



The Visiting Nurse Service Of New York Community Mental Health Services *FRIENDS Program*




History of FRIENDS and Transition to VNSNY CMHS

- ❖ **1996**
SAMHSA's Center for Mental Health Services (CMHS) Comprehensive Community Mental Health Services Program for Children and Families initially provided funding to develop the Mott Haven, Bronx Project – Families Reaching in Ever New Directions (FRIENDS)
 - A strong emphasis placed on developing a *system-of-care* approach to providing mental health services for Seriously Emotionally Disturbed (SED) children and their families
 - Change was in response to multiple studies documenting that SED children were underserved and receiving inappropriate services within a fragmented mental health system
 - *System-of-care* approach based on the philosophy that mental health providers should:
 - partner and collaborate with children and their families
 - develop multi-agency partnerships
 - utilize natural supports in the community
 - provide culturally responsive and appropriate services to the community
 - VNS CMHS contracted with FRIENDS to provide mental health assessment and crisis intervention services through our Mobile Community Support Team



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- ❖ **2001**
The FRIENDS program transitioned from Federal to State funding, receiving funding from the New York State Office of Mental Health (OMH)
- ❖ **2004**
VNS Community Mental Health Services (CMHS) was awarded the entire contract for the FRIENDS program
 - OMH approached VNSNY CMHS to assume operation of services and to redesign FRIENDS
 - Goal was to produce a high quality, evidence-based, clinical and cost effective service
 - Dec. 1, 2004, VNS CMHS assumed total program and financial responsibility for FRIENDS services, funded wholly by OMH until June 2007.




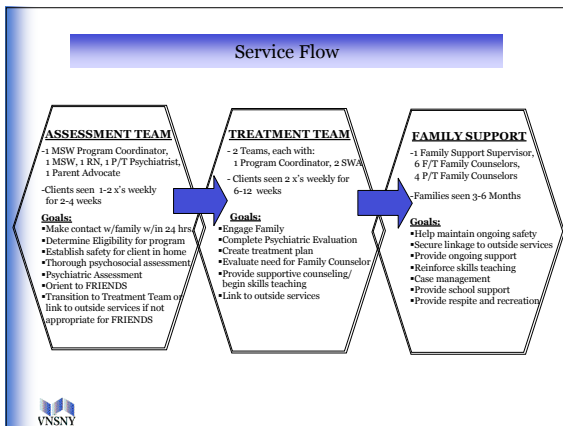
FRIENDS Services

FRIENDS provides a complete continuum of care for at-risk and SED children and adolescents ages 5-21

Goal is to serve approx. 300 families each year


Services Provided Include:

- Comprehensive clinical assessment by the Assessment Team
- Unified treatment plan (including family and other agency collaboration)
- Psychiatric assessment and treatment when indicated
- Education for the family and community about the child's special needs
- Treatment using skills building, strength-based teaching and supportive counseling
- supportive services including:
 - groups
 - respite
 - tutoring
 - advocacy and linkage
 - recreational activities
 - wrap-around funds
- Consultation services with local community providers, schools and other organizations





FRIENDS Statistics

Referral Sources	Diagnosis	Age	Gender	Ethnicity	Language
• Schools	ADHD: 30%	5-8: 25%	Female: 35%	Afr. Amer: 21%	English: 88%
• Psych. Emergency Rooms	Mood Disorder: 20%	9-12: 35%	Male: 65%	Hispanic: 78%	Spanish: 12%
• Outpatient MH Clinics	PTSD/Anxiety: 10%	13-21: 40%		Other: 1%	
• ACS	Conduct Disorder: 4%				
• Juvenile Justice Dept.	Disruptive/ODD: 5%				
• Family Court	Adjustment D/O: 3%				
• Neighborhood Pediatrics	Learning/Develop: 3%				
• Other community preventative agencies	Bi-Polar Disorder: 2%				
• Self – Families	V-Codes: 2%				
	Psychosis: 1%				
	Other: 16%				




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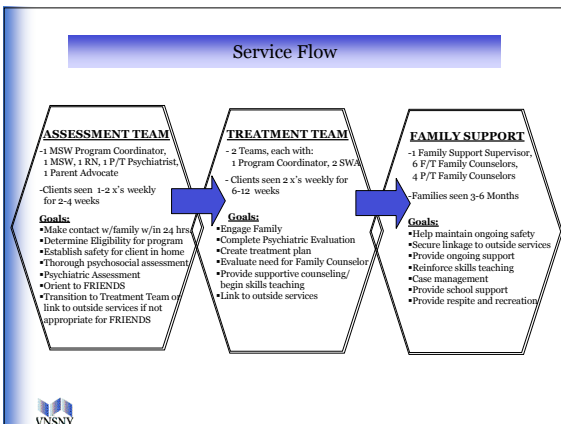
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FRIENDS' School Team (FST)

- Extension of the FRIENDS Model in 6 Bronx Middle Schools
- Primary Coordinating Mental Health Component of "Safe Schools, Successful Students" Initiative
- Our Mission: To help schools establish a wrap-around system of care for all students



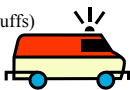
Profile of the Schools

	Mean	Range
Enrollment	873	569-1343
Non-White	99.3%	97.7-100%
African-American	34.6%	25.6-56.9%
Latino	62.6%	42.4-72.5%
Eng Language Learners	18.8%	9.3-30.6%
Special Education	14.0%	9.3-19.0%
Eligible for Free Lunch	88.3%	77-91%
Below Grade Level (Literacy)	80.4%	57.5%-88.1%
Below Grade Level (Math)	76.6%	57.4-82.4%



School Climate and Safety

- "Lockdown" Schools and Classes
- Heavy Presence of School Security (Handcuffs)
- Frequent Suspensions
- 119 Police Calls Last Year
 - Each school called police every other week on average
 - Only 5 calls were for actual crimes
 - 65% of calls were for "non-criminal" behavior
 - Perhaps these are ER referrals for disruptive behavior
 - Schools account for 41% of all pediatric psychiatric ER visits in the Bronx



Punitive School Climate Subverts a Wrap-Around Approach

- Not culturally sensitive
- Not family centered, not family driven
- Not strengths based
- Not collaborative with community services



Overriding Goals of Safe Schools, Successful Students

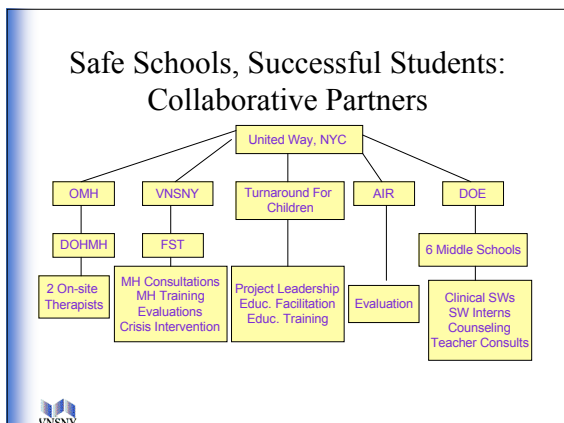
- Improve school safety and climate
- Improve students' school adjustment
- Improve schools' capacity to address behavioral and mental health problems
- Improve academic achievement
- Create sustainable system of care in 3 years



Two-Pronged Approach

- Educational Reform
 - Leadership consultation to principals
 - Creation of teams to address school climate, academic problems, behavioral problems
 - School-wide training in inclusive practices
- Mental Health Services
 - School consultations and crisis services
 - School counseling centers
 - On-site therapists from a clinic





Friends School Team Staffing

- 1 Director/Psychologist
- 2 MSW Social Workers
- 1 Social Work Assistant
- 1 Parent Advocate
- 4 hours/week Child Psychiatrist

VNSNY

Functions of FST

1. Intensive services to highest-risk students
 - Evaluations of students and families in crisis
 - Short-term crisis intervention
2. Consultations to student support staff about individual students at moderate-to-high risk
3. School-wide training to all staff

VNSNY

1. Intensive Interventions

- Comprehensive mental health evaluations
- Short-term crisis intervention to stabilize crisis and ensure safety (3-8 sessions)
- Coordinated dispositions involving MH, school, and community support services

VNSNY

How we Intervene

- Individual and family sessions
- Meetings in home, office, school
- Classroom observation and teacher consultation
- Coordinated disposition plans.
 - Linkage to mental health services
 - Linkage to family-support and community services
 - Recommendations and assistance to schools
- Wrap-around services and advocacy

VNSNY


How Interventions Affect Schools

- A few high-risk students can disrupt a school and consume disproportionate time and concern of school staff
- Schools experience immediate relief
- Modeling a wrap-around approach with the most difficult students promotes buy-in to an inclusive, strengths-based model

VNSNY


2. School Consultations

- Weekly meetings with School Social Workers, SW Interns, Administrators, and Ed. Coach
- Consultations typically involve
 - Risk clarification
 - Case formulation
 - Triage to appropriate services
 - Assistance in accessing & navigating system-of-care
 - Development of school-based action plans
 - Coordination of school-based and MH interventions




How Consultations Affect Schools

- Allows FST to indirectly serve many students
- Helps schools implement an inclusive, wrap-around approach to students' problems
- Ensures alignment of educational and mental health interventions
- Provides opportunity for cross-disciplinary learning
- Promotes collaboration in clarifying roles and functions across systems




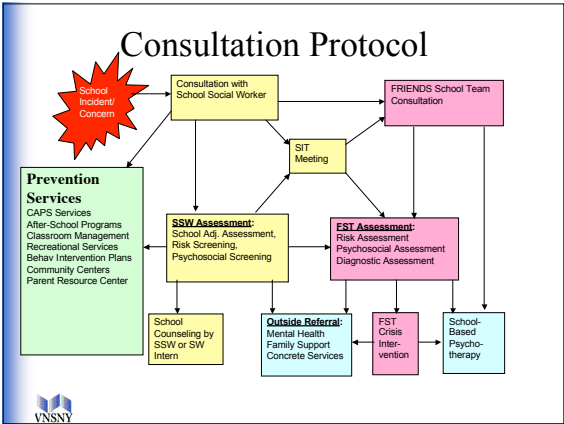
3. School-Wide Training

- Topics Include...
 - Risk Assessment
 - Case Formulation
 - Disposition Planning
 - Navigating System of Care
 - Interviewing Skills, Intervention Techniques
 - De-escalation and Classroom Management Strategies




FST's Coordinating Function

- Triage students to appropriate MH services
- Ensure coordination of multiple interventions
- Monitor effectiveness of interventions
- Maximize efficiency across services
- Assist project leaders in addressing obstacles to system-of-care model

Initial Service Levels

Month	Oct 17- Nov 16	Nov 17- Dec 16	Dec 17- Jan 16	Jan 17- Feb 16	Total
School Consults	57	42	13	59	171
Evaluations	5	4	2	5	16
Crisis Intervention	2	3	6	10	21
Total Contacts	64	49	21	74	208

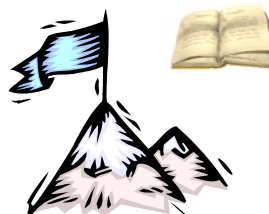


Estimated Service Levels at Full Implementation

- 5,242 Students, 2-4% serious MH problems:
 - = 120 crisis evaluations per year
 - = 12 evaluations per month
- 5,242 Students, 10-20% some MH problems
 - = 524 moderate-risk students per year
 - = 52 consults per month



Challenges and Lessons Learned



Promoting an Inclusive Approach

- Finding allies
- Education Coach as a bridge to schools
- Meeting schools' immediate needs
- Modeling an inclusive approach with staff
- Involving families at the outset
- Inviting collaboration in project design



Reconciling Competing Paradigms

- School Guidance *versus* Therapy
 - Goals of treatment
 - Consent for services
 - Parental involvement
 - Confidentiality
- “Youth Development” *versus* “Mental Health”
 - Myths about the “other”
 - Conceptual commonalities



Getting Up To Speed

- Finding Students Appropriate for FST Services
- Meeting the Demand once they are Found
- Gauging Schools' Developmental Needs
- Gauging FST's Developmental Needs



Thank You

Andrew Bell, Ph.D.
Neil Pessin, Ph.D.

