

New York State
George E. Pataki, Governor

Office of Mental Health

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NOTES:

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- 2 Costello EJ, Angold A, Burns BJ, et al. The Great Smoky Mountains Study of Youth: goals, design, methods, and the prevalence of DSM-III-R disorders. Arch Gen Psychiatry. 1996;53:1129-1136.
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Achieving the Promise

For New York's Children and Families



"This Executive Budget recommendation funds the single largest investment in new children's mental health services in this state's history and will achieve a series of highly inter-related dramatic changes. This commitment will ensure that our families have the tools they need to succeed in helping their children grow into strong New Yorkers."

Sharon E. Carpinello, RN, PhD
Commissioner, New York State Office of Mental Health

In 2003, the President's New Freedom Commission on Mental Health released its report entitled *Achieving the Promise: Transforming Mental Health Care in America*. The document characterizes the current mental health system as a patchwork relic—the result of disjointed reforms and policies, with poor access to the tools that children and their families need to succeed.

While pursued with the best of intentions, many national policies have created small "pockets" of improvement that have yet to be generalized. In the end, children continue to be vulnerable to serious social, academic, and emotional difficulties during the most formative period in a young life.

In what was perhaps the largest epidemiological study of its kind, Kessler¹ et al shows that the age of onset for serious mental illness in adulthood occurs in early adolescence, yet identification and treatment are often delayed for years. The age of onset is much earlier than once thought and has profound implications for children's mental health. There is a long and rich scientific history substantiating the fact that there is a developmental progression to behavioral/emotional prob-

lems among young children (Costello², Angold³, Beardslee⁴ and Weissman⁵). Emotional or behavioral problems unrecognized in childhood can cascade into full blown psychiatric disorders with serious debilitating consequences in adolescence or adulthood. Furthermore, there is a strong gradient of risk, such that problems left unrecognized and untreated can become far more severe and intractable illnesses in adulthood. In fact, the continuity of young children's behavioral or emotional disorders into later problems in adolescence or adulthood is among the strongest and most unequivocal of scientific findings.

Decades of research, summarized in numerous scientific sources⁶⁻¹⁴ support the following: (1) mental health problems can be recognized as early as preschool; (2) risk factors for development of mental health problems can be identified in childhood and many are modifiable; (3) failure to identify and to intervene can have life-long and often devastating effects; (4) scientifically-validated tools for early recognition exist; (5) a range of effective intervention service programs exist and they have a strong scientific base.

Each stage of child development must now be considered within a comprehensive strategy for the early recognition of emotional disturbance and subsequent intervention to reduce risk factors and increase protective factors. This call to action includes the development a systematic process for the early recognition of emotional disturbance in children and adolescents; evidence-based assessments that comprehensively evaluate the needs of the child and family; evidence-based treatment; and supports to engage and build skills in the children and their families.

New York has a rich history of being at the heart of revolutionary thinking. From Colonial times, to the creation of the Erie Canal to the cosmopolitan benchmark that New York City has become, New York has led the way. In this year's budget New York will once again lead the nation, by transforming mental health services for children and families.

Purpose

The Achieving the Promise for New York's Children and Families initiative is composed of a highly interrelated series of fundamental changes in the ways that services are provided, the means through which services are accessed and profound improvements in clinical quality. Each element of this initiative is woven into a new, distinct fabric that is the New York State mental health system for children and families. This system will provide care that is linked with the culture of the community being served.

Milestones of Children's Mental Health Services in the United States

- 1982 Jane Knitzer's *Unclaimed Children*, exposes the consequences of neglecting the provision of community-based mental health for children and families
- 1986 Child and Adolescent Service Systems Program (CASSP) develops. Infrastructure begins in 50 states
- 1990's Family Support movement fully recognized with the establishment of the Federation of Families
- 1994 Substance Abuse and Mental Health Services Administration (SAMHSA) establishes System of Care sites in 70 communities
- 1999 *The Surgeon General's Report of Mental Health* focused on the need to reform services for children and systems of care (Source: Pumariega et al 2003)
- 2003 *The President's New Freedom Commission* calls for transformation of services to children and families — dramatic change needed in screening, evidence-based treatment and access to care
- 2006 *Achieving the Promise for New York's Children and Families* demonstrates statewide transformation through the implementation of a comprehensive strategy of early recognition, improved access, evidence-based treatment and in-home services and supports for families

Achieving the Promise for New York's Children and Families

The pattern embedded in the fabric of the Office of Mental Health's 2006-2007 budget is intricate and well designed. It is created through the integration of vision, knowledge and action in combination with continuous evaluation and adaptation.

Initiative	Gross Cost
Child and Family Clinic Plus	\$33,000,000
Home and Community-Based Waiver (OMH)	\$14,340,000
Home and Community-Based Waiver (OCFS)	\$7,200,000
Evidence-Based Treatment Dissemination Center	\$620,000
Rural Telepsychiatry	\$450,000
2.5% COLA for Children's Community-Based Programs	\$6,280,000
<small>(The first of three annual increases linked to the CPI)</small>	
TOTAL ANNUAL INVESTMENT.....	\$62 Million

In the end, this tapestry, representing the largest, one-year new investment in children's mental health services in the State's history, will serve as New York's statement to the children and families of this State that we are achieving our promise.

Steps to Achieve the Promise:

Child and Family Clinic-Plus

\$33 million invested in Child and Family Clinic-Plus transforms the local mental health clinic from a passive program waiting for clients to present, to an active program that will intervene earlier in a child's developmental trajectory. Through the adoption of a public health approach to the early recognition of health concerns, nearly 400,000 children will be screened for emotional disturbance each year. Children in need of treatment will have access to a comprehensive assessment that utilizes the practice guidelines from the American Academy of Child and Adolescent Psychiatry as well as evidence based tools and scales. Children and families requiring treatment will find that Clinic-Plus brings improved access, in-home services and treatments that have been shown through science to work. The initiative calls for the expansion of clinic services, with an additional 36,000 children and their families receiving treatment each year, with 22,400 of those children receiving in-home treatment services. This expansion more than doubles admissions to children's mental health clinic treatment.

Evidence-Based Treatment Dissemination Center

\$620,000 is designated for a sustained clinical training model in evidence-based treatment protocols and in specialized consultation to support the organizational changes necessary to transform the way in which mental health services are delivered. No

other State has implemented an initiative to ensure that scientifically proven treatment approaches are available to front line clinicians on a statewide basis. This initiative has the potential to impact the treatment of 20,000 children and families each year.

Home and Community-Based Waiver Expansion

The Office of Mental Health will again collaborate with the Office of Children and Family Services to increase the capacity of the Home and Community-Based Waiver Program (HCBW). An investment of \$21.5 million will create 450 new opportunities (300 OMH and 150 OMH/OCFS) for participation in the Waiver Program. This will expand capacity by almost 50% again this year, bringing the total to 1,436. When coupled with the expansion from 2005-2006, this year's expansion has almost doubled the number of children (to 2,160) able to be served each year in their homes and with their families.

Rural Telepsychiatry

\$450,000 will make telepsychiatry a reality for New York's counties designated as rural health areas. This initiative supports a child psychiatrist who will be available to provide the designated sites with up to 600 comprehensive evaluations/consultations each year. One-time technology grants will support the addition of five counties each year. This initiative will provide children and their families with the reassurance of expert consultation on critical issues such as diagnosis and medication use.