

Services for Children and Families

Children’s mental health care has undergone significant changes over the last 30 years, both nationally and in New York State (NYS). Incorporating a public health approach into mental health policy and program design is one crucial development. Research demonstrates that prevention and early recognition, intervention and treatment in natural settings yield better results. It shows that an investment in children’s social and emotional development today produces success and avoids costly, long-term failures.

Confirming these findings, a report last year from the National Research Council and Institute of Medicine called for federal leadership in making a national priority the prevention of mental, emotional, and behavioral disorders and promotion of mental health in young people. Disorders such as depression, anxiety, conduct disorder, and substance abuse in children and adolescents are about as “common as fractured limbs in children and adolescents.” In terms of treatment and lost productivity, they cost our nation an estimated \$247 billion each year.¹

Making effective investments in children’s mental health care is as challenging as in the adult system of care. Despite substantial spending, a large portion of children and youth—between 75 to 80%—in need of services do not receive them.² Even though research strongly supports the value of evidence-based prevention and early intervention services,³ funding is targeted more toward traditional intensive and expensive services such as hospital

and residential care. For instance, there continues to be a large imbalance between spending on community and residential care, despite knowledge that early identification and intervention lead to the best outcomes.

In the face of such challenges, the Office of Mental Health (OMH) continues its focus on aligning children’s services with the vision and values articulated in The Children’s Plan. Enhancing these efforts is a group of stakeholders that is working with OMH to continue to achieve change in the system. The Children’s Ambulatory Workgroup—composed of providers, other state agencies, advocates, family members and youth—is providing feedback about the ambulatory system for children and their families. The Children’s Ambulatory Workgroup has recommended improve-

ments in the day treatment, waiver, and case management services and to the single-point-of-access (SPOA) initiative. In 2011, stakeholders will look in more detail at models for improving waiver, case management and SPOA. It is anticipated that new day treatment regulations will be advanced in 2012.

Synergy created through these efforts and a strong network of family advocacy and support have continued to sustain a system that concentrates on prevention, early intervention and home and community care, while striving to provide inpatient and residential care for children in need of intensive services.

Surprising Facts

- ◆ Major mental illness may occur as early as 7 years of age.
- ◆ About one-half of all lifetime mental health disorders start by the mid-teens.
- ◆ Children and youth from diverse racial and ethnic groups and from families with language barriers are less likely to receive services for their mental health problems than white children and youth.
- ◆ Sixty-seven to 70% of youth in the juvenile justice system have a diagnosable mental health disorder.
- ◆ Children and youth in military families tend to have higher rates of mental health problems, with problems being more pronounced during a parent’s deployment.
- ◆ Preschool children face expulsion rates three times higher than children in grades K–12, due in part to a lack of attention to their social-emotional needs.
- ◆ More than 10% of high school dropouts are attributable to mental health disorders.
- ◆ About 3 out of 10 youth expressing thoughts about suicide in the prior year receive mental health services.

National Center for Children in Poverty, Children’s Mental Health: What every policymaker should know. Available online at http://nccp.org/publications/pdf/text_929.pdf.

Population with SED in Children Served Weekly in NYS

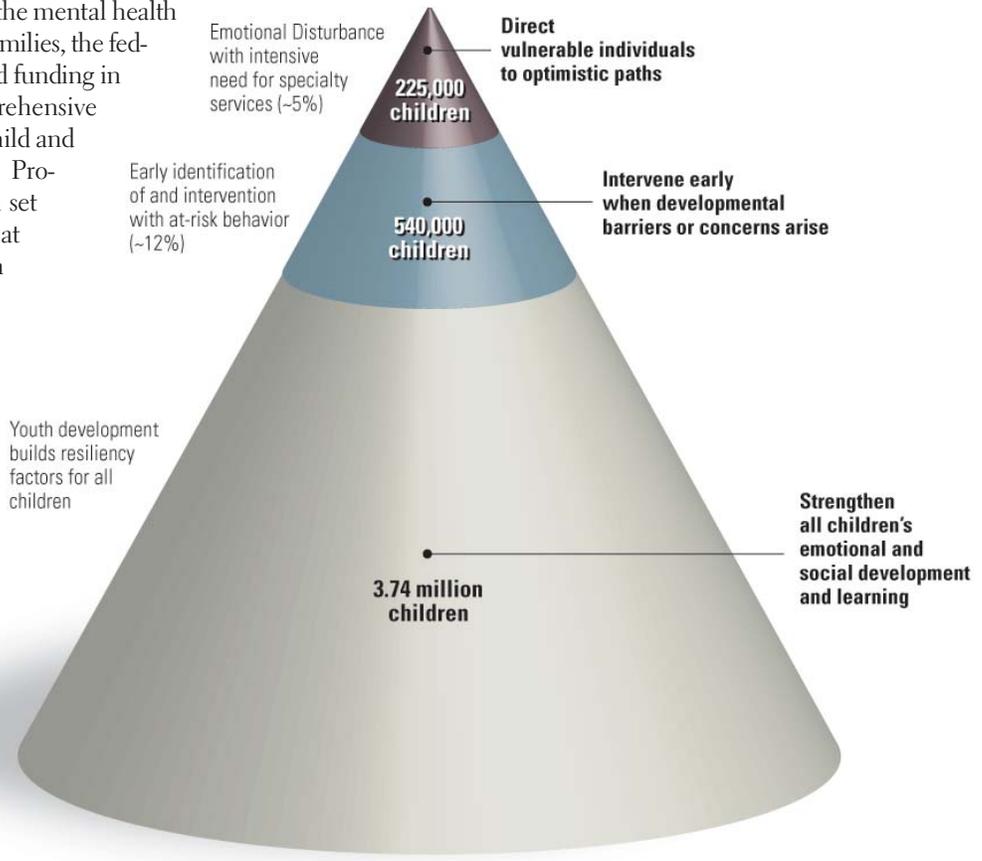
	Age 8 and below		Ages 9–17	
	SED Served	Prevalence of SED*	SED Served	
Western Region	956	42,446	3,708	
Central Region	686	27,687	2,669	
Hudson River Region	955	50,211	3,695	
New York City Region	2,812	111,963	9,610	
Long Island Region	248	43,576	1,803	
Statewide	5,657	275,884	21,485	

Source: OMH Patient Characteristics Survey, 2009
 * From U.S. Census Bureau 2008 population estimates.
 Children with serious emotional disturbance (SED) = 12% of child population, ages 9-17.
 U.S. Department of Health and Human Services, Mental health: A report of the surgeon general.
 A prevalence rate for children between ages 0–8 has not been estimated.

Values and principles underlying effective care

To be more responsive to the mental health needs of children and their families, the federal government appropriated funding in 1984 to build such a comprehensive system of care. Called the Child and Adolescent Service System Program (CASSP), the program set forth principles of care that have guided service provision since.

The CASSP values recognize that preserving mental health and promoting well-being begins before children are born, throughout each stage of normal growth and development from the youngest years to older adulthood. This life-course perspective suggests that there is an intricate interchange between biological, behavioral, psychological and social risk and protective factors that contribute to health status



Visual Framework for social emotional development and learning in New York State (0-18yrs population 4.5 million 2006 US census estimate)

across the span of a person's life. Being cognizant of the trajectory our lives may take from the earliest of years provides opportunities to reduce risk and bolster protective factors. Public health approaches and interventions make a difference in ultimately creating communities that are strong, healthy, and thriving.⁴ The values espoused under CASSP, therefore, bring recognition to the importance of developing and supporting resilience and developmental assets within a system of care.

The values guide services and supports that are family-driven and youth-guided, community-based, culturally and linguistically competent, and evidence informed. Principles underlying these values specify that services provided to children, youth, and families should be comprehensive, integrated, and coordinated; individualized and flexible based on the strengths and needs of the child and family; provided in the least restrictive, appropriate setting; based on families as full partners in all decision making; focused on early identification and intervention; and accountable, demonstrating positive outcomes.⁵

More recently, attention has shifted to adapting recovery principles from the field of adult mental health for youth and their families. Such an orientation brings youth a sense of hope and optimism about their futures.⁶ Moreover, it is being increasingly recognized as crucial to youth development and wellness, where, for example, studies show that up to 59% of young people with post-traumatic stress disorder (PTSD) going on to develop substance abuse problems.^{7,8}

While some believe that the concept of recovery lacks a developmental perspective, many youth, family members and providers find that the integration of recovery into system-of-care principles is “value added.”⁹ Hope is a crucial element of successful maturation and development, particularly during transition from adolescence to adulthood.^{10,11} Similarly, hope is an integral piece of resilience.

Research findings from long-term studies show that at least one-half, and often close to 70%, of youth growing up in high-risk situations develop the resilience to go on to live successful lives.¹² When nurtured and supported, resilience enables young people to do well in school, maintain friendships and other relationships, and find success in employment, even when they may be struggling with significant mental health challenges. It also equips youth to handle transitional experiences, like moving to a new school, going into a residential placement, or breaking up with a boyfriend or girlfriend.

Responding to Adolescent Needs: CASSP Principles with the Addition of a Recovery Orientation

- ◆ **Comprehensive**—Address developmental, physical, emotional, social, spiritual, educational, and concrete daily living needs (e.g., housing).
- ◆ **Individualized**—Center on the needs of child and family, based on strengths and assets; reduce risks and increase factors that are protective; and consider positive family and community contexts.
- ◆ **Least Restrictive, in the Community**—Draw on formal (e.g., mental health) and informal (e.g., religious group) supports to promote successful community living.
- ◆ **Culturally and linguistically competent**—Recognize and respect behaviors, ideas, attitudes, values, beliefs, customs, language, rituals, ceremonies, preferences and characteristic of particular groups of people.
- ◆ **Early Intervention**—Promote social and emotional development; screen, identify early, and intervene in a timely fashion.
- ◆ **Family-Driven**—Promote family-led decision making and planning.
- ◆ **Youth Guided**—Nurture the capacity of young people to be effective self-advocates, managers of their own lives, and active participants in treatment planning and service coordination.
- ◆ **Service Coordination & Interagency Collaboration**—Provide families with support to navigate service systems in their communities, and collaborate with other systems to foster integrated care.
- ◆ **Protection of Rights**—Encourage respect and regard for decision making, safety, and effective evidence-based treatment and acceptance of differences.
- ◆ **Support for Transitions**—Prepare youth for adulthood through social and emotional skill development, attention to reducing risks and enhancing protective factors, and more support through transitional periods.

Adapted from The concept of recovery: “Value added” for the children’s mental health field

The public health approach

As noted above, an important shift in the children's mental health system is toward a public health approach. While continuing to meet the needs of children diagnosed with serious emotional disturbance requiring high levels of care, the children's system in NYS emphasizes the promotion and prevention of mental health challenges. This new emphasis continues to be fueled by the aims of reducing mental health problems when they have been identified and helping every child to have the best possible mental health. Improving each child's overall health, capabilities, and strengths may promote better function and satisfaction into adulthood. Such improvements can also carry substantial benefits for

society from economic well-being, greater global competitiveness and national security, and improved quality of life.¹³

The public health approach is being accomplished mainly through a sustained focus on social and emotional development. The goal is to be more proactive and support children's mental health, rather than being reactive to a diagnosed mental illness. Further, the public health approach requires that we recognize that a child's social and emotional development is equally as important as brain and physical development. Like other important developmental milestones—such as walking and talking—the development of social and emotional skills takes time and practice. Unlike learning to walk and talk, however, social and emotional skills are not as easy to see.¹⁴ The public health approach re-

Faith and hope: PASS it on

In Broome, Erie and Monroe counties, youth are attending classes that go well beyond reading, writing, and mathematics. These youth are uniquely involved in classes that help them deal with life's lessons.

Called Prevention, Access, Self-Empowerment and Support (PASS), this innovative program was created in the mid-1990s to support positive social and emotional development, academic success and community participation in teens experiencing emotional and behavioral challenges or teens whose parents are diagnosed with serious mental illness. In working with parents and children together, the program seeks to improve their relationships in culturally respectful and sensitive ways. It builds on the strengths of the child and family and fosters their abilities to believe they *will* be successful.

When you listen to youth and parents talk about PASS, you begin to realize the value of a curriculum that is tailored to youth and family needs and delivered by adult and youth mentors and skilled community members. (The curriculum focuses on life skills areas such as goal setting, discipline, interpersonal communications, and affirmation.) The PASS "way of doing business" is to ensure that relationships between the youth, family and program are based on mutual respect.

One mother spoke of her family's recent journey through the PASS program. Her son was a graduate of the class of 2009. When she saw that he was having difficulty, she just didn't know where to turn for help. Fortunately, she learned that her nephew had graduated from the PASS program three years before, so she checked it out. "The biggest thing I have learned is that you look for the good in a situation. I had to learn and embrace this rather than to focus on the negative." She enjoyed parent support groups where she found she was not alone and could "kick around ideas." She noted how she came to appreciate that "not only does the child need to change, but also the family."

Her son smiled as he recalled his early days in PASS. "I wasn't really excited about the program, but talking with my peers and peer mentors helped me to warm up to it. These people are my family." And, he continued to beam as he added, "I'm doing better in school and I am communicating better with my mother. I'm thankful for that."

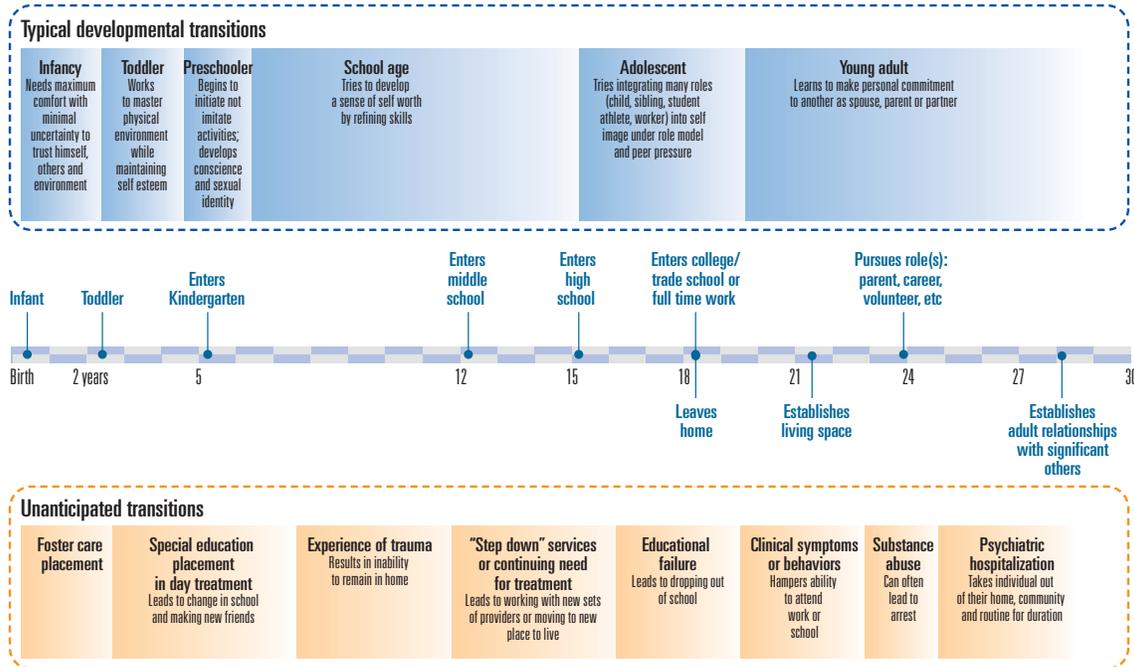
Another PASS youth participant, now a peer mentor, proudly described how he is "paying it forward" and giving back to the program. A graduate of the class of 2004, he hated school and joined PASS "to get away from his parents." Little did he know then that he would take its lessons to heart, actually grow closer to his family, and become a mentor and help others.

Coordinated Care Services, Inc. of Rochester manages the program on behalf of the Monroe County Office of Mental Health. The program, which serves the entire state, is rooted in the beliefs that teens can be empowered to make informed choices, learn and use skills that enable successful community living, serve as examples for other youth who are experiencing difficulties, be active in improving communications with parents and family members, and work effectively in an environment tailored to the unique and cultural needs of youth.

"What we do is magic," says Program Director Neville Morris, "but the real magic comes from the youth. PASS gives hope."

PASS was recognized May 3, 2010, by OMH during Children's Mental Health Day, and celebrated as a "program uniquely impacting the lives of young people and families." To learn more about the PASS program, contact Lenora Reid-Rose, Director, Cultural Competency & Diversity Initiatives at Coordinated Care Services, Inc., in Rochester at lreid-rose@ccsi.org or go to <http://www.ccsi.org/cultural-linguistic-competence.aspx>.

Transitions across the early lifespan:
viewed from developmental and mental health imperatives



quires that we integrate the identification of mental health challenges into our systems of care the same way we do checkups for hearing, vision, and teeth.

Promoting social and emotional development is an immense undertaking. It involves supporting healthy development and well-being, identifying challenges when they arise, and intervening early. It takes families, surrounded by a close-knit community of caring adults who support the family's efforts to help the child grow and prosper. Parents, partners, family members, teachers, doctors, clergy, social group

leaders, and friends all contribute to the social and emotional well-being and resiliency of children.

Recognizing that systems of care—education, child welfare, juvenile justice and others—do share responsibility for policies and practices for children and their families, nine NYS Commissioners of agencies serving children and their families came together in 2008 to collectively endorse a plan to redefine children's mental health. The Children's Plan reflects cooperative goals to break down barriers between systems and achieve social and emotional well-being for all children throughout NYS.

Rites of passage in Wyoming and Suffolk counties: Fun-filled summer days

For many families, a rite of passage for their children is the summer camp experience—going on scavenger hunts, learning to paddle a canoe, singing songs around the campfire, performing skits on rainy days, and making friends that last a lifetime.

For the last eight years, this rite of passage has been at the core of Camp Get-A-Way in the 4-H Camp Wyomoco setting. Affiliated with Cornell Cooperative Extension, the camp is located in beautiful Wyoming County and been home to a safe, supportive, and recreational camping experience for families of children diagnosed with serious social, emotional or behavioral challenges.

One mom relates how after adopting a child who has a mental health diagnosis, she met Pam Brannan, President of the Camp Get-A-Way Board of Directors, and Nancy Craig, Parent Advisor of the OMH Western New York Field Office. "They're my

angels," she says, as she describes how much she, her husband, and all the kids learned and what real fun she and her family could have together. The entire family has driven the seven-to-eight hour drive each year from Long Island to attend. "It has given me hope. I



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see that other families do it and I can do it too.” One of her children says the drive was “definitely worth it,” adding that Camp helped her to be more “patient and understanding” of her brother.

Camp Get-A-Way is a place where families go to rediscover the joys of being a family and experience the comfort of being a part of a close-knit community where children can explore new interests, learn essential life skills, be encouraged to improve peer relationships and relationships across the lifespan, gain experience as leaders, and simply gain pleasure from just being children. The camp also provides adults with opportunities to strengthen parenting skills and be with other adults who share the delights and challenges of parenting children with special and unique needs. It’s a supportive, normalizing environment that brings hope and happy memories, and it lets “no one fail.”

In each of three summer sessions, families drive from all around the State to spend four days and three nights together, and the October Columbus weekend for two nights and three days. The camp is entirely run by volunteers, from all occupations, and from the entire state, including people and agency staff from the Wyoming County community (e.g., offices of mental health, aging, social

services). Camp activities are family driven and based on the “Learn, Use and Teach” philosophy. They encourage adults, children and youth to learn about rights and responsibilities, become knowledgeable about how to achieve them, and to flourish with natural community support that promotes success.

The good news is that this year, families from Long Island and neighboring downstate communities were provided with another option. The newest Camp Get-A-Way opened in June 2010. A collaboration with the Episcopal Diocese of Long Island, Camp De-Wolfe is located in Wading River overlooking Long Island Sound.

All in all, Camp Get-A-Way in Wyoming and Suffolk counties are where families and children’s dreams come true. “I just wouldn’t have it any other way,” says one of its enthusiastic campers.

Camp Get-A-Way was recognized May 3, 2010, by OMH during Children’s Mental Health Day, and celebrated as a “program uniquely impacting the lives of young people and families.” To learn more about Camp Get-A-Way, contact Board President Pam Brennan at campgetaway@buffalo.com. You may also visit its web site at <http://www.cgaw.org/>



The children's plan

The Children's Plan evolved from legislation requiring OMH to create a strategic plan for the next five to ten years for improving services to children and their families. What began as the "Children's Mental Health Plan" turned into a broad cross-systems, multi-stakeholder document recommending fundamental changes in the way we do business. The Plan directly reflects the knowledge and expertise of young people, parents and caregivers, family members, educators, community leaders, youth development experts, youth service providers, advocates and State policy leaders from multiple agencies.

Serving as a call to action, the Plan charges child-serving systems to act in accordance with the values it set forth. The recommendations focused on changing the face of children's well-being and mental health by ensuring the achievement of important developmental milestones and healthy growth. They called for expansion of supports and services for youngsters and their families from infancy to young adulthood. They emphasized the importance of prevention, early identification and effective interventions. They stressed the value of enabling smooth transitions during growth and development. They also acknowledged that promoting children's social and emotional development does not rest within any one agency, but rather is the responsibility of all.

Since the Commissioners of the child-serving state agencies¹⁵ stepped up to the challenge, they continue to focus on their common goal of promoting children's social and emotional development and learning. As noted in last year's Statewide Plan for Mental Health Services, Governor Paterson signed legislation amending the Children's Mental Health Act, which captures the more holistic nature of the plan and incorporates the involvement of all nine child-caring agencies and family and youth partners. It invested responsibility for coordinating activities among the agencies and stakeholders in the Council on Children and Families (CCF). It also gives CCF, with the assistance of OMH, the role of developing future reports and plans for The Children's Plan.

Under the leadership of CCF and the Statewide Director¹⁶ of the Children's Plan, work progresses in the Commissioners' Committee on Cross-Systems Services for Children and Youth. Agencies remain focused on a set of joint initiatives to increase community awareness of social and emotional development; enhance youth, family and parent involvement and education; provide consultation and training on children's mental health in the other service systems; and expand our capacity to provide effective mental health services. The initiatives aim to reverse patterns such as child neglect, preschool expulsion, in-school violence, and institutionalization. Below is a summary of some major Plan activities under way.

Promoting Wellness in the Early Years

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 5 and their families. The Children's Plan, however, highlights the growing need to support young children who are having serious problem behaviors. As a result, OMH has become more engaged in two early childhood efforts through its participation in the State Early Childhood Comprehensive Systems Initiative and Early Childhood Advisory Council.¹⁷ One involves an Office of Children and Family Services (OCFS) Community Demonstration Project to support training and implementation of social and emotional development consultation in four early childhood programs in the State. The other involves Project LAUNCH, one of the more recent initiatives to take form under The Children's Plan.

Project LAUNCH: Energizing Systems Serving Children and Their Families

Research shows that infants and young children raised in healthy, secure, nurturing environments grow up to have more productive lives, contribute positively to their communities and raise healthy children themselves. Investing in the social emotional learning and development of children early is likely to be more effective and less costly. Fortunately, NYS was awarded last fall a \$4.25 million grant over five years for Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) to strengthen the physical, emotional, social, cognitive and behavioral well-being of New York's youngsters. Project participants include CCF, Department of Health (DOH), OMH, OCFS, and several partner organizations in Westchester County.

Project LAUNCH builds on existing innovation in Westchester County. Through the County Community Network—a unique wraparound service system for children and families—it seeks to strengthen and enhance early childhood systems in three County locations: the large city of Yonkers, the small city of Port Chester, and the village of Ossining. This approach is examining how municipalities of different sizes, with different infrastructures and resources, can support a holistic approach to childhood wellness. The three target areas comprise culturally and linguistically diverse immigrant and minority populations. Families are often medically underserved, with parents often holding two or three jobs and struggling with acculturation issues, especially when English is their second language.

Overall, the project seeks to integrate programs that together provide a complete range of developmentally supportive services to families with young children. Health care, home visiting, parenting education, and early care and education programs are being expanded to locations where they are missing, strengthened where they exist, and integrated

Helping youth to reach new heights: The Respite Wilderness Program

Challenging hikes are not for the faint of heart, particularly for youth dealing with serious emotional and behavioral health challenges. But, a program out of the North Shore Child and Family Guidance Center is helping youth to see their strengths one step at a time.

Now in its 12th year, the Center's Respite Wilderness Program is engaging adolescents with serious emotional disturbances in healthy and demanding outdoor group experiences. The program has been helping to fill a vital gap in the lives of these children and their families. Often families are hard pressed to find activities and structure for their teens who just don't fit into usual teams or clubs and who are at risk for isolation. Without wilderness activities, they would likely spend time alone in their bedrooms in front of computers or television screens.



The Center offers 36 Saturday wilderness challenges each year to youth between 12 to 18 years of age. The program uses the trails, beaches and mountains of County and State parks in NYS, where classrooms and office walls are replaced by trees, trails, sand, mountains, lakes and streams. Social workers and leaders actively participate in the day's challenge with the youth, and all are subject to the same physical and climate challenges as the rest of the group. The wilderness

group experience is a powerful "rite" of passage for youth, leaders and the entire group. Each experience is unique.

On one hike, Joey had a particularly difficult time climbing a steep, rocky incline at Harriman State Park. Frightened, hyperventilating and whimpering, he repeatedly cried, "I can't do this!" But he wasn't alone. With the help and patient support of the group leader

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across disciplines to achieve the vision articulated in two State plans—the Early Childhood Plan and The Children’s Plan—that have each received strong endorsement from NYS’s child- and family-serving agencies.

To learn more about Project LAUNCH, go to <http://projectlaunch.promoteprevent.org/> and to learn more about the Westchester County children’s system of care, read the annual report at <http://www.westchestergov.com/MentalHealth/pdfs/AnnualReport2009.pdf>.

Enhancing the Youth Voice

During The Children’s Plan development, youth offered essential recommendations for shaping a person-centered, family-driven and youth-guided system of care. During discussions then, youth pointed to the value of empowerment, advocacy and peer support to their recovery. They called for more peer support programs and services, indicating that when youth serve as trainers, advocates, and policy makers, they improve the system, and gain necessary developmental and professional skills needed for success.

In recognition of the important role of youth in helping to strengthen recovery-oriented services and supports, this year, through Families Together in NYS, young people are being hired and have begun to be introduced into OMH regions as “Regional Youth Partners.” The Regional Youth Partners are responsible for supporting local youth groups, hosting regional forums for youth to connect with each other and network, and providing technical assistance and training. Regional Youth Partners are expected to bring their own unique experiences with receiving mental health services and to use them in developing as peer support specialists for children engaged in services.

Supporting Primary Care Physicians in Treating Children and Their Families

Through funding provided under The Children’s Plan and in collaboration with DOH, Conference of Local Mental Hygiene Directors, American Academy of Pediatrics and the NYS Academy of Family Physicians, psychiatric consultation is being made available to primary care physicians (pe-

and other youth in the group, Joey inched his way up, step-by-step, crawling when he was too scared to stand, until he reached the summit. His experience stayed with him, when two weeks later, during discussion of a future hike, Joey requested that the group hike the same difficult, terrifying trail. Having thought often of the hike, he discovered a new-found sense of pride in his accomplishment. He was visibly proud for pushing himself far beyond what he considered his physical and emotional limits. He expected that he would be able to hike up that same trail again, but this time without fear—and he did!

The Respite Wilderness Program is designed to provide Saturday respite for families whose children have serious emotional and behavioral conditions by offering youth engaging wilderness activities that bolster confidence and competence. It promotes social skills, helps youth to understand what mutual support truly means, provides opportunities for identifying difficult behaviors and adopting more healthy coping mechanisms, builds a sense of belonging and camaraderie, and enables youth to make contributions to their community through environmental conservation.

Adolescents are referred to the program by local mental health centers, intensive case managers, probation officers, day treatment programs, foster care and group homes, private clinicians, school personnel, parent advocates and others working with youths who are troubled, in trouble or causing trouble. Youth who participate have an array of emotional and behavioral disturbance diagnoses; some have emotional disturbance and developmental disabilities. With some teens participating up to two to three years, the program’s leadership

has been consistent under its founder and coordinator, Bruce Kaufstein. And, for the past five years he has had the same co-leader and a number of volunteers including other agency staff members.

The leadership ensures that hikes and activities maximize the potential for successful completion by all members, even the weakest, and are safe and appropriate for members’ physical abilities. The program also promotes “greening” ecology and conservation projects on Long Island. This includes assisting park officials at Caumsett State Park to contain the aggressive, invasive “Mile a Minute Weed.” It also involves collecting plastic bottles and debris on Beach Clean-Ups at Robert Moses State Park. Actively participating in environmental projects reinforces the capability of each youth to contribute to the “greening” of society.

The good news about the program is that youth eventually realize how far they have come from being isolated in their bedrooms playing computer games to mastering difficult challenges and making a difference. Just stop by the Center some time and see the smiles and gleaming faces of group members when they watch the DVDs of their conservation efforts and painstaking steep mountain climbs. The smiles attest to their accomplishments, achievements and pride, but they don’t stop there. They continue as the youth share these filmed chronicles with friends and family.

To learn more about the Respite Wilderness Program, contact Bruce Kaufstein, LCSW, Director of Clinical Services and Respite Wilderness Coordinator, at bkaufstein@northshorechildguidance.org.

Where children are encouraged to mend their hearts

Through its trauma-informed programs, the Jewish Board of Family and Children's Services (JBFCS) is making a difference one child at a time. "Now that I feel safe," one child served in residential treatment by JBFCS shyly says, "I want to help animals."

It does not seem unusual that a child who has gained a sense of security and trust would seek to help others, whether people or animals. It is the power of being in a culture of healing that helps to mend hearts at JBFCS.

Clinical treatment at the JBFCS residences encompasses a wide variety of therapeutic methods, including individual and family therapy. The trauma-based treatment model called Sanctuary® encourages a safe, therapeutic environment for healing the scars left by the trauma experienced in the lives of these young people.

At the heart of the healing culture are commitments to nonviolence, safety, and compassion; social and emotional learning and development; development of trust and respect for boundaries; social responsibility; and the capacity to cope positively with change.

Helping to create this culture is the staff of the JBFCS Center for Trauma Program Innovation, which provides training, information and consultation about state-of-the-art evidence-based trauma services and treatment approaches throughout New York City and NYS. Since its founding in 1998, it has developed innovative programs that address family, community and societal violence and the impact of disasters and terrorism. The Center is a program of the Martha K. Selig Educational Institute, the training and education center of JBFCS. The Center for Trauma Program Innovation promotes the development of new trauma services for children and their families, both on the local and national level. Over the last three years, it provided

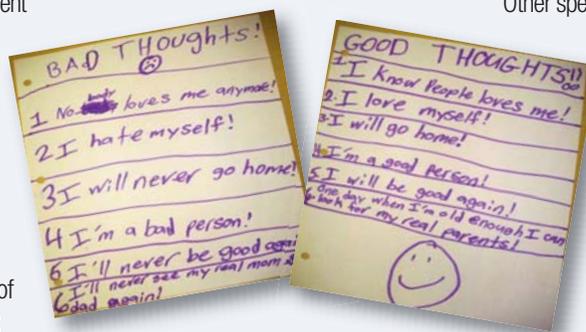
trauma training to more than 5,000 professionals from both JBFCS and community agencies and schools.

Training areas include grief and loss in children and traumatic bereavement; cognitive behavioral therapies and school interventions, incorporating play therapy, and parenting skills programs; the needs of lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth in treatment and the creation of safe, affirming and therapeutic environments for LGBTQ youth; disaster first aid and coping, with attention to suicide risk assessment; and an array of trauma offerings (introduction to trauma and PTSD, community trauma, assessment and treatment, complex trauma and more).

Other specialized treatment models such as art therapy, music, dance, and drama programs, as well as writing groups are utilized to help the children and adolescents express their feelings and deal with their trauma. An example of how training is translating into clinical care can be seen from among the children's contributions to a "Stop the Violence" art project. As the accompanying art work shows, young children can and do use

art to understand where feelings reside and, in doing so, deepen their awareness of the relationships between thoughts, feelings and actions. The art work poignantly shows how training translates to treatment practices directed toward nurturing growth and compassion and helping children deal with the traumas in their lives.

The JBFCS Center for Trauma Program Innovation was recognized May 3, 2010, by OMH during Children's Mental Health Day, and celebrated as a "program uniquely impacting the lives of young people and families." To learn more about the Center for Trauma and Innovation at JBFCS, contact its Director of Trauma Services and Training, Christina Grosso, at CGrosso@JBFCS.org or visit the website at http://www.seliginstitute.org/course_inv.html.



pediatricians and family physicians) who treat children and youth with emotional and behavioral conditions.

Primary care physicians are often the first point of contact for families seeking help and information about their children's emotional and behavioral health. While primary care physicians do provide a majority of treatment to children with emotional and behavioral issues, many of these providers lack the expertise and necessary training for dealing with complex psychiatric needs of children.¹⁸ To support the critical role that pediatricians and primary care physicians are playing in identifying and treating emotional dis-

turbances in children, OMH, in collaboration with its partners, is supporting Project TEACH (Training and Education for the Advancement of Children's Health). Project TEACH aims to link primary care physicians with child mental health experts across NYS. The goals are to provide ongoing training and consultation services to better meet the mental healthcare needs of some children seen in primary care practices and to provide a mechanism for systematic referrals to specialists for treatment or supports for children requiring complex care and their families.

Project TEACH services are being provided by the University Psychiatric Practice (of the University of Buffalo) and Four Winds Foundation. The University Psychiatric Practice represents an innovative and unprecedented partnership of academic medical centers 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 Long Island Jewish/North Shore University Health System. The partnership also includes the REACH (Resource of Advancing Children's Health) Institute, which is supporting the training component. From these academic centers, consultation and training are being provided to physicians in their respective geographic regions.

Mobile services offering hope and support for Capital District families, children and youth

Any day in Schenectady, Albany and Rensselaer counties are two teams of mental health specialists quietly responding to children, youth and families and helping them find solutions that fit their needs. Their offices are often the homes and streets of their communities, wherever a family with a child or youth—particularly youth up to age 18 who have both mental health challenges and developmental disabilities—is experiencing a crisis or struggling with uncontrollable behavior.

Founded in 2007, the Parsons Child and Adolescent Mobile Crisis Team (CAMT) serves any family whose child or adolescent is having an emotional/behavioral health crisis at home, or even in emergency care settings. The CAMT staff provides consultation and information, crisis assessment, intervention and stabilization. When necessary, it helps to find alternate levels of after-crisis phone support to help the family plan next steps for preventing or dealing with future crises. An important focus of CAMT is to ensure that the children are safe and receiving support to get them through the crisis.

Underlying the work of CAMT is the guiding principle to assist children and families in the least intrusive, least traumatizing manner possible. "It's all about the child, parents and siblings," says Richard Johnson, CAMT Project Director. Families, he adds, are pivotal to resolving crises. "It is essential that families have hope and have their strengths recognized. Our job is to support the family, and be in and out, except for follow-up."

Youth and families are helped in different ways. When called upon by the police to respond to a distressed teen who was voicing suicidal thoughts, the CAMT immediately went to her home to help. The team quickly formed a relationship with the young woman, assessed her mental health status, and worked with her and her parents—

who were out of state for the day—to come up with a plan to manage the situation. The safety plan they developed required the constant presence of an adult family friend until her parents were able to return home. Follow-up care by the CAMT case manager involved

connecting the young woman to an outpatient therapist with whom she was willing to work. This was an important milestone, because the young woman had rejected offers of help up to this point.

The consultation, assessment, crisis intervention, and stabilization services offered by CAMT are the result of a collaborative, intergovernmental program of the three counties. It is managed by Parsons Child

and Family Center and operates between 1:30 to 9:30 p.m., Monday through Friday. CAMT services can be accessed via each county's system of care and links to its providers.

The outcomes are impressive. Since its start, 8 out of 10 youth receiving CAMT services have been diverted from a higher level of care and remained at home in their own communities. Children presenting at the crisis intervention unit of the Capital District Psychiatric Unit during the same period (for the hours of CAMT operation) declined by 7%. When a higher level of care was required to maintain wellness and safety, CAMT teams were able to facilitate appropriate services. And, the program has resulted in cost savings while delivering effective services and supports.

The Parsons Child and Family Center CAMT program was recognized May 3, 2010, by OMH during Children's Mental Health Day, and celebrated as a "program uniquely impacting the lives of young people and families." To learn more about CAMT, contact Mr. Johnson at johnsor@parsonscenter.org or visit the CAMT web page at the Parsons website at http://www.parsonscenter.org/site/PageServer?pagename=programs_mobile_team.



CAMT staff provide consultation and information, crisis assessment, intervention and stabilization.

Integrating Treatment for Youth with Co-Occurring Disorders

Co-occurring substance abuse and mental health disorders are highly prevalent in adolescents and difficult to treat. Without effective interventions, youth with co-occurring disorders generally have poor outcomes and are at greater risk for medical and legal problems, contact with the criminal justice system, school difficulties and dropout, unemployment, poor relationships, and suicide. Today, 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.¹⁹

Work continues on implementing recommendations from the OMH and OASAS Task Force on Co-occurring Disorders Youth and Adolescents Report (http://www.omh.state.ny.us/omhweb/resources/publications/co_occurring/). Since issuing the report, OMH has continued its partnership with OASAS, facilitating use of an evidence-based substance use screening tool in outpatient settings. It has also held joint statewide train-the-trainer education with a cadre of chemical dependency and mental health clinicians on adolescence and co-occurring disorders. Future activities include ongoing training to promote integrated care across systems, consideration of motivational enhancement training, and opportunities to advance the Task Force recommendations.

Showing Promise for At-Risk Youth

Nationally recognized practices for school success are being piloted in NYS via the Promise Zones initiative. Through targeted delinquency prevention funding from the Division of Criminal Justice Services, the Promise Zones initiative is rooted in promoting school engagement and success for high-risk youth. A collaboration spearheaded by OMH and the State Education Department, the initiative aims to mitigate the powerful risk factors for time out of school due to truancy, suspension, expulsion, or arrest, and poor school performance. As such, when implemented in Syracuse, NYC and Buffalo this fall, the designated Promise Zones will strive to connect high need youth with necessary community-based supports; create learning environments that engage students so that they are on task and ready to learn; and alter school culture and climate in ways that foster individual social and emotional competencies, school attendance and achievement.

Already established Promise Zones are participating and focusing on improving access to critical community-based resources. They are striving to facilitate access to community resources that provide the right services at the right time. Aiding this effort will be instructional and student support teams. The partnership at the State level will help to incor-

porate evidence-based practices that are associated with student engagement, academic achievement, and dropout prevention in schools serving at-risk children with high need.

Finding Community Solutions

In July, OMH and OCFS announced a comprehensive solution to address the chronic need for community-based mental health alternatives in Brooklyn for children and their families. The overall plan also responds to a lack of intensive residential treatment in NYC for court-involved youth who have mental health problems.

The plan is designed to dramatically improve mental health care for children and youth, creating the first-of-its-kind State-operated comprehensive mental health center to serve 600 children and their families each year, helping to avoid disruptions to families caused by the overuse of institutional care. Located at the Brooklyn Children's Center, the new center will offer clinic services, counseling and family therapy, community-based brief crisis care for youth, intensive day treatment and family and home-based support.

The plan also calls for the first residential treatment facility in the State dedicated to serving youth in the juvenile justice system with major mental health needs. Currently, many of these children are far from home in upstate facilities. The new 24-bed residence will be located on the campus of Brooklyn Children's Center in a distinct space separate from the outpatient mental health programs.

Finally, the plan will expand the overall mental health services capacity in the other boroughs of the City. It will create a new State-operated mental health clinic at Bronx Children's Psychiatric Center to serve 250 children. It will expand intensive case management services in Queens and in the Bronx. It will also add a small number of beds at the Bronx Children's Psychiatric Center, Queens Children's Psychiatric Center, and South Beach Psychiatric Center.

Other vital children's services

Day-to-day operations of OMH's Division of Children and Family Services are guided by the values underlying The Children's Plan. Among Division goals are strengthening ties between family and youth and the work of the Division, improving access to psychiatric consultation services, enhancing data-informed decision making and nurturing workforce skills and competencies. These priorities are being addressed by a number of ongoing initiatives, a few of which are highlighted below.

Espwa fè viv: Hope makes life

The devastating earthquake that struck Haiti on January 12, 2010, was characterized as the worst in more than 200 years, leaving the country in shambles. The Haitian government reported that an estimated 230,000 people died, 250,000 were injured, and nearly one quarter were made homeless. As the country and the international community reacted to the chaos and destruction, family members in Brooklyn, home to one of the largest Haitian communities in the nation, braced for the worst. Survivors—adults and children—who left Haiti and joined family members in NYC recounted the trauma and fears they experienced. Some of these children and children who were relatives of survivors attended schools where the Interborough Developmental and Consultation Center operates Clinic-Plus and outpatient services programs.

Interborough immediately responded with psychological first aid. Bilingual psychotherapist Tatiana Michel, LMSW, recalls that the days after the earthquake at Brooklyn Tilden High School campus. “There was a dark cloud over the school, an uneasy silence and anxiety.” The crisis intervention team introduced art and music therapy to reach out, identify and support students coping with traumatic stress. The team also reached out to parents and caregivers, providing education, engaging with them, and securing parental consent for treatment when assessed as being clinically appropriate.

Out of the care and concern, children and youth expressed their fears and discussed their experiences. Children and youth described seeing neighbors and friends in Haiti “dead on the streets everywhere.” They talked about the horrible smell and seeing bodies “collected like they were trash and dumped in big holes.” Children and youth said they worried about

family members in Haiti, facing the impending hurricane season, having no water to drink, and waiting for shelter. They spoke of their personal difficulties eating, not sleeping well, having nightmares, and feeling guilty that they could not help.

Haiti Living in Hell

by Kerline Louis

*7.0 magnitudes earthquake
How does it feel to be there?
Shake right to the heart and soul.
The pictures of love one
Start falling off the wall.
The house start shaking
Plunging right to the ground.
The house is tearing apart.
Blacks start to collapse
Young children start cry
Jezi jezi edem!
Jesus Jesus help me!
Mother crying out
Kote timoun mwen yo
Where are my kids?*

*Father reaching out to his son
Sister out there can't help her brother.
2 month old baby
New to the world
Being a victim of broken bones.
12 years old girl
Seeing such a disaster
And still surviving after 6 days under concrete.
Port au prince now without a port.
3 million now traumatic.
The capital had turn
Into the capital of dead bodies.
200k throwing into the truck
And get dump over the mountain.
People crying for help
The president is now homeless.*

*No power no electricity
Mostly no food and water.
Haiti is now on the big screen
The voice of help is reaching out to heaven
Had god forsaken them
Voices of the world,
USA, Europe, Africa, Asia
Unite as one to help.
Haiti is now a living hell.*

But, despite a general reluctance in the Haitian community to seek mental health support (partly from not understanding the effects of trauma and partly from fear of stigma and discrimination), many families embraced the support and their children were helped. One child summed it up best by saying, “Before coming to therapy, I used to feel like I was suffocating at home sometimes. Therapy is helping me to learn more about myself and talk about my problems. I feel more comfortable expressing my feelings and I feel liberated. My dreams have grown and I feel everything is possible for me.”

It is through the modalities of art and music and connections to caring adults in the community, particularly through the culturally sensitive services provided by Interborough, children have expressed feelings, coped with their fears and regained a sense of hope. It is through the compelling poem of a youth who experienced the earthquake that (see box in center) we are reminded that giving voice to our experiences is restorative and healing.

The Interborough Developmental and Consultation Child and Family Clinic-Plus program was recognized May 3, 2010, by OMH during Children's Mental Health Day, and celebrated as a “program uniquely impacting the lives of young people and families.” To learn more about the program, contact Joanne Siegel, LCSW, Director of the Child and Family Clinic-Plus Program at jsiegel@interborough.org.

Strengthening Family Support

Compared to traditional clinical care for mental health problems, family support services uniquely aid parents in better understanding their own needs; in feeling less isolated and stressed; and in taking an active role in their children's services. It is expected that family support services will continue to expand, particularly because they are adaptable to family and individual needs, thought to be cost-effective, and serve as a natural link to mental health services for parents who might otherwise avoid engagement because of stigma, or negative experiences with care.²⁰

A new development in the area of family support services is movement toward professionalization of the services, billable mental health services, and the creation of credentials that enable parent providers to deliver the services. In light of rising workforce shortages, the role of the family support specialist is likely to provide the service system with highly qualified professional family advisors that are able to deliver effective family support services.²¹

In collaboration with Families Together in NYS and Columbia University, as well as with representatives of local family organizations and mental health providers, OMH is putting in place a credentialing program that takes advantage of the Parent Empowerment Program (PEP) model. PEP basic training includes a focus on engagement skills, information and education, emotional support, advocacy support and workforce integration.²² PEP basic trainings will be held annually and the credentialing program is set to begin later this year.



Increasing Access to Psychiatric Services

A growing body of literature suggests that telepsychiatry has the potential to address the workforce shortage problem that directly affects access to care, especially in remote and underserved areas. Provided by live, interactive communication and videoconferencing, telepsychiatry has become an important modality for providing care and education.²³

The Children's Telepsychiatry Initiative, which provides psychiatric consultation services particularly in the more rural counties of the State, continues to expand. In recognition of a growing need for this service, the OMH Division of



Children and Family Services has established the New York Child and Adolescent Telepsychiatry program. Services are being delivered by the Columbia University Division of Child and Adolescent Psychiatry to the OMH regions of New York City, Long Island and Hudson River. The Upstate Medical University Professional Practice Group is covering the Western and Central Regions. Among services offered are evaluation by a child and adolescent psychiatrist, diagnostic consultation, treatment planning, medication management, and discharge planning.

Advancing Evidence-Based Treatment

An evidence-based treatment is one that integrates the best research evidence with clinical expertise and values of the person being served.²⁴ Scientific findings are crucial to

Nurturing trust and strengths: Helping parents with disabilities

It's happening in New York communities daily. A parent is diagnosed and hospitalized with a disabling condition such as cancer and neighbors mobilize to help out with the children. Casseroles are baked, laundry and ironing done, and help with homework and school activities are offered. In many a community, however, there are a number of parents struggling with the invisible disability of mental illness and support is lacking. Their situations may reflect stigma, fear of the unknown, and simply a lack of knowledge about how to support these families.

Today there continues to be hope and a growing recognition that parents with psychiatric disabilities need support in facing the unique challenges they encounter in their role as parents. Through initiatives like the Jefferson County Invisible Children's Program, parents are provided with case management services where the value of doing whatever it takes to meet a parent's needs underlies the work of each case manager. Much like the casseroles and home work help, the program helps families to experience support that makes a difference in their lives.

The nurturing environment parents find in the Invisible Children's program encourages parents to take ownership of their own recovery, as well as the program itself. This level of recovery is a tremendous victory for members who have felt alone, fearful and uninvolved in their own recovery for a majority of their lives. Encouraged, empowered and beginning to experience success, parents become supportive of one another and of the group as a whole.

Parents are motivated to work diligently and given tools to help them maintain or regain custody of their children. Many come to understand the value of turning their fears of child protective services involvement into taking steps to be proactive and address problems as they occur. The milieu of nonjudgmental, person-centered support they encounter in the program is critical to helping parents gain trust, put aside their fears, and with assistance move forward. It also helps that members of the program are taught

Continues on next page

the development of an informed partnership between providers, individuals and families, where scientific knowledge, clinical expertise, experience, and values are weighed in health care decision making.²⁵

Dissemination of best practices

Through the Evidence-Based Treatment Dissemination Center (EBTDC), OMH is helping to enhance the quality of life for children and families by increasing access to treatments shown to be effective. The Center provides mental health clinicians with intensive training and support in evidence-based treatments. Each year, the EBTDC offers a three-day training program in evidence-based practices proven effective with children and their families (e.g., disruptive behavior disorders treatment). Following training, clinicians are offered a year of clinical consultation to help the treatment to take hold in daily practice. Training is provided directly by the experts or their associates who developed the treatment models.

Trauma-informed care

The EBTDC has trained more than 400 clinicians statewide on trauma-focused cognitive behavioral therapy. Building upon this, OMH is updating and revising the staff orientation training curriculum for use in State children's psychiatric centers so that it includes content and guidance for trauma-informed care. Supplemental training on trauma-informed care is now an annual requirement for staff. The EBTDC is also piloting extensive trauma-informed care training and consultation for clinicians in a small number of psychiatric and residential treatment facilities. The results

of the pilots will help with replication of training in other psychiatric centers and residential treatment facilities.

Summary

To continue to create the conditions for success, OMH will focus on a holistic approach to promoting social and emotional wellness as well as promotion and prevention, and early identification of and intervention for mental health problems. It strives for integrated and effective services and supports based in individualized care, one family, and one plan. Appendix 4 provides background on many efforts aimed toward this transformation. The descriptions of programs and initiatives are organized by the goals that have been directing and will continue to direct ongoing transformation of the system of care serving very young children to youth and their families. These goals include:

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

about and prepared to deal with the stigma and discrimination they may find both inside and outside of the mental health system.

Issues with stigma, prejudice and discrimination are huge and difficult for parents to deal with alone. Many times, they feel ashamed, discouraged and traumatized after seeking help from providers and family members. Many relate horror stories where their pleas for assistance led to a lack of confidence, loss of trust and traumatic experiences that caused more harm than good. The program is crucial in helping parents regain trust and face their fears that might otherwise end up disabling them in their roles as parents and adults.

Believing in each member's capacity for strength, growth and desire to be the best parent possible, the program empowers members. Case managers help parents to take ownership and gain confidence. The case managers accompany parents to meetings, assist with completing paperwork, listen with compassion, and help them to sort through possible solutions in a way that is com-

fortable for them. What is nice to see is the considerable progress members make when they are treated with respect and are actively involved in decision making that reflects their concerns and feelings. The key is that recovery is in their hands and supported by peers and the Invisible Children's program staff.

The Invisible Children's Project started in 1993 as a program of the Mental Health Association in Orange County, New York, and has expanded nationally. As designed, the Invisible Children's program, which is considered among promising programs, brings essential services to parents that help improve their abilities to parent and create safe and nurturing environments for their children.

You may obtain more information about the program model at the Mental Health America website at http://www.nmha.org/go/icp_project. For more information about the Jefferson County Invisible Children's Program, contact Melanie Chapman, the Program Director, at mchapman@mhajc.org.

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