

Mental Health and Substance Abuse Treatment Services Stakeholder Questions

Attendance:

- Davey Hough (The Learning Center)
<http://learningcenterwy.org/>
- Chris Moll (director Hirschfield Center for Children)
<http://tetonyouthandfamilyservices.org/>
- Deb Sprague (Jackson Hole Community Counseling Center)
<http://www.jhccc.org/Home.php>

Teton County Philosophy:

- *Human Services Planning Council (12 agencies that meet once a month) mandated by the city and county about 20 years ago due to infighting among human service agencies.*
- *Then along came Systems of Care; good at talking about it and could do better acting it out.*
- *Community foundation grant somewhere along the way too.*
- *Get the community working better together before targeting specifics like children's mental health.*
- *Meet once a month for three hours; commitment:*
 - *Mapping,*
 - *Planning,*
 - *Fish bowls among the agencies that is very much around a wrap around philosophy.*
 - *Core values,*
 - *Rules of the road = consensus based.*
 - *Get past personalities.*
 - *Critical conversations.*
- *Went from grant funding, to city and county funding, fund an administrator to do a few things like update the website.*
- *Self sustaining, organizations pay dues = Teton County Systems of Care.*
- *Whenever an issue comes up, it just spins off and becomes a sub group.*
- *Child protection teams are another sub group.*
- *DFS Manager is an integral part of the team too...there are so many good things happening.*

- *Get a lot more done if we work together.*
- *Work hard together to be visible...“this is the invisible community” because of things like the Tetons.*
 - *37 million dollar arts center paid off and still trying to pay off a 3.5 million dollar mental health center.*
- *Their work is very calculated and strategic.*
- *Direct liaison with the school principals; members are appointed from the group to act in that role.*
- *Members say “what can I do” not “what can’t I do....”*
- *Can’t let limitations become walls.*
- *Have to have relationships in place to avoid barriers.*

Access to Services:

1. What mental health treatment services are available in this area?

a. EX: If someone was suicidal, where would they go to get help?

Deb Sprague is the gate keeper for the entire county; Monday through Friday people can walk in the door, nights and weekends call, see folks at the ER. Strong protocol with law enforcement, CA, Saint John’s medical center. Safe rooms in the ER, lock rooms in the ER. School District has a policy for intervention if a student is suicidal. Arrive within 30 minutes on sight. Mental health continuum of care is missing; acute care but lacking day treatment except through C Bar V. Red Top for adolescents. Van Vleck does a great job but receives no pay for those day services.

2. What substance abuse treatment services are available in this area?

a. EX: If someone feels like they are drinking too much, where would they go to get help?

AA is strong and has routine meetings. Kern Sealy has intensive outpatient, no inpatient treatment. NA struggles. APEX Counseling will be starting as intensive outpatient.

3. How does a client typically learn there is an opportunity to receive services in this area?

The networking in this area is incredible; there is no wrong door. Clients can present at any person. Systems of care is not an “it.” Adams Canyon is the crisis center; single point of entry and central intake is already doing this; we are doing risk assessments why do we need to do the PACT. We do a lot of front end prevention. Home was a disaster; used family supports, help them get a loan to get a new trailer; environmental hazard.

4. Are there any systemic barriers encountered by clients who receive services in this area?

New education administrators so we are really working with them. If we could get one thing accomplish: "let's keep kids closer to home." If they do leave, let us keep it a short time. We fought for 6 months to get a kid back.

5. Do clients experience any delays in accessing services?

a. *If so, are support or maintenance services available during those delays?*

Prioritize kids; week or so...3-4 applications per week for all services. Immediate intake if someone calls; tomorrow at three. Always walk in anytime; to get in the specific program right away. Due to shrinking dollars they are going empower clients to work on things their own in between services. Children and families are epizootic as they go through developmental stages.

Quality of Services Including Recovery Support:

1. What sort of community based services does this area recognize and use?¹

While SAGE initiatives come and go, wrap around and systems of care philosophy has been practiced in Teton County for more than 20 years in some form or another. It began initially because there were "infighting" between agencies and the city and county directed the various organizations to start communicating. This goes to show that there must initially be some involvement and buy in by the governing body initially in any community or at least worked in this area.

2. Are there any early intervention services or supports available in this area?

Yes, when a kid acts out, this group tends to look at it as a family issue, not just a kid issue. Not everyone needs therapy, medication and a diagnosis. When it comes to children and families, the less we become medical oriented and the more we become more environmental issue oriented and family support, education driven looking at other interventions. It is not just about labeling.

3. Does this community encourage and support clients to succeed?

"We have an understanding community. People want to be helpful, not punitive."

4. Do clients experience any form of discrimination or stigma in this community?

Try hard to get families engaged and accepted; strong community collaboration. The client base has become more main stream. Lot of people in parenting classes; it is clear that the human service organization try hard to reduce any form of stigma. Many professionals in the community are also receiving services which helps professional acceptance in the community.

5. Are clients able to access services for as long as necessary?

For as long as they need; it was difficult for the interviewer to get a strong commitment such as some locations that allow clients to come back for life at no cost.

¹ This could be interpreted as wraparound services; parenting classes etc.

Coordination of Services:

- 1. In this area, are services coordinated or adapted so that the client can remain near home, family members and/or children with the least restrictions?**

This group adheres to a philosophy that children should remain in the community and that if they have to leave, they need to come home as soon as possible. This group is trying to coordinate appointments for the family and children so that they are not so spread out and be more consolidated.

- 2. Beyond just a simply referral, do all agencies coordinate and collaborate well?**

Very. And that is there whole philosophy for about 20 years now. While mandated many, many years ago by the city and county, the philosophy has caught on and is self sustaining. It appears that one of the factors that sustain this is the fact that human service agencies are competing with the arts and incredible beauty of the area; they seem to be more successful and sustainable collaborating than they would be individually.

- 3. Do coordination meetings involve the client when appropriate?**

This is always a difficult question when it comes to what level of involvement is appropriate for someone who is receiving mental health and or substance abuse treatment services and may be in denial over the need for services. But it appears, that with the systems of care philosophy the

- 4. Do coordination meetings involve support members of the client?**

During the course of this interview, there was mention of using “natural support structures” and an example was given where a family who was living in an environmental hazard was “wrapped” around by the organizations and “natural support structures” was successful as opposed to moving the children for neglect.

- 5. Is there productive coordination between state programs and private providers with free flowing information as appropriate?**

There appears to be; there is good structure, communication and collaboration and it appears that private providers indeed have a very important seat at the collaborative table.

Other:

- It appears to be ok that family treatment court went away and that possible the coordinator was not as committed to it as may have been necessary. SAGE and family treatment court were in some competition.*
- With regards to the CJSB initiative, it appears that the \$50,000.00 may be used for transition with Chris Moll’s program.*
- Everyone has an equal share voice in the SAGE, Systems of Care approach. This is what works better than the Multi Disciplinary Team Meeting (MDT). Voice in choice is one of the most powerful and profound concept of SAGE.*

- *SAGE allowed a girl to remain in the group home and be successful for three years. There were no foster homes in the area and the child did not want to leave the community. SAGE allowed mother and child to also become close.*
- *SAGE paid for the two girls to be housed in the group home; one of the kids DFS said they were not paying for anymore. One girl was 12 when she started and DFS gave up after she reached the age of 15.*
- *DFS could practice family partnership and SAGE principals to a greater extent than they do; DFS tends to be more punitive even in CPS cases and through the MDT process.*
- *Hard for people to understand the concept of SAGE and who to refer into the program according to DFS worker. The DFS worker still did not have any idea how to refer people or get people to enter the SAGE program.*
- *Also, families would want the person that referred them to be the family care coordinator which of course was not necessarily possible.*
- *Middle school age kids were probably most appropriate for SAFE according to DFS.*
- *DFS CPS worker reports that caseloads have come down due to the SAGE program.*
- *DFS has no requirement to do X number of cases per month as family partnerships.*
- *8 year old child seemed somewhat intimidated by a group of adults*



**SYSTEMS & YOU
NETWORKING & COLLABORATING**