



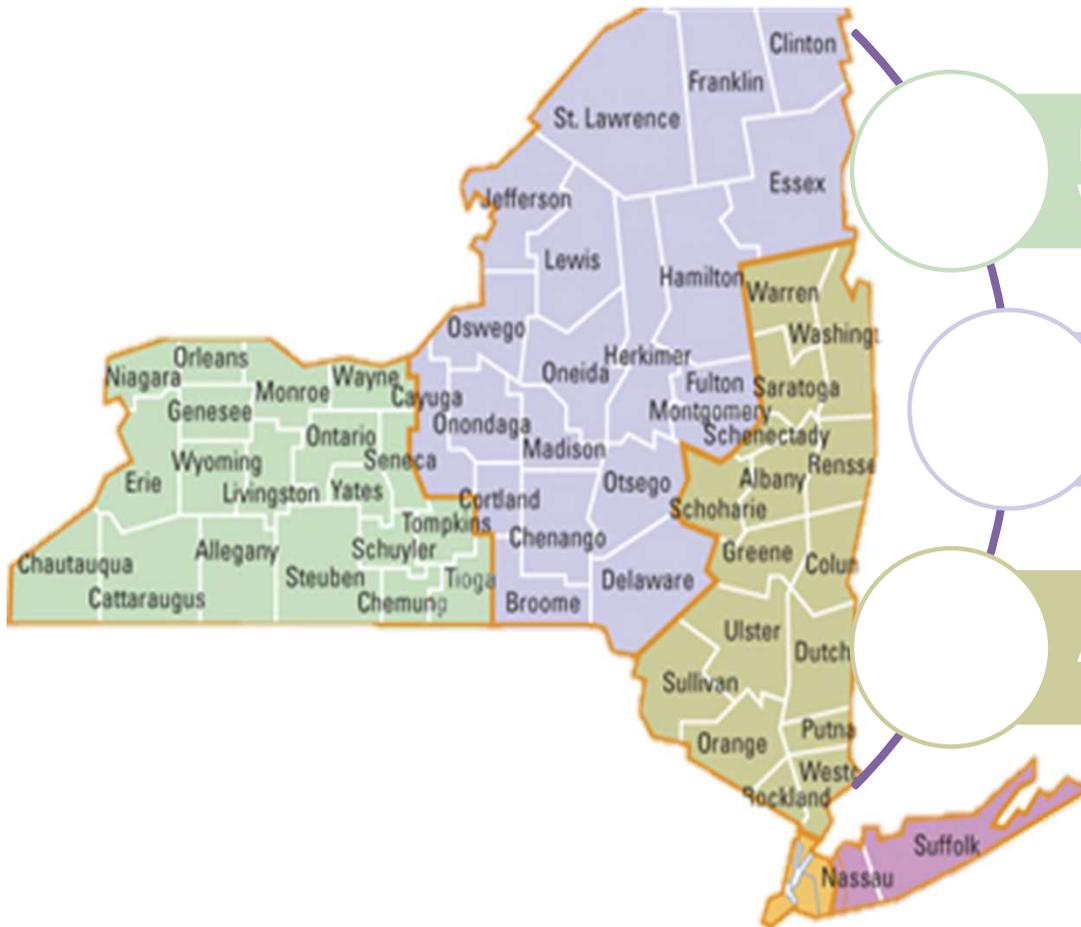
Office of
Mental Health

NYS Children and Families Mental Health System

SYSTEMS OVERVIEW

JUNE 3, 2025

This presentation aims to...



Review services for children and families within the NYS Mental Health System.

Clarify the relationships between the services in the system.

Allow time for your questions.

NYS Office of Mental Health

Mission

The Office of Mental Health's (OMH) mission is to promote the mental health of all New Yorkers, with a particular focus on facilitating hope and recovery for adults and children with serious mental illness or emotional disturbances.

NYS Office of Mental Health Guiding Principles

The Future: A Culture of Comprehensive Integrated Care

Integrated

Whole person care needs to be **integrated** and include treatment, recovery, and support services for mental health, addiction, intellectual and developmental disabilities, and physical health and wellness

DEIB

Planning must be guided by **Diversity, Equity, Inclusion, and Belonging** principles

Lived Experience

Lived experience and **peer work** are a major emphasis in program and initiative design

Individualized

Care that is **individualized** to the person means it is designed and implemented with **special populations** in mind as needed

Community Engagement

Community engagement informs program and initiative design, delivery & implementation

**Division of Integrated
Community Services for
Children & Families**

Division's Charge

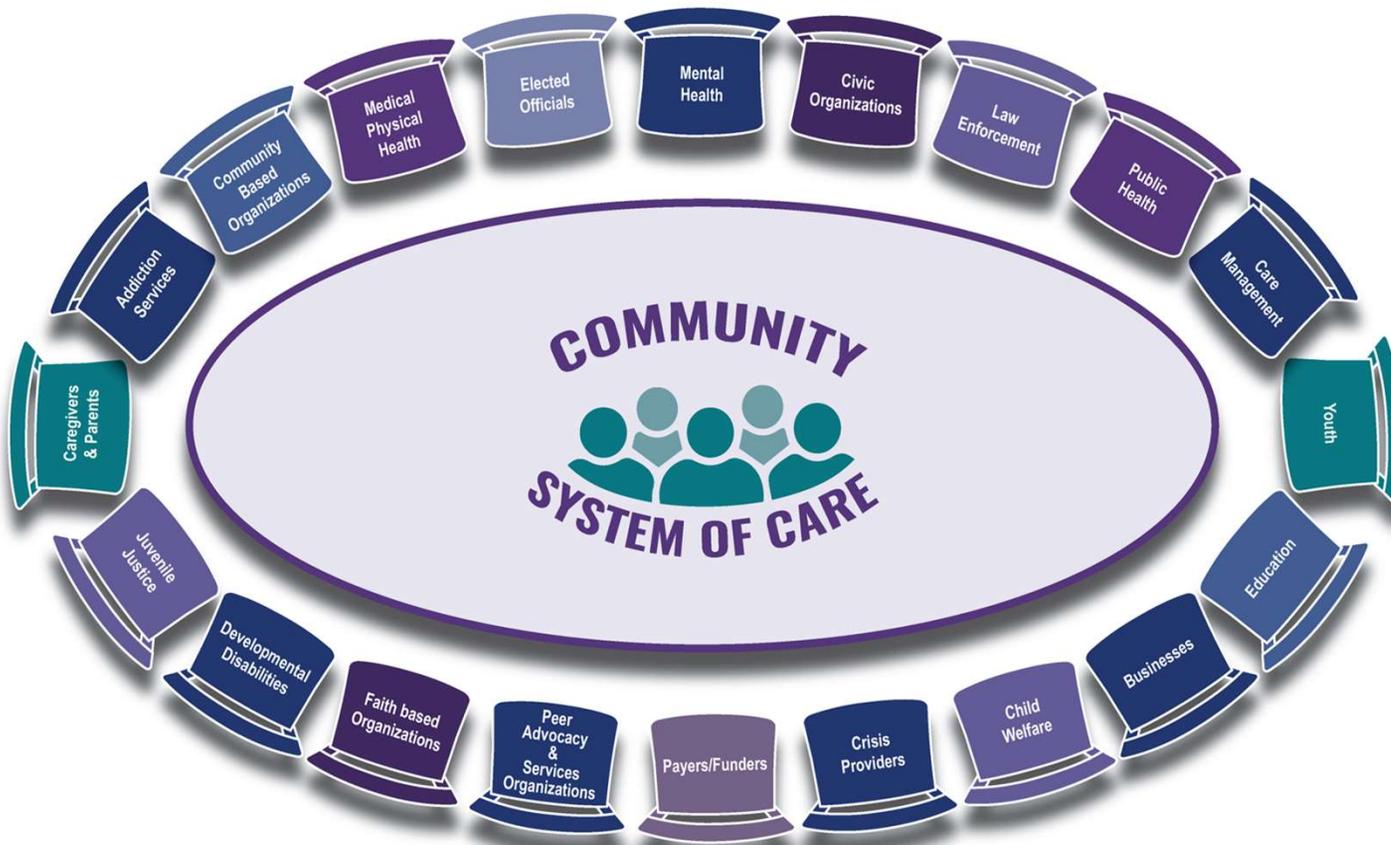
- Secure Federal authority and approvals for Medicaid funded mental health services in NYS.
- Set policy, regulations and guidance for all OMH funded, designated, and licensed child and youth services.
- Work in close collaboration with Local Governmental Units (LGUs/counties) on the implementation and oversight of mental health services and programs.
- Provide technical assistance to providers and counties relative to best practices and quality programs and services.
- Collaborate with state partner agencies to ensure a continuum of services for all children, youth and their families.
- Create training, marketing, and educational materials for families, youth, providers, and counties.

**NYS Mental Health Services
for Children & Families**

Wide Array of Behavioral Health Supports

- Traditional or grassroots community and mental health supports, including peer services.
- Primary care or pediatricians
- Private practice or group practices of therapists or other practitioners
- School-based mental health resources
- State-overseen services
 - Department of Health (DOH) licensed hospitals and Federally Qualified Health Centers
 - Office of Mental Health (OMH), Office of Addiction Supports and Services (OASAS), Office for People With Developmental Disabilities (OPWDD), and Office for Children and Family Services (OCFS) programs
- This presentation will focus primarily on OMH programs

Child Serving System Connections



Mental Health is just one component within a larger child-serving system. Cultivating knowledge and partnerships within communities is critical to understanding the resources available to link families appropriately.

SYSTEM OVERVIEW

Pathways to Children's Mental Health Services

Early
Intervention



C-SPOA

Parent and family referral

- Parents and caregivers seek mental healthcare, including outpatient care or emergency care.

Youth referral

- A child or youth can refer themselves for services.

Early Intervention Program (EI) and Pediatric Primary Care

- EI specialists and pediatricians can be an early entry-point for children needing therapeutic and supportive mental health services.

Children's Single Point of Access (C-SPOA)

- This county level coordinator supports the identification of children/youth and families most in need of services and manages service access and utilization for this population.

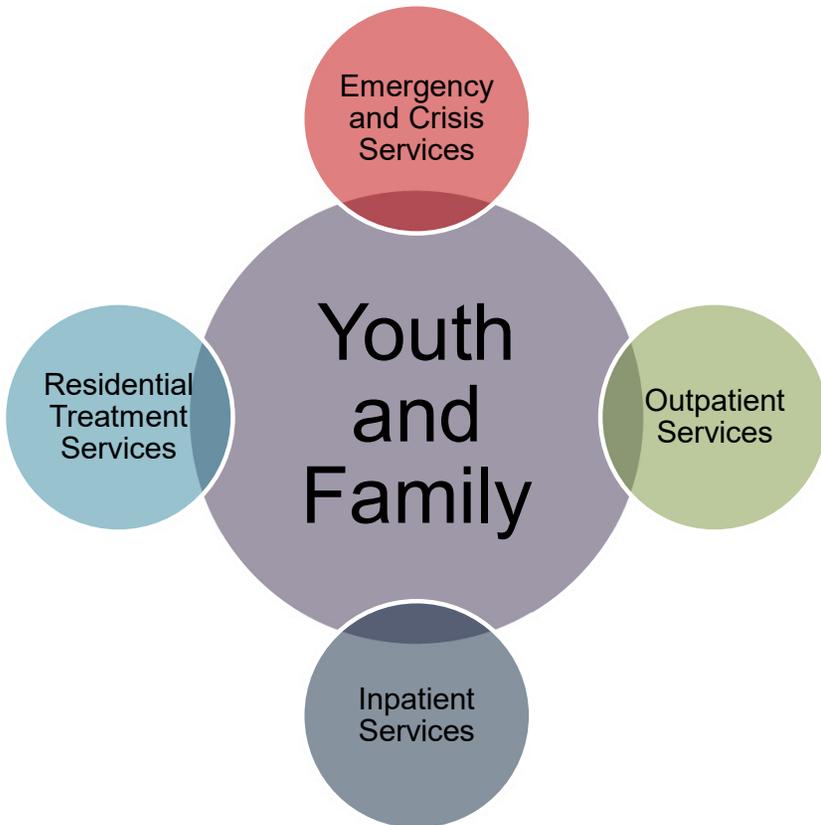
School referral

- Schools can refer families to mental health services.

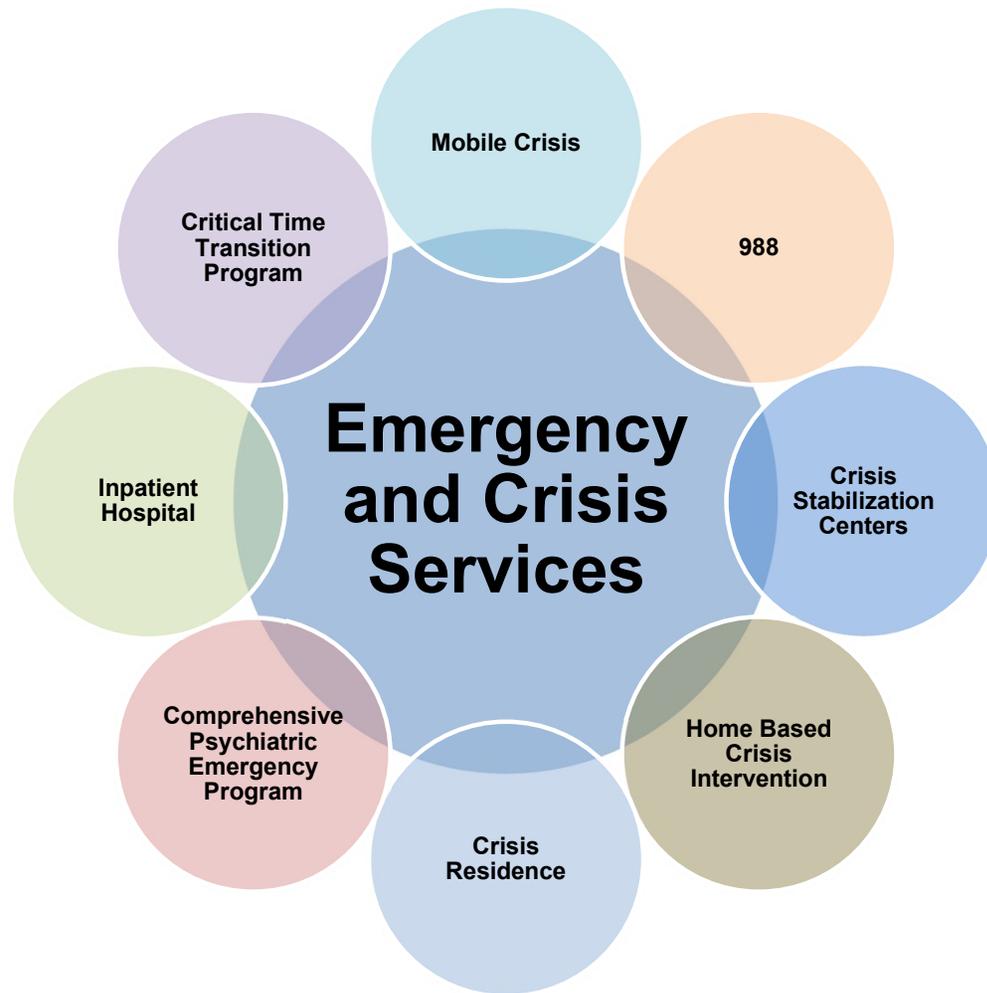
OMH Children's Mental Health System Overview



Children's Mental Health System



- Each service should be delivered based upon the need of the child/youth and family.
- There is a continuum, but a child/youth can enter at any point based on meeting eligibility requirements.
- Being eligible for a service does not mean that the service is needed.
- Some services can be received at the same time.
- Goal: Meet the needs of the youth and family in the least restrictive way.



988

A direct connection to caring support for anyone in mental health distress. This may include thoughts of suicide, substance use crisis, emotional distress. Free, nationwide, 24/7 support.

Where?

988 Coverage Statewide

Who?

- Anyone who is experiencing mental health or substance use distress.
- Can be getting other services; 988 counselor can help find additional services too if that is wanted.

Mobile Crisis

Mobile Crisis helps youth having, or at immediate risk of having, a behavioral health crisis. The help offered includes:

- Mobile Crisis response in person;
- Telephonic triage and response;
- Telephonic crisis follow-up; and
- Mobile Crisis follow-up

Where?

44 Mobile Crisis Teams serving Children and Youth, covering 47 counties

Who?

- Children and youth who are having, or at immediate risk of having, a mental health and/or substance related crisis.
- Can be getting other services; Mobile Crisis can help connect to more services too if that is wanted.

Data Sources:

[Mobile Crisis Program Guidance](#) and [Children and Family Treatment and Support Services/Home and Community Based Services](#)

Comprehensive Psychiatric Emergency Program (CPEP)

CPEP is like an Emergency Room that specializes in helping those with mental health and substance use crises; most are inside hospitals.

- Also provides mobile crisis follow up after a CPEP visit
- Peer Bridger staff provide support connecting to ongoing help
- Not all CPEPs serve children/youth

Where?

- 15 child serving CPEPs
- 5 new CPEPs in development

CPEP served 17,061 youth statewide in 2024

Who?

Person experiencing a behavioral health crisis.

Critical Time Transition Program (CTTP)

Someone to come *and* somewhere to go for urgent mental health support and treatment.

- CTTP has two components: Critical Time Intervention (CTI) and a Transitional Residential Setting (TRS)
- Expected 9-month length of stay for CTI
- Up to 120 days length of stay in the TRS

Where?

8 Programs *in development* in Western NY, Central NY and Hudson River regions

CTI will be available prior to TRS openings

Who?

Youth 11-17 who are in ED/CPEP and are ready for discharge but are facing barriers to discharge.

Crisis Stabilization Centers

CSC provide support and urgent treatment if experiencing a mental health and/or substance use crisis.

- Open 24/7
- Recovery oriented care from Peers
- Can stay up to one day
- Supportive Crisis Stabilization Centers
- Intensive Crisis Stabilization Centers

Where?

- 19 in application/licensure process
- 3 ICSCs licensed
- 1 SCSC licensed

Statewide

Who?

Experiencing mental health and/or substance use challenge that cannot be managed in the home/ community without on-site support.

Home Based Crisis Intervention (HBCI)

Someone to talk to for children/youth and their caregivers. A counselor comes to the home and other places the youth goes, to help settle the crisis and cooperatively make a plan to avoid unneeded hospital stays. No cost, can have other services at the same time. Youth work with HBCI for about a month.

Where?

Traditional: Currently 28 agencies serving families

I/DD: 8 agencies serving families

Traditional: In 60 counties and boroughs

I/DD: In 13 counties and boroughs

Who?

- 5 to 20 years, 11 months old.
- At risk of needing to go to hospital.
- Has not done well with other, more traditional, treatment.
- Can have other services at the same time.

Children's Crisis Residence

During a crisis, gives 24/7 support and works with providers the youth already has and makes referrals to any needed supports. No diagnosis needed for referral, and no one will be turned away for inability to pay. Can have other services at the same time.

CCRs provide:

- Mental Health Assessment
- Service Planning
- Family Support
- Individual and Family Counseling
- Care Coordination

Where?

20 Children's Crisis Residences, statewide
3 Children's Crisis Residences in development

Who?

- Youth 5-20 in crisis, or at risk of crisis, who want to come to the Crisis Residence for 1-21 days

Mobile Integration Team (MIT)

Someone to talk to from teams with staff like social workers, nurses, peer specialists that meet children/youth and their caregivers where they are.

They give:

- Connection to Community Resources
- Transition Support (like from Inpatient to Outpatient)
- Family/Caregiver Support
- Social Skills
- Coping Skills

Where?

6 Mobile Integration Teams in
NYS

Who?

A youth who would benefit
from support and lives in
the area the team
serves

Relationships between Crisis Services

- A child/youth can enter the continuum at any point.
- Young people benefit from having a voice in their support/treatment and support/involvement from their caregivers.
- Communication between providers within the crisis programs, and other providers/supports in the community, is key.
- Social determinants of health are often a factor and can be addressed by crisis providers.
- Law enforcement and first responders are an aspect of crisis response; partnering for training and best practices.

Key:

MHOTRS –
Mental Health
Outpatient
Treatment &
Rehabilitative
Services

SBMHC – School
Based Mental
Health Clinics



Certified Community Behavioral Health Clinics

Who?

- Based on designated mental health diagnosis or substance use diagnosis.

Outpatient behavioral health services. Treatment is offered in a variety of sites including schools and community offices.

39
programs
statewide

Required Services

- Crisis services
- Treatment Planning
- Screening, assessment, diagnosis, and risk assessment
- Outpatient mental health and substance use services

- Targeted Case Management
- Outpatient Primary Care Screening and Monitoring
- Community-Based Mental Health Care for Veterans
- Peer, Family Support and Counselor Services
- Psychiatric Rehabilitation Services

Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)/Clinic

Who?

- Based on designated mental health diagnosis.

Outpatient assessment and treatment for children experiencing mental health concerns. Treatment is offered in a variety of sites including schools and community offices.

Required Clinic Services	Optional Clinic Services*
<ul style="list-style-type: none"> • Initial and Psychiatric Assessment • Psychotherapies • Enhanced Services <ul style="list-style-type: none"> • Crisis Intervention • Complex Care Management 	<ul style="list-style-type: none"> • Testing • Physical & Health Monitoring • Injectable Psychotropic Medication Administration • Enhanced Services • Peer/Family Support Services

380 clinics serving children, state-wide. Capacity per clinic is unique and tailored to the needs of the community(ies) served.

MHOTRS: School-Based Satellite

School-based clinics are integrated into schools to decrease barriers to mental health access and enhance coordination of care.

School-based clinics operations are tailored to the needs of the school. Staffing and capacity are unique and determined based on projected volume.

Clinics do not replace school supports. These programs are intended to treat mental health concerns; tier 3 in a Multi-Tiered Systems Support.



~1200 school-based clinics, state-wide

MHOTRS: Intensive Outpatient Programs (IOP)

The Intensive Outpatient Program allows youth to remain in community and continuing services at their current MHOTRS site but at a more intensive level and frequency, rather than seeking intensive outpatient treatment at another facility/provider - e.g., the MHOTRS IOP can increase number of visits from 1x a week to 3x a week and or provide a specific intensive evidenced-based practice (EBP).

OnTrackNY

OnTrackNY is a mental health treatment program that **empowers young people to pursue their goals** for school, work, and relationships.

Where?

29 teams with 2 opening soon

Who?

- Youth between the ages of 16 & 30
- Have recently begun experiencing changes in thinking or perceptions for more than a week but less than 2 years (i.e., symptoms of psychosis)
- Are willing to work with a diverse team.

Child and Family Treatment and Support Services (CFTSS)

An array of services intended to identify and intervene earlier in a child/youth's mental health trajectory. By intervening in the home and community, staff work with the youth and family to educate, enhance skills, promote self-advocacy, and prevent the worsening of a mental health condition.

125
Agencies

Who?

- Youth and young adults 0-21
- Medicaid or CHIP enrolled
- Meet medical necessity criteria

Data Sources
[CFTSS Brochure](#)
[CFTSS Consumer Video](#)
[CFTSS Manual](#)

CFTSS Services	
OLP	Other Licensed Practitioner <i>Clinical assessment & treatment.</i>
CPST	Community Psychiatric Supports & Treatment <i>Identification & practice of strategies with youth & family to improve functioning</i>
PSR	Psychosocial Rehabilitation Services <i>Practice meaningful skills impaired by a behavioral health diagnosis.</i>
FPSS	Family Peer Support Services <i>Develop or enhance parent/caregiver empowerment, parental skill development to benefit the child, and self-advocacy through the promotion of active engagement in their child's treatment.</i>
YPS	Youth Peer Support <i>The restoration and expansion of the skills and strategies necessary to move forward in meeting personal, individualized life goals and to support transition into adulthood.</i>

Children's Day Treatment

A non-residential program providing integrated intensive mental health and special education services, within a school setting. Youth receiving Day Treatment services live at home or in the community.

Who?

- Youth (aged 3-18) with a mental health need(s) impacting their ability to function in a traditional school setting, and
- Have been identified by the school's CSE* as a person needing a more supportive setting with clinical treatment and supports.
- CSE must approve referral and attendance.

Children's Day Treatment Services

Health Referral	Medication Therapy
Verbal Therapy	Crisis Intervention Services
Case Management	Social Training
Task & Skill Training	Socialization

- **2,124 youth utilized Day Treatment Programs in 2021**
- **41 Programs across NYS**

*CSE: Committee on Special Education

Health Home Serving Children (HHSC)

Comprehensive Care Management program, overseen by NYS Department of Health, for Medicaid eligible youth and young adults under the age of 21 needing significant support in the coordination of their services. The goal of the Health Home program is to make sure its members get the care and services they need.

Who?

- Enrolled in Medicaid
- Must have:
 - Two or more chronic conditions **OR**
 - A single qualifying chronic condition
- Must be appropriate for intensive services

Connecting to health care providers,

Connecting to mental health and substance abuse providers,

Connecting to needed medications,

Help with housing,

Social services (such as food, benefits, and transportation) or,

Other community programs that can support and assist you.

Data Sources:

[NYS DOH Health Homes Serving Children](#)

[HHSC Eligibility Criteria](#)

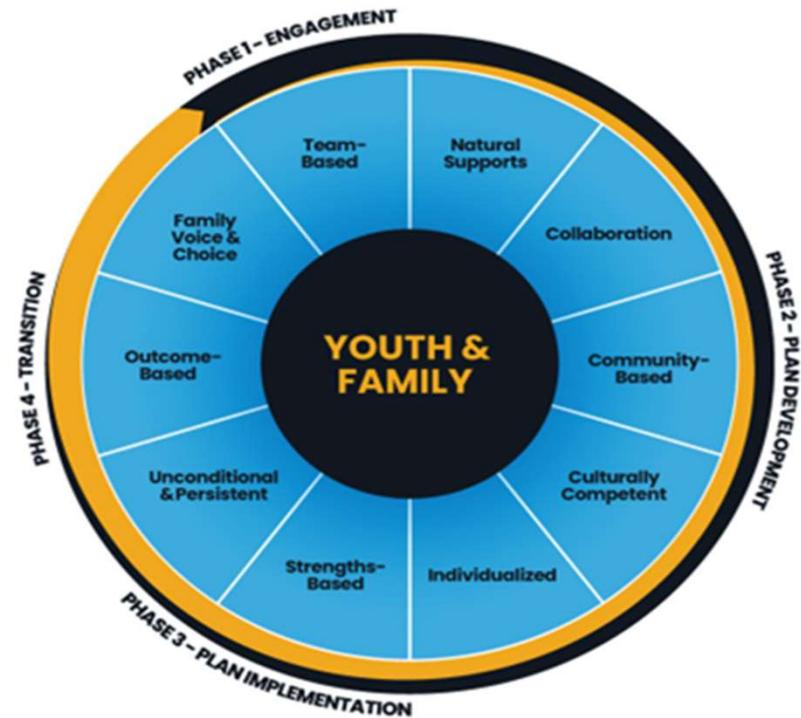
HHSC served 53,728 in 2024

HHSC: High Fidelity Wraparound (HFW)

An evidence-based intensive team planning practice model intended to provide coordinated, comprehensive, holistic, youth- and family-driven care to meet the complex needs of children, youth and families who have multiple system involvement and who may experience serious mental health or behavioral challenges.

Who?

- Enrolled in Medicaid
- Must have:
 - Two or more chronic conditions **OR**
 - A single qualifying chronic condition
- Must be appropriate for intensive services



Partial Hospitalization Programs (PHP)

Provides an intensive level of outpatient treatment designed to stabilize and improve acute symptoms, to serve as an alternative to inpatient hospitalization, or to reduce the length of a hospital stay within a medically supervised program. PHPs allow youth to receive an intensive level of services while continuing to live in their homes and communities. Programs typically operate Monday – Friday and provide services 4-7 hours in duration. Some programs provide specialty support to individuals with eating disorder diagnoses.

Where?

- There are 20 children & adolescents serving programs across NYS, serving approx. 500 youth.
- 6 programs specialize in eating disorders.
- 3 awards issued in February 2025, adding 41 child and adolescent slots.

Who?

- Individuals experiencing acute mental health symptoms that require medically supervised interventions to achieve stabilization.

Youth Assertive Community Treatment (ACT)

Transitional multi-disciplinary team providing home and community-based individual and family level clinical interventions for youth returning home from a residential or inpatient setting, who are at risk of reentering or did not respond to treatment in traditional community-based services.

Who?

- Ages 10-21
- SED diagnosis
- Continuous unmet or high service needs
- In need of significant supports/services to remain in home or community

Data Sources:
[Youth ACT Program Guide](#)

Where?

- 23 teams serving 31 of the 62 counties in NYS
- 17 additional teams in various stages of implementation
- At full implementation there will be 39 teams with 1,336 slots

Home and Community Based Services (HCBS)

Provides a wide array of services and supports meeting the complex needs of children in their home and community. Children and families can choose from a collection of service options and providers.

Who?

- Children/Youth 0-21
- Enrolled or eligible for HH*
- Meets LOC* determination
 - Target Population,
 - Risk Factors, **and**
 - Functional Criteria

*HH: Health Home
LOC: Level of Care

Data Sources:
[HCBS Provider Manual](#)
[HCBS Quick Reference Guide](#)
[HCBS Brochure](#)

HCBS Services	
Community Habilitation	Supported Employment
Day Habilitation	Palliative Care Services
Caregiver/Family Advocacy and Support Services	Adaptive and Assistive Technology
Respite	Vehicle Modifications
Prevocational Services	Environmental Modifications
	Non-Medical Transportation

Relationships between Services

- CFTSS is early intervention, while HCBS waiver services for children and youth at risk of institutionalization.
- Children/youth receiving CFTSS and/or MHOTRS and HH do not necessarily need HCBS.
- Not all children/youth receiving Medicaid or enrolled in HH need CFTSS or MHOTRS.
- Children/youth do not need HH to receive CFTSS and MHOTRS.
- HFW can be an appropriate “step up” from HH and “step down” from Youth ACT, IOP, Day Treatment, PHP.
- CFTSS, MHOTRS, HCBS and other services can be paired with HFW.

**Children's
Community
Residences**

**Residential
Treatment
Programs**

CREDIT

Children's Community Residence (CCR)

Children's Community Residences (CCRs) are home-like settings with 8 beds that provide 24/7 supervision, rehabilitative treatment, and care coordination services to children with Serious Emotional Disturbance (SED) and their families. Children admitted to a CCR attend school and receive clinical services and support in the community.

Where?

35 Programs across NYS

Who?

- SED
- Voluntary consent for admission
- Impairment in functioning across settings that require 24/7 supervision and daily rehabilitative treatment.
- Able to attend school, engage in outpatient treatment, and community activities.

Community Residence for Eating Disorder Integrated Treatment (CREDIT) Program

A type of residential program for adolescents that specializes in providing eating disorder treatment. CREDIT programs provide 24/7 supervision, mental and medical health treatment, and rehabilitative treatment outside of the home setting.

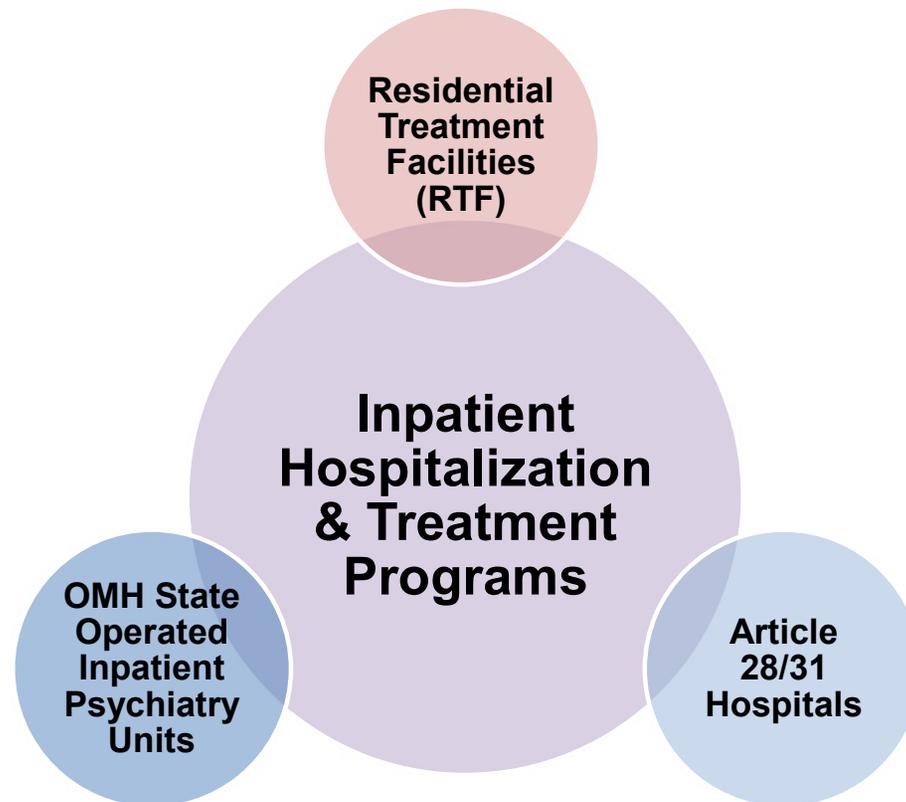
Where?

- 4 CREDIT programs for adolescents located in Hudson River and Long Island regions
- There is 1 CREDIT in development in Western NY

Who?

- Eating disorder diagnosis
- Youth does not currently require acute inpatient level of care
- Impairment in functioning requires 24-hour supervision and rehabilitative treatment

Inpatient Hospitalization & Treatment Programs



Residential Treatment Facility (RTF)

- RTFs provide sub-acute inpatient care in a campus-based facility.
- Programs have anywhere from 8-40 beds.
- RTFs have multi-disciplinary teams lead by Psychiatrists that provide all clinical services, support services, crisis resolution and prevention services.
- RTFs recipients typically attend an affiliated school on the RTF campus.
- RTFs provide treatment and support services on-site, in the home, and in the community.

Where?

- 11 RTFs across NYS
- 2 RFPs to be re-released in 2025 to establish additional beds

Who?

- IQ equal to or greater than 51
- Voluntary consent to admission
- SED
- Needs cannot be met in a less restrictive setting
- Have a history of high-risk psychiatric symptoms in multiple settings but do not meet medical necessity for acute hospital admission
- Care and treatment in an RTF can reasonably be expected to improve the youth's condition or prevent further regression so that RTF services will no longer be needed.

Inpatient Hospitalization Program

Hospital-based programs, operated by NYS OMH or private hospitals, that offer comprehensive psychiatric treatment for those experiencing an acute episode and require mental and physical stabilization.

Where?

- 41 Inpatient Centers serving adolescents and youth 19 of which are OMH State Psychiatric Hospitals
- Within 21 counties including NYC and LI

Who?

- Determined by a physician to be an imminent or current risk of harm to self or others.
- In need of a psychiatric intervention.
- Condition cannot safely or effectively be treated in less intensive settings due to behaviors or impairments.

Relationships between Inpatient and Residential Services

- There is a continuum of residential and inpatient care, but a child/youth can enter the continuum at any point based on meeting eligibility and program admission requirements.
- Admission to a CCR and RTF requires disenrollment from current school programs.
- Admission to an RTF requires disenrollment from all mental health and medical service providers, as the RTF provides all care.
- Depending on distance from CCR admission to a CCR may require disenrollment from mental health and medical service providers.
- CCR services may be paired with most CFTSS services as well as MHOTRS.

**Additional Division
Programs and
Services**

Youth Safe Spaces

- Youth & Young Adults ages 12-24 years old.
- Framework embodies a multifaceted approach to youth mental health, prioritizing voluntary, youth-led, and non-clinical programming.
- Its foundational principles include positive youth development, recovery-oriented principles, civic engagement and advocacy, mental health awareness and education, and social equity and justice.
- Does not replace clinical settings but complement clinical care and fill a vital gap in the mental health continuum.

Where & Who?

- 4 Youth Safe Spaces across NYS
- 4 additional Youth Safe Spaces to be awarded July 2026
- Voluntary
- No referral required

Youth Safe Spaces Services

Essential Needs	Community Workshop & Forum
Mental Health Support	Recreational Activities
Referral & Linkages	Workforce & Education Support
Skill Building Workshop	

Other OMH School Mental Health Supports

- School Mental Health Grants to 26 school districts
- Teen Mental Health First Aid Training in schools.
- Youth Mental Health First Aid Training in communities and schools
- Mental Health First Aid in colleges/universities.
- Utilization of The SHAPE System for school mental health quality improvement efforts (<https://theshapesystem.com>)

Family Peer Support (1650)

- Family Peer Supports are an array of formal and informal services and supports provided to families raising a child who is experiencing social, emotional, developmental, substance use and/or behavioral challenges in their home, school, placement, or community.
- All services are free and do not require insurance.

Community Respite (0650)

- OMH State Aid funding is used to provide respite to children & adolescents in need of Community Respite that cannot be enrolled in Planned Respite under the Home and Community Based Services (HCBS) waiver.
- Similar to Planned Respite, Community Respite provides planned, short-term relief for the child or family/primary caregivers that are needed to enhance the family/primary caregiver's ability to support the child/youth's functional, behavioral health needs.
- Services are free and do not require insurance.

Resiliency in Communities after Stress & Trauma (ReCAST)

- Four-year SAMHSA grant, operated out of the WNY Field Office; project led by Community Coalition.
- Focus on Eastside Buffalo neighborhood where the racially motivated massacre happened at the TOPS supermarket on 5/14/2022.
- Targets youth, young adults and their families that were impacted by the event.

Services include:

- Mental health promotion & outreach, psychiatric case consultation with neighborhood school support teams, and counseling services
- Peer pipeline project to diversify the credentialed peers available in neighborhood
- Trauma-informed training to neighborhood and providers
- Non-traditional supports for mental well-being from neighborhood grassroots organizations

**Other Agency
Programs &
Services for
Children & Families**

Behavioral Health in Primary Care

Collaborative Care Program (Collaboration with NYS DOH)

- Evidence-based mental health care integrated into over 300 primary care practices in NY, including over 100 that serve children and families.

Healthy Steps (Office of Prevention)

- A child and family development professional, known as a HealthySteps specialist, connects with families with children 0-5 as part of the primary care team during pediatric well-child visits. The HealthySteps specialist offers screening and support for parenting challenges, and provide guidance, referrals, care coordination and home visits for families who need them.

Community Outreach & Engagement Teams Community Mental Health Promotion & Support (COMHPS)

- COMHPS is a new initiative, consisting of mental health outreach and engagement teams staffed by paraprofessionals. The goal of COMHPS is to help New Yorkers across the lifespan with subclinical mental health needs that could benefit from emotional support as well as to support community mental health and wellness.
- 8 COMHPS teams serve high need communities in New York City, Long Island, and Westchester & Oneida Counties. Priority populations for COMHPS include:
 - BIPOC communities
 - Youth & young adults
- All 8 COMHPS teams provide: Active community outreach, including tabling at events, supportive encounters for individuals, families, and groups, screenings and referrals for common mental illness symptoms and social needs, and group public education and wellness activities.

Youth and Young Adult Suicide Prevention Programs

Suicide Prevention Programs For Hispanic/Latino, Black/African American, Asian American/Pacific Islander, American Indian/Alaskan Native and LGBTQI+ New York Youth and Young Adults

- Suicide Prevention Programs were developed in response to the need for culturally tailored support for high risk, underserved populations of youth and young adult New Yorkers. Suicide Prevention Programs provide innovative, wrap-around, treatment-adjacent suicide prevention interventions. Agencies partner with a behavioral health provider to facilitate access to treatment for individuals who need clinical services.
- 5 Suicide Prevention Programs serve youth and young adults in New York City and Suffolk, Westchester & Dutchess Counties. Priority populations include BIPOC communities and individuals in the LGBTQI+ community.

Youth and Young Adult Suicide Prevention Programs (continued)

- All Suicide Prevention Programs provide:
 - Active community outreach focused on suicide prevention awareness
 - Supportive services for individuals, families, and groups
 - Engagement with family members and support systems
 - Suicide prevention screenings and community referrals including crisis management services
 - Wrap-around services including positive youth development and wellness activities along with academic and vocational support

**Division Supported
Consultation,
Training and
Education Services**

Community Technical Assistance Center (CTAC)

The Community Technical Assistance Center (CTAC) and the Managed Care Technical Assistance Center (MCTAC) are a part of New York University's McSilver Institute for Poverty, Policy and Research. CTAC/MCTAC are funded and supported by the NYS Office of Mental Health as a training, consultation, and educational resource center serving all children's behavioral health agencies in New York State.

CTAC also includes:

- Center for Workforce Excellence (CWE)
- Youth Assertive Community Treatment
- Family and Youth Peer Support Training

<https://www.mcsilverta.org/>



Family and Youth Peer Advocate Credentialing

YOUTH AND FAMILY PEER ADVOCATES

Peer Credentials

Advocates use their lived experience with a disability, mental health challenge, substance use disorder, and experience in New York State systems to assist in supporting young people and their caregivers/parents in their resiliency/recovery and wellness.



<https://www.ftnys.org/peer-credentials/>

Family & Youth Statewide Structure & Network for Support & Advocacy

Funded by the NYS Office of Mental Health, Families Together in NYS, provides support:

- Family/Youth Education and Empowerment
- Family Involvement and Input to Service Providers
- Youth Involvement in Communities
- Family/Youth Voice in State/Local Government Policies and Programs
- Family and Youth Peer Support Infrastructure and Network
- Family Peer-Run Organizations Support and Networking
- Youth Peer Support Workforce Support and Leadership Development



Evidence-Based Treatment Dissemination Center (EBTDC)

The Evidence Based Treatment Dissemination Center (EBTDC) provides clinical training and consultation on evidence-based treatment protocols to NYS' OMH-licensed mental health professionals. The Center aims to enhance the quality of life for children and families by increasing clinician access to treatments that are shown to be effective and improving the quality of care that is delivered.



<https://www.ideas4kidsmentalhealth.org/ebtdc.html>

Project TEACH

New York State's Child/Adolescent and Perinatal Psychiatry Access Program

Based out of seven hub sites across NYS and through a three-tiered approach of support, Project TEACH strengthens and supports the ability of primary care, pediatric, family practice, OB/GYN and psychiatric clinicians in delivering mental health care. *New in 2025, all services are now also available to allied health professionals and other frontline practitioners working with individuals planning to become pregnant, those who are pregnant or individuals in the postpartum period;* such as: doulas, home visiting nurses, lactation consultants, social workers, case workers, psychologists, licensed mental health counselors and CASACs.

Consultation - Phone, In-person, or Telehealth/Virtual

Call 855-227-7272 • Monday-Friday from 9:00 am – 5:00 pm

- Speak to a child/adolescent or perinatal psychiatrist/psychologist immediately, within 30 minutes, or schedule a phone consultation.
- Face-to-face consultations are available to assist with diagnostic and treatment recommendations.

Additional experts are available for consultations in **specialty areas** including:

- **Autism Spectrum Disorder/Intellectual Disabilities (ASD/IDD)**
- **Ages Birth to Five/Early Childhood Mental Health**
- **Problematic Sexual Behavior**
- **Substance Use Disorders (both youth and perinatal specialists)**
- **Lactation**
- **BIPOC populations and pregnancy**
- **Social determinants of health/ACES/social system involvement prevention**

Project TEACH (continued)

Training and Education

- Webinars, site-based or in-person programs *-Free CMEs provided. CEUs also to be offered starting Fall, 2025*
- Recorded trainings can also be viewed via the Project TEACH Learning Management System
- National perinatal certification programs *-scholarships to be offered in Fall, 2025:*

-Postpartum Support International (PSI)

-National Curriculum in Reproductive Psychiatry

(NCRP)

-The ROSE Program (Reach Out, Stay Strong,

Essentials) Training

-includes ongoing clinical support to trainees

- Clinical rating scales are available for download from the Project TEACH website. These are evidence-based questionnaires and rating scales to use for screening, diagnosis and/or monitoring treatment in practice.

Linkage and Referral Support

- Liaison coordinators and consultants help to connect individuals who need specialty mental health care with resources in their community. This could include clinic treatment, care management, or family support.
- Maintain a regional based referral and resource directory that includes mental health and social support services for children, youth and their families.



Locating Services in Your Community

Finding Services in your County/Area

Do you know what services are available?

- Go to “Find a Program” on the OMH website:
 - <http://bi.omh.ny.gov/bridges/index>



- To search by topic area and child’s age group go to
 - <https://helphubforfamilies.ny.gov>

Referrals to Care

- Referrals to most services can be made by anyone directly to the provider of care, such as clinics or crisis services
- If individuals need assistance finding services, referrals can be made to County Children's Single Point of Access (CSPOA) using a Part 1 Application (See next slide to find County CSPOAs)
- Services for children with significant mental health needs that require intensive community services or residential treatment may need a mental health practitioner to complete a Part 2 application for admission.

- These high needs services include:
 - Youth Assertive Community Treatment (ACT)
 - Children's Community Residence (CCR)
 - Residential Treatment Facilities (RTF)

- Referral Applications can be found at:
 - Any referrals (Part 1) - <https://omh.ny.gov/omhweb/childservice/docs/cspoa-application-part1.pdf>
 - High Needs Referrals for intensive services (Part 2) - <https://omh.ny.gov/omhweb/childservice/docs/cspoa-application-part2.pdf>

Finding Support in your County/Area

Local county mental health department and Director of Community Services (DCS).

- Children's Single Points of Access (C-SPOA).

http://clmhd.org/contact_local_mental_hygiene_departments



New York State Office of Mental Health

Central Office:

Division of Integrated Services for Children and Families

Main Phone Number: (518) 474-8394

Division Email: DCFS@omh.ny.gov



**Office of
Mental Health**