NYS Association of County Health Officials (NYSACHO) & NYS Department Of Health (DOH)

Early Intervention & Children And Youth with Special Health Care Needs (CYSHCN)

County Mental Health Resources

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NYS CONFERENCE OF LOCAL MENTAL HYGIENE DIRECTORS



About the NYS Conference of Local Mental Hygiene Directors

The Conference is a membership organization representing the Directors of Community Services (DCSs)/Mental Health Commissioners for 57 counties and the City of New York;

The DCSs serve as the CEO of the Local Governmental Unit (LGU), defined in the statute as the portion of local government responsible for mental hygiene policy and for the planning, development, implementation, and oversight of services to adults and children in their counties affected by mental illness, substance use disorder, and intellectual/ developmental disabilities;

The DCSs have linkages to all of the various health and social service systems in their jurisdictions and have a unique view of the needs of and problems facing the people they serve. Most often, these needs are not limited to a single service but are complex and extend beyond the scope of behavioral health care and into other distinct areas, such as housing, school/employment, public benefits, food/social needs, and the criminal justice system;

CLMHD operates several committees to discuss and assess the current environment within various mental hygiene systems;

- Children and Families
- Mental Hygiene Planning
- Intellectual/Developmental Disabilities
- Mental Health
- Addiction Services and Recovery



Mental Health Services for Children and Families

Inpatient services are hospital-based programs which offer a full range of treatment and support services. Programs exist in general hospitals (Article 28), freestanding psychiatric hospitals (Article 31) and State Children's Psychiatric Centers.

OMH SERVICES:

Residential Treatment Facilities (RTF) are a type of inpatient mental health program for youth with complex mental health needs.

Children's Community Residences (CCR) are home-like programs for youth with mental health needs in a community-setting.

Day Treatment Programs provide intensive, non-residential educational and mental health/supportive services.

Crisis Residences serve children and adolescents exhibiting acute distress who may need stabilization in an alternate setting. The expected length of stay is up to 21 days.

Home Based Crisis Intervention (HBCI) provides intensive in-home crisis services to families (natural, foster, or adoptive) where a child is at imminent risk of psychiatric hospitalization. The target population for the HBCI program is youth 5 to 20 years, 11 months of age. These interventions last for 4 to 6 weeks and a counselor is available seven days a week, 24 hours a day to work with the child and family.

Hi Fidelity Wraparound



Mental Health Services for Children and Families

Clinic Treatment Programs Article 16s, 31s, and 32s - treatment is offered at a variety of sites including schools and community offices. Clinics offer traditional outpatient mental health services (I/DD, Mental Health, SUD) such as:

- 1. Assessment;
- 2. Individual, family, and group therapies; and
- 3. Medication management.

CHILDREN'S HOME AND COMMUNITY BASED SERVICES (HCBS):

Health Home Care Management A Health Home is a care management service model whereby all of an individual's caregivers communicate with one another so that all of the child's needs are addressed in a comprehensive manner. This is done primarily through a "care manager" who oversees and provides access to all of the services a child needs to assure that they receive everything necessary to stay healthy, out of the emergency room and out of the hospital. Health records are shared among providers so that services are not duplicated or neglected. Children from birth to age 21 must be enrolled in Medicaid AND meet eligibility criteria by having two or more chronic health conditions (list of chronic conditions) OR one of the following single qualifying conditions: HIV/AIDS. Serious Emotional Disturbance.

Children and Family Treatment and Support Services (CFTSS) are rehabilitative services under the EPSDT benefit which are available to children/youth under the age of 21 who require mental health and substance use services and are Medicaid-eligible. Services can be delivered in the community where the child/youth lives, attends school, and/or engages in services.

Mental Health Services for Children and Families

OASAS SERVICES:

Residential Rehabilitation Services for Youth (RRSY) are short- and long-term inpatient programs for youth with substance use and co-occurring disorders. These programs have an enhanced staffing pattern that better meets the developmental needs of adolescents.

RECOVERY SERVICES:

Youth Clubhouses are drop-in centers for youth and young adults in recovery from or at risk of developing a substance use disorder. These programs provide recovery supports – including peer support – as well as skill-building and community engagement opportunities, educational and vocational support, recreational and prosocial activities, family engagement activities, and sessions on health and wellness.

OPWDD SERVICES:

1915(c) Home and Community Based Services Waiver

Children's waiver services (for children up to age 18 who have severe medical needs and a developmental disability);

Care coordination;

Residential care; and,

Additional health-related items and services (like Article 16 clinic services).



Community Support Services

Single Point of Access

Each local government in New York State must designate a Single Point of Access for Children and Families (SPOA). The purpose of the SPOA is to:

- Identify children with the highest risk for placement.
- Develop strategies to manage these children in their home communities.
- Develop better decisions about individualized care planning for children at risk.
- Support communities to manage access to intensive services.
- Search by county for your local <u>Children's SPOA Coordinator</u>

NO WRONG DOOR APPROACH



Evidenced Based Programs and Promising Practices for Children with Special Needs

Healthy Families New York – https://www.healthyfamiliesnewyork.org/default.htm

The Healthy Families New York Home Visiting Program offers home-based services to support expectant families and new parents with the changes and needs that often come with the birth of a new child.

A specially trained staff member may meet with family to further explore the strengths and stressors that are unique to them. After this discussion, the family may be provided with referrals to services in their community that can help them meet their needs and goals.

A Family Support Specialist (FSS), may offer on-going support. This FSS partners with the family to support them right from the start. They work with the family in their home environment. Home visits often begin prenatally and may be offered until the child is in school or Head Start.

The FSS can support a family by:

- Connecting the family with medical providers for prenatal/well-baby visits and immunizations.
- Providing information on prenatal care, parenting, infant and child development, and child health.
- Demonstrating activities for family to practice with their child to increase bonding and to stimulate cognitive and physical development.
- Assessing child for developmental milestones and providing referrors for carry

 Helping family access community resources and services, such as job training, legal services, GED preparation classes, and health care

Evidenced Based Programs and Promising Practices for Children with Special Needs

HealthySteps - model is based on the most recent scientific understandings and helps to ensure individual, family, community, and societal well-being and organized into three Tiers of Service and eight Core Components to make sure all families in the practice with children ages 0-3 receive support aligned with their needs.

CORE COMPONENTS (SERVICES)

TIER 1. UNIVERSAL SERVICES

- ✓ Child developmental, social-emotional & behavioral screening
- Screening for family needs (i.e., maternal depression, other risk factors, social determinants of health)
- ✓ Family support line (e.g., phone, text, email, online portal)

TIER 2. SHORT-TERM SUPPORTS (mild concerns)

All Tier 1 services plus...

- ✓ Child development & behavior consults
- ✓ Care coordination & systems navigation
- ✓ Positive parenting guidance & information
- ✓ Early learning resources

TIER 3. COMPREHENSIVE SERVICES (families most at risk)

All Tier 1 & 2 services plus...

 Ongoing, preventive team-based well-child visits (WCV)



Evidenced Based Programs and Promising Practices for Children with Special Needs continued

The NYS Association for Infant Mental Health (NYS-AIMH) https://www.nysaimh.org/

Provides professional development, creates a statewide competency system, and advocates for policy and resources for children 0-6 years old.

The New York State Association for Infant Mental Health (NYS-AIMH) is a non-profit organization whose mission is to strengthen and promote social and emotional well-being for all children between the ages of 0-5 in a relational context in New York State.

NYS-AIMH promotes uniform and nationally recognized standards to ensure those engaged in the multidisciplinary fields supporting young children are trained in up-to-date science of child development and relationship-based practices. It provides professional development, creates a statewide competency system, and raises awareness about issues impacting young children and their families.



Community Support Services for Children with Special Needs Chemung County – Dual DCS/DSS Commissioner Role

- El program under purview of Local Department of Social Services (LDSS)
- Children's Integrated Services
 - DSS Preventive work
 - PINS Diversion
 - Children's SPOA
 - Health Home Care Management
 - RTF placements
 - Early Intervention/Pre-K services and oversight of contracted providers (Speech/OT/PT)
 - Attendance at CPSE meetings
 - Integrated services in all schools across the county in support of youth and family engagement in the educational processes
- Individuals with I/DD brought to ERs
 - DCS notification is initiated and service access and discharge planning process begins
- Participation in solution focused discussions for youth that have complex needs.



Evidenced Based Programs and Promising Practices for Children with Special Needs continued

Early Childhood System of Care (0-6) - Framework based on Jane Knitzer, 1983

Early Step Forward (ESF) provides mental health services to children (ages birth to 5) in Westchester County who are already experiencing the kinds of behavioral challenges that could hinder their readiness to enter school. ESF provides a range of services for toddlers, preschoolers, their families and child care staff across multiple child care sites. The program serves the dual aim of helping children with complex needs attain core developmental capacities and supports, and helping childcare sites attain the sustainable capacity to support and meet the needs of these and all children. Each MH Consultant provides services at the individual-, family-, and organizational level including: Screening and assessments, Teacher consultations, Parent consultations and home visits, Linkages and referrals, Organizational consultations with site directors and Workshops and professional development with staff and caregivers

Family Strengthening Program is a small, yet effective and highly sought-after crisis intervention and stabilization program serving children ages 0-8. They provide time limited treatment to avert costly, and often traumatizing psychiatric hospitalizations. Family strengthening also prevents school suspensions and expulsions, which helps young children stay on track developmentally, and allows caregivers to remain in the workforce. Family Strengthening uses the EBP Trauma Systems Therapy (TST; Saxe et al., 2007, 2014), which addresses both the family/social environment and helps children build skills in behavioral and emotion regulation.



System of Care

Guiding Principles: As with any system of care, the foundation for guiding principles begins with the CASSP values (Child and Adolescent Service System Program), developed in 1983.

- Families must be viewed as partners and colleagues;
- Families are best **engaged in their own communities** where they live and are most comfortable, and where they have culturally relevant resources to use in the achievement of their goals;
- Child serving systems/agencies must collaborate to create a seamless system;
- Services must be individualized to meet the needs of each child and family;
- Services must focus on strengths and competencies, rather than on deficiencies.
- Services and care must be unconditional;
- Interventions and supports must be available to "wrap services around" the child and family;
- Services must be racially, culturally and linguistically competent and respect differences of ethnicity, class, gender, and sexual orientation.
- Trauma informed care approach speaks to the realities and needs of many children and families. Such an approach draws on strengths, relationships, and community supports, and fosters skills and understandings that empower children and families.
- A balance with child safety must be maintained. While a partnership with the family is the goal, the safety of the children must not be compromised;
- A **Supportive Organizational Culture** must be provided. Professionals themselves need to be empowered to use a family empowerment approach. Each system-of-care organization's staff development approach must encourage and train to the attitudes, knowledge and skills needed to support family empowerment practices.

Enhance Cross-System Planning by a Recommitment to Tier 3 Structure (State, Regional, Local)

What is being done:

County Level Cross System Meetings

Counties continuing to convene regular cross system meetings for purpose of aligning initiatives, opportunities and maximize outcomes to improve outcomes for children and families

Local Level System of Care/Cross Systems Planning Initiatives

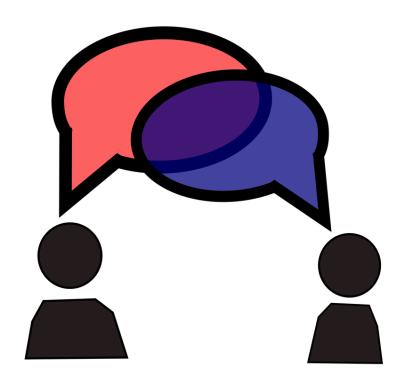
Counties continue to implement and strengthen their System of Care models, cross systems collaboration, creating services and supports within a SOC framework and SOC efforts

State Level Cross System Structure

> State cross system committee for purpose of aligning initiatives, opportunities and maximize outcomes to improve outcomes for children and families



Recommendations for System Collaboration







Resources

Contact Your Local DCS and SPOA:

http://www.clmhd.org/contact local mental hygiene departments/

CLMHD System of Care Webinar Series:

http://www.clmhd.org/dcs_resources/Building-Effective-Children-s-Systems-of-Care_259_pg.htm

Healthy Steps

https://www.healthysteps.org/

The NYS Association for Infant Mental Health (NYS-AIMH)

https://www.nysaimh.org/

Healthy Families New York

https://www.healthyfamiliesnewyork.org/default.htm



Thank You

