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

History of FRIENDS and Transition to VNNY 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

2001
VNS Community Mental Health Services (CMHS) was awarded the entire contract for the FRIENDS program

- CMHS approached VNS CMHS to assume operation of services and to redesign FRIENDS

2004
FRIENDS was awarded a contract for the FRIENDS program

- Dec. 1, 2004, VNS CMHS assumed total program and financial responsibility for FRIENDS

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
  - vocational activities
  - wrap-around funds
- Consultation services with local community providers, schools and other organizations

FRIENDS Statistics

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Age</th>
<th>Ethnicity</th>
<th>Language</th>
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<tbody>
<tr>
<td>ADHD</td>
<td>3-12</td>
<td>Hispanic</td>
<td>English</td>
</tr>
<tr>
<td>Mood Disorder</td>
<td>3-12</td>
<td>Hispanic</td>
<td>English</td>
</tr>
<tr>
<td>PTSD/Anxiety</td>
<td>3-12</td>
<td>Hispanic</td>
<td>English</td>
</tr>
<tr>
<td>Conduct Disorder</td>
<td>3-12</td>
<td>Hispanic</td>
<td>English</td>
</tr>
<tr>
<td>Mood Disorder</td>
<td>3-12</td>
<td>Hispanic</td>
<td>English</td>
</tr>
</tbody>
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Service Flow

ASSESSMENT TEAM
- CMHS Program Coordinator
- MHS, LMSW, P/T Psychologist
- Client seen a few days after intake
- Intervene for eligibility
- Intervene for intake
- Psychiatric Assessment
- Transition to Treatment Team

TREATMENT TEAM
- F/T Family Counselor
- P/T Family Counselor
- Client seen weekly

FAMILY SUPPORT
- F/T Family Support Supervisor
- F/T Family Counselor
- P/T Family Counselor
- Client seen weekly

History of FRIENDS and Transition to VNNY CMHS (Cont.)

- F/T Family Support Supervisor
- F/T Family Counselor
- P/T Family Counselor
- Client seen weekly

Diagnosis

- ADHD
- Mood Disorder
- PTSD/Anxiety
- Conduct Disorder
- Mood Disorder
- 3-12
- Hispanic
- English

- Mood Disorder
- 3-12
- Hispanic
- English

- PTSD/Anxiety
- 3-12
- Hispanic
- English

- Conduct Disorder
- 3-12
- Hispanic
- English

- Mood Disorder
- 3-12
- Hispanic
- English

- Mood Disorder
- 3-12
- Hispanic
- English

- PTSD/Anxiety
- 3-12
- Hispanic
- English

- Conduct Disorder
- 3-12
- Hispanic
- English

- Mood Disorder
- 3-12
- Hispanic
- English
The Visiting Nurse Service Of New York Community Mental Health Services FRIENDS Program

History of FRIENDS and Transition to VNSNY CMHIS

- 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 Multi Haven, Bronx Project – Families Reaching in Every New Directions (FRIENDS)
  - A strong emphasis placed on developing a system of care approach to providing mental health services for children and multi-haven 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 competent and appropriate services to the community
  - VNSNY CMHS contracted with FRIENDS to provide mental health assessment and crisis intervention services through their Mobile Community Support Team

- 2004
  The FRIENDS program transitioned from Federal to State funding, receiving funding from the New York State Office of Mental Health (OMH)
  - OMH approved VNSNY CMHIS 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-CMHIS assumed total program and financial responsibility for FRIENDS services, funded wholly by OMH until June 2007.

History of FRIENDS and Transition to VNSNY CMHIS (Cont.)

- 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 plans (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 skills building, strength-based teaching and supportive counseling
  - Supportive services including:
    - groups
    - tutoring
    - advocacy and linkage
    - consultation/activities
    - emotional/needs
  - Consultation services with local community providers, schools and other organizations

FRIENDS Statistics

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>Diagnosis</th>
<th>Age</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Language</th>
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<tbody>
<tr>
<td>ADHD</td>
<td>10%</td>
<td>5-12</td>
<td>Female</td>
<td>Caucasian</td>
<td>English</td>
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<tr>
<td>Mood Disorders</td>
<td>20%</td>
<td>13-18</td>
<td>Male</td>
<td>Hispanic</td>
<td>Spanish</td>
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<tr>
<td>Psychiatrically</td>
<td>5%</td>
<td>-</td>
<td>Female</td>
<td>Hispanic</td>
<td>Spanish</td>
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<tr>
<td>Behavioral Issues</td>
<td>20%</td>
<td></td>
<td>Male</td>
<td>Hispanic</td>
<td>Spanish</td>
</tr>
<tr>
<td>Communication</td>
<td>30%</td>
<td></td>
<td>Female</td>
<td>Hispanic</td>
<td>Spanish</td>
</tr>
<tr>
<td>Otter disorders</td>
<td>4%</td>
<td></td>
<td>Male</td>
<td>Hispanic</td>
<td>Spanish</td>
</tr>
<tr>
<td>Intellectual</td>
<td>4%</td>
<td></td>
<td>Female</td>
<td>Hispanic</td>
<td>Spanish</td>
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Service Flow
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

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Range</th>
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<tbody>
<tr>
<td>Enrollment</td>
<td>873</td>
<td>569-1343</td>
</tr>
<tr>
<td>Non-White</td>
<td>99.3%</td>
<td>97.7-100%</td>
</tr>
<tr>
<td>African-American</td>
<td>34.6%</td>
<td>25.6-56.9%</td>
</tr>
<tr>
<td>Latino</td>
<td>62.6%</td>
<td>42.4-72.5%</td>
</tr>
<tr>
<td>Eng Language Learners</td>
<td>18.8%</td>
<td>9.3-30.6%</td>
</tr>
<tr>
<td>Special Education</td>
<td>14.0%</td>
<td>9.3-19.9%</td>
</tr>
<tr>
<td>Eligible for Free Lunch</td>
<td>88.3%</td>
<td>77-99%</td>
</tr>
<tr>
<td>Below Grade Level (Literacy)</td>
<td>80.4%</td>
<td>57.5-88.1%</td>
</tr>
<tr>
<td>Below Grade Level (Math)</td>
<td>76.6%</td>
<td>57.4-82.4%</td>
</tr>
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</table>

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
Safe Schools, Successful Students: Collaborative Partners

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

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

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

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

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
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

Consultation Protocol

<table>
<thead>
<tr>
<th>Month</th>
<th>Oct 17-Nov 16</th>
<th>Nov 17-Dec 16</th>
<th>Dec 17-Jan 16</th>
<th>Jan 17-Feb 16</th>
<th>Total</th>
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<tbody>
<tr>
<td>School Consults</td>
<td>57</td>
<td>42</td>
<td>13</td>
<td>59</td>
<td>171</td>
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<tr>
<td>Evaluations</td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>5</td>
<td>16</td>
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<tr>
<td>Crisis</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>10</td>
<td>21</td>
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<td>Intervention</td>
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<td></td>
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<tr>
<td>Total Contacts</td>
<td>64</td>
<td>49</td>
<td>21</td>
<td>74</td>
<td>208</td>
</tr>
</tbody>
</table>
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

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Neil Pessin, Ph.D.