

# **IDAHO COUNCIL ON CHILDREN'S MENTAL HEALTH**



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## **REPORT TO THE GOVERNOR**

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**DECEMBER 2003**

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## INTRODUCTION

The ICCMH has grown in membership, as well as in experience and understanding of Idaho's system of care over the past two years. The ICCMH has overseen the creation of the seven Regional Councils and the development of over thirty-one (31) Local Councils who are staffing children and families through interagency collaboration. This State level executive council has been tasked with the vital oversight and guidance of this new system of care in the State of Idaho for children with mental health needs. This is not an easy task, and the past two years have included frustrations along with the victories, and challenges along with the successes.

In essence, a system of care is a set of services, supported by an infrastructure, and guided by a philosophy (Pires 2002)<sup>1</sup>. National research and evidence supports this approach to children's mental health care as both effective and efficient. This is a family and strength centered philosophy that takes advantage of natural supports in conjunction with professional services to keep families together and healthy. The ICCMH membership is representative of the core partners of this system and supports this approach. These individual members represent their respective constituencies by bringing their unique views and experiences in working with children's mental health issues to aid in the development of a system of care for children with mental health needs.

The past two years have seen the building of the infrastructure and the foundations of the system of care envisioned by this Administration. The infrastructure and the time needed to put it in place was a necessary step in creating a system of care in our state, and the basic structure is now in place. Because system building occurs in a dynamic environment and by its nature is not a finite activity, not all of the structures currently in place may be what are needed for tomorrow. Structures need to be evaluated and modified, if necessary, over time (Pires 2002)<sup>2</sup>. Now is the time to look to the future and determine the direction and priorities for the next few years and the long term.

This Governor's Report will be unlike the previous two submitted by this council, which summarized the accomplishments of the previous year. This report will highlight accomplishments over the past year, but will also go on to talk frankly about the challenges facing the system, make some recommendations to address the challenges, set forth priorities for the council for the coming year and talk about a long term vision for the development of the system of care.

It has been almost two years since the Executive Order was issued establishing the Idaho Council on Children's Mental Health (ICCMH). The Executive Order has been amended to add a county commissioner, a parent representative, and a representative from the Regional Councils, the Hispanic and Native American populations.

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<sup>1</sup> Pires, Sheila A., *Building Systems of Care: A Primer, Spring 200*, National Technical Assistance Center for Children's Mental Health, Georgetown University Child Development Center, Washington D.C.

<sup>2</sup> Ibid

The Idaho Council on Children's Mental Health has accepted the role of governance body for the federal cooperative agreement in support of developing a system of care for children's mental health in Idaho. The ICCMH is particularly well suited for this task. The Idaho Council on Children's Mental Health fosters the development and upholding of formal agreements and memoranda of understanding between the collaborating child serving agencies, including those of the State and from other relevant political subdivisions of the State. The ICCMH will review the expenditure of funds within the cooperative agreement to verify the funds are expended appropriately within the community. The Idaho Council on Children's Mental Health will monitor both the clinical and functional outcomes of children served by the councils to assess whether services are making a positive contribution to the well-being of the children and their families using a participatory evaluation model.

The ICCMH has served its function to the best of its ability within its structure and powers thus far. The basic infrastructure is now in place and the system is ready to move forward. In order to do that there are some very basic and real challenges that need to be addressed in order for the system to succeed. The system of care is to be just that, a system.

### **SUMMARY OF THE PAST YEAR**

Agency partners discuss their contributions to Idaho's system of care later in this report.

The ICCMH reinforced the role of communications in the system of care this year in sponsoring a series of meetings by the chairpersons from the seven regions. The meetings provide a forum for regional perspectives, identification of issues with multi-region implications, and development of recommendations for system improvements.

Participation of family members continues to be a focus for all system activities with parents or parent advocates as full partners at all levels and major support functions of the system of care. This includes the ICCMH, regional and local councils, social marketing planning, technical assistance planning, and system evaluation.

Another highlight for this year is the development and implementation of an interagency policy and protocol between the Department of Health and Welfare (DHW) and juvenile justice partners. This policy and protocol clearly provides that children identified with SED while in the custody of the Department of Juvenile Corrections (DJC) are automatically qualified for Department of Health and Welfare services and may be referred to a local council for individualized case planning upon the child's release from custody.

### **Challenges**

Building systems of care is a multifaceted, multilevel process. It involves making changes at state, local, and even community levels. Effective systems of care cross agency and program boundaries, adopting a population focus across systems. This approach places a premium on inter-agency collaboration across systems, intra-agency collaboration across programs, and collaboration with families and community partners.

Unfortunately, the basic structure of the partners does not readily lend itself to collaboration. Each partner has its own unique set of mandates, funding sources, legal limitations and target

populations. There is no clear vision of what the system is to look like because these parameters limit our view. This is not a criticism of any partner, but a simple statement of fact about each one. Each partner has a job to do and set parameters within which to do that job, as well as limited resources. It is therefore difficult to see past our own populations and see how we each fit into the system. However, each partner does have unique skills, abilities and resources that are vital to the success of the system of care.

Because each partner is necessary to the establishment and success of the system of care, and yet each is limited in its ability to fully participate, there is a growing sense of frustration. We continue to have difficulty seeing each partner's place in the system and what they can bring to the system. Unfortunately, there continues to be a "your child" "my child" sort of thinking that needs to be addressed. The system of care philosophy envisions that it is "our child," and though there may be a certain partner with primary obligations to a certain child, whether that be the school, county juvenile probation, DJC or DHW, without the participation of all partners who may touch that child and family, there is no system of care. We still struggle to see that with each of us working together to bring our unique skills, abilities and resources to help this family that we can make our resources go further and sustain a family in the process.

The ICCMH needs a clear vision and the means with which to carry out that vision. The system has reached a point where, in order to move on and achieve a system of care, it has become necessary to explore ways to enhance the ICCMH structure and its ability to carry out its mandates. We need to look at this now while the system is still young but before the partners begin to lose the vision.

How the system of care sets its structures sends messages that either reinforce or undermine our values and principles, directly affect how power and responsibility are distributed, affect practice and outcomes, and affect the subjective experiences of all partners (Pires 2002)<sup>3</sup>. Structure for the system of care must be an ongoing process.

### **Regional Councils**

Currently, seven regional councils are located across the state. Each regional council serves a geographic area corresponding to one of the seven Department of Health and Welfare service delivery areas. Regional council membership varies based on the number of local councils in the geographic area and number of community partners willing to participate in the system of care. Typically, regional council members represent the community-based local councils, parents, child serving agencies, and other community partners such as businesses, faith-based organizations, and the judiciary.

Regional councils provide a critical link between community-based local councils and the ICCMH. Regional councils provide feedback to the ICCMH on successes and challenges being experienced at the community level in the development and implementation of Idaho's system of care. The regional council chairpersons meet each month to examine challenges and concerns from their respective communities. The chairpersons refine issues and develop recommendations for possible adoption by the ICCMH. Recent issues identified through the regional chairpersons' meetings include the impact of the Health Insurance Portability and Accountability Act (HIPAA) and liability of individuals on local councils. The regional councils

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<sup>3</sup> Ibid

also act as a conduit for the dissemination of statewide policies and plans affecting the statewide system of care to the local councils. Regional councils receive a limited amount of flexible funding to support regional council, local council, and family development. Community-based groups wishing to formally join in the statewide system of care are granted a charter from the regional council in their region.

### **Summary from Regional Council Chairs:**

The regional council chairs have had the opportunity to meet as a group on a monthly basis. The meetings facilitated a sense of team across the regions and have resulted in a coordinated effort for the implementation of regional and local councils as well as strengthened support for the system of care. Additionally, the chairs have attended the ICCMH meetings which has improved the communication process and enabled the regional councils to feel like they are full partners in the system of care.

The regional council chairs identified the need for a strategic planning process for the regional and local councils and support any efforts to accomplish this goal. The chairs also recognize the need for a statewide effort to reduce the stigma related to children with mental health needs and support the goals of the social marketing campaign.

With the implementation of the recommendations in this report, the councils anticipate they will be provided with a plan and methods to accomplish great things for the children and families of Idaho.

### **Challenges**

The structure of regional councils parallels that of the ICCMH. It is not surprising then that the regional councils experience many of the same frustrations as the ICCMH. One frustration of particular concern is the use of the “flexible” funds. Another is concern over how councils will improve their abilities for working with families and the degree of support they may expect from the ICCMH.

The regional council chairs believe there is a need for better communication with all partners who work with the identified population in the systems of care.

### **Local Councils**

Local councils are chartered collaborations at the local level to extend the system of care to communities. The local councils work directly with families and children in their own communities to develop coordinated plans for services and supports. Local councils may include participants from local school districts, county juvenile probation, the Department of Juvenile Corrections, the Department of Health and Welfare, private providers, families of children with SED, and other community partners. The number of communities receiving a charter has risen dramatically since the start of court plan implementation in 2000. Seven local councils were chartered at the end of 2001 and reached 24 by the end of 2002. There are currently 31 local councils under charter throughout the state of Idaho.

The local councils grew at a much faster rate than the system of care’s ability to support that growth with training, evaluation, and outreach development. As a result, many local councils still require additional time to understand their role in a system of care and properly prepare them

to be an effective resource for families in their respective communities. Despite the delays in several communities, the total number of children and families working with local councils increased fifteen percent from the previous year. While it is too early in the evaluation process to draw definitive conclusions about the effectiveness of local councils, anecdotal reports from families and individual council members are very positive.

The rapid growth of the number of councils at the local community level is a clear indicator of the grass roots level support for the system of care philosophy across the state. The support from the local level continues despite the challenges imposed by fluctuating budgets, limited service capacity, and agency constraints.

## **Challenges**

Local councils must receive the support necessary in order to effectively work with children and families.

### **Cooperative Agreement: Building On Each Other's Strengths**

The State of Idaho applied for a cooperative agreement with the federal government to develop a system of care for the state, titled "Building On Each Other's Strengths," in April 2002. The Governor identified the Department of Health and Welfare as the lead agency for the cooperative agreement. DHW undertook a process to identify sufficient matching funds that would be available as required in the cooperative agreement application. A hiring freeze for state employees delayed the identification and hiring of cooperative agreement staff until March 2003. These positions were filled by September 2003.

A series of meetings with the ICCMH and regional councils explaining the role of Building On Each Other's Strengths and its relationship to all the partners in the system of care were conducted from April through August. Building on Each Other's Strengths was crafted to support the implementation of the statewide system of care in three critical areas. These areas are technical assistance, evaluation, and social marketing.

Technical assistance directly supports the building of infrastructures at all levels of the statewide system and the delivery of services to children and families. Building On Each Other's Strengths provided support for a regional mental health conference, the launch of a process to develop a statewide early childhood system of care network, and a series of workgroups to develop a comprehensive plan for children's mental health among the Native American population in Idaho. Additionally, Building On Each Other's Strengths is a major contributor in the contract for family-based services and supports provided through the Idaho Federation of Families for Children's Mental Health. Semi-annually, Building On Each Other's Strengths invites key community partners to participate in national technical assistance conferences specifically directed toward system of care issues. Planning for the delivery of technical assistance recurs annually. Strategic planning at the local and regional levels, scheduled through series of two-day workshops in each region, will be completed during the spring of 2004. Regional council chairs will compile the results of these workshops into a comprehensive draft strategic plan for statewide implementation of a system of care. A statewide system of care conference for children's mental health is scheduled for May 2004. The annual conference is the flagship for statewide technical assistance. Technical assistance planned at the local and regional level

includes the facilitation of strategic planning workshops and the delivery of specialized training upon subject areas identified by individual councils in regions as priorities for their development.

The key to providing the evaluation results necessary for data based decision-making is the collection of meaningful data in a consistent manner. Building on Each Other's Strengths features a participatory evaluation component. This means that families, councils, and leaders at all levels of the system are directly involved in evaluation of service delivery, outcomes, satisfaction, and systems development. In addition, the project proposed a local level evaluation based on the key indicators identified by the Idaho Council on Children's Mental Health and individual councils at the local and regional level. To support this fundamental process, the project provides a local evaluation specialist in each regional area to collect the data identified by families, local and regional councils, and the national evaluation. The cooperative agreement includes a requirement to participate in a national level evaluation. The national level evaluation requires the use of specific measurement instruments for a smaller segment of the families served, with their cooperation. Results of the national level evaluation are intended to allow a comparison between all participating communities across the United States that have received a systems of care cooperative agreement.

A strong communications network and active social marketing plan provides a critical linkage between partners at all levels, the families served, and all external partners, including the public. The original communications plan is currently under review to address the strategic flow of information between partners at all levels of the system. The social marketing plan is specifically designed to address the identified issues of stigma as related to children's mental health and the general population and specifically to address the eroded trust of families to access care. Building On Each Other's Strengths invited a broad cross section of stakeholders to undertake the process of planning an effective social marketing plan. This workgroup met in November and December 2003. A draft social marketing plan will be available in January 2004 with goals and timelines for implementation.

## **Challenges**

Several challenges are becoming increasingly evident for Building On Each Other's Strengths. Structure is a key concern. Organizational structures normally found in large public agencies, generally, are not well suited to respond quickly in as dynamic an environment as is found in developing a statewide system of care. Delays due to intrinsic agency policies and procedures are not understood by other system of care stakeholders and have fostered a perception that Building On Each Other's Strengths is for the exclusive benefit of a single agency. Another emerging concern is the ability of Building On Each Other's Strengths to demonstrate sustainability for the system of care through the use of "in-kind" and third party contributions.

## **Funds dedicated to Children with SED - FY 05**

The Implementation Plan establishes the requirement that the ICCMH provide funding recommendations to the Governor for consideration in the development of his budget. Full implementation of the plan and creation of a collaborative system of care will take years of development and further dedication of public funds. Expansion of the core services and system

capacity throughout the state will take additional funding and dedication of additional resources by all stakeholders. However, the system will require time to grow.

The ICCMH recognizes that the state continues to experience serious fiscal deficits and that the Governor has had to implement several budget holdbacks, resulting in the need for state agencies to identify funds that can be saved. The ICCMH also recognizes that the Governor has stated that children's services are a priority of this administration and has made great efforts to prevent the impact of the holdbacks on these services.

### **ICCMH RECOMMENDATIONS**

1. The ICCMH recommends addressing the need for structure review by identifying an independent consultant, or team of consultants, to do an assessment of the current, on-going or perceived, barriers to the successful establishment of a system of care in this state. The consultant will also assess the strength of the existing infrastructure, partners, and system to identify areas from which to work. The consultant will be instructed to provide recommendations to address the barriers in order to continue the development of the system of care. The recommendations will be submitted to the Governor for his consideration.
2. The ICCMH recommends that in conjunction with the assessment recommendations issued by the consultant, that the Governor establishes a subcommittee of system partners to explore methods of implementing approved recommendations. The consultant and subcommittee reviews will include examining such issues as how to blend resources, identifying flexible resources and possibly creating a statutory structure for the council and its funding source.
3. The ICCMH recommends that the subcommittee, referenced in recommendation 2, also identify each partner's funds spent on the target population, identify a mechanism for the blending of funding for this population, and identify a mechanism for tracking "in-kind" contributions from partners to support the cooperative agreement.
4. The ICCMH recommends that the Department of Health and Welfare, through the cooperative agreement, convenes the regional and local councils within their respective regions to participate in a series of strategic planning workshops. The goal will be to develop regional council plans that will provide a basis for ongoing support recommendations to the ICCMH.
5. The ICCMH recommends that the Governor continue his strong commitment to children's services and make every effort to maintain the current level of funding for those services in the next fiscal year. Given the economic projections, the ICCMH recognizes that a recommendation for additional funding is unrealistic at this time.

## INDIVIDUAL PARTNER SUMMARIES

### ➤ **Idaho Department of Juvenile Corrections :**

The Idaho Department of Juvenile Corrections is committed to increasing the level of parent participation at both the individual treatment planning level as well as policy development for the agency. A key strategy for achieving this goal is to further develop a working partnership with the Idaho Federation of Families for Children's Mental Health (IFFCMH).

Along this line, DJC has provided the IFFCMH with updated information so they can communicate directly with each of the three regional facilities. DJC has welcomed the involvement of the IFFCMH in providing staff training, parent advocacy, and participation with all three Citizen Advisory Councils.

DJC and DHW have developed a statewide protocol for identifying youth with SED by accepting the initial CAFAS score for youth committed to DJC. This protocol is necessary because youth receiving services from DJC will have an improved CAFAS score upon discharge, thus making them ineligible for DHW funded services. The protocol is being implemented statewide and will result in more youth being eligible upon discharge from DJC.

Staff members from DJC clinical and community services participate on a regular basis in the local councils throughout the state. Through the closer working relationships enhanced by local councils, a growing number of creative solutions have been found to obtain resources for youth who have been dually committed to DHW and DJC. Through a grant to improve services for reintegrated youth into communities following residential correctional placements, a retired DHW worker has been hired as a part-time consultant to suggest ways of coordinating DJC, DHW, and community resources.

### ➤ **Idaho State Department of Education:**

The State Department of Education (SDE), through local school districts, ensures that all students kindergarten through graduation meet mental health content standards related to living healthy lifestyles, reducing risk-taking behavior, communication skills for healthy relationships, mental and emotional wellness. In addition, the SDE ensures that eligible students ages 3-21 are provided with an appropriate and individualized education under the Individuals with Disabilities Education Act (IDEA). Students may meet eligibility requirements for a student with an emotional disturbance, or have social/emotional issues in addition to another disability category (e.g., learning disability).

In order to meet these obligations, the SDE provides a variety of supports and activities in prevention, early intervention, and intensive intervention. Some of these supports are highlighted as follows:

- training to assist teachers to address a range of social emotional needs of students (e.g., bullying, crisis response, aggression replacement training, HIV/AIDS training);
- training on suicide prevention, drug and alcohol abuse;
- training special education personnel on targeted interventions;
- provide consultation to educational teams serving students with chronic, severe needs for positive behavioral supports.

The SDE is actively collaborating in Idaho's efforts to create an effective system of care for all children, birth through 21, through participation in state level planning and implementation work, and through providing information to local education agencies and all school administrative, teaching, and support personnel regarding the function and use of regional and local councils.

➤ **Idaho Federation of Families for Children's Mental Health:**

The Idaho Federation of Families for Children's Mental Health (IFFCMH) continues to serve families and youth with a serious emotional disturbance with complete commitment to advocating for those in need. Due to administrative changes, a new Administrative Director, Marlyss Meyer, was appointed to the ICCMH in June of 2003. The office was relocated to 3173 N. Cole Road in Boise, ID and all telephone numbers remained the same.

The Federation entered into a one-year contract with the Department of Health and Welfare to provide training for DHW staff and families throughout Idaho on the process of access and utilization of the mental health system and on advocacy. As a partner in this contract, the Building on Each Other's Strengths (BOEOS) project also provided dollars to develop and hire a Key Family Contact and Youth Coordinator to recruit and train two volunteers per region who will serve as family advocates for families who have children with SED.

The IFFCMH hopes to expand its contractual services with other partners in the BOEOS project (Departments of Juvenile Corrections, Education and school districts, county probation, and Regional Councils.) to ensure they receive similar training on advocacy for families and youth pertaining to SED issues and accessing public service systems. The IFFCMH also hopes to contract training in Parent/Professional Team Building, Developing Support Groups in Local Communities, Family Rights and Responsibilities, How to Work with Children with SED, Teen Suicide Prevention Collaborative, Crisis Intervention, and much, much more.

The Federation is extending outreach efforts to families in rural communities as well as schools and youth programs. This outreach effort is multi-faceted in targeted outcomes as the IFFCMH hopes to inform and educate service providers as well as try to identify methods of outreaching to parents and youth alike.

The IFFCMH entered into dialogue with DHW staff to address issues of concern in the development and implementation of the System of Care Cooperative Agreement with the State of Idaho. IFFCMH will present a proposal to the ICCMH which encourages strategic planning and developing a standing committee to address issues of concern in the System of Care cooperative agreement.

The Federation plans to collaborate with state agencies, family advocacy and youth programs in the non-profit arenas, private providers and community resources in order to continue building a family/youth advocacy service within all directions of Idaho borders. Included in this collaborative effort are the geographic, cultural, and religious diversities which make Idaho the great state of people and choice. As the Federation continues the outreach efforts, more and more families are turning to the IFFCMH to help them in their time of need. We hope to continue to be there when that parent or youth calls.

Our thanks to the State of Idaho for including the Idaho Federation of Families as a member of the ICCMH.

➤ **Idaho Department of Health and Welfare:**

Recognizing the need for consistency and equity of services across the state, the Department of Health and Welfare's Children's Mental Health (CMH) program has developed core service practice standards. The standards are intended to achieve statewide consistency in the development and application of CMH core services and shall be implemented in the context of all applicable laws, rules, and policies. The intent of the standards is to support the development of the array of services in an effort to make them available to all Idaho children and families that need the services. While not all these services can be available in every community of the state, each regional service center will build the capacity to meet the need of their region.

Additionally, in an effort to create better collaboration and coordination both internally and externally, the Department of Health and Welfare participated in the development of two statewide protocols for interaction. The first is between the CMH program and the child welfare program in the Department of Health and Welfare. The second is between the CMH program and state and local juvenile justice programs. These protocols were developed and approved to increase the communication and cooperation between the programs to better serve children with SED and their families.

The Department of Health and Welfare provides indirect and direct support for Building On Each Other's Strengths. The Department of Health and Welfare provides office space, computer access, and all necessary support systems for Building On Each Other's Strengths staff. Additionally, DHW provides the required non-federal match from state general fund dollars appropriated to children's mental health.