

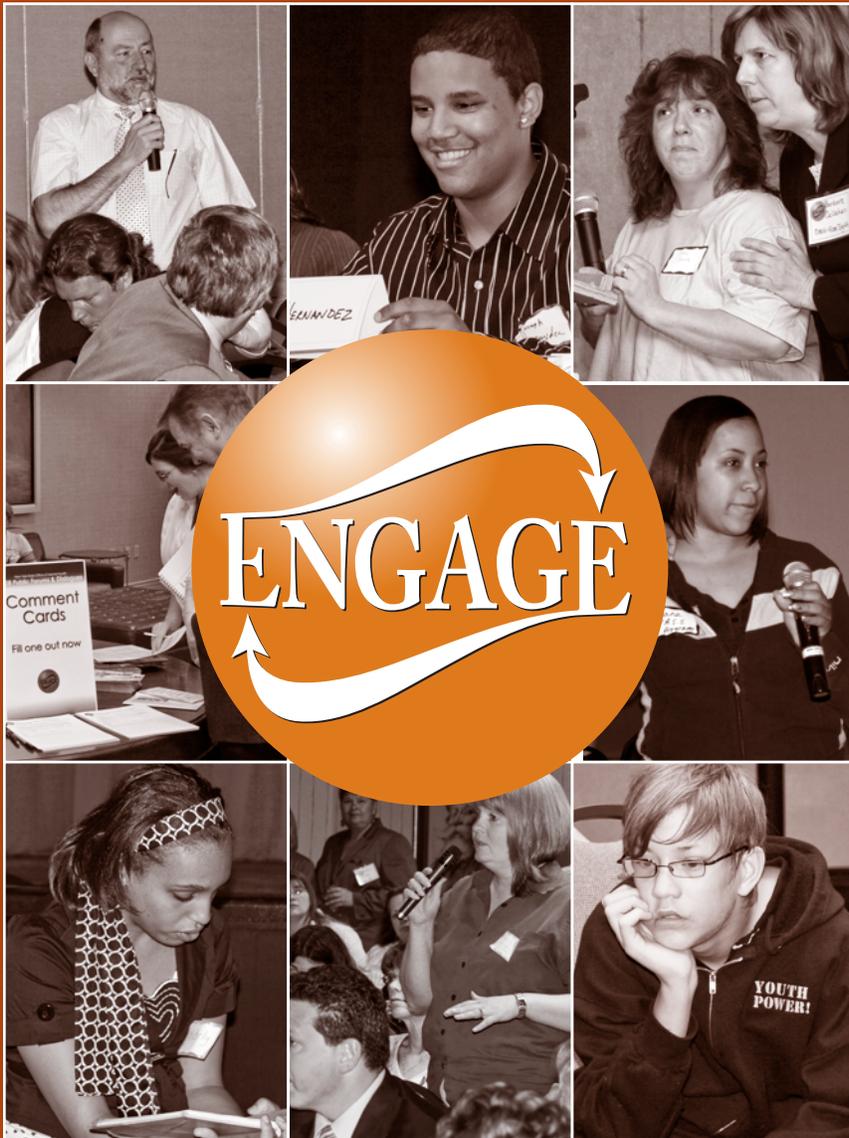


New York State  
David A. Paterson  
Governor

# The Children's Plan

Improving the Social and Emotional Well Being  
of New York's Children and Their Families

October 2008



ENGAGE

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New York State Office of Mental Health  
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MAY 2008  
CHILDREN'S MENTAL HEALTH PLAN



# The Children's Plan

## Improving the Social and Emotional Well Being of New York's Children and Their Families

The Children's Plan is intended to:

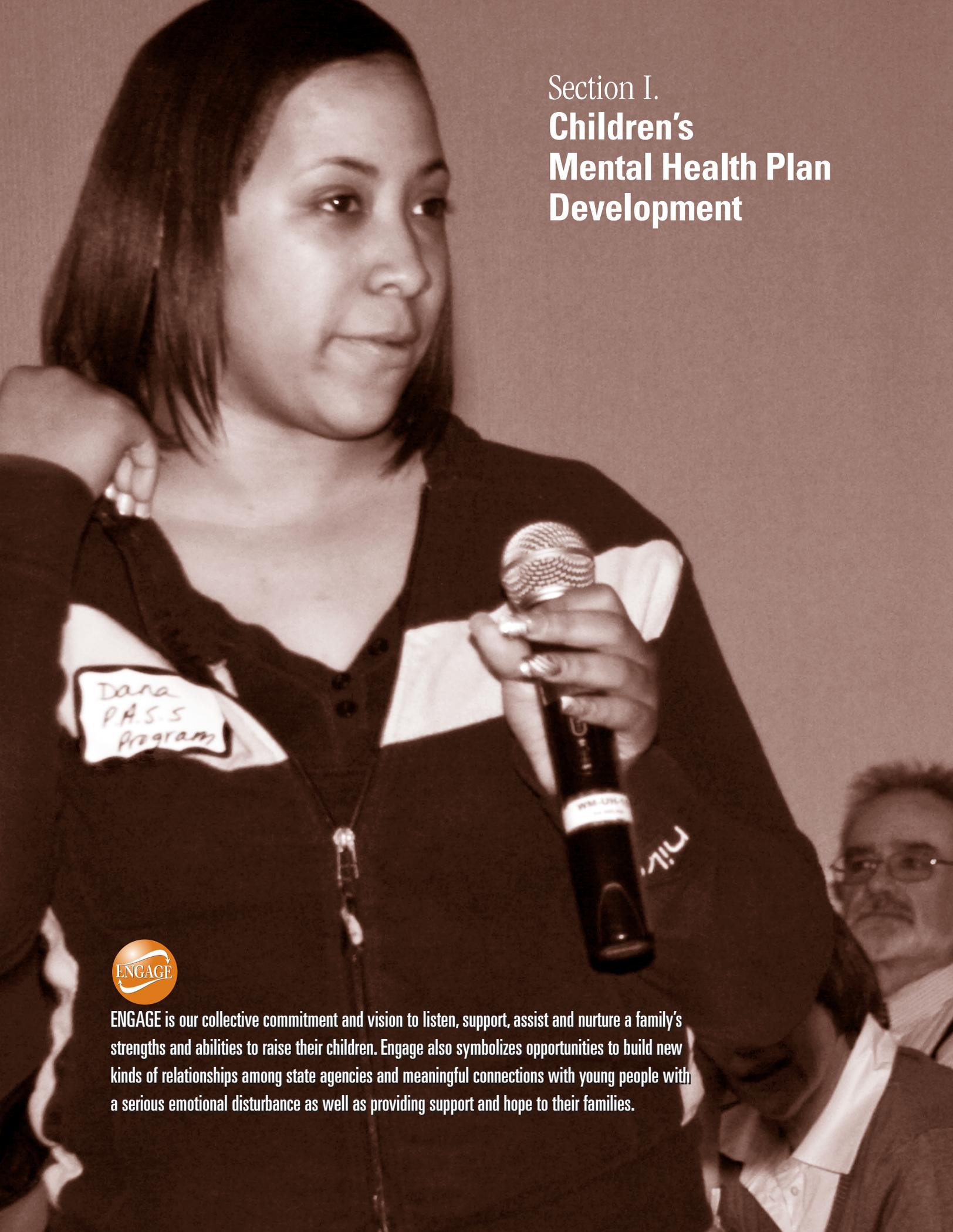
- Communicate the collective vision of families, youth, providers, teachers, child care workers and caring adults promoting the social and emotional development of all of New York's young people.
- ENGAGE all New Yorkers in supporting the social and emotional development of children, including both the promotion of mental health and the treatment of children with emotional disturbance. The information and recommendations contained in the Plan are both visionary and practical. Everyone will find opportunities for action:
  - At the state, local and school district policy level
  - Within the daily operation of services and supports for children and their families
  - At an individual level (e.g., what everyone can do today).
- Provide inspiration and hope to young people who are struggling with emotional challenges and their families.
- Offer resources to families, young people and the helping professions in the areas of social and emotional development, treatment of emotional disturbance, family engagement and support.
- Facilitate the engagement of new partners and provide a platform for accountability by structuring the Children's Plan as a multi-media resource that is available in print, on-line and through DVDs.

<http://www.omh.state.ny.us/omhweb/engage/>



# You

are encouraged to initiate dialogue regarding the content and collective vision of this Plan with families, young people, community members and colleagues and to make your mark on the future by committing to ENGAGE in this effort and take action. Whether in the form of a dramatic policy change or steps within your family, community, program, classroom, medical practice or child care agency, no action is too small. In fact, it is the small steps taken together that will create the largest change. We also ask that you share your actions, successes, challenges and ideas at [dialogues@omh.state.ny.us](mailto:dialogues@omh.state.ny.us).

A woman with dark hair, wearing a dark zip-up jacket with white stripes on the sleeves, is speaking into a microphone. She has a name tag on her left chest that reads "Dana P.A.S.S. Program". A hand is visible on her right shoulder, suggesting support. In the background, a man with glasses is partially visible. The overall tone is professional and supportive.

## Section I. Children's Mental Health Plan Development



ENGAGE is our collective commitment and vision to listen, support, assist and nurture a family's strengths and abilities to raise their children. Engage also symbolizes opportunities to build new kinds of relationships among state agencies and meaningful connections with young people with a serious emotional disturbance as well as providing support and hope to their families.

**T**he Children's Mental Health Act of 2006 required the development of a statewide Children's Plan containing among other things, short-term and long-term recommendations to provide comprehensive, coordinated mental health prevention, early intervention, and treatment services for children through age 18.

## Engaging All New Yorkers

The Office of Mental Health presents this Plan to showcase an understanding that family engagement, support and youth voice play essential roles in developing the emotional well-being of children. The federal Child and Adolescent Service System Program (CASSP) principles were also embraced to ensure that every aspect of this Plan is built from a foundation of strengthening and supporting families. In recognition of this commitment, the symbol chosen to represent the New York State Children's Plan is ENGAGE.



### Child and Adolescent Service System Program (CASSP) Values

CASSP values have substantial influence on services and supports provided to children, youth and families. The values reflect an important regard for services that are:

**Child-centered:** Services are planned to meet the individual needs of the child, rather than to fit the child into an existing service. Services consider the child's family and community contexts, are developmentally appropriate and child-specific, and build on the strengths of the child and family to meet the mental health, social and physical needs of the child.

**Family-focused:** The family is the primary support system for the child and it is important to help empower the family to advocate for themselves. The family participates as a full partner in all stages of the decision-making and treatment planning

process including implementation, monitoring and evaluation. A family may include biological, adoptive and foster parents, siblings, grandparents, other relatives, and other adults who are committed to the child. The development of mental health policy at state and local levels includes family representation.

**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. Community resources include not only mental health professionals and provider agencies, but also social, religious, cultural organizations and other natural community support networks.

**Multi-system:** Services are planned in collaboration with all the child-serving systems involved in the child's life. Representatives from all these systems and the family col-

laborate to define the goals for the child, develop a service plan, develop the necessary resources to implement the plan, provide appropriate support to the child and family, and evaluate progress.

**Culturally competent:** Culture determines our world view and provides a general design for living and patterns for interpreting reality that are reflected in our behavior. Therefore, services that are culturally competent are provided by individuals who have the skills to recognize and respect the behavior, ideas, attitudes, values, beliefs, customs, language, rituals, ceremonies and practices characteristic of a particular group of people.

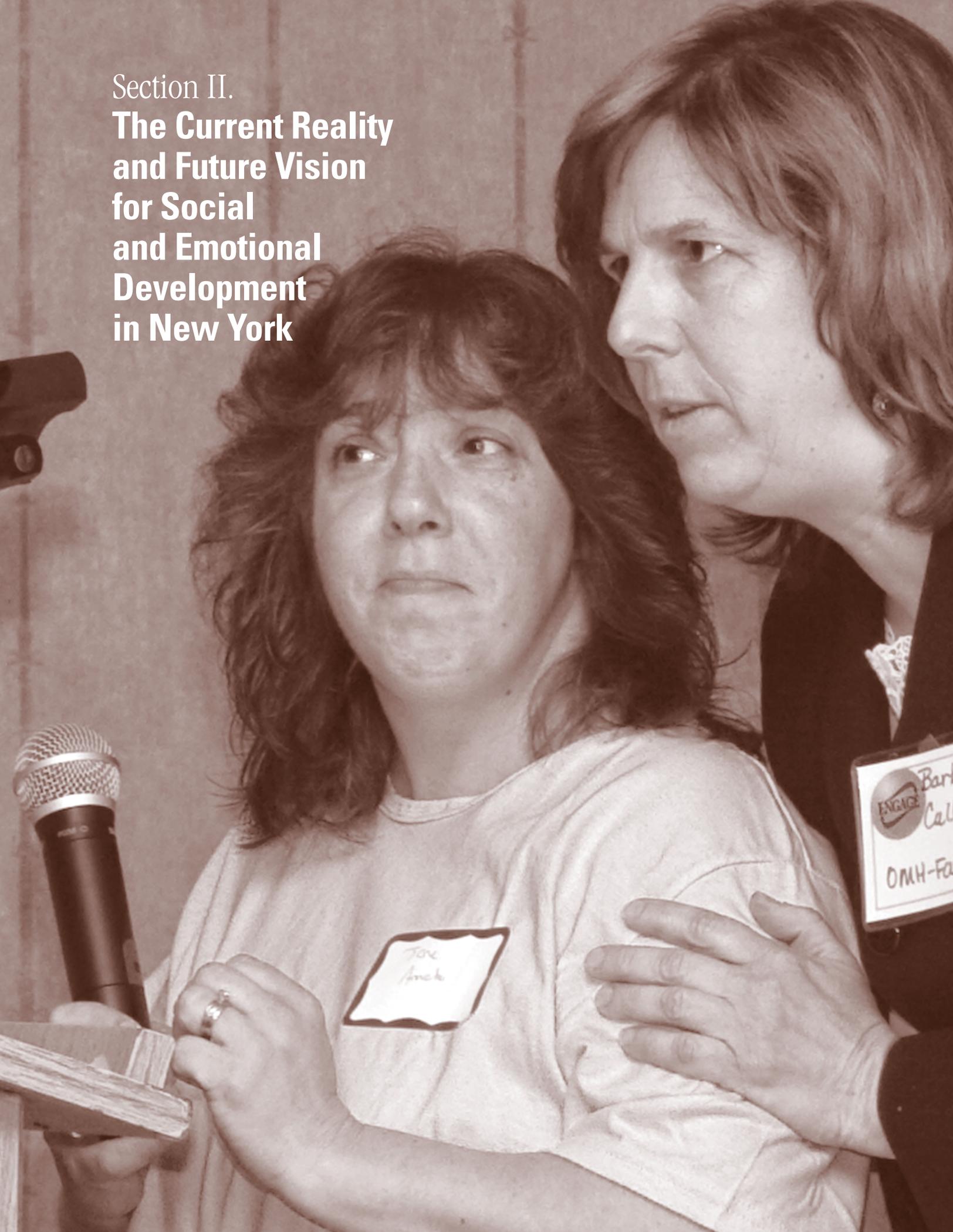
**Least restrictive/least intrusive:** Services take place in settings that are the most appropriate and natural for the child and family and are the least restrictive and intrusive available to meet the needs of the child and family.

# Children's Plan Development

The development of this Plan occurred in four phases:

- Phase 1:** During the spring of 2007, a workgroup was established within the Office of Mental Health to seek input from stakeholders on a process for developing the Final Plan. In carrying out its work, the group reviewed local, state, federal, advocacy and policy reports and plans pertaining to the needs of children and families, and incorporated diverse feedback into a draft Preliminary Plan. This was written to serve as a baseline for the development of the Children's Plan. Feedback was sought widely from advisory groups within the Office of Mental Health; the Statewide Plan hearings and briefings and People First forums; and analytic reviews of county-determined mental health priorities and the current literature.
- Phase 2:** Phase 2 started in the fall of 2007 when the Office of Mental Health convened a Steering Committee-the Children's Subcommittee of the Mental Health Planning Advisory Committee-and then four workgroups, which were established to conduct environmental scans in specific areas designated under the Children's Mental Health Act and to develop recommendations for promoting mental health and the emotional well-being of children, youth and families. Over 125 individuals representing all major interest groups and agencies participated. An ad hoc workgroup for youth who had been recipients of services was created as well. An initial meeting of all workgroups took place in December 2007. Between then and mid-April, each workgroup-Social and Emotional Development; Family Engagement and Support, Early Identification and Evidence-Based Treatment; Accountability and System Integration; Workforce; and Youth Advisory has endeavored to complete its work with thought and care. Each workgroup conducted literature reviews; systematically documented key areas of need relying upon the current base of knowledge, and individual experience and expertise; consulted State and national experts to deepen their understanding of challenges and opportunities for improvement; and drafted a report that provides a set of recommendations and possible strategies to address them. Individual workgroup reports are available at: <http://www.omh.state.ny.us/omhweb/engage/workgroup/>
- Phase 3:** Phase 3 included the development of a summary document that reflected workgroup contributions and recommendations, and provided context for moving ahead with planning. This document was shared with nearly 1,000 stakeholders during a series of Forums and Dialogues of the Statewide Plan for Mental Health Services in May 2008 as well as various meetings with stakeholder groups, including groups of young people.
- Phase 4:** The rich feedback that was received in Phase 3 and the unprecedented involvement of families, youth and leadership from child serving agencies led to the crafting of the Children's Plan.

Section II.  
**The Current Reality  
and Future Vision  
for Social  
and Emotional  
Development  
in New York**



## New York's Current State

### The American Dream

Each young person is fully prepared for adulthood, with a supportive family and community, effective school and high quality health care.

### The American Reality

- 1 out of 10 children has a serious emotional disturbance; more children suffer from psychiatric illness than from autism, leukemia, diabetes and AIDS combined.
- Only 20 % of children who have emotional disturbance receive treatment from a mental health specialist.
- Emotional disturbance is associated with the highest rate of school dropout among all disability groups.
- Only 30% of children age 14 and older with emotional disturbance graduate with a standard high school diploma.
- Suicide is the third leading cause of death for 15- to 24-year olds.

In the distant past, the national strategy for serving children with serious emotional disturbance relied on a variety of out-of-home, inpatient and residential placements. As individual children's needs surpassed their families' ability to provide for them, families were often required to be apart in order for the child to get treatment. In 1992, New York made a clear statement that the State would pursue a different course, through the release of the first New York State mental health plan dedicated to children, called *At the Crossroads*. This document highlighted our need to better serve children and their families in their communities and homes. The plan offered a vision to provide more to children with serious emotional disturbance than institutional care. We were encouraged in this document to shift our resources, our minds and our work from institutional settings to the community and to the family.

At the same time, a family-led movement had begun to take root and a statewide family-run advocacy organization was created. This agency represented a wide network of family support services and parent advocates that worked in a variety of settings. It was dedicated to adding a family perspective into policy, to direct support of families and to program planning for children's mental health services. With the help and insight of parent advocates, the focus on children's mental health services began to shift, representing a more collaborative effort between families and those providing services.

Through the vision and leadership of *At the Crossroads* and the efforts of many, we have a much more effective and community-oriented system than we did 15 years ago. Each community in New York now has a range of alternatives to institutional care. We have reached several significant milestones. There are far fewer children in foster care, fewer children in out-of-home residential placements and use of inpatient psychiatric hospitals has decreased significantly in the past five years. The voices of families and young people are heard better today than ever before by providers and policy makers.

There has been a dramatic change and improvement within the children's mental health treatment system. However, as positive as these reforms in children's mental health services have been, our "American reality" show us that they are not enough. Reforms within mainstream mental health care have not touched many settings where most children are seen such as pediatric offices, day care, schools, foster care and juvenile justice settings. Looking at the larger context of the overall mental health and social and emotional development of all New York's children, it is clear that there is still much to do. Sadly, when we look at data on the status of children and their families, we see some very troubling trends with regard to their emotional well-being:

- **Significant concern exists about the social interaction and behaviors of preschoolers.**  
In New York State, nearly 70,000 young children will be expelled from preschool for behavioral reasons each year. The expulsion rates for preschool children far exceed the rates for K-12.
- **Community violence and family stressors have a dramatic impact on our children's emotional development.**  
84% of elementary school-age inner-city boys have heard guns being fired, 87% have seen someone arrested, and 25% have seen someone killed. This exposure to violence often leads to anxiety, depression, and, in turn, more violence.
- **Emotional disturbances are very real and affect a staggering number of children.**  
More children suffer from psychiatric illness than from autism, leukemia, diabetes, and AIDS combined. (1 out of 10 children has a serious emotional disturbance.)
- **These are not problems that children “just grow out of;” suicide and mental health problems among older adolescents and college students have become front-page news.**  
Suicide is the third leading cause of death among older adolescents and young adults.

In 2006, New York State made a clear, unified commitment to strengthening the emotional well-being of children. The Achieving the Promise initiative (\$62 million) represented the largest, single-year investment in children's mental health in our State's history. Achieving the Promise changed the landscape of our service system with the introduction of Child and Family Clinic-Plus, Rural Telepsychiatry, Home and Community-Based Waiver Expansion and the Evidence-Based Treatment Dissemination Center. Action was taken through these initiatives to introduce a public health approach to early identification and intervention, widespread access to treatment that is shown by science to work, greater access to child psychiatry in rural areas and a significant expansion of the highly effective Home and Community-Based Waiver program.

The Children's Mental Health Act was also passed in 2006. This legislation sent a unifying call to action to families, providers, advocates, communities and policy leaders that social and emotional development for children is a priority. By focusing on mental health as an essential component of all children's health and well-being, anyone invested in children has a stake in this planning process. One of the many exciting opportunities the legislation provides is a collaboration between the Office of Mental Health and the State Education Department to foster child and youth development through the establishment of guidelines for social and emotional development and learning in order to improve the emotional well-being of New York's children. The Children's Plan continues the positive momentum set in motion by Achieving the Promise and the Children's Mental Health Act. This plan challenges us to either continue to spend public funds in “traditional ways” that lead to “late intervention” and poor outcomes OR to chart a new course of action.

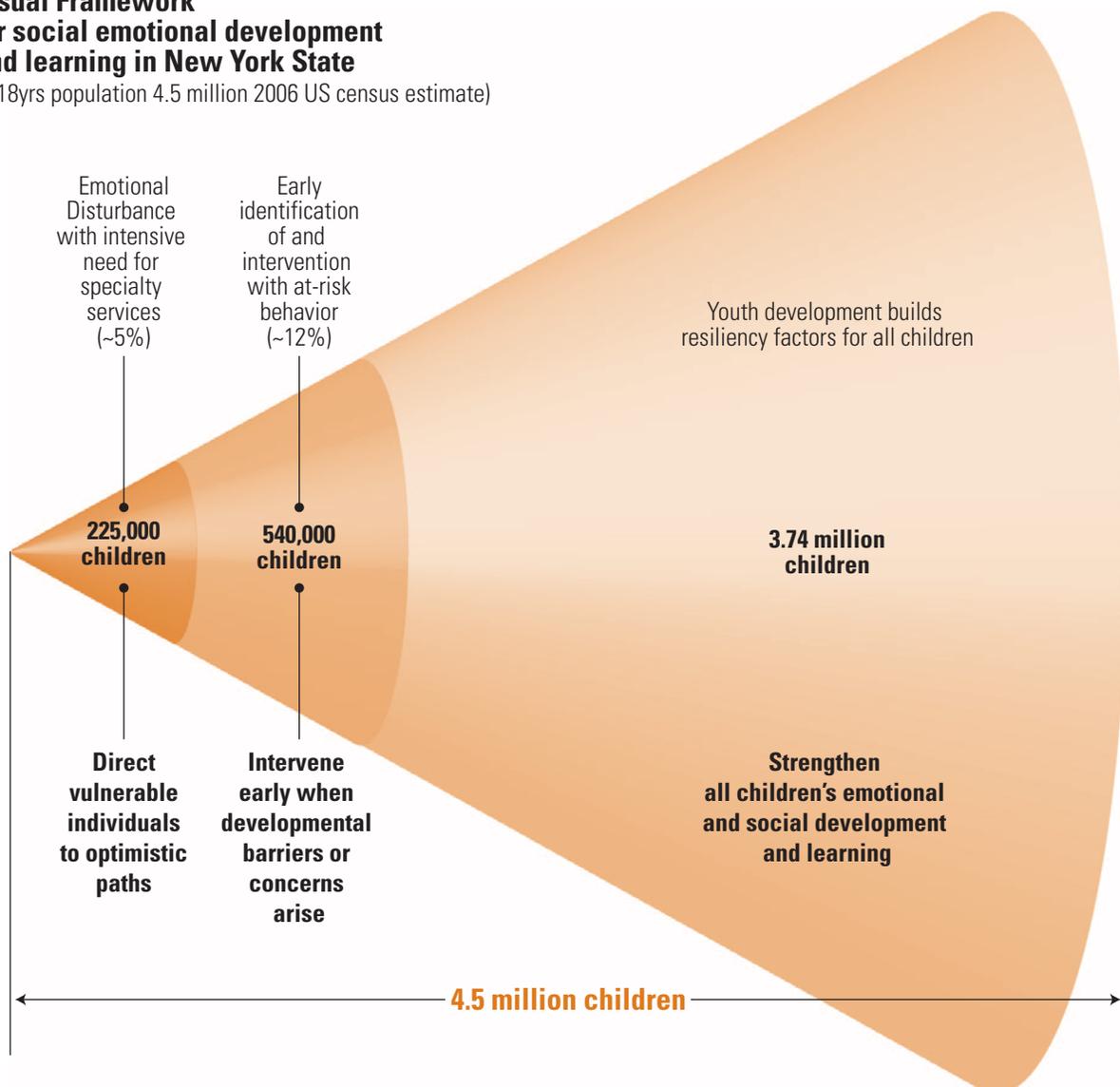
## Widening the Lens for All Children's Emotional Well-being

The mental health concerns in this document are not focused on one State agency (e.g., Office of Mental Health), but rather reflect statewide, shared concerns about the emotional development of each child. When thought of in this context, the Children's Plan must reflect the knowledge and perspectives of parents and caregivers, young people, educators, community leaders, youth development experts, youth service providers, advocates and State policy leaders from multiple agencies. We must plan and act to achieve mental health for all children across community and agency boundaries.

Secondly, stigma remains too present. Our over reliance on "special" and often institutional settings reinforces a view of social and emotional challenges as deviant. This must be addressed in the formulation of the Children's Plan. There are profound societal preconceptions about the terms mental illness and mental health that limit our horizon. This limitation can take the form of reduced expectations for

### Visual Framework for social emotional development and learning in New York State

(0-18yrs population 4.5 million 2006 US census estimate)



## What does “widening our lens” imply?

*In the future,  
in New York...*

**Every teacher**  
is trained in social and  
emotional development  
or teaching emotional  
“self-regulation” skills

**Every parent**  
receives age specific tips  
promoting good decision  
making and emotional  
well being for their  
children

**Every parent**  
concerned about their  
child’s emotional well  
being would know who  
to call and would also be  
able to talk with a know-  
ledgeable parent.

**Every pediatrician**  
would be able to share  
with parents where their  
child is on a social and  
emotional development  
chart, just as they do on a  
physical growth chart.

**Every child**  
is screened for emotional  
development as they  
enter Kindergarten

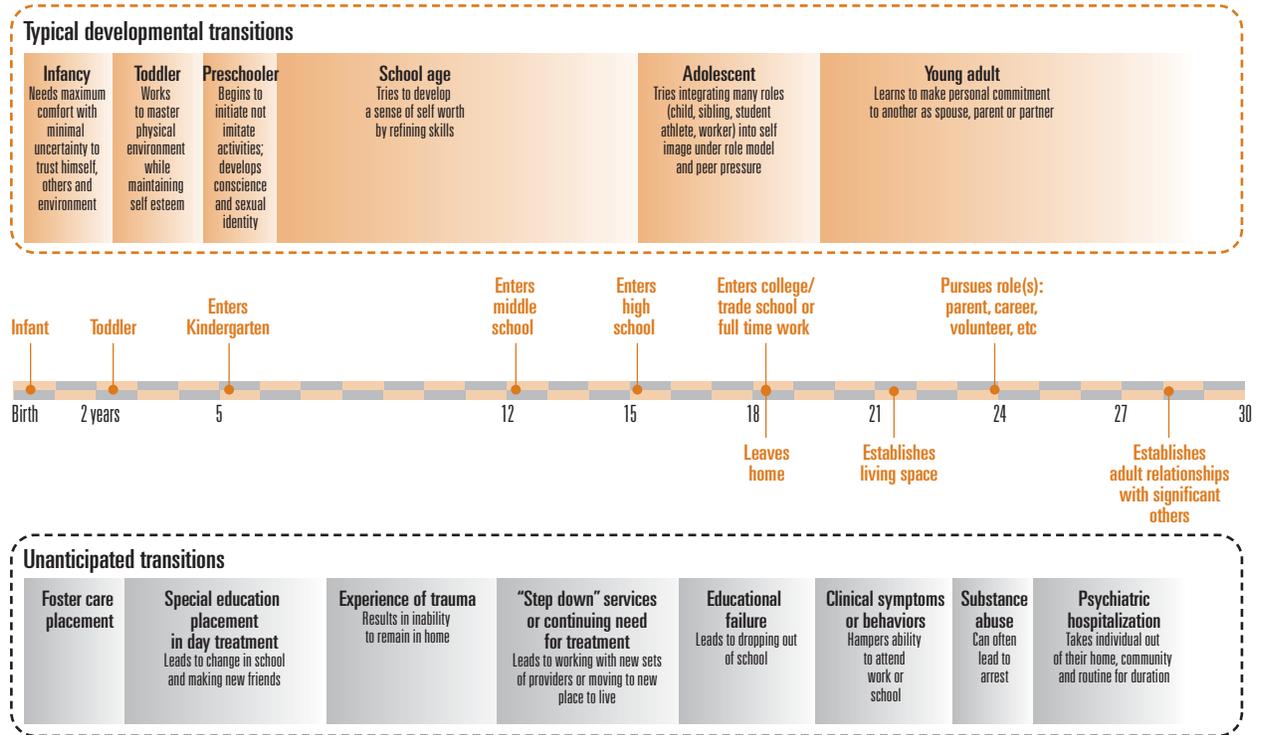
the young people we serve or in our own way of thinking about how we as families, providers or state agencies should respond. Thus, the Children’s Plan is centered on social and emotional development-or, if you will, on mental health not just mental illness. Social and emotional development is not a veiled effort to call illness by a different name. Rather, it reflects a fundamentally new way of framing and promoting child development as a shared responsibility of all concerned when development is not progressing as planned or hoped for.

Any major medical, psychological or educational theory recognizes that we develop emotionally, as well as physically. Yet, we have historically separated mental and physical health in our communities and in our public policy. It is easier for us to see that physical development occurs at different rates for children as well as the importance of both preventative medicine (e.g., vaccines, annual physical examinations) and specialty treatment (e.g., for childhood cancer). We recognize the basic factors that all children require to grow, such as food, sleep and exercise. We also readily accept that things may occur along the way to threaten healthy growth. A child may break an arm and require intervention, care and time to heal. A diving accident or genetic condition may require a young person to use a wheelchair to get around. Differences, interventions and resiliency are easier for us to see when it comes to physical injury. We must, however, begin to see the parallels with emotional injury and trauma.

A more holistic approach to childhood health requires that we incorporate the different emotional growth rates and range of emotional challenges that can and do occur. There are basics that every child needs for emotional well-being and for normal behavioral growth, including constancy of relationships, parenting and learning to respond to a range of life experiences. Emotional stressors are ever present and we know from research into brain development that without intervention, these challenges can trigger changes in the brain and result in serious psychiatric disorders. A child might be bullied by peers, a grandparent may pass away, parents may become divorced or a child may consistently witness domestic violence. With the right supports, children experiencing stressors can continue along on a path toward successful development. Whereas without these supports, we may see a cycle of anxiety leading to depression to alcohol/drug abuse or acting out. As in physical health care, there is a continuum of intervention strategies. Historically, we have focused almost exclusively on the more intensive and expensive part of this continuum. But research and common sense find merit in preventative measures that promote emotional well-being, in identifying children with significant emotional stressors early, and in providing expert care and treatment for children with serious emotional disturbances.

Childhood is also characterized by a seemingly endless series of transitions: growing from a dependent infant to an autonomous toddler,

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

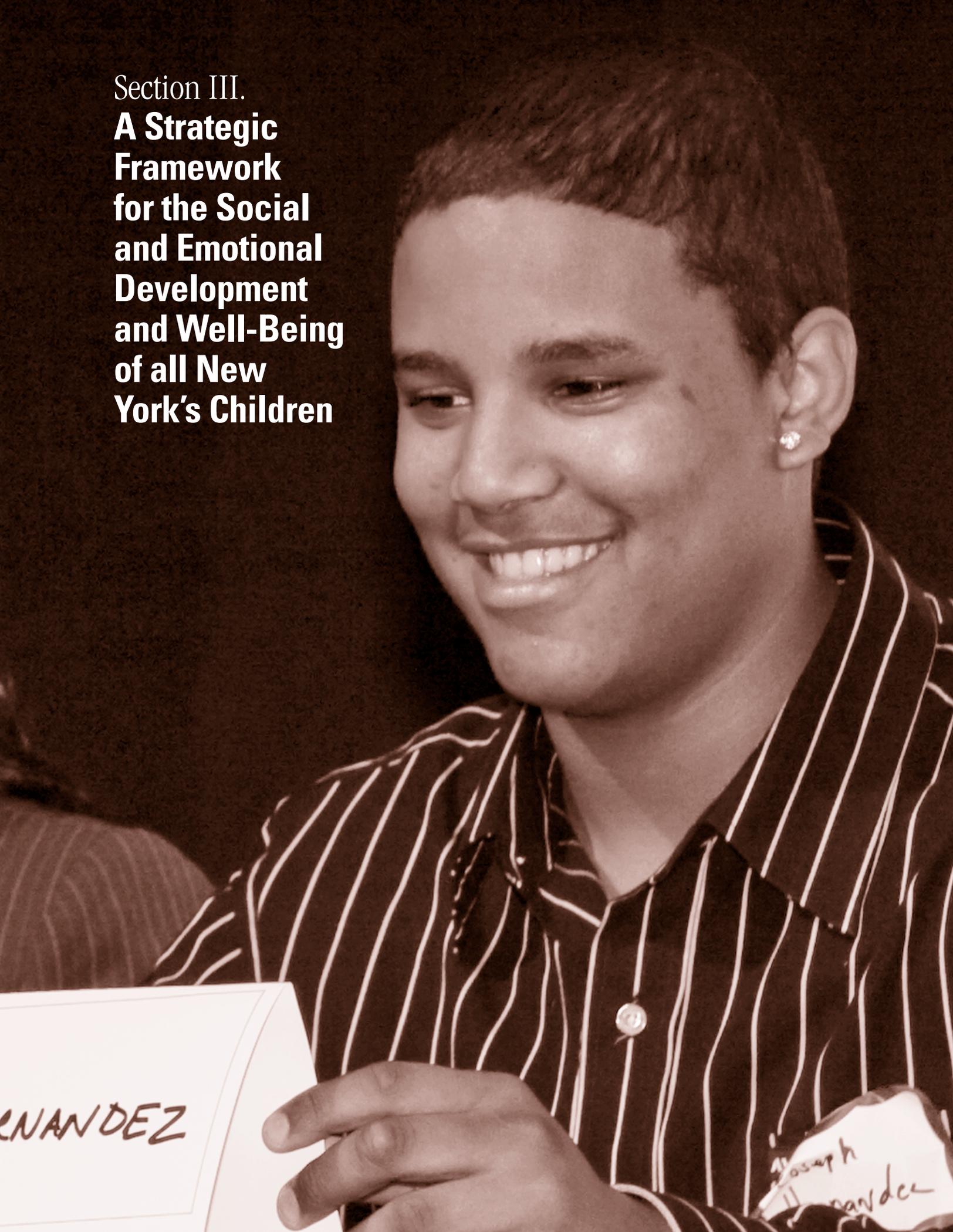


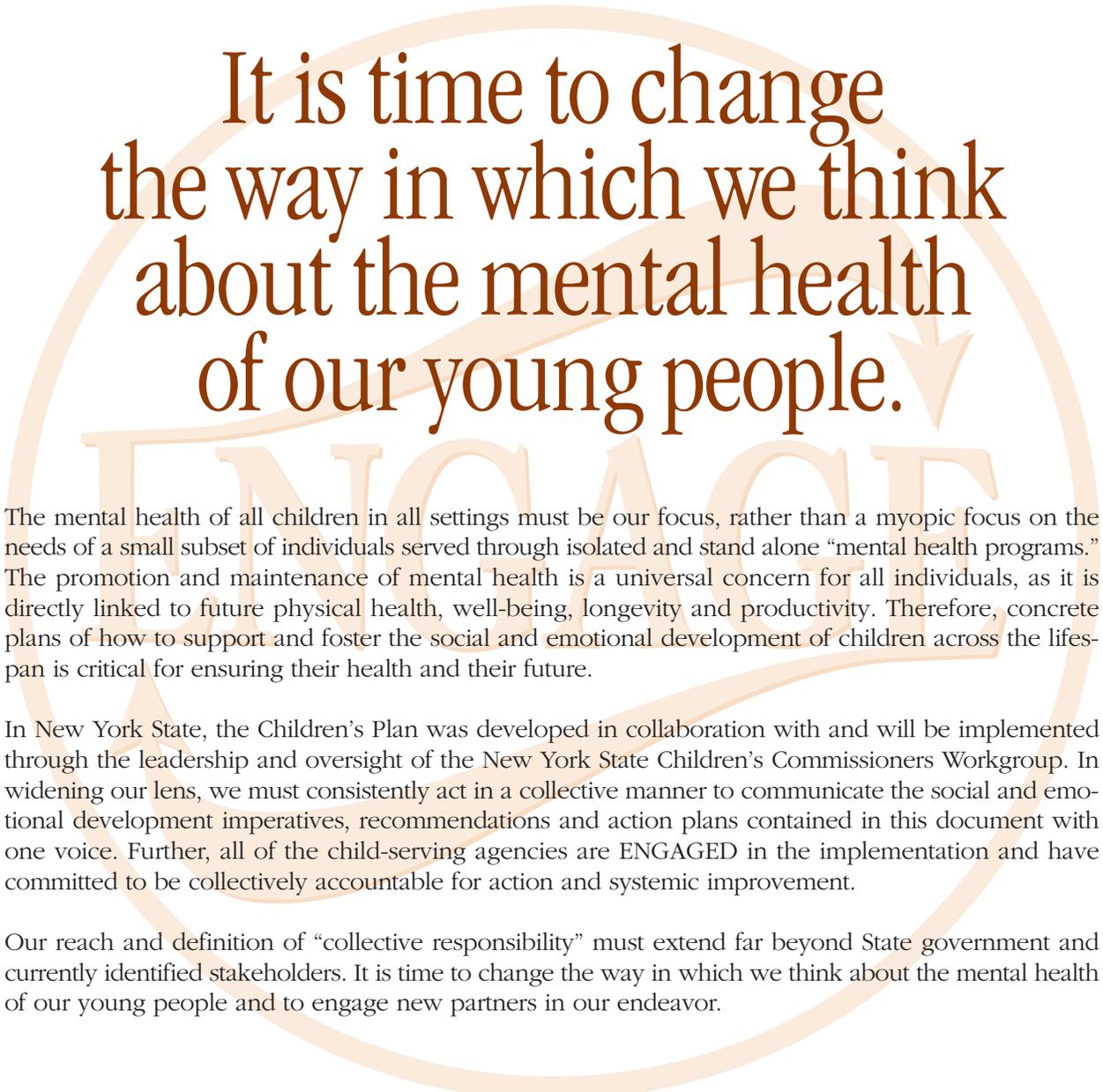
entering kindergarten, experiencing puberty, beginning middle school and moving into adulthood. Transitions are challenging for everyone, but for those who are more vulnerable, they can present increased risk. In developing the Plan, we heard clearly from all constituencies that we need to strengthen our capacity to support children and their families through change. It is clear that we must do more collectively to predict, prepare and plan for transitions. Compounding these natural transitions, children with serious emotional disorders often encounter additional transitions related to treatment needs or service changes. This may mean working through the added stress of a move to a new school upon discharge, working with a new case manager or connecting with a new child care provider. These added challenges introduce stresses just as multiple deployments do for our soldiers. We must minimize disruptive transitions AND support children who experience them.

### Components of resiliency: factors contributing to successful transitions



Section III.  
**A Strategic  
Framework  
for the Social  
and Emotional  
Development  
and Well-Being  
of all New  
York's Children**





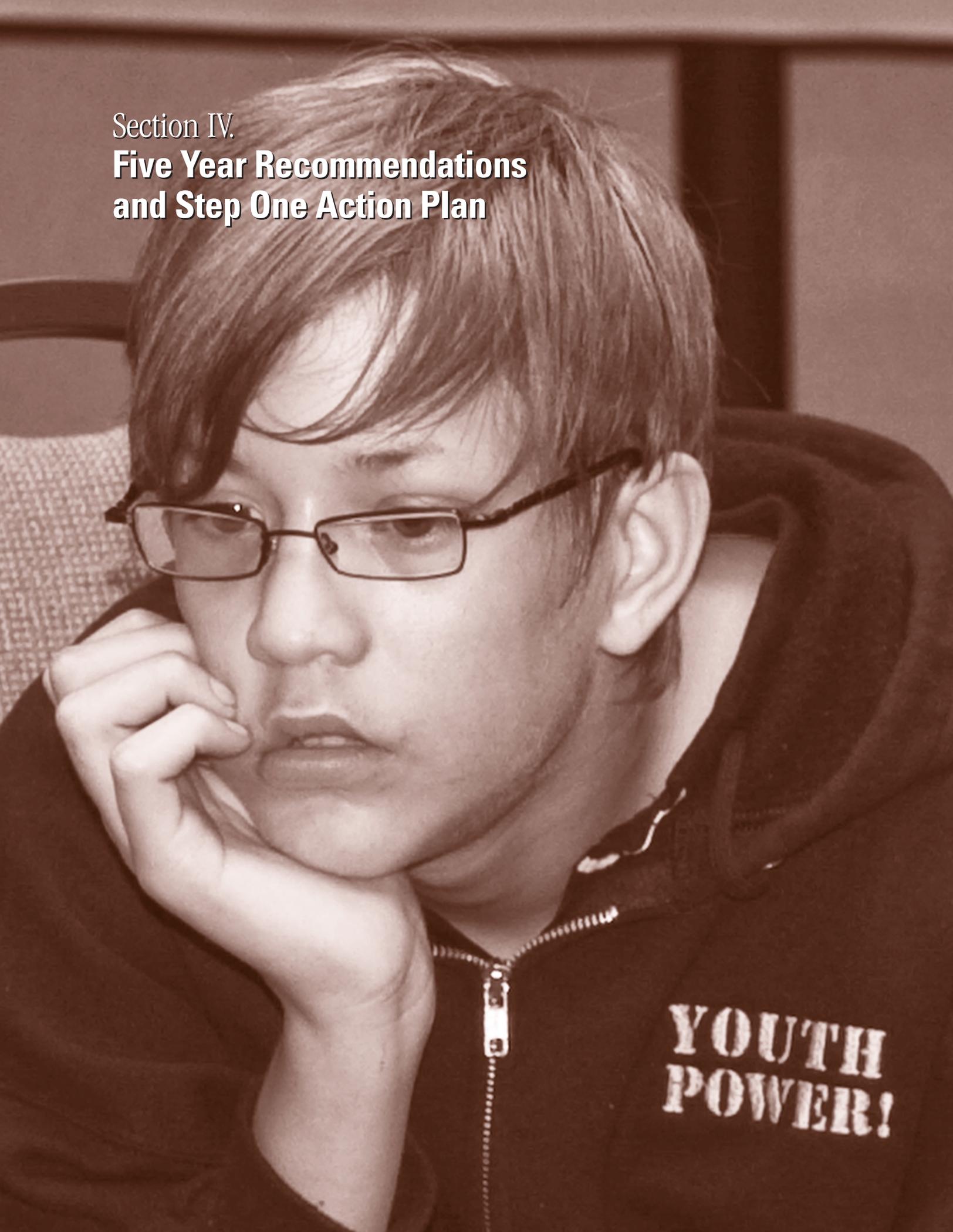
# It is time to change the way in which we think about the mental health of our young people.

The mental health of all children in all settings must be our focus, rather than a myopic focus on the needs of a small subset of individuals served through isolated and stand alone “mental health programs.” The promotion and maintenance of mental health is a universal concern for all individuals, as it is directly linked to future physical health, well-being, longevity and productivity. Therefore, concrete plans of how to support and foster the social and emotional development of children across the lifespan is critical for ensuring their health and their future.

In New York State, the Children’s Plan was developed in collaboration with and will be implemented through the leadership and oversight of the New York State Children’s Commissioners Workgroup. In widening our lens, we must consistently act in a collective manner to communicate the social and emotional development imperatives, recommendations and action plans contained in this document with one voice. Further, all of the child-serving agencies are ENGAGED in the implementation and have committed to be collectively accountable for action and systemic improvement.

Our reach and definition of “collective responsibility” must extend far beyond State government and currently identified stakeholders. It is time to change the way in which we think about the mental health of our young people and to engage new partners in our endeavor.

Section IV.  
**Five Year Recommendations  
and Step One Action Plan**



The section that follows summarizes the recommendations of the Children's Plan and identifies the initial plan for action. The recommendations are grouped into five (5) major themes which include:

- Social and emotional development and learning form a 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.
- One-family, one-plan: Ensuring integrated and effective services and supports.
- The right service is available at the right time and in the right amounts.
- An adequately sized workforce that is culturally competent and steeped in a new paradigm of integrated, family-driven care must be developed and sustained.

The summary and action plan section is followed by a detailed listing of recommendations and strategies that were synthesized from the Children's Plan Workgroups, recommendations from the public forums and web page dialogues, themes from County/City Mental Health Plans and recommendations from formal advisory bodies to the Office of Mental Health.

The current list of recommendations is broad and challenging and will serve as a guide and a blueprint for the children's mental health system for the next five to ten years. The Children's Plan is also intended to be a living and evolving document. These recommendations will continue to be discussed, reviewed, modified or expanded upon. The most current version of the Children's Plan recommendations can be found at the ENGAGE website at <http://www.omh.state.ny.us/omhweb/engage/>.

### Theme 1:

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

Social and emotional development and learning (SEDL) is the process of acquiring knowledge and skills to recognize and manage emotions, demonstrate caring and concern for others, establish positive relationships, make responsible decisions, and handle challenging situations effectively. Put differently, SEDL describes how we learn to manage our own behavior and interact appropriately with others. Therefore, it is a necessary foundation for academic achievement, maintaining good health, and participation in society. To promote the mental health and emotional well-being of children more effectively, we must recognize the importance of SEDL beyond the home and into early childhood day-care, elementary, secondary and other learning settings where children and youth spend a substantial part of each day.

We are very familiar with public health policies that span a continuum from health promotion to prevention to intervention. Within this framework, there is a conscious investment in far-reaching yet inexpensive information and awareness campaigns to build health and to protect against the develop-

ment of disease as well as prevention and early intervention services. In addition to the improvement of individual outcomes, investments in health promotion and prevention result in reduced need for high cost, institutionally based services.

For too long, mental health policy has been almost singularly focused on the most complex and highest cost approaches to intervention. The Children’s Plan recommends that programs for children and their families adopt the effective and proven strategies of health promotion and disease prevention that are a hallmark of our public health system. The chart below outlines what a public health approach to mental health might look like:

	<b>Health</b>	<b>Mental Health</b>
<b>Promotion</b> Reaches high numbers of individuals at a low per person cost	Public education campaign to encourage exercise and balanced diet	Public education campaign and community mobilization to support the social and emotional development of all young people through the dissemination of information and resources.
<b>Prevention</b> Reaches a moderate number of individuals at a low to moderate per person cost	A comprehensive strategy to reduce smoking: Advertising, Access to Nicotine Patches, Statewide Smokers Quit Support Line	Early identification program for very young children and comprehensive screening and treatment for emerging emotional disturbance
<b>Intervention</b> Reaches a smaller number of individuals at a moderate to very high per person cost	Inpatient and outpatient cancer treatment	Special Education, foster care, probation and long term residential and inpatient treatment that are integrated and targeted to maximize treatment, developmental task and skill acquisition and maintaining attachments to the community.

In order to improve the social and emotional development of New York’s children, the Children’s Plan recommends that action be taken to:

- Raise collective awareness about the importance of SEDL to promote healthy development, resiliency and to identify issues at the earliest point in the child developmental trajectory to keep them on track developmentally.
- Support systemic interventions to promote and sustain positive environments for young people that reinforce SEDL in homes, schools and communities.

- Ensure easy access to tools and resources for developing social and emotional skills and learning in children. These tools and trainings should target families, teachers, child care workers and other caring adults and lead to a collective effort to mobilize communities to support the young person and his/her family in this effort.
- Enrich intervention programs across child-serving systems such that every service includes opportunities for mastery of age appropriate developmental tasks and skills as a priority.

Based on the recommendations of the Children's Plan, New York State agencies will collaboratively work towards increasing awareness and reducing stigma by accomplishing the following activities in year one:

- State Health Department and the Office of Mental Health develop a social marketing campaign on healthy social and emotional development and stigma reduction.
- The Office of Mental Health develops a multimedia, internet-based resource for kids, families and interested parties that would promote healthy emotional development.
- The Office of Mental Health and the Council on Children and Families establish a center for excellence to develop resource materials to promote and understand childhood social and emotional development, to support the individual advancement of development in children and to provide guidance on ways to respond when a child is significantly off their developmental path. The target audience for these would include youth, families, teachers, case workers, probation officers, primary care physicians and other child serving professionals.
- The State Education Department and the Office of Mental Health develop a joint initiative for expansion of Positive Behavioral Interventions and Supports and Clinic-Plus targeted to high need schools.

#### Theme #2:

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

If we are able to achieve only one milestone from the Children's Plan, achieving the capacity to engage then support families in raising children with emotional health and resilience would be the most significant. Ideally, daily experiences with family, school and community shape and nurture a young person's social and emotional development. In some situations, families may need ideas, resources, services and supports to raise their child. All of New York's child-serving systems and providers are asked to act on the belief that children should and do grow up in families and communities, not in programs.

The Children's Plan recommends that action be taken to engage children and their families in working with us to address their needs, to share their goals and to pursue a brighter future. Engagement requires that we employ a range of strategies and training, including a focus upon the cultural norms of families. Families may be wary of receiving services from mainstream providers or be concerned about their child being labeled or stigmatized. Therefore, effective engagement requires that providers understand family concerns, take into consideration family cultural backgrounds, and take time to listen to family experiences with care.

Family members and young people with personal experience with emotional disturbance have a unique ability to engage with their peers. There is an understanding, acceptance and ability to communicate that is uniquely achieved through Family and Peer Support. Family Support has made tremendous strides in New York State and the growing Youth Peer Support movement is extraordinary. The Children's Plan recommends that we capitalize on the success of these movements to ensure that Family and Peer Support Services are available to every family who requests them, whether served by an early childhood program, emergency room, inpatient setting or community-based treatment provider. Additionally, more formalized mechanisms to include family and youth voice in governance and program operations will help to ensure services and supports accurately address the needs and real experiences of children and their families.

In order to improve the involvement of New York's children and families in service provision, the Children's Plan recommends that action be taken to:

- Enhance the engagement of children and families by improving service design, staff training and program operation.
- Strengthen partnerships between service providers and family-run, family support programs to expand family support across all child serving systems for children and their families from birth to adulthood. This is equally true for youth-run, peer support.
- Increase meaningful family and youth participation in planning and policy-making and the improvement of service systems at the provider, local and state levels by developing infrastructures and funding mechanisms.

Based on the recommendations of the Children's Plan, to begin to expand on the involvement of families and youth in the provision of mental health services, the Office of Mental Health will work to accomplish the following in year one:

- The Office of Mental Health expands youth involvement statewide in service delivery and in program and policy development.
- The Office of Mental Health creates a statewide parent education initiative that relies in part on family support organizations to better support parents and caregivers in raising emotionally healthy children.
- The Office of Mental Health Clinic Restructuring Workgroup will establish family outreach and engagement as a billable service.

## Theme #3:

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

Five public forums were held to gather input and recommendations towards the development of the Children's Plan. Many of the comments from young people and from family members were consistent with....

“I wish I would have known sooner  
that my child had bipolar disorder.”

or

“My doctor told me that boys are just active  
and that he would grow out of it.”

or

“I did not know that there was such a thing  
as mental health treatment,  
let alone where to find it.”

While the theme of the right service at the right time in the right amount sounds simplistic, it is all too often at the root of anguish and suffering for young people and their families who are presented with a limited menu of services and can not find the help that they need. Recommendations for improvement in this area are built upon a premise whereby any “door” that the child and family enters “works” to get the information and help that is needed. More specifically, it is recommended that New York embed mental health screening, assessment and access to service in as many mainstream settings as possible. This includes everyday environments such as schools, child care and pediatrician's offices and specialty services such as homeless shelters, foster care or family court.

Our new, broader and more effective approach will focus on the typical developmental milestones that all children and youth must experience, rather than simply on crisis and “pathology.” Through a combination of anticipatory guidance to young people and their families, and better targeted service delivery, individual mastery of age-appropriate developmental tasks and skills occurs along with symptom reduction. The Children's Plan recommends that we proactively address the developmental needs of youth by effectively supporting life transitions – through school, across various living situations, in multiple service providers and into adulthood and independence.



The important series of “rights” (right service at the right time in the right amount) is also defined and achieved through attention to how services are delivered. This can be accomplished by making sure children and their families receive treatments that have been shown by science to work, known as evidence-based practices, and that services are provided in a culturally competent manner. Culture is part of the fabric of all families. When challenged, each family system responds within their unique cultural norms and beliefs. Service providers who are unfamiliar with diverse cultures may misinterpret actions or struggle to connect with families. Improving our cultural competence, enriching our diversity and establishing bridges through the use of parent advocates and community leaders can make a significant difference.

Understanding family culture can also help providers to choose which evidenced-based treatment may be most likely to lead to successful outcomes.

In order to ensure the provision of effective and appropriate services to New York’s children and families, the Children’s Plan recommends that action be taken to:

- Strengthen partnerships between the mental health community and all child-serving systems to enable families to obtain needed supports, tools and treatment regardless of what “door” they entered.
- Adopt a developmental framework across child serving agencies that supports children and their families through both normative and unanticipated life transitions.
- Increase access to evidence-based practices and support providers’ capacity to implement effective practices through technical assistance, funding and quality improvement efforts.
- Provide effective and culturally competent services through support of training and technical assistance and provide incentives for providers to be driven by quality improvement and outcomes.

Based on the recommendations of the Children’s Plan, improvements to services and supports will be made through the following collaborative efforts in year one:

- The State Education Department encourages local school districts to offer families of every youngster who is determined to be eligible for special education by virtue of an emotional disturbance, a referral to the public mental health system to maximize the child’s ability to be successful in their special education program and to provide supports for child and family during non-school hours.
- Office of Alcoholism and Substance Abuse Services and the Office of Mental Health develop guidance on and implement training on an integrated treatment model for co-occurring disorders in youth.
- Office of Children and Family Services and the Office of Mental Health will launch a demonstration project to integrate mental health and foster care services that is intended to reduce foster care disruptions and improve access to care.
- Office of Children and Family Services and the Office of Mental Health will increase access to high end mental health services for youth remanded to Division of Juvenile

Justice and Opportunities for Youth (DJJOY) custody through the development of an on-campus Residential Treatment Facility.

- Office of Children and Family Services and the Office of Mental Health will develop an initiative to expand mental health consultation to early child care programs.
- Division of Probation and Correctional Alternatives and the Office of Mental Health will increase the early identification and treatment of emotional disorders through screening of youth in probation with referral to a probation-linked expansion of the Clinic-Plus program.
- The State Education Department and the Office of Mental Health improve educational outcomes for students in state operated psychiatric hospitals.
- The Office of Mental Health will increase access to board-certified child psychiatrists for children in primary care settings at rural health networks.
- The Office of Alcoholism and Substance Abuse Services and the Office of Mental Health will distribute an evidenced-based substance abuse screening tool, the CRAFFT, along with a list of referral resources to all children's mental health clinics to improve the early identification of substance abuse disorders.
- The Office of Mental Health will expand their child and adolescent telepsychiatry clinical consultation to children and youth in the Office of Mental Retardation and Developmental Disabilities system of care in need of psychiatric stabilization.
- The Office of Mental Health will participate in the newly created Autism Spectrum Disorders (ASD) Task Force co-chaired by the Office of Mental Retardation and Developmental Disabilities and the State Education Department to establish best practice protocols for early screening of children for ASD's by pediatric primary care providers.

#### Theme #4:

## One Family, One Plan: Ensuring integrated and effective services and supports

Families come in all shapes, colors, sizes and traditions. Family in its broadest definition is the place where a child can best be nurtured while he or she grows and develops. While each and every family faces stressors along the way, some families require help from their communities to support their own and their child's successful growth and development. The "ingredients" that help families may include relatives, friends, neighbors, faith communities, community services, schools, medical services and local businesses. Each family system has a unique "recipe" for success with varying ingredients and proportions.

Some families are able to work through their “recipes” successfully on their own, while others need simple supports to help them find the ingredients or learn how to combine them together. Still others are too overwhelmed to even “enter the kitchen.” Caring communities can help families by providing those necessary ingredients. Some of the ingredients are “organic” or natural supports, like extended family, community centers or faith communities. Other ingredients are specialized like mental health treatment, early intervention or preventive services. When a child has an emotional disturbance or a developmental disability, is failing at school or is in trouble in the community, families expect to find the various ingredients that they need—at the right time and in the right amounts. Success can only be achieved when the ingredients are readily available and families are supported in completing their recipes.

Sadly, and despite our best efforts, our specialized child-serving systems remain fragmented, duplicative and hard to navigate for families with multiple needs. These systems rarely achieve the simple goal of effectively addressing the most complex needs of the people they are designed to serve.

Despite the many resources and hard work good people have devoted to these problems, children throughout New York State suffer needlessly every day because of our collective inability to integrate our services. Specialization does not have to mean that each agency takes sole responsibility for the mental health needs of the children in their care. Every school’s mission is first and foremost education, while child welfare’s mission is child safety. The question is how the expertise of the Office of Mental Health can be brought to create collaborations that work toward achievement of positive outcomes. The solution is not to rid the State of specialization by creating one giant bureaucracy. Rather, we must work to simplify collaboration to the most basic level, the level where it matters most; one family, one plan. One family, one plan should be our statewide motto and our goal.

The Children’s Plan recommends that we act in concert with individual families at the State, county and provider agency levels to implement this simple, yet challenging goal through:

- Ensuring that each child and their family receive services as a unique family, with ONE unique plan. The concept of one family one plan drives both integrated and individualized care.
- Strengthening the mission and actions of the Council of Children and Families to provide vision and leadership that will align each child serving agency within a collaborative framework, such that policies, programs, regulations and funding all move in support of one-family, one plan. The Council should also help to identify overarching goals, common outcomes and datasets necessary to measure our progress.

Based on the recommendations of the Children’s Plan, state agencies will work towards integrating services and improving outcomes for children and their families in year one by:

- The Council of Children and Families and the Children’s Commissioner’s Workgroup commit to an aggressive effort to improve access to appropriate care for children who require services from multiple agencies.
- Council of Children and Families provides leadership across all child serving agencies to define global positive outcomes for children and their families and identifies individual State Agency contributions towards these outcomes.

- Council of Children and Families will develop and oversee a Children’s Action Network (CAN) within each county or borough in the State to coordinate local child-service systems.
- The Office of Mental Health, Office of Mental Retardation and Developmental Disabilities, Office of Children and Family Services and Office of Alcoholism and Substance Abuse Services continue the Building Bridges Initiative to develop multiple use, joint licensure, flexible funds for residential programs across agencies to support the better integration of residential and community supports and the creation of a more family-driven, youth guided care.

**Theme #5:**

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

The recommendations of the Children’s Plan for New York State weave the hopes of young people and their families with our knowledge of science to communicate what the mental health system of the future can be. In order to move from “planning” to “doing”, compassionate and skilled individuals are needed to answer the call from families. We face enormous challenges in having an adequate number of highly skilled clinicians. The national shortage of child psychiatrists is the best known example of a major workforce problem. The Children’s Plan recommendations advance the concept of workforce well beyond sheer numbers to the issues of cultural competence, core clinical competencies and collaborative treatment. To effectively address the complex and multiple needs of children and their families, all staff in the child-serving fields should have a base set of skills in child development, family engagement and early identification of social and emotional problems.

To date, clinical practice and agency training has been narrowly focused on each agency’s mission or each professional territory, not on the holistic needs of the child and family. For example, an adolescent may be using marijuana and alcohol regularly while also showing signs of depression. Even though the young person is struggling simultaneously with multiple issues, our approach to training and service delivery often results in professional struggles over which “illness” to treat first. Therefore, recommendations for training and program policies that support integrated treatment for co-occurring disorders and family-centered care will help to shape a more effective response in the future.

The Children’s Plan recommends that action be taken to:

- Provide opportunities for core competency development for all individuals working with children, and strengthen education requirements in the areas of child development, early warning signs and access to treatment.



- Fully partner with and expand the reach of primary care providers in the identification and treatment of more common emotional issues and disturbances in young people.
- Employ a variety of strategies to increase the number of young adults pursuing careers in children's mental health, particularly in child psychiatry and psychiatric advance practice nursing (nurse practitioner).
- Maximize the efficiency of our current service system and workforce through programmatic improvements that focus on engagement, telemedicine, streamlined paperwork and regulatory requirements, and expansion of roles for parents as Parent Advisors.
- Create a statewide focus on the child-serving workforce through the establishment of a Workforce Development Bureau within the Council of Children and Families. This Bureau would address and monitor workforce recruitment, retention, policy and training from a statewide perspective.

Based on the recommendations of the Children's Plan, state agencies will work to address workforce issues by accomplishing the following in year one:

- State Department of Health and the Office of Mental Health develop a training and consultation initiative for Pediatricians and other primary care physicians on the identification and treatment of emotional disturbances in children.
- The Commission on Quality of Care & Advocacy for Persons with Disabilities (CQCAPD) will expand their Special Education Training and technical assistance to the Office of Mental Health network of service providers and family members to improve awareness of special education resources for children with serious emotional disturbance.
- Under the "Doctors Across New York" (DANY) legislation, the Department of Health will develop criteria and procedures on eligibility for loan repayment and possible incentive programs for newly trained physicians who choose to practice in underserved and rural areas of New York State. OMH will work closely with DOH and the DANY program to enhance recruitment efforts for child and adolescent psychiatrists who are recognized as being under represented in upstate and rural communities.
- The Office of Mental Retardation and Developmental Disabilities and the Office of Mental Health will create a Dual Diagnosis Training Initiative to improve access and support best practice models of successful collaboration and service delivery.

## Theme 1: Social and emotional development and learning form a foundation for success in

### Children's Plan Recommendations

#### Increasing Awareness and Education

Raise awareness of the importance of promoting SEDL in children and youth among families, the public, community members, professionals and policymakers.

- Develop, implement and sustain a strong statewide multimedia campaign to reduce stigma and to build awareness about emotional well-being, emotional disturbance and how to get help (e.g., halfofus.org, Tobacco TRUTH campaign) to change the culture around mental health and increase competency and tolerance for everyone.
  - Create a task force to focus on developing a campaign and how to implement it successfully.
  - Address the use of stigmatizing language in systems and service provision, such as "Special Education" and "Consumer."

#### Enhancing Collaborative Efforts and Initiatives Across Child-Serving Agencies

Engage and retain students by implementing and sustaining well-designed evidence-based or -informed programs in schools to promote positive SEDL opportunities.

- Take action to establish a positive school-wide culture (e.g., Positive Behavioral Interventions and Supports).
  - Expectations should be stated in positive behavioral terms.
  - All educators, staff and caring adults should understand expectations and implement them with fidelity and with regard for children's developmental needs.
  - Children and youth should receive positive instruction and reinforcement of expectations at intervals throughout the year.
  - Children and youth should receive acknowledgement and positive reinforcement for demonstrating expected behavior.

Foster the integration and coordination of SEDL across the child-serving systems of care through partnerships that promote best practices, evaluation, and quality improvement.

- Make use of a collaborative team model (i.e., educators, mental health, health, juvenile justice, alcohol and substance abuse, and social services personnel) to jointly anticipate and address problems of children and youth who are at risk or being provided intervention for emotional, behavioral, substance abuse problems, or previous child custody or foster care.
- Expand locations for assessment and delivery of mental health services and supports into normative settings, including com-

#### Expanding Capacity and Access to Services and Supports

Build capacity in all child-serving systems to identify and respond to the emerging mental health needs of children and their families.

- Develop and implement a comprehensive and integrated approach to screening and assessment across a range of community-based settings and child-serving systems to identify and intervene with children and families in need of services and supports.

#### Improving Infrastructure and Funding to Enhance Services and Supports for Children and Families

Develop the structural, statutory, regulatory and funding framework to promote and support the adoption of SEDL programs and standards.

- Promote SEDL statewide by creating stronger linkages between children's service systems and exploring public financing strategies and private insurance opportunities by the

## school, work and in life.

### Implementation Strategies

- Employ a public health outreach and information program for at-risk populations to address family engagement issues (e.g., mistrust of health and mental health care systems), parent education (e.g., knowledge of usual developmental milestones, development of parenting skills), and stigma with children, youth and their families to promote SEDL and mental health intervention, when indicated.
- Create a public information campaign within the academic system that young people with emotional challenges can be successful in school, work and life.
- Include social and emotional health promotion in statewide campaigns targeted to medical personnel and primary care providers that focus on the value of early intervention and home visitation programs. Seek a partnership with professional societies (e.g., American Academy of Pediatrics, American Academy of Family Physicians) and in medical school and residency training programs.
- Mobilize individual communities to advance healthy social and emotional development. This should include local education and government leaders, civic organizations, providers, family based organizations (e.g., PTA, Family-Run Support), businesses, etc.
- Increase the availability, quality and scope of resources for parents on promoting healthy social and emotional development.

- Adult supervision should be available in common areas to promote a sense of safety and caring.
- Children and youth should actively participate in the governance of the school or learning setting.
- Encourage the implementation of a social and emotional development and learning curriculum in every school.
- Provide incentives to schools to implement student engagement and retention approaches.
- Help to make schools safe and secure through the expansion of initiatives such as Safe Schools and expand current State Education initiatives to make anti-bullying programs more readily available.
- Launch a statewide initiative to provide greater academic continuity and support for young people with an emotional disturbance as they transition to/from inpatient or residential treatment with a goal of helping students to stay on track academically while receiving needed treatment.
- Create and improve access to targeted interventions for children and families identified as at risk for academic, social, or emotional problems such as developing a wider range of school options for young people with emotional challenges who may not be successful in mainstream school settings. (e.g., Regents track high school program with small class size that is offered from 3-7pm or establishing an individual child support plan, including a designated place available to talk with someone).

munity-based locations such as youth after-school programs, recreation centers, and churches.

- Examine primary care setting models to determine what elements of the care setting are associated with better outcomes for young children.
- Rely upon best practices to ensure integrated, seamless services at points of transition for young children, such as automatic referral to the school district Committee of Pre-School Special Education for children aging out of early intervention services, to determine additional service needs and appropriate educational placement.
- Provide training and education to teachers, staff and providers of early care and education programs and settings on supporting the SEDL needs of children of all ages, from early childhood through adolescence.
- Use SEDL as a core competency in training and service design for educators and those in the child-serving system.

- Ensure access to educational, parent and family advocacy, and mental health services and supports for children identified as having difficulties achieving social and emotional milestones.
- Implement education and training programs for direct care staff on SEDL in residential programs across all child-serving systems.
- Increase efforts to ensure that children with specific vulnerabilities, including children in foster care, children in homeless families, and children whose parents struggle with chronic illness and/or addictions have access to quality early care and education programs with mental health supports, and early intervention and preschool education programs and services.

Children's Commissioner's group working with stakeholders to establish integrated and effective service structures and funding mechanisms.

## Theme 2: Every action should strengthen our capacity to engage and support families in raising

### Children's Plan Recommendations

#### Promoting Evidence-Based and Best Practice Models and Approaches

New York's child serving agencies should universally commit to improvement in service design, staff training and program operation so that children and families more readily engage with needed services.

- Employ evidence-based family and child engagement techniques in all child serving systems
- Use an ambassador model where family advisors and parent advocates are systems navigators that provide outreach to families.
- Support the development of skills across the child-serving workforce in parent education and the use of family intervention strategies

#### Expanding and Access to Services and Supports

Family Support Services should be available to and inclusive of all children and their families from birth to adulthood, for those who care for their child at home or while in a treatment setting and in child care, probation and school settings.

- Increase collaboration between family support programs, family run organizations, and early intervention programs
- Modify age groups served by many family support programs to include younger populations
- Expand community-based and family support programs to serve

Establish stronger integration of and partnership between governmental and agency run services and family-run, family support programs. Commit to the expansion of family support across all child serving systems.

- Ensure family advocates serve as a point of early contact for families to facilitate early identification, assessment and receipt of services.
- Continue to define, support and set clear expectations regarding family support, engagement and family driven care.
  - Develop clear and rigorous fidelity standards for family support and family driven care.

Establish stronger integration of and partnership between governmental and agency run services and youth-led, peer support programs. Commit to the expansion of peer support and youth involvement across all child serving systems.

- Create a standard definition of "Youth/Peer Support" that reflects youth leadership, uses a youth-focused and strengths-based philosophy, and is funded across all systems
- Promote and market the youth involvement, what it is, how to do it, what the benefits of youth involvement are for both youth and adults, etc. Marketing should include written materials, posters, a website, etc.
- Invest in an infrastructure for a Youth/Peer Support Movement that mirrors the Family Support Movement.
- Include youth language when "family" is used to describe support and engagement in services. Youth and peer support includes:

#### Improving Infrastructure and Funding to Enhance Services and Supports for Children and Families

Create infrastructures and funding mechanisms to support meaningful family and youth participation in planning and policy-making and the improvement of service systems at the provider, local and state levels

- Provide funding for stipends for child care, transportation, and family and/or youth time and attendance at team meetings, advisory groups, panel presentations;

## children with emotional health and resilience

### Implementation Strategies

- Promote statewide, individualized planning and care models.
  - Develop a plan in collaboration with family support organizations and youth representatives to have family advisors, parent advocates, and youth advocates lead community education offerings
  - Provide education and support to family support organizations in working with families with children ages 0-5.
  - Organize and facilitate dialogue forums with key community constituents, particularly parents, regarding acceptable processes for early identification, mental health promotion, and prevention efforts
- 
- children and youth leaving social services or foster care, the juvenile justice system, residential or outpatient treatment for alcohol and/or substance abuse and returning to their parents' homes with ongoing monitoring and screening, home visiting to support family coping capacity, and connecting youth to local community youth development programs.
- Continue to integrate family support services into all service categories and expand the availability of Family Support specialists in all child-serving systems
- 
- Adopt a more standard family support model for existing programs (e.g., case management, waiver programs, etc. to deliver services to children and families with complex, multi-system needs)
  - Develop a consistent definition of "family supports" that reflects active participation of family members, uses a family-focused and strengths-based philosophy, and is funded across all systems
  - Develop and provide more training for parents and family members to become advocates or do advocacy work, and for adults on how to work with and partner with youth and families.
  - Explore the inclusion of family support as a Medicaid reimbursable service.
  - Provide additional resources as needed to insure that all families with complex, multi-systems needs have access to high fidelity models when needed.
- 
- Programs and services to support youth provided by both adults and youth (e.g., youth talking to other youth about mental health in schools or serving as peer support when a youth needs another youth to talk to); and
  - Youth providing advocacy to and for other youth (e.g., a youth participating in another's treatment team meeting to advocate for services and supports).
  - Include youth advocates in individual clinical or SPOA meetings to support youth through the process.
  - Promote strategies that tap into youth strengths, draw upon their abilities to act as mentors for other youth who are coping with mental health issues, and emphasize their abilities rather than disability
  - Create Youth Advisory Councils in all child-serving systems, including schools, youth bureaus, social services, etc.
  - Engage youth advocates in incorporating SEDL competencies into curricula they use to prepare peer mentors and advocates
  - Ensure the availability of peer support services for youth preparing for transition into adulthood, with a focus on promoting SEDL competencies.
  - Develop and provide more training for youth to become advocates or do advocacy work, and for adults on how to work with and partner with youth.
  - Explore the inclusion of peer support as a Medicaid reimbursable service.
- 
- Provide support for research to show involvement of family members and youth representatives works;
  - Create stable funding mechanisms to support family members and youth/peer representatives as advocates or advisors at the state, local and provider level. These include part-time and full-time jobs for youth and family members, at planning and policy development meetings, leadership trainings, etc.

### Theme 3: The right service is available at the right time in the right amount.

#### Children's Plan Recommendations

##### Enhancing Collaborative Efforts and Initiatives Across Child-Serving Agencies

Create stronger partnerships between the mental health community and all child-serving systems and imbed mental health screening, assessment and access to services within all normative settings for infants, early childhood, and school-age children and adolescents to ensure early identification and treatment for mental health needs.

- Target mental health screenings to times of key developmental transitions (e.g., entering middle school, entering adulthood)
- Build upon the success of home visitation programs by nurses, to include families in primary care, with attention to assessment and screening, early intervention and coordinated mental health treatment referral services; rely upon evidence-based in-home models (e.g., Nurse Family Partnership program, OCFS Healthy Families, Parents as Teachers, Early Head Start) to increase services for infants and toddlers with disabilities; en

Adopt a developmental framework across child serving agencies that provides effective support and intervention for the many normative transitions as well as unanticipated transitions (e.g., residential placement) that occur throughout the early lifespan.

- Adopt an operational construct that provides treatment and support in the context of typical developmental milestones across all child-serving services.
  - Convey knowledge of risk and protective factors.

Develop a specific strategy to improve the transition from childhood to adulthood for young people with a serious emotional disturbance.

- Encourage participation in statewide school engagement and drop-out prevention activities.
- Develop a standard age at which children's service end and adult services begin ( e.g., 18 vs. 21 years).
- Create more flexibility with program eligibility so that admission/continuation decisions can be made based upon the maturity and skill level of the individual.
- Address the diagnostic criteria differences between child and adult systems.

##### Promoting Evidence-Based and Best Practice Models and Approaches

Ensure every child with emotional disturbance and their family can access evidence-based, evidence-informed, and promising practices that are effective in real world, community settings.

- Promote and support promising or evidence based practices that include multiple child serving systems.
- Provide statewide training on evidence-based engagement approaches to all child-serving partners with appropriate adaptation made for specific geographic regions of the state (such as rural areas, cultural considerations, families with court or child welfare involvement, etc).

Increase the diversity and cultural awareness within agencies and organizations that provide mental health services and supports

- Provide incentives for culturally and linguistically diverse individuals to enter into the mental health field.
- Co-locate family advisors and parent advocates in community-based settings to actively target issues related to cultural awareness, community access and engagement.

##### Improving Infrastructure and Funding to Enhance Services and Supports for Children and Families

Support providers' implementation of effective practices at the state-level through technical assistance, funding and quality improvement efforts

- Support providers across the state as they attempt to address simultaneous roll-outs of projects and competing priorities; address implementation issues by providing ongoing technical assistance around barriers and by studying successes in the field
- Support evaluations and quality improvement (measure fidelity

## Implementation Strategies

hance the capacity of families to meet their child's needs; and promote independent living skills.

- Increase capacity and competence to provide mental health services to families with children 0-5 years old.
- Investigate ways to build upon the success of the federal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, a mandatory set of Medicaid benefits that requires states to screen children for mental and physical conditions.
- Co-locate services in a range of settings or utilize a "Mobile Mental Health Team" or consultation model to reach young

people remotely and to bring services to them in a variety of natural settings.

- Incorporate mental health screening or assessment (e.g., integrated screening by Schools, Child Welfare, Juvenile Justice, Substance Use, Mental Health, Developmental Disabilities) to identify at risk children and families wherever their first contact with the child-serving system occurs.
- Provide continuing education, support and consultation to child-serving partners regarding warning signs of emotional disorders, treatment and referral.

- Provide support and encouragement for the acquisition of age appropriate tasks and skills.
- Ensure opportunities for all young people to prepare and practice skills needed for successful developmental transition.

- Include allowances for multiple trial learning.
- Target effective treatment and supports for the child and their family as needed.

- Examine the financial challenges faced by young people regarding differences in criteria and loss of benefits.
- Seek funding to develop a coordinated service-delivery system that can help young adults with a serious mental illness obtain the resources, knowledge and skills that are vital in adulthood.
- Cross train child and adult service providers on the special needs of youth at various stages of transition better prepare them to assist youth with serious mental illness in accessing services and supports.

- Pursue a memorandum of agreement with OCFS, OMH, Education and OMRDD and Probation for the provision of seamless transition of agency responsibility and service delivery for transitioning youth.
- Examine the development of affordable and appropriate housing for youth transitioning into independence along with possible finance options (such as the NYNY III Supportive Housing RFP).

- Provide ongoing continuing education on evidence-based practices to all child-serving partners
  - Address populations of interest such as, how to provide direct service to infants, toddlers, preschoolers, and their families.

- Promote the integration of best practices into colleges and university professional training programs (e.g., graduate studies in health and human services professions).
- Study treatment options in real world settings and offer opportunities to research promising practices that have been developed at the local level.

- Create and use multi-language materials and culturally normed evidence-based practices.
- Develop primers on cultural considerations of mental health issues and concerns.
- Adopt the National Standards for Culturally and Linguistically Appropriate Services in Health Care.

- As part of provider auditing process, assess that providers are actively and on an on-going basis evaluating the cultural needs of children, their families and communities.

for models, effectiveness of interventions, and effectiveness of service provision).

- Engage agencies in more comprehensive training and self-assessment procedures, including the use of walk-through methods that assess experience of receiving services from a young person's and families' perspective, satisfaction with the service

provision, and perceptions of effectiveness.

- Ensure ongoing clinical supervision/training of evidence-based practices at child-serving sites.
- Develop outcomes incentives that compensate child-serving sites for maintaining high quality practice.

## Theme 4: One Family – One Plan: Ensuring Integrated and Effective Services and Supports

### Children's Plan Recommendations

#### Promoting Evidence-Based and Best Practice Models and Approaches

Each child and their family in New York should receive services as a unique family with ONE unique plan. The concept of "one family, one plan" drives both individualized and integrated care.

- Develop a process to obtain family consent in support of one family, one plan.
- In a one family, one plan approach families and providers will:
  - Coordinate information across service agencies (e.g., one file)
  - Streamline assessments into one multi-system format.

#### Improving Infrastructure and Funding to Enhance Services and Supports for Children and Families

Enhance and strengthen the State's unified, cross-systems governance structure, the Council on Children and Families, with clear accountability for child, family, and system outcomes.

- Ensure this state-level oversight body shares accountability and responsibility for positive outcomes for children and families and provides consistent leadership on the principles, practice, and sustained development of a statewide system of care, with the authority to influence the policy-making and fiscal operations of each child-serving state agency.
- Expand the membership of the Council on Children and Families to include representation of family members and youth to include their voice in the development and implementation of policies and programming.
- Address statewide issues of capacity, resolving administrative and regulatory barriers to effective service delivery, and actively supporting county leadership teams in their support of the child and family team
- Initiate cross-system budget initiatives that address potential funding gaps in the children's system of care, particularly those

Designate a multi-level structure responsible for creating a unified system of care at the local level, in each County and the City of New York for children and families with complex needs.

- Align existing resources, improve access and accountability to families, measure and track outcomes towards quality improvement.
- Develop joint Memoranda of Understanding (MOUs) between

#### Enhancing Collaborative Efforts and Initiatives Across Child-Serving Agencies

Align programmatic and fiscal incentives to promote integration of care across all child-serving systems.

- Authorize the development of mechanisms that support integrated care (e.g., flexible, blended or pooled funding), such as combining existing Waivers to create a single cross-system Waiver for all children with complex service needs.

Develop objective, transparent outcome measures to assess the performance of the system at the provider agency, County/NYC, State agency and statewide levels.

- Develop consensus among state child serving agencies on outcomes.
- Leverage existing consensus on the use of specific assessment tools that address behavioral/mental problem presentation, risk behaviors, functioning, care intensity, caregiver needs and strengths, and child strengths;
- A defined minimum data set should be aggregated at the State level and used for quality improvement purposes at the State and local level. Data collection effort should be streamlined and reports should be meaningful in determining outcomes.
- Review and reduce of barriers to sharing data, such as confidentiality and regulations, across child-serving systems. Infor-

## Implementation Strategies

- Develop ONE, all-inclusive service plan (education plan, treatment plan, safety plan, support plan)
- Clearly define roles and responsibilities
- Work from the same set of goals to be accomplished
- Have joint meetings with the youth and family

services and supports not reimbursable through specific categorical programs.

- Create an inventory of all current cross-systems interagency committees and structures, coordinating councils, etc., at all levels of the government. Take action to establish simplification for families and clear lines of responsibility and accountability.
- Align regions across all child-serving systems, and ensure all systems can make local decisions based on county and regional needs to better serve individual children and families
- Implement a common, needs-based language across all child-serving systems (mental health, intellectual and developmental disabilities, chemical dependency, child welfare, juvenile justice, and education) without the focus on diagnosis or label.
- Continue the Building Bridges initiative to clearly define the desired characteristics of the different residential options, i.e.,

participants that establish guidelines for shared accountability, responsibility, and agreed upon expectations and policies to sustain the system of care by creating agreements to support participation, re-invest savings, and recognize success.

- Prioritize resources towards integrated care models
- Reform state law and regulation to promote, rather than prevent, shared decision making across child serving systems con-

mation sharing should take into consideration or address the concerns of families about privacy, ensuring that individual level data is protected

- Utilize public health surveillance and administrative data systems to monitor population patterns of care and benchmark against National data; utilize a New York State specific data system to benchmark between geographic areas and providers within the State.
- Implement an annual survey with youth and families who are multiple service system involved to ask them the degree to which they experience an integrated service system and to see if the perception of systems integration increases over time;

- Encourage the use of family support services
- Incentivize the development of single treatment/service plans that coordinate services, goals and outcomes through the alignment of funding and reimbursement to support the use of evidence-based models for individualized planning (e.g., high fidelity wrap around) and treatment (e.g., CBT)

RTC, RTF, CR, GH, etc., with respect to length of stay, expected outcomes, permanency, discharge planning, finance and capital needs. Project the expected need for each type of residential and treatment program. Identify creative multi-agency use models. Explore models such as Wraparound Milwaukee which has re-designed its use of residential services to be part of the community wraparound plan.

- Allow for multi-system credentialing and/or licensing to facilitate work in various child-serving systems based on qualifications of the individual (e.g., case managers, service coordinators)
- Evaluate the degree to which systems and services are family-driven and strengths based. Ensure that they are shared by families and youth and all child-serving systems.
- Identify resources and incentives to support meaningful youth and family participation from all systems.

- Include, at a minimum, similar participation to cross-system state leadership teams, where applicable, in order to access all child-serving systems resources (or resources from a single system intended to support cross-systems activities).

sistent with the needs and wants of children and families, with more shared risk (e.g., Accountability based on child and family outcomes not structure and process).

- Implement an annual survey with key agencies and providers of behavioral health to ask them the degree to which they experience an integrated service system and to see if the perception of systems integration increases over time;
- Develop a web-based county level child and family service provider directory which includes agency and county provider contact information, list of services offered, particular expertise (e.g., EBPs, family support) and systems/providers with whom they network;
- Publish an annual "report card" of performance against established outcome measures and benchmarks at the provider agency, County/NYC, State agency and statewide levels.

## Theme 5: An adequately sized workforce that is culturally competent and steeped in a new

### Children's Plan Recommendations

#### Increasing Awareness and Education

Provide opportunities and strengthen educational requirements for all child-serving professionals, including but not limited to pediatricians, nurses, psychologists, social workers and educators, which include competencies in healthy child development and signs of early difficulties across developmental domains, including physical health, social-emotional functioning, and cognitive functioning

- Collaborate with institutions of higher learning on curriculum development; infuse mental health concepts (including brain development; social/emotional development; importance of first five years; ability versus disability; relation to school readiness) into education and training of all child-serving professions
- Work with the Board of Regents and the professional boards, professional organizations, and colleges/universities to provide post-secondary and in-service training on mental health, reflecting evidence-based, evidence-informed, and promising practices (this should include but not be limited to education and training pertaining to: what constitutes normal behavior;

#### Enhancing Collaborative Efforts and Initiatives Across Child-Serving Agencies

Establish and define core competencies necessary for the mental health workforce serving children, youth, and their families across systems of care, in collaboration with other child-serving systems, ensure adequate training and evaluate mastery of these core competencies.

- Develop stakeholder consensus around core competencies for direct care staff and adopt cross-agency workforce development plans consistent with competencies.
- Standardize curricula across agency systems and in multiple practice areas.
- Survey existing competencies among direct care staff, supervisory, licensed professionals and managerial workers. Catalog the competencies against the list of identified core competencies, identify gaps, and establish training priorities.

#### Expanding and Access to Services and Supports

Increase the number of primary care professionals (e.g., pediatricians, family medicine physicians, developmental specialists, nurse practitioners) with the capacity to identify and treat children and youth with the most common mental health problems. Help to strengthen their mental health screening and treatment competencies and enhance their ability to refer and to collaborate with community mental health services and supports.

- Prioritize training the primary care workforce to improve knowledge, skills and attitudes regarding the integration of mental health services in primary care. Support collaboration through adequate funding for services such as consultative models, telemedicine, and face-to-face training.
- Review curriculum guidelines to ensure that basic psychiatry training and clinical experiences are integrated in medical training for all physicians.

Increase the capacity of mental health services by supporting family and youth engagement in mental health treatment through peer relationships, family and youth development curriculum/activities, and family support activities.

- Review mental health, medical and developmental program models to ensure the inclusion of family and youth advocates in all practices and structures.
- Provide incentives to mental health providers, clinics and organizations that hire family advocates as a means of expanding youth and family engagement in treatment and program activities.
- Establish qualifications for family advocates that include the critically important experiences associated with being a pri-

## paradigm of integrated, family-driven care must be developed and sustained.

### Implementation Strategies

- preventing/addressing risk behaviors; identification, assessment, and treatment of trauma; how to recognize triggers and warning signs of crisis situations; treating dual diagnoses; understanding the young person in context; understanding and assessing delays; understanding the importance of screening and how to effectively use screening tools; and when/where to refer for assistance)
- Utilize teleconferencing and web-based learning strategies, especially in rural areas.
- Promote paraprofessional training in needed service technologies and effective interventions
- Family and youth advocates should participate in the development, where appropriate, of OMH-mandated or sanctioned education and training opportunities for the entire workforce. They should also participate as trainers or co-facilitators when appropriate, to assist the workforce in better understanding the youth and family they are serving.
- Promote the development of the skills, competencies and knowledge required to move the entire children's mental health system toward the desired outcome of "Individualized Care that is Family-driven and Youth-guided" in all graduate, medical and professional levels of study.
- Establish and fund culturally and linguistically competent continuing education and training activities that support increasing the competence of the direct service, supervisory and licensed professionals across the child and adolescent mental health care system; are based on best practices; aimed at individual learning styles and abilities; adaptable across child and adolescent mental health care settings; and geared toward the entire developmental spectrum.
- Efficiently monitor and evaluate competency development, practice and outcomes (e.g., survey, track continuing education credits).
- Support existing regional and State structures (e.g., systems of care communities) that foster integrated care effectively for children and youth with cross-systems needs and ensure adequate cross-systems training and enhancement of competencies of staff working with these children and families.
- Ensure that minimum training and education competency standards are identified and implemented in settings where care is provided 24 hours each day.
- Create loan forgiveness and other incentives to encourage minority and bilingual physicians to practice in underserved areas with a focus on children's mental health.
- Promote scholarship and internship opportunities to address professional shortages in the public sector.
- Improve training for professionals across systems including schools, child care and primary health systems to recognize signs of mental health problems and take appropriate action.
- Work with primary care training programs (pediatrics, family medicine, and nursing) in New York State to increase training in child and adolescent mental health.
- mary caregiver of a child with special needs.
- Create universal standards for describing the responsibilities of family advocates to ensure that their potential success is not compromised by serving as translators, data collectors, etc.
- Create a Parent Advisor credential for New York State.
- Create pathways and funding for family advocates in public service to complete Bachelor- level study at State & City/County colleges/universities free of charge, or develop programs that enable family advocates the opportunity to attend college (i.e., tuition reimbursement, work-study programs and tuition for number of years of public service) similar to graduate level education options available in the public sector.
- Create opportunities for parent advocates to move up via career ladders in the mental health service delivery system.

## Theme 5 (Continued)

### Children's Plan Recommendations

#### Improving Infrastructure and Funding to Enhance Services and Supports for Children and Families

Support and establish an Office of Workforce Development, Recruitment and Retention within the Council of Children and Families to improve workforce development practices; strengthen and maintain a specific focus on workforce issues, particularly those that impact children, adolescents, and young adults; utilize data to inform decision making; oversee a workforce advisory function; and provide policy leadership with the executive, legislative, and judicial branches on mental health workforce issues.

- Ensure that a structure and process exist to provide a broad, ongoing response to the many mental health workforce issues in the State that call for attention by:
  - Leveraging improvement in workforce development practices through existing funding and employment mechanisms
  - Implementing interventions to strengthen the workforce
  - Maintaining a specific focus on workforce issues impacting children, adolescents, and young adults
  - Informing the work of the New York State Children's Commissioners Workgroup
  - Disseminating best practices in workforce recruitment, retention and development to employers of the mental health workforce

Secure access to psychiatry services for all children throughout the State, regardless of geographic location and with attention to underserved areas, by:

- (1) increasing the number of child and adolescent psychiatrists;
- (2) creating opportunities for child and adolescent psychiatrists to serve as consultants to teams of mental health, primary care, and other practitioners and workers; and
- (3) expanding child psychiatric services through the use of child and adolescent psychiatric nurse practitioners and advanced practice nurses.

#### (1) Increase the number of child and adolescent psychiatrists:

- Work with hospital training programs in New York State to increase the number of child and adolescent psychiatric resident training slots in exchange for a commitment from those residents to practice in New York State (thereby increasing the number of child and adolescent psychiatrists).
- Offer educational loan repayment to child and adolescent psychiatrists who commit to serving in New York State's underserved areas and/or public service, thereby redistributing the scarce supply of these psychiatrists to areas of greatest need.
- Work to improve the team coverage of children and youth in the mental health system with case managers, nurse practitioners, parent advocates, psychologists and others, freeing up the child and adolescent psychiatrists to perform the unique roles for which they have been trained.
- Promote partnerships between OMH and higher education institutions that provide specific course work in child and adolescent psychiatry. Consider programs that offer online options facilitating access to those in rural areas where the need for service is great. Education and clinical training in this manner offers nurses the opportunity to remain in their home communities for practice. Look to scholarship opportunities for psychiatric professions (scholarship to service).

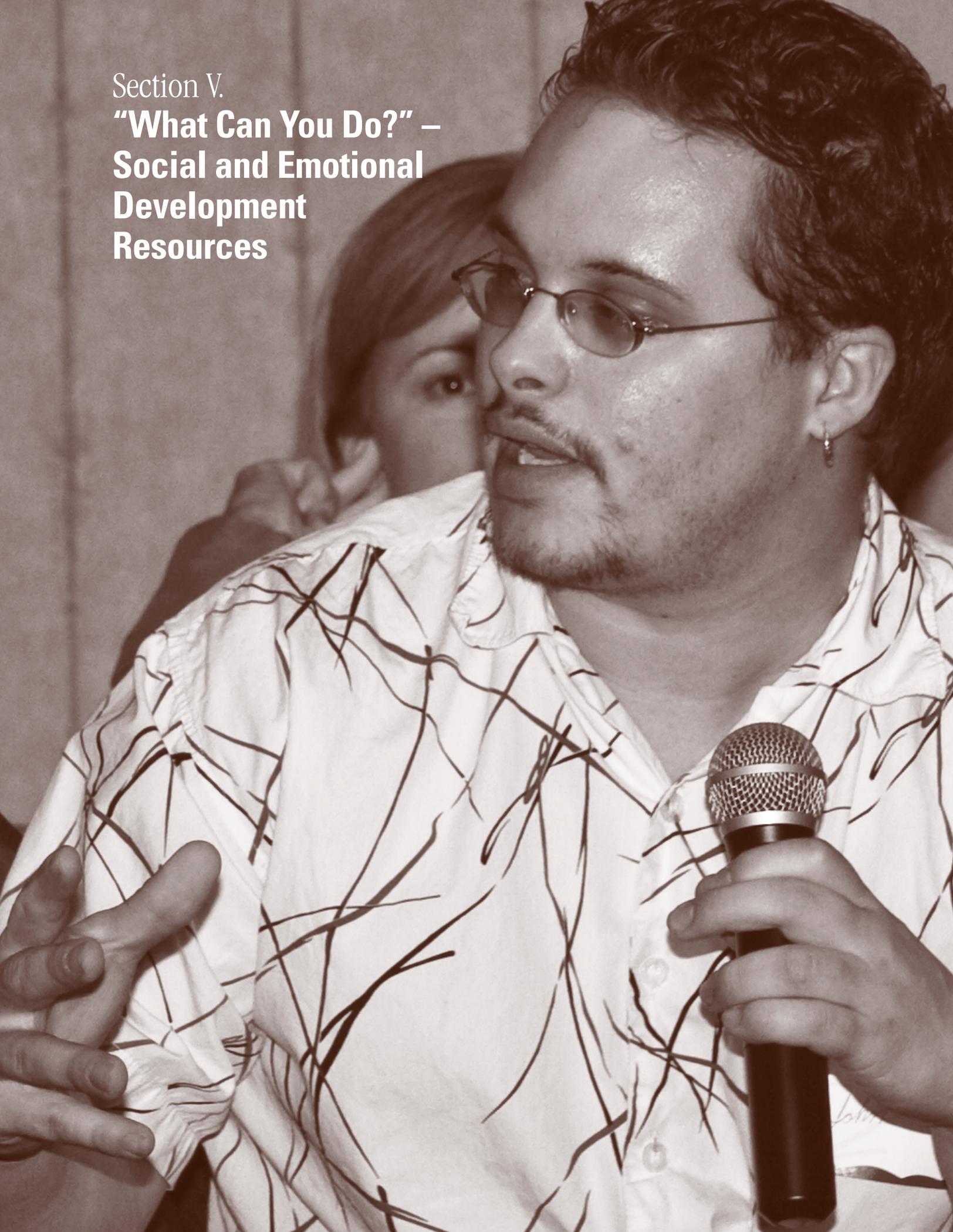
Support providers and professional organizations in developing and implementing a work plan to support workforce growth and retention.

- Support community provider agencies in:
  - Developing curricula to train personnel in evidence based treatment and child development
  - Developing ongoing paraprofessional training programs.
  - Offering staff a range of incentives for personnel growth and training in competencies needed for collaboration and engagement of children and their families.
  - Offering incentives for practice in areas with underserved populations.

## Implementation Strategies

- Overseeing a Children and Youth Workforce Advisory Committee (described below)
  - Advising the New York State executive, legislative, and judicial branches on mental health workforce issues, licensure and policy
  - Support and establish a Child and Youth Workforce Advisory Committee within the Council of Children and Families as a permanent body charged with planning, coordinating, and promoting interventions to strengthen the workforce.
    - Have diverse membership from across the child-serving systems of care (e.g., child welfare, education, juvenile justice, developmental disabilities, substance use), Civil Service and Office of the Professions participation, and provider, advocate, and active family and youth membership.
  - Address workforce issues related to the needs of specific populations, including infants, toddlers, preschoolers, school-age children, youth, and young adults.
  - Address recruitment and retention
  - Collaborate with the State Education Department, Higher Education and the Office of the Professions.
  - Adopt the recommendations of the National Technical Assistance Center for Children's Mental Health to improve the mental health care of children and families.
  - Address issues related to mental health workforce recruitment and retention through careful analysis of the current workforce and emerging workforce needs, career opportunities, fair and adequate compensation and benefits, adequate training, and attention to opportunities for cross-systems workforce collaborations.
- (2) Create opportunities for child and adolescent psychiatrists to serve as consultants to teams of mental health, primary care, and other practitioners and workers:**
- Increase the development of services for youth with co-occurring substance abuse and mental health problems and have child and adolescent psychiatrists serve as consultants.
  - Pay for time spent consulting for/with child and adolescent psychiatrists and other mental health workforce members, whether via the web, telemedicine, phone, or in person.
  - Establish a payment mechanism for child and adolescent psychiatrists to be available by phone and web for such consultations.
  - Consult with primary care physicians, pediatric organizations and State primary care leaders to determine what supports would be necessary to expand primary care involvement in mental health screening processes.
  - Provide reimbursement for primary care physicians' participation in telemedicine and other health processes associated with mental health screening and service delivery.
- (3) Expand child psychiatric services through the use of child and adolescent psychiatric nurse practitioners and advanced practice nurses:**
- Evaluate current psychiatric vacancies and assess whether these could be converted for psychiatric nurse practitioner practice.
  - Evaluate and revise current OMH regulations or consider use of waivers to allow for full scope of advanced practice psychiatric nurses/child and adolescent psychiatric nurse practitioner practice.
  - Consider developing group practice models with OMH psychiatrists and child and adolescent psychiatric nurse practitioners.
  - Expand telemedicine consultation opportunities to include the use of psychiatric nurse practitioners.
  - Create loan forgiveness programs to encourage psychiatric nurse practitioners to serve in underserved areas.
  - Identify OMH child and adolescent facilities (inpatient and outpatient) that may serve as clinical training opportunities for child and adolescent nurse practitioner students. These internships may serve as a training experience for later employment in that facility.
  - Examine reimbursement barriers for nurse practitioners and other mental health professionals
- Assist universities and community colleges in:
    - Designing and promoting pre-service education that is aligned with competencies needed in the public sector to provide new service delivery models and approaches.
    - Promoting and expanding cross-disciplinary training in the treatment of co-occurring mental health problems.
    - Recruiting and supporting students from diverse racial, ethnic and cultural backgrounds.
  - Encourage professional associations and organizations to:
    - Promote cutting-edge service delivery models.
    - Refine accreditation and credentialing standards to support cross-disciplinary competencies.
    - Advocate for public-sector workforce improvements in recruiting, retaining, training and remunerating at the federal and State levels.

Section V.  
**“What Can You Do?” –  
Social and Emotional  
Development  
Resources**



A child’s social-emotional development is as important as brain and physical development. Children’s social-emotional skills drive them to learn to communicate, connect with others, resolve conflict, and cope with challenges. These skills give children the confidence they need to reach goals, and the ability to persist in the face of difficulty. Like other important developmental milestones—such as walking and talking—developing social-emotional skills takes time, practice, and lots of patience from parents and caregivers. Unlike learning to walk and talk, however, social-emotional skills are not as easy to see.<sup>1</sup> The key to social and emotional development is a child’s early relationship with parents, caregivers and other caring adults. Learning how to support children’s emotional needs can help to provide for them a secure base from which to grow into well-rounded, healthy adults.

If emotional development is cultivated at a young age, children are more likely to do well in school, interact well with peers, and become less vulnerable to negative influences. A child with poor social and emotional development is at risk of poor relationships with peers, academic problems, later involvement in crime, and of developing future physical health and mental health problems. By developing a child’s social and emotional development adults can help to ensure positive social functioning, educational achievement and employment success.

Therefore, it is important that all adults involved in the lives of children help to promote their social and emotional development. This not only includes parents and family members, but pediatricians, educators, child care workers, and clinicians. Children need support for the development of their social and emotional skills from the time they are born until they are young adults, and in all areas of their life, at home, in school and in their communities. Caring adults can impact upon the lives of children they come in contact with by reinforcing social and emotional skills through open discussions, encouraging interaction and opportunities to practice skills, and modeling of positive social and emotional skills themselves.

There are many resources available on social and emotional development that can guide and assist adults in their efforts to support children in their growth. Information and tools have been created for parents, educators, pediatricians, and youth themselves. Below is a list of links to resources that can help you to have a positive impact on children’s social and emotional development.

- I. Resources for Parents and Caregivers
- II. Resources for Pediatricians and Health Care Providers
- III. Resources for Educators and Schools
- IV. Resources for Youth

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**Notes**

1 Zero to Three

## Social and Emotional Development Resources for Parents and Caregivers

### Families Together in New York State

A non-profit, family-run organization that strives to establish a unified voice for children and youth with emotional, behavioral and social challenges. The site provides information for families about family-run family support services, information and referral services that are available in New York State as well as statewide advocacy services. <http://www.ftnys.org/>

### YOUTH POWER!

A network of young people with disabilities and social/emotional challenges. This site provides information about the youth movement in New York State as well as opportunities for networking. The theme of this site is that young people are the voices of the future and there should be "nothing about us without us!"

<http://www.ftnys.org/youthpwr.html>

### ZERO TO THREE - [www.zerotothree.org](http://www.zerotothree.org)

This site includes a number of resources for parents and professionals on a variety of key topic areas. One topic area is social and emotional development. The site provides tips for parents on how to promote and nurture their child's skills, helping them to learn to communicate, connect with others, resolve conflict, and cope with challenges. [http://www.zerotothree.org/site/PageServer?pagename=key\\_social](http://www.zerotothree.org/site/PageServer?pagename=key_social)

### Ohio State University Extension

Ages and Stages for Caregivers Fact Sheets give parents and caregivers an idea of the developmental milestones that they can expect to see in their child from 0-5 years, ways to encourage their child's development, and other helpful information. <http://ohioline.osu.edu/asc-fact/index.html>

### Substance Abuse and Mental Health Services Administration (SAMHSA) BUILDING BLOCKS for a Healthy Future

Parents, caregivers, and teachers of children aged 3 to 6 can find lots of great tips, materials, and ideas for spending time with their children and learning together. <http://www.bblocks.samhsa.gov/family/default.aspx>

### Docs for Tots

Docs For Tots is an organization formed to encourage doctors to become active advocates for infants, toddlers, and preschoolers on the national, state and local level. They also provide information and resources for doctors on promoting children's mental health. <http://www.docsfortots.org/documents/NYParentGuideArticle.pdf>

### Bright Futures for Families - [www.brightfutures.org](http://www.brightfutures.org)

Bright Futures for Families offers a variety of materials and resources developed specifically for families. Families want and need materials that have the same information used by their health care providers, written in a way that they can understand and refer to when needed.

### Bright Futures Family Tip Sheets

<http://www.brightfutures.org/TipSheets/index.html>

Divided into the four developmental stages of childhood, these easy-to-read sheets are designed to help families promote the health and well-being of their children.

### Transitions - Growing Up and Away

<http://www.brightfuturesforfamilies.org/pdf/Transitions.pdf>

For many families this will be a year to get ready to launch a son or daughter into the next phase of life after high school.

### Developmental Tools for Families and Providers

<http://www.brightfutures.org/tools/index.html#training>

Throughout the tools, a strong emphasis is placed on strengths as well as concerns. The resources offer a guide to healthy development and parenting. Tools are provided for each developmental stage and are available in Spanish.

### **Collaborative for Academic, Social and Emotional Learning (CASEL)**

CASEL provides a wide variety of resources for parents, educators, and other professionals. Resources cover different age ranges/grades and provide parents with information on what to expect from children at different developmental stages, and some basic ways to promote social and emotional well-being in their children.  
<http://www.casel.org/sel/families.php>

### **Kids Growth**

KidsGrowth.com is a unique Web site tailored specifically toward the concerns and interests of today’s parents. The site was developed and created by well-respected medical leaders in the field of pediatrics and adolescent medicine. The site provides information on child development and growth for ages 0 - 18. <http://www.kidsgrowth.org/stages/guide/index.cfm>

### **Search Institute’s 40 Developmental Assets**

<http://www.search-institute.org/assets/forty.htm>

Developmental Assets are common sense, positive experiences and qualities that help influence choices young people make and help them become caring, responsible adults. The Search Institute’s website provides lists of assets for each developmental stage.

### **Center for Disease Control and Prevention**

The Centers for Disease Control and Prevention is committed to promoting optimal child health outcomes by preventing developmental delay and disabilities. The CDC website contains information on child development, including positive parenting across all developmental stages.  
<http://cdc.gov/ncbddd/child>

### **NYU Child Study Center**

<http://www.aboutourkids.org>

#### **Growth and Development**

This site provides a variety of resources to present a broad spectrum of benchmarks and milestones that can help parents to evaluate their child’s progress [http://www.aboutourkids.org/](http://www.aboutourkids.org/families/keeping_kids_healthy/growth_development)

[families/keeping\\_kids\\_healthy/growth\\_development](http://www.aboutourkids.org/families/keeping_kids_healthy/growth_development)

#### **The Parent Letter**

This publication from the NYU Child Study Center provides parents with tips and advice on special topics relevant to teenagers and school-age children. [http://www.aboutourkids.org/families/newsletters/parent\\_letter](http://www.aboutourkids.org/families/newsletters/parent_letter)

### **Child Development Institute:**

#### **Keeping Parents Informed**

<http://childdevelopmentinfo.com/development/index.htm>

The Child Development Institute provides information for parents on developmental stages and the various types of growth. It also contains helpful articles on parenting and how to support your child’s social and emotional development and learning.

### **Advocates for Youth**

<http://www.advocatesforyouth.org/parents/index.htm>

This site provides information on what parents need to know to raise healthy children. It includes information on growth and development at various stages, including sexual development. This site also provides resources on how parents can talk to their children about “the facts of life.”

### **Substance Abuse and Mental Health Services Administration (SAMHSA)**

A Family Guide To Keeping Youth Mentally Healthy & Drug Free is a public education website to communicate to parents and other caring adults about how they can help promote their child’s mental health and reduce his or her risk for becoming involved with alcohol, tobacco, and illegal drugs.

<http://www.family.samhsa.gov/default.aspx>

### **PARENTS - The Anti-Drug**

<http://www.theantidrug.com>

This is a website for parents on how to help guide their teen to a healthy life. The site addresses affective parenting approaches and to talk to teens about drug and alcohol use. It also includes the free resource: “Navigating the Teen Years: A Parent’s Handbook for Raising Healthy Teens”

## Social and emotional Development Resources for Pediatricians and Health Care Providers

### **Bright Futures for Families - [www.brightfutures.org](http://www.brightfutures.org)**

Bright Futures for Families offers a variety of materials and resources developed specifically for families to complement the Bright Futures publications and materials used by health care professionals. Families want and need materials that have the same information used by their health care providers, written in a way that they can understand and easily refer back to when needed.

### **Developmental Tools for Families and Providers**

<http://www.brightfutures.org/tools/index.html#training>

A variety of tools for parents and providers to help guide healthy development are provided for each developmental stage. The information under "When to Seek Help" includes concerns that might be addressed with additional information, as well as concerns that signal the need for further assessments and services. There is also a Referral Tool for Providers to help parents identify where to go for assistance.

Other Bright Futures resources available:

#### **Bright Futures in Practice: Mental Health, Volume I**

The information and resources in this guide provide primary care health professionals with the tools needed to promote mental health in children, adolescents, and their families. It also helps them recognize the early stages of mental health problems and mental disorders, and to intervene appropriately.

#### **Bright Futures in Practice: Mental Health, Volume II - Tool Kit**

This two-volume tool kit that accompanies Volume I, provides hands-on tools for health care professionals and families for use in screening, care management, and health education.

#### **Bright Futures Center for Pediatric Education**

[collaborationessentials.org/about/bright.html](http://collaborationessentials.org/about/bright.html)

Pedicases is the Bright Futures Center for Pedi-

atric Education in Growth and Development, Behavior, and Adolescent Health. This Web site contains more than 30 self-contained educational modules, covering important topics in child growth, development, behavior, and adolescent health.

### **Centers for Disease Control and Prevention (CDC)**

<http://www.cdc.gov/ncbddd/child/default.htm>

CDC offers background information, screening tools, and recommendations for developmental screening. The site includes information about and resources to support the role of primary care health professionals in children's developmental health. <http://www.cdc.gov/ncbddd/child/devtool.htm>

### **MCH Training Program: Developmental-Behavioral Pediatrics.**

<http://mchb.hrsa.gov/training/projects.asp?program=6>

Offers information about these programs working to prepare health professionals to develop or improve the behavioral, psychosocial, and developmental aspects of general pediatric care. The training program is part of the Maternal and Child Health Bureau (MCHB).

### **Developmental Behavioral Pediatrics Online**

<http://www.dbpeds.org>

This resource contains resources for health professionals about child development and behavior, especially in the medical setting. Includes forms, checklists, and other screening tools; online tutorials; and articles to support improvement in developmental and behavioral screening, surveillance, and identification of disabilities.

### **Developmental Screening Toolkit for Primary Care Providers**

<http://www.developmentalscreening.org/index.htm>

This site presents information for primary care health professionals considering beginning to screen or planning to begin screening children for developmental needs using a validated tool.

### **Enhancing Developmentally Oriented Primary Care Project (EDOPC)** <http://www.edopc.net/>

Offers training curricula and self-study guides for health professionals to improve the delivery and financing of preventive health and developmental services for infants and young children from birth to age three.

### **Ounce of Prevention Fund**

The site contains program information, reports, fact sheets, and other materials about the fund’s efforts to foster the healthy development of at-risk infants, toddlers, and preschool-age children. Recent publications include: Snapshots: Incorporating comprehensive developmental screening into programs and services for young children. [http://www.ounceofprevention.org/includes/tiny\\_mce/plugins/filemanager/files/Snapshots%20-%20FINAL.pdf](http://www.ounceofprevention.org/includes/tiny_mce/plugins/filemanager/files/Snapshots%20-%20FINAL.pdf)

### **The CNY Early Childhood Direction Center**

The Mid-State Central Early Childhood Direction Center (ECDC) is a regional clearinghouse providing information, referral and support to families, professionals, and community agencies concerned with young children birth to five. Developmental Checklists - Birth to Five - [http://thechp.syr.edu/checklist\\_download.html](http://thechp.syr.edu/checklist_download.html)

### **Docs for Tots**

Docs For Tots is an organization formed to encourage doctors to become active advocates for infants, toddlers, and preschoolers on the national, state and local level. They also provide information and resources for doctors on promoting children’s mental health, including fact sheets on “What Docs Should Know About...” <http://www.docsfortots.org/resources/talkingPoints/TalkingPoints.asp>

## Social and emotional Development Resources for Educators and Schools

### **Collaborative for Academic, Social and Emotional Learning (CASEL)**

CASEL provides a wide variety of resources for parents, educators, and other professionals. Their

website contains a variety of SEL (social and emotional learning) resources and tools. <http://www.casel.org/pub/reports.php>

### **National Association of School Psychologists (NASP)**

Success in School/Skills for Life This online resource for parents, teachers, and students offers a series of fact sheets about academic, emotional, and social development in children and adolescents. The topics rotate throughout the school year and include materials in Spanish.

<http://www.nasponline.org/resources/toolkit/index.aspx>

### **Committee for Children**

The committee seeks to foster the social and emotional development, safety, and well-being of children through education and advocacy. The organization develops and publishes programs and curricula for children from preschool through middle school about social skills, bullying, and sexual abuse. <http://www.cfchildren.org/issues/sel/?lid=650>

### **School Mental Health Project - Center for Mental Health in Schools**

<http://smhp.psych.ucla.edu>

This site provides a wide variety of resources and information for teachers and schools on mental health issues and supporting children in their learning. One example is a paper on: Social and Interpersonal Problems Related to School-Aged Youth - found at <http://smhp.psych.ucla.edu/pdfdocs/socialProblems/socialprobs.pdf>

### **The Center on the Social and Emotional Foundations for Early Learning (CSEFEL)**

CSEFEL is focused on promoting the social and emotional development and school readiness of young children birth to age 5. They have a variety of tools and resources for teachers, parents and caregivers. <http://www.vanderbilt.edu/csefel>

### **National Clearinghouse on Families and Youth (NCFY)** <http://www.ncfy.com/>

The site offers information about positive youth development. Resources include: fact sheets, outreach

materials, conference reports, online journals, Spanish-language materials, technical-assistance materials, and news and funding information. Also includes an extensive list of links to Web sites that focus on adolescent development.

### **Technical Assistance Center on Social and emotional Intervention for Young Children (TACSEI)**

TACSEI takes the research that shows which practices improve the social-emotional outcomes for young children with, or at risk for, delays or disabilities. The website provides products and resources to help decision makers, caregivers, and service providers apply these best practices in the work they do every day. <http://www.challengingbehavior.org/do/resources.htm>

### **Helping Your Child Series**

The Helping Your Child publication series aims to provide parents with the tools and information necessary to help their children succeed in school and life. These booklets feature practical lessons and activities to help their school aged and preschool children master reading, understand the value of homework and develop the skills and values necessary to achieve and grow. Teachers can share these booklets with parents to encourage their involvement in and support of their child’s academic success. <http://www.ed.gov/parents/academic/help/hyc.html>

### **The National Center for Mental Health Promotion and Youth Violence Prevention**

Provides technical assistance and training to 147 school districts and communities that receive grants from the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services. The site highlights resources for social and emotional development and learning, including a list of articles and publications available on-line. <http://www.promoteprevent.org/resources/briefs/social-emotional%20learning.html>

### **The Center for Social and Emotional Education (CSEE)** <http://www.csee.net/>

CSEE works with educators, parents, schools, and communities to promote academic achievement and prevent youth violence and other at-risk behaviors by fostering effective social and emotional education and character education for children and adolescents.

### **Resilience Guide for Parents and Teachers**

The American Psychological Association provides tools and information on building resilience — the ability to adapt well to adversity, trauma, tragedy, threats, or even significant sources of stress. Developing resilience can help children to manage stress and feelings of anxiety and uncertainty. <http://www.apahelpcenter.org/featuredtopics/feature.php?id=39>

## **Social and emotional Development Resources for Youth**

### **KidsHealth**

This site provides articles and information for kids and teens on how they can keep themselves healthy and happy. Being healthy means dealing with the changes in your body - and your mind. The site had resources for parents, kids and teens. <http://kidshealth.org/>

### **National Mental Health Awareness Campaign**

The student section of the webpage, youth can learn more about mental disorders, check out our frequently asked questions, and get hooked up with the help they may need. Youth can use the information on this site to educate themselves and learn how to take action. <http://www.nostigma.org/students.php>

### **Search Institute**

Presents the framework of 40 Developmental Assets, which are positive experiences and personal qualities considered critical to the positive development of adolescents. In addition, for some ideas on how to build assets, choose to “View” the list and click on the asset you want to build. <http://search-institute.org>

### Organized Chaos

This is a “teens/young adults-only” website for learning about OCD from each other and from treatment providers. Readers are given the tools needed to overcome the isolation OCD often fosters, and a forum for creatively expressing personal trials, tribulations and triumphs.

<http://www.ocfoundation.org/1000/index.html>

### Half of Us

This site provides a public dialogue to raise awareness about the prevalence of mental health issues on campus and connect students to the appropriate resources to get help. <http://www.halfofus.com>

### MPower

This is a new youth awareness campaign that’s harnessing the power of music to change youth attitudes about mental health and fight the stigma facing the 1 in 5 youth with mental health problems. Working with a diverse coalition of artists, music industry executives, mental health advocates and youth leaders, mpower is dedicated to reaching out to today’s youth about a range of mental health issues, including depression, substance abuse, anxiety, eating disorders and suicide, and providing important resources and information to encourage those in need to seek help. <http://www.mpoweryouth.org/411.htm>

### Mindzone - Cope. Care. Deal.

Mindzone is a mental health website for teens that includes helpful information such as how to cope with everyday stress to information about more severe mental health problems.

<http://www.copecaredeal.org/>

### Out of the Silence

This site is a virtual community where youth can share their experiences with mental illnesses through artwork, prose, poetry, photography, and graphic art. The website also offers information on how youth can participate in anti-stigma campaigns and advocacy efforts regarding mental health. <http://stepoutofthesilence.org/default.aspx>

### Change Your Mind About Mental Health

The American Psychological Association provides helpful information on understanding mental health and how it is a part of everyone’s healthy overall development. <http://www.apahelpcenter.org/featuredtopics/feature.php?id=37>

### Resilience for Teens - Got Bounce?

The American Psychological Association provides information to youth on how they can build their own health and resilience. Resilience – the ability to adapt well in the face of hard times; disasters like hurricanes, earthquakes or fires; tragedy; threats; or even high stress – is what makes some people seem like they’ve “got bounce” while others don’t. <http://www.apahelpcenter.org/featuredtopics/feature.php?id=40>

### Australian-based Websites for Youth:

Please note: While these websites provide good information, they are from Australia.

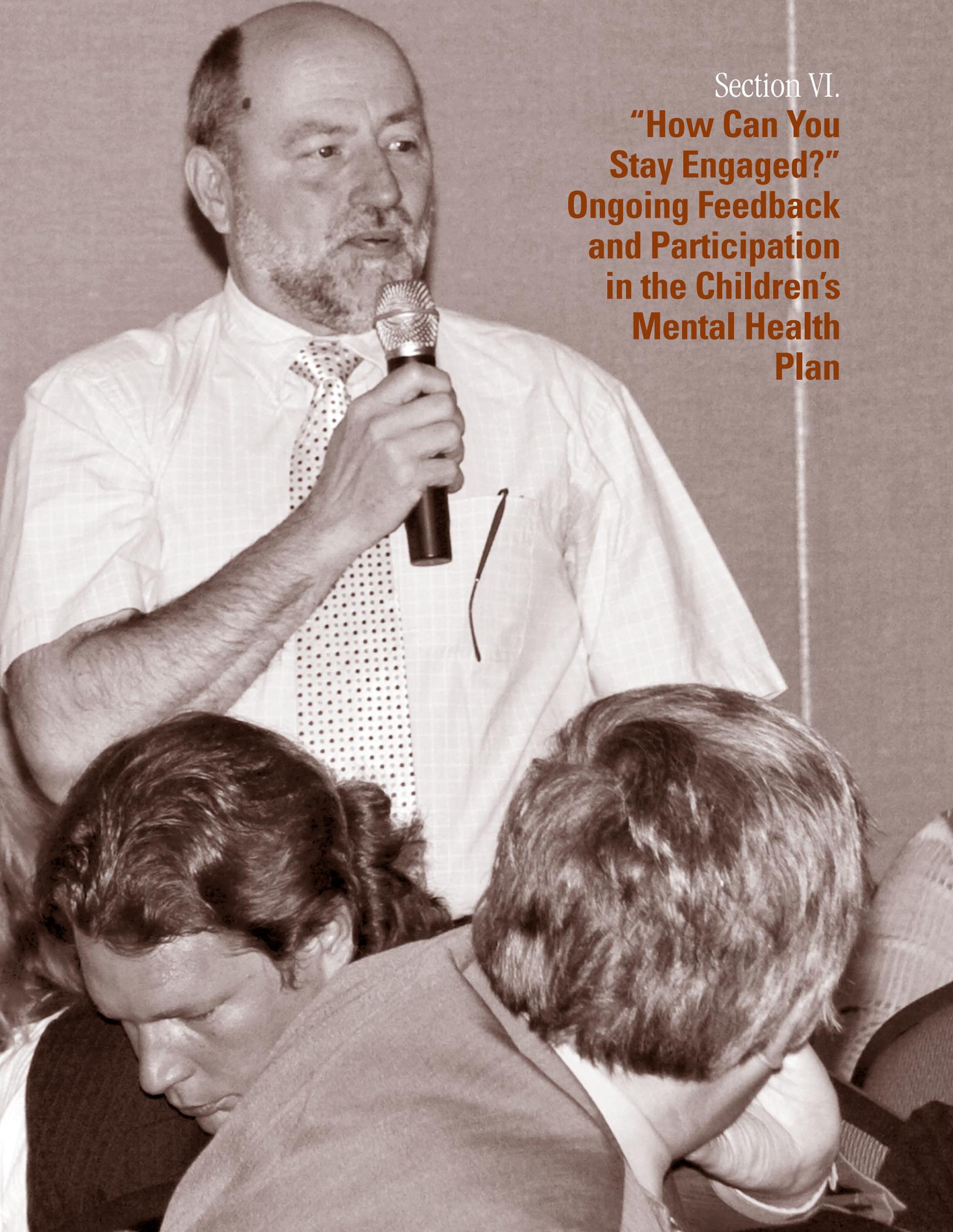
### Reach Out!

This is a website that inspires young people to help themselves through tough times. The aim of the service is to improve young people’s mental health and well being by providing support and information in a format that appeals to young people. For teens who may be struggling with depression or suicidal thoughts, want to do something for their local community or simply are experiencing new ways to learn and grow. <http://www.reachout.com.au/home.asp>

### The Headroom

This website aims to inform young people, their caregivers and service providers about positive mental health. The Headroom website provides information for:

- Young people aged 12 -18 in the Lounge
- Young people aged 6-12 years in the Cubby House
- Parents and friends in the Family Room
- Service providers and professionals in the Kitchen. <http://www.headroom.net.au/>



Section VI.

**“How Can You  
Stay Engaged?”  
Ongoing Feedback  
and Participation  
in the Children’s  
Mental Health  
Plan**

The Children's Plan was developed with the input of over 125 workgroup members, 1,000 individuals participating in regional public forums, advisory committee members to the Office of Mental Health, and key personnel from all child-serving systems. This Plan is truly a document that reflects the collective vision and mission of citizens throughout New York State that have a vested interest in children's social and emotional development. Crafted by the knowledge and perspectives of parents and caregivers, young people, early education educators, school educators, elementary and secondary administrators, community leaders, youth development experts, youth service providers, advocates and state policy leaders, this Plan represents a vision for improving services and supports for children and families for the next 5 to 10 years.

Although the Children's Plan was developed in 2008, it is a living document and will continue to grow and evolve to meet the changing needs of our children and their families. The Plan will be revisited each year to take stock of our collective progress and to adapt the Plan. In order to sustain the momentum generated from the development of the Plan and continue to engage stakeholders in this process, we have developed the capacity to receive ongoing input into the future of the Plan and its recommendations.

While soliciting feedback from the public is an important piece to ensuring the Plan remains a reflection of our collective vision, providing information on our progress in meeting the goals of the Plan is just as important. The ENGAGE website through the Office of Mental Health will not only serve as a portal to providing input, but also as a venue for accountability and transparency. Regular updates on the initiatives, programs and resources that grew out of the Children's Plan will be provided to inform the public of the efforts being made to improve and enhance services for children and their families.

Please continue to visit the ENGAGE website for further updates and information. Also, anyone can provide input and recommendations on the Plan or the children's mental health system via email to [dialogues@omh.state.ny.us](mailto:dialogues@omh.state.ny.us). If you do not have access to a computer, you may also send it via U.S. Mail to:

Children's Plan  
Division of Children and Family Services  
New York State Office of Mental Health  
44 Holland Avenue  
Albany, NY 12229

## Appendices

Material Available on the Office of Mental Health's ENGAGE: Children's Plan Website

The Children's Mental Health Act of 2006, authorized the development of the Children's Plan. Since that time a number of activities have taken place to inform the creation of this final document. The following supportive documents are available at <http://www.omh.state.ny.us/omhweb/engage/>

- Children's Plan Formative Documents
  - Preliminary Children's Plan
  - Workgroup Reports
  - Engaging in Next Steps Document
  
- Regional Public Forums and Dialogues
  - Public Forum Photos
  - Statewide Dialogues and Testimony (as of May 2008)
  - Summaries of Public Feedback by Region (by five themes)
  
- Stakeholder Participation
  - Workgroup Members
  - Commissioner's Advisory Groups
    - Mental Health Services Council
    - Committee on Families
    - Mental Health Planning Advisory Committee
      - Children's Subcommittee
    - Multicultural Advisory Council
    - Recipient Advisory Council

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