



Children's Mental Health Plan Accountability & System Integration Workgroup

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Division of Children and Families
Office of Planning
New York State Office of Mental Health

The ideas and recommendations expressed in this draft report reflect those of the individuals participating in the workgroup and not necessarily those of New York State agencies serving children and families. The mention of specific interventions or service models does not imply endorsement by these agencies.

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Improving Accountability and System Integration In New York State “One Family, One Plan”

I. Introduction

Complex family needs don't fit neatly into categories created by legislators and policy makers. When a child has an emotional problem, a developmental disability, is failing at school and is in trouble in the community, families expect and should receive coordinated services that complement each other and effectively address that child and family's most urgent needs.

Sadly, and despite our best efforts, our specialized child serving systems remain complex, fragmented and inscrutable to families with multiple needs, and they rarely achieve the simple goal of effectively addressing the most complex needs of the people they are designed to serve. The more complex a family's needs are, the less likely that there will be an integrated plan to address them.¹ We must recognize that specialization is necessary and fruitful at the systems level *and* it is a significant barrier to effectively serving individual children and their families. 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.

The solution is not to rid the State of specialization by creating one giant bureaucracy. Rather, we must ensure functional integration at the level where it matters most – one family, one plan. *One family, one plan* should be our motto and our goal. It is imperative that we act in concert at the state, county and provider agency levels to implement that simple yet challenging goal. The report that follows identifies both the root causes of the problem and solutions to the dilemma. All that is required is that we act, together, to create a better world for our children.

II. Background

Efforts to develop and enhance systems of care for children with mental health needs and their families began over twenty years ago with Jane Knitzer's *Unclaimed Children* in 1982. The principles and framework for systems of care were further expanded upon by Beth Stroul and Robert Freidman in 1986, providing the basis for federally-funded initiatives and state-level programs aimed at restructuring their state and local

¹ John VanDenBerg, 2008. Telephone consultation with the workgroup.

collaborative efforts.² System-of-care initiatives were seen as a major vehicle to integrate fragmented services and to pool disparate funding streams (Knitzer & Cooper, 2006).³

Twenty years later, states have come a long way in creating policies, initiatives, and programs to support children and families with their mental health needs based on system of care concepts. More importantly, the idea of “systems of care” has been applied more widely to other child serving systems. Initiatives that foster collaboration between mental health and other systems using the system-of-care philosophy hold promise for improving services and outcomes (Knitzer & Cooper, 2006). Some examples of cross-system collaboration include: the integration of health and mental health into early childhood programming, school-based initiatives focused on positive behavioral supports and social and emotional learning, and collaborative mental health and juvenile justice efforts aimed at reducing unnecessary or inappropriate juvenile placements.

In New York State, much progress has been made in the development of models of collaboration across children’s systems; however, a great deal of fragmentation and duplication still remains. There exist multiple interagency collaborative efforts at the system level, as well as, uncoordinated provision of services at the local and agency level. As a result, there has been recognition of the need for systems to move towards integration of system structures, procedures and processes, rather than collaboration. System integration would allow for shared decision-making, shared responsibility, seamless transitions, and unified planning and case management.

The Children’s Mental Health Plan provides an opportunity to institute system reform efforts to improve the state’s system-level structures and ensure quality of care for the children and families served. It is a unique time in New York State history in which there have been unparalleled levels of system integration across child-serving systems, marked by a number of recent collaborations, including the creation of the Governor’s Children’s Cabinet, the reconstitution of the Inter-Office Coordinating Council, and an effort to improve residential services called, “Building Bridges.” One such collaboration amongst the child-serving Commissioners has yielded a renewed commitment to working together and a shared sense of responsibility. During a retreat in December of 2007, the Commissioners from all child-serving systems met to discuss the needs of cross-system youth. As a result of that meeting, the Commissioners committed to:

- Engage families and youth directly, listen to their concerns and proposals, and involve them in the design of individualized services and supports across agencies.

² B.A. Stroul and R. Friedman, *A System of Care for Children and Youth with Emotional Disturbances* (Washington: Georgetown University Child Development Center, 1986).

³ J. Knitzer and J. Cooper, *Beyond Integration: Challenges For Children’s Mental Health*, *Health Affairs* 25, no.3 (2006): 670-679.

- Work together in a new way: more cooperatively, transparently, effectively and efficiently.
- Increase our focus on effective prevention and comprehensive early childhood services, while also focusing better on children with intensive needs requiring services and supports from multiple agencies.
- Explore new models for quality and continuity of care, including service coordination and dispute resolution.
- Support each other's individual agency goals relative to cross-systems children and youth.

This was a major milestone towards enhanced systems integration. Continued collaboration, increased efforts to move towards integration on the part of all child-serving systems, and enhanced accountability are needed to ensure that children and their families are served in a seamless and effective system of care. Jane Knitzer and Janice Cooper (2006) assert the major focal point of future reforms should be at the organizational level of care delivery. They identify five areas for intentional policy action to better infuse quality into the system, these include:

1. Strengthening Accountability Mechanisms
2. Embedding Family Perspectives into Infrastructure
3. Aligning Fiscal and Best Treatment Practices
4. Expanding Evidence-Based Practices
5. Addressing Prevention and Early Intervention

These five areas form the basis for the recommendations of the Children's Mental Health Plan's Accountability and System Integration Workgroup. It is clear that New York State would benefit from strengthening its existing organizational structures while developing mechanisms for accountability and enhanced flexibility in system integration and service provision.

III. Vision and Values Statement

We envision an integrated system of care that provides a seamless system of services driven by the needs of the child and family. Such a system "incorporates a broad array of services and supports that is organized into a coordinated network, integrates care planning and management across multiple levels, is culturally and linguistically competent, and builds meaningful partnerships with families and youth at service delivery and policy levels." (Stroul and Friedman, 1986) Youngsters with complex service needs would be recognized by whichever child serving system they enter, through the use of common screening and assessment tools and procedures and an agreed upon definition of who these children and families are. Such a system would promote early identification and intervention to ensure children and youth get the help

they need at the earliest possible stage of their development and provide evidence-based practices to improve the quality and effectiveness of services and outcomes for children and their families.

IV. 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. Since CASSP, a number of additional values and principles have been identified to reflect the evolution of systems of care and how we view the involvement of family and youth. The principles below reflect a combination of ideologies, including: System of Care, Wraparound Principles, Family Support, and Youth Development.

- Families/youth must be viewed as partners and colleagues;
- Families/youth are best engaged in their own communities which have a stake in their well being;
- Child serving systems/agencies must collaborate at multiple levels to form a seamless system;
- Early identification and intervention must be priorities;
- Services must be individualized to meet the needs of each child and family;
- Services must focus on the strengths and competencies of youth, families and communities;
- A belief must be maintained that solutions most often lie within the youth, family, and community, and that the best solutions for a family are their own;
- Services and care must be unconditional. A “never give up” approach must be employed by the system of care;
- Professionals must maintain a belief that families can commit to change: Families care about their children and want the best for them;
- Interventions and supports must be available to “wrap services around” the child and family;
- Particular attention must be focused on points of transition in children’s lives, these include developmental, circumstantial and systematic;
- Preparation and facilitation of smooth transitions to adulthood and to adult services for youth aging out of the children’s service system must be ensured;
- Services must be culturally and linguistically competent and respect differences of ethnicity, class, gender, and sexual orientation.
- Child safety must be a primary focus and value. 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/youth empowerment approach. Each system-of-care organization’s staff development approach must encourage and

train to the attitudes, knowledge and skills needed to support system of care practices.

V. Population of Focus

Children involved in multiple child-serving systems often have the most complex and difficult to address needs. As a result, the more complex the needs are, the greater the need for system and service integration to meet those needs. (Vandenberg, 2008, phone consultation)⁴ In the 1990's, mental health agencies used SAMHSA's definition for serious emotional disturbance, this was very narrow, making it difficult for other child-serving systems to access mental health services. (Armstrong, 2008, phone consultation)⁵ The need for a more inclusive definition to promote and facilitate systems integration is needed. Therefore, for the purposes of this workgroup, the population of focus identified for the recommendations provided is:

Children and youth between the ages of 0-24 whose significant emotional, developmental, intellectual, social and behavioral challenges require the integration of family-centered individualized supports and services across multiple child-serving systems in New York State.

By identifying the population of focus for cross-systems efforts, within the preventative, early identification and treatment framework, the State can begin to adequately support the intent of its legislatively authorized infrastructures. The intent of legislation and regulations are to affect the management and structure of programs, which in turn affect program operations and, ultimately program impact. (Freidman, 1999) To do this effectively, accountability must be grounded in the context of a clear statement of the population to be served, the outcomes to be achieved, and the interventions to be provided in an effort to achieve those outcomes. (Hernandez, Hodges, and Cascardi, 1998)⁶

VI. Statement of Need

Strengthening Accountability Mechanisms

Vertical and Horizontal Integration

New York State has had significant experience in a wide variety of efforts to improve and enhance collaboration and integration across all child serving systems. This includes building cross-system infrastructures at both the state and local levels. At the state level, the Council on Children and Families was created in 1977 to focus on the

⁴ J. Vandenberg (2008). Phone consultation for Accountability and System Integration Workgroup.

⁵ M. Armstrong (2008). Phone consultation for Accountability and System Integration Workgroup.

⁶ M. Hernandez, S. Hodges, & Cascardi. (1998) The ecology of outcomes: System accountability in Children's Mental Health. *The Journal of Behavioral Health Services and Research*, 25, 136-150.

development of comprehensive and coordinated systems of care that respond to the wide needs of children and families and to facilitate the efficient and effective delivery of services to children and families. The Council works with state and local organizations in both public and private sectors to foster interagency, collaborative approaches to solving the problems and meeting the challenges facing government, service providers and the private sector.(CCF, 2006)⁷ The Council on Children and Families has not consistently been provided the authority to carry out its role in facilitating collaboration amongst the various child-serving systems. The strength and effectiveness of the Council lies within the Governor's Office and the commitment of the member Commissioners to work collaboratively towards cross-systems issues.

At the local, regional, and state levels, cross-systems infrastructures and processes have been developed by multiple child-serving systems to facilitate interagency collaboration. These well-intentioned efforts have been developed and implemented in relative isolation - resulting in the unintended consequence of creating duplicative processes and confusion for service providers and families. Most involve elements and expectations of cross-systems planning and service coordination, but do not consistently achieve, share, or even articulate an agreed upon set of outcomes. Local implementation can vary widely, with different agencies or entities taking the lead role – making the initiative or program difficult to even find (particularly from a youth and family's perspective) from county to county. Examples include: the Coordinated Children's Services Initiative (CCSI), Integrated County Planning (ICP), Single Point of Access (SPOA), and PINS Reform, to name a few.

There are a number of reasons why these efforts have not demonstrated or sustained better integration and positive outcomes across systems and strata. Below are some that relate to one or more:

- Authority, roles, and relationships are not clear between levels of governance or management and not consistent across county or service system lines.
- Sustainability is hampered by insufficient or inconsistent funding and guidance that erode both momentum and support for the initiative.
- New structures are not integrated with the existing ones, causing an increase in fragmentation and local confusion.
- Technical assistance, training, and support on how complementary structures can be integrated at each level and phase of implementation are not provided.
- Shared accountability protocols with clear expectations, repercussions, and rewards, are either not in place or precluded by the absence of measurable outcomes.

⁷ New York State Council on Children and Families (2006) Transition Document for Governor's Office.

- A demonstrated understanding of and commitment to family-driven principles and practice is lacking across systems and throughout levels of implementation – this leads to inconsistent work with both families and service providers.
- A lack of a multi-level, systems-wide set of core values, activities and outcomes leads to dramatically inconsistent implementation.
- Common, local control points do not exist at the county level across systems. For example, the education and mental retardation/developmental disabilities systems have uniquely local (education) and regional (MRDD) organizational frameworks, making county-focused collaborative efforts more difficult.
- Integration starts at the top – state and local leadership has failed to fully embrace a cross-systems vision, one that in practice begins and ends with partnering with youth and families.

While much progress has been made, the time has come to adopt a true statewide system of care across all of the systems serving children, youth and families. New York State must strengthen its existing state and local cross-systems governance structures to create a strong and effective model devoted to supporting “integration” - shared decision making - of planning efforts and direct service provision rather than “collaboration” - cooperation with independent decision making. Such structures need to be strengthened at both the horizontal levels – the integration between different sectors of service systems that are involved in serving and supporting children and families (child welfare, mental health, education, substance use, mental retardation/developmental disabilities, juvenile justice, etc.) – and at the vertical levels – the integration between different levels of government and local services (state, county, providers, and families). (Freidman, 1999)⁸

Strengthening Policy Effectiveness

In order to strengthen the existing infrastructures in the State, a review and reform of existing policies are necessary. To enhance the effectiveness of our cross-system infrastructures, such as the Council on Children and Families and the Coordination Children’s Services Initiative (CCSI), change will need to occur at the state, local, and community levels, at policy and service delivery levels, in training efforts, and in funding strategies. Robert Friedman identified nine policy implementation variables that affect policy’s ability to have an effective impact in the way in which it was intended. These variables include:

- Consistency of the statute with system of care values, principles, and concepts.
- Support for system of care values, principles, and concepts in statutes and policies of other key sectors in the child-serving system.

⁸ R. Friedman (1999). *A Conceptual Framework for Developing and Implementing Effective Policy in Children’s Mental Health*. Research and Training Center for Children’s Mental Health, University of South Florida.

- Clarity of the policy with regard to the population to be served, and the goals of the policy.
- Inclusion of a clear and valid causal theory.
- General approach to developing the policy and implementation plan.
- Election of particular instruments in implementing policy.
- Adequacy of the resources and capacity to implement the policy.
- Accountability and monitoring procedures that are used.
- Nature of the relationship between the organizations involved in implementation.

Effective system building will require a partnership between state and local stakeholders to clarify and address the ways in which state policies and practices can be strengthened and/or altered to support local systems of care. Effective system building entails collaboration, consensus building, and partnership across stakeholder groups and across national, state, county, city and neighborhood levels. (Pires, 2002)⁹ This is particularly evident at the county level, where each county must contend with varying cultural and linguistic populations, geographic challenges, systems structures, resources and funding mechanisms, historical contexts, and local leadership. As we move into accountability and evaluation efforts we will need to recognize these differing structural and experiential levels and implement evaluation approaches that reflect various needs of each locality.

Shared Accountability

Children’s mental health systems have suffered from a lack of reliable, practical, policy-relevant data and accountability mechanisms to guide decision-making and quality improvement at both the system and service delivery levels. (IOM, 2001)¹⁰ Reliable, timely information is essential to integrating systems and to holding them accountable for results. Historically, each child serving system in New York State has developed information systems independently.

There is no ability to measure the effectiveness of services over time, or to coordinate services within or between systems, to improve outcomes experienced by children and their families. Meaningful, measurable and manageable measures of performance across systems do not exist. In order to facilitate accountability and system integration, there is a need to identify a common set of measurable indicators and outcomes for children and families with complex needs. Outcome measures can be used to determine if appropriate services are delivered to the children who need them and to determine if these services improve functional outcomes for children and youth in the home, school, and the community.

⁹ S. Pires (2002) *Building Systems of Care: A Primer*. National Technical Assistance Center for Children’s Mental Health. Center for Child Health and Mental Health Policy. Georgetown University Child Development Center.

¹⁰ Institute of Medicine (2001). *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington DC: National Academy Press.

Embedding Family Perspectives into Infrastructure

Over the years, New York State has worked hard to recognize the needs of parents and/or caregivers of children who have special needs. As a result, the state has focused much of its attention on ensuring families get the support they need to access services for their children and for themselves. The State has also worked hard to move beyond the idea of family support, broadening the definition to involving both families and youth into service provision practices. This includes using effective family and youth empowerment practices at both the service delivery level and in care coordination strategies.

We recognize that partnerships with families are needed at both the service delivery level with respect to their own children and at the system level in terms of policy making, planning and refining of service systems. (Huang, 2005) Increasingly, both family and youth movements have become an integral part of planning in state, county and community venues. While there has been an increase in the practice of family and youth involvement, the development of state and local level infrastructures and funding mechanisms are needed to enhance family and youth involvement in policy planning, decision-making, advocacy, and service provision. Policies and funds need to be levied to support such actions.

Aligning Fiscal and Best Treatment Practices

Many counties utilize a child and family team meeting approach to coordinate services, focus on the needs and strengths of the child and family, and create a collaborative treatment plan for services and supports. However, the implementation and model for these team meetings vary by county, service system, and provider. To ensure that children and families are receiving the most effective individualized care model of planning, support for evidence-based treatment planning models are needed. Models that support an integrated approach to planning, bringing all systems providing services to the child and family to the table, the closer we will come to ensuring a “one family, one plan” model of effective service provision.

Research on children with emotional disorders has demonstrated that they are a diverse group in terms of diagnostic characteristics, strengths and needs, level of functioning, family strengths and issues, co-occurring conditions, values and beliefs, and involvement with service systems. (Friedman, et. Al 1996)¹¹ As a result, there is a clear need for highly individualized and culturally competent treatment plans. Such an

¹¹ Friedman, R., Katz-Leavy, J., Manderscheid, R., & Sondheimer, D. (1996). Prevalence of serious emotional disturbance in children and adolescents. In R. W. Manderscheid & M. A. Sonnenschein (Eds.), *Mental health, United States*, 1996 (pp. 71-88). Rockville, MD: Center for Mental Health Services.

approach, often referred to as the “wraparound process” (Vandenberg, 1999)¹² develops a comprehensive treatment plan based on the strengths, needs, and goals of each child and family. The plan serves to “wrap” both formal services and the resources available in the child's and the family's natural support system around the child.

To ensure local communities are utilizing effective and evidence-based individualized care models, support for the dissemination and funding of such models are needed at the state level. As a result, facilitating the sharing of information about best practices models (e.g. High Fidelity Wraparound and Family Group Decision Making), providing training and consultation support for effective models, and ensuring funding is tied to the effectiveness and fidelity of models at the local level are important strategies to ensuring children and families are receiving the services they need.

Expanding Evidence-Based Practices

The need for and use of evidence-based practices is an increasingly important subject when discussing the effectiveness and appropriateness of children's mental health services. This increased focus on providing treatments that work requires an expansion of available resources and mechanisms to disseminate information and trainings on evidence-based treatments. In terms of community-based interventions, there is an accumulating evidence base in the field of children's mental health; however, there is a lag in the dissemination of evidence-based practices and in their incorporation into clinical practice. (Huang, 2005)

One major challenge is overcoming obstacles to adopting evidence-based practices. This requires crafting and evaluating infrastructure mechanisms, including incentives to facilitate rapid dissemination and “ownership” of effective treatments. (Knitzer & Cooper, 2006) Therefore, to increase the knowledge and use of evidence-based interventions throughout New York State, an infrastructure and strategies to support the dissemination and implementation of interventions is needed. Infrastructures to support funding, dissemination, training and ongoing consultation are needed to make the use of evidence-based practices more available and frequent.

Addressing Prevention and Early Intervention

Historically, services and resources have been devoted to children with the most serious and complex disorders, with little attention and funding devoted to the early identification and screening of mental health problems in multiple settings, prompt

¹² VanDenBerg, J. (1999). History of the wraparound process. In B. J. Bums & S. K. Goldman (Eds.), *Promising practices in wraparound for children with serious emotional disturbance and their families* (Systems of Care: Promising Practices in Children's Mental Health, 1998 Series, Vol. 4, pp. 19-26). Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

intervention, or to the promotion of positive mental health and the prevention of mental health disorders. Prevention, early identification and intervention offer the best opportunity to maximize the likelihood of positive outcomes. (Huang, et al. 2005)¹³ Yet, New York State has not made a significant investment in the development and implementation of prevention and early intervention strategies.

Members of the New Freedom Commission’s Subcommittee on Children’s Mental Health identified an important starting point to increasing the focus on prevention and early intervention, that is, the establishment of an infrastructure at the state level to plan, coordinate, and support the development and implementation of preventive, early identification and early intervention services. (Huang, et al. 2005) Such an infrastructure would benefit New York State by ensuring child-serving systems focus their efforts to prevent and address the social, emotional, and behavioral needs of our children at an early age or problem onset.

VII. Recommendations

To address the needs acknowledged in the state and adhere to the vision and principles identified, the workgroup identified the following recommendations. The recommendations follow the policy reforms identified by Knitzer and Cooper (2006) to strengthen child-serving systems and better serve children with mental health needs and their families, while the strategies work to address the policy implementation variables set forth by Robert Freidman (1999).

- **Strengthening Accountability Mechanisms:** Create integration of all child serving systems with agreed upon defined outcome measures and data to support accountability.
- **Embedding Family Perspectives into Infrastructure:** Create infrastructures and funding mechanisms to support meaningful family and youth involvement in the provision of support services, participation in planning and policy-making and the improvement of service systems at the provider, local and state levels.
- **Aligning Fiscal and Best Treatment Practices:** Build the capacity and support to create or enhance individualized care models that are evidence-based, family-driven, child-centered, integrated, multi-system team approaches at the local level to treatment planning and service provision statewide.
- **Expanding Evidence-Based Practices:** Create permanent state and local structures to support cross systems implementation of best/evidence based practices across New York State.

¹³ L. Huang, B. Stroul, R. Freidman, et al. (2005) Transforming Mental Health Care for Children and Their Families. *American Psychologist*, Vol. 60, No, 6, 615-627.

- **Addressing Prevention and Early Intervention:** Invest in prevention, early identification and intervention for children at risk of social, emotional, behavioral or academic challenges.

Recommendation One: *Create integration of all child serving systems with agreed upon defined outcomes measures and data to support accountability*

Recommendation 1.1

Enhance and strengthen the State’s unified, cross-systems governance structure, the Council on Children and Families, with support from the Executive and Legislative branches of government. Accountability for child, family, and system outcomes would be the responsibility of the Council.

Rationale

The Council on Children and Families exists in law and was established in 1977 as the governance structure at the Governor's cabinet level to deal with cross-systems issues. The role of the Council needs to be supported and further clarified; this includes being accountable for a clearly defined set of family and system outcomes.

The success of collaboration and system integration is contingent upon the degree to which policies in different sectors reflect the same values and principles, are focused on similar groups of children, and are directed towards the achievement of the same, or at least compatible, objectives. Without such compatibility between sectors, the effectiveness of policies that are established in any single sector is likely to be compromised. (Freidman, 1999) Therefore, the strengthening and enhancement of the Council’s capacity to facilitate cross-systems collaboration is essential.

Strategies

- Create a statewide, ten year plan outlining specific steps to develop integrated systems of care in NYS, with measurable annual milestones to create accountability (i.e. an operational plan for implementing the recommendations and strategies of the Children’s Mental Health Plan).
- 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.
- 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
- Create an inventory of all current cross-systems interagency committees and structures, coordinating councils, etc., at all levels of the government. Identify all areas where there exist a lack of clear responsibility and accountability.

- Develop recommendations about ways in which the existing structures can be streamlined and accountability clarified.
- Clearly define the desired characteristics of the different residential treatment options, i.e., RTC, RTF, CR, GH, etc., with respect to length of stay, expected outcomes, permanency, discharge planning, etc. Project the expected need for each type of treatment program. 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)
- Develop a comprehensive plan across child and adult services to increase system integration and improve outcomes for youth ages 16-24.
- Evaluate the degree to which systems and services are values driven.
 - Utilize the guiding values of the system of care. Ensure that they are shared by families and youth and all child- serving systems.
 - Review all programs, structures and funding mechanisms for consistency with established values.
- 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.
- Clarify and differentiate the roles and responsibilities of the Council on Children and Families in relation to CCSI Tier III

Recommendation 1.2

Strengthen the CCSI model as the multi-level structure responsible for creating a unified system of care in each County and the City of New York for children and families with complex needs.

Rationale

A fundamental barrier to integration efforts has been the lack of an empowered, multi-level structure for cross-systems leadership that, in partnership with family and youth representatives, is charged with creating and sustaining a coordinated system of care.

In the CCSI model, New York has the opportunity to strengthen a nationally recognized system of care framework – components of which are already established in statute and are practiced in many counties and regions across the state. A key feature of the model is its potential to create common horizontal and vertical points of integration and accountability by creating cross-systems structures and practices to achieve mutually agreed upon outcomes.

The CCSI model is based on maximizing potential and building on strengths at the individual and systems levels, recognizing the need for individualized planning as well as the need for localities to organize their service delivery networks in ways that reflect the availability of (or need for) resources in their communities. The model supports the development of multiple paths to access local networks, adopting a “no wrong door” policy and an unconditional care philosophy for children and families with complex needs.

The components of the model are not service programs in and of themselves, but organizing structures and processes to align existing resources, reduce programmatic competition and duplication, and provide a “place” for new initiatives and opportunities.

- The basic building block of the model is the child and family team that is strengths-based, child-centered, and family-driven. A team-based approach allows youth and families to benefit from a variety of service system, community, and family support networks that adapt to meet changing needs and the unique culture and experience that each family brings to the collective table.
- Local leadership teams support child and family teams that coordinate county cross-systems policies and resource allocation for youth and families, address cross-systems barriers to providing coordinated care, adopt shared goals and outcomes, and continually recognize and replicate successful practices. These teams, with their community, county/NYC, and state level partners, create processes to incorporate new services and supports into their child and family services networks.
- A state-level oversight body shares accountability and responsibility for positive outcomes for children and families and provides consistent cross-systems leadership on the principles, practice, and sustained development of a statewide system of care. Functions of the state leadership team include addressing 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 process.

Strategies

- Identifying resources and incentives to support meaningful youth and family participation from all systems. No leadership body or child and family team can operate within a system of care without meaningful youth and family participation.
- Requiring participation at the state level must be at the highest level, with the authority to direct the policy-making and fiscal operations of each state agency.
- The state leadership team must identify resources to support local teams, including family and youth participation support, prior to requiring additional local responsibilities.
- Jointly develop Memoranda of Understanding (MOUs) between participants that establish guidelines for shared accountability, responsibility, and agreed upon expectations.

- Local and regional leadership team participation, at a minimum, must mirror the participation of the state leadership team where applicable in order to access cross-systems resources (or resources from a single system intended to support cross-systems activities).
- Adopt policy to sustain the system of care by creating agreements to support participation, re-invest savings, and recognize success.

Recommendation 1.3

The Executive and Legislative branches should align incentives to promote shared decision making.

Rationale

Many state policies are created as mandates to lower levels of government without providing the necessary support and guidance to ensure the successful implementation of the policy. This occurs most often in the form of failure to fund the costs of such mandates. As a result, state and local governments often become reluctant partners whose compliance is marked with minimal efforts. (May & Burby, 1996)¹⁴ To increase state and local system integration, accountability and shared decision making, there is a need for policy, fiscal, and programmatic incentives to promote the adoption of legislatively authorized integration of care.

Strategies

- Authorize the development of mechanisms that support integrated care (e.g. flexible, blended or pooled funding).
 - Require state agencies to devote at least the same fixed percentage of their total State funding to a pool of funds (i.e. a single checkbook) that is controlled by the multi-agency accountable integration management group, is extremely flexible in its allowed purposes, and is dedicated to integrated service plans for children and families (both infrastructure and individual family support).
 - Combine existing Waivers to create a single cross-system Waiver for all children with complex service needs.
- Reward progress towards integrated care with more, not less, funding.
- Make a portion of State agency budgets and state aid to localities contingent on measurable progress towards integration at the State and local levels, respectively.

¹⁴ P.J. May and R. J. Burby (1996). Coercive versus cooperative policies. Comparing intergovernmental mandate performance. *Journal of Policy Analysis and Management*, 15, 171-206.

- Laws and regulations must be reformed to promote, rather than prevent, shared decision making across systems consistent with the needs and wants of children and families, with:
- Management of shared risk
 - Elimination of unnecessary, redundant or contradictory paperwork
 - Accountability based on child and family outcomes not structure and process (eliminate micromanagement of and by state, local and provider agencies).

Recommendation 1.4

Implement shared data systems based on common elements of information across all child serving agencies at both the State and local level that provide real time data.

Rationale

There are multiple, incompatible information systems within each child serving system, as well as between the systems. These disparate systems create significant barriers to exchanging appropriate, relevant and timely information necessary to effectively plan for children and families. One child serving system may be unaware that another system is simultaneously delivering services to the same child or family. Services are duplicated or delivered at cross purposes. Families are frustrated and children do not receive maximum benefit from the services delivered. In some cases, uncoordinated services may harm the child by resulting in multiple disruptions and failure experiences.

The capacity to share data facilitates coordination of care and services to children and families, accurate measurement of the true costs of serving a family, and accurate measurement and improvement of results over time. This, in turn, allows for the development of a more effective and efficient service delivery system.

However, there are legitimate concerns about the privacy of children and families and the burden that data collection places on agencies at all levels. Therefore, any approach to sharing data needs to collect the minimum information required to accomplish the goals of coordination and measurement of results, avoid duplicate data entry, and have robust security to protect the privacy of children and families being served.

A single, “cross systems” data system is unlikely to meet the unique needs of each child serving system, and raises serious concerns about privacy. A better approach would be to agree on common elements of information that need to be exchanged or aggregated, and to develop the ability to exchange or aggregate these elements in a timely, accurate way, with different levels of access related to the roles and responsibilities of people accessing the data.

Strategies

- Increase provider capacity to collect and report data, as well as state level ability to integrate data to inform policy and planning decision-making. This should include funding to support efficient data collection and avoid duplicate data entry, such as extracting data from existing provider databases (e.g. electronic medical records, billing) where they exist, and providing such capability where it does not currently exist. A defined minimum data set should be aggregated at the State level and used for quality improvement purposes at the State and local level.
- Review and reduction of barriers to sharing data, such as confidentiality and regulations, across child-serving systems. Information sharing should take into consideration or address the concerns of families about privacy, ensuring that individual level data is protected and cannot be used against the interests of the child, now or in the future.
- Define and measure common elements of information that need to be exchanged or aggregated, and develop the ability to exchange or aggregate these elements in a timely, accurate way, with different levels of access related to the roles and responsibilities of people accessing the data.

Recommendation 1.5

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

Rationale

Children and youth with mental health problems and their families need the appropriate skills, tools, services, and supports to reach their full potential as productive, contributing citizens. Quality mental health services and supports can significantly improve children's ability to attain school success, achieve social and emotional well-being, maintain healthy relationships, remain in stable living situations, and avoid the juvenile justice system. Monitoring appropriate outcome information is a cornerstone of maintaining and developing quality child and family service systems.

- Include outcomes at child/family level (e.g. changes in family needs and strengths, participation and performance in school, residential permanency, safety, utilization of high intensity services).

Strategies

- Develop consensus among state child serving entities on an outcome assessment tool that can facilitate service planning and be used to examine the strengths and needs of children and families within the system of care (e.g. CANS, V-DISC, YASI);
- 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;

- Pilot reports that communicate information at the aggregate statewide, service system, geographic (regional, county) and provider levels;
 - If population specific benchmarks have been established for assessment tool indicators, utilize these to compare NYS information to these within reports;
 - Develop mechanisms such as statewide outcome monitoring which can promote report feedback loops so that information can be used to both monitor the service system and as a quality improvement device;
 - Ensure that aggregate information regarding systems outcomes is available in the world-wide-web to promote transparency of information and public monitoring of children’s mental health outcomes.
- Include systems level outcome measures (e.g. child/family outcomes data aggregated at provider agency, County/NYC, State Agency and statewide levels; specific measures of inter-systems integration, such as the degree of integration of plans for complex, multiple needs families as well as the costs of serving these children and families).

Strategies

- 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;
- 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.

Strategies/Activity:

- Summarize the major findings from the previous data monitoring activities into a brief report of the state of children’s emotional health in NYS for use by the general public.

Recommendation 1.6

Create funding mechanisms to increase family-driven flexibility and accessibility of services and natural supports for children’s mental health and wellness services

Rationale

There are funds in all agency budgets to provide services to cross system children. Often times, the flexible use of those funds are precluded by language particular to their appropriation or to federal reimbursement programs. Agencies need to consider possibilities to broaden the application of these funds or the dedication of specific amounts from each source to be combined (at the local level) to be used for such purposes. The state needs to identify financing strategies through which we can make better use of resources and improve child and family outcomes.

Strategies

- Review existing state and federal funding streams to insure these resources are currently utilized in the most flexible manner.
- Initiate a workgroup among all child serving State agencies with a specific charge to determine how the various funding sources for child and families, within each agency, could be joined to offer an individualized package of services and supports.
- Initiate cross-system budget initiatives that address potential funding gaps in the children’s system of care, particularly those services and supports not reimbursable through specific categorical programs.

Recommendation Two: *Create infrastructures and funding mechanisms to support meaningful family and youth involvement in the provision of support services, participation in planning and policy-making and the improvement of service systems at the provider, local and state levels.*

Rationale:

While there has been an increase in access to and availability of family and youth support services in the children’s mental health system, there is a lack of stable funding and system infrastructures to support and grow such services. There needs to be a capacity in all child-serving systems to fund both family and youth/peer support efforts, the use of family and youth members in advocacy and educational services, and the involvement of family and youth representatives in policy and decision-making. This capacity and support should be available in all child-serving systems for youth, parents and caregivers with children who have mental health needs. In addition, the acknowledgement and understanding of the need for and difference between family support and youth/peer support is needed. Family members have long been involved in the mental health system as partners, advocates, and support service providers. Now, the importance and benefit of involving youth as advocates and peer support providers is being recognized as well. The need for building infrastructures and funding mechanisms for both, however, still exist.

Strategies

- Provide funding for stipends for child care, transportation, and family and/or youth time and attendance at team meetings, advisory groups, panel presentations;
- 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.;
- Promote and market family and youth involvement, what it is, how to do it, what the benefits are for both youth and adults, etc. Marketing should include written materials, posters, a website, etc.;
- Recognize both family and youth/peer advocates and partners and paraprofessionals allowing for reimbursement and/or credentialing and licensure
- Develop and provide more training for parents, family members, and youth to become advocates or do advocacy work, and for adults on how to work with and partner with youth and families.

Recommendation 2.1

Increase access to and the availability of community-based family support programs for families of young children who have special needs.

Rationale

Providing family support services to families of young children who have special needs, in addition to therapy or other services that are provided to the child, is important. Often parents and/or caregivers may feel alone, forget to take care of themselves properly, and may be stressed out. This alone can prevent parents and or caregivers from keeping appointments or seeking services. By increasing access to family support services, families will have increased access to one-on-one peer support, as well as support in groups where they can discuss the challenges confronting them. In addition, the value of having access to educational trainings, workshops, resource information, and parenting classes, while the family also learns or enhances their ability advocate for themselves and their child cannot be over looked.

As we seek to enhance outcomes for children who receive early intervention services, it is important to note research conducted by Bailey, et. al (1986) and Dunst (1985) that reflects that early intervention, in addition to providing services directed solely at the

child, has a much larger responsibility that programs be family driven, family centered, and family friendly. As a result, services developed for this population should include support services for families (Bailey, 1998).¹⁵

The Individuals with Disabilities Education Act, Part H identifies the enhancement of families' capacity to meet the special needs of infant and toddlers with disabilities as a major goal.¹⁶ Thus, increasing access to family support services to families of children that receive early intervention services also keeps these services in line with the CASSP Principles. As we look at individualized services that include cultural and linguistic considerations, family involvement in decision making and planning, while enhancing relationships between family members and providers of services, we look to inform practice and move towards systems change. (Bailey, 1998)

Strategies

- Increase collaboration between family support programs, family run organizations, and early intervention programs through enhanced out reach activities
- Modify age groups served by many family support programs to include younger populations
- Include partnerships with family support/family run organizations as a requirement in RFP's that go out with a budget line attached.

Recommendation Three: *Build the capacity and support to create or enhance individualized care models that are evidence-based, family-driven, child-centered, integrated multi-system team approaches at the local level for treatment planning and service provision.*

Rationale

Research has documented individualized care as promising (Bums, Hoagwood, & Mrazek, 1999)¹⁷, and the application of this model in practice has grown rapidly around the country. Building on the promising findings of this approach, and consistent with the recommendations of the overall President's New Freedom Commission on Mental Health (2003), states and communities should ensure that each child with a serious emotional disorder has an individualized, single plan of care that addresses the child and the family's needs across life domains and incorporates services and supports from all needed agencies and systems. (Huang, 2005) The idea of a single plan of care supports the goal of "one family, one plan" for children with complex needs involved in multiple systems.

¹⁵ Bailey Jr. et al. (1998). *Exceptional Children*, Vol. 64.

¹⁶ Education of the Handicapped Act Amendments of 1986, Pub.L. No. 99-457, 100 Stat. 1145; Bailey Jr. et al, *Exceptional Children*, Vol. 64, 1998

¹⁷ Bums, B. J., Hoagwood, K., & Mrazek, P. J. (1999). Effective treatment for mental disorders in children and adolescents. *Clinical Child and Family Psychology Review*, 2, 199-254.

Strategies

- Provide ongoing training, coaching and supervision with fidelity to evidence based training standards (i.e. no “drive by” training).
- Provide the necessary support for evidence-based practices that often require greater degrees of training, supervision, reporting and accountability in order to insure fidelity to the model.
- Provide ongoing training, coaching and supervision in culturally competent practice that will maximize treatment benefits of the diverse cultures served by our system.
- Ensure ongoing monitoring against clear and rigorous fidelity standards of individualized planning and care models.
- Require existing programs (e.g. case management, waiver programs, education plans) to utilize high fidelity models to deliver services to children and families with complex, multi-system needs.
- Provide additional resources as needed to insure that all families with complex, multi-systems needs have access to high fidelity models when needed.
- Incentivize and ensure multiple child-serving systems can work together towards the development of single treatment/service plans that coordinate services, goals and outcomes
- Align funding and reimbursement to support the use of evidence-based models for individualized planning and treatment

Recommendation Four: *Create permanent state and local structures to support cross systems implementation of best (promising or evidence based) practices across New York State.*

Rationale

New York State needs to continue to develop an array of evidenced based practices that can be utilized in each community and targets specific groups based upon local priorities. To facilitate the increased utilization of evidence-based practices, clinical and supervisory staff require training in these model programs, as well as ongoing coaching and supervision in order to ensure fidelity. Funding and reimbursement is needed to support agencies in dedicating time for training. To ensure effective and appropriate implementation of these models, a comprehensive quality monitoring system is needed to measure whether the programs are adhering to the practice standards of the model.

The evidence-based practice verses practice-based dilemma is that the very qualities of interventions that are needed by children with serious, complex, mental disorders (individualization, flexibility, comprehensiveness, and provider/patient relationship) are

those that also make them difficult to describe and evaluate (Friedman, 2004)¹⁸. Friedman recommends studies of treatments that prescribe principles and general processes but that allow flexibility to involve families and practitioners in the adaptation of the interventions according to the strengths and needs of individual children and families (U.S. Public Health Service, 2000). In order to achieve this, Friedman suggests a variety of research and evaluation methods, including in-depth qualitative studies of the experiences of children and families and the perspectives of multiple stakeholders, while incorporating theories of change.

The Office of Mental Health is beginning to recognize this issue as is evident through legislation which enacted the Amendment to the 2007 NYS Mental Hygiene Law establishing two Centers of Excellence in Culturally Competent Mental Health. The legislative charge is to “identify, assess the outcome and disseminate best practices of demonstrated behaviors, attitudes, policies and structures” that work effectively cross-culturally across varied modalities of care. The Center works to identify and research “ground up” practices that could become evidence-based practices. The case for developing the Practice-based Evidence (PBE) knowledge base is especially critical for culturally diverse populations and is supported by critiques of mainstream mental health care and research on traditional healing practices (Lee & Armstrong, 1995)¹⁹. For example, misdiagnosis of culturally diverse patients, racial bias in treatment, and disregard of folk healing systems are serious concerns (Lewis-Fernandez & Kleinman, 1995)²⁰.

One of the projects currently being funded is one that is being spearheaded by Barbara Friesan and colleagues out of Oregon. The purpose is to increase knowledge about research methods that are appropriate for the evaluation of practice effectiveness for culturally specific and community-embedded services, with attention to research strategies that may also be more generally applied. As we look to expanding EBP’s, we need to continuously assess the emerging research and prioritize those EBP’s that promote effective family-centered and community-based practices and supports for children with mental health disorders and their families by addressing the need for culturally-relevant, individualized services, addressing stigma, and incorporating the concept of recovery in children's mental health.

Strategies

- Support applied research on the effectiveness of interventions to insure identified best practices are effective in “real world” situations.

¹⁸ Friedman, R. (2004) Positive Systems of Care: effective Community responses for children and families. Waterloo, Ontario, October 2004

¹⁹ Lee, C. & Armstrong, K. (1995) Indigenous model of mental health intervention: Lessons from traditional healers. In J. Ponterotto, J. Casas, L. Suzuki, & C. Alexander (Eds), Handbook of multicultural counseling, pp. 441-456. California: Sage Publications

²⁰ Lewis-Fernandez, R. & Kleinman, A. (1995) Cultural Psychiatry; theoretical, clinical and research issues. Cultural Psychiatry 18, 433-445

- Promote the integration of best practices into colleges and university professional training programs (e.g. graduate studies in health and human services professions).
- Implement demonstration programs in willing counties/NYC and financially support generalization of successful pilots.
- Review previous New York State pilot programs and structures for results and generalizability. Generalize and replicate existing and new pilot programs across New York State.

Recommendation Five: *Invest in prevention, early identification and intervention for children at risk of social, emotional, behavioral or academic challenges.*

Rationale

A growing body of research has shown that early identification, assessment and intervention for emotional and behavioral problems for young children through adolescence can help delay or prevent more serious problems, such as academic failure, substance abuse, involvement in juvenile justice, or suicide.

In 1994, the Institute of Mental Health presented a model that distinguished between universal prevention interventions, which are targeted at the entire population, selective preventive interventions, which are targeted to individuals or subgroups who are at risk of developing mental health or behavioral disorders, and indicated preventive interventions, which are directed at individuals who are already showing sign and symptoms of mental health disorders.²¹ Since that time, this model has been used to form the basis of many systematic, programmatic and direct care interventions that impact children’s mental health. Therefore, a comprehensive and effective prevention and early intervention strategy to serve youth both at an early age and at the onset of a mental health challenge, requires a three-tiered approach to ensure all children are identified and served at the earliest possible time.

Strategies:

- Implement universal, best practice prevention strategies for all children and youth statewide.
- Develop integrated risk screening mechanisms (e.g. integrated screening by Schools, Child Welfare, Juvenile Justice, Substance Use, Mental Health, Developmental Disabilities) to identify at risk children and families prior to their entry into the formal treatment system.
- Provide targeted interventions for children and families identified as at risk for academic, social, or emotional problems.

²¹ Institute of Medicine (1994). *Reducing risks for mental disorders: Frontiers for preventive intervention research*. Washington DC: National Academy Press.