

Initiatives for Children and Families

Through the vision and leadership of The Children’s Plan and the nine State agency Commissioners that serve children and their families, the future of children’s mental health is progressing to better meet the needs of children and their families. The Children’s Plan reflects the collective goal to achieve social and emotional well-being for all children across community and agency boundaries. Out of this collective effort, five themes were identified as areas of focus:

- Social and emotional development and learning form a foundation for success in school, work and in life.
- Every action should strengthen our capacity to *engage* and support families in raising children with emotional health and resilience.
- The right service is available at the right time in the right amount.
- One family–One plan: Ensuring integrated and effective services and supports.
- An adequately sized workforce that is culturally competent and steeped in a new paradigm of integrated, family-driven care must be developed and sustained.

These five collective commitments serve as the underlying principles for all children’s mental health programs and initiatives. They have charted a clear course of action for ensuring quality and efficacy in children’s services and supports. Currently, the State agencies are working together on about 20 joint initiatives to ensure that real change occurs in children’s services.

Below is a summary of various programs and initiatives that highlight the innovative and progressive work within children’s mental health, often in collaboration with one or more child-serving systems.

Theme 1

Social and emotional development and learning form a foundation for success in school, work and in life.

Social and Emotional Development Consultation to Early Childcare Programs

Historically, the children’s mental health system has not played an active role in early childhood programs and services for children under the age of five and their families. The Children’s Plan highlights the growing trend in preschool programs to expel young children who are having serious problem behaviors. A recent national study found preschoolers are being expelled at rates three times higher than children in kindergarten through 12th grade.

A collaboration was formed between the between the Department of Health (DOH), the Council on Children and Families (CCF), Office of Children and Family Services (OCFS), and

OMH. The workgroup visited several locations and examined best practices and strategies for supporting the social and emotional development of young children. One such example is early childhood social and emotional development consultation, which is emerging as an effective intervention for supporting young children's social and emotional development and addressing challenging behaviors in early care and education settings.

Rationale

Children with emotional disorders often exhibit difficult behaviors at a very early age. In New York State (NYS), nearly 700 young children are expelled from preschool annually for behavioral reasons. Research indicates that early detection and intervention can interrupt the negative course of some behavioral problems and mental illnesses and in some cases may lessen the long-term disability associated with these problems. Social and emotional development consultation can improve the ability of teachers, parents and caregivers to manage a child's behavior; which in turn can result in improved school readiness, academic and social success.

Goals

The major goal is to expand mental health consultation to early childcare programs throughout NYS.

Major Accomplishments

Following site visits throughout NYS to learn about the different programs that incorporate mental health consultation into early childcare settings, the workgroup is preparing a report for The Children's Plan Steering Committee and the Commissioner's Cabinet. Two major accomplishments of the workgroup collaboration include:

1. Submission and award of a \$4.5 million Substance Abuse and Mental Health Services Administration (SAMHSA) federal grant application for "Project LAUNCH (Linking Actions for Unmet Needs in Children's Health)," to promote wellness of young children from birth to eight years of age. A key component of the grant includes using a public health approach to develop a wide array of promotion and prevention services, including early childhood social and emotional development consultation.
2. Funding has been made available by OCFS for a community demonstration project to support training and implementation of social and emotional development consultation in four early childhood programs. Begun in July 2010, the project will continue through June 30, 2011.

Goals for the Coming Plan Year

The workgroup will oversee the progress made on the Project LAUNCH grant and will be part of the State advisory board.

The workgroup will participate in the development of the evaluation of the OCFS community demonstration projects for social and emotional development consultation for early childhood and will focus on the sustainability and replicability in other sites and environments.

Related to this work, OMH serves as a member of the steering committee of the Early Childhood Advisory Council. Furthermore, staff from OCFS serves as the co-chair of the Promoting Healthy Development Workgroup, which is a cross-systems collaboration to promote optimal health and development in all domains, including social and emotional development for young children. The 2010–2011 strategies that complement the consultation work include:

1. Building capacity among service providers in all child-serving systems to identify and respond to the social and emotional needs of young children and their families.
2. Promoting innovative health care delivery models within child-serving settings, including the co-location of social and emotional services, nutrition services and preventive vision, hearing and dental screenings.
3. Increasing efforts to ensure that children with specific vulnerabilities are screened for developmental and social and emotional issues and given needed supports and services.
4. Monitoring evolving national professional guidelines on expanded social and emotional screening for children and screening for maternal depression.

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Social and Emotional Development Social Marketing Campaign

An important part of a child's growth is the development of social and emotional skills. Children who have well-developed social and emotional skills, such as empathy, self awareness and responsible decision making, are better able to cope with stressors that life can bring. Research shows that having resilience in childhood and adolescence leads to successes in adulthood.

While this idea is generally understood and agreed upon by most people, when put into the context of mental health needs, some people may shy away from seeking and receiving services. Greater awareness and understanding of social and emotional development are needed to help ease concern, reduce stigma, and encourage families to reach out for help when needed.

NYS child- and family-serving agencies have agreed to assume a collective responsibility to support and address children's social and emotional development and learning. Under the leadership of the CCF, State and community agencies, and family and youth partners have joined to highlight the importance of promoting each child's social and emotional well-being. The

Social Marketing Workgroup's expectation is that through a collaborative social marketing campaign, we can better promote positive youth development, resilience, and the overall well-being of children and their families throughout NYS.

Rationale

Studies show that the earlier we identify and address social and emotional challenges the better the outcomes. Therefore, this effort is designed to help parents and everyone working with children to understand the importance of skill acquisition and resilience for healthy growth and development. By understanding developmental milestones and their relationship to social and emotional development, family members and professionals are able to play a more active role in supporting positive social and emotional development.

Goals

The Social Marketing Workgroup is presently involved in the following three activity areas:

1. In collaboration with Prevent Child Abuse NY and NYS Parent Education Program, the Workgroup will work toward planning, implementing and evaluating an effective social marketing campaign targeting parents.
2. A subcommittee of the Workgroup is investigating the possibilities of reaching more families and identified professionals with targeted messages through a web-based resource site.
3. To facilitate user-friendly opportunities for support of parent inquiries and problems, the Workgroup is exploring the use of available and existing hotline resources, such as the growing 2-1-1 health and human services information and referral line in NYS.

Major Accomplishments

The Social Marketing Workgroup expanded to include a broader range of stakeholders to better represent the interests and needs of parents. The workgroup has met multiple times and engaged a national expert in providing technical assistance in crafting a universal campaign message. A proposal is being developed for submission to the Commissioner's Cross System Committee review and approval by the end of the year.

Goals for the Coming Plan Year

Create and implement a social marketing campaign to educate parents and those working with children in schools, agencies, and facilities about milestones in children's social and emotional development and the importance of seeking help for children in need.

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Theme 2

Every action should strengthen our capacity to engage and support families in raising children with emotional health and resilience.

Family Engagement and Support

Ensuring the healthy social and emotional development of children and adolescents requires the effective engagement of parents and caregivers in activities ranging from quality parenting education to special supports for parents and caregivers of children with serious emotional and behavioral challenges. Research has clearly established that the struggles of a child with emotional and behavioral challenges create stressors that may affect parents and caregivers coping abilities, including the ability to successfully navigate the sometimes bewildering service systems.

The Division supports a network of family peer advocates (also known as family advocates, family support specialists, parent partners) to assist families of children who are receiving or who may be in need of mental health services. In recent years, this network has grown both in numbers and in complexity. The Division is supporting this growth through targeted funding (e.g., family advocate positions in inpatient facilities, residential programs, clinics) and professional development activities (e.g., Parent Empowerment Program [PEP] training and the development of a family peer advocate credential).

Rationale

Research has demonstrated that because of their personal experience, family peer advocates have credibility with parents and caregivers, are able to engender trust and, therefore, can assist parents in becoming more actively engaged in their children's services. Studies have also shown that family support improves the likelihood that families of children with emotional and behavioral challenges will initiate mental health services for their children.

Goals

The Division seeks to improve family engagement by strengthening the skills of family peer advocates and integrating family support and mental health services.

Major Accomplishments

- A PEP train-the-trainer curriculum was completed and 21 individuals.
- New PEP trainers, with support from PEP master trainers, have provided PEP basic training trained four regions (75 trainees), with the New York City (NYC) PEP basic training is scheduled for the fall of 2010. In addition, trainees in three regions have completed the consultation component of PEP.

- A Training and Credentialing Workgroup, which started meeting in the spring of 2009, is nearing completion of its work, including the final recommendations regarding qualifications for the family peer advocate credential.
- Following discussions with OMH, Families Together in NYS and Parent to Parent, the Commission on Quality of Care and Advocacy for Persons with Disabilities will be offering opportunities for parents and family advocates to become trainers for its “From Start to Finish” special education training.
- A Family Support Outcomes and Information Technology Workgroup will complete final recommendations for the development of a statewide family support data system by the end of the Plan year.
- A request for proposals is being developed to provide funding for clinics and family support providers to collaborate in the provision of family support services.

Goals for the Coming Plan Year

- An additional 60 to 75 family advocates will complete the PEP Basic training.
- In conjunction with Columbia University, Families Together in NYS will complete an evaluation of the PEP Basic training.
- A “PEP for Supervisors” curriculum will be completed and offered to individuals supervising family advocates in diverse settings, including family support organizations, clinics, residential programs, home and community-based waiver, and inpatient facilities.
- Plans for the establishment of the family peer advocate credential will be completed; family advocates will be able to apply for the credential by the end of 2011.
- Family support providers and clinic partners receiving awards under the request for proposals will enhance engagement in outpatient clinic services for children and adolescents. Approximately 750 to 1,000 families will receive family support services under the initiative in its first year.

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Parenting Education

An important component of The Children’s Plan is to ensure that research-based parenting education programs are available to families. OMH is partnering with Prevent Child Abuse New York, PEP and Families Together in NYS to improve the quality and relevance of parenting education programs for a diverse population of parents and caregivers; enhance the ability of parents and caregivers to access comprehensive information regarding parenting education programs in their communities, and address other challenges that prevent parents from participating in parenting education programs and classes.

Rationale

Studies demonstrate that parenting education is associated with positive outcomes for children and their families. Positive parent and child relationships are associated with better child development. Research studies also suggest that the replication and implementation of scientifically validated parenting education programs could yield long-term benefits to society.

Goals

The intent of this initiative is to enhance the quality of parenting education programs and the likelihood that parents will take advantage of them.

Major Accomplishments

- A contract with Prevent Child Abuse New York (acting as the administrative agent for PEP) was executed in February 2010.
- PEP and Families Together created an advisory panel for needs assessment and access activities. Parent focus groups and provider forums were held in June and July.
- An initial design of the new website has been developed.
- The PEP Evidence and Evaluation Workgroup developed a survey instrument for administration over the summer to parenting education providers to gather parent education program content for the website and to inform solutions to parenting education needs and access issues.
- PEP's Professional Development Workgroup planned 10 professional development events statewide, the first of which was offered in May 2010. The remainder will be completed by January 31, 2011.

Goals for the Coming Plan Year

- PEP will complete and disseminate a report to include findings from the parent focus groups and provider forums; and recommendations for meeting the needs of diverse parents and caregivers and addressing their challenges in accessing parenting education. The report will be disseminated to parenting education providers in NYS (approximately 400), as well as child-serving agencies and parenting education funders.
- Families Together in NYS will ensure that plans for stipend distribution to parents with access challenges, benefiting an estimated 400 to 500 parents and caregivers. A report summarizing usage patterns will be completed and disseminated by Families Together.
- Parenting education funders will use information from both of these activities to increase the likelihood that parents will access and benefit from parenting education.
- PEP will collect data from parenting education providers regarding requests for and enrollment in parenting education, number of parents attending and completing parenting education programs/classes, and challenges to meeting individualized parenting education needs.
- PEP will continue to offer professional development for parenting educators with an emphasis on evidence-informed practices; approximately 500 parenting educators will attend at least one professional development event.

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Regional Youth Partners

Two principles underlying services and supports are that they should be family-driven and should be youth-guided. These values help to ensure the needs youth and their families are met based on culture, values, and self-identified need. Family-driven and youth-guided services include the active involvement of young people and family members in treatment planning, team meetings and in all decision making.

For years, family support specialists have been an important resource in helping families to determine what they need and to help guide them in meeting these needs. As a result, the system of care has benefited from their voice in planning for their children ensuring services are family-driven. Similar opportunities for youth can help to ensure that services are youth-guided. Therefore, OMH is working to expand youth voice throughout the State and across all child-serving systems in service delivery and policy development.

Rationale

Research indicates that successfully engaging and involving youth meaningfully in treatment planning and care is possible. Such involvement benefits youth, their families and caregivers, and providers. Within NYS, action is being taken toward this recognized need to strengthen the youth voice at all levels of the system of care.

Goals

The goal of this initiative is to introduce Regional Youth Partners who will help to educate professionals about how to collaborate with youth and integrate the youth voice into service provision and program development. In addition, Youth Partners will also aim to educate young people about self-advocacy, leadership, and strategies for affecting policy and system improvements.

Major Accomplishments

OMH has contracted with YOUTH POWER! of Families Together to hire, train and support five young people who have experience receiving services to become Youth Partners, one in each OMH region. Regional Youth Partners will work in support of youth voice within mental health and across the other child-serving systems. They will coordinate and build networks of local youth groups throughout and connect the local youth voice to county and State planning efforts.

The recruitment and interviews for the Regional Youth Partners began in the spring of 2010 and selected candidates began in their new roles during the summer.

Goals for the Coming Plan Year

Continue to train the Regional Youth Partners in understanding and navigating various child-serving systems. The focus during the first year will be to support them in creating networks of organized youth involvement, fostering youth empowerment and peer support, providing direct assistance and support to youth groups and councils, training and educating youth and adults, developing outreach materials, and increasing youth involvement and advocacy on local, regional and State levels

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Theme 3

The right service is available at the right time in the right amount.

Children's Clinic Restructuring

OMH is in the midst of a multiyear project that will result in the restructuring of the mental health clinic system. This project includes significant stakeholder participation and input. Clinic restructuring is being done with the extensive involvement of an Advisory Workgroup consisting of a broadly representative range of local government officials, mental health providers, and mental health advocates. OMH charged the Workgroup with advising the agency on ways to:

- Create a system focused on recovery for adults and resiliency for children
- Redefine clinic treatment services
- Restructure the financing of the mental health clinic treatment system.

The clinic restructuring plan reflects the advice and substantial efforts of the Workgroup. It describes a redesigned clinic program; a new payment system; and a multiyear implementation plan. This plan contains six key elements for reform:

- A redefined and more responsive set of clinic treatment services and greater accountability for outcomes
- Redesigned Medicaid clinic rates and phase out of comprehensive outpatient provider services methodology
- Health Insurance Portability and Accountability Act (HIPAA)-compliant, procedure-based payment systems with modifiers to reflect variations in cost
- Provisions for indigent care
- Strategies to address Medicaid health maintenance organizations/State insurance plan underpayments

- Standards of care

Rationale

The outpatient mental health system is fragmented, overly reliant on inpatient care, and continues to face an uncertain federal Medicaid environment. Also, New York's own Medicaid reimbursement rules for publicly funded mental health services are overly complex and lack appropriate incentives for rapid access, early intervention, and best practices to support recovery in adults and resiliency in children.

Goals

- State-operated clinics will be trained September 2010.
- Clinic restructuring will be implemented statewide October 1, 2010.
- Guidance documents, including one specific to children's clinic providers, will be released upon implementation.

Major Accomplishments

- Training sessions for all clinics providers were offered across the State.
- OCFS offered technical assistance sessions for children's clinic providers in every region of the State.

Goals for the Coming Plan Year

- Clinic restructuring will be implemented
- Evaluation project will commence.

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Home and Community-Based Services (HCBS) Waiver

The HCBS Waiver helps children between the ages of five up to 18 diagnosed with serious emotional disturbance to remain at home with their families, rather than to be treated in psychiatric institutions. The Waiver ensures access to services that are culturally relevant and that lead to improved resiliency, the achievement of developmental imperatives, emotional well-being and a supportive home environment. It is a collaboration between youth and their families, treatment providers, core service providers and natural supports the success of this program. The program offers individualized care coordination, crisis response services, intensive in-home services, parent and child skills-building services; family support services; and respite services. HCBS is offered in all NYS counties, with the exception of Oneida County, which operates a similar program called Kids Oneida.

Rationale

Research indicates that children with serious emotional and behavioral challenges have better outcomes when supported in their homes and communities. In NYS, data support this finding, showing that the majority of children receiving HCBS step down to lower levels of care upon discharge from the program.

Goals

HCBS seeks to empower families by engaging families, promoting choice, participation in service planning, and cultivation of self-advocacy.

Major Accomplishments

- Established outcome measures looking at changes in Child and Adolescent Needs and Strengths (CANS) scores over time by individual Waiver agency to determine reduction in needs (on the Kids' Indicators Portal available on the OMH website)
- Achieved assurances to the Centers for Medicaid and Medicare Services (CMS) as part of our renewal application
- Contracted with Cornell University to develop a Skill Builders training curriculum
- Held an annual staff development training forum in collaboration with the Coalition for Children's Mental Health.

Goals for the Coming Plan Year

- Implement train-the-trainer Skill Builder curriculum training sessions in three of OMH's five regions
- Sponsor an annual staff development training forum
- Implement Waiver expansion of slots from the conversion of community residence and family-based treatment beds.

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New York Child and Adolescent Tele-Psychiatry (NYCAT)

A serious shortage of child and adolescent psychiatrists exists nationally and in NYS. To address shortages, the Division is providing child psychiatric consultation using tele-psychiatry. The consultation with a child psychiatrist is available without the costs (e.g., travel, childcare expenses and missed school/work days) that are often required of families. Rural areas can have equal access to quality care where these specialty services would otherwise not exist.

Tele-psychiatry allows the consulting child psychiatrist to speak to and see a child and family at a distant hospital or clinic on a video screen. The child and family are able to speak with and see the telepsychiatrist on their own video screen. Tele-psychiatry fosters collaboration among psychiatric caregivers, local service providers and families to enhance better consistency and coordination of treatment.

Tele-psychiatry provides consultation and evaluation services for children and adolescents with severe or complicated problems. These services are available to children and youth who receive outpatient treatment in any OMH-licensed clinic, day treatment program or partial hospitalization program in the State. Children and youth who receive inpatient treatment, day hospital or outpatient treatment at any of a number of psychiatric centers in rural upstate New York can benefit from this specialized service as well.

Rationale

Tele-psychiatry is a tool for providing universal access to quality care, particularly in the face of a serious shortage of child psychiatrists. Studies show that that people who are served by tele-psychiatry find it acceptable and it appears to be reliable when service providers rely upon structured protocols. Tele-psychiatry is an increasingly utilized service around the country that generally is well regarded by patients and staff, and is increasingly both feasible and accessible.

Goals

The goals of telepsychiatry are to provide expert consultation on mental health and behavioral disorders and to provide integrated treatment and supports to children and families in areas where these services would not otherwise be available.

Major Accomplishments

The Division in partnership with Columbia University and SUNY Upstate Medical University provide consultation throughout NYS under the Community Tele-psychiatry program. It also provides consultation to OMH-licensed clinics, day treatment, partial hospitalization, and residential treatment programs. A NYCAT promotional digital video disk (DVD) was completed thanks to the combined efforts of the Conference of Local Mental Hygiene Directors, Suffolk County Community Mental Hygiene Services, OMH and Columbia University. The DVD contains a basic introduction to tele-psychiatry, information about accessing the NYCAT program, and client testimonials.

Efforts to increase awareness about this service is being facilitated by the NYCAT DVD and expected to benefit greater numbers of families statewide. This promotional DVD has been distributed widely to Conference members of the CLMHD and available to mental health providers.

Under the State-operated tele-psychiatry program, State University of New York/ Upstate Medical University have provided weekly tele-psychiatry and onsite consultation services to several underserved Psychiatric Centers (e.g., Greater Binghamton, Mohawk Valley and Hutchings), while New York University (NYU) has provided weekly tele-psychiatric consultation support to St. Lawrence Psychiatric Center.

Goals for the Coming Plan Year

The NYCAT program, with the support of OMH's Center for Information Technology and in conjunction with the partnering universities, will continue to improve access and establish tele-psychiatry capabilities at more eligible provider locations around the State through the use of high-quality and cost affordable videoconferencing units. The service, which began in 2007, has already helped hundreds of NY State's children and families, and the number of consultations has been growing each year. The NYCAT program can provide consultations for up to 300 children and youth throughout the state receiving outpatient treatment, plus 200 additional hours that are available to provide consultation and training services for youth with high needs in residential treatment facilities.

Under the State-operated tele-psychiatry program, university partners will be providing weekly consultation services to Elmira Psychiatric Center in addition to the upstate Psychiatric Centers already participating in tele-psychiatric services.

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Theme 4

One Family-One Plan: Ensuring integrated and effective services and supports.

Children and Youth Single Point of Access (SPOA)

Each county and borough strives to identify children at highest risk of out-of-home placement and employ a range of strategies to maintain those children in their home communities. Every county and borough in the State has a working Single Point of Access (SPOA), a process to help children and their families access needed mental health services. SPOAs work with families to determine the appropriate services for their children based on their strengths and needs. SPOAs provide timely access to an array of relevant intensive services and supports and acts as the referral agent to other systems when children's needs would be better supported in other systems. SPOAs monitor youth waiting for specific services and ensure that children most in need receive the service as soon as openings occur. It also serves families when children are transitioning back home from residential placements.

Rationale

Results from a study conducted in 2000 by the Institute for Health Services Research and Policy Studies on the State children's mental health system found that, although comprehensive and well developed, the system of care was not well coordinated. It also recognized that community-based interventions were the most successful in serving youth diagnosed with serious emotional and behavioral conditions.

Goals

The goal of the SPOA is to serve as the point of access to a wide array of intensive children's mental health services within each community.

Major Accomplishments

- Since the SPOA is the vehicle for accessing higher level mental health services, its role within the Ambulatory Care Restructuring Project is vital and continued to be carved out during calendar year 2009–2010. A workgroup comprised of providers, youth, families, state and local government entities developed recommendations calling for level of care decisions to remain with SPOAs for community-based and residential programs; standardization across NYS of specific SPOA functions; monitoring and access to community based programs to be a function SPOAs; and access to residential programs to be a joint function of the SPOA, residential provider, and the regional Field Office.
- The Division continued its commitment to link youth who currently are in State inpatient facilities to their county of origin through the SPOA process by adding SPOA Coordinator membership on the OMH Division of Children and Families Kids Team and participation Field Office child and youth coordinators and SPOA coordinators in monthly length- of-stay calls with each inpatient facility.

Goals for the Coming Plan Year

- To lend consistency and transparency across SPOAs statewide through standardization and protocol development for specific functions, including supporting clinical documentation, utilization review, waiting list prioritization, and universal referral
- Continued clarification of the role of SPOAs within an integrated system of care for youth served across systems of care

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NYC Roundtable Focusing on Early Childhood and Transition-Age Youth

A NYC Children's Plan Roundtable was convened to develop specific cross-systems actions for two priority populations: children birth to five years of age and young adults from 16 to 25 years. The Roundtable represented NYC's commitment to bring together youth, family members, City and State representatives to begin to work on the collective goal of achieving social and emotional well-being for all children across community and agency boundaries.

Participants of the Roundtable included senior-level City and local State agency representatives, NYC cross-system groups, child and family advocates, and families and youth. Participants were organized in groups to facilitate cross-agency collaboration and were tasked to share agency perspectives on a critical issue for these two populations. Identified issues were prioritized and each group offered innovative and feasible collaborative cross-system initiatives or practices that could improve service delivery for the two priority populations within a year.

Rationale

In NYC, the focus on these populations is response to the priorities identified by families, youth, community providers, and City agency representatives. The belief is that these populations would benefit from extensive interagency collaboration and cross system support.

The Roundtable led to the creation of cross-systems workgroups to address issues related to these two groups. The workgroups, which began meeting monthly in February 2010, report to the Citywide Oversight Committee (COC) on a quarterly basis. The COC serves as a vehicle for cross-system collaboration to improve the social and emotional well being of children and youth through implementation of The Children's Plan within New York City's system of care. The Committee's co-chairs provide technical assistance and support.

Goals

During the Roundtable, participants identified the need to enhance support for traumatized children as the priority issue. The Early Childhood Mental Health workgroup of the Child and Adolescent Committee of the Federation of Mental Health, Substance Abuse, and Mental Retardation and Developmental Disabilities was identified as an existing cross-system group to take on these initiatives.

The major goal established to improve the system for children 0 to 5 years old was to develop a unified cross-systems definition of trauma and the creation of a trauma screen, checklist and protocol for utilization across all systems.

The Transition Age Youth Workgroup identified four goals, including Identifying the skill set that transition age youth need to transition to adulthood, determining the supports that transition age youth need in housing programs to insure independent living, enhancing access to and sharing of information available on a variety of databases, and integrating youth voice in the planning, development, implementation, and monitoring of programs relevant to youth.

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Promise Zones

Nationally recognized practices for school success are being piloted in NYS via an initiative known as the Promise Zones. The mission is to create learning environments that engage students so that they are on task and ready to learn. Academic achievement and graduation are a hallmark of what is to be strived for under Promise Zones. At the same time, the challenge of developing a statewide, interagency framework is to identify the core components that are necessary for replicable success while recognizing the unique challenges, priorities and strategies of local districts.

To meet these needs, the Promise Zone is a framework and not a specific prescription. Promise Zones include three major components: an external change partner, a vibrant school support team and social worker, and a broad community services support network.

Rationale

Promise Zones incorporate evidence informed practice with a unique design that focuses *all* child-serving agencies on three academic outcomes. In pursuit of this unifying goal, Promise Zones combines strategies in new ways with exponentially better results.

Goals

Promise Zones were established to have an immediate impact upon the lives of children in high-need communities and to establish a model for service delivery to improve academic achievement, student engagement and to prevent school drop-out for broad replication. Promise Zones are designed to build the necessary supports and structure around children in their communities and better equip them to be successful in school, work and life.

Major Accomplishments

A strong partnership among all child-serving state agencies in a joint initiative has been formed to incorporate State and national best- and evidence-based practices related to academic achievement, student engagement and dropout prevention in high-poverty, high-need schools has been a significant achievement this year. The partnership has yielded redesign and reprioritization of current services, new grant opportunities and a site-specific plan for implementation in the 2010–2011 academic year.

Goals for the Coming Plan Year

The implementation of Promise Zones will begin in Syracuse, NYC, and Buffalo. An evaluation of Promise Zones will be conducted during the 2010–2011 academic year using an independent agent.

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The Children's Plan: Commissioners' Committee on Cross-Systems Services for Children and Youth

The Children's Plan, documents the collective vision of the Commissioners from the nine child-serving agencies regarding social and emotional development and learning. The Commissioners' Committee on Cross-Systems Services for Children and Youth comprises health, education and human services agencies, as well as parent and youth partners. The Commissioners meet quarterly and senior staff meet monthly to design, implement and evaluate systemic solutions. The CCF supports the efforts of the Committee and fully participates in its deliberations and activities.

Rationale

Young people and their families often receive services from health, education and other human services simultaneously. These systems have developed over time as complex “silos” which are often challenging and insufficient in isolation. Through joint planning, implementation of collaborative initiatives, evaluation and benchmarking child-serving agencies in NYS are better able to meet the needs of children and their families.

Goals

Implementation of the goals of The Children's Plan, the five themes, via targeted joint initiatives. The goals include:

1. Social and emotional development and learning form a foundation for success in school, work and in life.
2. Every action should strengthen our capacity to engage and support families in raising children with emotional health and resilience.
3. The right service is available at the right time in the right amount.
4. One family-One plan.
5. An adequately sized workforce that is culturally competent and steeped in a new paradigm of integrated, family-driven care must be developed and sustained.

Major Accomplishments

The Children's Plan is now housed within the CCF. Joint initiatives addressing critical areas such as respite, early childhood, improving academic achievement, improving access to care, promoting social and emotional development and learning and cross-training staff are examples of the accomplishments to date. Youth and Family voice have been incorporated in all aspects on The Children's Plan.

Goals for the Coming Plan Year

1. Pilot the Promise Zones initiative in Buffalo, Syracuse and New York City
2. Strengthen attention to and supports directed towards the social and emotional development of very young children.
3. Develop partnerships with primary care (see Project TEACH below)

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Theme 5

An adequately sized workforce that is culturally competent and steeped in a new paradigm of integrated, family-driven care must be developed and sustained.

Evidence-Based Treatment Dissemination Center (EBTDC)

The EBTDC is helping to close the gap of 15 to 20 years that exists from the time a treatment is proven effective until it is available to children and families. The Center provides mental health clinicians with intensive training and support in evidence-based treatments. The EBTDC offers a three-day training program in evidence-based practices each year to clinicians and supervisors and follows each session by one-year of clinical consultation. The training is provided directly by the experts who developed the treatment models or their close associates. Staff from Columbia University provides ongoing clinical consultation on implementing these treatment models.

Every two years, a new evidence-based treatment is chosen for training. To select the treatment approaches, OMH conducts a survey of mental health programs to learn about the children and families they serve and to find out in which areas they would like training. Parents

are also encouraged to complete the survey so that they can recommend topics for training. The survey results are reviewed by a Scientific Advisory Board composed of experts in the most effective treatments for children and families.

Rationale

Currently there is a gap of 15 to 20 years from when treatment is proven effective until it is available to children and families. EBTDC is helping to close this gap by training 400 clinicians and supervisors annually in evidence-based treatments and reinforcing the training through ongoing consultation.

Goals

The mission of the EBTDC is to improve the outcomes of mental health treatment for children and families through education in scientifically-based treatment approaches.

Major Accomplishments

Training and ongoing support to clinicians and supervisors are helping interventions take hold.

Goals for the Coming Plan Year

In 2010–2010, EBTDC will be offering State Psychiatric Centers and residential treatment facilities with trauma-informed care and trauma treatment training. Four to six programs that are poised to take best advantage of the training will be selected to participate.

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Navigating Multiple Child-Serving Systems for Successful Collaboration and Access to Services

OMH, along with other child-serving state agencies, will develop and implement a curriculum that focuses on Navigating Multiple Child Serving Systems. The curriculum will be an adaptation of the existing adult-focused “One Person, Two Systems,” also referred to as “Navigating Two Systems.”

The adaptation of the adult curriculum for children and their families will include a number of best practices and identify challenges to obtaining services within various agencies, in particular geographic areas and under special conditions. The training will offer solutions and describe next steps for achieving local collaborative service delivery.

Rationale

Youth with cognitive, developmental, behavioral and emotional disabilities face challenges in virtually all domains of their lives: at home, school, and within their communities. These youth and their families require service support from their whole community and often multiple public child serving systems (mental health, education, substance abuse, child welfare, health, and vocational).

Care and service coordination and family support services are intended to assist families trying to link with appropriate services to support their child's unique needs. While the child-serving system in NYS has existed as independent "silos" of services, opportunities are available to strengthen the knowledge and coordination capacity of care and service coordinators to navigate services and supports.

For youth with multi-agency service needs, it is essential that front-line staff have a "systems" knowledge base to provide families with appropriate information on cross-system supports and services that will meet their needs.

Goals

The goal of this initiative is to improve access and support best practice models of successful collaboration and service delivery for children and their families.

Major Accomplishments

- The Division actively worked with the Office for People with Developmental Disabilities (OPWDD) to secure funding through the Developmental Disabilities Planning Council (DDPC) for the project.
- The Division received commitments from other public, child-serving systems (OPWDD, OCFS, Office of Alcohol and Substance Abuse Services, State Education Department, and Division of Juvenile Justice and Opportunities for Youth) as well as youth and family partners to participate in the development and implementation of the project.

Goals for the Coming Plan Year

Curriculum Development: The Division will work with an interagency advisory group to develop a curriculum and video. Components will include an overview of NYS child-serving systems; eligibility requirements within each system; services and supports within each; contact information. The plan is to launch the curriculum through agency websites and social marketing sites.

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Project TEACH (Training and Education for the Advancement of Children's Health)

Primary care physicians (e.g., pediatricians and family doctors) are often the first place where families seek help or information about emotional or behavioral concerns with their children. Further, the majority of children receive mental health treatment through their primary care doctor with no additional services or supports. Although physicians provide mental health services and prescribe medications, they often do not have access to the necessary training or support to make help decisions for children with complex needs.

To support the critical role that pediatricians and primary care physicians play in the early identification and access to treatment for emotional and behavioral challenges in children, OMH is funding a collaborative effort of State and county governments with medical providers designed to link pediatricians and primary care physicians with child mental health experts across NYS.

Project TEACH will provide specialized training, consultation and linkage with mental health treatment for primary care physicians statewide. It is a collaboration between OMH, DOH, Conference of Local Mental Hygiene Directors, American Academy of Pediatrics and the NYS Academy of Family Physicians.

Under Project TEACH, consultation —primarily related to diagnostic and psychopharmacologic concerns—will be provided mainly by telephone, but in some cases through telemedicine and in-person. When more than an initial intervention is needed, referral and linkage will assist families and primary care providers to access community mental health and support services such as clinic treatment, case management or family support. Education sessions for physicians who provide primary care to children will also be held regularly on a variety of topics related to children's social and emotional development.

Rationale

A recent study of pediatric and mental health care shows that parents have a high degree of satisfaction with integrated co-located care. This initiative seeks to encourage integrated care for children who present to primary providers with mental health issues and better integrate care for them and their families.

Goals

The program seeks to provide ongoing training and consultation services to better meet the mental healthcare needs of some of the children seen in primary care practices. Its design also aims to make systematic referrals to specialists for treatment or for support service for children requiring complex care.

Major Accomplishments

The partners assisted in the development of Project TEACH, as a program for identifying children with emotional health issues earlier in their developmental trajectory and improving access to treatment by primary care physicians or mental health specialists.

A request for proposals was issued in the fall of 2009. From the high-quality submissions received, OMH contracted with the two highest ranking proposals for statewide implementation: The University Psychiatric Practice (UPP), under the University of Buffalo, Child and Adolescent

Psychiatry for Primary Care (CAPPC) program and the Four Winds Foundation Child and Adolescent Psychiatry Education and Support (CAPES) program. These providers began planning and preparation with their partners in April 2010. Consultation and planning began in the summer of 2010.

Goals for the Coming Plan Year

Project TEACH services will be available statewide, provided by the University Psychiatric Practice (UPP) and Four Winds Foundation. The UPP, under the University of Buffalo, represents an innovative and unprecedented partnership of academic medical centers from around the state to support this initiative. The psychiatry departments from the University of Buffalo, University of Rochester, Columbia University, State University of New York Upstate Medical University in Syracuse and the LIJ/North Shore University Health System, in conjunction with the Resource of Advancing Children's Health (REACH) Institute, will support the training component. Consultation and training will be based out of these academic centers and available to physicians in their respective geographic regions.

Drawing from their knowledge and experience providing the CAPES program, the Four Winds Foundation will continue to provide consultation and educational support for primary care clinicians to the Northeastern and Upper Hudson River regions of the State.

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Training and Guidance on Integrated Treatment for Co-Occurring Disorders

Almost half of youth receiving mental health services in the United States have been diagnosed with a co-occurring substance use disorder. Research shows that these youth generally have poorer clinical outcomes than those without a co-occurring disorder. Despite this knowledge, many mental health clinicians are ill-equipped to handle youth with substance abuse disorders, and conversely chemical abuse counselors are unable to adequately address the mental health needs of the youth they serve.

Integrated treatment is the most effective means to address the complex needs of youth with co-occurring disorders. Within NYS, efforts are being made to move the field toward providing integrated services through training and guidance programs for mental health and addictions clinical staff.

Rationale

Research shows that the optimal approach for adolescents with co-occurring disorders is integrated treatment—mental health and substance use services provided concurrently by the same professional. Early identification is important to the successful treatment and outcome of these disorders.

Goals

The major goal is to collaborate across the mental health and substance abuse systems of care to identify training and support needs to enable effective screening of children with co-occurring disorders and to provide training in integrated treatment.

Major Accomplishments during Plan Year 2009 – 2010

By March 2010, 60 professionals were trained as trainers in an introductory curriculum on adolescent co-occurring disorders. Trainees represented both substance abuse and mental health agencies. Several trained trainers have already provided the program in their communities this year and more sessions are being planned.

Goals for the Coming Plan Year

Trained trainers will continue to offer the curriculum in their communities throughout the year.

Develop plans for the next training, with a clinical emphasis (e.g., motivational enhancement therapy).

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Youth Health Indicators Program

Mental health is dependent on good physical health. People with physical health disorders are likely to have increased mental disorder and the reverse also is true—people with mental disorders have an increased risk for physical disorders. Children and adolescents are a vulnerable population whose physical health contributes to later life medical conditions and possibly mental health status as well.

Rationale

The Youth Health Indicators Program aims to assess conditions or behaviors that increase the risk to a youth's physical and/or mental health.

Goals

Four specific health indicators were chosen for monitoring. These indicators are:

- Body mass index percentile (BMI percentile), assessed using standard techniques
- Alcohol and drug abuse, assessed in youth ages 13 and above
- Cigarette smoking, assessed in youth ages 13 and above
- Activity level/exercise. Assessed by inquiry of parent and/or youth based on guidelines taken from the Department of Health and Human Services, 2008 Physical Activity Guidelines for Americans

All children and adolescents served in outpatient clinic and day treatment programs in State-operated facilities have these assessments performed quarterly. Results are compiled, graphed and reviewed with on site project coordinators, executive and clinical directors.

Major Accomplishments

Over 85 percent of children and adolescents treated in outpatient or day treatment programs are now being screened regularly on a quarterly basis.

The program has demonstrated that it is possible to screen and monitor aspects of the health status of a large group of youth with psychiatric disorders who are treated in multiple settings across the state.

The major finding at this point is that children and adolescents in clinics and day treatment settings have rates of “overweight/obesity” that far exceed the already high rates of overweight/obesity in the general child and adolescent population.

An improved picture of the health/wellness of youth in outpatient settings now is possible. This will facilitate efforts at intervention.

Goals for the Coming Plan Year

- Continue to monitor these four health/mental health indicators at quarterly intervals.
- Assess the frequency and types of current interventions involving these indicators in State-operated clinic and day treatment programs.
- Determine the feasibility of a standardized guide or approach to a health and wellness program for youth treated in State-operated outpatient programs.

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