Child Serving Systems for Providers

Last Reviewed January 2025

Agenda

- Child Serving Systems

- Unique Service Challenges

- Systems of Care

- The Interaction of Systems

- Navigating Coordinating Systems of Care

- Resources

Child Serving Systems

Children's Behavioral Health: The American Reality

- 1 out of every 5 children in the US meets criteria for a major mental disorder
- 50% of adult mental illness occurs by age 14; 75% by age 24
- 13-20% of children and adolescents have a diagnosable mental, emotional, or behavioral disorder, and this costs the public $247 billion annually
- In 2021, suicide and homicide were the second and third leading cause of death among youth ages 10-24 and among the top four leading cause of death between ages 10-14, 15-19, and 20-24
- Emotional disturbance is associated with the highest rate of school dropout among all disability groups

Lifetime Impact

Untreated or poorly managed behavioral health problems have serious social repercussions.

Absenteeism	Suicide
Job Loss	Gambling
Injuries/Accidents	Homelessness
Poverty	Crime/Incarceration

Unique Service Challenges

Unique Service Challenges

- Have different mental health diagnoses and diagnoses change often

- Impacts development and overall skill acquisition

- Requires active involvement from family members

- Outcomes affected by family relationships and family behavior

- Children are generally involved in 2 or more child serving systems at any given time

- Complex rules and regulations among child serving systems is associated with poor coordination, duplication, and service redundancy

Systems of Care

Children's System of Care

Youth with complex needs are often involved in multiple systems at once which adds another level of complexity. It is important to understand the different systems. Next, we will look at the available systems that can help address the issues that can emerge from mental and/or physical health complications, substance use, disabilities, child welfare, juvenile justice troubles and school problems.
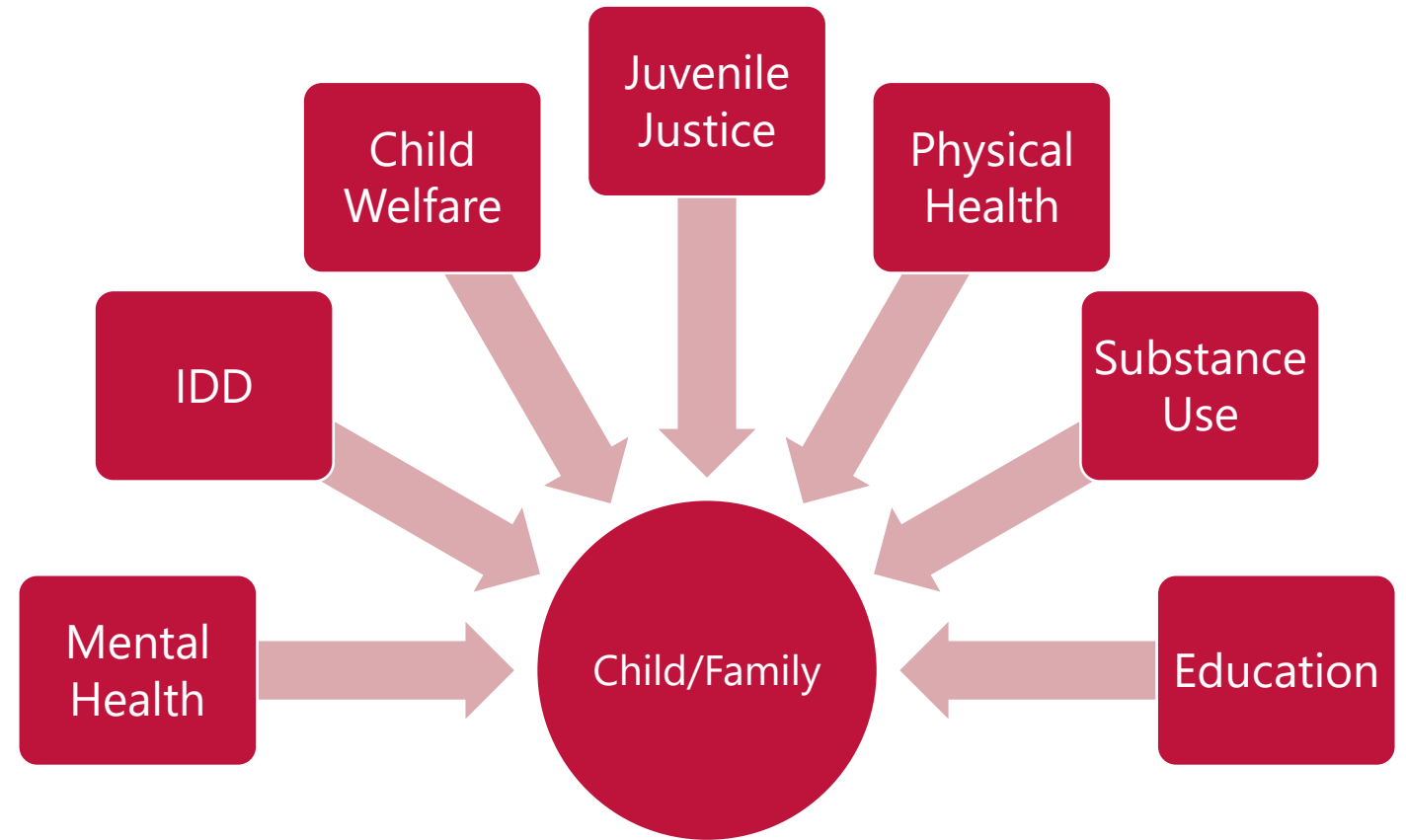
NYS System of Care

Office of Mental Health (OMH)

Office for People with Developmental Disabilities (OPWDD)

Office of Children & Family Services (OCFS)

Office of Addiction Services and Supports (OASAS)

Department of Health (DOH)

Private Duty Nursing Program (PDN)

Juvenile Justice Education

Office of Mental Health (OMH)

- Serves more than 700,000 individuals each year

- Operates psychiatric centers across the State

- Regulates, certifies and oversees more than 4,500 programs, operated by local governments and nonprofit agencies

The Mission of the New York State Office of Mental Health is to promote the mental health of all New Yorkers, with a particular focus on providing hope and recovery for adults with serious mental illness (SMI) and children with serious emotional disturbances (SED).

Office of Mental Health (OMH)

- OMH oversees a public mental health system that includes over 1,300 community-based programs serving children and youth (ages 0-21), including approximately 595 licensed outpatient and residential programs and 745 support programs

- Each year, nearly 160,000 children receive mental health services in NYS. OMH approves licenses and/or funds over 70 different types of programs that provide emergency, inpatient, outpatient, residential, and support services

- In 2015 an estimated 124,000 children with SED received services from the public mental health system. Roughly, 75% of these children are reported to be enrolled in Medicaid

Office for People with Developmental Disabilities (OPWDD)

- Responsible for coordinating services for New Yorkers with developmental disabilities

- Network of approximately 500 nonprofit service providing agencies

- Supports and services for over 43,638 people ages 0-20

People with developmental disabilities: enjoy meaningful relationships with friends, family and others in their lives; experience personal health and growth; live in the home of their choice and fully participate in their communities.

Office of People with Developmental Disabilities (OPWDD)

- OPWDD provides services to children with intellectual and/or developmental disabilities with complex medical conditions, who are under the age of 18 and living at home

- Offers an array of services and supports to help people with developmental disabilities live in the home of their choice; find employment and other meaningful activities in which to participate build relationships in the community, and experience health and wellness

Office of Children and Family Services (OCFS)

- Responsible for programs and services involving foster care, adoption, child protective services, regulated childcare and the juvenile justice programs

- Responsible for the functions performed by the State Commission for the Blind Supports and coordinates state government response to the needs of Native Americans on reservations and in communities

The Office of Children and Family Services serves New York's public by promoting the safety, permanency and well-being of our children, families and communities. We will achieve results by setting and enforcing policies, building partnerships, and funding and providing quality services.

Office of Children and Family Services (OCFS)

State Level

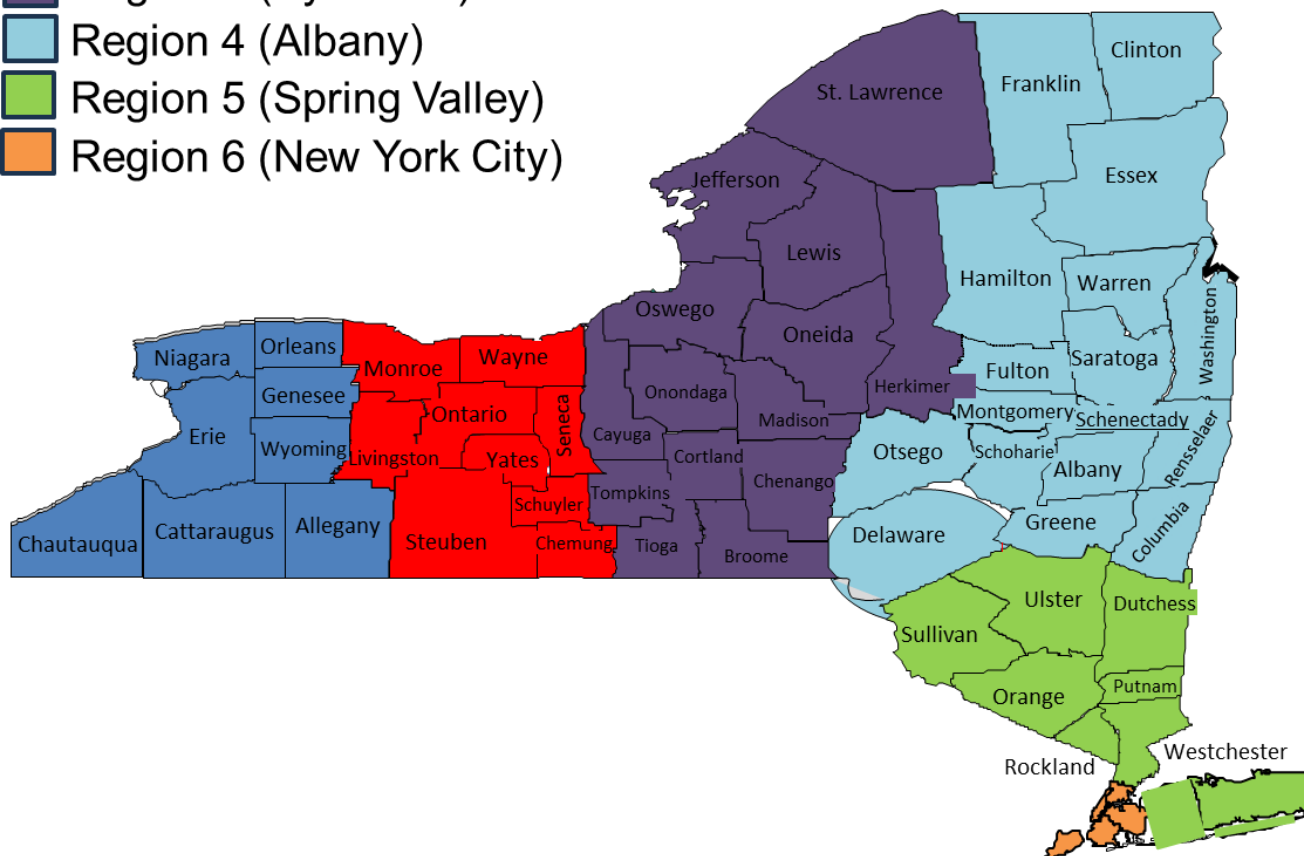NYS Office of Children and Family Services (OCFS)

County Level

Local Departments of Social Services (DSS)

Administration for Children's Services (ACS) – NYC

Services are provided by state and local agencies as well as contracted service providers

Region 1 (Buffalo)
Region 2 (Rochester)
Region 3 (Syracuse)
Region 4 (Albany)
Region 5 (Spring Valley)
Region 6 (New York City)

New York State Child Welfare System

Four primary functions of local departments of social services
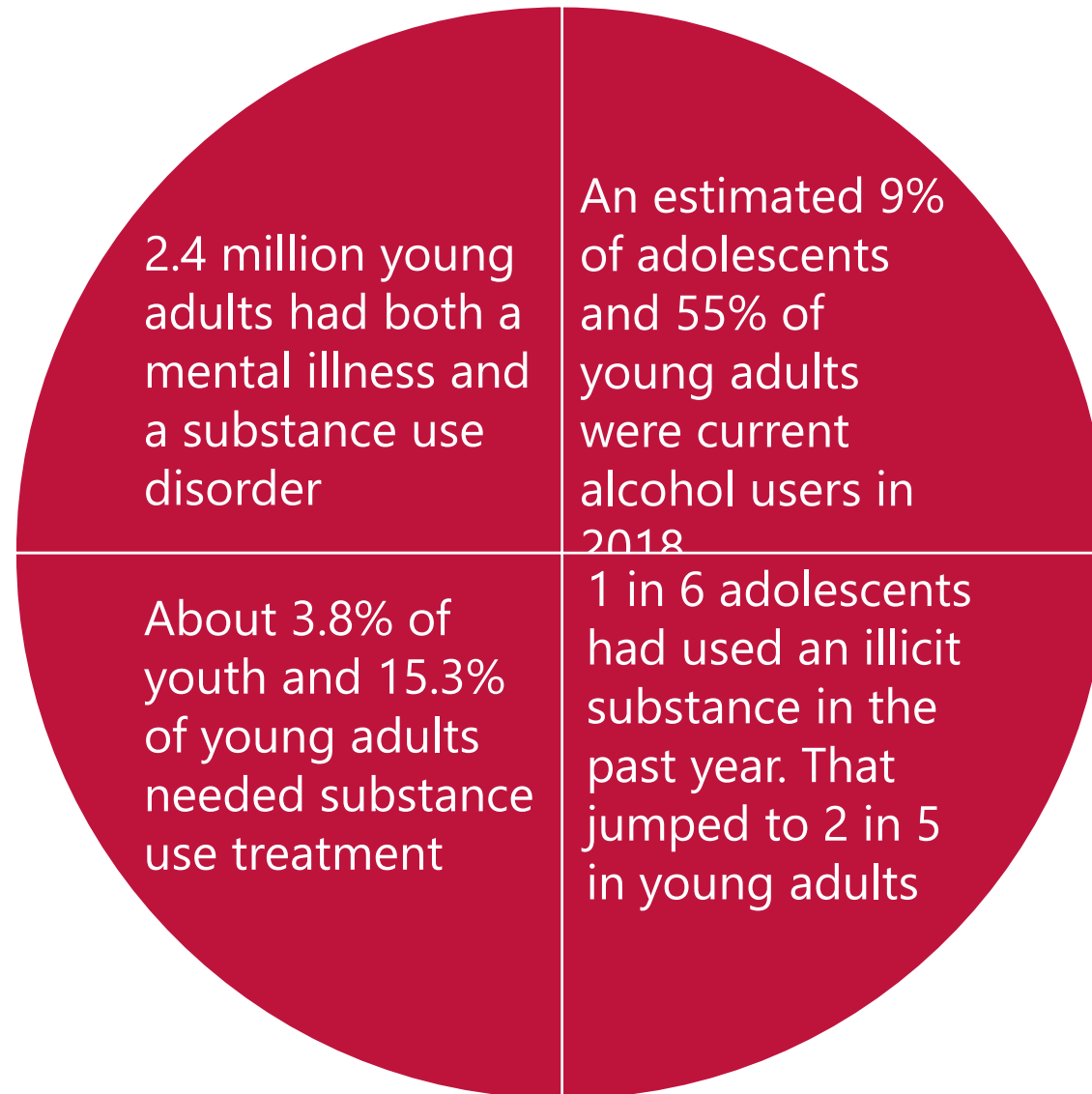
1. Child Protective Services

2. Preventive Services

3. Foster Care Services

4. Adoption Services

Office of Addiction Services and Supports (OASAS)

- Formerly know as Office of Alcoholism and Substance Abuse (OASAS)
- OASAS oversees an addiction treatment service system that provides a full array of service
- Over 480,000 youth receive recurring prevention services annually. Treatment services are provided in inpatient, outpatient, and residential settings. NYS' service continuum also includes school- and community-based prevention services as well as intervention, support, crisis, and recovery services
- This includes the direct operation of 12 Addiction Treatment Centers, which provided primarily inpatient rehabilitation service to approximately 350 youth aged 18-21 in 2015
- Adolescents and young adults require specialized treatment services designed to target their unique culture as young people as well as their developing brains and cognitive processes
- In 2016 OASAS began implementation of Youth Clubhouses across the State. These Clubhouses serve youth ages 12-21 who are in recovery from, or at-risk of, SUD

Office of Addiction Services and Supports (OASAS)

2.4 million young adults had both a mental illness and a substance use disorder

An estimated 9% of adolescents and 55% of young adults were current alcohol users in 2018

About 3.8% of youth and 15.3% of young adults needed substance use treatment

1 in 6 adolescents had used an illicit substance in the past year. That jumped to 2 in 5 in young adults

Private Duty Nursing Program (PDN)

- Private Duty Nursing Services, or PDN, are nursing services for NYS Medicaid Fee For Service members who require continuous skilled nursing care in non-institutional setting

- Medically fragile children are at risks of hospitalization or institutionalization but are capable of being cared for at home when provided with appropriate home care services

Department of Health Medically Fragile

- The Care At Home waiver program enables children/youth under the age of 21 who are determined to have a physical disability and require nursing home or hospital LOC to access HCBS Medicaid services. The goal of the Program is to ease that burden and avoid unwanted institutional care for some of New York's most fragile and vulnerable citizens

- The program offers case management, respite, home adaptations, vehicle modifications, and palliative care services

Juvenile Justice

The Office of Youth Justice has adopted the five core values of the DCJS: Integrity, teamwork, excellence, accountability, and innovation. In addition, we move forward using the following principles:

- Collaboration
- Flexible and Adaptable
- Youth and Family Focused
- Information Sharing

New York State provides a fair and equitable justice system that gives youth an opportunity to reach their full potential and prevents future system involvement.

Juvenile Justice

- A separate system created to respond to offenses specifically committed by children and youth

- It is a vehicle for protecting the public from young offenders, with a strong focus on the best interest of the child

- Created under the belief that children are different than adults, are in the process of maturing, and have a greater capacity for change

School System

- Addressing mental health needs in school is critically important Psychosocial & Mental Health problems often are major factors interfering with effective school performance

- Schools can be a great place for mental health promotion and early identification and intervention

Education

- Addressing mental health needs in school is critically important
- Psychosocial and Mental Health problems often are major factors interfering with effective school performance
- Increasingly, school systems are joining forces with community health, mental health, and social service agencies to promote student well-being and to prevent and treat mental health disorders
- Schools can be a great place for mental health promotion and early identification and intervention
- Support for students comes in many forms:
  - Community Programs
  - General Education Supports
  - Special Education
  - School Based MH Clinics
  - School Based Health Centers

Interactions of the System

The Interaction of Systems

- Youth who have complex needs may be involved in multiple systems at once

- Behavior problems are often apparent in school, where the child spends a good portion of their day

- These behavioral problems are often rooted in mental health concerns, and at times families under stress may find themselves involved with Child Welfare system

- These various systems have a significant impact on child outcomes
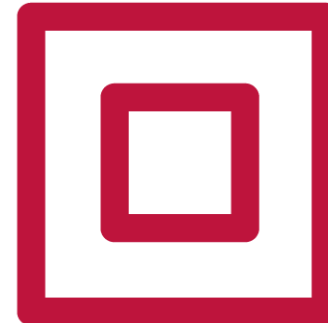
BH and Justice Involved Youth

Many Juvenile Justice involved youth have unmet behavioral health needs

Community-based treatment can be an effective solution to address issues that can lead to justice involvement

Even in cases where youth enter the system, referring them to behavioral health services within their communities can help mitigate the likelihood of rearrest and stays in detention or placement

Child Welfare and Justice Involved Youth

The Child Welfare System, which aims to protect children from harm, has a growing understanding of the dynamics between the delinquent behavior of youth and abuse and neglect

Issues such as: sexual abuse, physical abuse and placement instability are strong risk factors for Juvenile Justice involvement
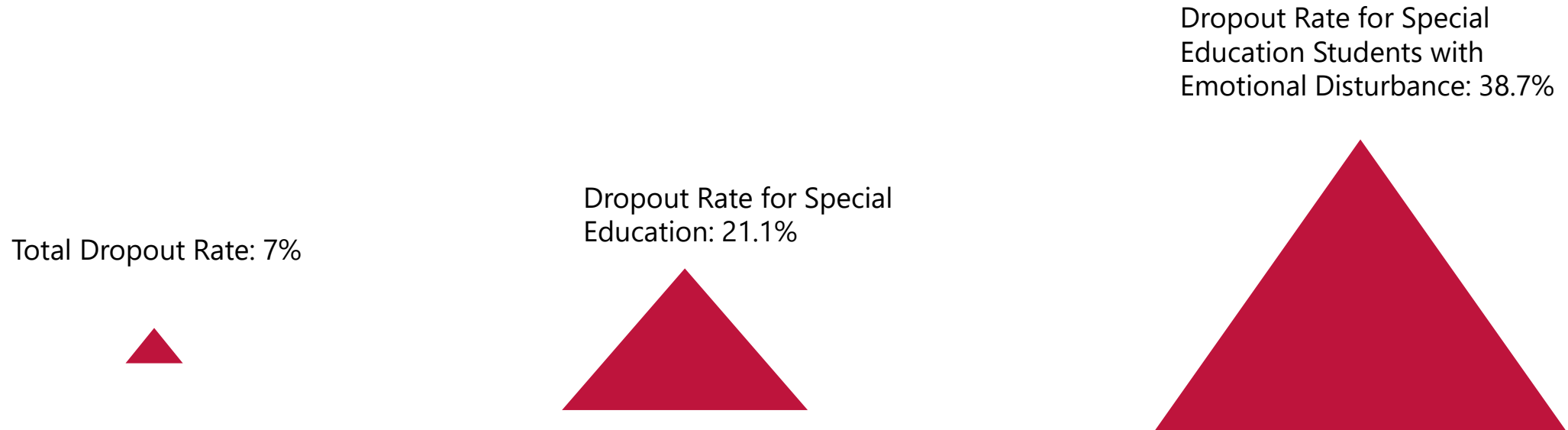
Child Welfare and Juvenile Justice are faced with the challenge of developing solutions for youth who are involved in both systems

School System and Justice Involvement

- Behavioral concerns often become apparent in school
- When these concerns are not addressed, the chance of justice system involvement increases
- As problems escalate, disciplinary actions may lead to police involvement
- Children with disabilities are at even greater risk
- Approximately 70% of youth who enter the justice system have a mental health, sensory or learning disability, and anywhere between 28% and 43% of detained or incarcerated youth have special education needs
- Understanding and addressing the underlying educational and social/emotional needs of children and youth is essential to avoiding the juvenile justice system involvement

Dropout Rate

Mental Health and learning disorders are tied to higher dropout rates.

Dropout Rate for Special
Education Students with
Emotional Disturbance: 38.7%

Dropout Rate for Special
Education: 21.1%

Total Dropout Rate: 7%

- High-school dropouts are 63 times more likely to be jailed than four-year college graduates
- 68% of state prison inmates have not completed high school
- Dropout leads to poor quality of life
- Persons without a high-school education live 9.2 years fewer than persons who graduate from high school

Reference: Child Mind Institute

Navigating Coordinating Systems of Care

Navigating Systems and Coordinating Care

- Understand how the current system operates and the existing service array available to children and families

  o Inventory what services are available to youth and families in your area

  o Identify providers who offer effective, evidence informed approaches, and who offers them in the community

  o Identify community services that attend to the Social Determinants of Health (i.e. food, shelter)
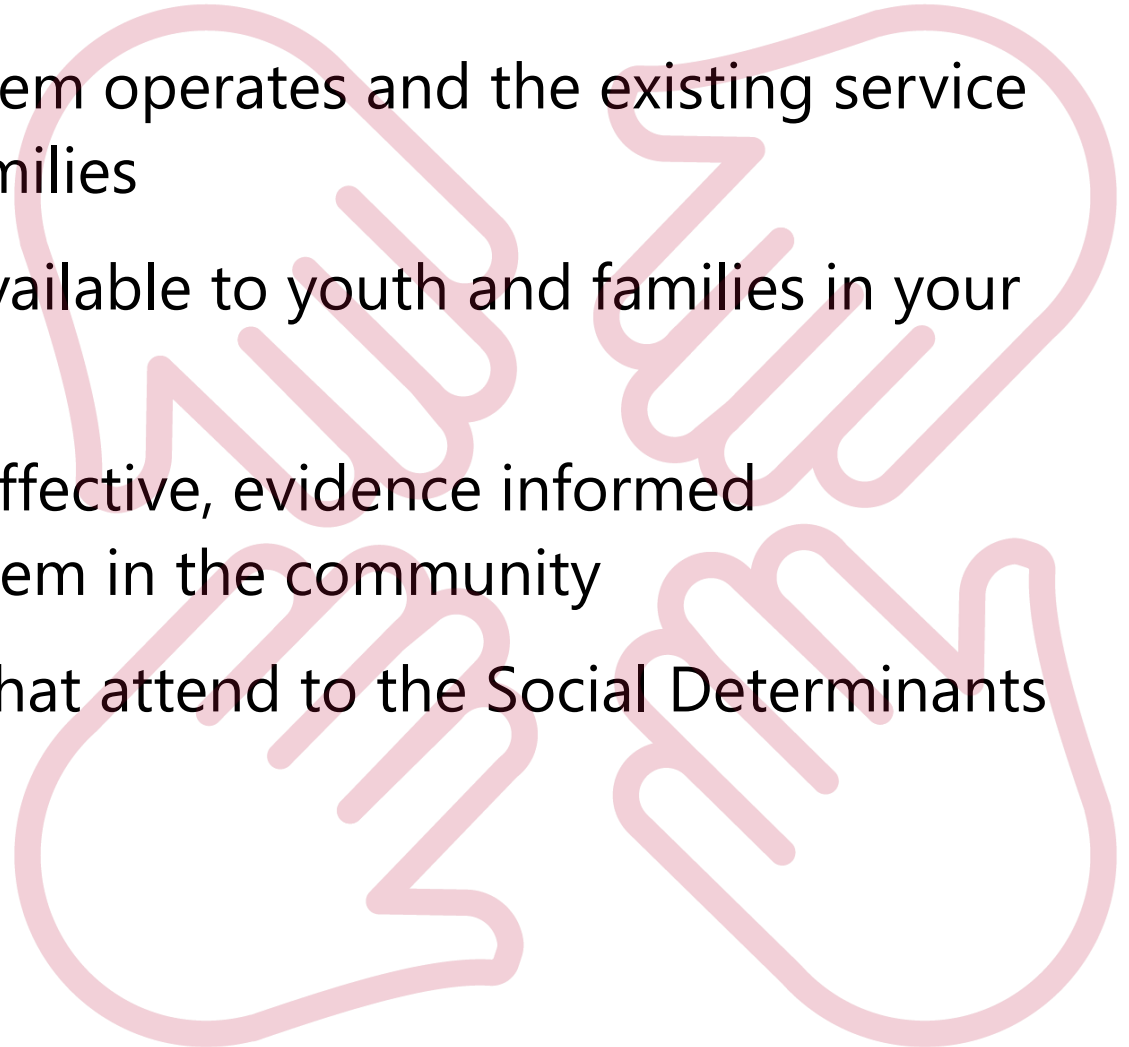
Coordinating Care

- Partner with Families

- Access Service Utilization

- Collaboration

- Intervene Early

- Build Relationships

- Share Information

- Leverage Resources

- Monitor Services

Partnering with Families

- Listen to families to understand their needs
- Engage families and youth in their own treatment planning and decisions
- Assist families in identifying any natural supports that may be able to assist them
- Educate families on the availability and types of services
- Detail the process for accessing these services and provide linkages
- Encourage the family to make decisions that will work best for their family
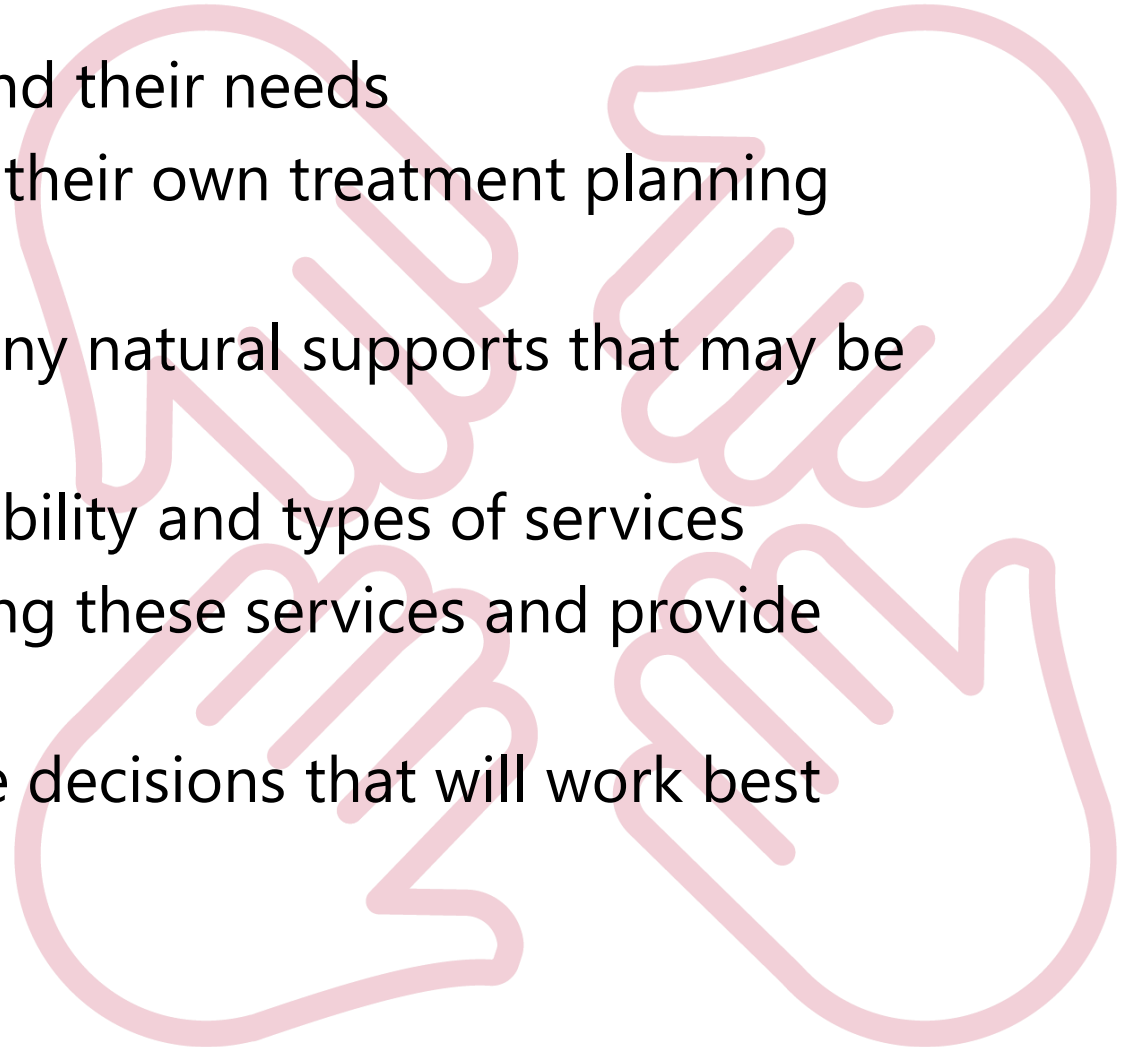
Assess Service Utilization

- Determine which agencies have a waiting list versus those who do not identify if there is underutilization of a particular service

- Review service available by region
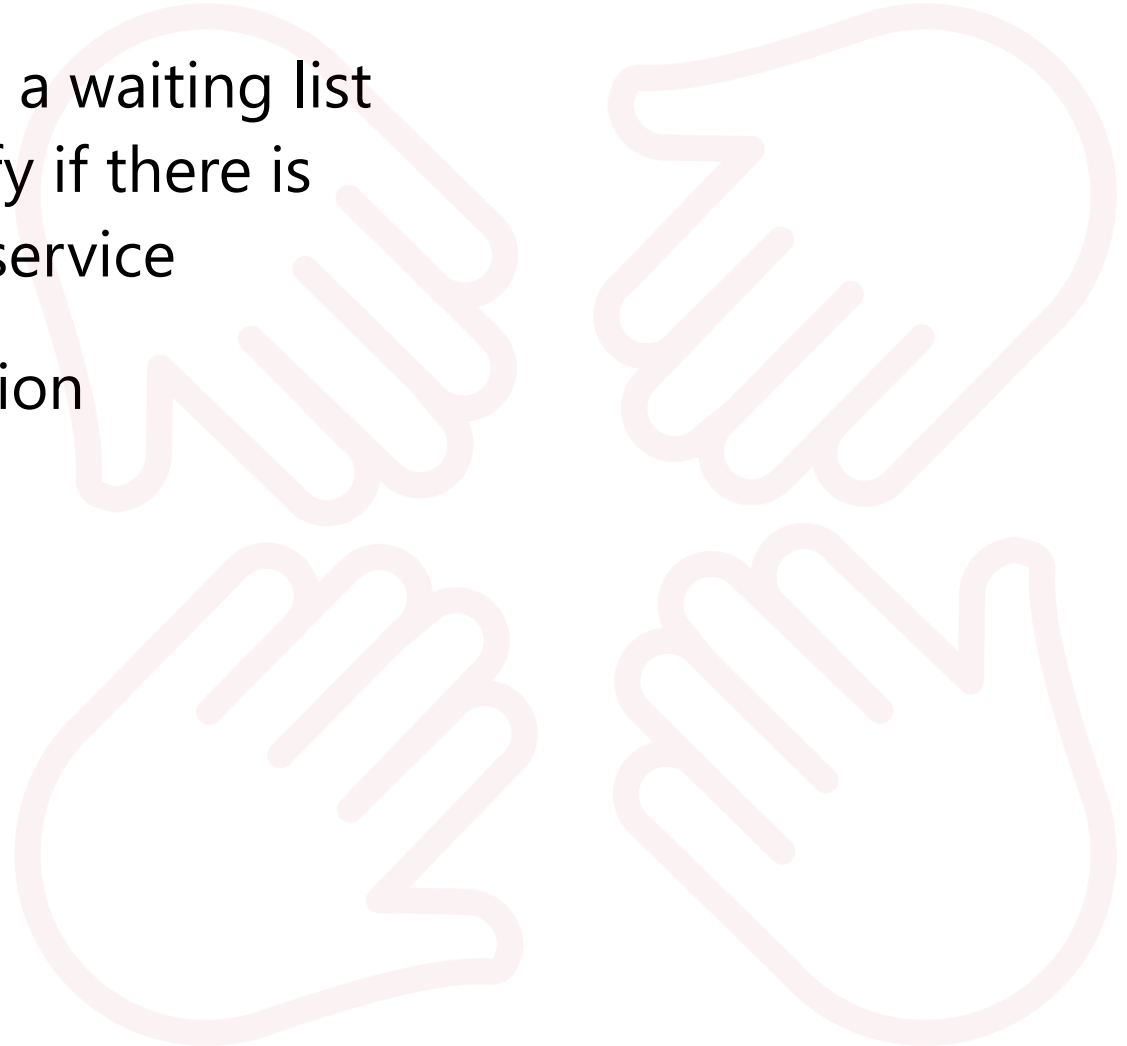
Work Collaboratively Across a Broad Range of Systems

- Engage key partners who provide services to children (i.e. agency leaders, schools, probation)

- Conduct outreach to non-traditional providers of services and support, such as peers and community and faith-based organizations

Intervene Early

- Providers should look to intervene as early as possible to prevent the development of serious behavioral health conditions

- Develop a process to identify at-risk children

- Identify screening measures used by community-based agencies across the system sector and refer children as appropriate

- Ensure timely access to services
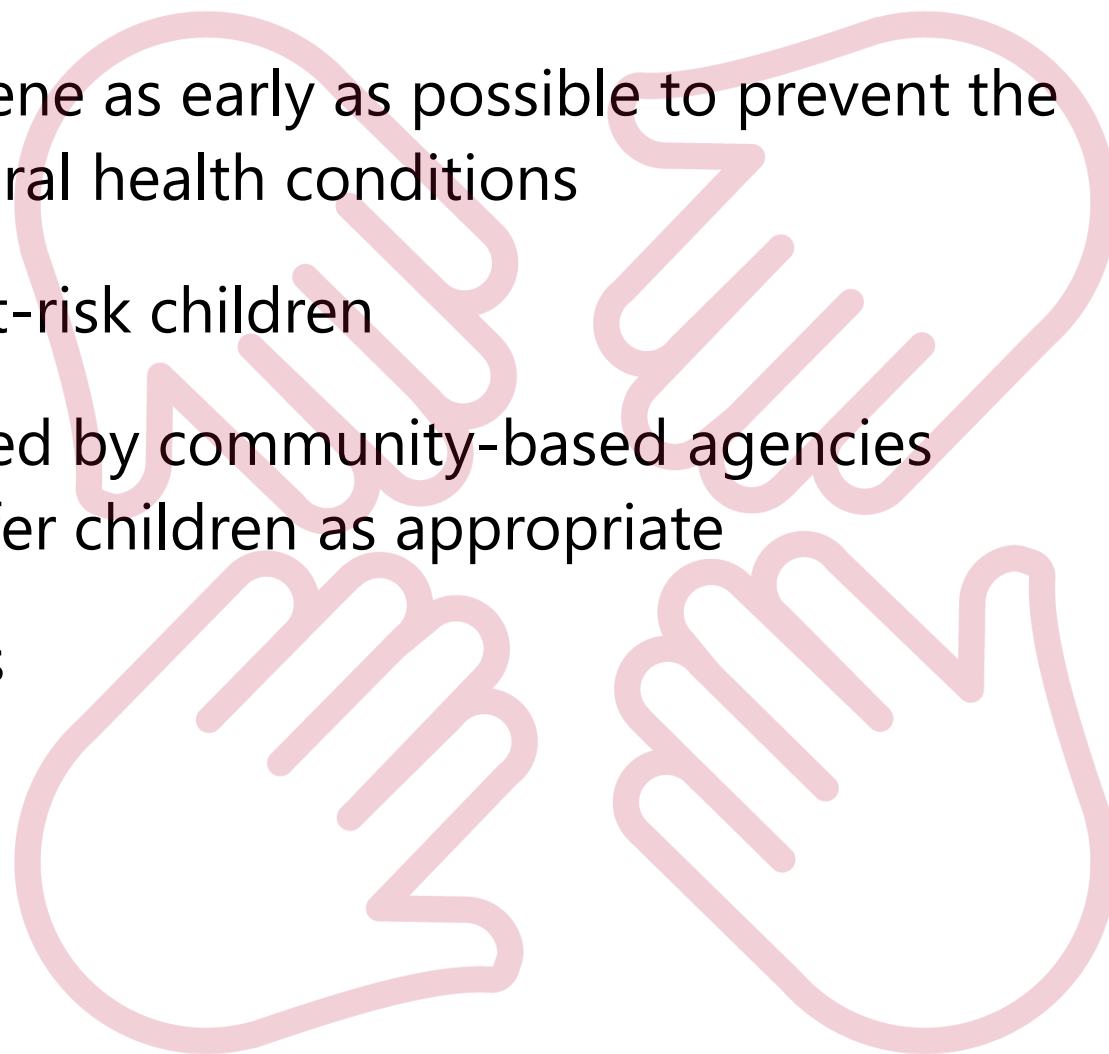
Building Relationships & Information Sharing

- Identify partners who directly impact the health and wellbeing of the children and cultivate these relationships

- Ensure responsiveness and follow through with responsivities

- Develop a shared vision and common goals with partners

- Make sure you are speaking the same language

- Provide opportunities among members to exchange best practices for service provision

Leveraging Resources

- Identify what each provider entity brings to the table and how that can be leveraged as part of the collaborative work

- Focus on common concerns:

  - Academic achievement

  - School attendance

  - Safety

  - Permanency

Monitor Services Provided to Youth & Family

- Has the family had meaningful involvement in their care?

- Are services delivered in a culturally and linguistically competent manner?

- Are treatment plans strength based?

- Develop a referral/transition tracking system

- Address barrier to referrals

- Check with families to learn the quality and impact of service delivery

Resources

Resources

[Mental Health Impacts In Schools - Child Mind Institute](#)

[New York State Office of Mental Health (ny.gov)](#)

[Office of Children and Family Services | Home | Office of Children and Family Services (ny.gov)](#)

[Office of Addiction Services and Supports | Office of Addiction Services and Supports (ny.gov)](#)

[Youth Justice - NY DCJS](#)

[Office for People With Developmental Disabilities | Office for People With Developmental Disabilities (ny.gov)](#)

[Data and Statistics on Children's Mental Health | CDC](#)

Thank you for being part of MVP

Contact your Behavioral Health Professional Relations Representative with questions. Visit the MVP Website to identify your representative and contact information by county.

Contact: Professional Relations Territory Listing Behavioral Health (mvphealthcare.com)

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