

# TABLE TALK

**A MESSAGE OF HELP & HOPE**




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

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## Lois DeMott Receives Mother of Distinction Award



*Family Friend, Shelley Chapman, Kevin DeMott, Lois DeMott, and her Mother outside the Capitol*

Lois DeMott was recently selected for a Mother of Distinction Award 2009 by the National Juvenile Justice Network and Campaign for Youth Justice. Lois has been working tirelessly on behalf of her son and other minors involved in the juvenile and adult criminal justice systems. Her efforts are changing the ways counties throughout Michigan care for juveniles with mental illness. Congratulations Lois!

Following is testimony given by Lois and her son, Kevin DeMott, age 17 who was incarcerated in the adult system for nearly two years at a May 8 Press Conference.

### Comments by Kevin DeMott

First and foremost I want to say that mental illness like any other disease is not something that anyone asks for. It is a disease that needs to be treated just like diabetes or any other illness. There are far too many children, adolescents, and adults who struggle with mental health issues yet do not receive proper care and treatment. Especially in the prison system which is no place for a person with a mental illness.

It is a miracle that I made it out of prison alive. Today May 6, 2009 I have been a free man for one month. It has been everything but easy. However, with the help of my support system, of which my mom is the leader of, I am going to make it.

I want to encourage all the people who are incarcerated to stay strong because they are still worthwhile and still have potential to do anything they put their mind to. Also,

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## Message from the Board President

I am honored to have the opportunity to be President of the ACMH Board. The vision, strength and determination of leaders such as Gail Lanphear and Judith Taylor have set a very high standard for this organization. I am also looking forward to working closely with Amy Winans and the excellent ACMH staff. Their tireless effort on behalf of Michigan children and families is truly amazing.

These are very difficult times for our state and nation. We are all struggling to do more with less. The challenges we face as individuals are great. Non-profit organizations such as ACMH will need to be even more creative in order to continue to provide the services and supports currently in place and to meet the increase in need we are all seeing.

I am very proud to say that the Association for Children's Mental Health has been a good steward of public funds. We have developed a reputation for providing quality training, supports and advocacy for Michigan families and children with mental health challenges. We continue to need to work collaboratively with Mental Health Agencies and community organizations to identify ways in which to fund ACMH activities.

We need the help and support of all of you. We had a very successful Legislative Event on May 5 with over ninety legislators or their representatives in attendance. The number of parents, staff members and board members (62 in all) who made the effort to be in Lansing that day was very impressive and the legislators actively listened to the stories they had to tell. It is very important that we all continue to inform our elected officials, both locally and on the state level, about our priorities and struggles.

Collaboration, cooperation, hard work, creativity, and stamina have been hallmarks of the Association for Children's Mental Health throughout the years. As we face this current economic climate in Michigan our strength is in our commitment to children and families and the determination to do what it takes to maintain the services and supports necessary for success. Together we move forward to overcome obstacles and have a stronger voice.

Sincerely,  
Mary McLeod

to the families and friends of those who are incarcerated, never let your loved one be forgotten. The most important thing for someone in prison is support. Without the support on the outside of the walls there is far less hope in an already near hopeless situation.

I want to thank my family, friends, and the many others who advocated for me and gave me hope, especially, my Mom.

### Comments by Lois DeMott

I am truly honored to be nominated for this award by Beth Arnovits, Director of Michigan Council on Crime and Delinquency. Thank you for your recognition.

Today I want to honor those organizations who have been involved in our journey, who stood by us and never gave up. It is also because of them, that I gained the knowledge to



*Representative Dudley Spade (left) join Lois, Kevin, friends, & family following Press Conference*

advocate and the strength to carry on, even in the darkest moments. I thank our family and friends who have supported us through this time. I also thank those MDOC officials and officers, they know who they are- who are

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doing their job and go beyond the call of duty in their work. It clearly is not an easy job. Kevin's perseverance also was crucial. Today Kevin and I honor:

- Association For Children's Mental Health, Director Amy Winans
- MACED (Michigan Association for Children with Emotional Disorders) Susan McParland
- American Friends Service Committee- Penny Ryder and Natalie Holbrook
- Humanity For Prisoners- Doug Tjapkes
- Representative Dudley Spade
- NAMI (National Alliance for Mental Illness)- Director Sheri Solomon and Dave Ballenberger- Board President- not present today.

Kevin's journey has been long and very difficult-

At the age of around 3 it became apparent he had increasing unexplained rages, also recognized by our pediatrician. We began seeking private help for him, for us. His disorders became more severe around the age of 11. He had extreme highs and lows, and unusual sleep patterns. He was not able to function in the school setting, he had been living out of our home, he was hurting himself and had a psychiatric stay. Yet he was denied services from Community Mental Health in our county, stating he was not severe enough. We were told you often had to get your child in the court system to get the help they need. We took the advice and resorted to calling the police. He was placed in the juvenile home for extended periods of time. There he didn't get medications as prescribed, was in seclusion for ten days at a time, which is a violation of our state's codes, among other many violations found. He was not the only child in these circumstances. Kevin only became enmeshed in the legal system, where he was sent to out of state placements for so-called treatment. After committing a crime while manic and off his medications at the age of 13, he was given a blended sentence, meaning he had to complete a program successfully or he would be sentenced as an adult. He again he was sent out of state to a facility that was to offer treatment, yet they had no psychologists or therapists on staff. After being brought back to Michigan, and another rage in the juvenile home, he was sentenced on to prison at the age of 15 years old. A child with a significant known mental illness should not be sent to adult prison, when the adult prison system does not have mental health services available for the youth. I advocated very quietly in the background, and was fearful of retaliation in this prison system. I left Kevin to fend for

himself much of the time, not knowing what to do. Until Aug. 6, 2008. This was a life-changing day for me and Kevin. I attended a rally in Lansing. I met and heard the story from the mother of Timothy Souders, a mentally ill prisoner who died while strapped down to a cement slab, at the hands of 35 MDOC employees on August 6, 2006. I met another mother, Diana Childers, who boldly spoke out, stating that not advocating out of fear of retaliation was the worst thing we could do for our loved one. I met American Friends, a prisoner advocacy organization who works tirelessly on behalf of prisoners. I knew I had to begin to advocate for my son. I was made aware of my parental rights. I attended Kevin's treatment team meetings within the prison, taking advocates with me to get him better care and treatment. I wrote complaints and grievances to get him simple things and significant things like 1 hour out of cell for exercise out of 23 hours spent in-cell, improper restraint and medication use stopped, and to get his medications on a daily basis among many other things. I saw if I did not advocate for my son's rights and for humane treatment that he could be the next Timothy Souders, or he may never make it out of this system, that is not set up to care for the mentally ill, let alone a juvenile.

Citizens need to know how the mentally ill who become incarcerated are being treated in our State. They are not being rehabilitated. Most of them will be released one day. Doesn't it make sense to help them prepare for their release back into society rather than lock them up in a cell for 21-23 hours a day? Doesn't finding some work they can do to become productive help all of us? I attended forums and I understand that officials of MDOC are calling for change. It must be implemented within the prison walls at each prison, and this is what is not occurring.

Many prisoners are left to fend for themselves as their families have given up, or they do not have the knowledge or financial resources to help their loved one. Because of this, there is significantly more inhumane treatment of those with mental illness than the general population. Even officers stated to us at visits that these prisoners spend far too much time locked in their cells, and this is a majority of the problem.

Keeping a mentally ill person in an 8 x 11 cell 21-23 hours a day is not rehabilitation. Not providing educational opportunities, work opportunities, or proper therapy should be unacceptable. Restraining an individual for days or weeks on end is simply inhumane and yet it goes on still inside this system.

Today, Kevin and I have a plea for help for one incarcerated juvenile age 15, with significant mental illness, and with a mentality of a 6-8 year old child. He was wrongly incarcerated in this system. We need an appeal attorney for this boy. Please contact one of the organizations if you can help. He has spent most of his time in prison in solitary confinement, he has been abused, and is not getting proper care or treatment for his illness.

I have two dreams or goals I want to see implemented:

1. Accountability within these systems- This can only be obtained by allowing outside organizations in freely, into juvenile homes to work with parents and children, to be certain CMHs are providing appropriate care, to allow advocates into jails and prisons. This is the only way we will see true change occur and have accountability. It must be done through organizations who do NOT receive State or MDOC funding, or by state employees alone.
2. Forums need to be held on county levels- Education on mental illness and stories such as ours need to be presented to juvenile home and jail employees, police, EMTs, probation/parole supervisors, prosecutors and judges. Professionals who work with the mentally ill need proper training and need to learn about mental illness.

To all mothers who have a son or daughter in the juvenile system or incarcerated- my heart goes out to you- I know the pain and heartache you carry this Mother's Day. My wish for you is the courage and strength to stand up in these systems, to advocate for your loved one, and to never, never give up hope for them.

## Unnamed Poem

by Kevin DeMott

Sometimes I think I will not make it, that I cannot take it.  
But life is only what you make out of it,  
I tell myself I ain't about to quit.  
I will never give up.  
I'll do my best to live up to the expectations of society  
Forget the extra hating and people who cry to me,  
Tell me don't try to be someone your not.  
"You'll never make it to the top"  
"All you do is fake it, just stop"  
I think are they right? Absolutely not!  
They are all wrong.

The roads I have been down are bumpy and all long  
I sometimes think all night  
What can I do to make this right?  
Does it matter how long I spend?  
Will anyone ever be my friend?  
Someone loyal, honest, and there in the end.  
Society feels I had my chance and missed it  
And now I'm a lost statistic.  
My goal in this is not an applause  
It's that someone will see I'm not just  
Another lost cause.

**May is National Foster Care Month** – saluting the compassionate people who make a difference for children and youth in foster care. Thanks to parents, relative caregivers, mentors, advocates, child welfare workers, and volunteers who make it possible for these children to safely reunite with their parents, be cared for by relatives, or be adopted by loving families.

## Advocacy Corner



### Preventing the Criminalization of Children with Emotional Disorders

Sen. Liz Brater

One of the crucial public policy issues facing the state of Michigan today is the criminalization of people with mental illness, including children with emotional disorders. In recent decades, the

state has closed most of its mental hospitals. While serving people with mental illness in the community is a good objective, the dollars never followed consumers from the hospitals to the community, resulting in many people falling through the cracks. Tragically, transinstitutionalization rather than deinstitutionalization has occurred, with children with emotional disorders ending up in juvenile detention and even adult prisons.

It is essential that we shift resources from the criminal justice system to the mental health system. It costs on average \$30,000 per year to incarcerate an inmate in Michigan and \$8,000 to \$11,000 to deliver outpatient mental health services. Nationally, an estimated 60-75% of children in the juvenile justice system have a diagnosable emotional disorder, and we need to determine how many children in Michigan are in the criminal justice system when they should be receiving mental health treatment instead.

Numerous parents have turned to the mental health system for help, only to be told that the only source of services is the criminal justice system, even when their children have committed no criminal offense. This is inhumane, uncivilized, and unacceptable. Juvenile detention is not the right place to send children who need treatment for emotional disorders. These children need to be in a therapeutic setting with proper access to professional care and medication. This mirrors the problems in the adult mental health system, but for children, there is an even more acute lack of services, with only one hospital available in the entire state. This makes it difficult for parents to visit their children or participate in their care.

Tragically, some children with untreated emotional

disorders end up entangled in the adult criminal justice system when offenses occur and prosecutors choose to charge them as adults. Currently there is no provision to have these children in a separate, more appropriate housing unit where they will be in a therapeutic environment and where they will receive proper care and protection. When children with emotional disorders are mixed in with other juvenile offenders, they tend to be preyed upon and victimized, sometimes also resulting in self-harm or suicide.

Michigan ranks third among states that sentence children to life in prison for crimes committed as juveniles. There are over 300 people in our prison system who were sentenced as juveniles to life without parole. Many had older codefendants who received lesser sentences. Many were abused or neglected or had untreated emotional disorders.

Since 2005 I have been introducing legislation that would eliminate the sentence of life without parole for juveniles, and that would allow those already serving mandatory life sentences to apply for parole after a portion of their sentence is served. The current version of the bill, SB 173, awaits consideration in the Judiciary Committee. The House has taken up my legislation twice, but unfortunately it has not yet received a hearing in the Senate.

To prevent criminalization of people with mental illness, including children with emotional disorders, it is also essential to train law enforcement officers to direct minor offenders back to the mental health system. We also need to continue to establish mental health courts in Michigan. I am encouraged that in recent years we have been able to appropriate funds for law enforcement training and to establish pilot mental health courts. Mental health court legislation, which I have been introducing since 1997 when I was in the House, is still pending. We need to continue to work to increase the availability of mental health services to children and adults, and to make sure that care is being delivered in the appropriate setting.

# What Is Social And Emotional Learning And Why Should Parents And Caregivers Encourage Social And Emotional Learning?

Trina W. Osher, M.A., President, Huff Osher Consulting, Inc.

David M. Osher, Ph.D., Vice President, American Institutes for Research

Social and emotional learning (SEL) teaches children skills they need to be successful in life. Social and emotional learning is important because it teaches children and adults how to recognize and manage their feelings and get along with others. People who have well developed social and emotional skills have healthy relationships with others and can solve problems by making responsible decisions. They also do better in school and at work. There are five basic social and emotional competencies:

- Making responsible decisions – or making good choices
- Self-awareness or recognizing and managing our emotions
- Social-awareness or developing caring and concern for others
- Managing emotions or establishing positive relationships with others
- Relationship management or handling challenging situations constructively and ethically

This is the second of three articles that explain these competencies and set out the conditions necessary for children to learn how to use these skills. This article covers social awareness and managing emotions.

## What is social awareness and how can children be taught this skill?

Children and adults who are socially aware can see things from another person's point of view. They can understand how others are feeling or empathize with them. People who are socially aware recognize and appreciate individual and group similarities and differences. They have respect for others.

Here are some examples of social awareness. Children in elementary school should be able to show they are socially aware by accurately identifying someone else's feelings. Socially aware elementary schoolers should be able to "read" someone's expression and tone of voice in combination with what is being said. Children in middle school should be able to predict how others would feel or react in different situations. They might say, "I think my little brother would be happy if I let him have the bigger cookie." High school students should be able to reflect on and evaluate their own ability to empathize with others.

## Some ways families and schools can teach and support social awareness.

- Express your own emotions and tell children and youth how you feel in different situations. Explain your reactions to what

others say and do. Ask students to explain how they think others feel in different situations. Praising children when they accurately identify how others feel and appropriately demonstrate caring for other's feelings shows them you are socially aware of them and reinforces this skill.

- Demonstrate understanding and respect for the uniqueness and special strengths of different people in your family, class, school or community. Have students share a family tradition with their classmates.
- Avoid saying negative things about people. Coach children to think about other's feelings when they say negative things about individuals or groups who are different from themselves.
- Discuss the benefits and disadvantages of pre-judging people and situations. Read stories or watch films about prejudice and talk about them with your children.

## **What does managing emotions mean and how can children be taught this skill?**

People who manage their emotions are able to control their reactions to others and express how they are feeling appropriately. They have learned to recognize the things that trigger their own reactions – what “set’s them off.” They have impulse control and can resist “temptations.” They can also manage their own stress and anger. They are able to persist or keep trying when obstacles are in their way.

Here are some examples of managing emotions. Children in elementary school should be able to describe the steps of setting a goal and working towards it. Middle school students should be able to make a plan to achieve a personal or academic goal and carry it through to completion. High school students should be able to make good use of

available resources to overcome things that get in the way of achieving their goals. They might, for example, ask for a peer mediator to help resolve a conflict with another student.

## **Some ways families and schools can teach and support managing emotions.**

- Find ways to stay calm when you are angry. Sit down as a family or a class and talk about what everyone can do to stay calm or “keep their cool”. Have your class make of list of the different things they could do to manage their anger. For example, “Take a deep breath and count to 10.”
- Give children and youth a chance to solve problems on their own. Resist the temptation to step in and take over. Ask guiding questions that help children develop the ability to find solutions on their own. For example, ask “What else do you think you can do in this situation?”
- Apologize to children if what you said or did was not what you meant. Being a good role model shows children and youth how important it is to apologize after hurting someone.

This series of articles draws on the thinking, research, information, and tools of the Collaborative for Academic, Social and Emotional Learning. Readers can learn more about them at [www.CASEL.org](http://www.CASEL.org)



## STATE BUDGET ADJUSTMENTS

Administration and legislative leaders are now looking at \$780 to \$800 million in total adjustments for the current 2008-09 budget using both the addition of federal stimulus money and spending cuts which have already been confirmed by state officials. These cuts pose potentially serious threats to human service programs, including children's mental health services. Revenues continue to plunge as the state's unemployment rate climbs – reaching 12.6 percent in March. Since the January Revenue Estimating Conference, revenues have fallen by better than \$100 million per month from the forecast total.

If your child and family receive publically funded mental health services, please contact your state representative and senator to let them know how important these services are to you and your family.

### **MDCH and MDE Expand School-Based Health Services to Support Michigan Students and Families**

March 12, 2009 -- The Michigan departments of Community Health and Education announced 17 new awards for school-based and school-linked health centers. The expansion of the Child and Adolescent Health Center (CAHC) Program includes nine newly funded planning grants and nine newly funded clinical centers effective April 1, 2009.

These sites, located throughout Michigan, will provide on-site primary health care, psycho-social services, health promotion/disease prevention, education and referral services for medically underserved children and ages 5-21. These additional awards serve to strengthen and grow a successful program, which currently has 57 state funded sites throughout Michigan.

“These grants are critical to the school-based and school-linked centers in these various communities,” said Janet Olszewski, director for the Michigan Department of Community Health (MDCH). “It is important that we

continue to provide needed access to health care for our underserved Michigan students who otherwise would have a difficult time receiving medical treatment.”

### **Youth Benefit From Strong Families Regardless of Income**

When families make the news, it is often for negative reasons such as violence or abuse. However, families are critical to the positive development of children and youth, as well as to problems that may affect development. A recently released Child Trends\* brief, *Exploring The Links Between Family Strengths and Adolescent Outcomes*, finds that family strengths are associated with significantly better outcomes for adolescents in both lower-income and higher-income families. Family strengths include emotional/subjective strengths (such as close and caring parents); behavioral/concrete strengths (for example, parental monitoring and parent involvement); and passive parenting strengths (for instance, positive parental role modeling).

Among the findings:

Adolescents who reported having close and caring parents are significantly more likely to perform well in school. Higher parental monitoring and parent involvement are also associated with better school performance.

These patterns were found in both lower- and higher-income families.

Adolescents in families with higher parental monitoring are more likely to avoid risky behaviors. Also, risky behaviors are significantly lower when parents are more close and caring and more involved.

These patterns were found for both lower- and higher-income families.

Focusing on family strengths identifies what we value and seek in families. It also clarifies the behaviors and supports families can provide -- building close and caring relationships, monitoring, being involved, and setting a

good example. Moreover, it provides insights for funders, policymakers and service providers on ways that the strengths of families can be leveraged to improve services and, subsequently, outcomes for youth.

This brief is based on data for adolescents ages 12-17 from the 2005 Every Child Every Promise Study conducted by America's Promise Alliance. To read complete report, visit [http://www.childtrends.org/Files//Child\\_Trends-2009\\_04\\_16\\_RB\\_FamilyStrengths.pdf](http://www.childtrends.org/Files//Child_Trends-2009_04_16_RB_FamilyStrengths.pdf)

*\*Child Trends is a nonprofit, nonpartisan research center that studies children at every stage of development. Our mission is to improve outcomes for children by providing research, data, and analysis to the people and institutions whose decisions and actions affect children, including program providers, the policy community, researchers and educators, and the media. Founded in 1979, Child Trends helps keep the nation focused on children and their needs by identifying emerging issues; evaluating important programs and policies; and providing data-driven, evidence-based guidance on policy and practice.*

## **Dropping Out of Mental Health Treatment**

Last month, the Portland Data Trends\* released Issue #163, *Differences in Treatment Dropout Rates*, for children and adolescents. Dropout from mental health treatment is a significant issue for children and adolescents. The report concludes that premature termination of care can have adverse effects on the mental health of young people, can undermine the treatment process, and result in long-term impacts on those receiving services, their families, and the community. The purpose of this study was to see whether treatment dropout rates vary among diagnoses.

The report findings include:

Overall, 49% of young people dropped out of treatment.

Young people experiencing Anxiety Disorder, Negative Events, or No Diagnosis were least likely to drop out of treatment (dropout rates were 39%, 38%, and 21%, respectively)

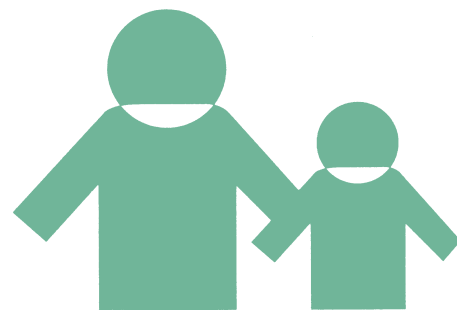
Young people experiencing Conduct Disorders and ADHD, Family Problems, or Multiple Psychosocial Issues were most likely to drop out of treatment (dropout rates of 63%, 62%, and 64% respectively)

The proportion of young people with No Diagnosis that dropped out was significantly less than the proportion of children & adolescents diagnosed with Conduct Disorder and ADHD, Family Problems, or Multiple Psychosocial Issues.

Those diagnosed with Family Problems who dropped out of treatment was significantly greater than the proportion who experienced Negative Events or Anxiety Disorders.

Research is needed on children & youth with varying diagnoses in order to identify strategies which will improve treatment retention and outcomes. <http://www.rtc.pdx.edu/PDF/dt163.pdf>

*\*Data Trends is a publication of the Research and Training Center on Family Support and Children's Mental Health at Portland State University, Portland, Oregon. The Center is dedicated to promoting effective community-based, culturally competent, family-centered services for families and their children who are, or may be affected by mental, emotional, or behavioral disorders.*



# ACMH Community News

## Oakland County

As spring brought about some new beginnings for the Oakland County Team members and the youth and families we support, we were grateful for the invitation and opportunity to assist the Oakland County Community Mental Health Authority with their very important Application for Renewal and Recommitment process. Team Leader Carolyn Gammicchia was asked to participate in the Children's Committee representative of Children with Serious Emotional Disturbance. Carolyn and Parent Guide Dee Lantto also attended one of the meetings held by the committee representing adults and children with developmental disabilities. At this session we were able to discuss the importance of meeting the needs of individuals who may have co-occurring SED and DD. Both committees were composed of community members whose participation will be key in providing continuing support within Oakland County to meet the needs of children and youth with emotional and behavioral challenges and their families.

To further the ARR process, ACMH assisted in encouraging participation from the community we support for a Town Hall meeting that was held at Easter Seals on April 20th to allow for the community to have a voice within this process and discuss what they feel are strengths and where there may be gaps in services. Many ACMH family members and the Oakland Team attended this very important meeting to discuss how supports were assisting their children and what future efforts could be of most benefit. OCCMHA professionals and Easter Seals staff created an open environment for this healthy discussion and the outcome was a very positive one for all involved. Additionally, OCCMHA conducted three surveys which involved seeking input from family members, providers, professionals, and community members involved in supports, as well as members of the youth community. These surveys focused on what individuals felt were the strengths and possible weaknesses of current services and supports in place.

This overall process was very eye opening due to the diversity of all of the participants. As the process progressed, it was obvious to see that Oakland County has a very committed agency in OCCMHA that is working to ensure they are hearing from all community members and their direction is focused on meeting the needs of all the individuals they serve. We'd like to express appreciation to Executive Director Jeffrey Brown, committee chairs Amy

Heincelman and Jillian Trumbull, and most importantly all of the youth and family members that participated in this process to ensure future supports meet the needs of the Oakland County community.

The month of May opened a door for the ACMH Oakland Team to provide awareness and advocacy efforts in many different arenas. To inform the community about National Children's Mental Health Week and May as the Children's Mental Health Month in Michigan, the Oakland Team provided green awareness ribbons and information cards to families and collaborative community members which included Easter Seals, OCCMHA, educators, and others who provide supports. On May 5th the Oakland County Team attended the ACMH Legislative Luncheon in Lansing with several Oakland County parents to meet with legislators, provide them information and resources, and request their support for much needed funding to continue CMH programming as well as current pending legislation which will affect the lives of our children and families. The day was a huge success and many Congressional and Senate representatives were able to hear personal stories of how supports provide success for our children, their families, and their communities.

Lastly we'd like to apologize to our Oakland County readers, due to our column being inadvertently not included in the last issue of Table Talk, and we wanted to include a couple of notes of appreciation from that article. On December 18th the ACMH Oakland Parent Support Group hosted its fourth annual Holiday Party. Parents and children, along with staff of the Easter Seals PAC, celebrated the season with a wonderful dinner of dishes contributed by many of the families that attended. Special thanks go out to Cheryl VandeWege, R.N. for co-facilitating our sessions, Paula Eifler, Barb Belkiewicz, Mary Riedy and Linda Romanowski for assisting the children with crafts during many of the meetings. We want to especially thank Mr. Jim Walainis, M.S.W., for providing informational Collaborative Problem Solving workshop sessions this past year. Much appreciation also goes out to Havenwyck Hospital for providing the meeting site and also to all the parents continually supporting each other as the group has double in size. In the next year we hope to expand our resources and presentations to empower more parents with skills into their "tool box" to assist their families.

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## Lapeer County

The IEP season is in full swing and ACMH Family Advocate, Christine Jaros-Starr has been incredibly busy helping families prepare for IEP meetings with their children's schools! Chris has been asked to focus her work with families on special education issues and it is certainly keeping her busy. This is a huge area of need for local families. We are happy to report that Chris has been successful in her efforts to assist parents as they try to access the supports and services their children need to be successful at school.

Lapeer County has been hard at work doing System of Care planning. Chris has connected four families and two youth to participate on the System of Care Advisory Board. If you are a family interested in participating in System of Care work please contact Chris at 810-667-0500 for further information.

Chris has also been working closely with a small group of parents interested in getting involved and speaking at local school board meetings. The parents are currently in the process of forming a group who hope to regularly attend board meetings and keep the issues of children with mental health concerns and their families in the forefront.

Chris and several families from Lapeer were able to attend the ACMH legislative luncheon. They were personally invited up to Representative Daley's office and he even gave them a tour of the capital! It was quite an exciting day and we were so glad Lapeer families were able to join us.

There is a new NAMI Basics session beginning in May. Contact Christine for details.

## Saginaw County

There is a lot of exciting activity going on in Saginaw! Saginaw CMH is constantly expanding and Lula and Dalia are being moved to a new location to be housed with a third child and family treatment team as a result. They will now be located at SCCMHA's Family Service Unit- Team #3 office located on Towerline.

Saginaw is deep into their system of care planning and have been hard at work developing a System of Care Family Advisory Board and are in the process of forming a Youth Advisory Council. Dalia and Lula have been active in the system of care process and connecting families and youth to both the Family Advisory Board and the Youth Advisory Council. The families involved in the Family Advisory Board have expressed an interest of having a peer-to-peer parent

support group. Plans are underway to get this group up and going by fall. Dalia will help the parent group organize and plan, as well as help to facilitate (along with another parent) until the group is up and running.

Families in Saginaw recently had the opportunity to participate in several legislative events and opportunities including the ACMH Legislative Event, Walk a Mile in My Shoes, The Star Power Rally and training on *"Parent Voice~ successfully using your experience to inform others and create change"*

### Upcoming Events:

The next meeting of the Saginaw County Family Advisory Board will be at the end of May and the topics will include an overview of Systems of Care. Contact Dalia Smith for details at 989-498-2272.

There is also Special Education Training & Parent Skill Development training being provided through the MI Alliance for Families. Trainings are ongoing on the last Thursday of the month. Please contact Dalia or Lula at the Saginaw ACMH Office at 989-498-2272 or 989-797-3409 for more information.

## Clinton, Eaton and Ingham County

Impact/Ingham County: ACMH is playing an active role in the planning and development of the Statewide System of Care Conference planned for October 29 & 30. Family Driven Care will be a theme again this year and ACMH will be involved with several sessions to further the involvement of families and the importance of families as resources for systems transformation.

CMH, the Family Division of Court, and Department of Human Services continue to refer families to the Impact System of Care (Ingham County) which allows them access to peer delivered supports through the Family Advocacy Support Program. The Impact Family Advocacy Support Program has seen a record amount of families over the course of the last few months and has noticed an increase in the number of families opting to receive support from peers. Successes have included fewer youth being placed in residential placement, fewer youth being suspended or expelled from school, and youth who have been placed able to return home to their families and their communities.

Malisa Pearson, the Impact Lead Family Contact, in partnership with Matt Wojack, the Impact Project Director, presented to a class of MSU students through the School of

Social Work in March about the work of Impact. This was a wonderful opportunity to share the successful partnership between ACMH and the Impact System of Care and how parent/professional partnerships can leverage large scale social change initiatives. The presentation was very well received and further partnerships with the MSU School of Social Work, Impact, and ACMH are being pursued.

The Impact Family Advocacy Support Program is partnering with MSU School of Social Work to evaluate the efficacy of the Impact Family Advocacy Support Program. A study is being planned to begin in the next couple months that will assess how effective the peer support of ACMH Family Advocates has been for families, how well it has met their needs, and how well it is working in partnership with the Impact partner agencies.

The Impact Family Council continues to meet and provide family members and caregivers a place to come together, support each other through common experiences, and offer input into the further development of the local system of care. The Salvation Army has been extremely generous and has allowed the families use of their facilities for meetings, trainings, and family outreach events.



*Malisa Pearson presents the Champions of Children's Mental Health Shining Star Award to Judge Janelle Lawless, Family Division of Circuit Court*

The Impact Family Council held a Spring Fun Festival on April 28th for 56 youth and parents to celebrate the spring season and support families to spend some fun, quality time enjoying each other and meeting new families. This event was a huge success and the kids had a blast hunting for eggs, playing Pictionary, and drawing for prizes. Thanks to all of the Impact Family Advocates for all of their help in pulling off this successful event. Upcoming meetings can be found on the website at [www.impactsystemofcare.org](http://www.impactsystemofcare.org).

Tiffany Leischner continues to provide advocacy support to families in **Clinton and Eaton County**. She continues to receive new referrals directly from families as well as from the schools, Community Mental Health, and from other

community agencies. Most recently, she has connected families from Eaton County with the planning process Community Mental Health is facilitating to look at how these communities can begin working towards a system of care for youth with serious emotional disturbance and their families.

## Northern Michigan

Although the weather may not confirm it, we know that spring is near by the increased number of IEPs that are being scheduled. It's an important time to make sure appropriate plans are in place for next school year and to help our kids finish out this year on a good note. We've also been trying to problem solve some of the summer time concerns-we know it's important for our kids to maintain social connections within the community and also have some opportunities to have time away from families. And yes, it's important for parents to have some time apart from kids. We're currently working with community partners to develop a list of appropriate summer activities and opportunities and to come up with creative solutions for plugging the "gaps" that might exist. I'm amazed at the information and ideas that are being generated by the collaborative efforts.

Northern Michigan families have also been active participants in the current Application for Renewal and Recommitment process. We were invited to a day-long Forum Focusing on Partnership for Renewal and Recommitment to Quality and Community in the Michigan Public Health System hosted by Northern Lakes Community Mental Health. This was a good opportunity to sit at the table with other consumers and professionals and give our input and suggestions. Our comments will be integrated with those obtained from the other four counties served by NLCMH and then collated with West Michigan CMH, another provider within our PIHP. This document will then be presented to the Department of Community Health-northern Michigan families have a voice all the way to Lansing! We'll have an additional opportunity for discussion and input when Greg Paffhouse and Dick Osburn, from NLCMH and our PIHP, attend the up-coming Saturday morning support/education group. Families are being asked to provide information regarding their experiences and expertise with Community Living Support, transition and SOC. We appreciate this opportunity and recognition as "experts".

We had an opportunity for a great learning experience when eleven agencies/organizations, including ACMH, collaborated to bring Michele Corey from Michigan's Children to Traverse City to conduct an evening workshop

on legislative advocacy. Not only did we have an incredible dinner (with great cookies for desert I might add), but we developed skills that we're already applying. Hope those legislators are ready for us because we know how to communicate now. Another training opportunity is on the horizon-NAMI Basics training will start on May 14th in Kalkaska. This is a six week long series of classes for parents and caregivers of children with mental illnesses. If anyone is interested in attending or if you just want more information, please give me a call.

As always, there were a couple of real learning experiences for Jane. I did a training one week for Family-to-Family Health Information and Education Center in Ann Arbor (Accessing Mental Health Services and Is Your Teen Ready for Adult Life) and then turned around and did the same training in Escanaba the next week. It was a time to see Michigan from one end to the other and realize that surroundings may be different (that's an understatement) but families are universal and certainly share similar concerns and desires to support and empower their children. I also conducted an interview with a radio news service concerning the links between smoking and mental illness and some of the additional concerns and issues. THAT was truly a learning experience and the end result left my son rolling on the floor and laughing-something about his mother sounding like Daffy Duck. And finally, I was able to attend the ACMH annual meeting in Lansing-what an opportunity to hear all the amazing things that other ACMH advocates are doing around the state. I never cease to be amazed at my co-workers and just want to take the opportunity to say, you guys rock.

## West Michigan

Thank you to the legislators and all of the North West Michigan families who traveled to Lansing to attend the legislative luncheon on May 5. What a great opportunity it was to inform our legislators of the concerns families have concerning children's mental health issues.

Many community events have taken place during the last few months. A large number of families were in attendance during the Family Affair in Mason County. Families were able to obtain information on different resources available in the community and the children had lots of activities to do. Manistee sponsored a health fair that also offered information on resources available to families. The first annual Volunteer Fair was held at West Shore Community College giving attendees a chance to learn of different volunteer opportunities throughout the community.

Just like many other communities West Michigan ACMH is busy with IEP's, providing resources, education, and support to families in our communities.

## Southwest Detroit ACMH Family Center

Southwest Detroit has been working hard on making some legislative connections and parents worked hard on developing a white paper for Representative Rasheeda Tlaib. Representative Tlaib met with a team of professionals from Community Mental Health, Principals from local schools, parents and others to discuss the needs of this community. Parents worked with Bob O'Brien from Southwest Solutions on gathering information to develop a white paper for Representative Tlaib. The Legislative Team gathered national and local data on family-driven and youth guided services.

"HATS OFF TO:" Jeanne Fowler; child advocate, writer, public speaker, artist from Big Family of Michigan for donating all the candy for our annual Easter egg hunt where we had 139 participants. Our staff and most of all our families thank you for your generous gift and say "HATS OFF to you and your organization."

ACMH held a movie day for our community kids out of school on spring break and had 47 children attend while parents were given useful information and resources. Our Wayne County System of Care is moving towards the beginning of our parents training sessions. ACMH is looking forward to branching out throughout Wayne County and working with parents in different communities. ACMH is hosting a System of Care event with John Mayo. Interested parents in Wayne County please contact: Vanessa Isom-Jackson@ 313-895-2860. If you are interested in learning more about System of Care, how it works and why parents need to be involved, come join us. This event is scheduled for May 18th; please reserve your spot today. Sandra Spencer from The National Federation of Families is scheduled to have lunch with our SOC parents on June 2, 2009. For more information related to Wayne County's work with the System of Care please contact us.

**Congratulations to the ACMH SWD team who were honored May 14 for having been selected as the Outstanding Provider of the Year by BHPI – Mental Health Matters** for their advocacy work for proper care and services for children diagnosed with SED

ACMH  
6017 W. St. Joe Hwy, Suite 200  
Lansing, MI 48917

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## 5th annual Parent Leadership Camp – August 13 & 14, 2009 – MSU Kellogg Center, East Lansing

If you are a parent or caregiver of a child with a mental health disorder and would like to join with other parents to share experiences and get the skills and information needed to make a difference for children and their families, please apply for the ACMH Parent Leadership Camp. This year's focus will be on family involvement with community mental health, education, and juvenile justice. Registration covers materials, meals, and one night hotel accommodations (double occupancy). Limited number of scholarships available; apply today! For details, check the ACMH website or contact the ACMH office at 1-888-226-4543 or email at [acmhjessica@sbcglobal.net](mailto:acmhjessica@sbcglobal.net).

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