.

In addition to several of Michigan’s juvenile courts, the MAYSI has also been administered through some public schools. Prior to administration in schools, parents must be asked to sign a permission form. Schools that have adopted the MAYSI have used it to assess emotional challenges that may be affecting a student’s success at school. Schools that have adopted the MAYSI have developed good relationships with the local community

mental health authority, and youth who score high in any of the above categories are referred by the school to a counseling professional at CMH.

What has been the impact of the screening and diversion program on juvenile offenders?

According to Connie Conklin, Michigan Department of Community Health, there have been two main outcomes that have resulted from the implementation of this screening program. “First, the courts have a greater understanding of what is going on with adolescents in their care. The MAYSI has alerted the court to the presence of suicidal ideation of young people when a parent might not be aware. The second outcome is the opportunity the program has provided to strengthen the relationship between mental health and the court-thus increasing the number of mental health referrals for services.”

What have been the barriers of the screening and diversion program?

Although screenings can be done on young people who are not Medicaid-eligible, CMH may not be able to provide services for young people who do not qualify for Medicaid. The other barrier is that for the duration that a youth is incarcerated, Medicaid will not pay cover mental health services. This places the burden on the parent to obtain mental health services for a child who is incarcerated either through a private insurance provider or out of pocket. Additional barriers include not having an adequate selection of providers in the community, and having access to providers who can see youth after their parents’ work hours.

What can parents do to support their children who are in the juvenile justice system?

“Mental health and juvenile justice services must be family-centered. If we want to address the community safety, parents have to be a partner with the court. This is contrary to much of current practice. Parents need to build a relationship with their child’s probation officer, be strategic to ensure program accountability, and be willing to get information on the effectiveness of different treatments and understand the impact detention may have on their child. After 2-3 days in detention, the effectiveness of detention is gone” says Conklin.

Highlighting Best Practices in the Juvenile Justice System: A Look at the Teen Court Model

Teen courts, also called peer and youth courts, represent an alternative approach to the traditional juvenile justice system. Teen courts are increasingly used by family division judges for juveniles who commit minor offenses, status offenses, or are involved in the juvenile justice system as a first time offender. Teen court offers a model that provides offenders an opportunity to appear in court without establishing a formal court record. Typically, a group of peers reviews the case (high school age students), takes testimony, and recommends an outcome. Popular outcomes have consisted of sentences that include community service, counseling, restitution, and/ or an apology to the victim. Some teen courts act as diversion programs, while others use an informal court process, or the court calendar as a method of disposition. With all forms of teen court, the juveniles and the parents must agree to have the case resolved by the teen court process and acknowledge their responsibilities. Currently, there are 26 teen courts operating in Michigan, and are represented in the following counties: Allegan, Alpena, Cass, Clare, Charlevoix, Genesee, Ionia, Ingham, Isabella, Jackson, Lapeer, Lenawee, Mackinac, Menominee, Monroe, Oakland, Osceola, Saginaw, Wayne, and one program is operating out of the Tribal Court of the Sault Ste Marie Tribe of Chippewa Indians.

Teen courts are considered effective interventions in many counties where enforcement of misdemeanor charges is sometimes given low priority because of heavy caseloads and the need to focus on more serious offenders. Teen courts present communities with opportunities to teach young people valuable life skills, coping skills, and promotes positive peer influences for youth who are both defendants and for the youth that volunteer who play a variety of roles in the teen court process. Teen courts mobilize a diverse mix of volunteer youth and adults for active and constructive involvement in addressing problems in their local cities and towns.

Nationwide, teen courts share many of the same fundamental principles; however, the manner in which they function in their day to day operations can vary significantly from program to program. Most teen court programs are structured around one or more of four types of case-processing models.¹ These include:

1. Adult Judge - an adult serves as a judge and rules on legal terminology and courtroom procedure. Youth serve as attorneys, jurors, clerks and bailiffs.

2. Youth Judge - This is similar to the adult judge model, but a youth serves as the judge.
3. Tribunal - Youth attorneys present the case to a panel of three youth judges, who decide the appropriate disposition for the defendant. A jury is not used.
4. Peer Jury - This model does not use youth attorneys; the case is presented to a youth jury by a youth or an adult. The youth jury then questions the defendant directly.

Most teen courts do not determine the guilt or innocence of youth. Rather, they serve as diversion alternatives and youth must admit to the charges against them in order to qualify for teen court.

Teen Courts have been shown to offer at least four potential benefits²:

1. Accountability - Teen courts may help to ensure that young offenders are held accountable for their illegal behavior, even when their offenses are relatively minor and would not likely result in sanctions from the traditional juvenile justice system.
2. Timeliness - An effective teen court can move young offenders from arrest to sanctions within a matter of days rather than months that may pass with traditional court processes. Rapid responses increase the positive impact of court sanctions, regardless of their severity.
3. Cost Savings - Teen courts depend heavily on youth and adult volunteers. These courts can handle a sizable chunk of offenders at relatively little cost to the community. The average annual cost for operating a teen court is \$32,822.
4. Community Cohesion - A well-structured teen court program may impact the entire community by increasing public appreciation of the legal system, enhancing community-court relationships, encouraging greater respect for the law by youth, and promoting volunteerism.

Based on a national evaluation³ of teen court programs, peer jurors indicated a clear understanding of their responsibility to the community and to the offender. They emphasized the importance of identifying a sentence that was tied to the offense and would deter the offender from future crimes. When young people were asked about the Teen Court Process, they made the following remarks:

- The teen court process is fairer because the jury is really one of peers;

What Parents Need to Know About Juvenile Delinquency and the Michigan Juvenile Justice System

Everyday in Michigan...¹

- 55 juveniles, ages 10-17, are arrested for an index crime (murder, rape, robbery, aggravated assault, larceny, motor vehicle theft, and/or arson)
- 9 juveniles are arrested for a violent index crime
- 10 children are placed out of home for delinquency (in addition to index crimes, these placements can result from status offenses like possessing and drinking alcohol, running away, truancy or some other ungovernable behavior)
- 157 youth drop out of high school
- 1 youth dies from an accident, homicide or suicide

According to State statistics (2003), Michigan is responsible for 2, 706 youth residing in juvenile detention and correctional facilities across the state. Many of these detained youth are children of color.²

Michigan Currently has a decentralized juvenile justice system. This means that the local courts are responsible for organizing delinquency services, supervising intake and probation and administering and referring youth to community-based alternative services, if available, detention, and aftercare services.

Michigan uses a process called Structured Decision-Making (SDM) to determine the placement of juveniles. Using this assessment, a youth's needs and the risk of re-offense are examined. Treatment resources are then assigned according to specific criteria established by the Michigan Office of Juvenile Justice.

Who can refer a child to the juvenile courts?

Over 80% of juvenile court referrals involve the police. The remaining referrals are by concerned parents, school authorities, other professionals, or private citizens. Only about 50% of juvenile courts referrals receive formal intervention. The rest are dismissed for lack of evidence or handled informally- a common approach for first time offenders who commit nonviolent, non-serious crimes. In these cases, youth are released into parental custody, and may be required to participate in counseling or informal meetings with a probation officer who may be used to monitor and control a child's behavior. Formal

interventions occur when a delinquency petition has been filed and the youth has been adjudicated (there was evidence to support the allegations of the petition). Formal interventions usually require the assignment of a probation officer who meets regularly with the youth, and other forms of specialized treatment are ordered (i.e. institutional placements). Only about five percent of all juvenile court referrals result in institutionalization.

What are the legal rights of adjudicated youth?

- Youth have a right to know what they have been accused of;
- Have a right to legal representation;
- To question witnesses;
- Are guaranteed protection against self-incrimination;
- Access to the transcript of the court proceedings; and
- Have the right to appeal the conviction.

Can juvenile records be expunged?

For most offenses, yes. Juvenile delinquency records can typically be expunged after the juvenile reaches 18 years of age, and five years have passed since the most recent case was terminated. Records can also be expunged faster at the discretion of the District Attorney.

Is there anything else important to know about juvenile court?

Juvenile court can sometimes seem rather informal, but the consequences of adjudication in juvenile court can be quite serious. Some cases carry mandatory driver's license suspensions, fines, and very expensive treatment programs which must be paid for (in part or in whole) by the parent. In some of the more serious cases, jurisdiction in juvenile court can result in commitment/incarceration of the juvenile well into adulthood (up to 25 years of age). In cases of alleged sexual abuse, adjudication in juvenile court can result in the juvenile being registered for life as a sex offender.

Is my child at risk of becoming a juvenile delinquent?

Warning signs:

- My child was a victim of brain injury;

ACMH Community News

Fifteen ACMH staff and family members attended the National Federation of Families for Children's Mental Health 19th Annual Conference in Washington DC, December 7-9, 2007, *Family-driven, youth-guided partnerships with mental health, juvenile & criminal justice: Defining excellence & Increasing Success through practice-based evidenced.*



back row: Rene Everson (parent Fife Lake), Cindy Miller (family advocate - Mt. Pleasant), Malisa Pearson (Lead Family Contact SOC – Ingham County), Jane Shank (family advocate -Northern MI), Amy Winans (ACMH Executive Director), Terri Henrizi (Team Leader/Education Coordinator)
front row: Sean Conrade (family advocate – SOC Ingham County), Duana Benn (family advocate – SOC Ingham County), Shareen McBride-Wicklund (family advocate – West MI), Melodey Ray (family advocate – West MI), and Dalia Smith (family advocate – Saginaw County) Not pictured: Vanessa Isom, Kim Hunt, Michelle Omar, and Felicia Hall (SW Detroit)

Staff Training During December, ACMH Family Advocates met in Lansing for a 2-day retreat.

We worked on developing a shared understanding of the role of the family advocate and were trained on goal setting, boundaries, designing a relationship, active listening, powerful questions, and acknowledgement.



New Staff were welcomed at the December Retreat – (front) Duana Benn, Jaime DeLeon, Christine Jaros-Starr, Latrice Lockett, (middle) Gladys Rodriguez (back) Lisa Wesley, Michelle Omar



Melodey Ray, Christine, and Dalia Smith

SOUTHWEST DETROIT/WAYNE COUNTY

Family to Family Initiative:

We are pleased to welcome Jaime DeLeon to our Parent Partner Team in Southwest Detroit. She has completed her training through ACMH and Department of Human Services and is working hard along side her Parent Partner Mentor Nancy Colon. The entire team is gearing up for a BIG event on Feb.14th,2008 “Give from the Heart” an event that will bring the community together with Birth parents, resource parents and kinship parents to discuss and share resources within this community. We will also use this event as a recruitment effort for community representations at Team Decision Making Meetings. This will be an opportunity for the community to understand how the Child Welfare Reform is moving forward in this community. Latrice Lockett continues to recruit and facilitate the support group for birth parents who have their children in the foster care system. The groups meet the first Friday of each month.

Southwest Solutions



Lisa Wesley

ACMH in Southwest Detroit has started working with the new CMH/Juvenile Justice Wraparound contract. We welcome Gladys Rodriguez, Michelle Omar and Lisa Wisely to the team. Our youth advocates Jennifer and Mia are working hard on new developments and preparation for

new programming for spring.

System of Care:

Wayne County continues to move forward on developing a system of care to help create new wave of system change. A new Director and coordinators are being hired from the local community mental health agencies to provide coordination with the school systems. This is a time for our county to really utilize all of the family and youth voices to help create a positive change in this community.

Events held this season:

1. Our annual Halloween Event: 86 families attended
2. Adopt a family Christmas Event sponsored by Holy Name Church that provided 18 families with a

fantastic Christmas.

3. Visit with Santa: Santa set up workshop in our family center and 100 children came through and received a gift, treat bag with fruit and candy. I'm not sure who enjoys this event more the children or the ACMH staff.
4. ACMH also hosted training for the ARC where 20 parents came together and discussed resources and services to help with developmentally delayed children and adults.

We are looking forward to sharing information about our new sessions of Sibshops this spring and anticipate lots of fun! ACMH is getting ready for our Annual Easter Egg Hunt.

CLINTON, EATON AND INGHAM COUNTY

SAVE THE DATE:

Impact, Ingham County's System of Care, is actively planning a statewide conference on September 3 & 4, 2008 at the Lansing Center in downtown Lansing.

The conference will focus on families, legislators, system partners, front-line staff, and agency administrators. The conference will be an opportunity to educate attendees on the importance of systems of care, the positive long-term outcomes youth and families receive from systems of care, and how to develop systems of care.

Impact, Ingham County's system of care, is contracting with ACMH to provide family advocacy, information, education and support to families raising children with emotional, behavioral, and/or mental health challenges. The primary role of the Impact Family Advocate is to empower the family to use their voice and advocate on behalf of their child and family. Impact Family Advocates also assist families with skills to work more collaboratively with service providers, connect with natural community supports, and to navigate the many agencies involved within their lives.

Impact Family Advocates work collaboratively with all of the child serving agencies within Ingham County including CEI Community Mental Health, Ingham County Department of Human Services, and the 30th Judicial Court, Family Division. They also work alongside the schools, private provider agencies, and other community support organizations.

Two of the Impact Family Advocates and the Impact Lead Family Contact traveled to the National Federation of Families Conference in Washington D.C. Malisa

Pearson, Impact Lead Family Contact, co-presented a session on Parent Partners during the conference. Malisa Pearson and Amy Winans have been participating in a national workgroup that is reviewing how family support is provided, the positive outcomes from family support services, and how family support can be researched to establish and evidence base for its benefits.

The Impact Family Council, a monthly group for family members of youth with SED in Ingham County, continues to meet and grow. The Council continues to provide feedback throughout the initiative in areas such as evaluation, service provision, satisfaction of services, and content for trainings. The Council provides a safe place for families to speak openly and honestly about their experiences within the systems, share ideas and perspectives, and an opportunity to network, connect, and support each other as family members raising children with SED.

The Impact Family Council hosted its first Parent Leadership Institute of the New Year on Jan. 22, 2008. 17 people attended the session on Individualized Education Programs. Participants learned about what an IEP is, how to request an IEP, what needs to be in a child's IEP, and what services are available to student's who have an IEP. The next scheduled Parent Leadership Institute is March 18, 2008.

The Impact Family Council formed 4 subcommittee in December to provide additional opportunities for family voice and input in priority areas of the Impact initiative. The subcommittees are:

- Family Driven
- Impact Website
- Facilitation Skills
- Conference Planning

The Facilitation Skills subcommittee will provide family members with an opportunity to develop skills to facilitate the Impact Family Council, Parent Leadership Institutes, and Impact workgroups and subcommittees.

Tiffany Leischner continues her work in Clinton and Eaton counties. She provides consultation, resources, information, and advocacy for families who are seeking support with accessing mental health services, special education, or any other concerns they have regarding their children with emotional, behavioral, and/or mental health challenges.

OAKLAND

Members of the ACMH Oakland team have been very busy with assisting families deal with school issues, court issues, and accessing needed mental health services. Additionally, we have been involved with a change in how new families access Oakland County Community Mental Health Authority's children's services. Instead of contacting provider agencies directly, parents should first call Common Ground at 800-231-1127. Assistance should be available 24 hours per day, seven days per week. Kinks in the new system are still being ironed out, but this system is expected to provide a smoother experience to new families.



Family Advocate Marega DeLizio with parents at December meeting

The biweekly BiPolar Support Group has been especially strong recently, with increased parents attendance and guest participants who can address areas of concern raised by group members. The group meets every other Thursday evening from 6:30 to 8:00 at Havenwyck Hospital in Auburn Hills (a light supper is included and children's programming is sometimes available). ACMH is grateful that Havenwyck Hospital provides space for this meeting, which is not otherwise affiliated with the hospital. Membership is not limited to families whose child has a formal diagnosis of Bipolar Disorder: anyone coping with oppositional behavior, rages, depression, impulsivity, and similar difficulties is welcome. To receive a brochure, contact the Oakland office at 866-374-4833 or 248-212-0847. To speak directly with support group facilitator Marega DeLizio, call 248-828-4343 or email marega@juno.com.

Several parents who attended previous ACMH parent leadership camps have been active as volunteers trying to improve the lives of families of children with mental health issues in Oakland County. Recently, Barb Belkiewicz has been working on raising money for special projects and has also taken a leadership role within the Parent Advisory Committee at Easter Seals, the OCCMHA provider agency for children with "severe emotional disturbance". She is hopeful that other parents will join her in her efforts to provide a strong parent voice to Easter Seals policy makers and to create new opportunities for children and families in Oakland County. Any parents interested in working toward these goals, including those interested in attending Parent

Leadership Camp in the future, should let an ACMH family advocate know, or just call the main office at 248-212-0847 or 866-374-4833. Parents receiving services from Easter Seals can also contact Chuck Saperstein at 248-395-6366 for more information about the Parent Advisory Committee.

LAPEER COUNTY

We are excited to announce the addition of a new ACMH region and a new ACMH family advocate, Christine Jaros-Starr to our ACMH community. ACMH was asked to join in partnership with the Lapeer County Community Mental Health Authority to staff their newly created Family Resource Center with an ACMH family advocate. We are very excited to begin this new venture and to serve the families of Lapeer county.

TRAVERSE BAY AREA

ACMH has been named as the lead family partner in the Northern Lakes Community Mental Health's System of Care application. ACMH family advocate, Jane Shank, has been very actively involved with her community's System of Care planning and grant writing. Throughout this process, the Northern Lakes community has been able to draw on the knowledge and experience of IMPACT, the System of Care project currently operational in Clinton-Eaton-Ingham counties (CEI).

Jane is also a member in good standing of her local Community Collaborative and through them has recently become involved in the local Commission on Youth. Jane is also becoming increasingly involved in Wraparound in her community, participating on the Community Team and 3-4 child and family teams. Jane has helped several parents and family members become involved in Community Team and also several new committees for the System of Care planning.

Jane is currently working to plan a half day parent conference in April for local families highlighting topics such as System of Care, Wraparound, and respite care. A group of parents will meet in the upcoming months to plan the conference. If you are interested in participating please contact Jane at 231-943-0368.

NORTH/WEST MI

Since late summer, we have been working with West Michigan Community Mental Health System on a on a new model for delivery of family-to-family (peer-to-

peer) support and training. Our goal is to better support families of children with an emotional/behavioral disorder served through the CMH system. ACMH family advocates, Shareen McBride-Wicklund and Melodey Ray will be providing family support and training to families who would like such support. We are very grateful to the staff from CMH for helping design and launch this new model of parent support and we especially want to thank Rick VandenHeuvel, Director and Michael Whitehead, Supervisor of Children's Services, for their commitment to families and leadership with this new family-centered initiative.

During the month of March we will be participating, along with many community partners, in the Family Affair event. This annual event is open to families at no charge and is a wonderful opportunity for families to learn about community resources and to give their children opportunities for many fun activities. United Way, DOW Chemical of Ludington, and other merchants are major sponsors of this event.

ACMH continues to sponsor a monthly parent/caregiver group, the Family Impact Group. Each meeting begins with a pot luck dinner and conversation. At each meeting, a presentation will be given by a different agency or organization on a topic of interest to our parents. For more information, please contact Shareen at 231-499-3333 or Melodey Ray at 231-510-1536.

MID-MICHIGAN

ACMH Family Advocate, Cindy Miller, facilitates a support group for parents in Isabella County. The group meets twice a month and is open to parents/caregivers who would like to get information about community resources and have the opportunity to meet and visit with other parents. For more information, please contact Cindy at 989-772-7713.

SAGINAW

There is a lot of exciting news and upcoming events in Saginaw. The Saginaw County Community Mental Health Authority (SCCMHA) Family Service Unit recently received a commendation from the Michigan Department of Community Health for delivering services to the most at risk youth in Michigan, based on their CAFAS scores and achieving the same average level of outcomes as the rest of the Community Mental Health Provider's in Michigan.

Saginaw County Community Mental Health was recently allotted 8 SED Waiver slots which will enable SCCMHA to collaborate with DHS and juvenile justice to deliver multifaceted services to the most at risk children served in Saginaw Co.

The SCCMHA Family Service Unit will start a series of trainings for foster parents and the Department of Human Services staff in March to strengthen collaboration between the two agencies. ACMH family advocate, Dalia Smith, will also do a presentation about on ACMH and the services it can offer to families during these trainings.

ACMH family advocate, Dalia Smith has been active in the System of Care Planning Grant for Saginaw County. She recently began the interview and needs assessment phase of System of Care planning with Dr. Pennie Foster-Fishman from Michigan State University. Dalia will also be participating in the Unclaimed Children Revisited - Michigan Case Study conducted by the National Center for Children in Poverty (NCCP) at Columbia University in New York to report on the effectiveness of Michigan's Level of Functioning Project.

ACMH in Saginaw is also partnering with the Michigan Alliance for Families as they work to start a regional site and hire a parent mentor in Saginaw. The Michigan Alliance for Families offers comprehensive information and referrals on all disability and education issues involving children and young adults from birth to age 26. Services include one-to-one support, online and printed resource information, and referral to appropriate community resources.

Dalia also works closely with her local and intermediate school districts and was happy to announce that the Saginaw Intermediate School District was recently awarded the 2007 Michigan Association of School Boards (MASB) Board Visionary Leadership Award.



“Parents must use their power as a parent to administer accountability to their child. Sometimes the court process takes too long. It’s important that parents are actively engaged with the professionals that are working with their children. This includes the mental health professional, the schools, the probation officer, etc. Programs are not effective if they are working in isolation. It’s important the professionals and parents are creating a circle of support for the young people in their care. Things should be done with kids, NOT to kids” urges Conklin.

IN parting thoughts, Conklin stated, “Parents are there for life, professionals are only there for a short period of time in a child’s life. This life-long relationship needs to be acknowledged and respected. Parents need to remember that they are and will be the only consistent factor in these children’s lives.”

1. <http://www.umassmed.edu/nysap>



- The sentence matters more because teens care about the opinions of their peers; and
- Jurors experienced a greater sense of responsibility in developing a sentence than they had anticipated.

“We target 11th and 12th graders taking government or related courses for the jury. Teachers often attend hearings, and the youth on the jury are often given class credit for their participation” says Deann Crowley, Coordinator of the Teen Court Program in Mt. Pleasant, Michigan.

“The successful development and implementation of teen court programs requires a coordinated and collaborative effort among various sectors of the community, including parents, other concerned family members, the juvenile justice system, and the schools” says Crowley.

Interested in locating a Teen Court near you? Perhaps you would like to know how to implement a Teen Court program in your area? Visit the National Youth Court Center Website at www.youthcourt.net

1. Butts, J., Hoffman, D., & Buck, J. (1999). *Teen Courts in the United States: A profile of current programs*. U.S. Department of Justice. Office of Juvenile Justice and Delinquency Prevention. Fact sheet # 118.
2. Butts, J.A. & Buck, J. (2000). *Teen Courts: A focus on research*. Office of Juvenile Justice and Delinquency Prevention. *Juvenile Justice Bulletin*.
3. Nelson, J.F. (2002). *Tools to evaluate and manage teen courts*. In *Session: The newsletter of the National Court Center*, 2 (1).

Michigan Partners in Crisis

ACMH recently joined a new statewide coalition, Partners in Crisis; a group formed to seek mechanisms that reduce the over-reliance on the criminal justice system as a response to mental illness and emotional disorders, while preserving the well-being and safety of consumers, families and the general public. Initiatives for 2008 include stimulate independent analysis of juvenile justice system prevalence and treatment needs of emotional disorders, status offenses, abuse-and-neglect victims, and delinquent minors.

What Parents need to know about Juvenile delinquency and the Michigan Juvenile Justice System, continued from page 8

- My child has a learning disability and is not receiving appropriate support
- My child has a severe emotional disturbance and is not receiving appropriate services to manage his/her disability;
- The child is/has been abused by a family member;
- The child is a witness to physical or verbal abuse between family members;
- Is living with family members who abuse drugs or alcohol;
- Lacks discipline;
- The child has not formed meaningful relationships with family members;
- Is experiencing parental separation or divorce;
- Is living in poor neighborhood conditions;
- The child is performing poorly in school
- The child identifies with peers who are a bad influence;
- The child lacks interests, hobbies, and is not socially involved;
- The child frequently moves

1. *Kids Count in Michigan Data book*
2. *Sickmond, M., Sladky, T.J., Kang, W. (2005). Census of juveniles in residential placement databook.*

Dr. William Morse Remembered...

ACMH staff and families were saddened to learn recently about the death of Dr. William C. Morse. Dr. Morse was an education professor at the University of Michigan. He had a strong interest in children's mental health and was especially interested in the needs of children and youth with emotional disorders. In recognition of his work and devotion to children and families, his wife asked that donations be made to ACMH in lieu of flowers. We extend our deepest sympathy to the Morse family and thank them for their generous support of ACMH and our work with children and families.

National Children's Mental Health Awareness Day, Thursday, May 8, 2008

Area youth and Impact, Ingham County's System of Care Initiative, have planned activities to include a reception on Thursday, May 8, 2008, from 4pm to 6pm at Lansing City Hall (124 W. Michigan Ave., Lansing). Additionally, art projects submitted by area youth will be featured at Lansing City Hall-May 5 through May 9 from 7 AM to 6 PM. We hope you will stop by to view this amazing display of art work - celebrating the talents of our youth people. For more information, please contact Katie Van Dorn, Impact Youth Coordinator, at 517-346-8006, or vandorn@ceicmh.org.

Voice 2 - Youth in Foster Care

In December, 2007, foster youths presented DHS Director Ismael Ahmed with a report outlining ten priorities to guide the Michigan Department of Human Services as it cares for foster youths soon to leave the state's custody.

"Voice 2: Discussing Issues and Concerns of Michigan Foster Youth" is the work of 18 youth boards representing 28 counties. It evaluates the progress on the youth boards' original set of recommendations issued in 2005. Recommendations include devoting resources to keep families together, maintaining sibling connections, involving youths in decisions and ensuring youths have education and housing before leaving foster care. A very important focus is the need for all young people to have a permanent connection to a caring adult before they leave foster care.

Youth in foster care are far more likely than their peers to be unemployed, out of school, unable to pay their rent, without a bank account, homeless and/or have been incarcerated. For copies of Voice 2 and the progress report on Voice 1, go to www.michigan.gov/dhs or www.michigan.gov/fyit

TABLE TALK

A MESSAGE OF HELP & HOPE



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

SAVE THE DATES – ACMH EVENTS

April 23 – Annual Meeting – MSU Kellogg East Lansing 4 PM

May 6 – Legislative Luncheon – State Capitol Center

June 20 and 21, 2008 – 1st Annual Youth Leadership Event – (MSU Campus) open to teens interested in leadership opportunities - scholarships available

August 7 & 8, 2008 – Parent Leadership Camp (open to all parents/caregivers want to promote family-friendly practices and policies in their community) – Lansing, MI – scholarships available

October 13 and 14, 2008 – Annual Conference – The Family Express: Turn Your Passion into Action – Support Children's Mental Health – Holiday Inn West, Lansing – scholarships available

PLEASE VISIT OUR WEBSITE ACMH-MI.ORG

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