

Hope * Resilience * Recovery

Mental Health Awareness Month

May 2015



Commissioner's Message

Our children and youth are the cornerstone of our state and each May, the Office of Mental Health looks forward to raising awareness about the importance of children's mental health and honoring the programs that are successfully working without youth across the state. Throughout this edition of the OMH News, you will read first hand accounts of individuals who have successfully transitioned through the mental health system and are now giving back to others in their communities. These individuals are the true definition of hope, resilience, and recovery.

Also inside this newsletter, I hope you enjoy the artwork created by children's living in New York State with social and emotional issues. This artwork is on display every Tuesday during the month of May at the Empire State Plaza.

New York State is a leader in addressing children's mental health issues. With more than 1,100 child-focused programs in New York State providing more than 50 different types of community-based services in our schools, homes and neighborhoods, the Office of Mental Health offers one of the most expansive children's mental health systems in the world.

Research has shown that early identification and intervention of social and emotional issues, beginning prenatally and continuing throughout the lifespan, is an essential component of the health and well-being of children and adults. I am honored to work with the many individuals and programs that have dedicated their efforts towards early intervention programs and supporting the social and emotional development of our children, and I look forward to strengthening our capacity to do even more in the future.

Ann Marie T. Sullivan, M.D.,
Commissioner



Office of
Mental Health

Stories That Inspire

Caitlin Neumann, President, Youth POWER! Board of Directors and Peer Mentor for the Mental Health Association of Erie County



Photo provided by Caitlin Neuman

Growing up, I considered myself a mundane individual. I didn't think there was anything special about me, nor did I think that I was destined for greatness. I didn't mind blending in because I wasn't sure where I truly belonged anyways. I lived an ordinary life and that was fine by me. During my middle school years, I started experiencing symptoms of depression; to my parents, friends and I it was simply the development of a growing adolescent who was mad at the world.

Looking back, I can recognize all of the red flags I showed. I remember standing in my kitchen the evening of a choir concert, begging for my mom to break my arm so I wouldn't have to sleep over at my friend's house, followed by walking into the bathroom, locking the door, and hurting myself for the first time. That was the theme for the duration of my middle school years.

Everyone always told me that I would have the time of my life in high school; that kids didn't care what you dressed like and people minded their own business. I learned very fast that my high school career was going to be the exact opposite. Transitioning from middle school to high school, my friends came with me, but so did my mood swings. In return, I lost every single one of my friends because they were sick of my constant mood change. They decided to bully me by creating an online Facebook page under the name "Anti-Heubert Group", asking people around the school to join my hate group while swapping stories about how much of a horrible person I was.

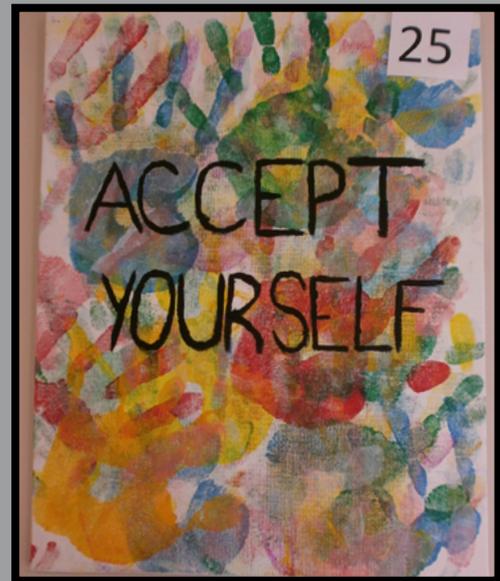
My parents started noticing my behavior; panic attacks in school that were so bad I'd hide in the janitor's closet, skipping classes, grades dropping and the overall lethargy. The feelings of self-loathing I had led me to my first attempt of suicide. The school didn't do much to help, so I was enrolled in counselling and put on medication. It was shortly after that I started to become a frequent risk to myself.

At 15 years old, I had to find a completely new set of friends. I felt empty and isolated, and it's truly the most devastating feeling. Silence was the most terrifying sound. I fell into a destructive pattern after becoming friends with some older, negative influences. I found myself in an abusive relationship with someone who hurt me physically, emotionally and mentally. I drowned my pain with drugs and alcohol. I silenced my pain by self-harming.

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After my parents found out about the drugs, excessive scars on my wrists and the inconsistent attendance at school resulting in failing all my classes, I was hospitalized for the first time in October of 2010 where the doctors diagnosed me with a Mood Disorder NOS (not otherwise specified) alongside severe depression and anxiety. The next two years of my life consisted of countless hospitalizations, changing schools, and two more suicide attempts. That became my new normal. I dropped off the face of the earth and fell into this vicious cycle of fighting myself.

I remember one night in particular during the winter of 2011. I was lying in my bed in a psychiatric hospital after being brought back from home following a meltdown, feeling lost, feeling hurt, embarrassed, and like a freak.



I bawled my eyes out for hours, wanting for just one person to understand what I was going through. I have an amazing support system and I did when I was younger as well, but nobody told me that it got better and that I wasn't alone. And that's what I needed to hear.

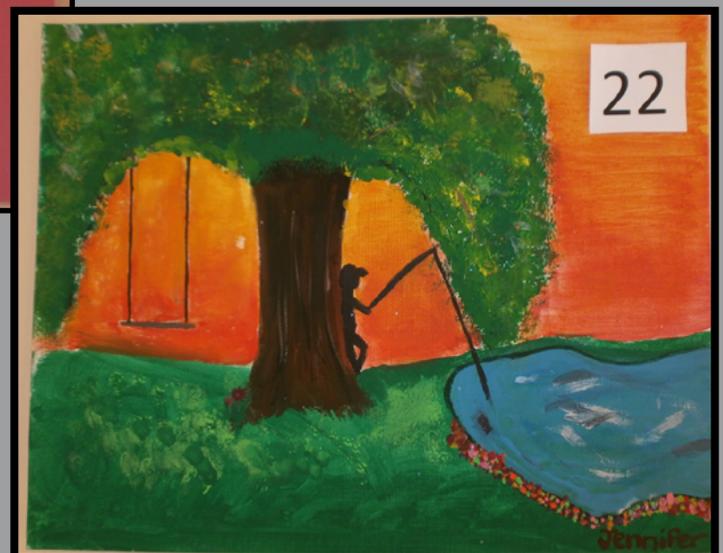
When I moved back home, I had all of these nagging "what if" questions that were on a constant loop in my mind. What if when I was first hospitalized, I met a young person who told me that I wasn't alone and that everything was going to be okay? What if I had someone to help guide me through this difficult transition in my life? Ironically, as if my thoughts were heard, I was introduced to YOUTH POWER!, which is the New York State network of young people who have been labeled and are seeking change. I became involved with the organization, and I realized that this was the answer to the questions that were going through my head. Once I became involved with YOUTH POWER!, I was surrounded by young people with lived experiences who knew exactly what I was going through. It was the first time I ever felt proud of who I was as a young girl with a mental illness. The feeling was indescribable. I was empowered and inspired by my peers.

Soon after, I started becoming more and more involved with YOUTH POWER!, learning as much as I could about advocacy efforts taking place in New York State and how I could become an advocate myself. My peers at YP! truly helped me shape the skills I needed in order to become a young professional. Shortly after becoming a board member, I became President of YOUTH POWER!'s Board of Directors, which has been an absolute blessing. Our mission statement states our job perfectly. YOUTH POWER! is the New York State network of young people who have been labeled and are seeking change. Together, we have decided to speak up about our experiences because no one knows what it is like for us better than we do. Through peer-to-peer mentoring, we empower young people to be active citizens, aware of government operations, their rights and the ability to use their voices to influence policies, practices, regulation and law. We are young people helping other people, ensuring availability of self-help and peer support while changing systems so that young people get the support they need with the respect and dignity they deserve.

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In the fall of 2013, I got my first job ever as a Youth Peer Mentor at the Mental Health Association of Erie County. I started off at 2 hours a week, but jumped at the opportunity to work as a Peer. Looking back, I had no idea what would come into fruition. My role at the Mental Health Association has expanded beyond the office and into every single facility where I was once a patient. I run support groups on BryLin Hospital's and Erie County Medical Center's adolescent psychiatric units as well as run a teen peer support group in Erie County. The youth I work with feel how I felt just a few years ago; they come in feeling hopeless and segregated from society, as if their mental illness was written on their forehead. Mental illness should not be objectified and it should not define, label or limit us. The youth I meet are not simply "depressed", "diagnosed" or "disabled". They're artists, musicians, writers, athletes, students, dreamers- we're people, and it's society that disables us. Working as a Peer not only helps the youth I work with, but it helps me just as much. It reminds me where I came from, what I've overcome, and how I've changed. Most of all, it makes me proud, which is something I never thought I'd be able to say. When I was younger, I thought the best thing I could do for myself was to blend in and to go through the motions. I allowed myself to be defined by my depression and to be put in the box that society put me in. Now, years later, I am able to say: my name is Caitlin Neumann and I am a young person with a mental illness, and I am proud.



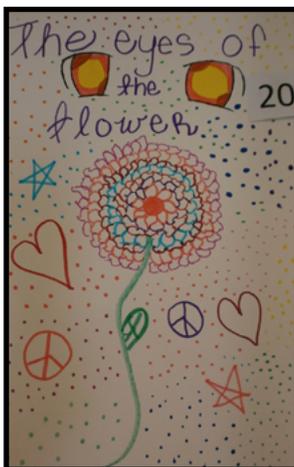
YOUTH POWER!

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YOUTH POWER!'s current strategic plan includes the following goals:

- 1: To expand and strengthen the YP! network while remaining youth run
- 2: To successfully advocate for systems change to ensure better opportunities for young people
- 3: To increase empowerment, skill building, leadership and advocacy opportunities for young people with disabilities and system specific labels.
- 4: To improve quality of youth peer advocacy & involvement by offering technical assistance and training opportunities to young people and adult allies
- 5: To practice and promote cultural competency and diversity

Visit the [YOUTH POWER! website](#) for more information.





My life as a Mom and a Peer Advocate

By Anne Messineo, Parent Advocate, Parsons Child & Family Center

I am the proud mother of four children. My oldest, Sara, was 6 ½ years old when she was placed in our home. Seven years later, almost to the day, we received a call from our county Department of Social Services, asking us if we could take immediate placement of 5 ½-year-old twin boys, Rick and Kevin, and their 7-month-old half sister, Mariah. By immediate, they meant right that minute but since I was working a full-time job, I managed to get them to hold off until about 4:15 that afternoon.

Kevin's behavior problems manifested within 24 hours of his arriving in our home. Every little thing set him off and his outbursts that day seemed non-stop. It was decided that Kevin would benefit from being placed elsewhere and he ended up spending a couple of weeks with another foster family before being placed at Healy House for a three-week stay. During that time, we had to make some hard decisions. Would Kevin return to our family? Could we handle a child who was so volatile and still keep everyone else safe?

After meeting with the staff at Healy House, we made the decision to bring Kevin home. Over the next few years, Kevin's behavior was very unpredictable. Some days, he was very compliant, while other days, he would have tantrums that could last from a few minutes to a few hours, with one that lasted about 10 hours. We were at a loss and, because these behaviors occurred mostly at home, we felt like fingers were being pointed at us and how we parented him. Some days, Kevin and his brother would do something that we fondly referred to as tag-team tantruming. One would have a meltdown and, just as he would start to calm down, the other one would start.

The breaking point finally occurred one day when Kevin acted out in school. He barricaded himself in the boys' room and attempted to rip the sink from the wall. He was yelling at the top of his lungs and kicking the walls. He was in the fifth grade at the time. A decision was made to put him into the 8-1-1 class that was in the middle school until a more appropriate placement could be found. Within a few days of being placed in the new classroom, Kevin had an intense outburst and was unsafe to be placed on the bus to come home. When I arrived at the school, Kevin was in a restraint and was yelling at the top of his lungs, threatening to bring a gun to school to kill everyone. He calmed down after about 20 minutes and was able to agree to stay safe on the way home.



Later that afternoon, I received a call from the assistant superintendent, informing me that Kevin would be suspended for three days during which time the district would put in a referral to Healy House. The district was also looking for an appropriate out-of-district placement for Kevin.

This incident was the one that finally got case management services in place for Kevin. He began receiving Intensive Case Management services through our local county mental health. It wasn't long before everyone realized that Kevin needed more and he was referred to Parsons Home and Community Based Services Waiver program. Before Parsons, I often felt like we were in a free-fall with nothing out there to catch us or help us. Almost as soon as we met our Individualized Care Coordinator, I felt like I had been caught in a huge safety net.

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Through the HCBS Waiver Program, services were wrapped around Kevin and support was provided to the rest of the family. He attended the Day Treatment program at the Neil Hellman School at Parsons, receiving therapeutic support in addition to completing his middle school years.

Not long after Kevin started with this program, I was introduced to the Parent Advocate who worked with the program. She shared some of her story and I realized that there was someone out there who could identify with what I was going through. The safety net got that much stronger. In sharing her story, she told me about adjustments she had to make in her parenting style in order to meet her son's needs. Without pointing a finger, she helped me to see that some of our parenting style may not be helpful to our son.

At the time, the Waiver Program was running a group for parents and caregivers. Even though it was not always easy to make it to the group, our parent advocate encouraged me to go. In the group, I found that, although our stories were different, the emotions that each of us was feeling were the same, and I was able to find support from these folks who were going down a path that none of us would have chosen for ourselves or, more importantly, for our children.



Kevin's time in the program was a time of growth for all of us. He learned how to identify when things were getting too intense for him and he learned how to do what he needed to do to stay calm and to stay safe. I gained a greater appreciation for what it takes for him to be his best self and how hard he works to have a good life. I learned that the understanding and support of the community is a necessary part of that process.

Kevin knows that he will always have to be diligent in his self care. He took up running and, later on, weight lifting, as a way to help him relieve stress. For the last several years, he has held several jobs in retail but he is now preparing to embark on a new adventure, working with a stone mason. He is hopeful that the physical labor will meet his need to keep moving.

Another positive outcome for me is that I was asked to become a Parent Advocate for Parsons Waiver. I have been honored to do this work for the past three years. There are days when I feel like I get more from the families than I give. It is a humbling experience for me to be able to sit with families during their darkest hour and to have them open up to me and share what they are going through. It is satisfying to be able to help them find services and supports in their community that will be there for them long after their child moves on from Waiver Program.

When I was first approached, I truly felt that I was not qualified to do this important work. I remarked that I did not go to college, only to be reminded that I had Kevin. Yes, I had Kevin, and for that I am eternally grateful.

HCBS Children's Waiver (HCBS) Program

By Joyce Billetts, OMH Office of Financial Management

The HCBS Waiver is a Medicaid funded program that serves high need children and adolescents between the ages of 5-17 (prior to their 18th birthday), with complex and significant mental health needs in their homes and communities thus decreasing the need for long-term psychiatric hospitalizations. Services are provided based on the individual needs and strengths of each child and family. This promotes wellness, leading to success for the child and family. It ensures effective interventions by joining the family, treatment provider(s), core waiver services and other natural supports together. Participation and freedom of choice along with safety is a primary concern highlighted by the HCBS Waiver.

There are currently 1,845 HCBS Waiver slots in all counties throughout New York State except for Oneida County. Slots are continuously allocated as funding and need arises.

There are six specific services that comprise the HCBS Waiver. These services are:

1. Individual Care Coordination (ICC)
2. Respite
3. Intensive In-Home
4. Skill Building
5. Family Support Services
6. Crisis Response

Each child must receive Individual Care Coordination. The remaining five services are selected as indicated by the child, family and ICC to support goals and objectives in the Service Plan.

There are many changes happening in the HCBS Children's Waiver at this time, a couple of them, pending approval from CMS, are increasing the age from 18 to 21 and the addition of three new services: Pre-Vocational Services, Supported Employment and Waiver Youth Peer Advocate. Pre-Vocational Services and Supported Employment Services are targeted for adolescents age 14 and up, to help them receive the skills needed in preparation for the work force. The HCBS Waiver continues to find ways to increase the Medicaid reimbursable community-based services available to the children and adolescents that we serve.



What's Great in Our State: A Celebration of Children's Mental Health Awareness

On May 5, 2015, the Office of Mental Health, along with The Early Care and Learning Council, Families Together in New York State, The Infant Mental Health Association/The Capital District Child Care Council, NAMI-NYS, New York State Council on Children and Families, and The Schuyler Center for Analysis and Advocacy held the 6th annual What's Great In Our State event at the NYS Museum in Albany, NY.

Youth and families spoke out about the importance of children's mental health awareness and honorees were recognized for successfully addressing the issues of children's mental health in NYS.

The programs honored at this event include:

- Nassau County Babies Can't Wait Project — Baby Court Teams
- Elmhurst Hospital Center School Based Mental Health Clinic at IS 145
- NAMI Syracuse
- OMH Mobile Integration Team — Western, Sagamore, Southern Tier (Elmira and Greater Binghamton) and North Country (St. Lawrence)
- Voices of Youth Advisors



Donna Bradbury, Associate Commissioner, OMH Division of Integrated Community Services for Children and Families (far right), with some of the honorees.



From left to right:
Matthew Shapiro, NYS NAMI
Laurie Rivera, Families Together in NYS
Jessica Klos, Early Care & Learning Council
Britt Myrhol-Clarke, Office of Mental Health
Susan Perkins, Council on Children & Families
Sarah Gould, The Capital District Child Care Council

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Also, artwork created by children living with social, emotional and/or mental health challenges was displayed throughout the museum.

The artwork was provided by: Greater Binghamton Psychiatric Center, New York City Children's Center– Brooklyn Campus, Bronx Campus and Queens Campus, and South Beach Psychiatric Center.

The artwork will also be on display every Tuesday during the month of May on the Concourse of the Empire State Plaza.



Carrie Relf (right), Assistant Director of YOUTH POWER!, presenting Honor to Voices of Youth Advisors Ryan Cromwell (left), Outreach Coordinator.



Sarah Gould, (right) Regional Infant & Toddler Specialist, The Capital District Child Care Council presenting the Honor to Marcy Safyer (left) for Nassau County Babies Can't Wait Project- Baby Court Team.



Jayne VanBramer, Senior Associate Commissioner, Division of State Operated Children and Adult Services for the Office of Mental Health (far right), presenting the Honor to the Southern Tier Mobile Integration Team (left).



Susan Perkins, (right) Senior Policy Analyst at Council on Children and Families presenting the Honor to Anthy Phillips (left) for Elmhurst Hospital School Based Mental Health Clinic at Intermediate School 145.



Elmhurst Hospital School Based Mental Health Clinic at Intermediate School 145 Barbara Komsic, (left) LMSW, social worker located in the school, Dr. Abright, (center) the Director of Child Psychiatry at Elmhurst Hospital, and Anthy Phillips, (right) LCSW-R, Supervisor of the School Based M.H. Clinic.

Governor Cuomo Proclaims May 5th-12th as Children's Mental Health Awareness Week in New York State!



State of New York Executive Chamber

Proclamation

Whereas, good mental health is a key component in a child's healthy development, and Children's Mental Health Awareness Week provides the opportunity to focus on this important matter, while celebrating the accomplishments of children and families affected by mental health concerns; and

Whereas, according to the United States Department of Health and Human Services, one in five children is diagnosed with a mental health condition, with the onset occurring as early as 7 to 11 years old; and

Whereas, research has shown early identification and intervention, starting prenatally and continuing through the lifespan, can minimize the long-term and disabling effects of mental health problems; and

Whereas, children and youth with mental health and substance use problems and their families benefit from access to timely services and supports that are family-driven, youth-guided, and culturally-appropriate; they also benefit from the integration of behavioral health in primary care, education, and child welfare; and

Whereas, educating youth, family members, advocates, volunteers, staff, government officials, community members, voluntary not-for-profit providers, and others about the importance of investing in resources that ensure the mental health and well-being of our children and youth impacts the futures of our youngest citizens, families, and society; and

Whereas, New York State recognizes all individuals and organizations involved in the important work of meeting children's social and emotional development, as well as their educational needs, and acknowledges the importance of public and private partnerships that strengthen the foundation of vital resources for children's behavioral health care;

Now, Therefore, I, Andrew M. Cuomo, Governor of the State of New York, do hereby proclaim May 5-12, 2015 as

CHILDREN'S MENTAL HEALTH AWARENESS WEEK

in the Empire State.



G i v e n under my hand and the Privy Seal of the State
at the Capitol in the City of Albany this fourth day
of May in the year two thousand fifteen.

A blue ink signature of Andrew M. Cuomo, written in a cursive style.

Governor

A blue ink signature of Washam J. Mathon, written in a cursive style.
Secretary to the Governor

The Office of Mental Health offers innovative programs that directly service our children and youth, including Project TEACH, The Early Recognition & Screening Program and NYS PROMISE. To find out more, see below:



Many children with mental health concerns are identified and treated in a primary care setting. [Project TEACH \(Training and Education for the Advancement of Children's Health\)](#) is committed to strengthening and supporting the ability of Primary Care Physicians to provide mental health services to children, adolescents and their families.

The Office of Mental Health (OMH), in collaboration with the American Academy of Pediatrics (AAP), the New York State Chapter of the American Academy of Family Physicians (AAFP) and the Conference of Local Mental Hygiene Directors (CLMHD) are founding partners in Project TEACH. Project TEACH provides rapid consultation, education and training, and referral/ linkage services to primary care physicians statewide who provide care for children and adolescents with mental health disorders.

Early Recognition & Screening Program

The Early Recognition, Coordination and Screening Initiative cultivates cooperative relationships with local primary care practices, schools and other community-based programs, to promote early identification through social and emotional development screening and linkages to services.

Thirty-seven providers throughout New York State receive funds from the NYS Office of Mental Health to support a full time early recognition specialist. For more information on what this screening initiative offers, download the ERS brochure [here](#).



[NYS PROMISE \(Promoting the Readiness of Minors in Supplemental Security Income\)](#) is a five-year research project that advances employment and postsecondary education outcomes for 14-16 year old youth who receive Supplemental Security Income (SSI). This program is designed to help kids who receive SSI, and their families, successfully transition from high school to adulthood.

NYS PROMISE was developed as part of [Governor Cuomo's Employment First Initiative](#), which aims to increase the employment rate, and decrease the poverty rate, for New Yorkers living with a disability.