

PARENTING WITHOUT INSTRUCTIONS

***RESOURCE DIRECTORY FOR PARENTS/PROVIDERS OF
CHILDREN WITH EMOTIONAL/BEHAVIORAL/MENTAL
HEALTH CONCERNS***

FIRST EDITION-2001



CREATED BY CATTARAUGUS COUNTY CHILDREN'S MENTAL HEALTH TASK FORCE

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Mission Statement

The Cattaraugus County Children's Mental Health Task Force strives for improved quality and continuity of care for mentally ill children, increased support and information available to their families and caregivers, and a higher level of mental health awareness in general. In so doing, the CMHTF hopes to give children in Cattaraugus County affected by mental illness the opportunity to achieve the most successful outcome possible.

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**Record Keeping, Outpatient, School Records, Communications Log are perforated in the back of this booklet to assist parents in keeping complete records of their child's care.

WHOSE CHILD IS THIS?

“When my son was having problems, there were so many people telling us what to do. My relatives, pastor, his schoolteachers and finally psychologists and psychiatrists all seemed to have opinions on why he was acting the way he was. All I knew was I was overwhelmed. I couldn’t understand what he was doing, and I couldn’t figure out how to get help from all these different people with all their different points of view. I started to wonder, whose child is this?”

Does this sound like your situation? You may have already worked with some of the agencies in this book. You may be in a crisis and feel you are at the breaking point or you may just be starting the search for services. The people who created this book are people like you, parents of kids who have emotional or behavioral problems. We know what its like not to know where to go for help, or to have our children involved with so many different kinds of help that we’re not sure what exactly is going on.

Family support means families supporting one another—providing encouragement, friendship, information and help to families of children with problems. This book will provide you with information and suggestions about how to cope with having a child with problems.

Trust your gut

In navigating the system, you are the expert on your child. The first step in finding your way is to learn to trust your gut—those instincts you have about your child. You may have to overcome feelings of blame and guilt. You may feel that you are working around the advice of others who know your child. The important thing is to concentrate on your strengths as the child’s parent and family: **you know your child, and you love your child.**

While you’re working on this point, you might find it helpful to talk to a friend or group who can listen to you and give you honest feedback about what you’re thinking and feeling. This partnership can help bolster you when you need support, and provide some company while you’re navigating the systems. This person or group might also help relieve some of the feelings of isolation that come from having a child with problems.

Helping your child

The following checklist, from the Families as Allies Project of the Research and Training Center on Family and Children’s Mental Health of Portland State University, provides some guidelines for helping get the services that your child needs:

- ❖ Do I believe that I am an equal partner with professionals, accepting my share of the responsibility for solving problems and making plans on behalf of my child?
- ❖ Am I able to see the professional as a person who is working with me for the well-being of my child?
- ❖ Do I see as my goal of interactions with professionals the mutual understanding of a problem so that we can take action as a team to alleviate the problem?
- ❖ Do I maintain a file of important documents and correspondence so that I have a complete history of services provided to my child and family?
- ❖ Do I clearly express my own needs and the needs of my family to professionals in an assertive manner?
- ❖ Do I state my desire to be an active participant in the decision-making process concerning services for my child, and do I seek mutual agreement on the means to insure my involvement?
- ❖ Do I take an active, assertive role in planning and implementing the Individual Education Plan for my child?

- ❖ Do I come to appointments having thought through the information I want to give and the questions I want answered?
- ❖ Do I accept the fact that a professional often has responsibility for service coordination and communication with many families, including my own?
- ❖ Do I treat each professional as an individual and avoid letting past negative experiences or negative attitudes get in the way of establishing a good working relationship?
- ❖ Do I communicate quickly with professionals who are serving the needs of my child when there are significant changes or when notable situations occur?
- ❖ Do I communicate with other parents, thereby reducing my isolation and theirs, and sharing my expertise?
- ❖ Do I encourage the professionals involved with my child to communicate with each other and to keep me informed as well?

New Ideas

The last 10 years have led to new ways of thinking about emotional problems. At The Crossroads: Expanding Community Based Care for Children and Their Families, describes the New York State Plan for Children and Families Mental Health Services. This plan focuses on some new ideas for helping children with emotional problems:

- ❖ Working with families as allies.
- ❖ Providing a culturally competent system of care.
- ❖ Improving collaboration and coordination between agencies providing children with mental health services.

What do these new ideas mean?

Working with families as allies: Collaboration between parents and the professional who serve their children help us to advocate for our children and their individual needs. In the past, parents were seen as the source of the problem. Now, many professionals realize that it's better to work with us in a partnership, so that together we can come up with solutions that will work with our families.

Providing a culturally competent system of care: A culturally competent system of care takes into account the ethnic and cultural diversity of the people using the system. Developing culturally competent systems means learning how to address cultural differences in an individual's mental health treatment.

Improving collaboration and coordination between agencies providing children's mental health services: Many different agencies provide mental health care to children and they, unfortunately, do not always coordinate their care. Children may end up with too much of one service or not enough of another when systems work separately. Collaboration and coordination between the different agencies allow for the right amount and kind of services. (Also see SPOA section of this booklet page 14)

Strength-based work with children and families when providing services is another new idea. It's uplifting to first look at what the positive things about the child and family are, and it makes sense. You may want to ask the professional who works with your child and family to assist you in making a list of your strengths and use those strengths in figuring out how best to help your child.

Take a minute now to list some of your family's strengths. Do you have an income? Do you spend time together regularly? Do you love one another? Now list your child's strengths. Is he good at math? Does she have a great sense of humor?

IDENTIFYING AN EMOTIONAL, BEHAVIORAL, OR MENTAL DISORDER

Quoted in: Finding Help, Finding Hope: A Guidebook to School Services for Families with a Child who has Emotional, Behavioral, or Mental Disorders. W. Anderson, Federation of Families for Children's Mental Health: 1994, adapted for a Guidebook for Parents of Children with Emotional or Behavioral Disorder, PACER CENTER, Inc. 1992.

Identifying an emotional disorder is difficult for many reasons. Seldom can it be stated with certainty what is causing a child to act in a particular way. Experts continue to disagree on whether emotional disorders are genetic, something "going wrong" in the brain, or caused by external or internal factors. While some families and professionals tend to make simple explanations of why a child has an emotional problem, the cause is complex, and often the result of many factors interacting.

It is more useful for families and professionals to concentrate not on the "cause: of an emotional disorder, except when the cause is readily agreed upon. Instead, families should concentrate on their role in helping their child to learn the skills and appropriate behaviors he or she lacks.

Children with emotional, mental or behavioral problems generally behave in ways that other children behave. Their inappropriate behavior is often not very different, yet it shows up quite frequently or in more extreme ways. Families are in a good position to judge when their child's behavior goes far beyond what all children do at one time or another.

Parents find it difficult to seek an emotional assessment for their child, even when they think it may be needed. They feel pain when a child's behavior is not appropriate, and sometimes feel a failure as a parent. Many are afraid their child may be inappropriately labeled. All specialists in the field of mental health have not agreed upon diagnoses, medicines, and therapies. Others are turned off after getting an assessment for their child only to discover the evaluator believes that emotional disturbances originate in family dynamics and the "parenting skills" classes are the best way to address the child's problems.

Different professionals view emotional, mental or behavioral disorders in different ways. Their training and their philosophy about the origins of emotional disorders usually shape their outlooks—and their treatment plans. It is recommended that families discuss this with the professionals they contact. Since the treatment program for children will stem from the professionals philosophy, parents should be sure they agree with "where the professional is coming from." Otherwise, their cooperation in the treatment process may be limited and hurt the chances for success. Parents may also want to seek a second opinion if they disagree with the approach suggested by the first mental health professional or the school evaluation team.

Your Rights

Being aware of these new ideas puts parents in a different position. In the past, we had often felt blamed for our child's problems, which have made it difficult for us to accept help. We had often felt badly about our relationships with the professionals involved. Now we can understand that what we should work toward is collaboration. You have both rights **and** responsibilities in working with people who help your child.

- ❖ You have the right to be a full partner with people who are helping your child. You should strive to be an active member of this team.
- ❖ You have the right to information about your child. You will have to seek out this information and keep it up to date.
- ❖ You have many rights with regard to your child's education (see section on School System page 25).
- ❖ Most of all, you have the right to be heard. Listen to your gut. When you feel you have to say something, say it. You are the consumer of these services, along with your child.

The organizations that developed this book are support groups for families of children with emotional or behavioral problems. The support groups are facilitated by parents and provide a wonderful opportunity to share feelings with others and to find support and strength in knowing others who share similar concerns. For more information about support for parents of children with emotional or behavioral difficulties, please call the Mental Health Association at **372-0208**.

EMOTIONAL OR BEHAVIORAL PROBLEMS

Every child has problems at some time. How do you know whether your child's problems are serious enough to warrant help? When evaluating your child's emotional or behavioral problems, you and the professional working with your child should concentrate on two main questions:

- ❖ Is this behavior normal for my child's stage of development?
- ❖ Are any of his main life areas affected?

The main life areas are:

- ❖ Family and home
- ❖ Community and neighborhood
- ❖ School, peers, and learning behavior

"I always go back and forth with whether or not my son has a problem. He's very shy and likes to be by himself all the time. Sometimes he might have one friend, but I can count on one hand the number of friends he's had out side of school, and he's 13 years old. He still plays with action figures constantly. I guess this really isn't normal for a kid his age."

Warning Signs

These warning signs of mental illness, from the Mental Health Association of Rochester/Monroe County's booklet, Finding Your Way: A Guide to Mental Health Services in Monroe and Livingston Counties, may provide you with some help in evaluating your child's problem:

- ❖ Marked personality change over time
- ❖ Confused thinking
- ❖ Prolonged severe depression; apathy; or extreme highs or lows
- ❖ Excessive anxieties, fears, or suspiciousness, blaming others
- ❖ Withdrawal from society, unfriendliness; abnormal self-centeredness
- ❖ Denial of obvious problems; strong resistance to help
- ❖ Thinking or talking about suicide
- ❖ Numerous unexplained physical ailments; marked changes in eating or sleeping patterns
- ❖ Anger or hostility out of proportion to the situation
- ❖ Abuse of alcohol or drugs
- ❖ Growing inability to cope with problems and daily activities such as school, job or personal need

When you are concerned about your child's behavior, you should find someone to evaluate your child's problems. You have several choices of **where to start**.

Pediatrician: He or she can do a thorough medical examination, and can talk with you about whether your child's behavior is appropriate for the current age.

Schools: Schools are required by law to evaluate children for emotional or behavioral disabilities at the parents' request (See section on School System page 25 for more information)

Psychiatrist: A psychiatrist can do a comprehensive psychiatric evaluation of your child. This kind of evaluation may also be helpful to have in addition to other evaluations. The Mental Health Association of Cattaraugus County can direct you to a private practitioner or mental health center where you can access this service. Child psychiatrists are available for appointment at the Cattaraugus County Department of Community Services at **373-8040 or 945-5211**.

Other possibilities include trying to find evaluation and counseling services yourself. You may call the Mental Health Association at **372-0208** for information and referral to mental health service providers in Cattaraugus County. You can also try checking with your child's guidance counselor at school, your clergy, or a friend or relative who has had counseling. You can also look in the Resources section at the back of this book under counseling to find other places to contact.

Treatments

One of the main treatments for emotional or behavioral problems is counseling. Counseling can take many different forms. The important thing to remember about counseling is that different types of counseling and different counselors will work for different people. You may not find a match with the first counselor you or your child sees. Remember that it is your right to find a counselor that you and your child feel you can work with to help with your child's problems.

Types of Therapy

There are many different types of counseling (psychotherapy) and therapists who can provide it. Different types of therapy come from different theories about the human mind and behavior. The important thing to remember is that the goals of psychotherapy must be agreed upon between the therapist and client, and that they must work together to reach those goals. If the therapy does not seem to be working, or if you or your child is very uncomfortable with the type of therapy or therapist, you may ask questions and/or find another therapist to work with you.

- ❖ **Behavioral therapy:** In behavioral therapy a certain behavior or set of behaviors is worked on directly using various techniques. The goal is to bring about a change in the client's behavior, replacing unwanted behaviors with positive behaviors. The use of "star charts" or other forms of behavior modification are common.
- ❖ **Play therapy:** This type of therapy may be used when children have difficulty expressing their conflicts, either because of their age or for other reasons. The therapist will allow the child to play with a range of toys and games and will sometimes join in, occasionally offering comments on the child and the difficulties as they are expressed through play.
- ❖ **Psychodynamic therapy:** This form of therapy focuses on uncovering the unconscious ways the mind responds to conflict. Through talking about current and past events, dreams and imagery, the therapist offers the client insight as to how current problems with functioning may have developed from reactions to past events. The nature of the relationship between the client and therapist is considered very important to resolving these conflicts.

- ❖ **Humanistic therapy:** This type of therapy takes many forms. The main ideas are that what the client needs from the therapy is only some help and support in learning how to deal with his current situation.
- ❖ **Group therapy:** This type of therapy allows your child to learn from how others have treated their problems. He can compare how he has perceived his problems with how others perceive them. Your child may also learn interpersonal skills in this type of therapy. In order for this to be an alternative, he must be able to hold up to the pressure of discussing problems in a group setting.
- ❖ **Family Counseling:** When a child has emotional problems, the whole family is affected. Family counseling can provide support and understanding for the family in times of crisis. Discussions with the right therapist (a good match) can help provide family members with alternative ways of coping, and decrease the whole family's stress level.
- ❖ **Multi-systemic Therapy (MST)-MST** is a method of treatment that is community-based; strength focused, empirically tested, and is designed to promote responsible behavior. It is present focused and action oriented, targeting specific and well-defined problems. Interventions target sequences of behavior and are developmentally appropriate. Daily and weekly effort is required of the parent and practitioner. A primary goal in MST is to empower the caregivers to address family members' needs across multiple systemic contexts.

Because of past experience with family therapy, some families feel like they are being treated as the problem when in fact it is the child's behavior that is the problem. However, family therapy does have an advantage if you decide to participate—it can help you as a family responds differently to your child's behaviors. In other words, you may not be able to change your child, but you can change how you feel about him and how you respond. Stress affects the whole family when there is a child with emotional problems. Very often there are new things to be learned in family therapy that can help you cope together, as a family.

Family members need to be clear about what they want to get out of family counseling. If you feel that family counseling is increasing your family's level of distress, discuss this with your therapist. You do not have to participate in family counseling—you can find other ways to get information and support.

Remember, it is your right to have a therapist who will work with you in finding solutions to your child's problems. Ask that your therapist do strengths assessment first, and that they use those strengths when working with your family. Also, keep the channels of communication open between you and your therapist. If you feel uncomfortable with something that is said in therapy, tell the therapist. Both your family and the therapist are responsible for trying to make family therapy work.

Tips on Choosing a Therapist

From Pieces of the Puzzle: how to help your child with social/emotional and behavioral problems. G. Roebal, Ed. Mental Health Association in Tompkins County, 1992

No matter what kinds of counseling you choose for your child, apply these criteria:

- ❖ Do you like this person?
- ❖ Do their values match yours?
- ❖ Do they have a rapport with your child? The therapist must be able to talk in the child's "language".
- ❖ Will the therapist involve the family in some sessions?
- ❖ What are the goals of the therapy?
- ❖ What is the therapist's success rate in similar cases?

Cost: When parents hear that their child may need therapy, cost is often one of the first things that come to mind. Weekly therapy with occasional family therapy can put a tremendous strain on the family budget. Just like the other areas of your child's care, you have the right to make decisions here too, and the decisions you make can affect the cost of your child's therapy.

Different types of therapists may charge different fees. Psychiatrists are usually the most expensive, but they can provide medication monitoring and other services if needed. There are many other types of mental health professional who are qualified to provide counseling ranging from psychologists to social workers to psychiatric nurses.

Medical insurance or Medicaid may pay some or all of the costs involved with therapy. Your best option might be to find a therapist you feel comfortable with who will accept reimbursement from your insurance company. However, with some managed care plans, the co-pay for regular therapy visits might actually be more than the full fee for another therapist. When choosing a therapist, you can check into the co-pay and inquire about sliding scale fees offered by that therapist and other therapists you are considering, or contact your local mental health-counseling center.

You can also investigate a combination of the above options. Seeing a psychiatrist for a few sessions might help your child, and then being followed up by a school counselor. Some psychiatrists will even work with your child's pediatrician in monitoring medication.

This is one of the areas where you will need to be creative in investigating the options that are open to you.

****Also see the Financial Assistance for Children with Disabilities section of this booklet.**

MEDICATION

Medication is used to treat many different types of children's emotional problems, and its use is increasing. If your child is on any medication for his or her emotional or behavioral problems, be sure an expert—a psychiatrist follows him. This specific type of doctor has the knowledge necessary to fully care for your child.

Information on specific types of medications is, unfortunately, out of the scope of this handbook. More information on medications and their use can be found in:

Children and Adolescents With Mental Illness: A Parents Guide, E. McElroy, Ed. Woodbind House, 1989

Helping Your Depressed Child: L. Kerns and A. Liebermann. Prima Publishing, 1993

Chocolate to Morphine: A. Weil and W. Rosen

Psychiatric Medications for Children: Facts for Families, Vol IV, No.1

If you are concerned about your relative's medication, speak first to his/her psychiatrist or associate medical director, or pharmacist. Four to eight weeks is a reasonable time to wait to see if the medication produces improvement, depending upon the medication that is being given.

There is a lot of information available on the internet regarding medication, but be careful that you go to a reputable site and can trust the information given at that site

***Also see Financial Assistance Section**

HOSPITALIZATION AND OTHER TYPES OF INTERVENTION

Source: Questions to Ask Before Psychiatric Hospital Treatment of Children and Adolescents. Facts for families

Parents are naturally concerned and may be frightened and confused when inpatient treatment is recommended for their child. It is important that parents ask questions and remain an active partner in making decisions affecting their child. Children also should be encouraged to ask any questions they have and, depending upon age and abilities, be involved in making this decision as well.

Parents who are informed about the hospital's treatment plan and procedures can fully contribute to the effectiveness of their child's treatment. By asking the following questions, parents will gain a better understanding of the proposed stay in an inpatient facility:

- ❖ Why is inpatient treatment being recommended for my child, and how will it help my child?
- ❖ What are the other treatment alternatives, and how do they compare?
- ❖ Is a psychiatrist specializing in children and adolescents admitting my child to this facility?
- ❖ What does the treatment program include, and how will my child be able to keep up with schoolwork?
- ❖ What are the goals for my child in this placement? Who will determine if the goals are attained? Who and when will this be done?
- ❖ What are the responsibilities of the child and adolescent psychiatrist and other people on the treatment team?
- ❖ How long will my child be in inpatient treatment, and how do I pay for these services?
- ❖ What will happen if I can no longer afford to keep my child here, and inpatient treatment is still necessary?
- ❖ How will I, as a parent, be involved in my child's treatment, including the decision for discharge and aftercare treatment?
- ❖ Is visitation allowed during my child's inpatient treatment?
- ❖ Who in this facility is responsible for communicating to me regarding my child's progress? How and when will this be done?
- ❖ To whom do I speak when I have concerns about my child's education?
- ❖ Does the Joint Commission approve this facility for the Accreditation of Healthcare Organizations (JCAHO), as a treatment facility for youngsters of my child's age, or will my child be on a specialized unit or in a program accredited for treatment of children and adolescents?
- ❖ How will the decision be made to discharge my child from inpatient treatment?
- ❖ Once my child is discharged, what are the plans for continuing or follow-up treatment?
- ❖ How will inpatient treatments affect my ability to parent my child?

Remember that you do not have to agree with any of the answers you get when talking with your child's hospital care team. Feel free to bring up the issues and concerns that you have about your child's care. Follow your instincts in collaborating in your child's in-hospital treatment plan.

****Learn the terminology used at Psychiatric Hospitals, Residential Treatment Facilities, Day Treatment, school, etc. because every place uses different terminology.**

Emergency/Acute Hospitalization

Acute hospitalization is hospitalization in a community hospital usually for 7-30 days. Acute hospitalization is used to stabilize a child who is seriously suicidal or who is otherwise in need of constant, around the clock care and treatment in a secure environment. A child may be hospitalized in such a setting after an acute crisis such as a suicide attempt or other severe behavior. The admission may occur from the emergency room or after another crisis contact. See the section on Emergencies/Crisis for more information, including where to go.

Acute hospitalization is also used for intensive evaluation of children with emotional problems. This time in the hospital will be used to provide for a period of intensive testing and possible medication trials in a controlled setting. For emergency situations, call 911, or look in the Emergency/Crisis section.

Alternatives to Hospitalization

Many parents in Cattaraugus County aren't aware of the resources available to their children to help prevent a hospitalization. These various services can provide you and your child with the help you need to cope during the most severe times of your child's illness.

Emergency and Crisis Intervention Services

Crises and emergencies with your child can take many forms. When your child has a mental health crisis, it's hard to know how to respond. Your child may be aggressive or violent, irrational, suicidal, or showing some other kind of severe behavior that you don't understand or don't know how to deal with. If you know you need immediate help, call Olean General Hospital Crisis Hotline **1-800-339-5209** and request they contact the Mental Health Worker on call.

Crisis Services

The service provides on-site crisis counseling/evaluation by teams of professional counselors to residents of Cattaraugus County. Your local police department can access this team after hours, and counselors, psychiatrist, case manager, etc. can access during office hours.

Your child's pediatrician

Your pediatrician can also evaluate your child in an emergency, especially in children with a known mental or emotional problem. Sometimes the pediatrician can help your child get a bed in the hospital faster by calling ahead or by admitting your child to a regular pediatric floor if no other bed is available. Talk with your pediatrician if you feel you would like to use this service during a crisis, and decide beforehand what your plan will be.

Emergency Room

The local emergency room can be a safe place for your child in a crisis. The emergency room has a psychiatrist to evaluate the child and rooms for observation and even overnight stay if necessary. However, many parents find the emergency room trip quite difficult. The wait to be treated is often long, at a time when the child is at his or her worst. Also, children will often calm down just being in this setting. This is good in that the child is much calmer than during the crisis, but bad in that he or she may lose control again when discharged from this controlled setting.

If your child has to go to the emergency room, here are some tips to make the visit a little easier (adapted from Children and adolescents with Mental Illness: A Parents Guide E. McElvoy, Ed. Woodbine House, 1988).

- ❖ Allow your child to bring along some favorite objects, toys or books that may be comforting.
- ❖ Be sure to bring your insurance information, as well as the names of your child's doctor and other professionals involved in his or her care.
- ❖ Explain to your child that you are taking them to the emergency room and describe what it will be like.
- ❖ Explain that they will see some doctors who will ask them how they are feeling. Reassure them that the doctor will be helping to find out why they are in such distress.
- ❖ Make sure your child knows that you will be involved in their treatment, and that you know that the situation will be worked out so that they will get better.
- ❖ Then, go to the emergency room. Delaying the trip just allows anxieties to build up for everyone. Invite a support person if you would like. This person may be able to let you out of the car at the emergency room entrance so that you can reduce the extra time and outside stimulation for the child.

Police-911 and local police

When your child is violent and out of control, you may want to call the police. If your child has frequent episodes of violence towards others or out-of-control destruction of personal property, it may be a good idea to contact the local police and discuss the situation with them. Ask to talk with someone in the department who works with youth in crisis. Be honest about your child's situation, and discuss with them when it is best to call, whom you can speak to, and what they can do for you and your child. This preventive approach will make it easier if the police do need to respond to an emergency involving your child. It may also be necessary to call 911. The 911 system is used in life-threatening emergencies such as a suicide attempt or extreme violent behavior. If such a situation occurs, do not hesitate to call 911.

Available Services

Cattaraugus County Department of Community Services Single Point of Accountability in the Mental Health System (SPOA) call 945-5211 or 373-8040 for information

The Cattaraugus County Department of Community Services use the Single Point of Accountability model for assessment of referrals of children and adolescents who meet the following criteria:

- ❖ Are under 18 years of age
- ❖ Carry a diagnosis indicating serious emotional disability
- ❖ Are involved with other service providers such as School Committee on Special Education, child welfare/child protection services, juvenile justice/probation

Children referred from hospitals are also given high priority for utilization of the SPOA model. In addition, children age 7 and under will also be assessed and followed by the SPOA process.

The SPOA process involves the formation of a partnership between the parent/caregivers with the service providers working with the child and family. Emphasis is placed on working with the whole family. The parents and SPOA may choose to invite providers from all agencies to meet together to discuss the strengths and concerns of the child. After assessment by the intake staff, a team SPOA meeting is scheduled for goals to be identified. The team consists of parent, parent advocate and involved staff from other agencies who meet to determine the strengths and need of the child and family. Future SPOA meetings will be set up to monitor progress and identify ways to sustain improvements. A crisis plan is also part of each SPOA review.

The SPOA model insures that a strong collaboration will be developed between parents and service providers and that services will be delivered in a coordinated way between home-school-community.

Catholic Charities Children and Youth Intensive Case Management (ICM) Program Interagency Advisory Committee

The Role of the Interagency Advisory Committee is to: 1) Develop a roster of children and youth eligible for ICM services; 2) Assist in the development of interagency service plans for hard-to-serve children and families; and 3) identify systemic barriers to service and service gaps and develop strategies to remove them.

JUSTIFICATION: Children and youth with serious emotional disturbances and families often have multiple and complex needs that cross agency boundaries. Such factors as poverty, inadequate health care, mental illness, alcoholism and substance abuse, etc., impinge upon the wellness of the child and his/her family. To deal effectively with these problems, coordination of all the services that make up a child's environment is necessary. In order to function effectively within the overall system of care, the intensive case manager must develop strong linkages with other service providers. Linkages should be developed with other mental health programs including: psychiatric emergency services, e.g., home-based treatment; day treatment; clinic; case management; family support services; and home care. Linkages also should be developed with other program sectors providing services to children, such as special education, health, alcohol, drug, probation, Division for Youth (DFY), and social services.

Catholic Charities Intensive Case Management for Families

This service is available to children and youth in Cattaraugus County who has a DSM IV diagnosis and primarily serves those families and children in the Western Region of the County. The service is no charge to families and involves linkage, advocacy, monitoring, and case planning. Any person in the community can make referrals to the SPOA program, the Case Management Admission Committee, or Catholic Charities. For further information or to make a referral, contact Sandra Brundage of Catholic Charities by calling **(716)-372-0101**.

Catholic Charities Multi-Systemic Therapy

Catholic Charities Multi-Systemic Therapy program is an intensive program designed to prevent out of the home placement of youth who are behavior disordered and who have been referred to probation for supervision. These children may also have a DSM IV diagnosis. Excluded from the program are Autistic Children and those who are not currently in a "stable" home. This program is available in all areas of Cattaraugus County and referrals are presently only made through Cattaraugus County Department of Juvenile Needs Task Force.

Catholic Charities Individual and Family Counseling

Catholic Charities offers individual and family counseling for children, adults and families. Our service is offered in supportive and friendly atmosphere. The services are affordable and are based upon a sliding scale fee. We accept all major insurance.

Cattaraugus County Department of Social Services

Cattaraugus County Department of Social Services has contracts with various community agencies to provide specialized services to families in order to prevent the need for foster care placement. Referrals are made by Department of Social Services workers who assess whether a family needs additional help to maintain their child at home. Referrals may also come from community sources—medical providers, schools, private individuals, etc. Cattaraugus County Department of Social Services phone number is **373-8070**.

Preventive Services

Preventive services are programs designed to support the family and to keep the child out of the hospital or other out-of-home placement. They can take many different forms, and are offered through specific agencies. More information on preventive services can be gained by calling Cattaraugus County Youth Services Early Intervention Intake at **945-5392**.

Cattaraugus County Department of Community Services Intensive Case Management/Supportive Case Management

Cattaraugus County Intensive Case Management provides intensive services to children and adolescents who are experiencing severe emotional and/or psychiatric distress. The role of the ICM is to help ensure that children and their families receive the necessary services to help relieve the difficulties they are experiencing and reduce the possibility of out-of-home placement. For more information on intensive case management services, call **373-0980**.

Healthy Families Cattaraugus

1909 West State Street, Olean, New York 14760 Phone: **372-5987** Fax: **372-5160**

Program: Healthy Families Cattaraugus is a voluntary program that offers systematic assessment and long term intensive home visiting services to pregnant women and new parents. Services include: screening, referral services, group meetings, and prenatal guidance and parent/child activities. Referrals taken for pregnant women and new parents with children up to three months of age, although services may be received until the child enters pre-school or head start. Contact Joanne Martin, Program Manager for more information.

Camp New Horizons

Camp New Horizons is a therapeutic residential camp for children and adolescents who are experiencing emotional or behavioral problems. This camp is operated by the Mental Health Association in Cattaraugus County and is held at Camp Allegany in Allegany State Park. The campers, aged 8 to 15, are boys and girls who have been referred by mental health professionals throughout the County schools, agencies, and private practices. Camp provides respite, good times, and new coping skills for children. Any parent who feels that their child is eligible may speak with the child's counselor or call the Mental Health/Camp New Horizons office at **372-0208** for information.

Center for Family Unity, Inc.

The Center for Family Unity, Inc. wants to help every family become healthier and happier. We attempt to accomplish this goal by providing in-home services, parent support groups, and seminars. All services are conducted in a strength-based manner. That means we will focus on the positives of each family first. Each family can direct us as to what they want to improve.

Issues we provide information regarding include:

- ❖ Communication Skills
- ❖ Goals of a child's behavior
- ❖ Behavior charts
- ❖ Consistency
- ❖ Follow through

- ❖ Positive parenting
- ❖ Catching your child doing well
- ❖ Building your child's self-esteem
- ❖ Anger management
- ❖ Relationship Building
- ❖ Medical Issues
- ❖ Families with Special Needs
- ❖ Families with Developmental Disabilities
- ❖ Single Parenting, grandparents, parents of teens, parents of pre-school children, and parents who simply might want some form of support.
- ❖ Parent Support Line 5:00-7:00 p.m. at **(716)-945-6401 or 1-877-206-5295** each Monday evening in which anyone can call the Center and discuss parenting issues.

All of our services are free of charge. Anyone can call the Center for Family Unity at **(716)-945-6401 or 1-877-206-5295** to ask questions or offer suggestions.

Home and Community Based Services Waiver (HCBS)

Provides services to children with serious emotional disturbances, and gives them the best opportunity to thrive with families and communities coming together. The Rehabilitation Center Home and Community Based Waiver Service program helps these children to remain at home by providing community-based alternatives to inpatient or residential care. There are six key services provided to children with severe emotional disturbances through the Home and Community Based Service Waiver Program. They include Individualized Care Coordination, Respite Care, Crisis Response Services, Intensive In-home Services, Family Support, and Skill Building. For more information on the Home and Community Based Services Waiver Program, please call **375-4740 ext. 151**.

Ellicottville Family Support Center is available to provide assistance to any family or family member in the area. It is located in the Ellicottville Center School. This center was independently established and operated, but is one of ACT for Youth's four centers. For additional information on ACT see page 17.

Four reasons why the Family Support Center was established:

1. To establish an area where any government agencies can unite to provide services for families.
2. To provide a safe environment for agencies and families to meet and work together.
3. To provide intake information at a site that is convenient to our community.
4. To avoid duplication of services to our families.

For more information call **(716)-699-2904**.

Families and Schools Together (FAST)

FAST is a strength's-based program for families whose children have behavior problems resulting in a PINS or JD petition. This program works with the family at home, and the youth in school to identify and address concerns in both areas. While FAST staffs are not counselors, they do help families sort out their thoughts and feelings, provide information, make referrals to other helping programs, and advocate for services. Staff skill-build, by working on self-esteem, anger management, parenting, and several other common family issues. Family activities are also offered in the summer months. Our goal is to help families meet their own needs.

All FAST services are free and confidential. There are no income guidelines; the program works in all Cattaraugus County school districts, except for Olean. If your child has a probation officer, he/she can make a referral to the program. For more information, please call **(716)-945-1041, extension 10**.

William B. Hoyt Family Development Partnership Program (HOYT)

HOYT is a strength's-based program for families wanting to ensure the physical, mental and emotional well being of their children. This program works with the family at home, and the youth in school to identify and address concerns in both areas. While HOYT staffs are not counselors, they do help families sort out their thoughts and feelings, provide information, make referrals to other helping programs, and advocate for services. Staff skill-build, by working on self-esteem, anger management, parenting, and several other common family issues. Family activities are also offered in the summer months.

All HOYT services are free and confidential. There are no income guidelines; children can range in age from birth to 16. HOYT services are provided in the Salamanca, Ellicottville, Franklinville, and Allegany-Limestone school districts. Parents can self refer, or get additional information by calling **(716)-945-1041, extension 10.**

Assets Coming Together for Youth (ACT)

ACT is a partnership of numerous agencies committed to building developmental assets for youth in four target school districts. Developmental assets are a set of beliefs, supports and opportunities all young people need to succeed. ACT staff work with school, communities and families to provide extra supports and services not already available. Our main office is located at Cattaraugus Community Action, but there are Family Support Centers in school buildings in Little Valley, Ellicottville, Salamanca, and Franklinville. The Centers do not have set schedules at this time, as services are scheduled at times convenient for customers. Services vary depending on the specific needs of the community, but may include educational and support groups, case management, and information sessions on a variety of topics, fun activities for youth and families, and presentations on the importance of developmental assets. Information and referral to other helping agencies is also available.

Programming is not provided exclusively by Cattaraugus Community Action staff, but also by partnering agency's staff, so eligibility may vary. Most programming is open to anyone who is interested, although some partnering agencies provide services only to specific populations. Case management services are open to any family who is interested in assistance. Upcoming programs are advertised.

ACT serves all youth and families in Salamanca, Cattaraugus-Little Valley, Ellicottville and Franklinville school districts. Youth up to age 20 are eligible for services. Although the majority of services are free, depending on the provider, there may be a small fee. If this is the case, it will be clearly stated. Families and youth can self refer. For more information, please call **(716)-945-1041, extension 10.**

RESIDENTIAL PLACEMENT

Residential placement means living away from the family for an extended period of time, and sometimes is necessary for children who need a total change in environment including a campus school. Again, this is a decision that should be reached by the parents and professionals in agreement. Sometimes placement is in the local community, but sometimes it is farther away.

Many children will reach these residential facilities by first being inpatients in one of the acute hospitals. Children can also be referred by the Department of Social Services, by the Juvenile Justice system, by their local school districts, by a mental health professional or social worker. For more information on how to access residential treatment for your child, contact your child's mental health professional, the local and/or state Office of Mental Health, Department of Social Services, Department of Probation or local school district or State Education Department.

PSYCHIATRIC HOSPITALS/Residential Treatment Facilities

These placements provide structure, supervision, education, and treatment for children who cannot live at home. Like acute-stay hospitals, they vary in scope and quality. You can use the questions in the Hospitalization checklist on page 11 to get an idea of the differences in care, and to develop a plan for your own involvement in your child's treatment. There are other programs such as **Residential Treatment Centers** available through the Department of Social Services and Probation Department that provide alternative living environments to children and youth. Such centers do not exclusively serve children with mental health needs, but do access community based psychiatric services as needed.

Treatment Team

The core of the treatment team usually consists of a Treatment Team Leader, a psychiatrist, a nurse, and a social worker. The family and patient take part in the treatment team planning. The family should feel free to call any member of the team with concerns this includes supervisors, therapy aide, ward nurse, medical doctor or any other member that is part of the team and call to make arrangements for a treatment team meeting as often as necessary. Residential request can be made at this time.

Discharge Planning

Families are also part of the pre-discharge & discharge treatment team planning, including housing arrangement, clinic location with the outpatient treatment teams' name and telephone number and assigned to a case manager to support, advocate, link and monitor services and programs according to the child's individual treatment plan.

Foster Care and Therapeutic Foster Care

Provides the child with a family setting. In addition, therapeutic foster care provides the child with a family that can assist in crisis services and behavior modification, as well as regular visits from a therapist. For more information you can contact Cattaraugus County Probation Department or Department of Social Services.

Group Homes

A group home is where several children with emotional and behavioral problems live together. Trained counselors staff these homes. Counselors provide a family-like setting and can intervene with children with behavior modification and help with problem solving. Children living in this level of care must be able to live in the community and attend a community school.

JD/PINS Program

Placement is the last and least desired option for PINS/JD cases. Before placement, the PINS or JD case would be seen in the Intake unit of the Probation Department. At intake, the probation officer would seek to access services for the child and family in an attempt to resolve the problem areas. The child or family may be referred for specialized assessments or services, or these services might be provided in the probation department.

If the intake process fails to resolve the problem areas, the case may then be referred to the Family Court system through the filing of a PINS or a JD petition. The parent, school, or other interested party may file PINS petitions. The Family Court prefers that in any PINS matter, that the matter be first seen through probation intake before the petition is filed. If the case has not been first reviewed by probation intake, the court may refer the matter from the court to probation. A JD petition may only be filed by the presentment agency (County Attorney) following an intake at the probation department. Families are not allowed to file JD petitions.

When a petition (JD or PINS) is filed in family court, the respondent (child) either admits the allegations in the petition or through a law guardian (the child's lawyer) may request a formal hearing in which the county attorney must prove the allegations in the petition. If the allegations are either admitted to or proven in a hearing, the court then has several options.

The court may grant:

- ❖ A Conditional Discharge
- ❖ A Adjournment in Contemplation of Dismissal (ACD) which may be supervised by the probation department
- ❖ May place the child on Probation supervision,
- ❖ May place the child outside the family home with either the Department of Social Services (DSS), or with the Office of Children and Family Services (OCFS, formerly the Division for Youth).

In JD/PINS matters, the Court has the authority to remove a child from the home. Usually the Court adjourns any proceeding for a few weeks prior to disposition in order to have the probation department conduct any investigation and make recommendations to the Court.

EMOTIONAL/PHYSICAL ABUSE

Violence or emotional abuse in the family can be devastating. As parents, we may worry about physically punishing our children. Violence between the adults in the family may be another issue. Trying to deal with family violence issues only makes it harder to cope. For help in resolving problems with family violence or abuse, call the resources in the Family Violence section in the back of this book.

DRUG/ALCOHOL USE

Drug and/or alcohol use in children is always a serious problem. Alcohol is a powerful, addictive drug and alcohol may be the only sign of a child's emotional problems. The child may turn to alcohol or other drugs to escape the problems he cannot deal with, of the feelings he cannot control. In this way, the child is choosing his own medication for his problems, instead of being evaluated for them and having treatment prescribed by a mental health professional.

Even occasional marijuana use cannot be considered safe, because, aside from impairing the senses the way alcohol does, using this illegal drug may make it easier for children to think about using stronger drugs. Injected drugs now carry the risk of AIDS as well as other disease transmitted through needle sharing. Newer drugs such as crack cocaine can be fatal in one dose. The important thing to remember is that the use of any drug including alcohol is illegal in children.

Your child's doctor or a mental health professional will be able to help you evaluate your child's problem with drugs. You can also look in the resources section of this book to find other agencies that can provide information about this topic or refer you to services.

LEGAL PROBLEMS

Sometimes your child's behavioral or emotional problems may become so extreme that you cannot safely control them. Out-of-control behaviors may escalate to violence or other forms of breaking the law. There are resources available in Cattaraugus County for parents who are concerned about their children's out-of-control behavior. **(See the resources section of this book)**

The Probation Department works with parents in filing PINS (Person in Need of Supervision) petitions for children up to age 18 (as of November 1, 2001) when their behavior is out of control. The purpose of the petition is to get access to help for the child and to protect the public. When a petition is filed, the child may be put on probation or referred to diversion services, which are preventive in nature and aimed at keeping the child in the home.

If the child has committed an illegal act and is under 18, he may be petitioned into Family Court on a Juvenile Delinquency (JD) petition. However, if the child is adjudicated a JD he/she can be placed on probation or recommended for placement with the Department of Social Services or the Office of Children and Family Services.

RUNNING AWAY

It happens. There's a fight and your child is gone. He/she doesn't show up for dinner and there's no word by bedtime. You worry about the worst. You wonder what you could have done to prevent it. Your child may have even been threatening suicide or exhibiting bizarre behavior. What can you do when your child runs away or threatens to run away?

Call the police. They can be very helpful in dealing with a disturbed youth who ran away. If the crisis is severe, call the resources listed in the crisis section located in the back of this book.

When the crisis has eased, these services may also help:

EMERGENCY SHELTERS

These places provide beds, recreation, counseling and sometimes school for youngsters who have run away. The shelters provide children with food, clothing, and health care as well as counseling to try to resolve the problems that led to the running away. Parents will be notified when children are at an emergency shelter and staff will encourage them to participate in counseling. These shelters can be reached 24 hours a day.

Contact Cattaraugus Youth Bureau at **945-5392 Ext. 6222**.

THE NATIONAL RUNAWAY HOTLINE

This is a service that will relay messages between families and their runaway children in a non-judgmental manner. The toll-free, 24-hour number is **1-800-231-6946**

RESPIRE

Respite Care: the provision of short-term, temporary care with the primary purpose of offering relief to the families of a person with disabilities.

Respite is:

- ❖ The least restrictive alternative to parental child care
- ❖ Safe for the child and family
- ❖ Provided by workers trained to meet the needs of the child and family
- ❖ Provided by someone who is familiar with the child
- ❖ Provides the child and family with some "breathing room"
- ❖ May be in a variety of settings: child's home, group site, community recreation activities
- ❖ One part of a continuum of services to meet the varied and changing needs of a child with an emotional disability and his/her family

Respite is not:

- ❖ Baby-sitting
- ❖ To meet all of the family's child care needs
- ❖ To provide a substitute for parental involvement
- ❖ Therapy for the child or family

Some benefits of respite:

- ❖ Reduces level of stress in families (and marriages)
- ❖ Allows siblings time for themselves and with parent
- ❖ Helps family/parents renew optimism and patience with the child
- ❖ May prevent out-of-home/more restrictive placements
- ❖ May prevent child (and parent) abuse and neglect

RESPITE CARE**Cattaraugus County Department of Community Services Respite care**

Respite services program specifically serves individuals who have mental health disabilities. Referral for services comes directly from Intensive Case Managers, Supportive Case Managers, and the Department of Community Services Therapists. There is no charge to its consumers.

If your child is involved with any other service provider, check with your provider to see if your child qualifies for respite

COPING

Having a child with emotional or behavioral problems is often overwhelming. Your dreams for your child's future seem to be destroyed. You blame yourself. Your embarrassment at your child's behavior only increases your distress. What happened to your outside life? Your family and friends sometimes cannot understand. You feel as if you are unable to find the time for your family or yourself.

Think about the big picture.

Family support encourages us to believe in ourselves and to rely on the resources we have in our community to help us during these times. Believing in your self-means listening to your feelings and paying attention to your own needs. It means keeping the "big picture" in focus.

I remember last year when my son was having his worst problems. My husband and I couldn't agree on anything, especially about whether or not we should seek hospitalization for him to help evaluate his out-of-control behavior. As things kept getting worse, I eventually realized that my son's problems were taking precedent over my marriage—over the family as a whole. When I looked at it this way, I saw hospitalization might be a temporary solution to the problem that would allow us to stay together a family in the long run.

Talk to others—Don't keep secrets.

Talking with others and reducing your isolation is a very important coping technique. Develop a network of support people whom you are able to talk with regularly and who might be reliable in a crisis. Talking with other families who have had similar experiences—such as the families of the Child & Family Support Program, Parents United and other local support groups—can provide support and insight into how to deal with specific problems.

Consider talking with a support group.

There are groups in the area that offer support to family members of children with emotional/behavioral problems. For additional information, see the directory in the back of this booklet.

Western New York Children's Psychiatric Center offers support groups for parents, grandparents, foster parents and friends of children with emotional and/or behavioral problems. Support group meetings are held twice a month, one at Western New York Children's Psychiatric Center and one at the Buffalo Outpatient Clinic.

Education, information, advocacy, telephone and in-home support are also available. Respite is available at the meeting site. For more information call **674-9730, Ext. 4532.**

Make time for yourself.

Although it may be the last thing you imagine you could do, taking time for yourself might be the most important. Without a break from the stresses of caring for your child with problems, you will find it hard to muster your own coping resources. Sometimes it might be just a few minutes a day—a walk at lunchtime, a few minutes with a book in the evening. Try to make sure you take some time for yourself. Remember, if you don't take care of yourself, you won't be able to take care of anyone else.

Take each day as it comes.

When you concentrate on just getting through the day, this smaller focus will make it easier to cope with the problem that arise. Don't spend too much time worrying about the future, especially if you're in the middle of a crisis.

Congratulate yourself and your child for each forward step, no matter how small this may mean congratulating yourself on coping with the latest crisis, or congratulating yourself and your child on any small gains. When your life seems overwhelmed by problems, this can help put the focus back on the positives.

Learn from your mistakes

Remember that everyone is allowed to make them and decide that you will learn from them. If you think about each mistake as a lesson, you can keep learning better ways to handle the stressful situations in your life.

Choose your battles.

Unfortunately, when stress levels are high conflicts may be magnified. This is a good time to decide what is really important, which things you want to concentrate on. Sometimes cutting back on expectations a little can go a long way towards relieving tension.

Decide who owns the problem. We all want to help our children. Some of their problems are not ours to correct.

My 13 year- old son is very bright, and does very well in school. But he refuses to do his homework. His teachers are willing to try to work things out, but it's been 3 months now and I bet he's only turned in homework on 4 nights. Its been driving me crazy trying to set limits on him so that he will do it. But ultimately I realized that I wasn't helping him. He wants to do well, but with the teachers and I always trying to "make allowances"; he wasn't learning the natural consequences of not doing homework—getting bad grades. So we decided to just let the teacher do what teachers in regular education would do, and I told her that I would only give him a reminder each night. He just got his first C, and now he's doing his homework regularly.

Not all problems will be this easy to figure out. When you identify which family members really own the problem, you can remove some of the tension felt by other family members who may be worrying about it or trying to correct it unnecessarily.

There are many types of coping techniques, and many places to go to learn more about how to cope. Support Groups in Cattaraugus County offer coping skills workshops to parents of children with emotional or behavioral problems. For more information on support groups in the area, call the Mental Health Association at **372-0208.**

There is no one coping technique that will work for everyone. At times we may feel the need for all of them at once—or something better! It is perfectly understandable to feel overwhelmed, but remember that there are others to talk to during this time and that **you are not alone!**

PARENTS AS ADVOCATES

The ability to advocate effectively for one's child is an essential skill for parents who must negotiate a complex and bureaucratic service delivery system. Some tips:

- ❖ Trust your intuition. Recognize that you are an expert where your child is concerned. Being an effective advocate calls for common sense, not a college degree.
- ❖ Review all of your child's records and request copies for your home files. Maintain well-organized, accurate records at home. Include school records, important medical information, and copies of all correspondence and /or reports from your child's school and other service providers.
- ❖ Follow up telephone calls with a short summary letter. Example: It is my understanding from our telephone conversation of (date) that points 1,2, and 3 will happen. Keep a copy for your files.
- ❖ Take notes at meetings or while talking with school or agency personnel over the phone. Record names, titles, dates and a brief summary of what was said and by whom.
- ❖ Get your facts straight. Deal with facts, credible printed materials and/or letters from professionals who have worked with your child.
- ❖ Be thorough in your suggestions, thinking and evidence. Know exactly what you want and why. It may help to make a list of your concerns, observations, etc. so you can cover all points in an organized manner.
- ❖ Get names, titles and phone numbers of all those who are involved in providing services for your child. When meeting with providers, request copies of any meeting minutes that might be prepared.
- ❖ Take advantage of all available resources. Contact your Mental Health Association. Call SETRC about special education issues. Refer to the Yellow Pages. Share experiences and resources with other parents. Be proactive.
- ❖ Be specific in your requests and responses. Rather than "My child isn't learning", develop statements such as "My child cannot read his/her 5th grade reader". Be particularly specific in describing behaviors, including the frequency and duration of the behavior, and the context in which it occurs.
- ❖ Be realistic in your expectations and requests. Demanding is not negotiating.
- ❖ Be prepared for the best and the worst. If possible, come to every meeting with alternatives and options.
- ❖ If you have a tendency to lose your temper or feel you can no longer deal rationally with the situation, bring someone with you for support and guidance. With your permission, this person may also speak for you.
- ❖ When deciding on an appropriate course of action, list the pros and cons of each alternative. Sleep on it.
- ❖ Remember, it is important to be positive and to commend service providers when progress is made. Sharing the good news with that person's supervisor is also a nice gesture.
- ❖ Attend all meetings and conferences at which your child's situation will be discussed. Negotiate a time when it is possible for you to attend. Make it clear that you are part of the team, and intend to work with providers to find solutions that are in your child's best interest.
- ❖ Keep the faith. **Your child needs you.**

Consider advocacy

Advocating isn't something you might think about at first. How can you advocate for others or for your community when you feel so helpless in your own situation? Many parents find that advocacy makes them feel stronger. You may learn how to accomplish things you didn't think were possible. When the focus of your advocacy is outside of your family, you feel the added bonus of contributing to your community.

You are needed in your community. Advocacy allows you, as a parent, to use your experiences and feelings to work with professionals and with the local government to solve problems in how children's mental health services are delivered. Every parent's story is important; each story has something to teach. Professionals are eager to learn what it is like: from the "parents" perspective.

Advocacy can mean going to meeting with another parent as moral support, presenting your story to a group of professionals, sitting on local government and school committees, writing letters, and many other things. The opportunities in Cattaraugus County are great, and many agencies right now are looking for parents to get involved.

Sometimes you will need an advocate yourself. When we are too close to a situation we can become frustrated and lose sight of the real issue. Sometime we are just overwhelmed and need another person to support our view. Whatever the reason there are many trained advocates in Cattaraugus County to assist families. This list is by no way complete but will give you a starting place.

- ❖ Directions in Independent Living, Inc.—must be an individual with a disability to receive services. Call **373-4026** for assistance.
- ❖ Mental Health Association. Call **372-0208** for assistance.
- ❖ Cattaraugus County Rehabilitation Center- must have a mental retardation diagnosis. Call **375-4761** for assistance.

FINANCIAL ASSISTANCE FOR CHILDREN WITH DISABILITIES

Caring for a child with problems is even more difficult when you have trouble meeting your family's basic needs. Cattaraugus County has a number of resources to assist you in dealing with these problems.

DEPARTMENT OF COMMUNITY SERVICES COUNSELING CENTER offers a sliding fee scale to determine cost to see a counselor or psychiatrist, if you have no insurance to cover these expenses.

FREE OR LOW COST MEDICATIONS

Many companies offer a program that will provide free or low cost medications to individuals. It is usually called the "Patient Assistance Program"(PAP). A counselor, psychiatrist, case manager, etc. can access these programs for you. They are based on your family income. The steps usually are:

1. Find out what pharmaceutical (PAP) company makes the medication.
2. Call them and ask if they have a PAP program.
3. Ask what steps are necessary to participate.
4. Have counselor, psychiatrist, case manager, etc. called and request sign up form.
5. Complete form and return it to the pharmaceutical company.

Social Security Disability Insurance: a teenager who has worked in the past, but is now disabled may collect Disability benefits. Contact the Social Security administration at **1-800-772-1213** for more information.

Supplemental Security Income (SSI): SSI is monthly payments to disabled people including children who have little or no income or resources. Children who are eligible for SSI do not need to have ever held a job, and in fact may be able to work part time and still receive benefits. Parent's income and resources are counted as available to their child until the child is age 18. Again, contact the SSA at **1-800-772-1213** for further information.

Medicare/Medicaid: These are health insurance programs for disabled people. An eligibility requirement for Medicare often depends on eligibility for Social Security benefits. For more information, contact the SSA at **1-800-772-1213**. Children with disabilities may be eligible for Medicaid if their parents are poor or if their medical care is extremely expensive and their families meet certain financial guidelines. You can also contact the

Cattaraugus County Department of Social Services at **373-8065** for additional information on the process of applying for Medicaid.

Housing Assistance: If your family is low income, your child may be eligible for housing assistance payments through the US Department of Housing and Urban Development (HUD). Contact the Department of Social Services (DSS) for more information at **373-8065**.

Catholic Charities offers assistance to families and individuals who are in need of food, assistance with rent or utilities, and other issues on a case-by-case basis. For more information call **372-1010**.

St. Vincent DePaul Society may assist with emergency rent, eviction notices or short-term shelter, utility bills, medications, clothing, and furniture, call **373-0815**.

Community Blue offers a program called Child Health Plus, call **1-800-887-8130** for more information.

Department of Social Services offers Food Stamps, HEAP, childcare, plus programs if you qualify. Call **373-8065**.

Tax Benefits: Many medical and dental benefits are deductible from your income if you itemize your taxes.

GETTING HELP FROM THE SCHOOL SYSTEM

There are three laws that guarantee children with disabilities a free, appropriate public education and prevent discrimination based on disability:

- ❖ The Individuals with Disabilities Education Act (IDEA)
- ❖ Section 504 of the Rehabilitation Act
- ❖ Americans with Disabilities Act (ADA)

The school system is required to provide your child with the education or related services needed for their disability. Where do you start?

The first step is learning to be an effective advocate for your child. The process of getting the educational services your child needs can be complicated. Keeping careful records may take a little time to learn, but it will pay. Start keeping a loose-leaf binder with information about meetings, school records, letters from other professionals working with your child, progress notes, medical records from psychiatrists, records of medications, letters sent home from teachers regarding your child's behavior, report cards, telephone logs, correspondence with the schools, and other information about your child. Having this information handy in one place will make it much easier to navigate the special educational system.

You can also take advantage of advocates available in the community, or attend advocacy training. There are several agencies that can link you with these advocates or with an agency that offers this training. This will help you learn more specific techniques for working with school officials to get your child what he/she needs to do well in school. For more information about advocates or advocacy training, call the Mental Health Association at **372-0208**. Also the following agencies may be able to assist you:

- ❖ Directions in Independent Living, Inc.—must be an individual with a disability to receive services. Call **373-4026** for assistance.
- ❖ Mental Health Association. Call **372-0208** for assistance.

- ❖ Cattaraugus County Rehabilitation Center- must have a mental retardation diagnosis. Call **375-4761** for assistance.

THE PROCESS

Referral—Asking for help for your child’s problem

The first step in the process of getting special educational services is the referral. This is a formal request that your child be evaluated for special education services. You should write this letter yourself, but first **talk to the teacher** about your concerns regarding your child. Your child’s teacher will want to know your concerns, and you may work out ways to help your child while the special education process is being started. Then, you can **call the Special Education Office** in your district to find out to whom this letter should be sent. It is also a good idea to **send a copy of the letter to the principal and teacher** so that they are kept aware of what is going on.

If your child is **under school age** the following agencies may be able to assist you:

- ❖ Cattaraugus Health Department for **children 0-2 years of age**
- ❖ Cattaraugus County Youth Bureau for **children 3-5 years of age**

Early Intervention

Many of you might have preschool children who have behavior problems or whose emotions you worry about. Children with disabilities first become eligible for a public education, including early intervention services, at birth.

Intervention services may include:

- ❖ Family counseling and home visits
- ❖ Education
- ❖ Psychological services
- ❖ Early identifications, screening and assessment services
- ❖ Health services

Contact your local school district or Children’s Learning Center at 375-4740 for more information about your child’s particular needs.

Call again in a few days to be sure this referral was received. School personnel preparatory to the meeting will test your child. When the referral is processed, you will be notified in writing of the date, time and place for the meeting. The notice will include information about your rights in the process.

“When I was trying to get special Ed services for my daughter, I was told by the CSE chair that the squeaky wheel gets the grease. I can’t believe how it has been up to me to stay on top of my daughter’s program by calling, calling back, and coordinating calls and meetings between schools, professionals, and myself.”

Get a copy of the booklet A Parent’s Guide to Special Education for Children Ages 3-21, which is put out by the State Education Department to describe the special education process, programs and services. Your school district is required to give you a copy of this book when you refer your child to the Committee on Special Education (CSE). Copies are available through the Office of Special Education Services or the SETRC offices of the Olean Boces Center.

At this stage you will work with the **Committee on Special Education (CSE)/ Committee on Preschool Special Education (CPSE)**. This is a team that coordinates your child’s evaluation, recommends programs and services, and oversees the implementation or startup of special education services for each school district. The required members are:

- ❖ You—as the child’s parent
- ❖ Your child’s regular education teacher
- ❖ Your child’s special education teacher
- ❖ Representative of the school district who is qualified to provide, administer or supervise special education (usually the person who is the CSE/CPSE chair)
- ❖ A school psychologist
- ❖ The school physician, if requested
- ❖ The parent of a child with a disability receiving services in the district
- ❖ Other individuals appointed by the Board of Education who have an interest in your child’s education
- ❖ Any other person you choose to invite such as an advocate, family member or good friend.

You are the most valuable member of your child’s CSE/CPSE—you are the expert on your child.

Share your documentations with the CSE/CPSE. The CSE/CPSE will decide if further testing is needed based on any testing that has been done. It will then recommend an evaluation of your child as the next step.

Your Rights

The full process from referral to the implementation of an educational program must be completed within 60 school days from the CSE/CPSE receipt of your consent to evaluate your child. School days include teacher conference and staff development days, when the children do not attend school. In the summer, school days are Monday through Friday, except for July 4th.

2. Evaluation-Testing to find out what kinds of help your child needs

The evaluation is a comprehensive assessment of your child’s skills and abilities in education and elsewhere. Different school personnel perform various types of tests.

The evaluation must include at least:

- ❖ A physical examination
- ❖ A psychological examination
- ❖ A social history (history of the child and the family)
- ❖ Classroom observations
- ❖ Educational testing (sometimes part of the psychological)
- ❖ Any other evaluations necessary to determine your child’s educational needs

The evaluation can include:

- ❖ A vocational evaluation
- ❖ Therapeutic evaluations (such as counseling, speech, and/or occupational therapy)

At this point you should be very closely involved in the process. You can work with the CSE/CPSE to decide what kind of evaluation is appropriate. You might be able to provide information from other agencies or your own experience that the CSE/CPSE does not have. You might have to contact the head of your CSE/CPSE regularly to ensure that they have the information from you that will help your child. The CSE/CPSE must then decide what other kinds of information to get in the evaluation.

Your Rights

The CSE/CPSE must have your permission before beginning any testing on your child. They will send you a letter outlining:

- ❖ Why your child is being evaluated
- ❖ What kinds of tests they wish to perform and why
- ❖ What your rights are in the process
- ❖ To whom you must address any questions or concerns

If you feel that the evaluation is not complete or if you disagree with the results, you have the right to request an independent evaluation at the school district's expense. An independent evaluation is like a "second opinion" about your child's need for special education services.

The first step in getting an independent evaluation is to talk with the CSE/CPSE chair about your concerns—you may be able to get it resolved at this point. If you are still not satisfied, you can request information from the school district about getting an independent evaluation. They will give you're the names and phone numbers of places that can conduct an evaluation. This independent evaluation will be paid for by the school district unless the district asks for an impartial hearing to show that the district evaluation is appropriate.

You also have the right to provide information for the evaluation, to receive information on the specific areas of educational need, to have your child's confidential records protected, to give or withhold consent for any testing, to request an informal conference regarding the initial evaluation and to have an independent evaluation if you disagree with the results of the conference. The full process from referral to the implementation of an educational program must be completed within 60 school days from the CSE/CPSE receipt of your consent to evaluate your child.

3. Recommendation—What type of special education services your child needs?

After an evaluation has been completed, the Committee on Special Education will meet to decide whether or not to recommend special education services. As a member of the CSE/CPSE, you should attend this meeting, along with your child if appropriate. At this meeting, you and members of the CSE/CPSE will look at the evaluation materials and study them. Again, your input at this meeting is very important. You should bring with you any other information you have on your child that might help the CSE/CPSE make its decision.

To prepare for this meeting, get copies of the evaluation reports ahead of time and study them. You can contact the people who completed the evaluations if you have any questions about the materials. You might also want to make notes of your comments about the evaluation materials, as well as any other important points you want to bring up at the meeting.

The CSE/CPSE will try to answer the following questions about your child:

- ❖ What are the child's special learning needs?
- ❖ Does the child qualify for special education? Why or why not?
- ❖ What is the primary disability?
- ❖ What special services programs is recommended for this child?

Classifications

There are several types of disabilities used for classifying children with special education needs. The thing to remember about these classifications are that **in order to receive any of these classifications, the child's problems must be shown to interfere with his/her school performance. The classifications most often seen in children with emotional or behavioral problems are:**

- ❖ **Emotionally Disturbed:** Students who are unable to learn in school, with this inability to learn not being attributable to or explained by intelligence, sensory or health factors. Such students may be unable to build satisfactory relationships, may be generally unhappy, or may have inappropriate behaviors or feelings, and a tendency to develop physical symptoms or fears associated with school or personal problems.
- ❖ **Learning Disabled:** These students have a disorder that causes them to have problems understanding or using language or arithmetic that is not due to emotional, mental, cultural, or environmental reasons. Such students usually have normal ability but are not achieving in an academic such as reading, writing, or math due to this ability.
- ❖ **Autistic:** This is a syndrome defined by difficulty in responding to people, events and objects. Responses to light, sound and feeling may be exaggerated and speech and languages are often delayed.
- ❖ **Other Health Impaired:** Some districts may use this label for children who have certain types of behavior disorders or emotional problems such as Attention Deficit/Hyperactivity Disorder and Tourette's syndrome.

It is possible at this stage for the Committee on Special Education/Committee on Preschool Special Education to decide that your child is not eligible for special education services. It may decide that:

- ❖ Your child's disability is not severe enough to need special education services
- ❖ Not enough information is available to make a decision
- ❖ Your child disability is not severe enough to need special education but requires special attention. In this case, you can ask the CSE/CPSE to make adaptations to the regular school program using your legal rights under Section 504 of the Rehabilitation Act. Accommodations under Section 504 are guaranteed to students with disabilities if they are needed in order for the student to learn.
- ❖ Your child does not have a disability but has behavior or learning difficulties that require special attention. In this case, you can ask the CSE/CPSE to make recommendations to your child's building principle for educationally related support services. Many schools have student support teams or pupil service teams that will develop plans to assist your child in school.

If you disagree with the Committee's findings, contact the CSE/CPSE chairperson to discuss your concerns. If you cannot reach an agreement, you may request an impartial hearing. If you are involved in the process, however, the recommendation of the CSE/CPSE should not be a surprise and minor disagreements can usually be resolved.

IEP—Individualized Education Program

The committee will produce a document called the Individualized Educational Program (IEP) that will list:

- ❖ The area(s) of the child's disability (see above list)
- ❖ Your child's strengths and needs, both in school and out, in the areas of academic, social, physical and management (in school)
- ❖ Your child's current level of educational performance, in a section called "Present Level of Performance": Be sure that your child's problems are described in specific terms in this section. It is difficult to show a child has improved his/her performance when the problem is worded vaguely. If the CSE/CPSE uses a description such as "Jane is easily distracted", ask them to use more specific terms like "Jane leaves her seat 4 times an hour". With these specific goals your child's accomplishments or continued problems will be more easily seen.
- ❖ The goals your child is expected to reach the next year, which are taken from the results of the evaluation and present on the "Present Level of Performance" section of the IEP. The goals should enable the student to be involved in or make progress in the regular education course work.

- ❖ The short-term instructional objectives—specific goals that your child will reach in order to attain the annual goals.
- ❖ Ways to determine if your child has reached these goals, as apart of the Evaluation Procedures section.
- ❖ The types of special education programs and supplementary aids and services your child is to receive
- ❖ Whether your child will receive any regular education services
- ❖ Any other types of services your child will receive, such as counseling or speech therapy, to help to manage behavior, assistance in the classroom or to the teacher, and/or modifications in work.
- ❖ Any modifications in how your child takes test and examinations.
- ❖ The date services will begin, how often they will be provided, where they will be provided, and how long they will last.
- ❖ **A transition plan, which helps your child move from school to adult life**, is required when your child turns 14. At age 14, the plan will focus on school instruction. At age 15, the transition plan will include services necessary in the areas of instruction, community experiences, employment and other adult life needs, and if appropriate, daily living skills
- ❖ Statement of how you will be informed of your child’s progress on the goals. This must occur at least as often as reports go home to other parents (such as report cards).
- ❖ A place where each person at the meeting can sign his/her name to show attendance.

There is a continuum of services that may be recommended in the IEP:

Regular Education

Classes are made available to students with disabilities when appropriate.

Support Services

Includes counseling and vocational services as well as teacher consultation for students moving from special education to regular educational services and programs.

Related Services

Provide instruction or assistance in special skills that are not directly related to academic areas, such as speech and language therapy, physical therapy, counseling, etc.

Consultant Teacher Services

Are services provided to a student or another teacher by a special education teacher that allow the student to remain in a full-time regular education program?

Resource Room Instruction

This is the supplementation of a regular or special educational program by separate instruction by a special education teacher. This is usually done in a separate room but can be done in the classroom if no other instruction is going on. A resource room group can have no more than five students.

Special Class Instruction

Students are taught in a separate class with specified teacher-student ratios based on the needs of the students in that classroom. The needs of the children must be similar. Teacher student ratios can be:

- ❖ 15 students to one teacher (15-1)

- ❖ 12 students to one teacher and a teacher's aide (12-1-1)
- ❖ 8 students to one teacher and a teacher's aide (8-1-1)
- ❖ 6 students to one teacher and a teacher's aide (6-1-1)

Trying to figure out what services your child needs can be one of the most difficult parts of the special education process. Sometimes schools will recommend services based on what is convenient for them instead of offering the services that will meet your child's needs. You don't have to agree with any recommendations that you feel will not meet your child's needs.

Determining exactly what your child needs can be very difficult.

The right kind of evaluation can help you and the CSE/CPSE decide what would best help your child. You can also provide input as to what classroom situations have been best in the past.

We kept my son in a private school for years: we didn't want him to be in special education. When we moved and made the change. I realized that there were many things about the private school classes that really helped my son. His problems were mainly social, and the school he was in emphasized cooperation in learning. The classrooms actually helped my son get better because they required students to work together for grades. They also controlled student's behavior toward one another, and emphasized respect. I knew that I could bring that up to the CSE in hopes that they could somehow integrate these methods into his special education placements.

The special education laws guarantee that your child will be educated in the **“least restrictive environment”(LRE)**. LRE means that your child has the right to receive services in a regular classroom like any other students. Your child can only be removed from the regular classroom when the severity of the disability is so great that any type of changes to your child's program or support for him in his regular classroom will still not allow him to achieve his educational goals.

You should discuss the least restrictive environment for your child with the CSE/CPSE.

For some, LRE means your child might stay in the regular classroom with special support such as:

- ❖ Team teaching—a special education teacher teaches with a regular teacher.
- ❖ Behavior interventions plan to help your child behave using positive methods.
- ❖ An aide to help the child pay attention, behave or do work.
- ❖ Help from a teacher or counselor in a crisis.
- ❖ Services in a special education classroom for short periods of time.

When the IEP is completed, you must consent to it before services begin only if your child has not received special education services before from the school district. If your child is already receiving special education services, the new IEP can begin unless you disagree by requesting an impartial hearing in writing before the changes begin.

You do not have to sign the IEP at the CSE/CPSE meeting.

You might find it useful to take the IEP home and study it before giving your consent. Before you consent to any problem for your child, you can also investigate the recommended programs yourself. You can:

- ❖ Call the school where your child's program will take place and arrange a visit for you and your child. Some people find it helpful to take a friend with you on this visit.
- ❖ Talk with your child and describe how his/her educational program will be different, and answer his/her questions as best as you can.
- ❖ Check into transportation arrangements.

WHAT TO LOOK FOR IN A DAY TREATMENT PROGRAM

If your child will be going to a day treatment center or residential facility, you can visit beforehand and look into the following (from Finding help, Finding Hope: A Guidebook to School Services for Families with a Child who has Emotional, Behavioral, or Mental Disorders. W. Anderson, Federation of Families for Children's Mental Health, 1994): Services are currently provided outside of Cattaraugus County.

Physical Environment

- ❖ Is the school a place where children look and seem happy and ready to learn?
- ❖ Are the buildings and grounds well kept?
- ❖ Does the overall place seem hazard-free?
- ❖ If residential, is the facility near community resources so that students and visitors can go to the grocery store, post office, bank, transportation, shopping mall, etc?

Daily Activities

- ❖ Is the schedule generally the same each day?
- ❖ Will my child have access to educational, vocational and recreational activities with children her own age who do not have disabilities?
- ❖ Is the group of children with whom my child will live and learn compatible?
- ❖ Is the staffing pattern adequate to meet my child's educational and physical needs?
- ❖ If residential, does the facility cooperate with the school system to provide school, vocational, and recreational programs including opportunities to learn with children who do not have emotional, behavioral or mental disorders?
- ❖ What are the written policies and procedures for handling children when they act out or are in crisis?

Therapeutic Program

- ❖ What types of therapy are available for my child?
- ❖ Are therapeutic services and support groups available for my family?
- ❖ How are medications handles?
- ❖ How does the staff work? For example, how often will my child see a therapist?
- ❖ What are the qualifications for the therapists and other staff?
- ❖ How often can parents visit the program? Are appointments required?

Overall Considerations

- ❖ If a special program or facility, what is the average length of stay for a child?
- ❖ How are decisions made about the child's moving to a less restrictive environment?
- ❖ Do children here work toward diplomas and graduation from high school?
- ❖ Is transportation available for parents?

For more information about residential facilities, you may call the Mental Health Association at **372-0208**.

Your Rights

At this stage your rights include being notified about the CSE/CPSE meeting at least 5 school days before the meeting takes place, being able to participate fully in the CSE/CPSE meeting and the development of the recommendation, being able to bring to the meeting anyone you would like. After you receive the notice of the CSE/CPSE recommendation, you will receive a copy of the IEP and information about your due process rights.

Once the recommendation is made, the education program must be in place within 60 school days from your consent to your child's evaluation (for the first CSE/CPSE referral) of the Committee's recommendation.

Implementation-putting the services into place

Implementation is the change in educational program that is made based on the CSE/CPSE recommendations.

It must be in place within 60 school days from your consent to your child's evaluation (for the first CSE/CPSE referral) or 60 school days from the referral back to the CSE/CPSE.

The actual outcomes possible are discussed above. In addition, at any time parents may want to ask the following questions to the CSE/CPSE (from A Parent's Guide to Special Education for Children Ages 5-21):

- ❖ Does my child need alternative testing techniques to be able to truly exhibit knowledge and demonstrate skills?
- ❖ When will my child be taking the Preliminary Competency Tests, Regents Competency Tests or Regents examinations?
- ❖ If my child fails the Regents Competency Tests, when will the tests be given again? How can my child prepare for the next test? What type of remediation will be provided?
- ❖ Is my child receiving credit in special or regular classes?
- ❖ How many credits are needed for a diploma?
- ❖ Will my child need to stay in school beyond the age of 18 to receive a diploma?

Annual/Triennial Review-Checking the effectiveness of the program

Once the educational program is in place, it must be reviewed by the CSE/CPSE at least once a year. This meeting should include the:

- ❖ Student's special education teacher
- ❖ Student's regular education teacher
- ❖ Psychologist, if a new psychological evaluation or consideration
- ❖ Parent
- ❖ Student, if appropriate or discussing transition
- ❖ CSE/CPSE administrator

At this time, the CSE/CPSE will review the educational program to determine if it is meeting your child's educational needs. At your request, the CSE/CPSE can hold this meeting prior to one year after your child's entrance into the program.

This is another good chance to use your note-keeping skills on your child's progress. At this meeting, you can present any information in support of whatever you feel is best for your child. If you have specific suggestions or recommendations, be sure to bring them up.

It may be possible the CSE/CPSE will decide that this program has met your child's needs and that there is no longer a disability that affects educational performance, and therefore your child no longer needs special education.

As with any other decision of the CSE/CPSE, if you disagree you may discuss it with the CSE/CPSE and initiate an impartial hearing to appeal the decision.

Disagreements, Solving Problem and Due Process

There are many avenues built into the system for resolving disagreements between the parents and the CSE/CPSE. Even when you have a very cooperative relationship with the CSE/CPSE, disagreements may occur. The best way to begin to resolve disagreements is to contact the people who work with your child. Using a problem solving approach will help you get the best results.

There are 5 steps you can use to solve problems. Many parents find it helpful to write out these steps before talking with school professionals. (Adapted from Finding Help, Finding Hope: A Guidebook to School Services for Families With a Child who has Emotional, Behavioral, or Mental Disorders. W. Anderson, Federation of Families for Children's Mental Health, 1994).

- ❖ Clarify: Look at all the facts and express the feelings associated with the problem.
- ❖ Define: Make a clear, short statement about the situation.
- ❖ Search: Think of as many ways as you can to work on the problem and reach solution.
- ❖ Select: From among all the ideas you have come up with, choose the one you believe will work.
- ❖ Plan and Do: Decide upon actions that are specific, can be carried out in the short term and are rewarding so that you feel a sense of accomplishment.

If you do not get the results you want by following this process with the people who work closely with your child, don't waste time—go up the ladder to people with more authority. The CSE/CPSE chairperson has a big say in your child's program. This person has attended the meetings about your child and is familiar with your child, as well as able to advocate for changes in the educational program.

If this does not work, there are also several points where you can request an impartial hearing. If you are dissatisfied with the outcomes of meetings with the CSE/CPSE Chair, tell the chairperson you would like to start the hearing process. You can also contact the following offices for more information on how to use your due process rights:

- ❖ Olean SETRC
- ❖ Olean Boces
- ❖ Allegany Boces

Finally, specific information about due process rights can be found in the publication A Parent's Guide to Special Education for Children Ages 5-21 Published by the New York state Education Department and available through your local school district. Keep in mind that with each notice you receive from the CSE/CPSE you should receive a copy of your due process rights.

Transition-Aging Out

One of the most difficult times for many parents is the transition of their child with emotional or behavioral problems to the adult world. The school system can provide many services to assist with transition planning.

Some services provided are within the realm of:

- ❖ Occupational education and planning
- ❖ Rehabilitation services

- ❖ Employment assistance
- ❖ Planning for post-secondary education

Districts might also be able to help transition students with counseling needs into the adult mental health service system. Planning for transition should begin before the high school years, begin your involvement early, and make sure the CSE/CPSE keeps transition planning in focus throughout your child's years of special education. For more information regarding transition services, call the Mental Health Association at **372-0208** or Directions in Independent Living, Inc. at **373-4602**.

CSE/CPSE PROCESS CHECKLIST

A) REFERRAL

1. Referral initiated by school staff member or parent
2. CSE/CPSE Chairperson receives referral
3. CSE/CPSE Chairperson notifies parent immediately upon receipt of referral
 - ❖ Description of proposed evaluation
 - ❖ Records/reports available
 - ❖ Opportunity to participate in meetings
 - ❖ Right to have a physician at the CSE/CPSE
 - ❖ Right to submit evaluative information
 - ❖ Right to an independent evaluation
 - ❖ Due process rights
 - ❖ Request consent to evaluate

WITHDRAWAL OF REFERRAL

- ❖ Building administrator may request meeting to discuss
- ❖ Parent and building administrator agree in writing to withdraw referral—describe alternative program to be provided
- ❖ Copy of agreement to CSE/CPSE chairperson, staff member who initiated referral, parent, student where appropriate OR
- ❖ Parent and referring person agree in writing
- ❖ CSE/CPSE designee involvement
- ❖ Copy of agreement to cumulative record file

B) EVALUATION

1. Parent gives written consent for evaluation
2. Parent gathers information about child to present to CSE/CPSE
3. CSE/CPSE
 - ❖ Arranges for evaluation/assessment
 - ❖ Gathers additional information
 Parent may request independent evaluation

C) RECOMMENDATION (IEP)

1. Parent receives notice of CSE/CPSE meeting 5 school days before meeting
2. CSE/CPSE holds meeting, reviews and summarizes information
3. CSE/CPSE considers options available including regular education resources

*If CSE/CPSE determines student **ineligible** for special education:*

1. Copy of Recommendation/appropriate evaluation information to a building administrator
2. Building Administrator determines appropriateness of educationally related support services (ERSS)
3. If pupil had been receiving special educational services, identify declassification support services and other services, if appropriate, including when they will start
4. CSE/CPSE provides notice to parent and BOE
 - ❖ Recommendation
 - ❖ Tests/reports/other factors relevant to decision or action
 - ❖ Due Process rights

*If CSE/CPSE determines student is **eligible** for special education:*

CSE/CPSE, parent, student (where appropriate), student's teacher, and agency or school representative, if any, develop the IEP

- ❖ Levels of performance—four new areas (academic, social, physical, management)
- ❖ Classification (e.g. emotionally disturbed)
- ❖ Annual goals
- ❖ Short-term objectives and evaluation criteria
- ❖ Placement
- ❖ Recommendation for programs and services
- ❖ Participation in regular education
- ❖ Projected start date of services or 12 month program/provider
- ❖ Date of review
- ❖ Specialized equipment
- ❖ Testing modification
- ❖ Plan for notifying parent of IEP process
- ❖ Transition plan, if child over 14

Parents do not need to sign the IEP at this meeting LRE is determined

ARRANGE FOR ENTRANCE INTO RECOMMENDED SETTING

- ❖ BOE notifies parents of its decision
- ❖ Due process rights
- ❖ Parents may visit recommended placements
- ❖ Parents give written consent to placement for pupil first entering special education services

THE ABOVE STEPS MUST BE COMPLETED WITHIN 60 SCHOOL DAYS FROM RECEIPT OF INITIAL CONSENT TO EVALUATE OR FROM REFERRAL BACK TO CSE/CPSE (IF ALREADY RECEIVING SPECIAL EDUCATION SERVICES).

E) IN-PROGRAM PLANNING

- ❖ Parent-teacher conferences
- ❖ Regular education teacher conferences (if applicable)
- ❖ Informal evaluations
- ❖ Other conferences as needed

F) REVIEW OF IEP—ANNUAL AND TRIENNIAL

CSE/CPSE provides notice to parent of annual review—parent may request review sooner

- ❖ Purpose of meeting/date/time/persons expected to attend
- ❖ Physician's attendance
- ❖ Due process rights

The CSE/CPSE committee, parents, and student, (whenever appropriate), review and revise IEP.

SPECIAL EDUCATION ACRONYMS, TERMINOLOGY, AND TESTS COMMONLY FOUND ON IEP'S

CLASSIFICATIONS:

| | |
|------|--|
| ADD | ATTENTION DEFICIT DISORDER |
| ADHD | ATTENTION DEFICIT HYPERACTIVITY DISORDER |
| AUT | AUTISTIC |
| CPSE | COMMITTEE ON PRESCHOOL SPECIAL EDUCATION |
| CSE | COMMITTEE ON SPECIAL EDUCATION |
| CTS | CONSULTANT TEACHER SERVICES |
| DD | DEVELOPMENTALLY DELAYED |
| ED | EMOTIONALLY DISTURBED |

| | |
|------|--|
| H/H | HARD OF HEARING |
| IEP | INDIVIDUALIZED EDUCATION PROGRAM |
| ILP | INTENSIVE LANGUAGE PROGRAM |
| LD | LEARNING DISABLED |
| MH | MULTIPLY HANDICAPPED |
| MR | MENTALLY RETARDED |
| NH | NON-HANDICAPPED |
| OI | ORTHOPEDICALLY IMPAIRED |
| PH | PHYSICALLY HANDICAPPED |
| RR | RESOURCE ROOM |
| SCLP | SELF-CONTAINED LEARNING PROBLEMS CLASS |
| SI | SPEECH IMPAIRED |
| VI | VISUALLY IMPAIRED |

MAXIMUM CLASS SIZES:

| | |
|-------------|---|
| 15:1 | 15 STUDENTS: 1 TEACHER |
| 12:1:1 | 12 STUDENTS: 1 TEACHER: 1 AIDE |
| 8:1 | 8 STUDENTS: 1 TEACHER |
| 6:1 | 6 STUDENTS: 1 TEACHER |
| 12:1:4 | 12 STUDENTS: 1 TEACHER: 4 TEACHER AIDES |

TESTING ACRONYMS:

| | |
|-----|--|
| IQ | INTELLIGENCE QUOTIENT (average 90-110 approx.) |
| V | VERBAL (portion of IQ) |
| P | PERFORMANCE (portion of IQ) |
| TC | TEST COMPLETE |
| FS | FULL SCALE |
| MPC | MENTAL PROCESSING COMPOSITE |
| SS | STANDARD SCORE (average is 90-110) |
| CA | CHRONOLOGICAL AGE |
| AE | AGE EQUIVALENT |
| GE | GRADE EQUIVALENT |

RELATED SERVICES

| | |
|-----|--------------------------------|
| OT | OCCUPATIONAL THERAPY |
| PT | PHYSICAL THERAPY |
| SP | SPEECH THERAPY |
| SS | SUMMER SCHOOL |
| SW | SOCIAL WORKER SERVICES |
| ICM | INTENSIVE CASE MANAGER |
| SCM | SUPPORTIVE CASE MANAGER |
| RTC | RESIDENTIAL TREATMENT CENTER |
| RTF | RESIDENTIAL TREATMENT FACILITY |
| CR | COMMUNITY RESIDENCE/GROUP HOME |

| | |
|------|--|
| LRE | LEAST RESTRICTIVE ENVIRONMENT |
| MHA | MENTAL HEALTH ASSOCIATION |
| OMH | OFFICE OF MENTAL HEALTH |
| BOE | BOARD OF EDUCATION |
| ERSS | EDUCATIONALLY RELATED SUPPORT SERVICES |
| SPOA | SINGLE POINT OF ACCOUNTABILITY |
| HCBS | HOME AND COMMUNITY BASED SERVICES WAVIER |

TESTS USED BY CLASSROOM TEACHERS

| | |
|----------|--|
| SAT | STANDARD ACHIEVEMENT TEST (GRADE EQUIVALENT) |
| MAT | METROPOLITAN ACHIEVEMENT TEST (Perc. Stanine, NCE's) |
| KEY MATH | (GRADE EQUIVALENT) |

TESTS USED BY PSYCHOLOGISTS:

| | |
|------------|--|
| AAMD | AMERICAN ASSOCIATION OF MENTAL DEFICIENCY (Adapt.Behav.Sc.) |
| ACTERS | ATTENTION DEFICIT DISORDER SCALE |
| BES | BEHAVIOR EVALUATION SCALE |
| BVMGT | BENDER-GESTALT (tests visual motor integration) |
| CBC | ACHENBACH CHILD BEHAVIOR CHECKLIST (par. & teach. forms) |
| DAP | DRAW-A-PERSON |
| DARD | DURELL ANALYSIS OF READING DIFFICULTY |
| ITPA | ILLINOIS TEST OF PSYCHOLINGUISTIC ABILITY |
| K-ABC | KAUFFMAN-ASSESSMENT BATTERY FOR CHILDREN (IQ) |
| PIAT-R | PEABODY INDIVIDUAL ACHIEVEMENT TEST-REVISED |
| PIC | PERSONALITY INVENTORY FOR CHILDREN |
| PPVT-R | PEABODY PICTURE VOCABULARY TEST (Age Equivalent, Standard Score, Percentile) |
| SBFE, SBIV | STANFORD BINET FOURTH EDITION (IQ) |
| SCALES | (STANDARD SCORE, AGE EQUIVALENT) |
| VMI | VISUAL MOTOR INTEGRATION (Age Equivalent) |
| WAIS-R | WECHSLER ADULT INTELLIGENCE SCALE-REVISED (IQ) |
| WISC-R | WECHSLER INTELLIGENCE SCALE FOR CHILDREN-REVISED (IQ) (Will soon be WISC-III) |
| WPPSI-R | WECHSLER PRESCHOOL & PRIMARY INTELLIGENCE SCALE |
| WJ-R | WOODCOCK-JOHNSON-REVISED (grade equivalent, standard score, Percentile) |
| WRMT | WOODCOCK READING MASTERY TEST (standard score, grade equivalent) |

TESTS USED BY SPEECH THERAPISTS

| | |
|-----------------|--|
| AAPS | ARIZONA ARTICULATION PROFICIENCY SCALE |
| CELF-R | CLINICAL EVALUATION OF LANGUAGE FUNDAMENTALS-REVISED (Test receptive, expressive, and total language) |
| GOLDMAN-FRISTOE | (ARTICULATION) |
| LPT | LANGUAGE PROCESSING TEST (AGE EQUIVALENT) |
| PLS | PRESCHOOL LANGUAGE SCALE (AGE EQUIVALENT) |
| RILEY | (STUTTERING) |
| TAPS | TEST OF AUDITORY PERCEPTUAL SKILLS |
| TEMPLIN-DARLEY | (ARTICULATION) |

| | |
|------------------|--|
| TLC language) | TEST OF LANGUAGE COMPETENCE (tests expressive, receptive, & total) |
| TOAL | TEST OF ADOLESCENT LANGUAGE DEVELOPMENT |
| TOLD | TEST OF LANGUAGE DEVELOPMENT |
| TOW | TEST OF WORD FINDING |

NAVIGATING THE SYSTEM GUIDELINES

From The Research and training Center on Family Support and Children’s Mental Health, Portland State University, Portland, OR 97207.

Information

A. About the Problems your Child is having

1. What is the problem as you see it? As others see it?
2. What is the diagnosis or name given to your child’s disorder? What does it mean?
3. What treatment and/or educational programs are appropriate for your child?
4. What is the prognosis or prediction for the future?

B. About Your Rights and Those of Your Child Under the Law

1. Individuals with Disabilities Education Act (IDEA, formally PL 94-142)
2. Section 504 of the Rehabilitation Act of 1973.
3. The Americans with Disabilities Act.
4. The laws pertaining to Special Education in your state.

C. About the Characteristics of a Comprehensive System of Care

1. Principles of Care
2. Components of a Comprehensive System (what should be)
3. The law pertaining to special education in your state.

MAKE A PLAN

- A. Set your goals (short term and long term)
- B. Examine alternative options.
- C. Choose the most feasible solution.
- D. Develop a strategy to set your plan in action.

TAKE ACTION

- A. Be involved in developing your child’s IEP and/or treatment plans.
- B. Get involved with the organizations/agencies serving your child.
- C. Join a parent support/advocacy group.
- D. Advocate for appropriate services.

Make sure you are an active participant in developing a Treatment Plan for your child.

If your child is being released from a residential facility the local school system should be involved in your child's discharge planning meetings, to ensure they will be able to meet his/her individual educational needs. This way will be helpful if the school personnel have any questions regarding your child's needs.

ADVICE FROM OTHER PARENTS

A Handbook for Parents Whose Children Have Emotional Handicaps by Katherine A. Keller

Parents who have coped with their own feelings have strong advice for other parents who are just beginning the process:

1. Refuse to feel guilty.
2. Be realistic about what you can do and cannot do.
3. Get some support.

Taking Action

Once you have faced the problem squarely, you are ready to take action. Experienced parents who have been successful in helping their children suggest doing the following things:

1. Be specific about the problem.
 - ❖ How long your child has had problems
 - ❖ How severe the unusual behaviors are
 - ❖ How often the child behaves inappropriately
 - ❖ What specific behaviors are troublesome
2. Know what you are talking about.
3. Keep talking to people
4. Research the problem on your own
5. Consider what you are told in relation to what you have observed
6. Think it through
7. Find the right specialists
8. Check out the professionals
9. Trust your instincts
10. Put your child first

Parents can make a difference in the mental health system. When you are ready to reach out, there are other parents who will join you in efforts to inform the public and influence political and social decision makers. As an informed parent, you can take control of your own situation and do a great deal to assist your child and others in receiving appropriate treatment, education and support.

TERMINOLOGY IN USE FOR MANAGED CARE

As Managed Care arrives with more and more force in New York State, parents will need to speak the language of government-financed managed care plans. Here are some terms of importance:

Access-Getting services easily enough so the person is encouraged to do so rather than give up and go away.

Administrative service organization (or management of services organization)-A group hired by a Special Needs Plan to perform administrative, record keeping, case tracking tasks.

Admission certification-Approval of a person's inpatient admission because of medical necessity. Some plans will not pay if this step is not followed. Sometimes a maximum length-of-stay is specified. Sometimes the certification is done before the admission (pre-admission) and sometimes shortly after (concurrent).

Ambulatory care facility-An outpatient facility.

Appropriateness-Whether a person's need and the service offered match. Ingredients include service quality and the range of treatment options, informed consent, cultural competence of services and staff and conformity to standards of care. (See "medical necessity")

Average length of stay-The average duration of an episode of treatment.

Behavioral healthcare-Treatment for mental illness, substance abuse or both.

Benchmark-A point of comparison to see how one effort stacks up to others.

Benefit package-What services a plan offers.

Capitation-The dollar amount that government pays per person covered to the plan provider whether or not the person uses services in any period.

Carve Out-Separate administration and funding for specific services. For example, Special Needs Plans carve out mental health services for people with serious mental illnesses from general health care.

Case management-Coordination of an individual's care to get the best results for the most reasonable expenditure.

Denial of care-A decision by a plan that service requested is either inappropriate or not medically necessary, and therefore the plan will not pay.

Designated mental health provider-A person or organization the plan has hired to provide services.

Disease state management-A strategy that coordinates services and expectations of outcomes around the natural course of a specific illness, factoring in a person's age and history.

Encounter-One visit or other transaction between a person and a plan provider.

Episode of care-All treatment provided for a specific condition over a continuous and specified period of time. Can be used to analyze cost of service, quality and patterns of use.

Explanation of benefits-Written formal listing of services provided and how much a person's plan will pay for them.

Gatekeeping-Use of a primary care clinician, case manager or other person (nurse, physician, social worker, for example) designated by the plan to be the first point of contact for a person who needs services. The gatekeeper's job is to make sure the person is referred only to appropriate and cost effective services. Without the gatekeeper's approval the person cannot get access to specialty services.

Health maintenance organization-A healthcare organization, which operates in a specific geographic area and offers comprehensive treatment and supplemental services to people who are enrolled. It is one type of managed care.

Local government unit (LGU)-The Mental Hygiene Law terminology for counties and the City of New York. Special Needs Plan legislation provides counties with a leading role in Special Needs Plan development and contracting.

Managed care-Various strategies that a specific service is medically appropriate, necessary to meet the person's health needs, consistent with the person's diagnosis, the most cost-effective option and consistent with clinical standards of care.

Medical necessary-The finding that a specific service is medically appropriate, necessary to meet the person's health needs, consistent with the person's diagnosis, the most cost-effective option and consistent with clinical standards of care.

Member month-The managed care premium paid to the managed care organization per member per month.

National Commission for Quality Assurance (NCQA)-The organization that develops standards for certification and licensing of managed care organizations. Roughly paralleled to JCAHO (Joint Commission on Accreditation of Healthcare Organizations) for hospitals.

Network-A collection of providers assembled by a health maintenance organization or Special Needs Plan to offer some or all required services. The providers share responsibility for the network's smooth operation and financial performance.

Non-participating provider-A provider who has not signed on with a health plan. A plan can refer you for unique services offered by such a provider, and under those circumstances it will pay the costs.

Open enrollment period-the time, often once a year, when people can change plans.

Outcomes-Results of a treatment or service.

Partial capitation-Partial coverage, excluding acute inpatient services, contrasted to full or comprehensive coverage. The fee paid by the government to a plan for providing selected services. If someone needs additional services, the government would pay a fee for each service.

Participating provider-One who has signed on with a health plan to provide care for a fee they have agreed on per individual enrolled.

Peer review-A study of how a clinician has provided services. It is conducted by people with comparable education and training.

Performance indicators-Specifics, including service results, to be measured to determine quality of services.

Practice guidelines-Systematic "how-to's" of sound professional practice intended to act as signposts for use in treating a specific condition.

Pre-admission certification-Approval in advance by the insurer for hospitalization.

Pre-existing conditions-A medical condition that someone had before joining the insurance plan. Certain insurance plans exclude coverage. The New York State Special Needs Plans for people with mental illnesses will not exclude individuals with pre-existing conditions.

Prior authorization-Advance approval from your plan to go ahead and obtain a service.

Professional review organization-A group established by clinicians to review services for quality and appropriateness.

Profit corridor-Special Needs Plans will agree by contract to the percentage of money that a managed care plan can use for administration and profit, and for service expenditures with a formula for spending any surplus.

Risk-Managed care companies assume responsibility for care in exchange for receiving a fixed premium. If cost for individuals-or all enrollees-exceed this sum, the managed care provider will cover the losses. Managed care companies are protected from extraordinary losses by mandatory reserve funds, reinsurance and stop loss. Managed care companies may share losses and profit with providers in their networks.

Special Needs Plans-A managed care plan providing mental health care for people with severe mental illness, who will continue to receive health care through general managed care. (A separate Special Needs Plan will provide comprehensive care for people with HIV)

Stakeholders-People with a specific interest in seeing that a plan runs right. For example, recipients of service, family members, service providers, state and local offices of mental health.

Stop loss-A guarantee by the government that if a provider has an unanticipated number of huge claims from an individual, government will bear the cost beyond a point identified in advance.

Utilization review-A look at what services have been used so that costs can be reduced and effectiveness increased.

Waiting period-A specific period of time before insurance goes into effect or before coverage for a “pre-existing condition” begins.

Wrap-around coverage-Services arranged around what a person needs.

There is a lot of information available on the internet regarding diagnoses, treatments, medications, etc., but be careful that you go to a reputable site and can trust the information given at that site. Another source of information available to you is your local library.

GLOSSARY/PROGRAM AND AGENCY’S ACRONYMS

Acting Out: Destructive or self-destructive, angry behavior which presumably comes from inner feelings.

Advocacy: Speaking or acting on behalf of another individual or group to bring about change.

Affect: An emotion, feeling or mood.

Autism: A developmental disability appearing in early childhood.

Behavioral Disorder: See page 6.

Bipolar Disorder (Manic Depression): a mood disorder where there are manic episodes of excitement, hyperactivity, distractibility, and euphoria alternating with depressive episodes of lowered mood, slowed thinking and movement, and general loss of interest.

Borderline Personality Disorder: Problem with relationships, behavior, mood and self-image; impulsive and unpredictable behavior that may be self-destructive.

Catchment Area: A geographic area for which a mental health facility has responsibility.

Coping Mechanisms: Ways of adjusting to stress without altering one's goals or purposes.

Decompensation: Worsening of symptoms of mental illness.

Depression: Feelings of sadness, despair, and hopelessness.

Early intervention: School and other services provided to children under the age of 5 who have emotional, behavioral or mental disorders.

Emotional Disorder: See page 6.

Family Support: A movement within the field of children's mental health to provide nontraditional services to the families of children with emotional problems, including support groups, advocacy, advocacy training and information.

FAST: Family and School Together Program

FSS: Family Support Services

Hypomania: Feeling of extreme happiness: occur between normal sense of well-being and mania.

Individualized Educational Program (IEP): See page 36.

JD: Juvenile Delinquent

Least Restrictive Environment (LRE): Placement of a student with disabilities in a setting that allows maximum contact with students who do not have disabilities, while appropriately meeting the student's special education needs.

Mania: Extreme restlessness, high energy, sleeplessness, and excessively rapid speech/thoughts.

PEP: Parent Education Program

PINS: Person In Need of Supervision

Placement: The setting in which a child with disabilities is educated or resides.

Post-Traumatic Stress Disorder: A disorder characterized by the recurrence of a particularly traumatic event (e.g. rape) in the mind of the person who experienced it; depression and anxiety are typical.

Psychiatrist: A medical doctor with advanced training who specializes in the diagnosis and treatment of emotional, behavioral and mental disorders.

Psychological Evaluation: The portion of a child's evaluation that tests his or her general aptitudes and abilities, social skills, emotional development, and thinking skills.

Psychologist: A professional, not a medical doctor, with advanced training in the study of the mind and human behavior.

Psychosis: A severe mental disorder that interferes with a person's ability to think, feels, communicate and behave appropriately.

Schizophrenia: A group of brain disorders that cause serious disturbances in communications, thoughts, emotions and behaviors.

Social Worker: a professional, who may provide services to the family, including: arranging or attending parent-student conferences, providing family counseling, family education, information and referral, and other tasks.

Transition: The process of moving from one situation to another, frequently used to mean moving from school to work and the community.

ADDITIONAL INFORMATION

WNY Children's Psychiatric Center
1010 East and West Road
West Seneca, NY 14224

674-9730, Ext. 4532

Support groups are available for the parents, grandparents, foster parents, and friends of children with emotional and/or behavioral problems. Attendees are invited to join us at any or all of the support group meetings. Support Groups are held three times each month, one at Western New York Children's Psychiatric Center and two at the Buffalo Outpatient Clinic, where information is shared and education and advocacy are offered. We encourage and assist families to attend conferences and educational workshops and to network with each other reinforcing the understanding that their knowledge and experience is valuable to the parent just starting down this very long road. Telephone and in-home support is also available. On site respite care is provided at support group meetings.

Parent Network of NY, Inc.

250 Delaware Avenue
Buffalo, NY 14202
853-1570

Provides a monthly support group for families of children with Attention Deficit Disorder. Meetings are held the last Friday of each month at 5:00pm. Also provides information, referral, and networking for parents and families with children of all disabilities and all ages as well as the Parent-to-Parent Program, which offers one on one emotional support for parents over the telephone by a trained support parent who has a child with the same or similar disability.

Federation of Families for Children's Mental Health

1021 Prince Street
Alexandria, Virginia 22314
(703) 684-7710

National family support and advocacy group for children with emotional or behavioral disorders.

Families Together in New York State

P.O. Box 8630
Albany, NY 12208
1-888-326-8644
Or (518) 274-4042

The State Chapter of the Federation of Families for Children's Mental Health. Provides information, education, support and advocacy to families of children with special emotional, social and behavioral needs. Links families and family support services across the state to establish a unified voice for families.

NYS Office of Mental Health Customer Relations

1-800-597-8481

The Office on Mental Health's Customer Relations department receives approximately 500 telephone calls each month. Most are from people looking for information, but some callers are looking for help with a specific situation, while others are calling with a complaint.

Customer Relations is staffed Monday through Friday from 9:00am until 4:00pm, and is supplemented by an answering machine which is available 24 hours a day, 7 days a week. The answering machine will also pick up if the operators are busy with other callers. Customer Service staff will contact individuals who leave a message before the end of the next business day.

**Conners Children's Center
Child & Family Services**

824 Delaware Avenue
Buffalo, New York 14209
(716)-842-2750

Child and Family Services at Conner's Children's Center offers a variety of services for children and families, such as individual and family counseling, residential and in-home treatment for emotionally disturbed children, help for individuals and families with special needs, and so much more.

Baker Victory Services
100 Martin Road
Lackawanna, New York
716-828-9500

Baker Victory Services, the human service organization which continues Father baker's legacy of caring, provides educational, outpatient and residential programs for young people, ages birth through 22, with emotional behavioral, and/or psychological challenges. Specialized staff at 18 different locations throughout Lackawanna and South Buffalo provides these services. For more information, call 716-828-9500, or visit the agency's website at www.bakervictoryservices.org

TELEPHONE DIRECTORY OF SERVICES

MENTAL HEALTH EMERGENCY SERVICES

| | |
|---|------------------------------------|
| OGH Psychiatric Crisis Hotline | 1-800-339-5209 |
| Sheriff's Department | 938-9191 |
| Cattaraugus County Dept. of Community Services (Olean) (Salamanca) | 373-8040 945-5211 |
| Crisis Services Inc, Springville | 592-3131 |

OTHER EMERGENCY SERVICES

| | |
|------------------------------|-----------------------|
| Child Abuse and Maltreatment | 1-800-342-3720 |
| American Red Cross | 372- 5800 |

HOSPITALS

| | |
|---|--|
| Olean General Hospital Mental Health Unit | 375-7324 800-339-5209 |
| Olean General Hospital Emergency Room | 375-6275 |
| WCA Hospital Child & Adolescent Psych. Unit | 487-0141 |
| St. James Hospital Child & Adolescent Psych. Unit | 607-324-8000 |
| Tri-County Hospital | 532-3377 |
| WNY Children's Psychiatric Center | 674-9730 |

If you have a complaint about Mental Health Services you may call:

| | |
|---|-----------------------|
| NYS Office of Mental Health Customer Relations | 1-800-597-8481 |
| Catt. County Dept. of Community Services | 373-8040 |
| NYS Department of Mental Health | 885-4219 |
| NYS Commission on Quality of Care Consumer Complaints | 1-800-624-4143 |

CHILDRENS COUNSELING SERVICES

| | | |
|--|-----------|-----------------|
| Catt. County Dept. of Community Services | Olean | 373-8040 |
| | Salamanca | 945-5211 |
| | Machias | 353-4075 |

Springville Spectrum Human Services **592-9301**

EDUCATIONAL SERVICES

Olean Community Schools Placement Prevention Program **375-4436**

Parent Education Program **372-8620**

Catt.County Project Head Start **373-2447**

Cattaraugus Allegany BOCES Special Education **376-8200**

| | | |
|---------------------------|-------------|----------------------|
| BOCES Behavior Specialist | (Olean) | 375-8061-4118 |
| | (Pioneer) | 492-9461 |
| | (Salamanca) | 945-2405-525 |

Vocational Educational Services for Individuals
With Disabilities (VESID) **373-7989**

Families and Schools Together (FAST) **945-1041**

Children's Learning Center **375-4740**

Global Village Programs **358-3636**

Randolph Academy **358-6866**

LEGAL / ADVOCACY

Family Court **373-8035**

Probation/PINS **373-8047**

SUNY at Buffalo Legal Assistance Program **645-2167**

Southern Tier Legal Services **373-4701**

Directions in Independent Living **373-4602**

Child and Family Services

| | |
|---|---|
| Mental Health Association in Cattaraugus County | 372-0208 |
| Catt. County Department of Children and Family Services | 373-8070 |
| Catholic Charities | (Olean) 373-0101 (Salamanca) 945- 0619 |
| Children and Youth Compeer | 372-0208 |
| Community Action, FAST/Hoyt/ACT Programs | 945-1041 |
| Seneca Nation of Indians Health Services | 945-5894 |
| Global Village Programs | 358-3636 |
| Rehabilitation Center (HCBC Wavier Program) | 375-4740 (ext151) |
| Catt. Co. Youth Services Early Intervention | 945-5392 |
| Project Head Start | 373-2447 |

FAMILY SUPPORT

| | |
|---|-----------------------|
| Mental Health Association in Cattaraugus County - (Parents Who Care, Support Group and Advocacy) | 372-0208 |
| Center for Family Unity | 945-6401 |
| Families Together in NYS | 1-888-326-8644 |
| Federation of Families for Children's Mental Health | 703-684-7710 |
| Healthy Families Cattaraugus | 372-5987 |

RESIDENTIAL PROGRAMS

| | |
|--|-----------------|
| Cattaraugus County Child & Family Services | 373-8070 |
| NYS Office of Mental Health | 885-4219 |
| Connors Children's Center | 884-3802 |
| Baker Victory Services | 828-9500 |
| Randolph Children's Home | 358-3636 |

DRUG AND ALCHOL ABUSE INFORMATION

| | |
|---|-----------------|
| Council on Alcoholism & Substance Abuse | 373-4303 |
| Renaissance House Services | 821-0391 |
| Alcoholics Anonymous | 372-4800 |

RESPIRE

(Respite Services are currently limited to children enrolled in programs)

| | |
|--|-----------------|
| Cattaraugus County Dept. of Community Services | 373-8040 |
| Rehabilitation Center | 375-4761 |
| Global Village Programs | 358-3636 |
| Mental Health Association/Camp New Horizons | 372-0208 |

RUNAWAYS / SHELTERS

| | |
|---|--|
| National Runaway Hotline | 800-231-6946 800-621-4000 |
| Salvation Army | 372-6740 |
| Genesis House | 373-3354 |
| Cattaraugus County Youth Bureau (Runaway Youth) | 945-5392 |
| Cattaraugus Community Action | 945-3970 |
| Haven House, Jamestown | 1-800-724-0461 |

RECORD KEEPING
Hospitalization * Admission * In-Patient

Date _____ **Hospital/Clinic** _____ **Doctor** _____ **Social Worker(s)** _____
Admission

_____ **Address** _____ **Phone Number** _____

Medications: _____

Comments: _____

Referrals: _____

Diagnosis: _____

Consents for Release signed for: _____

Date _____ **Hospital/Clinic** _____ **Doctor** _____ **Social Worker(s)** _____
Admission

_____ **Address** _____ **Phone Number** _____

Medications: _____

Comments: _____

Referrals: _____

Diagnosis: _____

Consents for Release signed for: _____

OUTPATIENT

Date _____ **Psychologist/Psychiatrist** _____ **Address** _____

Phone Number _____ **Counselor(s)** _____ **Intensive/Supportive Case Manager** _____

Medication: _____

Comments: _____

Referrals made to: _____

Next appointment: _____ **Time:** _____ **With:** _____

Date _____ **Psychologist/Psychiatrist** _____ **Address** _____

Phone Number _____ **Counselor(s)** _____ **Intensive/Supportive Case Manager** _____

Medication: _____

Comments: _____

Referrals made to: _____

Next appointment: _____ **Time:** _____ **With:** _____

SCHOOL RECORDS

Name of school: _____ Name of Program: _____

Teacher(s): _____ Aide: _____

Date of CSE meeting: _____ Outcome: _____

Comments: _____

Special Services: _____

Dates Attended: _____ Counselor _____

Your child's classification: _____ Follow-up meeting: _____

Present at CSE meeting: _____

Name of school: _____ Name of Program: _____

Teacher(s): _____ Aide: _____

Date of CSE meeting: _____ Outcome: _____

Comments: _____

Special Services: _____

Dates Attended: _____ **Counselor** _____

Your child's classification: _____ **Follow-up meeting:** _____

Present at CSE meeting: _____

****Refer to your child's IEP**
