



Understanding New York State's Office of Mental Health Children's Resources

Fatima Siddiqui MD
Zucker Hillside Hospital, Northwell Hofstra School of Medicine



OBJECTIVES

- Provide an overview of New York State's Office of Mental Health (OMH) comprehensive children and adolescent interventions integrating systems of care in a family, focused, child centered, culturally and trauma sensitive manner throughout the communities
- Present literature review of system's of care (SOC) and summary of NY's children's resources from the Office of Mental Health

BACKGROUND

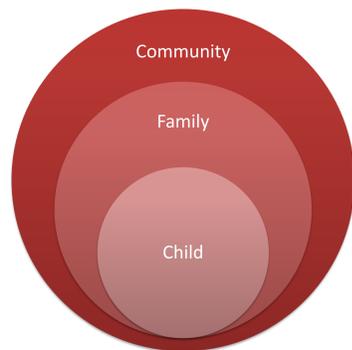
• In 1983, Child and Adolescent Service System Program (CASSP), envisioned a comprehensive mental health system designed for children, adolescents and their families.

• CASSP is based on a well-defined set of principles for mental health services for children and adolescents with or at risk of developing severe emotional disorders and their families.

Community-based: Whenever possible, services are delivered in the child's home community, drawing on formal and informal resources to promote the child's successful participation in the community.

Family-focused: Services recognize that the family is the primary support system for the child and participates as a full partner in all stages of the decision-making and treatment planning process.

Child-centered: Services meet the individual needs of the child, consider the child's family and community contexts, and are developmentally appropriate, strength-based and child specific.



NY CHILDREN'S MENTAL HEALTH SYSTEM

Inpatient Services

Inpatient	-acute care hospital < 30 days -intermediate care hospital > 30 days (state operated) -11 acute care hospitals and 3 state hospitals NYC
Residential Treatment Facility	-provides comprehensive mental health treatment and education services who are in need of treatment (>180days)

Outpatient Services

Clinic Treatment	-individual, group, family treatment, medication and case management
School Based Programs	-on site clinic treatment
Day Treatment	-clinic intervention and special education for children who cannot be maintained in regular education classrooms
Child and Family Clinic-Plus	-comprehensive assessment, screening in natural environment -evidenced based treatment to assess for emotional needs -in home services
Children's Single Point of Access (CSPOA)	-designed to improve access to intensive mental health services to remain at home or in their community - every county and borough in New York State has a working CSPOA -universal referral form -Programs include: A) Home and Community-Based Services Waiver- highest level of outpatient care B) Intensive Case Management (ICM) C) Blended Case Management (BCM) D) Family Based Therapeutic Intervention (Bronx only) E) Community Residence
Children's Act Team	-community based program which provides services, treatment and support to families with children at significant risk of out of home placement

Community Support - Residential

Family Based Treatment	-provides special home with surrogate families trained to work with youth who are seriously emotionally challenged -similar to therapeutic foster care-families do not relinquish custody -referrals made through CSPOA
Children's Community Residences	-therapeutic residential programs for 6-8 youth with additional clinical supports in the community -family is active part of treatment

Community Support - Non-Residential

Case Management	ICM, SCM, BCM- linked through case managers-CSPOA
Home and Community Based Waivers	Services include individualized care, crisis response family support skill building, respite, ICM
Children's ACT Team	
Family Support/Parents Resources Centers	-provides support services for families of a youth who is emotionally or behaviorally challenged in the child's community -5 Family Support Programs throughout NYC -9 Parents Resource Room Centers
Coordinated Children Service Initiative (CCSI)	-is to advance the development of a system of care
Family on the Move	-dedicated to providing advocacy, educations, support for families

DISCUSSION

- New York State has implemented and integrated SOC at the local level since 1990's
- The Children's Plan and Nine State Agency Commissioners serve children and their families.
- These agencies build the strong collaboration from all agencies and leadership from the Council and Children and Families.

SYSTEMS OF CARE MODEL

- Studies report positive outcomes for families, including reduced discomfort in caring and better capacity to handle their child's challenging behavior.
- Families also reported better problems solving skills, greater ability to work and more financial resources.^{1,2}
- Significantly fewer placement changes for youths in the SOC model, fewer days on runaway, fewer days incarcerated (for subset of incarcerated youths), and older youths were significantly more likely to be in a permanency plan at follow-up.
- SOC decreased emotional, behavioral, symptoms such as depression and anxiety in children and youth.
- Children and youth in SOC consistently showed improvements in school attendance and grades.
- Also reduced suicide rates and ideations

CONCLUSION

The system of care approach has reshaped children's mental health services to the extent that at least some elements of the system of care philosophy and approach can be found in nearly all communities across the nation.

SOC is using more evidenced based interventions, is constantly evolving and looking for ways to strengthen collaboration within home, school and community environment.

References

1. Manteuffel B, et al. Evaluation results and systems of care; A review. In B.A. Stroul et al, The system of care handbook: Transforming mental health services for children, youth and families (2008).
 2. U.S Department of Health and Human Services, Substance Abuse and Mental Health Services Administration(2009).
 3. Clark HB et al: An individualized wraparound process for children in foster care with emotional behavioral disturbances: follow-up finding and implications, a control study (1998).
- For more information: f.siddiqui4@northwell.edu**

Emergency Services

Comprehensive Psychiatric Emergency Programs (CPEP)	-primary entry point to mental health system-4 components -CPEP Crisis Intervention -CPEP Extended Observation Beds -CPEP Crisis Outreach-Mobile Crisis Intervention -CPEP Crisis Beds- Residential Intervention
Mobile Crisis	-Multidisciplinary team -provides evaluation/risk assessment and short term mental health services (3-4 sessions) to clients who refuse or cannot go to ED -Have the ability to facilitate hospitalization -17/24 teams citywide serve children
Home Based Crisis Intervention (HBCI)	-provides in-home crisis intervention and stabilization services for client at imminent risk of psychiatric hospitalization -families have access to a counselor 24/7, multiple weekly visits -12 HBCI programs citywide -intervention provided for 4-6 weeks
Intensive Crisis Stabilization and Treatment Program	- 3 x weekly for 3 months crisis program -combines individual and family tx with case management services in home and community
Crisis Respite Beds	-a homelike environment with room, board and supervision where individuals removed temporarily from their home