No Time to Lose

Rethinking Mental Health Services for Westchester's Children

westchester children's association

OCTOBER 2005

WCA Children's Mental Health Committee

Margot Elkin, *Co-Chair*
Mildred Kibrick, *Co-Chair*
Pamela Ancowitz
Kelly Darrow
Lottie Harris
Elizabeth Mark
Valerie Saltz
Susan Solomon
Dr. Carol Sturtz
With help from Michelle Cayo, Michael Friedman, Carol Hardesty, Lisa Katz, Dr. Katherine Lobach, Carolyn Murphy

Staff

Cora Greenberg, Allison Lake

Principal Authors

Mildred Kibrick, Cora Greenberg

Edited by

Lisa Katz, Dr. Maris Krasnow, Stephanie VonHirschberg

Westchester Children's Association Board of Directors 2004-2005

Chair	Lisa Katz
President	Katherine S. Lobach, MD
Vice President	Ann Umemoto
Secretary	Maris Krasnow
Treasurer	Jay Lerner, CPA

John Galloway III, Esq.
Douglas Gould
Carey E. Gross, MD
Janet Gutterman, Esq.
Lottie Harris
Jackie Hilly
Mildred Kibrick
Thomas Kyle
Mary E. Loeffler
Elizabeth Mark
Kevin K. Muller
Louise DeVel Muller
Lenore Rosenbaum
Kenneth Schonberg, MD
Ann Spindel
Kate Weingarten

No Time to Lose:

Rethinking Mental Health Services for Westchester's Children

Westchester Children's Association
White Plains, New York

October 2005

TABLE OF CONTENTS

Executive Summary

Mental health determines how we think, feel and act as we face life situations. It influences how we evaluate options, make choices, handle stress, relate to each other, and make decisions.

Like adults, children can have painful mental health problems that interfere with the way they think, feel and act. These problems, if untreated, may lead to school failure, family conflicts, drug and alcohol abuse, violence, and suicide. Mental health problems not only affect children's abilities to lead productive lives, but will ultimately be very costly to their families, communities, and the health care system.

Yet, in the United States today we face a daunting problem. An estimated two-thirds of all young people with mental health problems who need help are not getting it. Why not?

Sometimes children's problems are not recognized, and appropriate help is not sought. Other times, the stigma surrounding mental health problems keeps parents and young people from asking for help. Punishment is sometimes incorrectly used. Good information may not be available to many people who work with young children and teenagers. And culturally competent and child-focused mental health services are in short supply.

In recent years, WCA staff and Board members have become concerned about the availability and accessibility of quality out-patient mental health services for the children and youth of the County. In conversations with mental health service providers, referring agencies and consumers, we took note of increasing anecdotal evidence indicating a need for improvement and expansion of these services. In particular, there seemed to be an unmet need for mental health services in schools, day care centers and local health clinics. There was a special concern that the mental health needs of very young children needed urgent attention. This concern has been recently underscored by research conducted by Walter S. Gilliam of the Yale Child Study Center indicating that preschool children are three times more likely than older children to be expelled from their school settings for social and behavioral problems.

Over the course of two years, the Westchester Children's Association's Mental Health Committee reviewed current children's mental health services in Westchester, surveyed and interviewed mental health service providers, child serving agencies and community leaders, and reviewed promising practices in children's mental health, both in Westchester and throughout the country.

This report offers evidence that there is an urgent need to expand and improve services for the mental health of Westchester's children. With this in mind, WCA makes the following recommendations for implementation in Westchester County:

1. **Increase mental health services to young children (ages 0-6) by expanding staff training and sharing information about effective service models.**

2. **Invest $250,000 of Westchester County tax levies to pilot community-based, non-traditional, collaborative, mental health services and interventions for young children and their families.**

3. **Enlist the participation of pediatricians and other primary care providers as key partners in children's mental health prevention and treatment**

4. **Develop a pamphlet to educate parents about children's mental health.**

5. **Work to reform insurance reimbursement formulas and other financing mechanisms for children's mental health services.**

Improving children's emotional, social and behavioral health will be possible only with the combined efforts of those inside and outside government who care about children's well-being: government agencies, non-profit organizations, medical practitioners and insurers, families and advocates.

This report is a call to action.

Introduction

Mental health determines how we think, feel and act as we face life situations. It influences how we evaluate options, make choices, handle stress, relate to each other, and make decisions. "Caring for and protecting a child's mental health is a major part of helping that child grow to become the best that he or she can be." [1]

Like adults, children can have painful mental health problems that interfere with the way they think, feel and act. These problems, if untreated, may lead to school failure, family conflicts, drug and alcohol abuse, violence, and suicide. Mental health problems not only affect children's abilities to lead productive lives, but will ultimately be very costly to their families, communities, and the health care system.

Yet, an estimated two-thirds of all young people with mental health problems who need help are not getting it.[2] Sometimes their problems are not recognized, and appropriate help is not sought. Other times, the stigma surrounding mental health problems keeps parents and young people from asking for help. Punishment is sometimes incorrectly used. Good information may not be available to many people who work with young children and teenagers. And culturally competent and child-focused mental health services are in short supply.

This report aims to increase public awareness of a critical public health problem, and to suggest ways in which more of Westchester's children can receive appropriate, timely preventive and therapeutic mental health services in the community.

Why Study the Mental Health Needs of Westchester's Children?

In recent years, WCA staff and Board members have become concerned about the availability and accessibility of quality out-patient mental health services for the children and youth of the County. In conversations with mental health service providers, referring agencies and consumers, we took note of increasing anecdotal evidence indicating a need for improvement and expansion of these services. In particular, there seemed to be an unmet need for mental health services in schools, day care centers and local health clinics. There was a special concern that the mental health needs of very young children needed further investigation. This concern has been recently underscored by research conducted by Walter S. Gilliam of the Yale Child Study Center indicating that preschool children are three times more likely than older children to be expelled from their school settings for social and behavioral problems.[3]

Throughout childhood and adolescence, youngsters can develop mental disorders that are more severe than the usual ups and downs of development. Studies at the national, state and local level provide cause for concern.

National

The number of American children suffering from mental health problems today is larger than most of us would have expected. A report of the Surgeon General on Children and Mental Health states that, among 9-17 year olds 13% have anxiety disorders, 6.2% have mood disorder and 10.3% have disruptive disorders.[4] According to the recent report of the President's New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America,* [5] About 20% of children and adolescents experience mental health problems during the course of a year. Such disorders span a dramatic range of severity and can include conduct problems, attention deficits, mood disorders, post traumatic stress disorder (PTSD) and anxiety, among others. For example,

- About 5-9% of all children experience problems classified as serious emotional disturbance (SED). A youngster with SED has a psychiatric diagnosis and severe or prolonged impairment of life functioning.[6]
- Of children with serious emotional/behavioral disorders, half drop out of high school. For youth entering the juvenile justice system, 66-75% are SED and for the 500,000 children in foster care, an estimated 40-80% have emotional/ behavioral or substance abuse problems.
- Thirteen percent of preschoolers have emotional and behavioral disorders, and only half of these receive any treatment or intervention.
- Among 15-19 year olds, suicide is the 3rd leading cause of death, ahead of homicide.

Moreover, the report emphasizes the need to address children's mental health needs early. "Emerging research indicates that intervening early can interrupt the negative course of some mental illnesses and may, in some cases, lessen long term disability…Early childhood is a critical period for the onset of emotional and behavioral impairments. In 1998, nearly 120,000 pre-schoolers under the age of six—or one out of 200—received mental health services…Early detection, assessment and links with treatment and supports can prevent mental health problems from worsening. ..No other illnesses damage so many children so seriously."[7]

The Commission suggests a national focus on the mental health needs of young children and their families, that includes screening assessment, early intervention, training, and financing of services. The report states that schools, along with early childhood settings and primary health care providers, should and could play a key role in identifying children's mental health problems and providing a link to appropriate services. [8]

New York State

Research focusing on New York State presents a more comprehensive but equally dire overview of the availability of mental health treatment for children. In 2000, the Citizens' Committee for Children of New York Inc. (CCC) released its report *Before It's Too Late: Ending the Crisis in Children's Mental Health*. This report indicated that New York State's limited supply of community-based mental health services had for a long time forced many children into inappropriate and overly restrictive levels of care, lengthened

their stay in hospitals, and left about 87,000 of New York State's SED children without any mental health services at all.[9]

In its follow-up study, *Paving the Way: New Directions for Children's Mental Health Treatment Services*, published in December 2002, CCC called for a multi-year plan to increase the availability of, and access to, proven-effective community-based outpatient treatment services. In their report, CCC recommended "the NY State Office of Mental Health, the Governor, the NY State Legislature, and county governments and mental health authorities move in a new direction that supports the implementation and expansion of outpatient treatment services that research has proven to be effective for children and reform the licensing, regulatory and financing requirements that govern outpatient treatment programs."[10]

Westchester County

In Westchester, as in the rest of the United States, the issues surrounding children's mental health have become a critical public health problem. In recent years, WCA staff and Board members gathered increasing anecdotal evidence pointing to a need for improvement and expansion of mental health services for the children and youth of the County. In conversations with mental health service providers, referring agencies and consumers, we noted, in particular, that there seemed to be an unmet need for mental health services in places such as schools, day care centers and local health clinics.

In response to the increasing problem of access to outpatient mental health clinic services for children in Westchester County, the Westchester County Department of Mental Health, in collaboration with six voluntary community based mental health agencies, conducted a two month survey in 2002 and gathered information on 622 new referrals to understand who was seeking clinic services, the reasons, and the extent to which there was a wait for services. Eighteen clinics participated in the survey and 27 clinics, including three hospital outpatient clinics, completed questionnaires. Among the findings of this survey were that 53% of the 622 new referrals were for service to children and one third of these were for children 8 years or younger. An average of 44% of the children referred were placed on waiting lists where they waited an average of 7 weeks for an appointment. The major findings of the survey are reported in the appendix.

Westchester also receives data from New York State Office of Mental Health's "Patient Characteristics Survey" that includes demographic, clinical, and service related information for each person who received a mental health service during a specified one-week period from all state and locally operated programs. This survey is conducted biennially and it will be conducted again this year in 2005 in October. Based on the 2003 survey, of the 9108 individuals receiving mental health services in Westchester County, 2408 were youth under the age of 21. [11]

The data from New York State Office of Mental Health, Westchester's Department of Community Mental Health Surveys and data found in *The Status of Westchester's Children 2002* deserve our attention. If the national rates of serious emotional illness are applied to Westchester's child population, it would suggest that as many as 11,500 children in the County could have Serious Emotional Disturbances (SED) requiring

treatment. If so, does Westchester's existing service system have the capacity and the ability to meet their needs?

The Status of Westchester's Children 2002 reported that,

- In 1999, 1,316 children in Westchester were in outpatient mental health treatment programs (includes day treatment, partial hospitalization, clinic treatment).
- In 1999, 1,945 students in the County were classified as emotionally disturbed.
- In 2001, 137 SED children were seen in Westchester's local Networks, part of the County's System of Care.[12]

.

In another report, the Westchester County Department of Community Mental Health (DCMH) reported that in 1999, 177 children with the highest level of need received intensive mental health services of either case management, mobile mental health crisis services to support their community-based mental health treatment, as well as Family Based Treatment or Residential Treatment Services for children who needed out of home care. While all children who are SED may not require this level of service, many other children are served through Westchester's System of Care's Network's Family and Child Teams and Support Circles. [13] Even if we trim the estimate of 11,500 children in Westchester with SED, the numbers indicate that most of these children may not be receiving the treatment they need.

The possibility that large numbers of children with SED and other lesser emotional and behavioral problems are going untreated may account for the result of a study conducted by the United Way of Westchester and Putnam. In their 2003-2004 report, *Focus on Community: Issues and Impact in Westchester,* they identified behavioral problems among children and teens as the second most critical human care issue in the County, surpassed only by the shortage of affordable housing.[14]

This report aims to increase public awareness of a critical health problem and to suggest ways in which more of Westchester's children can receive appropriate, timely preventive and therapeutic mental health services in the community. We chose to focus our investigation on out-patient mental health services for children and youth since this emerged as an area of special concern among parents and mental health providers.

Overview of Children's Mental Health Services in Westchester

Westchester County has a sophisticated and progressive system of care for seriously emotionally disturbed (SED) children and an extensive mechanism for the delivery of services to children with emotional and family problems developed in part with support from a federal grant. In 1999, Westchester County Children's Mental Health Services was awarded 8-million dollars over six years by the United States Department of Health and Human Services through the Substance Abuse and Mental Health Services Administration (SAMHSA). The grant, one of 24 awarded nationwide, is known as the Westchester Community Network and supports efforts to provide quality community-based care for Westchester County children with serious emotional disorders and their

families. SAMSHA also recently recognized Westchester's Children's Mental Health Services as a Host Learning Community. State and county officials from all over the United States are visiting Westchester to observe and learn about the unique principles and practices that guide Westchester's children's mental health system.

These principles may be summarized as the "System of Care" approach to providing mental health services to children. System of Care is a term used to describe a particular philosophy and set of values regarding health care. It means, among other things, that service providers view families as partners and colleagues in treating children; that they aim to provide mental health services for children in their schools, homes and communities, rather than in hospitals; that treatment focuses on the child's strengths; that services be culturally appropriate and customized to the individual child; and that interventions and supports must be available to 'wrap services' around the child and family. Family and youth engagement are considered to be key factors in planning and developing the services.

A key part of Westchester's System of Care are local Networks in which representatives of various children's service systems and institutions convene to address local children's needs. The Networks provide a forum for cross-system planning and troubleshooting. Networks are also the vehicle for family-centered, strength-based case service planning for children involved with multiple service systems. Families are active participants in service planning. There are currently 10 active Networks in Westchester located in Yonkers, Mt. Vernon, New Rochelle, Eastchester, White Plains-Greenburgh, Bedford, Peekskill, Ossining-Tarrytown, Port Chester, and Lakeland. In addition, there are specialized Networks for Transition-Aging Out Youth, Early Childhood (0-6), and Families whose parents have mental health issues.

This report will focus on community based clinic treatment and other outpatient therapeutic and preventive services.

Clinic and other Outpatient Treatment Services

According to the Department of Community Mental Health, no new clinics have been funded in Westchester County for 10 years. Opening new clinics or expanding services requires approval by New York State and is subject to the "Medicaid Neutrality Cap," a formula under which the State seeks to control growth of Medicaid mental health costs. Because New York State requires county governments to share the non-federal cost of Medicaid, any increase in Medicaid spending also presents fiscal burdens to local taxpayers. At the same time, some agencies and clinics have closed or merged with other agencies.

Currently New York State licenses several dozen clinics throughout Westchester that provide mental health treatment reimbursed through Medicaid and other insurance. Most of these clinics serve patients of all ages; a few specialize in serving children.

Several agencies in the County provide counseling on-site in public schools. Some receive approval from New York State to operate an extension of their licensed mental health clinic in the school building, thus clearing the way for reimbursement by Medicaid

and other insurers. Others rely on other government or private grants to support school-based mental health services. Many use a variety of funding mechanisms.

There are other programs not classified as clinic services in which organizations, schools, and other entities partner to provide counseling and other supports to children and families around emotional, social and behavioral issues. A number of Westchester school districts already partner with agencies to bring counseling, mentoring, tutoring and other support services to their students. Similar partnerships have been developed in early childhood education. A few such partnerships are described in the Appendix.

Another model of bringing mental health support to schools is a program called Positive Behavioral Interventions and Supports (PBIS), which is being implemented in several Westchester school districts. PBIS helps schools adopt systemic approaches that support positive functioning for all students in the school building.

Family Support Programs and Groups

A number of agencies and organizations offer counseling, peer support, educational workshops and other supports for families of children with mental illness or behavioral and emotional problems.[15] The following are a few examples:

- Family Ties, a nonprofit organization, offers counseling, peer support and support groups and educational workshops at five Resource Centers located in Mt. Vernon, Peekskill, Yonkers, Mt. Kisco and Ossining. Family Ties has partnered with the Ossining Open Door Community Health Center, a provider of primary health and dental care, to provide screening and support to the predominantly Latino families that use the Center. This model program responds to a key recommendation of the Presidents New Freedom Commission to integrate health and mental health services within primary health care sites.

- Every Person Influences Children (EPIC) trains parents as peer leaders to run parenting groups in schools in many communities and also offers services to families whose children are involved in the juvenile justice system.

- Parents Place in White Plains provides an informal, non-stressful environment where parents and their young children can play, interact with peers and professional staff and learn more about their child's development and be referred to appropriate resources where indicated.

In addition to services for parents, young people who have been involved in the children's mental health system, as well as juvenile justice and special education, can participate in Youth Forum, a peer support group for adolescents and young adults sponsored by Family Services of Westchester that offers peer support, leadership training and community activities.

Private therapists

Private psychiatrists, psychologists and social workers offer therapeutic services for children, teens, and families. Their participation in commercial insurance programs varies, but anecdotal evidence indicates that increasing numbers of private therapists are

discontinuing their participation in such insurance. Thus, their services are financially out of reach for many families.

Highlights of WCA Study

WCA studied children's outpatient mental health services by interviewing key figures in the field and by surveying agencies and organizations that provide services as well as those which refer children for help (e.g. day care centers and schools). Detailed results of the survey and interviews can be found in the Appendix.

In addition to collecting information from agencies providing mental health services, WCA mailed 635 questionnaires to schools, early childhood programs and youth service agencies to capture the experiences of those who regularly refer children for mental health services. Of the 13% who responded to the survey, nearly half were programs serving young children. As a result, the WCA Committee paid special attention to the issues and concerned raised by this group of responders.

Our study revealed that Westchester has many highly regarded mental health agencies. Despite this, we discovered a number of critical areas of concern that are listed below in an order that does *not* reflect their relative importance.

- **Very young children, under the age of six, are increasingly showing signs of mental health problems.** Institutions and agencies working with young children--notably day care providers , nursery schools and Head Start programs--report being overwhelmed by the emotional and behavioral needs of their students, and feeling unsure about how to help them.

- **There are an inadequate number of child psychiatrists and therapists in the public clinic system**. Many respondents pointed out the dearth of mental health professionals specifically trained to work with children, particularly young children.

- **Many families lack information that would help them recognize and understand their child's mental health issues.** Respondents who try to refer children for help frequently feel that parents have difficulty recognizing their children's mental health problems and are "resistant" to seeking mental health services.

- **Language and cultural barriers.** There is a significant lack of bilingual/multi-cultural staff of all kinds to work with the increasingly diverse client population.

- **Poor communication between families and those making referrals.** Respondents who work in early childhood education programs reported difficulty in finding effective ways to talk to parents about emotionally charged issues.

- **Logistical barriers such as long waiting lists, lack of evening appointments or transportation.** Even when families are successfully referred for mental health treatment, they may have difficulty obtaining these services in traditional clinic settings because of inconvenient appointment times that conflict with work schedules and difficulty traveling from home to the clinic location.

- **Financial Barriers.** Financial barriers affect both individual families and service providers. If a family is not adequately insured for mental health treatment—either lacking insurance entirely or being under-insured—their treatment options will be very limited. Even if families have insurance, they will need to find a provider that accepts their insurance.

  Service providers face their own challenges regarding insurance reimbursement. Collateral work with parents, teachers and physicians, which is essential when treating children, may not be reimbursed at rates that actually cover the cost of these activities. Paperwork involved in claiming insurance reimbursement is not standardized and becomes burdensome for many service agencies. Almost all the service providers expressed the need for greater financial resources to expand their capacity to serve children.

Recommendations

The issues identified in our study are many and complex. For example, although some staff of early childhood programs described "parent resistance" as a barrier to referring children for mental health treatment, we speculate the parent-staff interaction being described actually results from a mix of factors: practical barriers, such as lack of transportation and scheduling difficulties; cultural differences between staff and parents; lack of parent information about mental health issues; or lack of staff comfort in working with parents around such sensitive problems.

To address these issues based on our understanding of the resources available in Westchester and our review of approaches that have been effective here or elsewhere in addressing these or similar issues, the Committee developed the following recommendations:

1. Increase mental health services to young children (ages 0-6) by expanding staff training and sharing information about effective service models.

Additional training for clinicians and mental health education/training for other professionals working with children is clearly needed.

To increase the number of mental health clinicians skilled in working with young children we recommend:

- Large agencies in Westchester, such as the Mental Health Association of Westchester, Westchester Jewish Community Services, Center for Preventive Psychiatry and Four

Winds Hospital, that offer extensive in-service training programs for work with children should make arrangements to share their programs with other agencies in the County. In this way, staff can avail themselves of training at low cost. The training programs should also be encouraged to focus on work with the younger children and their families.

- New York State should incorporate a requirement for continuing professional education as part of its standards for social work licensure. Social workers in New York are currently not required to continue their professional education, although Connecticut and New Jersey do have such a requirement.

To increase the ability of other professionals who work with children to understand and meet their mental health needs we recommend:

- A coordinated effort should be made to provide training on mental health issues to day care providers, nursery school teachers, after school staff, etc. Such an effort might be coordinated by the Early Childhood Planning Group (ECPG), an ongoing work group which originated as part of Westchester's Integrated Services Planning project. The ECPG is co-chaired by staff of the Child Care Council of Westchester and Family Ties.

- Professionals and paraprofessionals who work with children in settings such as day care centers, schools and child health clinics should be informed about evidence-based and promising practices that support mental health for children and families. The Westchester County Department of Community Mental Health (WCDCMH) currently promulgates such information to mental health agencies and others involved in local Networks (described above). Dissemination of this information to other professionals working with children can best be accomplished through a joint effort by several coordinating entities, including WCDCMH, the Westchester County Youth Bureau, the Child Care Council of Westchester, the Early Childhood Planning Group, etc. Information can be shared through web sites, newsletters, group forums, etc.

2. Invest $250,000 of Westchester County tax levies to pilot community-based, non-traditional, collaborative, mental health services and interventions for young children and their families.

Almost every clinical service provider interviewed expressed the need for expansion of their services to children, and many were concerned about their waiting lists. State and County budgetary limitations, and the reluctance of the State Office of Mental Health (OMH), because of the Medicaid Neutrality Cap, to approve any new clinics in Westchester, have made expansion of traditional clinic services almost impossible. However it is not clear that even if expansion were possible, the results would begin to meet the needs of many families who have complicated needs, or of younger children, or of those from diverse backgrounds and cultures. Nor is traditional clinic-based treatment necessarily the most effective way to provide services to children and teens. Therefore, it is our recommendation that community-based, non-traditional models and approaches be implemented more widely.

Currently, Westchester County does not allocate any local tax-levy funding to children's mental health. With a modest amount of funding, the County could pilot or expand one or more promising non-traditional models.

"Best practices" across the country and the President's New Freedom Commission on Mental Health[16]have made it abundantly clear that providing mental health services in schools, early childhood and primary health care settings, where children and youth are to be found, is among the most effective ways to detect and treat emotional problems. Since these settings are often perceived as more friendly and less threatening than "mental health" settings, locating services within them could also be a way of more easily engaging families, which is essential in treating children. Several agencies in Westchester have already established a presence in such settings, as described earlier in this report.

Providing mental health services in non-clinical, community-based settings addresses another barrier to traditional clinic services for children, i.e. a high rate of broken and cancelled appointments, especially by adolescents. Some of the reasons for these "no-shows" are transportation difficulties, resistance to mental health referral because of perceived stigma, and lack of evening and weekend hours.[17] Community-based services would potentially alleviate these problems, especially if special arrangements were made so that evening and weekend services could be provided in the school, community center, day care or health center building.

On-site services would also be helpful and particularly effective in day care centers and early childhood settings. Many of the child -care responders (40) to WCA's questionnaire expressed frustration with their inability to help parents access mental health services for their children. If mental health professionals were on site, they could be available to child-care staff and parents for consultation, treatment and staff training. For children who exhibit behavioral or emotional problems, but who do not fall within the clinical range, on-site mental health professionals can focus attention on modifying the environment to reduce stressful demands on the child for self-regulation. One current example of such on-site consultation is the collaboration between The Center for Preventive Psychiatry (now part of Andrus Children's Center) and Head Start program sites through a contract with Westchester Community Opportunity Program (WestCOP).

Similarly, Neighborhood Health Centers, of which there are three in Westchester with multiple service locations, are used by many families as their primary health providers and, as such, are seen as positive, normative places for families to get help. Offering mental health services in these facilities would make them more acceptable and accessible for parents and children. For example, Family Ties, the family support program, is located at Ossining Open Door, a full service medical and dental provider. Family Ties is able to interact with families on site and offer immediate help to those whose children are experiencing emotional, social or behavioral problems.

While the collaborations envisioned above can benefit children of all ages, we specifically recommend that Westchester County allocate at least $250,000 in its 2006 budget to support one or more pilot collaborations between mental health providers and early childhood service providers.

3. Enlist the participation of pediatricians and other primary care providers as key partners in children's mental health prevention and treatment

Primary care physicians are uniquely positioned to identify, treat and refer children with mental health conditions. But pediatricians may also face a number of barriers, including time constraints, poor confidence in their counseling skills, inadequate knowledge of current treatment options and resources, etc.

We recommend that pediatricians and family practitioners be better educated about children's mental health needs and resources, through such avenues as Continuing Medical Education presentations (such as will be presented by the American Academy of Pediatrics in Westchester for the fall of 2005). Physicians must have up-to-date information about local mental health resources and services to better educate parents. Children's primary care physicians must be involved in all efforts to respond to children's mental health needs.

Several existing or developing approaches offer models of how primary health care providers can be supported in identifying and responding to children's mental health needs. For example:

- Web-based psychiatric consultation for pediatricians would allow real-time access to advice and expertise.
- In Massachusetts, primary care providers can telephone child psychiatrists for real-time consultation and information.

More information about these models can be found in the Appendix to this report.

4. Develop a pamphlet to educate parents about children's mental health.

While parent or provider education alone will not be enough to guarantee that every child in need of mental health services will receive them, we believe such education to be an important component of any plan to address the issue. The stigma attached to mental health and the many myths that surround it can be at least partly ameliorated by appropriate education campaigns

A pamphlet in lay terms, and in languages that reflect Westchester's diverse populations, should be developed for parents to help them recognize early signs of the more serious social, emotional and behavioral problems that might develop later. The pamphlet could be distributed to all pediatricians, child-care agencies, and hospitals in the County. Written educational material is much more effective when delivered along with messages from trusted sources. WCA has had success in producing and distributing similar pamphlets about oral health and adolescent health care. WCA or a similar organization, in collaboration with children's mental health experts and parent support organizations, could write and produce such a pamphlet and seek funding for distribution.

5. Reform insurance reimbursement formulas and other financing mechanisms for children's mental health services.

One of the primary frustrations expressed by all service providers was related to the protocols and limitations of insurance, HMOs, and Medicaid payments in relation to children's mental health services. Problems identified include the variety of billing forms required by different insurance companies, the time it takes the professional to complete them, the limitations on the amount of service, and the strictures on reimbursement for collateral contacts and out-of-clinic visits.

As discussed in Citizen's Committee for Children's 2002 report, *Paving the Way: New Directions for Children's Mental Health Treatment Services*, "Whether a child is enrolled in Medicaid fee for service, Medicaid Managed Care, Child Health Plus, placed in foster care, has or does not have parents or other significant adults involved in treatment, the State Office of Mental Health financing regulations and State limits on Medicaid mental health spending present formidable obstacles to securing mental health services. The regulations also hamper program improvements."[18]

For example, Medicaid pays for face-to-face contacts with adult collateral contacts necessary for a child's treatment, but not for telephone conferences, and not for travel time required to implement face-to-face meeting. While the NY State Office of Mental Health is actively promoting the use of family therapy in treating children, Medicaid does not reimburse practitioners for family sessions. Parents are regarded as collateral contacts, rather than integral parts of the family system that must be engaged in the child's treatment.

All mental health providers in New York State face these obstacles. We join with other children's mental health advocates in recommending that New York State:

- Lift the Medicaid Neutrality Cap and amend licenses to allow outpatient mental health programs to increase the number of children served and move the location of outpatient treatment services to schools and other community sites.
- Pilot a new financing mechanism and new reimbursement rates for outpatient treatment services that include the costs of family treatment, collateral work, consultation, clinical supervision, cross-agency collaboration and case conferencing to meet and promote best practice standards for children.
- Enact legislation such as "Timothy's Law," requiring insurance parity for mental health. This proposed law would require that insurance companies reimburse mental health treatment as they do other medical services currently covered by insurers. It would eliminate discriminatory caps and benefits and do away with charging higher deductibles and co-payments for mental health services.

Conclusion

The purpose of this report is to raise public awareness about the gaps that exist in children's mental health services in Westchester County, and to suggest policies and programs that would improve those services. But awareness and ideas are not enough.

Improving children's emotional, social and behavioral health will be possible only with the combined efforts of those inside and outside government who care about children's well-being: government agencies, non-profit organizations, medical practitioners and insurers, families and advocates.

This report is a call to action.

APPENDICES

Appendix A: Methodology

In June of 2003, the Westchester Children's Association Research and Advocacy Committee appointed 2 of its members "to investigate the existing out-patient mental health services for children in Westchester County to determine the barriers to and the gaps in services." A committee was formed of 16 Board and non-Board members which first met in September, 2003. The Committee was composed of experienced human service professionals, children's advocates and a parent, and was Co-Chaired by retired social workers, Margot Elkin and Mildred Kibrick. The committee continued meeting bi-monthly until the present. As of April 2005, the committee is comprised of 11 members.

In August 2003, the Committee Co-Chairs and WCA staff met with Myra Alfreds, Director of Children's Mental Health Services, Westchester County Department of Community Mental Health and the entire committee met with her in March 2004. Ms. Alfreds reported that the County was just completing its study to determine how to solve the problem of increasingly longer wait lists for outpatient mental health services for children. She gave a complete picture of the services being provided in the County and the barriers and gaps as she saw them and encouraged the WCA study.

The Committee collected data by way of mailed questionnaires and in person interviews with referral sources and in-person interviews with service providers and local leaders in the mental health field. The Committee also researched current studies about children's mental health needs and best practices in this field.

The Committee developed questionnaires for four different audiences:
- mental health service providers,
- those referring children for services,
- parents and
- teens.

A total of 635 questionnaires were sent to referral sources such as schools, day care centers and social agencies. Thirteen percent of the mailed questionnaires were returned.

Committee members conducted interviews with
- Two senior administrators from the County Departments of Social Services and Probation.
- Seventeen voluntary and public mental health service providers.
- Michael Friedman, a public policy consultant to the Mental Health Associations of Westchester and New York City.

The Committee reviewed a large quantity of relevant articles and reports. Both Co-Chairs attended a conference on the Westchester DCMH System of Care in June 2003 and a meeting on "Financing Mental Health Policy" in November 2003. One of the Co-Chairs attended a national conference for children's mental health professionals in San Francisco in July 2004.

Appendix B:
Summary of Questionnaire Responses and Interviews

I. Questionnaire responses from Referral Sources

Questionnaires were mailed to child-serving agencies that refer children for mental health services. In addition, 2 in-person interviews were conducted with administrators in the County Departments of Social Services and Probation. Eighty five responses were received from 635 mailed questionnaires (13%).. Of the responses, 50% were from child care agencies (nursery schools, day care centers, Head Start), 27% were from schools, and 23 % from social service agencies

1. What is the age range of the children you serve?

Children between the ages of 2 to 18 were served in the agencies that responded to the questionnaires

2. What are the major resources you use for mental health referrals (Respondents listed more than one):

Public & private agency clinics	73%
Individual therapists	49%
Do not refer (mostly nursery schools)	25%

3. Please list specific agencies:

The primary agencies mentioned for referral were:

Center for Preventive Psychiatry
Westchester Jewish Community Services
Family Service of Westchester
Catholic Charities
DCMH clinics
Four Winds Hospital

Also mentioned were: St. Vincent's Hospital; Guidance Center; Family Ties; Mental Health Association; New York Hospital; Echo Hills.

4. Do you follow up on your referrals?

Yes	91%
No	9%

5. What kind of services do you look for?:(All respondents listed more than one)

Counseling	71%
Speech therapy	13%
Therapists trained to work with young children	12%
Spanish speaking therapists	8%
Treatment specific therapy	8%
Evaluations	8%

6. What are the primary presenting problems of the children referred?

Behavioral and emotional	61%
Speech	20%
Family problems	14%

7. What are the barriers encountered in making referrals?(Respondents listed more than one)

Resistant parents	38%
Waiting lists	31%
Insurance, costs, managed care	26%
Need for bi-lingual therapists	13%
Shortage of child therapists	11%
Transportation problems	8%
Need for evening and Saturday hours	5%

8. What is your wish list for referral of emotionally troubled children? (All respondents listed more than one)

Faster response service	23%
On-site therapists	17%
Therapists trained to work with younger children	9%
More family work	7%
More affordable treatment	5%
List of mental health resources	5%
Home visits	5%
More after-school program	5%

II. Interview responses from Mental Health Service Providers (N=17)

The committee conducted in-person interviews with 17 agencies or programs that provide mental health services to children and their families in Westchester County. They were either large agencies or specific programs within a larger agency. The agencies are listed on page 1 and collectively include the majority of the out-patient mental health services available to children in the county. The number of children served by each agency ranged from 19 to over 1,500. In 2003, the Westchester County Department of Health Program for Children With Special Needs (0-5) reported that it served 6,000 children with a wide range of physical, cognitive and social-emotional delays. However, the Department's evaluation and treatment services are delivered through contracts with agencies and individual therapists.

1. **How many children did you serve in the last year?**

Number of children	Number of providers
Fewer than 100	3
100-125	5
500-900	3
1,000-1,500	4
No Answer	2

2. **What is the age range of the children served?**

0 to 5	12
5-to 18	10

3. **What proportion of your clients are classified as Seriously Emotionally Disturbed (SED)**

Percentage of cases	Number of providers
96%	1
50%	1
35%	6
29%	5
No answer	4

4. **What services do you provide?**: (All respondents listed more than one)

Individual therapy	17
Family therapy	17
Counseling	15
Group therapy	15
Crisis intervention	14
Skills groups	9
Case management	8
Support groups	7

Other services listed by 5 or less agencies were: Behavioral therapy, psychoeducational, psychological, neuropsychiatric and psychiatric evaluations, medications, Network, youth development, therapeutic nursery, respite & support services.

5. **Do you use evidence based models?**

Yes	7
No	7
No Answer	3

Examples: Cognitive Behavioral models; Homebuilders; Functional Family Therapy; Beck's Cognitive Behavioral Therapy; Homebuilders: Response Prevention & Exposure; Cognitive Behavior for Depression; Dialectical Behavioral Therapy; Home-based Parent Skills Training and Treatment; Behavior Modification; Selection Focused Therapy for Treatment of Trauma.

6. In what languages, other than English, do you provide services? What languages, other than English, do your clients require for service?

13 providers had some capacity to provide therapy in Spanish. All stated language as a serious issue in delivering services. Other languages needed were: Japanese, Russian, German, and Chinese.

7. What is the average length of service for a child in your agency/program?:

Providers reported varying lengths of service, ranging from 3 months or 10 to 12 sessions to 2 years as follows:

3 to 6 months	4
6 to 9 months	5
12 to 15 months	2
16-24 months	2
No response	4

8. Do you have a waiting list? What is the average wait for service?

While waiting lists were known to be a problem for many families, 8 agencies reported that they did not have waiting lists. The average wait varied from 1 to 4 weeks to 1 to 3 months. Two programs reported that they never turned anyone away.

9. What factors affect your waiting list?

7 agencies cited availability of staff and staff hours as reasons clients could not receive service immediately.

Other problems noted:

- Need for service in another language (mostly Spanish)
- Inadequate space and equipment
- Insurance barriers (insurance companies not approving some staff)
- Low client turnover because of difficulty of cases and long-term treatment needs
- Increase in demand for service
- Appointment times not convenient for patients
- Lack of enough after-school hours
- Inadequate community resources to support family

10. Interactions with Westchester's Community Networks

Sixteen providers knew of the Department of Community Mental Health's Networks for high-need families with complex problems who might need the help of more than one service system. Fourteen had used the program for their clients.

11. What do you do when families on the waiting list are in crisis?

6 refer to the Mobile Crisis Team or the Crisis Center.
4 schedule emergency intakes, appointments, and "triage".
3 refer to emergency rooms of local hospitals
One referred immediately to Network.
One routinely advises of other services available in community.

12. Where do you refer clients for mental health services when you cannot serve them?

All providers reported making referrals to all the major clinical resources for children in the community. Those most frequently mentioned were:

Center for Preventive Psychiatry
Westchester Jewish Community Services
DCMH
Family Service of Westchester

The following programs were also cited: Children's Case Management Services; Family Ties; Four Winds Hospital; Guidance Center; Mental Health Association; New York Presbyterian Hospital; Phelps-Echo Hills; St. Joseph's (Yonkers); St. Vincent's Hospital; Stony Lodge; Westchester County Medical Center; and Office of Developmental Disabilities.

Two respondents noted the need to refer out for very specific treatment for children who are fire setters, sex offenders and those with dual diagnosis (alcohol/drug abuse and developmental disabilities). Two said they also used day treatment programs and private therapists.[19]

13. Does your agency track referrals?

Track their referrals to other agencies	9
Do not track referrals	5
No answer.	3

14. What is the greatest strength of your program?

This question was almost universally answered, "*the quality and dedication of our staff*". The larger agencies answered that their greatest strength was the diversity of services available within the agency.

What are the primary barriers to service for children?
(Respondents all listed more than one)

Most frequently mentioned:

Insurance problems: Managed care; different forms for each insurance company; Medicaid limitations; need for standardization of OTR forms; COPS reimbursement process; co-payments a hardship for families; need to participate in more insurance plans.
Lack of trained staff to work with children
Lack of bi-lingual staff
Poor staff recruitment & retention
Lack of transportation for clients
Lack of child psychiatrists
Difficulty in getting higher level of care

The following were also mentioned as areas of concern:

The Need for Resources:
More day treatment resources for children
More home based programs
More mental health services in schools
More infant day care
More mentoring programs
More parent support programs
More therapeutic equipment for young children
More case management for the whole family
More respite services

Need for Better Training:
More trained treatment specific therapists
Better training of case managers
More training for current staff

Systemic Issues:
CSE to move faster
Waiting lists of agencies and clinics
Child care while parents are in sessions
Better ways to involve parents
Resistance of parents to accept services
Problems with undocumented families

Appendix C:
Evidence Based Practice and Model Programs

I. Evidence –Based Practice

The New York State Office of Mental Health has adopted an Evidence-Based Practices (EBPs) initiative in conjunction with a movement that is sweeping the nation. Evidence –Based Practices attempts to improve mental health care by incorporating accountability for results, best practices, and coordination of services and programs throughout the mental health system in New York State. EBPs are interventions for which there is consistent scientific evidence that demonstrates improved outcomes for consumers who are diagnosed with a severe mental illness. Research has shown that most individuals who are diagnosed with a severe mental illness do not have access to these EBPs.

Evidence-based practice is an attempt to avoid under-use, overuse, or misuse of services. Project Liberty, Assertive Community Treatment, and Performance-Based Contracting are some of the recent major initiatives of the New York State Office of Mental Health to implement Evidence- Based Practices.

In addition to these initiatives, there are modalities of treatment that are evidence-based. Examples of these include Trauma Focused Cognitive Behavioral Therapy, Functional Family Therapy, Child Parent Psychotherapy (CPP) and Multi-Systemic Therapy. These treatment modalities are being adopted by mental health clinics in Westchester County. For example WJCS is using Trauma Focused Cognitive Behavioral Therapy, and MHA is using Functional Family Therapy. The issue is that EBP treatment modalities require specialized training and practitioners who are experienced in using the treatment models. Traditional government funding streams do not cover the costs for training and on-going supportive consultation that is needed in order to implement EBPs in community settings. As we recommend expansion of community-based services for children and youth, emphasis needs to be placed on providing the best care. Evidence based practices have proven outcomes and need to be utilized and expanded.

II. Model Programs The following are several examples of programs

A. Moving Mental Health Services Into the Community

In "Achieving the Promise: Transforming Mental Health Care in America," published in July 2003 by the President's Freedom Commission on Mental Health, the main emphasis on children's mental health was in "improving and expanding school mental health programs." The following are examples of communities that have successfully brought best practice mental health services into the school environment:

1. **Cleveland, Ohio: Elementary School Mental Health Program**

   In the Beech Brook School Based Community Support Program mental health professionals are stationed in 30 public schools. This model is funded through Medicaid funding and targets children from economically disadvantaged families. Evaluation has been an important part of this program, and a report entitled, "Measuring Behavior Change in Young Children Receiving Intensive School-Based Mental Health Services," indicated that the program has made a positive difference in the school and the children in the program.
   Contact: Valerie Dowery, Program Manager, 3737 Lander Road, Cleveland, OH 44124

2. **Eugene, Oregon: Kindergarten Program**

   Kindergarten Plus, a program sponsored by Of Looking Glass Youth and Family Services, intensive, school-based early intervention mental health services are provided to children in kindergarten. This is a model prevention program that seeks to recognize and treat early childhood disorders. Program components include assessment, group and individual skill building, and individual and family therapy. Outcomes are measured by improved classroom behavior, diagnosis of mental illness, and attention to abusive behaviors.
   Contact: Director, Mark Nowicki, 20 E. 13th Street, Eugene, OR 97501
   Telephone: (541) 484-4428, Fax: (541) 484-7212

3. **Rochester, New York: K-3rd Grade Program**

   The Primary Mental Health Project (PMHP) is a school-based early intervention program for young children who show evidence of early school adjustment difficulties. Through therapeutic interventions, it aims to address risk factors for children in preschool through 3rd grade. A screening program is conducted to determine those children who would benefit most from PMHP. Once a child is identified the teacher, parent(s) and counselor jointly complete an adjustment profile. This profile is used to establish intervention goals. This program began in 1957 in Rochester and received national recognition. It has been replicated in school districts in 10 other states.
   Contact: www.djohnson@childrensinstitute.net

4. New York City: Middle School and High School Program

The Freedom Commission Report cited The Columbia University Teen Screen Program was as a model for early intervention with adolescents. All children who are graduating from middle school and high school in designated districts undergo a mental health check-up. With parental consent, a standardized computer-based questionnaire is used to screen for youth who are at risk for suicide or suffer from untreated mental illness. A mental health professional is on-site to give immediate counseling and referral serves for youth identified at greatest risk. A follow-up study found that the screening assessment identified more than 60% of students who continued to have mental health problems 4 to 6 years later. This program is funded solely by foundations. It is in 69 middle and high schools in 27 states.
Contact: www.teenscreen.org

B. School Based Mental Health Programs in Westchester County

1. Port Chester, New York: Full Service Community School Program

The Edison School provides mental health screening, referral and counseling to the total student population in its school health center. The Guidance Center of New Rochelle provides a social worker who is available three days a week. She conducts a mental health screening of each child in the school through in-person interviews and a questionnaire.

2. Mt. Vernon, New York: Safe Start Program

The Mt. Vernon School System received a $5.5 million dollar federal grant in 2004 under the "Safe Start: Promising Approaches to Children Exposed to Violence" initiative, one of 24 school districts in the country. The grant requires the school district to have a 6 point plan that addresses a safe school environment, alcohol and drug prevention, violence prevention, early intervention programs, school and community mental health preventive and treatment intervention, early childhood psychosocial and emotional development programs, education reform and safe school policies. A large number of community and social service agencies have joined with the school district in a collaborative effort to provide these services in the school community.
Contact: www.ojp.usdoj.gov_ojjdp

3. Positive Behavioral Intervention and Support (PBIS)

Positive Behavior Intervention and Support (PBIS) is a system approach currently being implemented in 12 schools in the County with the support of the Westchester County Department of Community Mental Health. It is a system

approach to help schools prevent and respond to school and classroom behavior problems. It develops a school wide system that supports staff to teach and promote positive behavior to all students. PBIS works to create a safe learning environment for all children. It uses multiple approaches and brings together parents, teachers, school social workers, psychologists, counselors and administrators.
Contact: www.pbis.org

4. **Student Assistance Program**

   Since 1979, The Student Assistance Program has placed highly trained professionals in 61 Junior and Senior High Schools to provide both substance abuse prevention and early intervention services. The National Institute for Alcohol Abuse and Alcoholism recognized this program as a model. In addition, Project Success has extended counselors to alternative schools. Both programs work with adolescents individually and in groups and refer for substance abuse treatment and mental health services when indicated. Project Success has been evaluated and was found to have a significant positive impact on the problem behaviors of the participants. contact

C. Evidence Based Practice for Young Children with Challenging Behaviors

The Center for Evidence-Based Practice: Young Children with Challenging Behavior is funded by the U.S. Department of Education, Office of Special Education Programs to raise the awareness and implementation of positive, evidence-based practices and to build an enhanced and more accessible database to support those practices. The mission of the Center is to promote the use of evidence-based practice to meet the needs of young children who have, or are at risk for, problem behavior. The approach is similar to that of PBIS (see above) but geared for younger children.

The Center promotes approaches that utilize a core set of values and emphasizes Positive Behavioral Supports.
Contact: http:// challengingbehavior.fmhi.usf.edu/about.html

D. Model Training Programs: Bringing Evidence Based Practice to the Community

1. Training resources were developed in Louisiana by the Louisiana Rural Trauma Services Center to bring Child Parent Psychotherapy (CPP) concepts to early care and education professionals, judges, child welfare workers and law enforcement. It is the belief that children and families will benefit if these systems speak similar languages and embrace a common understanding of how adults can affect preschools mental health. In addition, training on the CPP model is provided to mental health clinicians through distant learning and supportive consultation so more clinicians.
   Contact: Josofs@lsuhsc.edu

2. Portland State University has developed an Early Childhood Training Center that provides training and consultation to social service providers, state and regional agencies, educational institutions, community groups, and policy makers on how best to meet the needs of young children and families. They offer a certificate program on infant/toddler mental health.
Contact www.ectc.pdx.edu

E. Models Providing Mental Health Consultation to Primary Care Physicians

1. Web-based Child Psychiatry Access Project (Web-CPAP)

In response to the Healthy People 2010 objectives of increasing the number of persons seen in primary health care who receive mental health screening, assessment and treatment (Focus areas 18-6 and 18-7), the AAP NY Chapter 3 has received an AAP chapter grant to pilot a project entitled *Web-Based Child Psychiatry Access Project (Web-CPAP)*. The primary goal of *Web-CPAP* is to make child and adolescent psychiatric services more accessible to primary care professionals (PCP) throughout the 8 counties in the chapter's region. This goal will be carried out by linking the pediatrician to a child psychiatrist via a web-based consultation format. Through the formation of an AAP NY3 Child Mental Health Collaborative (CMHC), the feasibility of establishing a web-based consultation program adapted from the Steingard Massachusetts model will be piloted in at least 4 practices. Anticipated outcomes are: 1) establishment of local networks of pediatricians and mental health specialists in collaboration with NY Chapter 3 leading to the formation of the *NY3 CMHC*; 2) behavioral health training and continuing education of pediatricians, predominantly via web-based consultations and telephone follow-up; 3) an answer to the pediatrician's question; 4) case management and behavioral intervention via referral of the pediatrician to care coordination, social work, or community-based mental health services; 5) acute psychopharmacologic or diagnostic consultation with a child psychiatrist.

Contact:

Danielle Laraque, MD, FAAP
Mount Sinai School of Medicine
One Gustave L. Levy Place, Box 1198
New York, NY 10029
(212) 241-5866
danielle.laraque@mssm.edu

2. Massachusetts Child Psychiatry Access Project

The goal of the Massachusetts Child Psychiatry Access Project (MCPAP) is to make child psychiatry services more accessible to primary care providers (PCPs) throughout the Commonwealth. Initial funding will come from the Executive Office of Health and Human Services (EOHHS) through the Department of Mental Health (DMH). Specifically, MCPAP will provide PCPs with timely access to child psychiatry consultation and, when indicated, transitional services into ongoing behavioral health care. MCPAP will be available to all children and families, regardless of insurance status, as long as the point of entry is through their PCP. MCPAP will operate from 9 a.m. to 5 p.m., Monday thru Friday, and is not meant to replace necessary emergency services. Through MCPAP, teams of child psychiatrists, social workers, and care coordinators will provide assistance to PCPs in accessing psychiatric services. MCPAP will be regionalized to facilitate an ongoing relationship between the MCPAP team and the PCP. The regional MCPAP team will provide training and continuing education to maximize the appropriate division of activities between PCP, the MCPAP team, and routine behavioral health services.
More information:
<*www.icommunityhealth.org/documents/masschildpsychiatryaccessproject.pdf*>.

3. Psychiatric Consultation for Primary Care Physicians

More information on the Massachusetts Child Psychiatry Access Project and similar projects aimed at providing psychiatric consultation for primary care physicians, particularly in rural areas, in Pennsylvania and Maine:
More information: http://pn.psychiatryonline.org/cgi/content/full/40/15/6

The above list includes examples of what we know works. It is not meant to be a comprehensive list of all effective or model programs. Our goal should be to expand, develop and adopt programs that work to meet the mental health needs of Westchester's Children.

Appendix D:
Westchester County Clinic Survey (2002)

In 2002, The Westchester County Department of Community Mental Health (DCMH), along with six voluntary community mental health agencies, conducted a survey to study the problem of increasingly longer wait lists for outpatient mental health services for children. Participating clinics surveyed all clients who were seen for service over several months. The goal was to document and understand:

The level of need for clinic services
Who was requesting clinic services
Who was referring to clinics
Extent of wait lists
Barriers and ideas for reducing wait lists

Major Findings;

- Of the 622 surveys which were completed , 53% were cases in which children had been referred for service.
- One third were for children 8 years or younger.
- An average of 44% of the children referred were placed on waiting lists.
- 80 per cent of the referrals were from the southern part of the County
- Primary referral source s were parents or guardians (64 %)
- School related behavior was connected to 40% of child referrals made by parents, guardians, relatives and schools.
- Between 33 and 45% preferred appointment times after school and evenings.
- Clinics that primarily serve children reported that, on average, 46% are seriously emotionally disturbed (SED)
- Average length of stay in treatment is 17 months.
- Average wait time for an appointment is 7 weeks
- Only 2 clinics are open on Saturday.

Endnotes

[1] "Caring for Every Child's Mental Health", U.S. Dept. of Health & Human Services, 1997, www.mentalhealth.org

[2] "Achieving the Promise: Transforming Mental Health Care in America," The President's New Freedom Commision on Mental Health, July, 2003, p. 58. www.mentalhealthcommission.org

[3] Gilliam, "Pre-kindergarteners Left Behind: Expulsion Rates in State Pre-kindergarten Systems," Foundation for Child Development, May 17, 2005. http://www.fcd-us.org/news/learningcurve/2005_0517.html

[4] http//:www.surgeongeneral.gov/library/mentalhealth/chapter3/section1.html

[5] P. 58

[6] Under federal and state definitions, a person under 18 years of age is defined as having SED if he or she:

- Has designated emotional disturbance or psychiatric diagnosis other than alcohol or drug disorders, organic brain syndromes, developmental disabilities or social conditions
- Has shown some extended impairment in functioning due to emotional disturbance over the last 12 months in at least two of the following areas of functioning, or severe in at least one of the following areas: self care; family life; social relationships; self-direction/self-control; learning ability.
- Over the last 12 months has continuously or intermittently rated low (50 or less) on the Children's Global Assessment Scale (CGAS) or the Global Assessment of functioning (GAF) because of emotional disturbance
- Shows current impairment in functioning with severe symptoms, currently rating 50 or less of the CGAS or GAF; and
- Has experienced at least one of the following within the last 30 days:
    - Serious suicidal symptoms or other life-threatening, self-destructive behaviors
    - Significant psychotic symptoms (hallucinations, delusions, bizarre behaviors)
    - Behavior caused by emotional disturbances that placed the youngster at risk of causing personal injuries or significant property damage

[7] "Achieving the Promise," p.58

[8] Ibid.

[9] "Paving the Way: New Directions for Children's Mental Health Services," Citizens' Committee for Children of New York, New York, NY, 2003, p.4.

[10] Citizen's Committee for Children of New York, Inc., New York, NY, December 2002, p.5.

[11] Communication from Myra Alfreds, Director of Children's Mental Health Services, Westchester County Department of Community Mental Health, September 2005

[12] "The Status of Westchester's Children, 2002," Westchester County Integrated Services Planning Initiative, White Plains, NY. 2002, p. 29.

[13] Ibid., p.29

[14] "Focusing on Community: Issues and Impact in Westchester," United Way of Westchester and Putnam, White Plains, NY, February, 2005, p.6

[15] A comprehensive listing of parenting programs can be found on the Westchester Youth Bureau Web site, www.westchestergov.com/youth/. Click on the link to Parenting Programs.

[16] "Achieving the Promise," p.62

[17] New York State Office of Mental Health recently began providing enhanced reimbursement for mental health clinics that provide services to children in the evenings and on the weekends.

[18] "Paving the Way," p.17

OUR THANKS to the following who shared their time, information, and insights with us...

Myra Alfreds, *Director of Children's Mental Health Services*
Westchester County Department of Community Mental Health, White Plains

Marion Anderson, *Executive Director*
Family and Community Services, Eastchester

Jennifer Brennan, *Associate Executive Director*
Mental Health Association of Westchester, Elmsford.

Linda Breton, *Associate Executive Director*
Westchester Jewish Community Services White Plains.

Robert Chace, *Assistant Commissioner*
Westchester County Department of Probation;
Supervising Probation Officers Gerard Rauso, Mary Martin and James Cannon.

Lorraine Chun, *Assistant Commissioner*
Westchester County Department of Health, Children with Special Needs, New Rochelle

Dr. William Cipriano, *Coordinator*
Child and Adolescent Out-Patient Unit, St. Vincent's Hospital, Harrison

Suzanne DeLasho, *Clinic Administrator*
Catholic Charities Community Services, Peekskill

Suzanne Davino, *Director*
Out-Patient Children's Mental Heath Services,
Four Winds Hospital, Katonah

Michael B. Friedman, *Director*
Metropolitan Center for Mental Health Policy and Advocacy, White Plains

Geraldine Greene, *Executive Director*
Scarsdale Family Counseling Center, Scarsdale

Sharon Kelly, *Program Director*
Phelps-Echo Hills Community Counseling Center, Hastings

Polly Kerrigan, *Vice President for Mental Health Services*
Family Services of Westchester, Yonkers

Marge Klein, *Executive Director*
The Guidance Center, New Rochelle

Carolyn Murphy, *Program Director*; *Family Matters*
Westchester Jewish Community Services, Yonkers

Dr. Betty Osman, *Psychologist*
White Plains Hospital Center, Child and Adolescent Behavioral Health, White Plains

Rosetta Rhodes, *Chief Administrator*
Center for Preventive Psychiatry, White Plains

Samuel Sanchez, *Social Work Clinician*
Hudson River Community Health Behavioral Health Program, Peekskill

Dian Stinson, *Senior Psychiatric Social Worker*
Behavioral Health Center, Westchester County Medical Center, Child Out-Patient Department, Valhalla

Donald Wiede, *Director of Child Welfare*
Westchester County Department of Social Services, White Plains

Michael Zaretsky, *Clinic Supervisor*
Central Yonkers Clinic, Westchester Jewish Community Services, Yonkers

AND TO...

Kathleen Halas, Executive Director of the Child Care Council of Westchester and Dr. Jeanne Gold Coordinator, Guidance and Child Study Center, Putnam/Northern Westchester BOCES who facilitated our mailings.

The 85 leadership staff from social agencies, child care programs, probation and schools who shared their information, experience and perspectives with us by completing our surveys.

Westchester Children's Association works to ensure that all children are healthy, safe and prepared for life's challenges.

Since 1914, WCA has been an independent, knowledgeable and effective voice for Westchester's children.

WCA helps Westchester's children by:

- Informing legislators, policy-makers and the public about children's needs
- Advocating for policies and programs that work for children
- Mobilizing communities to raise their voices on behalf of children
- Building coalitions of organizations and individuals to improve children's lives

WCA is a 501(c)(3) tax-exempt organization supported by individuals, foundations and businesses.

westchester children's association

Westchester Children's Association
175 Main Street, Suite 702, White Plains, New York 10601
914.946.7676 www.wca4kids.org