



The **PARK** Project
The Partnership for Kids

New & Views

from the PARK

VOL. 1, NO.1 • SPRING 2005

PARK Project is funded by a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA)

FROM THE PROJECT DIRECTOR

Building a System that Cares

According to the Children's Mental Health Services Administration (CMHS) of the Department of Health and Human Services, at least one in five American children and adolescents may have a behavioral, emotional, or mental health problem. At least 1 in 10, or as many as 6 million young people, may have a serious emotional disturbance that severely disrupts his or her ability to interact effectively at home, at school, and in the community. According to these statistics about 4,600 Bridgeport school children may have a serious mental health or behavioral issue that disrupts their education, home or community functioning.

To help these children and their families, a system of services and supports is needed to make sure they have the opportunities and resources for success. Building such a system that cares for children and families with mental health challenges is not an easy task. Several elements need to be in place including: (1) involved parents and youth who are not afraid to speak out and are not taken for granted; (2) innovative financing strategies that respond to family needs; (3) skilled and understanding workers and support providers who listen and offer unconditional respect to families; and (4) a mix of community based services and supports that can offer real help to people in need. Each of these elements takes time and commitment of caring people working together for a single purpose.

To build a system that cares in the City of Bridgeport, the federal government, through CMHS and

SAMHSA (the Substance Abuse and Mental Health Services Administration), has allocated funds to enhance existing services and supports. The Partnership for Kids, or the PARK Project, is a new way to help children and adolescents with behavioral and mental health challenges and their families get needed services so that they can remain in school and in their own community. It is a school-based System of Care because our staff members are located in the schools we target.

The PARK Project offers services and resources in collaboration with local agencies and the Bridgeport Board of Education in five Bridgeport Schools: Barnum/Barnum Annex, Paul Lawrence Dunbar, Luis Muñoz Marin, Bridgeport Learning Center at Sheridan and Harding High School.

The project's vision is that all Bridgeport's children will live in a safe, caring community that supports the development of positive mental health. Our mission to achieve this vision is to build a system of care in partnership with home, school and community so that children with behavioral and mental health challenges can achieve success. To do this, the PARK Project will enhance resources and services in the community and in the public schools for children with serious behavioral and emotional challenges and their families. The PARK project will work with community service providers and schools to develop a system of care that provides quality services and supports, puts children's needs first, listens to and responds to parents, and respects cultural differences.

continued on page 2

Building a System that Cares (continued)

The PARK Project will achieve its mission of making Bridgeport a place where children with behavior and emotional challenges can be successful in their homes, schools, work and communities by:

- (1) Building upon Connecticut Community KidCare* and creating a system of care in Bridgeport's public schools by adding care coordinators to the Student Assistance Teams in the five target schools (Barnum/Barnum Annex, Paul Lawrence Dunbar, Luis Munoz Marin, Bridgeport Learning Center at Sheridan, and Harding High School);
- (2) Providing training to staff in the targeted schools on how to provide positive behavioral interventions and supports (PBIS) for all children;
- (3) Creating a Federation of Families chapter in Bridgeport to inform and support parents in becoming effective advocates for their children;
- (4) Developing a youth leadership movement to give children and youth a voice in decision making that affects them;
- (5) Developing a social marketing plan that increases the community's understanding of children's mental health issues and ensures that the project continues beyond its federal funding; and
- (6) Using the information gained from the project's evaluation to make changes that will improve services and resources for Bridgeport's children.

We invite everyone who believes in the vision of the project to join us in building a system that cares. Improving the lives of children with behavioral and mental health challenges requires a community-wide effort. Every child deserves the resources he or she needs to be successful.

If you want more information about the PARK project, visit our website at www.theparkproject.org or call us at 203-337-4403.

Stanley N. Bernard
Project Director

* KidCare is a comprehensive statewide reform to the financing and delivery of behavioral health services to children and their families. For more information on Connecticut Community KidCare go to the Department of Children and Families website at <http://www.state.ct.us/DCF/>



The PARK Project
The Partnership for Kids

The Partnership for Kids (PARK) Project is a six-year project funded by SAMHSA (the Substance Abuse and Mental Health Services Administration) through a grant to the Department of Children and Families (DCF) to create a school-based system of care for children with behavior and emotional issues and their families. It is a collaboration between families, the State Department of Children and Families, Bridgeport Public Schools, and local service organizations serving children in Greater Bridgeport. Our fiduciary organization in Bridgeport is the United Way of Eastern Fairfield County.

The PARK Project's offices are located at 75 Washington Avenue, Bridgeport, CT 06604. You can visit us on the web at www.theparkproject.org. For more information about The PARK Project contact us at 203-337-4403 or by fax at 203-334-1577.

Karen Andersson, PhD
 Principal Investigator

Stanley N. Bernard, MPH
 Project Director

James Garland, MBA
 Operations Manager

Mildred Fewell
 Family Liaison

Violet Reyes, MS, MSW
 PBIS Coordinator

Ashley Collins
 Youth Coordinator

Florisca Carter
 Youth Advisor

[Families living with mental and behavioral health issues can visit the website of Families United for Children's Mental Health at <http://ctfamiliesunited.homestead.com/index.html> for helpful information and direction.]

Funded by:



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Substance Abuse and Mental Health Services Administration
 Center for Mental Health Services
www.samhsa.gov

Community Partners/Project Leadership Team Members:

- Department of Children and Families-State Funded Agency
- United Way of Eastern Fairfield County-Fiduciary Agency
- Bridgeport Parents, Youth and Family Members
- Bridgeport Board of Education
- Community Resource Collaborative
- Families United for Children's Mental Health
- Yale University Consultation Center
- Child Guidance Center of Greater Bridgeport
- Action for Bridgeport Community Development, Inc.
- School Based Health Clinics
- Progressive Training Associates, Inc.
- The Kennedy Center, Inc.



Don't touch me! What it's like to live with a mental illness...depression

The title of this article tells the story of my life, a life of depression. My life doesn't consist of crying and weeping, so don't let the movies fool you. I am not crazy. My life consists of mood swings and food. Being depressed is like being pregnant; you eat, you sleep, you laugh, you cry, you sweat, you get angry, and then you continue this process all day long.

Even though I have made fun of it above, the truth about depression is that it is no laughing matter. Adolescent depression is one of the leading causes of teen-age suicide: teens with a mental health problem or

addiction make up 90 percent of the successful suicides in the U.S. For 15- to 24-year olds like me, suicide is the third leading cause of death, behind unintentional injury and homicide. According to the Centers for Disease Control and Prevention, in 1999, more young people died from suicide than from cancer, heart disease, AIDS, birth defects, stroke, and chronic lung disease combined. In the past 10 years, even though the rates of high school students having serious ideas about committing suicide has gone down, rates for all attempts and for attempts that cause serious injury has increased. One thing that I had to struggle with many times with my own depression was if I would end up taking my own life. I was dealing with a lot of family problems and having arguments with my mother. My parent's separation was really beginning to bother me and my relationship with my older sister was going down fast. God only knows how many times I have thought to myself, "what would life be like if I was never born?" Then I figured out that nothing would change if I was gone. My parents would still not be together. The truth is that you don't come back from death and the people left behind don't come back for you.

It is hard to be a teen with depression. When a little thing like a "B" on a test makes you cry non-stop for six weeks, it isn't a great feeling. When I was



I thank God that when everyone gave up on me, there were people who wouldn't just say no.

depressed I couldn't concentrate and felt overwhelmed like everything was my fault. As my grades started falling, so did my mood and I became angry with myself. Having teen depression to me is like having a bad day all day everyday.

The time period between freshman and senior year was a disaster. In my freshman year, I once got into a fight in the lunchroom over a chair! I was suspended for the last days of school and was almost arrested for assault over someone sitting in a seat I had left my coat on! I thought I was getting somewhere when in reality I was just bringing myself further down.

I think that I have come far with my depression. Now that I am older I have more control over what I say and do. I thank God that when everyone gave up on me, there were people who wouldn't just say no. A social worker in the school-based health clinic was the first to show she cared. She was there for me whenever I felt low or needed someone to listen. She hooked me up with services and finally with my community's system of care. The people I work with now help and talk to me even when I don't want to talk. I like who I am now. I'm getting along much better with life because little things like getting bumped in the street doesn't get me angry any more. And when someone tells me to do something that will benefit me, it doesn't make me explode. I write this to let other teens like me know that being depressed can be a real problem but there are people who can really help you, you just have to be willing to let them in.

For more information on the PARK Project's Youth component, contact our Youth Coordinator, Ashley Collins or our Youth Advisor Florisca Carter at 203-337-4403 ext. 316.



Not Just the Usual Suspects: Truly Involving Parents in Systems of Care

One of the most unaddressed problems in the world of cultural competence with regard to systems of care is the issue of tokenism. The mantra of parents as partners is a good one that all systems of care should follow. Now, how we recruit parents to come to the table becomes the issue. The typical method of getting parents at the collaborative table is to “round up the usual suspects” to represent a cadre of people that are very different.

In fact, in Bridgeport, CT, as one would suspect is the case with most systems of care, the typical inter-agency collaborative team will have one or two parents that “act as the voice” of ALL parents (presumably everywhere). But do these parents speak for everyone? Many times parents can only speak for themselves and can share only their personal experiences. Although those experiences are similar to others they are not the same. To think that a handful (and that’s an exaggeration in most cases) of parents can represent all parents is a misguided notion. That is like saying that Justice Clarence Thomas or O.J. Simpson can speak for all African-American men because they are black men. It does not consider their backgrounds, heritage, education, economic status, or social upbringing.

These extreme cases are used to prove a point. Many parents and even para-professional care givers going to some of the system of care meetings must feel the burden of the worlds on their shoulders as they are asked to represent all parents given their own personal background.

No one wants to be the unofficial representative of a large segment of a society. Suppose you say the wrong thing? Suppose you accidentally let out a cultural secret? Suppose the listener misinterprets a word or an action? Then everyone else that comes after you is penalized for your mistake.

Systems of care must become more vigilant about recruiting family members from diverse backgrounds to sit at the table to create a true representative sample of those we are supposed to be partnering with. In



Bridgeport, we are making the effort to make parent and family involvement a priority in building our system of care. We are making the effort to not only recruit but to mentor and support family members so they are not intimidated by the professional staff at our meetings. For example, when family members are present we have agreed to keep the alphabet soup of acronyms to a minimum and to introduce our family background as well as our professional one.

The effort is slow but worthwhile. We must acknowledge that the usual suspects just can’t cut it any more. Having people at the table as tokens marginalizes their input and their presence. It also misuses a valuable resource as many of these parents end up exhausted from going to every meeting that needs parent representation.

We invite all parents with children that have a behavioral, emotional or mental health challenge to join our support groups. We have a day group that meets every second Friday of the month at 9:00 at the PARK Project offices at 75 Washington Avenue in Bridgeport, CT. Our evening group meets every second Tuesday evening at 6:00 here at the PARK Project. You can call Mildred Fewell at 203-337-4403 if you need more information on these groups or on how to join our leadership teams and committees.



Major Depression in Children and Adolescents

Major depression is one of the mental, emotional, and behavior disorders that can appear during childhood and adolescence. This type of depression affects a young person's behavior, thoughts, feelings, and body. Major depression in children and adolescents is serious; it is more than "the blues." Depression can lead to school failure, alcohol or other drug use, and even suicide.

What Are the Signs of Depression?

Young people with depression may have a hard time coping with everyday activities and responsibilities, have difficulty getting along with others, and suffer from low self-esteem. Signs of depression often include:

- sadness that won't go away;
- hopelessness;
- loss of interest in usual activities;
- changes in eating or sleeping habits;
- missed school or poor school performance;
- aches and pains that don't get better with treatment; and
- thoughts about death or suicide.

Some young children with depression may pretend to be sick, be overactive, cling to their parents and refuse to go to school, or worry that their parents may die. Older children and adolescents with depression may sulk, refuse to participate in family and social activities, get into trouble at school, use alcohol or other drugs, or stop paying attention to their appearance. They may also become negative, restless, grouchy, aggressive, or feel that no one understands them. Adolescents with major depression are likely to identify themselves as depressed before their parents suspect a problem. The same may be true for children.



Depression can lead to school failure, alcohol or other drug use, and even suicide.

How Common is Depression?

Recent studies show that, at any given time, as many as 1 in every 33 children may have depression. The rate of depression among adolescents is closer to that of depression in adults, and may be as high as one in eight.

Having a family history of depression, particularly a parent who had depression at an early age, increases the chances that a child or adolescent may develop depression. Once a young person has experienced major depression, he or she is at risk of developing another depression within the next 5 years. This young person is also at risk for other mental health problems.

What Help Is Available for a Young Person with Depression?

While several types of antidepressant medications can help treat adults with depression, more research is needed to determine whether antidepressants are useful in helping young people. Researchers also are concerned about potential severe side effects of these medications. Some success has been reported recently with a drug called fluoxetine (Prozac) that seems to have fewer side effects than other antidepressant medications. However, care must be used in prescribing and monitoring all medication.

Many health care providers use different types of psychotherapy to help children and adolescents with depression. A specific type of psychotherapy, cognitive-behavioral therapy, is particularly helpful in children and adolescents with depression.

A child or adolescent in need of treatment or services and his or her family may need a plan of care based on the severity and duration of symptoms. It is best when this plan is developed with the family, service

Major Depression (continued)

Some success has been reported recently with a drug called fluoxetine (Prozac) that seems to have fewer side effects than other antidepressant medications.

providers, and a care coordinator. Whenever possible, the child or adolescent is involved in decisions. Tying together all the various supports and services in a plan of care for a particular child and family is commonly referred to as a “system of care.” A system of care is designed to improve the child’s ability to function in all areas of life—at home, at school, and in the community.

What Can Parents Do?

If parents or other important adults in a child’s or teenager’s life suspect a problem with depression, they should:

- Make careful notes about the behaviors that concern them. Note how long the behaviors have been going on, how often they occur, and how severe they seem.
- Get an appointment with a mental health professional or the child’s doctor for evaluation and diagnosis.
- Get accurate information from libraries, hotlines, or other sources.
- Ask questions about treatments and services.
- Talk to other families in their community.
- Find family network organizations.

It is important for people who are not satisfied with the mental health care they are receiving to discuss their concerns with the provider, to ask for information, and/or to seek help from other sources.

This article is taken from one of a series of fact sheets on the mental, emotional, and behavior disorders that can appear in childhood or adolescence. These fact sheets are developed by the Center for Mental Health Services of the Department of Health and Human Services. Any questions or comments about its contents may be directed to the CMHS National Mental Health Services Knowledge Exchange Network (KEN). Information is available—for free publications, references, and referrals to local and national resources and organizations—call 1.800.789.2647; TTY 301.443.9006; or go to www.mentalhealth.org.

In this article, “Mental Health Problems” for children and adolescents refers to the range of all diagnosable emotional, behavioral, and mental disorders. They include depression, attention-deficit/hyperactivity disorder, and anxiety, conduct, and eating disorders, among others. Mental health problems affect one in every five young people at any given time.

“Serious Emotional Disturbances” for children and adolescents refers to the above disorders when they severely disrupt daily functioning in home, school, or community. Serious emotional disturbances affect 1 in every 10 young people at any given time.

UPCOMING EVENTS

Youth Leadership Group meetings began in January. The kick off meeting was held January 22, 2005 at Harding High School. Regular meetings will be held Mondays at Luis Muñoz Marin, Tuesdays at Harding High, Wednesdays Hilltop Academy at Central High, and Thursdays at the Bridgeport Learning Center. All meetings will be held immediately following dismissal at 2:30 p.m. For more information on Youth Leadership Groups call 203-337-4403 and ask for Florisca Carter (ext. 316) or Ashley Collins (ext. 346).

Family Support and Advocacy Groups sponsored by Families United for Children’s Mental Health and the PARK Project meet the third Friday of each month at 9:30 a.m. and the second Tuesday of each month at 6:00 p.m. The groups are for families of children with behavioral, emotional or mental health issues living in the Greater Bridgeport area. They are facilitated by parents and provide a safe place to share daily challenges and become better informed about resources, strategies, and available supports. To find out more about these groups call Mildred Fewell at 203-337-4403 ext. 336.

Children of Alcoholics: A Guide to Community Action is a free publication to help raise awareness of the effects of alcohol abuse and alcoholism on children and families in your community. Treatment providers, service organizations, and coalitions are encouraged to order this booklet and refer to it as you work with local print and broadcast media. Order this publication, view it online, or download a copy by visiting <http://ncadi.samhsa.gov/order.aspx?id=16745>.

May is Mental Health Month! The Federal government has designated May as mental health awareness month. On May 4, 2005 a National Mental Health Summit Day will be observed to kickoff events for May is Mental Health Month! activities. Contact the PARK Project at 203-337-4403 for activities planned for this area.

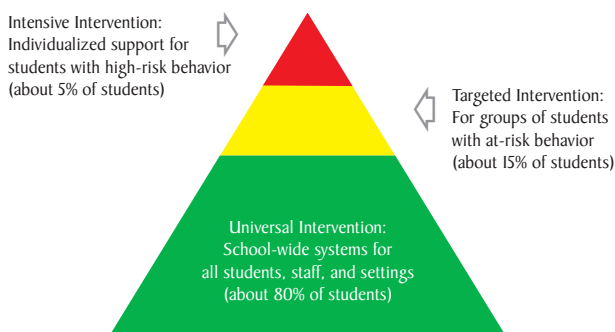


What is Positive Behavior Interventions and Supports (PBIS)?

Positive Behavior Interventions and Supports helps develop a school-wide foundation that supports staff to teach and promote positive behavior in all students. PBIS helps create and maintain a safe learning environment where teachers can teach and students can learn. Here are some highlights about PBIS:

- PBIS is proactive. It takes an approach that does not wait for challenging behavior to happen. PBIS helps schools and their staff to focus on preventing problem behavior by supporting and rewarding positive behaviors.
- PBIS uses data and information from research. It looks at successful strategies from schools across the country and shows local schools how to replicate that success.
- PBIS is based on the idea that behavior can be taught using the same teaching methods that are used to teach academic instruction.
- PBIS focuses on three levels of strategies that support positive behaviors in schools. The first level is the Universal Interventions or green level, which targets all students in every area of the school. The second level is the Targeted Interventions or yellow level, which focuses on ways to help groups of students who require more support because of specific risk factors. The third level is the Intensive Interventions or red level, which focuses on students with complex needs that are in need of services inside and outside of the school.

Prevention Model for Instructional and Positive Behavior Support



Teachers teaching positive behaviors and hallway conduct to students at Marin School

Update on PBIS in the Target Schools

Currently, there are 5 target schools in Bridgeport that are getting trained in how to use PBIS. The schools are Luis Muñoz Marin, Dunbar, Barnum/Barnum Annex, Harding High School and Bridgeport Learning Center. The target schools are working diligently on the initial stages of implementing PBIS for their students. Some of the PBIS teams have already developed an action plan based on their particular needs in order to establish school-wide expectations across all school settings. Some of these schools have initially focused on specific areas of the school which have exhibited concerning patterns of behavior. For example, at Marin School team members discovered that a high percentage of problem behavior occur in the cafeteria, hallways and the playground. As a result, they decided to focus their initial attention on these settings. School-wide expectations at Marin School stem from the “Golden Rules” which are: *Be Responsible, Be Respectful and Be Safe*. In addition, in order to positively reinforce expected behavior, Marin’s PBIS team decided to give out “merit” cards to all their students during the initial teaching of the “golden rules.” Merits can then be exchanged for items at the mobile school store which is managed by parent leaders.



Highlights of the PARK Project Evaluation

The Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration (SAMHSA) require that the PARK Project be evaluated to demonstrate if the services provided to children and families are effective and if families are satisfied with services. The PARK Project has contracted with The Consultation Center of Yale University to conduct the evaluation. The evaluation team consists of Dr. Kaufman, the lead evaluator, Marian Farrah, the Evaluation Coordinator, Marisol Rosa-Gonzalez, the Evaluation Assistant and a pool of part-time interviewers.

The evaluation includes an outcome study. Families are invited to participate in the outcome study where they are interviewed in their homes when they first begin receiving PARK services and then every 6-months for 3-years. These families are asked how they feel their child is doing and how satisfied they are with the services they are receiving. Families participating in the outcome study receive a \$40 gift certificate at the end of each interview.

Each of the services funded by PARK including Care Coordination, Family Advocacy, Mentoring, Therapeutic After-School, and Psychiatry provide the evaluation team with information about the number and types of services that they provide to families, how families benefit from their services and how satisfied families are with their services. This information is used to ensure that services provided to families are effective and meet the family's needs.

PBIS is also being evaluated. One of the goals of PBIS is to reduce the number of problem behaviors within the schools and one way to measure that is to look at the number and reasons that students are sent to the office. Information about office referrals during the 2003-2004 school year was reviewed to see how often students were sent to the office and the reasons they were sent. School staff is continuing to collect that information for this school year (2004-2005) as one way to determine if PBIS has been successful in reducing the number of school incidents and how severe the incidents are. In addition, in the Spring of 2003, students and staff completed a School Climate Scale that measured what they thought about their school including the environment, safety, relationships with teachers, relationships with students, and school leadership. This survey will be given again this Spring to see if PBIS helped to improve the conditions in the schools.

All of the information collected for the PARK Project Evaluation is fed back to the PARK Staff and the staff providing the services with the goal of using the information to continually improve services for children and families in Bridgeport. Future issues of this newsletter will include some of the findings from the evaluation. If you have any questions or would like more information about the PARK Project Evaluation, please call Joy Kaufman or Marian Farrah at 203-789-7645.



The **PARK** Project
The Partnership for Kids

75 Washington Avenue
Bridgeport, CT 06604
203-337-4403
www.theparkproject.org