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ABSTRACT

This fact sheet describes the Comprehensive Community Mental Health Services for Children Program overall and includes descriptions of 22 specific programs. The program was authorized by Congress in 1992 and provides federal funds through demonstration grants to states, communities, and Native American tribes. The program currently administers 22 federal grants in 29 communities in 18 states to implement, enhance, and evaluate local systems of care. The program emphasizes inclusion of families as partners in designing services and on "cultural competence" in relationships with children and families of diverse races, cultures, and ethnicities. The individual program descriptions highlight unique features of each program in a brief summary and provide full contact information. Programs in the following states are described: California, Hawaii, Illinois, Kansas, Maine, Maryland, New Mexico, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, and Wisconsin. (DB)

Factsheet

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Comprehensive Community Mental Health Services for Children Program

Why This Program Is Needed

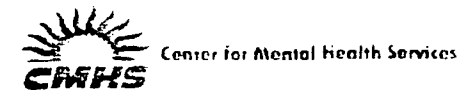
In many communities, services for young people with serious emotional disturbances are unavailable, unaffordable, or inappropriate. As a result, children and adolescents with mental health problems may end up involved with the juvenile justice system, or parents may be forced to give up custody of their children to secure services. There can be long waiting lists for the services that do exist. And when children and their families receive help, several different providers who have different treatment plans may be involved. A goal of the Comprehensive Community Mental Health Services for Children Program is to improve the delivery of mental health services and supports to children and adolescents with serious emotional disturbances and their families who need help from more than one service system.

Preliminary studies suggest that at any given time, at least one in five children and adolescents may have a mental health problem that, without help, can lead to a variety of additional problems, including school failure, family discord, alcohol and other drug use, violence, or suicide. At least 1 in 20--or as many as 3 million young people--may have a serious emotional disturbance that impairs his or her ability to function at an age-appropriate level. Tragically, an estimated two-thirds of the young people who need mental health services in the United States are not getting them.



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This program aims to demonstrate and promote more effective ways to organize, coordinate, and deliver mental health services and supports for individual children and their families.

What This Program Does

Authorized by Congress in 1992, the Comprehensive Community Mental Health Services for Children Program provides Federal funds through demonstration grants to States, communities, and Native American tribes. In 1995 Congress appropriated \$60 million for these grants to improve the delivery of mental health services through "systems of care." The program currently administers 22 Federal grants in 29 communities in 18 states to implement, enhance, and evaluate local systems of care. All grantees are required to match Federal dollars with local and State monies on an increasing level throughout the 5-year life of the grant.

These Federally funded projects include families as partners in designing services and focus on the strengths of children and their families. The goal is to provide families with services that are both affordable and available when and where they need them.

"Cultural competence" is a critical goal in the systems of care approach. It requires that the policies and practices of each agency address the impact of and show respect for the race, culture, and ethnicity of the children and families they serve.

Who Administers This Program

The Child, Adolescent and Family Branch in the Division of Demonstration Programs of the Center for Mental Health Services (CMHS) manages this program. CMHS is a component of the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

For more information about the COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN PROGRAM, please contact Gary De Carolis, CMHS Child, Adolescent and Family Branch, at 301.443.1333.

Descriptions of Service Sites

The 22 demonstration grants to States, communities, and Native American tribes support a broad array of services designed to meet the multiple and changing needs of children and adolescents with serious emotional disturbances and their families. These grant projects coordinate systems of

In this fact sheet, "Mental Health Problems" for children and adolescents refers to the range of all diagnosable emotional, behavioral, and mental disorders. They include depression, attention-deficit/hyperactivity disorder, and anxiety, conduct, and eating disorders. Mental health problems affect one in every five young people at any given time.

"Serious Emotional Disturbances" for children and adolescents refers to the above disorder when they severely disrupt daily functioning in home, school, or community. Serious emotional disturbances affect 1 in every 20 young people at any given time.

care involving mental health, child welfare, education, juvenile justice, and other local public and private agencies. Each project provides services that were underdeveloped or nonexistent in most communities, such as intensive family-based services, respite care, day treatment, clinic- and school-based services, crisis outreach services, therapeutic case management, therapeutic foster care, and diagnostic and evaluation services.

The following brief descriptions highlight some of the unique programs and accomplishments of the 22 grantees.

California, Hawaii, Illinois, Kansas, Maine, Maryland, New Mexico, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, Wisconsin

California

Five Counties: The California counties of Ventura, Riverside, Santa Cruz, San Mateo, and Solano collaborate with child-serving agencies, especially juvenile justice agencies, on behalf of children with serious emotional disturbances and their families. In the transition to managed care services, the five counties encourage early intervention for young children and their families. Crisis mental health alternatives, such as therapeutic foster care or 24-hour supervised care, are used instead of hospitalization. Following the Ventura County System of Care Planning Model, the five counties are evaluating intervention outcomes and costs.

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Napa and Sonoma Counties: Children and families in these northern California counties are heavily impacted by economic recession and unemployment. Now they have access to interagency mental health services that include early identification and treatment, comprehensive screening and assessment, and systemwide accountability for positive mental health outcomes. These are part of countywide reform processes designed to support the needs of children and families based on the families' strengths across child-serving agencies.

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Santa Barbara County: Santa Barbara County is building relationships among child-serving agencies. Support from parents, policymakers, and public and private child-serving agencies who share a unified vision for children with serious emotional disturbances and their families has shaped this project. One key feature is the placement of mental health staff in other public agency programs, such as education and child welfare, to better and more cost-effectively serve ethnically and culturally diverse children and families.

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Hawaii

Kapolei: Hawaii's project, the Shared Breath of Life, is a demonstration for the statewide expansion of the system of care model. The project encompasses two neighboring but contrasting areas--one rural and the other suburban. The Hawaii project has a unique alliance with its family support and advocacy organization, Hawaiian Families as Allies. The organization has designated two staff members to support and train families and professionals to work together effectively.

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Illinois

Lyons/Riverside and Proviso: This project offers a full-service wraparound system of care for children with serious emotional disturbances and their

families in the Illinois townships of Lyons/Riverside and Proviso. In this model, school-based services play a crucial role. Wraparound services include transportation, food stamps, housing, and other services to meet the full needs of the child and family. The services and treatment plan are developed and implemented by family, teachers, and other service providers--those who best know the child. The project, located outside Chicago, has built strong educational linkages with local schools and established State and local partnerships with the Illinois Federation of Families for Children's Mental Health, an organization that offers support, disseminates information, and advocates for families of children with serious emotional disturbances. Around 200 children and their families are expected to be served in the first year.

Contact:

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Kansas

Parsons: Project Kan Focus encompasses 13 rural counties in southeast Kansas. It focuses on service plans designed for the individual needs of children with serious emotional disturbances and their families. Area communities, too small to independently support comprehensive services, are now able to form an effective system of care through partnerships. The number of children receiving services doubled during the project's first year, with families acting as the best referral sources. Five mental health centers coordinate efforts to bring families and other child-serving agencies together in an integrated system of care.

Contact:

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Sedgewick County: This community project offers individualized services that are supported by flexible funding, so that each child's and family's special needs are the priority. The project provides home- and school-based therapy and crisis stabilization services. With the increased number of advocates and service providers at family courts and at local emergency rooms, restrictive care is reduced and community services are increased. Approximately 3,000 children and their families are expected to be served annually--2,000 beyond those currently being supported.

Contact:

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Project Director, Family and Children Community Services
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Fax: (316) 681-0324

Maine

Bangor: The Wings Project involves strongly committed parents and providers of children's mental health services in four rural Maine counties--Hancock, Penobscot, Piscataquis, and Washington. On the project's board of directors, almost all of the members are either parents of children with serious behavioral or emotional disabilities, parents of children with special needs, or immediate family members of people with a mental health problem. In the early implementation phase of the project, case management and respite care are services being emphasized.

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Maryland

Baltimore: The East Baltimore Mental Health Partnership, currently serving 185 children and their families, features a community-, clinic-, and school-based service delivery system approach that coordinates and integrates child welfare, juvenile services, and education staff. Clinicians located in schools deliver direct services and provide consultation to teachers, special education teams, and administrators to promote schools that are more therapeutic and predictable for children and their families. The project sets up partnerships among mental health service providers so that social service agencies, educators, religious and civic leaders, and family members work together to provide and ensure a range of community-based services.

Contact:

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New Mexico

Dona Ana County: The Dona Ana County Child and Adolescent Collaborative in Las Cruces, New Mexico serves a largely Latino population with community-based services and collaborative treatment planning. Training in child and family services is offered to families, service providers, and others who work with children with serious emotional disturbances.

Contact:

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Fax: (505) 524-7784

The Navajo Nation (Tohatchi): The Navajo Nation Project is based on K'e, the core of Navajo beliefs about mental, physical, spiritual, and emotional wellness. To strengthen K'e, the team of service providers includes a traditional counselor and a cadre of volunteer spiritual healers. Individualized service plans include the spiritual element that is critical to making a difference in the lives of Navajo children and their families.

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New York

South Bronx: The Mott Haven Community in South Bronx, with more than 77,000 residents, is the most densely populated of the urban grantee sites. It is a large, culturally diverse community of Latino and African-American families who have been energized to come together and effect positive change. The project, called the FRIENDS Initiative, focuses on children with serious emotional disturbances who are known to the child welfare system. This site is one of two managed care pilot demonstrations supported by the State of New York.

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North Carolina

Pitt, Edgecombe, and Nash Counties: The Pitt-Edgecombe-Nash Public Academic Liaison (PEN-PAL) Project is a partnership among community child-serving agencies; parent advocacy groups; community families; the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services; and East Carolina University (ECU). The project is located in the State's eastern region. Several ECU departments contribute to the project by creating learning experiences for students and faculty while providing innovative community mental health services for children with serious emotional disturbances and their families. The PEN-PAL Project promotes the collaborative development of a system of care curricula--included in ECU's graduate studies--for training local family members and providers.

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North Dakota

Fargo, Minot, and Bismarck: This project has a strong partnership with the North Dakota Federation of Families for Children's Mental Health, an organization that offers support, disseminates information, and advocates for families of children with serious emotional disturbances. Parents are equal, consistent partners in the development and implementation of a system of care for their children. This project has three primary sites--Fargo, Minot, and Bismarck--and includes Native American children and their families both on and off reservations.

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Ohio

Stark County and the Southern Consortium: Stark County shares a grant with the Southern Consortium, which serves the three rural counties of Adams, Lawrence, and Scioto in southeast Ohio. The Stark County model project, building on a long history of social service and education collaboration, provides a growing array of flexible services: diagnostic and evaluation services in schools, intensive home-based services, 24-hour crisis services, and family respite care. Child-serving agencies use "pooled funding" for services. The Southern Consortium, based in Athens, Ohio, provides services to Appalachian children and adolescents with serious emotional disturbances and their families in their homes, schools, and neighborhoods. The project builds upon the inherent Appalachian love of place, sense of independence, and strong family ties.

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Oregon

Lane County: The New Opportunities Program brings youth authority (juvenile justice), mental health, education, and child welfare agencies together as partners to develop a coordinated system of care for children and families. This system of care is integrated with Oregon's managed care system, which promotes partnerships among public and private agencies serving children with serious emotional disturbances. Lane County places a high priority on family involvement in every aspect of a child's treatment, including service planning, delivery, and evaluation.

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Pennsylvania

Philadelphia: The Philadelphia Kinship Care Program provides support for children and adolescents with serious emotional disturbances in South Philadelphia, a moderate- and low-income, densely populated urban community. The population is mostly African-American and includes many young children living with their grandparents. A school-based services system encourages participation by and provides support for caregivers and others close to the child. The project features intensive case management, school-linked coordination of services, and family support services.

Contact:

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Fax: (215) 686-5050

Rhode Island

Providence: Project REACH RI, a statewide network based in Providence, has eight local area councils made up of parents, representatives from child-serving agencies, and other service providers. The project relies heavily on local planning and implementation of systems of care. Families and professionals are heavily involved in this team-building model. The Project REACH RI philosophy mandates that the system of care be community-based, culturally appropriate, and child- and family-centered.

Contact:

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Providence, RI 02908
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Fax: (401) 457-4511

South Carolina

Charleston County: The Village Project offers expanded mental health services for children, adolescents, and families in Charleston County, including the cities of Charleston and North Charleston and outlying rural areas. Many young people with serious emotional disturbances now receive long-term, home-based community services with their families instead of being sent to out-of-state facilities or institutions. Mobile outreach services enable providers to visit communities and private homes to give emergency and crisis services.

Contact:

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Charleston, SC 20405
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Vermont

Waterbury: This statewide project in 12 regional Vermont communities focuses on improving community-based crisis stabilization services for

children and their families. The goal is to reduce the number of cases where parents are forced to relinquish custody of their children to the State to obtain needed services or where children are treated away from home. Services also include transition services for adolescents who are moving into adulthood or into adult services, day treatment programs, and assessment and treatment of child sexual abuse.

Contacts:

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Virginia

Alexandria: This community project--the Alexandria Children's Comprehensive and Enhanced Service System (ACCESS)--demonstrates the effectiveness of a full system of care for children with serious emotional disturbances and their families. The ACCESS project is developing services for a largely Latino and African-American population. Neighborhoods are fully involved in creating the full array of mental health services needed by children with serious emotional disturbances and their families.

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Wisconsin

Milwaukee: This community project focuses primarily on developing comprehensive mental health services in neighborhoods where poverty, homelessness, teenage pregnancy, drug abuse, and violence are among the highest in the State. The project also offers services to children and families throughout Milwaukee County. Wraparound services allow families to be heard, to be present for all phases of planning, and to buy into or have

ownership of the entire plan for their children. Two neighborhood councils serve as local planning boards and are involved in consumer-conducted services evaluation.

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**Important Messages About Children's
and Adolescents' Mental Health:**

- Every child's mental health is important.
- Many children have mental health problems.
- These problems are real and painful and can be severe.
- Mental health problems can be recognized and treated.
- Caring families and communities working together can help.
- Information is available; call 1.800.789.2647.

For free information about children's and adolescents' mental health--including publications, references, and referrals to local and national resources and organizations--call 1.800.789.2647; TDD 301.443.9006.

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