

FEDERATION OF FAMILIES OF SOUTH CAROLINA SUPPORTMATTERS

Early Periodic Screening Diagnosis and Treatment (EPSDT)

Early- identifying problems early, starting at birth.

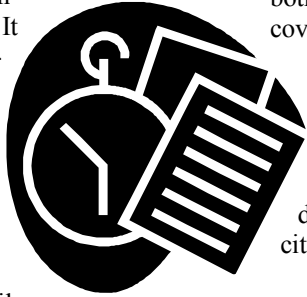
Periodic- checking children's health at periodic, age-appropriate intervals.

Screening- doing physical, mental, developmental, dental, hearing, vision and other screening tests to detect potential problems.

Diagnosis- performing diagnostic tests to follow up when a risk is identified.

Treatment- treating the problems found.

EPSDT is the child health component of Medicaid. It is a mandatory set of services and benefits for all individuals under age 21 who are enrolled in Medicaid.



Eligible Children

- Low-income children-children in families who meet the income eligibility may be covered under regular Medicaid or they may be covered under the State Children's Health Insurance Program, know as SCHIP.
- Children with disabilities- children

with disabilities who qualify for Supplemental Security Income (SSI) become eligible for Medicaid. Some children who qualify for Individuals with Disabilities Education Act are also eligible for Medicaid.

- Children with private coverage-states may not deny Medicaid coverage to children who also have employer coverage. When a child qualifies for both, Medicaid covers services not covered under an employer-based plan.
- Other children- Medicaid also covers: most children in foster care and others in the child welfare system, many homeless children, and legally resident non-citizen children.

Behavioral Health Screening Policies

Almost 21 percent of children and adolescents have a diagnosable mental disorder, and 11 percent have significant impairment. An estimated 70 percent of children with mental health conditions do not receive specialty mental health services.

Federal Medicaid laws and regulations recognize the need for early identification and treatment. The EPSDT mandates that children are to be screened for mental health conditions, including substance use disorders as part of the EPSDT assessments. The Medicaid screening consist of a health and developmental history, an unclothed physical exam, immunizations, laboratory tests, and health education. The purpose of these assessments is to diagnose health problems early before they worsen and the treatment becomes more costly.

This information from publications, "Using EPSDT To Promote Early Childhood Mental Health: An IDEA Kit", National TA Center for Children's Mental Health, Georgetown University Center for Child and Human Development, prepared by Johnson Group Consulting, Inc., 2003. Psychiatric Services, Brief Reports; Semansky, M.P.P.,Koyanagi, Vandivort-Warren, M.S.W., 2003.

For more information see page one "Eligibility for Medicaid and Supplemental Security Income(SSI)".

Eligibility for Medicaid and Supplemental Security Income (SSI)

There is much confusion about Medicaid and SSI eligibility. The following information should help explain who qualifies for the programs identified here.

Medicaid Program- Financial Eligibility: Medicaid is South Carolina's grant-in-aid program by which the Federal and State governments share the cost of providing medical care for needy persons who have low income. *Individuals must meet specific financial criteria in order to be eligible for Medicaid in South Carolina. Both income and resources are evaluated to determine eligibility.*

continued on page 2

Depression and Suicide in Children and Adolescents

There are few things more devastating to a family and a community than the suicide of a child or adolescent. Unfortunately, suicide happens all too frequently. An important first step in preventing child and adolescent suicide is recognizing the warning signs.

Suicide is the third leading cause of death of children ages 10-24 and the second major cause of death among college students. Suicide attempts reach a peak during the mid-adolescent years, and risk of death from suicide increases steadily through the teen years.

continued on page 4

Eligibility for Medicaid... continued from page 1

Medicaid Program- Katie Beckett

Children: When determining a child's eligibility for Medicaid, the parents income and assets are counted when determining financial eligibility. However, states have the option to make Medicaid benefits available to certain disabled children who would not ordinarily be eligible for SSI because their parents' income and assets exceed the limit. These children are generally called "Katie Beckett Children". In South Carolina this is an optional Medicaid program.

If a child is severely disabled and meets specific medical guidelines, the child's income and assets are counted and their parents are waived. A child with a "severe emotional disturbance" may qualify for Medicaid under the Katie Beckett option if they do not qualify for regular Medicaid. If the child is then eligible, Medicaid will pay for the same services it does for other children with Medicaid.

The following factors must be considered in determining the child's eligibility:



- *Must be 18 years of age or younger*
- *Must have been disabled for at least 1 year in accordance with SSI definition of disability*
- *In need of care that is generally provide in a hospital or nursing home environment (must meet institutional level of care)*
- *able to live at home if he or she can get the care needed; in some cases, a child may qualify for the Katie Beckett option even if he or she is in a residential facility*
- *parents' income and resources are not counted*

When applying for this program, school and medical records, verification of income for both the parents and child, and verification of the severity of the child's disability are considered.

Katie Beckett option payments are retroactive-Medicaid will pay covered expenses from the date of application if eligible. If the application is turned down, an appeals process is available. This process is often successful in overturning the denial.

Supplemental Security Income (SSI) SSI is a Federal program administered by the Social Security Administration. *The SSI program provides cash assistance to individuals who have limited income and resources and are either age 65 or older, or blind or disabled, including children. SSI is a "needs-based" program, sometimes called a "welfare" program.*

For more information on South Carolina Medicaid, online: www.dhhs.state.sc.us or to apply go to your county Medicaid location or Department of Health and Human Services office.

For additional information on SSI on the web: www.ssa.gov/notices/supplemental-security-income/

Or for a Benefits Eligibility Screening Tool to determine eligibility, <http://best.ssa.gov/> or phone 1-800-772-1213.

FOR YOUR INFORMATION...

Important dates and information from The Federation of Families of South Carolina.

Save the Date!

October 1, 2005

Dixie Jordan, national trainer and expert on IDEA, especially as it relates to children with emotional, behavioral and mental health disorders, will present the changes and the new Federal Regulations pertaining to the reauthorization of IDEA. Ms. Jordan will also discuss parental options under the No Child Left Behind Act in relation to children with special education needs.

This training will take place at W.S. Hall Institute, in Columbia on October 1, 2005 from 10:00am-4:00pm.

Parent Representation Needed!

Federal law requires that each state Department of Mental Health establish a State Planning Council to help plan and monitor community services for adults with serious mental illness and for children with serious emotional disorders. The South Carolina Department of Mental Health State Planning Council recommends annual goals for adult and children's mental health services for our state each year.

Family members of children under the age of 18 are currently under represented on the State Planning Council and Children's sub-committee. Cultural and geographic diversity are

needed as well. The State Planning Council meets approximately six times per year.

Family members contribute integrity to policy group work by providing reality-based, culturally relevant information from a perspective that no one else has. Yet, policy group leaders struggle to find family members who are willing and able to make such a commitment and sustain their involvement over time.

Call the Federation of Families to find out how you can help make a difference in the lives of children and families with severe mental health needs in South Carolina. In Columbia call, 779-0402, or toll-free at 1-866-779-0402.

Community Parent Groups

The Federation of Families of SC assists many parents of children with emotional, behavioral, or mental health disorders establish community parent groups. For others we provide information and technical assistance.

If you are the parent of a child or adolescent who is having emotional or behavior problems that have you concerned or if your child has been identified with a mental health disorder, join other families who will understand what you and your family are experiencing.

Attending a meeting with other families experiencing similar situations at home, in school and with agencies and professionals can be a comforting experience for parents who have felt they were the only parents having such an experience with their child.

If there is not a group listed in your community please call our office toll free at 1-866-779-0402. We may be able to connect you with other parents in your community. If you live in one of the areas below you may contact the group facilitators listed directly.

Anderson County

Anderson County Library
Room C
3rd Thur 7:00-9:00 pm
Lisa Fant (864) 261-9970
Jimmie Craigo (864) 338-0227

Beaufort County

Call for time and place
Loraine Tascoe-Bey (843) 322-5414

Beaufort County

Call for time and place
Rita Jaklitsch (843) 706-2395
Sharon Brown (843) 757-7107

Chester County

Call for time and place Katherine Caldwell (803) 581-7672

Fairfield County

Winnsboro
3rd Tuesday 11:00 – 1:00 pm
Shirley Green (803) 635-6086

Florence County

Florence/Darlington
Aroma Underground
Celebration Avenue
2nd Saturday 8:00-9:00 am
866-779-0402 for more info

Georgetown County

Georgetown/Andrews/Pawley's Island
Call for time and place
Betty Wright (843) 546-9714

Greenville County

Greenville
St. James Church
1st Friday 7:00 pm
Perkin's Restaurant
2nd Thursday 7:00 pm
Maria Atkinson (864) 884-7460

Greenville County – Greer

Greer/Greenville/Spartanburg
NAMI Greenville Office
2320 East North St Suite L
1st Thur 10-11 am (parents of 12-up)
2nd Wed 10:30-11:30 (parents of 5-12)
Kelly Troyer (864) 346-7446

Greenwood

Parents United
Greenwood Children's Center
113 Liner Dr.
Every Monday 5-6:30
Tara Cothran- 864-941-8196

Hampton County

Hampton
Call for time and place
Mary Morris (803) 943-9191

Kershaw County

Camden/Lugoff/Elgin
Wateree Baptist Church
4th Sunday 3:00-4:30 pm
Karen Sullivan (803-475-2545)
Work – (800) 203-8884 #9970

Lancaster County

Lynnwood United Methodist Church
3rd Sunday 3:00pm
Bridgett Reeves (803) 273-9133

Lexington County

Lexington/West Columbia
Three Rivers Hospital – Hwy.378
(private dining room)
1st Tuesday 7:00 – 8:00 pm
Crystal Bivens (803) 794-9796

Marlboro County

Bennettsville/Cheraw
Marlboro Park Hospital
(room next to gift shop)
2nd Saturday 12:30 – 2:00 pm
Susie Tolson (843) 479-8140

Richland County

Columbia
United Way Building – 100 Main St
3rd Tuesday 6:30 – 7:30 pm
Continuum of Care- 3rd Friday 6-7:30
Pheobe Malloy (803) 695-5700 (W)
(803) 776-4105 (H) or,
Lillie Griffin- (803) 731-7643 (H)

Richland County

Richland/Irmo
Union United Methodist Church
6:30-7:30 pm
2nd and 4th Wed of each month
Laurie Jackson (803) 407-8141

Spartanburg County

Spartanburg/Greer
Spartanburg County Library
3rd Friday 6:30 pm
Maria Atkinson (864) 884-7460

Sumter County

Sumter
Maureen Fitzgerald (803) 469-9729

Williamsburg County

Hemingway/Andrews/Kingstree
Call for date, time, and place
Glander Pressley (843) 382-8685

York County

Rock Hill
Call for time and place Danice Vance
(803) 324-5964
Betsy O'Brien (803) 802-4484

updated 07/06/2005

Depression and Suicide... continued from page 1

Although suicide cannot be defined as a mental health disorder, various risk factors increase the chance of such behavior. The evidence is strong that over 90 percent of children and adolescents who commit suicide have a mental health disorder. Biological factors play a significant role in the development of behavioral health problems including substance abuse. A family history of suicide, addiction, and mental health disorders such as depression increases the risk that a teen will develop these problems. Suicide in young people is almost always impulsive and therefore it is very important that children and adolescents from families with a history of mental illness and/or addiction be monitored for signs of distress.

Children with diagnosable mental health disorders such as ADHD, depression, sleep difficulties or bipolar disorder are more at risk for suicide than the general population. Feelings of isolation or hopelessness can lead to suicidal thoughts. Many of these behavioral health problems can be effectively treated usually through a combination of professional counseling and/or medication. It is important for young people to understand that there is no shame or guilt in seeking help to deal with a behavioral health problem.

Adolescent drug and alcohol abuse results in higher risk of suicide because of the mind-altering affects of the

substances often in combination with the reasons that the young person may have begun experimenting with drugs in the first place. Clearly, many young people with emotional conflicts begin using drugs to "medicate" their emotional distress, but quickly find themselves in more trouble due to poor decisions, lower grades and conflicts with family. Still worse, many of the drugs that young people initially take to "feel better" tend to deplete the brain of the chemicals that provide for mood regulation.

Minorities including African Americans, Hispanic, Native American, gay males, lesbians and bisexual teens have much higher rates of attempted suicide. The suicide rate among Hispanic and Native American adolescents is the highest in the nation. Rejection, powerlessness, prejudice and low self-esteem are common problems among these minority groups. These kids often experience social stigma and prejudice on a daily basis and, all too often are the target of bullies who are relentless in their effort to inflict pain and emotional suffering.

Kids who experience violence, addiction, poverty, and sexual, physical, and/or emotional abuse have a much higher risk for child or adolescent suicide. Young people who grow up in dysfunctional families and lack close bonds with adults who provide protection are often leery of those who do. Feeling misunder-

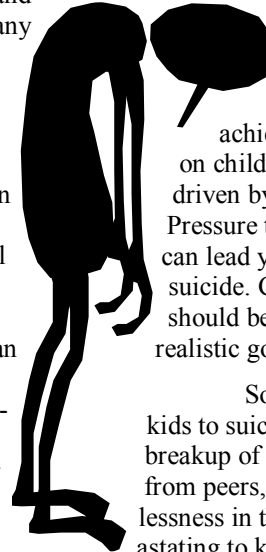
stood and rejected, these children live painful, lonely lives and lack adequate support, encouragement, and guidance in dealing with their often overwhelming problems.

Academic challenges and extra-curricular involvement can cause profound stress. Behavioral health researchers are just beginning to study the effects of our achievement-oriented society on children who may be already driven by a need for excellence. Pressure to attain unrealistic goals can lead young people to consider suicide. Children and adolescents should be encouraged to strive for realistic goals.

Social problems can lead kids to suicidal thoughts. The breakup of a relationship, rejection from peers, and feelings of powerlessness in their families can be devastating to kids. It is important for adults to work toward understanding these problems because ultimately they affect the child or adolescent's sense of worth.

Information from www.kindertoday.com, and Mental health; Report of the Surgeon General.

Also see: "Call to Action to Prevent Suicide," at www.surgeongeneral.gov/library/calltoaction/



Out of the Darkness, Community Walks, October 9, 2005

Columbia will host a suicide prevention walk at the Columbia Riverfront Park. Registration begins at 1:00pm. You may register at the event or register and raise funds online at: www.outofthedarkness.org

Individuals or teams of 10 may register. Anyone raising \$150 and up will receive a T-shirt.

For more information on the Columbia walk, contact Helen Pridgen at 803-206-8214 or 803-898-7571, or: hrpridgen@sc.rr.com

Recognizing the Warning Signs in Your Child

Behavior that indicates, a young person may be feeling overwhelmed, hopeless, or depressed.

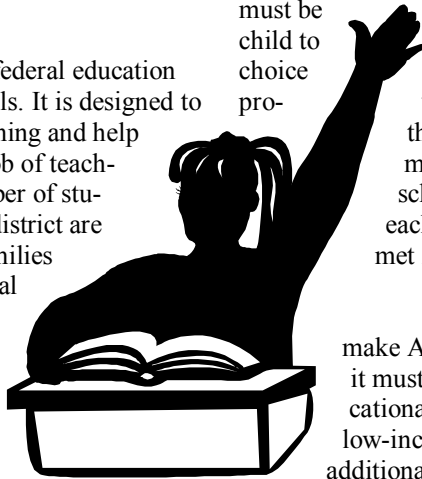
- Dramatic personality changes: Relationship problems with intimate friends, parents, and other relatives.
- Sadness or depression including loss of appetite, problems sleeping, low energy or poor concentration.
- Extreme anxiety or feeling of panic.
- Problems in school, frustration and/or disappointment over performance.
- Boredom or indifference.
- Major health problems: Aches and pains that have no apparent medical cause.
- Rebellious, aggressive, irritable or destructive behavior:
- Careless personal hygiene
- Substance abuse (including alcohol or tobacco).
- Writing notes about death or glorifying suicide.
- Giving away or selling valuable or cherished possessions.

What is No Child Left Behind (NCLB)?

And what does it do for children with special needs?

By now it is assumed that parents know about NCLB and what it means for their child, school and community. However for many parents whose children are most affected by NCLB they still don't understand, or they have many questions.

NCLB is a federal education plan for public schools. It is designed to improve student learning and help schools do a better job of teaching. If a certain number of students in a school or district are from low-income families they receive additional federal funds, these are called Title I schools. The schools/districts that receive these funds are expected to meet certain goals. Each year South Carolina collects information to find out what progress each school has made to determine if the school has met state standards. The report card collects information on students and instructional setting, academic performance and adequate yearly progress (AYP). The state



then sends out a report card on each school. In South Carolina the year 2004 did have much improvement over 2003 however, 455 schools still did not meet AYP.

If Title I schools do not meet AYP for two years in a row, it is said to be "in need of improvement" and parents must be allowed to send their child to the school of their choice and the school must provide transportation to that school. The school must continue to make school choice available each year until they have met AYP two years in a row.

If a school does not make AYP for 3 years in a row it must offer supplemental educational services (SES) to its low-income students. These additional services are defined as tutoring and other high-quality academic enrichment services provided outside of school time to help students with reading, language, or math.

How does this affect students with special needs? If students with special needs attend a school required to provide SES additional services may be provided for the student but they must be provided based on the individual needs identified in the students Individual Education Program (IEP). This could mean that your child would receive tutoring services as part of NCLB but those services must be provided based on the specific needs in your child's IEP.

For more information on how your child's school is performing and to view their report card go to the website www.schoolresults.org, and enter your school or district information. You may also compare your child's school to other schools in the state. For "A Parent Guide to No Child Left Be-

hind" in both English and Spanish go to www.adi.org and for a US Dept of Education publication, "Choosing a School for Your Child, NCLB", go to www.ed.gov/about/offices/list/oii. These are all free publications. If you need additional help in understanding what to do to help your child contact the **Federation of Families of SC** office, 866-779-0402.

A Tip For Parents

Use the Help*Check*Praise Method

Help*Check*Praise is a method parents use to develop habits and skills in their children. First, you HELP your child, by having the child do the desired action with your help. Then, you CHECK to make sure your child continues to do the task well. If he or she has trouble, more HELP may be needed. PRAISE is the final step in developing a good habit. Encourage the child to keep up the good work by giving PRAISE for a job well done.

Federation of Families of SC Contact Info:

- In Columbia: (803) 779-0402
- Toll-Free: 1-866-779-0402
- E-mail: Fedfamsc@yahoo.com
- Web: <http://www.midnet.sc.edu/ffsc>

PO BOX 1266
COLUMBIA, SC 29202

Diane Revels-Flashnick, Director
Crystal Bivens, Project Coordinator
Brenda Dease, Outreach Coordinator

Other Websites and National organizations that may provide additional information: Educational Resources Information Center (ERIC) (articles and reports on topics related to school choice) www.eric.ed.gov * Office of Non-Public Information, USDOE (private school locator and other non-public education) www.ed.gov/about/offices/list/oii/nonpublic/index.html * U.S Charter Schools (information about charter schools) www.uscharterschools.org * Web sites for homeschoolers are too numerous to list search on terms such as "homeschool" should lead to sites that will match your interest or needs * Black Alliance for Educational Options, www.baeo.org * Hispanic Council for Reform and Educational Options www.hcreo.org.

The Federation of Families of South Carolina continues to grow everyday. There are no dues for membership. By calling, writing or E-mailing to let us know that you would like to be on our membership list, is all that is required. You will receive our quarterly newsletter, have access to our website, you can call for information or assistance. You may participate in or start a parent support group in your community, we train and provide technical assistance. We stretch our dollars, but to reach more families we must continue to grow. Please help us by making a tax deductible contribution in any amount.

Thank you for your financial contribution. Please send checks to:

Federation of Families of South Carolina
PO BOX 1266
Columbia, South Carolina 29202

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