



Voices & Choices

The quarterly newsletter for the families, children & youth of the CMHS Initiative/Children, Youth & Family Network

Volume 2, Issue 3



San Diego County Children's System of Care

3rd Quarter 2003

NAMI Announcements...

NAMI's Public Policy office has received a request for a member with mental illness to share his/her story with the Kaiser Medicaid Commission. They are specifically looking for an SSI recipient on Medicaid who is willing to have his/her profile included in a new Medicaid Report. The Henry J. Kaiser Family Foundation is an independent philanthropy focusing on the major health care issues facing the nation.

The Foundation is an independent voice and source of facts and analysis for policymakers, the media, the health care community, and the general public. Let me know if you are interested or know of someone who is and I will put you in touch with NAMI.

Marie Sanchez

Executive Director, National Latino Behavioral Health Association
PO Box 387
Berthoud, CO 80513
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NAMI is forming a Teen Advisory Group...

We are delighted to announce that NAMI is forming a teen advisory group to help fight stigma associated with mental illnesses and to ensure that the teen voice is heard and an important part of NAMI's advocacy, education, outreach and support work. We need your help in locating teens who might be interested in joining our NAMI national teen advisory group.

We have developed an announcement that describes the proposed activities that the group will be asked to participate in and an application for the Teen Advisory Group. We are in the process of posting both on the NAMI public web site, www.nami.org. If you are interested in learning more about this effort or how to access the description and application for the group online, please call (703-600-1110) or email Belen (belen@nami.org) and she will provide you with that information.

MESSAGE FROM GWEN

Hello and Happy Summer fellow CYFN Family Members,

The summer was ushered in this year with tremendous change for CYFN. The transformation is underway as the regional groups continue to get fully staffed to ensure our safety as well as the safety of our children. There will be three teams, one each in the North County, East County and Central/South County regions. From the information shared with us at our May meeting, the redesign - because of the budget cuts from the County - has caused CYFN to look different, but our quality of support and service to families will never change or decrease. In fact, families will have a whole team of staff to work with them and the youth. Your CYFN teams will begin to look like this as we continue to transform:

Sr. Family Team Coordinator

Family Team Coordinator

Rapid Response Coordinator

Behavior Specialist

Life Domain Specialist/Youth (to facilitate the youth's involvement in the process)

Family Support Partner (to help facilitate the parent/caregiver's involvement in the process).

Though Teri Bussard, who was hired as one of the Family Support Partners, is no longer with CYFN, there will still be three Family Support Partners to support the teams. The six positions mentioned above are just a part of the team as other formal resources could be utilized. And of course we know the amount of informal support is based upon how well we communicate our individual strengths and cultures to our facilitators so that they can help us identify informal supports we never even considered from our family, faith and friends network.

I want to take this time to thank all of you who accompanied me and other CYFN staff to the County Board of Supervisors budget cut hearings that were held in June. You all made a tremendous impact on the decision-makers here in San Diego County, such a huge impact that wraparound will continue by consolidating all the wrap programs in San Diego County into one agency or one program depending on the vendors' response to the RFP. Rest assured that CYFN will be one of the bidders to be considered for the contract so that we can continue to be a wraparound agency that truly "CREATE SOMETHING DIFFERENT TOGETHER" by including children, youth and family members at all levels.

There were meetings on July 16th and 18th for community input on what the "Request for Proposal" (RFP) should contain. At our last "Family Night Out" here at CYFN, there were 13 items that were identified that should be included in the statement of work:

- | | |
|--|---------------------------------|
| 1. Family Advisory Committee | 8. Support groups |
| 2. Family Representation at all levels | 9. Network of resources |
| 3. Trainings for families on the process | 10. Family-to-family support |
| 4. Crisis Intervention | 11. Faith-based resources |
| 5. Regionalized services and meetings | 12. Consistency of the services |
| 6. Counseling services | 13. Help with housing issues |
| 7. Respite | |

This information was presented at the meetings for consideration as input for the RFP as outlined by family members.

Until next quarter,



Gwen

Your ODP/Family Member

Stigma Statistics - Public Attitudes Toward People With Mental Illness

Stigma leads to isolation and discourages people from seeking the treatment they need.

—George W. Bush, April 28, 2002

General Attitudes:

- 56% of Americans know someone who has been diagnosed with a mental illness—whether family, friends, or co-workers.
- Female, more educated, and wealthier respondents report more comfort with these issues and demonstrate more accurate knowledge about causes, treatment, and other topics.
- 38% say there is little or no truth to the statement that mental illnesses are genetically inherited and run in families.

Sources:

National Alliance for the Mentally Ill (NAMI), nationwide telephone survey, Feb. 1996; National Mental Health Awareness Campaign (NMHAC), nationwide telephone survey, Sept. 2000.

Adults' Attitudes:

- The vast majority of the public views depression, schizophrenia, alcohol dependence, and drug dependence as representing “very serious” problems.
- 57% Americans disagree with the statement that mental illnesses can be diagnosed as accurately as physical illnesses.
- 33% of African Americans and 44% of whites say there is a lot or some truth to the idea that medications are as effective for mental illnesses as they are for physical illnesses.

Sources:

MacArthur Mental Health Module, General Social Survey, 1996; National Mental Health Association (NMHA), nationwide telephone survey, June 1999; NMHAC, Sept. 2000.

Kids' Attitudes:

- If faced with a friend with mental health problems, young people pride themselves on their loyalty and ability not to violate a confidence.
- A majority of young people are skeptical that mental health professionals are useful in treating mental illnesses, and harbor suspicions about their value and motives.
- While parents' tolerance for difficult children is growing, young people often think that their peers use mental illnesses as an excuse for bad behavior.

Source:

NMHAC, eight youth focus groups, April 2000.

Mental Health Care - Who do Americans turn to first for help with mental health problems?

Family & Friends: 50.9% Minister, Priest, Rabbi: 9.0% Non-Prescription Medicine: 2.8%

General Medical Doctor: 16.9% Psychiatrist: 7.6% Prescription Medicines: 0.2%

Therapist/Counselor: 10.4% Mental Hospital: 6.5%

Source:

MacArthur Mental Health Module, 1996.

Discrimination/Social Distance - Americans are hesitant to interact with persons with mental illnesses:

- 38% are unwilling to be friends with a person having mental health difficulties.
- 64% are unwilling to have a person with schizophrenia as a close co-worker.
- More than 68% are unwilling to have a person with depression marry into their family.

Source:

MacArthur Mental Health Module, 1996.

Violence:

- Almost half of all Americans - 46% - believe that mentally ill people are more violent than the general population.
- Between 1950 and 1996, the number of Americans who describe mental illness in terms consistent with violent or dangerous behavior nearly doubled.

Sources:

NMHA, June 1999; MacArthur Mental Health Module, 1996.

Media Portrayals - The vast majority of Americans believe that the media too often ridicules people with mental illnesses and portrays them as depressed and dangerous:

- 84% say people with mental disorders are targets of ridicule.
- 85% of respondents say the media shows people with mental illness as sad and lonely.
- Only 49% note that people with mental illness are often or sometimes shown as having recovered.
- Only 45% say people with mental illnesses are often or sometimes portrayed as productive members of society who have jobs and stable relationships.
- Depression is the number one mental illness that respondents have heard about on the news, television or in the movies. More than one-third of respondents - 37% - single it out as most commonly portrayed, compared to 15% who cite eating disorders and 8% who cite schizophrenia or attention deficit disorder.

Source:

NMHAC, Sept. 2000.

Conclusions:

Why is stigma so strong despite better public understanding of mental illness? The answer appears to be fear of violence...

—U.S. Department of Health and Human Services Mental Health: A Report of the Surgeon General, December 1999

There is little evidence that the stigma of mental illness has been reduced in contemporary American society. Preference for social distance in most social settings between the public and those with mental health problems remains distressingly high.

—MacArthur Mental Health Module, 1996

The stigma is toxic. It's remarkable how little progress has been made.

—Dr. Steven Hyman, former director, National Institute of Mental Health; USA Today, September 28, 2000

Another successful CYFN Graduation!!!

On July 11, 16-year-old Anastacia Hernandez celebrated her CYFN graduation. Anastacia had been with CYFN since February 2001, and in November of '02 was able to step down from a high level group home and live with her sister...there were some adjustments to the transition, but it has worked out well and the family really supports one another in countless ways.

On hand to help her celebrate was her sister Tina, niece Isabel and nephew Javier. In addition, Ana's Youth Behavioral Specialist/Life Domain specialist Lysette Del Castillo, CYFN Executive Director Karen Wells, Organizational Development Partner/Family Member Gwen Palmer, and Sr. Family Team Coordinator Nora Carlton joined in the celebration.

Anastacia is self-confident, responsible and creative, and is a particularly good communicator. Ana can be a powerful voice for youth in the community, as evidenced by the fact that she attended this year's "Building Bridges with Youth"/Second Annual Children's System of Care conference. We are hopeful that she will remain involved with CYFN through our Youth Group, and she has interest in participating in the SDYCS' Youth Action Team, which will help with developing her leadership skills. Anastacia likes music, drawing and cooking (everyone at her graduation feasted on the awesome enchiladas Anastacia had made!). Ana shared that future plans include graduating high school, attending college and either working in a group home or becoming a social worker, and this highly motivated teen can certainly can do all of those things. Congratulations Ana!!!!



Children's System of Care Development News July 2003

by Karen P. Wells, MPH
Executive Director, CYFN

July 2003 offered many Children's System of Care developmental activities that may interest CYFN family and youth.

The Children's System of Care (CSOC) Steering Committee

The CSOC Steering Committee meets on the second Monday of each month. The meeting is open to the public and is chaired by Tom Alexander of Deveroux and Al Medina, San Diego County Drug & Alcohol. The Steering Committee is a subcommittee of the Mental Health Board. The purpose of the Steering Committee as set forth in its operating guidelines under charge from Dr. Rodger Lum, Director Health & Human Services (HHS) is to:

- Provide Community Oversight for the integrity of all services and advancement of all aspects of System of Care
- Provide advice and feedback related to the progress and future expansion of the Children's Mental Health Services Initiative; and
- Provide information and recommendations to the Mental Health Board

At the July 14, 2003 meeting the Steering Committee approved recommending to the Mental Health Board that it support a letter written by Children's Mental Health Services to the Board of Supervisors authorizing transfer of funds to support an out-of-county administrative service organization for Foster Youth. The Steering Committee also received reports from six subcommittees: Strategic Planning & Policy Development, Super Outcomes, Education Advisory, Residential, Family Roundtable and No-Wrong Door. Henry Tarke provided the Mental Health Director's report and Rosa Ana Lozada Garcia provided the CSOC Development Report.

The Children's Mental Health Service Initiative Competitive Bid

On July 16 and July 18, 2003, Children's Mental Health Services held a public consultation about the upcoming Request for Proposal for the Children's Mental Health Services Initiative. The meetings, held at County Mental Health on Rosecrans and at HHS, Oceanside, were well attended. Alfredo Aguirre delivered a PowerPoint presentation that outlined the County's expectations about the CMHS Initiative designed to combine the wraparound services of three agencies: New Alternatives (CITY), Mental Health Systems (BEST) and Children, Youth & Family Network. The combined services Initiative will have an annual budget of \$6.8 million and will be expected to serve 300 families at any given time.

The public can provide input on the CMHS Initiative and consolidation of wraparound services by sending correspondences to by **no later than July 31, 2003:**

Cindy Ropp-Richter
P.O. Box 85524
3255 Camino Del Rio South
San Diego, CA 92186-524

I encourage all family and youth to have your say by sending your thoughts and comments to Ms. Ropp-Richter. **Your voice is important!! You can make a difference!!!**

CYFN Monthly Family Night Out

Here at the CYFN office, the second Tuesday of every month from 6-8pm is *Family Night Out*. Families and youth come together to get to know one another, have a light dinner (compliments of CYFN) and hear about critical, up-to-the-moment issues affecting them. We would like to share with you information regarding the next two *Family Night(s) Out*. On August 12th and September 9th, Leah Knight from T.A.S.K. will present **Parents Rights in Special Education** training. This is generally an eight-hour training, but she has agreed to do the training in two sessions for our families. The timing couldn't be better, as students will be returning to school within this time frame and parents can get important information on how to better prepare for IEP's and other special education issues. Additionally, each family will be given a copy of the manual that school officials use when addressing the process. This manual could insure that you, as parents and caregivers, know ahead of time what rights you have concerning your child's education that you may not always know or even be aware of.

Please plan to attend August & September's *Family Night Out*. For food purposes, RSVP's can either be made to your FTC or to Gwen at 858.560.2626 ext. 204.

Adelaide Zimmer is a Pediatric Life Coach who also runs "www.pedsplay.com," a website dedicated to Pediatric Life Coaching. Pediatric Life Coaching is a strength-based health care service designed to restore optimum well being in childhood, and is tailored to the unique needs of children from preschool to elementary age. Through a family designed alliance, on-site coaching points young clients toward the goal line (of mental health) from home to the classroom. Recently Voices & Choices had the good fortune to connect with Adelaide, who excitedly agreed to be a standing contributor to our newsletter!



"Ped's Life"

Hello everyone and welcome to the first issue of Ped's Life. I'm Adelaide, and as your Pediatric Life Coach it will be my distinct pleasure to bring you historical facts and current research in support of your child and your family's optimum health. In each issue I hope to offer tools that you can adapt to further your goals for the well-being of your whole family. So where shall we begin? In this first issue you'll find information regarding Background, Morning Hours, and The Senses.

Background

We spend around 1 trillion a year to manage our dis-eases in America. In 2000 alone we spent 3 billion to fill our prescriptions, and 90% of our food budget went for the purchase of processed food substances. Could there be a link between our children's state of ill-health and our buying patterns? Is it just a coincidence that the over-site body for both of these industries is fittingly known as the Food and Drug Administration? In her controversial report in the Journal of the American Medical Association (JAMA) Dr. Starfield identified physicians as being the 3rd leading cause of death in America.

So how is it that a child can get the best available organic foods, be taking the "right" supplements, and still not feel well? Assuming that your family is among the less than 10% who fall into this elite group, there may be more involved than what is consumed. Let's look first at our morning routine.

Morning Hours

In Chinese medicine our organ systems are viewed in terms of their relationship to a 24- hour clock. In the morning our stomach is at its peak of energy function from 7-9am. This is interesting given the critical value of breakfast (breaking the fast) to sustain us all morning following a good night's sleep.

The Senses

- ◆ What sites are your little ones waking up to?

How we greet each other first thing in the morning often sets the tone for our day. Does the TV welcome your family into their new day? Or the warm smile of a trusted loved one?

- ◆ What are the smells that you stimulate their cells with in the morning?

Did you know that the aroma of good food being prepared stimulates the salivary glands and prepares our digestive enzymes to process our breakfast more efficiently before we even take our first bite?

- ◆ What sounds awaken your home and family in the morning?

Surprisingly enough our tones can affect the shape of molecules in water. Consider this excerpt from "The Secret Life of Plants" by Dr. Lee Lorenzen "...plant physiology reacts dramatically to the sound of the human voice. Words, both positive and negative, produce profound changes in water flow dynamics..." Does your home come alive to the sounds of praise and worship and other melodic tones to uplift your spirits? If not, consider creating new history today! You'll soon be overjoyed with the outcomes yielded by your choice of life-giving options.

- ◆ What tastes usually start your family off on the road to optimum health each day?

I intentionally noted the reactions in my body to the tastes it was exposed to this morning in preparation for this article. I drank an oversized glass of cold fresh squeezed carrot, celery, cabbage, cucumber, and ginger juice. I ran out of garlic or a clove of it would also have been added. As you might imagine my body began to shiver at the smell of the vegetables being squeezed. Upon drinking this concoction a chill ran through me from head to toe and I began to quiver. Yes! It was quite dramatic, so why did I torture myself this way you may ask? The entire process lasted roughly 5 - 7 seconds and I got a heavy dose of meds for the day. It would take too long to fully outline the known benefits, but here are a few of the ones that I've noticed. My menstrual cycle ends almost as soon as it starts each month with no symptoms of PMS occurring around this time of the month, and my bowel function is regulated beautifully. I do not experience constipation, or odor, and when the remainder of my intake is optimum I do not require the use of toilet tissue after a bowel movement. Don't believe me? Request to be coached around your physical health, commit to being held accountable for the changes through Pediatric Life Coaching, and I'll prove it to you too!

- ◆ How does your family touch before saying goodbye in the morning?

There are five love languages according to Dr. Gary Chapman, and the way we touch will be best received when matched to how we receive information best! Don't know yours or your child's? Then you can probably guess by now what I'm going to say next. Log onto www.pedsplay.com and request to be coached. We'll help you discover the rewards of communicating and actually being heard loud and clear!

Join us again next quarter for the Winter issue of a Ped's Life!

FDA Statement re: the Anti-Depressant Paxil for Pediatric Population

ADVISORY: DESPITE THE NEW POSSIBLE SAFETY CONCERNS ABOUT USE OF PAXIL IN CHILDREN, IT IS ESSENTIAL THAT PATIENTS TAKING PAXIL (paroxetine hydrochloride) DO NOT SUDDENLY DISCONTINUE USE OF THE DRUG. ANY CHANGES MUST TAKE PLACE UNDER MEDICAL SUPERVISION.

June 19, 2003 - The Food and Drug Administration (FDA) said today it is reviewing reports of a possible increased risk of suicidal thinking and suicide attempts in children and adolescents under the age of 18 treated with the drug Paxil for major depressive disorder (MDD). Although the FDA has not completed its evaluation of the new safety data, FDA is recommending that Paxil not be used in children and adolescents for the treatment of MDD. There is currently no evidence that Paxil is effective in children or adolescents with MDD, and Paxil is not currently approved for use in children and adolescents. Other approved treatment options are available for depression in children.

Paxil is approved for use in adults for the treatment of Obsessive Compulsive Disorder (OCD), MDD, Panic Disorder, Social Anxiety Disorder (SAD), Generalized Anxiety Disorder, and Post-traumatic Stress Disorder. There is no evidence that Paxil is associated with an increased risk of suicidal thinking in adults.

Three well-controlled trials in pediatric patients with MDD failed to show that the drug was more effective than placebo. The new safety information that is currently under review was derived from trials of Paxil in pediatric patients. Following its review of the same data, the UK Department of Health issued a Press Release on June 10 stating that paroxetine (brand name Seroxat in the UK) must not be used to treat children and teenagers under the age of 18 years for depressive illness because UK authorities have concluded that there is an increase in the rate of self harm and potentially suicidal behavior in this age group, when paroxetine is used for depressive illness.

More information about today's statement is available at <http://www.fda.gov/cder/drug/infopage/paxil/default.htm>

Family Roundtable of SD County

Summary for July 2003

The Roundtable is a solution focused action group of family, youth, and community voices that strive to effect positive changes for all children and their families severed by public child serving agencies. This year we plan to expand our membership by establishing recognized links to other family youth and community voices and advance our advisory status to public and private organizations and agencies. For more information on the Family Roundtable please call: 619-652-4480 from North County call: 760-591-6720

This year's goal is to increase membership and establish regional and specialty roundtables within the county of San Diego in order to increase awareness of the family and youth voice for child serving public systems. Another goal is to help create solutions to barriers that may hinder service for families and youth with all stakeholders. Thus, proving better outcomes for children and their families.

Meet Melinda FurFuro, Family Representative, CYFN Board of Directors

I want to take this opportunity to introduce myself to you, the families of CYFN. My name is Melinda FurFuro and I am the Family Representative on the CYFN Board of Directors. My oldest son has been in the mental health system since he was age 4; he is now 22 years old.

When my son was 16 years old, I began working as a site manager for a new wraparound program in San Diego. It became increasingly difficult to see the wrap facilitators working with the youth AND their families in the wraparound model, while my own son was in a traditional residential treatment program. Very early on I became a true believer in the wraparound model and became a Family Advocate for systems change in Children's Mental Health Services.

As CYFN has developed over the last two years, I have been amazed at the CYFN commitment to partner with families at every level. For example, CYFN has hired a family member as part of the management team, hired parent partners to work directly with families, really listens to families and other stakeholders when critical decisions need to be made, and brought family members in to train staff. I'm sure there are many other examples, however, these alone are unprecedented in San Diego County and many other places as well.

I have also been very happy to see the commitment of the families involved with CYFN. When talking with program directors about the value of family partnership within a program, we consistently hear how difficult it is to get families to participate in advisory boards, etc. Quite the opposite is true for CYFN families. Family members come in abundance to every meeting or event I've attended and I always feel like we are really creating something together. (I honestly wrote the previous sentence without even recognizing it is the CYFN tag line, promise.)

Several months ago I started a new job and have not been able to attend as many meetings as I would have liked. I am expecting that to change now that I'm past the "new job learning curve". Nevertheless, for me to effectively represent family voice at the Board level I need to hear directly from you, the families. Please take the time to share a bit of your CYFN experience, what's working, what's not. What changes would you like to see? Is there a particular staff member that has supported you? What do you think the Board of Directors needs to know? Please feel free to e-mail at mfurfuro@rr.san.com or call me at (858)560-2626 ext. 510

You know, my family's experiences with the system have been a very difficult and painful process. I feel very fortunate to be able to take my lessons learned from this and do something to make it a bit easier for those coming after. And, the fact that my advocacy, in some small way contributed to positive changes for children and families is sometimes amazing. I really encourage you to think about using your experiences to advocate for continued changes, within CFYN, or on the local, state and/or the federal levels. It has been one of the most rewarding things I have ever done.

I am really here to represent you, so please feel free to e-mail, write or call with any concern or to tell me the good news.

Sincerely,

Melinda

Melinda FurFuro, CYFN Board of Directors • mfurfuro@rr.san.com • (858) 560-2626 ext. 510





Children, Youth & Family Network
Create something different together

3247 Mission Village Drive
San Diego, CA 92123
T - 858/560-2626 or 800/929-1809
F - 858/560-2635
<http://www.cyfn.org>

CYFN's Annual
Family Fun Day 2003

Saturday, October 25, 2003

12:00 – 4:00 pm

Admiral Baker Field



Come join us for a family celebration of...

- Food
- Games
- Music and Dancing
- Prizes
- Arts and Crafts

...and a whole lot of fun!

In the spirit of wraparound, CYFN wants this event to be family-driven. We are looking for family-member volunteers to assist our production crew with....

- *Event planning*
- *Event set-up*
- *Activity development*

Contact Todd at 858-560-2626 x312 to find out how you can help.

Thank you for the kind donation for our newsletter from a community sponsor!