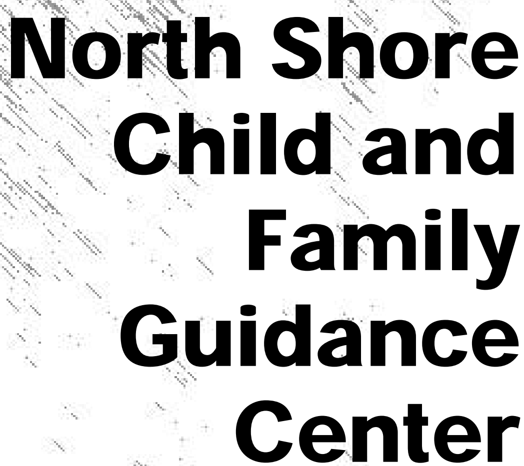

North Shore Child and Family Guidance Center

Roundtable Discussion On Serving Children With Emotional Health Needs In Suburbia In The Twenty-First Century

April 10, 2003

Introduction

On April 10, 2003, North Shore Child and Family Guidance Center brought 17 experts in the field of children's emotional health services from across the nation to discuss issues faced by providers of children's mental health services. North Shore Child and Family Guidance Center (NSC & FGC), a not-for-profit agency, in Nassau County, New York, hosted this Roundtable discussion as part of the agency's 50th anniversary celebration. NSC & FGC is a product of the multiple transformations that have occurred in the mental health services field and provides comprehensive mental health, alcoholism, and drug abuse treatment services to children with emotional health needs and their families. Despite these strides in the treatment and services to individuals with emotional problems, the current fiscal, social, and political climate for mental health providers, particularly those serving children, is a difficult one. We begin with some history on mental health policy and practice.

North Shore Child and Family Guidance Center hosted this Roundtable as part of the agency's 50th anniversary celebration.

During the mid-1940's, mental health policy shifted dramatically from a focus on the social segregation of individuals with emotional disturbances to integration of these individuals into society. Psychiatric wards of general hospitals and freestanding clinics in the community began to replace large psychiatric institutions, which were often located in isolated areas, as the venue of choice for the treatment of both adults and children with emotional disturbances. This shift marked the beginning of the community health movement. This time frame also coincided with the most rapid growth of suburban communities across the entire country.

During the mid 1940's, mental health policy shifted dramatically from a focus on the social segregation of individuals with emotional disturbances to integration of these individuals into society.

The community health movement gained tremendous strength during the 1960's with the passage of important new federal legislation. In 1963, following a five-year study of the nation's mental health system, Congress passed the Community Mental Health Center (CMHC) Act. Under the Act, Community Mental Health Centers (CMHCs) were provided federal grants to provide inpatient, outpatient, twenty-four hour psychiatric emergency, partial hospitalization, and consultation and education services. CMHCs were operated by not-for-profit hospitals or freestanding agencies in the community, and received responsibility for providing services to individuals in defined geographic regions, referred to as "catchment areas". The 1960's also saw an increase in federal funding for research in new drugs to help the mentally ill and passage of Medicaid, which opened up access to mental health services for more low-income families. Despite these gains, other issues, such as the war in Vietnam and the civil rights movement, grabbed the attention of both the politicians and the public, and funding for CMHCs and other community mental health services never materialized to the extent envisioned in the original legislation.

The community health movement gained tremendous strength during the 1960's with the passage of important new federal legislation.

The 1970's saw another dramatic shift in mental health services–the development of support systems to enhance the social welfare of individuals in need of mental health care. As new drug therapies proved their success in alleviating many of the symptoms of mental illness, more attention was placed on the social, housing, physical health, and other client support systems. Services also shifted to providing care in the least restrictive settings possible, creating a need for specialized services for high-risk children on an outpatient basis.

A surge of interest in children's mental health took place in 2002 when the Surgeon General released his report on the status of children's mental health in the United States.

By the mid '70's, more eclectic styles of therapy evolved. Support groups used modified group therapy methods. The breakdown in the family with its sharp increases in divorce and separation helped spur the family therapy movement. Intensive research on biopsychosocial development issues–including in the last few decades a focus on infant and child brain development–affected models for the treatment of children and adolescents.

A surge of interest in children's mental health took place in 2002 when the immediate past Surgeon General David Satcher of the United States released his noteworthy report on the status of children's mental health in the United States. Dr. Satcher called for a broad system to improve the identification, diagnosis, and treatment of children with potential mental health problems. He emphasized the need to remember that many people—parents, primary care providers, teachers—may play a role in pointing to a problem. The guiding principles of the Surgeon General's report were:

- Promoting the recognition of mental health as an essential part of child health
- Integrating family, child, and youth-centered mental health services into all systems that serve children and youth
- Engaging families and incorporating the perspectives of children and youth in the development of all mental healthcare planning
- Developing and enhancing a public-private health infrastructure to support these efforts to the fullest extent possible

What has been thought to be a primarily urban issue – children's emotional health – is also a major concern in the suburbs.

Now that more than more than half of the children in the United States live in the suburbs, there has been a significant increase in the number of children with emotional problems in suburban areas. It should not be surprising that what has been thought to be a primarily urban issue—children's emotional health – is also a major concern in the suburbs.

The Roundtable discussion on April 10, 2003 was facilitated by Rob Rosenkrantz and Susan Lepler of CGR (The Center for Governmental Research Inc.), a not-for-profit organization that conducts research, facilitation, and management consulting to public and not-for-profit entities in a wide array of areas, including integrating services to children, youth, and families. A major purpose of the Roundtable discussion was to help shape the framework of a more extensive one-day conference by NSC&FGC on October 23, 2003 regarding the challenges facing children's emotional health in 21st century America.

The goals of the Roundtable discussion were to identify:

- Important developments and societal changes over the last several decades that affect mental health services for youth and families in suburbia
- Significant challenges in meeting the emotional health needs of children, youth, and families in suburbia
- New directions that the mental health field and other child serving systems need to take to improve mental health services to children and their families

Participants

Participants in the Roundtable included the following individuals (capsule biographies are in Appendix A):

Linda Breton, CSW, MPA: Assistant Executive Director of Mental Health and Special Programs at Westchester Jewish Community Services, White Plains, New York

Myriam Centeno Cain, ACSW: Director of Clinical Services at North Shore Child and Family Guidance Center, Roslyn Heights, New York

Stephen Christian-Michaels, MA, LSW: Chief Operating Officer of Family Services of Western Pennsylvania, Pittsburgh, Pennsylvania

Lynda S. Garner, MSW: Director of Children's Services with the Orange County Department of Mental Health, Goshen, New York

Robin Hillary Gurwitch, PhD: Director of Early Childhood Intervention Programs and Clinical Associate Professor at the University of Oklahoma Health Sciences Center, Oklahoma City, **Oklahoma**

Harriet L. Hall, PhD: President and Chief Executive Officer of the Jefferson Center for Mental Health, Arvada, Colorado

Laura Hickey, ACSW: Director of Clinical Services for Children and Families for the Nassau County Department of Mental Health, Mineola, New York

Marion Levine, ACSW: Executive Director/CEO of North Shore Child and Family Guidance Center, Roslyn Heights, New York

Michael H. Levine, PhD: Executive Director of the National Campaign for International Education at the Asia Society, New York, New York

Rochelle Lipton, MS: President of the Board of Directors of North Shore Child and Family Guidance Center, Roslyn Heights, New York

Andrew Malekoff, ACSW, CASAC: Associate Director of North Shore Child and Family Guidance Center, Roslyn Heights, New York

Paige Pierce Macdonald: Executive Director of Families Together in New York State, Albany, New York

Lawrence F. Murray, CSW: Fellow at the National Center on Addiction and Substance Abuse (CASA) at Columbia University, New York, New York

Harvey I. Newman, MSW: Deputy Commissioner for Child Care and Head Start in the New York City Administration of Children's Services, New York, **New** York

Karen A. Oates, DSW: President and CEO of the Mental Health Association of Rockland County, Inc. (MHARC), New City, New York

David J. Schonfeld, MD: Developmental-Behavioral Pediatrician and Associate Professor of Pediatrics and Child Study at Yale University School of Medicine, New Haven, Connecticut

Sandra Wolkoff, ACSW: Director of the Right from the Start 0-3+ Center of North Shore Child and Family Guidance Center, Roslyn Heights, New York

Roundtable Discussion

Roundtable Discussion

I. Important Developments and Societal Changes

During the first part of the Roundtable discussion, participants were asked to express their perception of changes in mental health services for youth and families in suburbia during the past half-century. Participants were asked to consider their own experiences during their careers and what changes they have observed. The major transformations identified by the group include the following:

Changes Causing Concern

A. Characteristics of Children and Families

Over the years, the characteristics of family and community have changed. Some identified changes were: more families with both parents working, more divorces (many in families with young children), and more single mothers. People are also busier today, sometimes holding down multiple jobs, leading to a greater number of unsupervised children and fewer social supports. Another issue raised was that many immigrant populations are moving directly to the suburbs rather than first settling in the city. Some of these populations may be financially stressed and bring with them issues of poverty and cultural differences that suburbs may not be equipped to deal with.

B. Physical and Social Environment

Supportive communities and social structures are disappearing. The physical environment of the suburbs is not conducive to the development of strong social interaction as has been recognized for many years by leading sociologists and psychologists. From the beginning of the suburban surge, which is about 50 years, old people drove into widely dispersed communities and did not easily get to know their neighborhoods or neighbors. The garages are often the first physical feature you notice when you enter a community, making it easy to enter a home without conversing with or even seeing your neighbor. Communities were built without sidewalks, accessible playgrounds, or parks, reducing opportunities to meet and converse with residents of the community. Other institutions that have, in the past, even in suburbs helped establish strong bonds between individuals and played a supportive role in peoples lives, are shrinking. People are less frequently attending churches and synagogues, and social, political, and neighborhood clubs. The experience of children in schools, especially high schools, is frequently a negative one with much teenage alienation reported.

Many individuals no longer trust the ‘protective factors’ that they once thought existed in the suburbs. When suburban areas were first developed, individuals felt they could move from the city to the suburbs and escape pollution, crime, poverty, and other social issues that affect emotional health. Parents believed that the suburbs would shield their children from the negative affects of the city. The distinction between suburbia and the city, however, is not so apparent anymore and living in the suburbs is not necessarily conducive to the positive mental health of both adults and children.

C. Service Delivery

1. Primary care physicians and pediatricians have, become the first contacts for mental health services. Primary care physicians and pediatricians, rather than mental health professionals, are being asked by patients to treat mental health problems,

even though these doctors do not necessarily have the full complement of skills and training in the behavioral health field. Physicians and pediatricians often rely more on prescribing psychotropic drugs and less on clinical therapy. This shift to greater use of general physicians and pediatricians for the delivery of behavioral health care is partly due to health insurance and other funding considerations, and while there has been a decided reduction in the stigma of seeking mental health services, there is enough of it left to still be problematical, especially among culturally diverse groups that are not accustomed to Western behavioral care systems (see D, 1 below).

Supportive communities and social structures are disappearing.

2. Suburban communities do not have sufficient community-based services that specialize in children and adolescents' emotional health needs. Consequently:

- Suburban areas have recently seen an increase in the use of inpatient services in community hospitals. The increase in community inpatient usage is occurring even as inpatient stays in state psychiatric hosptals for both adults and children continue to decrease. Schools have been asked to take on more mental health responsibilty, even though school counselors are ill equipped to deal with these issues because they have not been adequately trained, or have the time to provide proper clinical care. In many families, both parents work fulltime and parents are unavailable to participate in daytime school-based services. The great distances that some parents work from their chidren's schools also complicate the use of school-based mental health services..

- Some children and youth with emotional health issues end up in state or community crisis services, inpatient treatment, the juvenile justice system, or Residential Treatment Centers supported by the social services system, with out first using community-based mental health services and supports.

- Federal and State funding streams have established separate drug, alcohol, mental health, health, child welfare, and juvenile justice systems that operate as isolated "silos" with little interaction. The categorcal nature of our human services systems is a major barrier to the provision of coordinated care. Categorical funding streams administered by the separate state agencies encourage services to be self contained and uncoordinated, both within and across services systems. Each program maintains its own point of entry, intake and assessment procedures, service delivery approaches, and accountability standards, despite the fact that they serve overlapping subsets of the same populations.

D. Funding/Managed Care

1. The advent of managed care has changed the way services are funded and accessed. Managed care restricts the number of therapy sessions that it will pay for, but general physician and pediatric visits are not limited. As a result, parents often seek out their general physicians or pediatricians rather than therapists because they only have to pay the minimal co-pay for these services. In addition, managed care companies often refuse to acknowledge a child's problem as a mental health problem, but instead label it is a school-related issue and therefore will not cover services.

2. Medicaid has become the major source for community mental health services, eliminating other more flexible funding streams. In New York State, the Office of Mental Health (OMH) has changed the way it funds community mental health services. OMH has significantly reduced local assistance as a funding stream and expanded the scope of services available under Medicaid. However, the flexibility afforded by local assistance in terms of the types of programs that can be supported and the various populations that can be served (non-Medicaid eligible youth) has been lost. More progressive and inclusive ways of funding services are necessary if universal access is to be obtained.

The distinction between suburbia and the city is not so apparent anymore.

Positive Directions

A. Promising Practices

Many new best practices have been developed and are widely recognized by mental health professionals. Some of the more significant ones are:

Use of non-traditional services, i.e. mentoring and family respite services; Recognition that multi-modal treatment works best (medication, family treatment, individual, and group) for certain problems, such as Attention Deficit Hyperactivity Disorder (ADHD); Greater attention to early identification and early intervention; A shift from episodic, often crisis-oriented treatment, to management over longer periods of time; Increased mobile crisis services and community alternatives (e.g., community supports, in home treatment, case management, respite, wraparound services); Implementation of team models, i.e., Family Group Conferencing that involves families and their natural supports in designing safety and care plans; Growth in the identification of abuse-related issues and the need for services and emergency treatment; and Introduction of the greater use of bereavement and trauma treatment modalities.

Suburban communities do not have sufficient community-based services that specialize in children and adolescents' emotional health needs.

B. Service Delivery Principles

A positive development has been the incorporation of the Child and Adolescent Service System Program (CASSP) principles into professional practice. The CASSP principles have encouraged service delivery that: Involves families in the design, delivery, and evaluation of services; Uses culturally competent, individualized, strength-based approaches; Maximizes use of natural family and community supports; and Serves children in the least restrictive, and most normalizing environments.

Support for parity legislation is growing. Parity legislation mandates that coverage for mental health and substance abuse services are equal to coverage for general health care.

C. Integration Efforts

Efforts to coordinate or integrate funding streams and programs serving similar populations are increasing. Some communities are implementing new integration strategies at both the system and service levels, ranging from major organizational restructuring of county governments to wraparound models that better coordinate care for youth with emotional health issues and who are involved in multiple service systems.

II. Significant Barriers or Challenges

The next part of the Roundtable discussion focused on challenges. Each member of the group was asked to identify two of the most significant barriers or challenges faced in meeting the emotional health needs of children and youth in suburbia. We have grouped these challenges into seven major themes.

More progressive and inclusive ways of funding services are necessary if universal access is to be obtained.

A. Stigma

1. There is the ever-present stigma attached to psychological treatment, and even the word 'service'. Because of this stigma, many people either do not pursue help, or they go to primary care physicians and school counselors rather than mental health professionals. Some individuals would rather pay out-of-pocket for mental health services than use their insurance. This is particularly true in some of the more affluent communities. Also as a result of this stigma, individuals are reluctant to challenge a managed care company when a mental health service is rejected, as they would if they were denied medical treatment for physical health problems.

B. Funding

1. Suburbs are often short-changed by government in their support for mental health programs and services. State agencies, foundations, and the general population believe that suburbs are much wealthier than urban communities and consequently do not need outside government resources to support their mental health programs. They believe that suburban providers that need additional resources can "just ask their wealthy constituents or philanthropists" for support. However, while private philanthropy is a resource, it is insufficient to support program needs and is more difficult to obtain during these difficult fiscal times.

2. Funding drives services rather than vice versa. Some funding streams are inflexible and restrict payment to particular services without regard to what the families need. Compounding the issue are looming budget cuts on the county, state, and federal levels and competition among providers for scarce resources. Prevention services are seldom funded, even in the best of fiscal situations.

3. The only money for creative programming is in grants, causing providers to constantly compete for limited pilot funding. This competition does not promote agency collaboration. Those agencies that do receive the funding only obtain it for short-term pilots. Even if the pilot proves successful, the recipient agency seldom receives continuation or long-term funding.

C. Politics of Mental Health

1. Children's mental health services are low on the priority list. The federal and state commitment to mental health services for children is not strong, partially because of the few organized constituency organizations to advocate for children. Youth in mental health and substance abuse services are always the least-funded and are marginalized and seen as "collateral damage" to other problems.

2. The heightened focus on national security has shifted attention from children, families, and communities. Our federal and state governments are concentrating on problems outside of our nation as a means of meting our national security agenda. Problems within our nation and within our families and communities are ofte overlooked. We need to "put the 'home' back in homeland security".

3. States are reluctant to close antiquated state hospitals and reallocate resources to viable community programs. The reliance of communities on the state hospitals for their economic stability and union pressures to keep jobs often comes into play. However, scarce resources are being put into state hospitals rather than being transferred to other community centers and services that have demonstrated their effectiveness and efficiency.

Efforts to coordinate or integrate funding streams and programs serving similar populations are increasing. Suburbs are often short-changed by government in their support for mental health programs and services. The federal and state commitment to mental health services for children is not strong.

4. Government may have a different view than mental health providers concerning what is "best practice." Policymakers distinctly distrust providers and their knowledge of how to best use resources for mental health services. Providers know that intervention, prevention, and integrated systems of care work, but the funds are not there to support these services. Government's reluctance to fund programs other than "evidenced-based" strategies can be used to limit funding. New, innovative approaches that have not yet had the time or formal evaluation to label the program or approach as an evidence-based practice may get little attention and funding.

5. Parents need to be involved in treatment, but the reimbursement system does not promote parental involvement. Different systems have different rules for paying for "collateral visits." Overall, there seems to be a reluctance to pay for involving parents in treatment.

D. Leadership/Advocacy

1. The mental health provider community needs to do a better job of 'making the case' for more and better services for youth with emotional health needs. Providers have not done a good job of educating policymakers, funders, and the general public regarding mental health problems and what services work and do not work. They need to be more proficient in collecting data and communicating the value of services.

E. Cross-System Collaborations

1. Mental health agencies need to foster collaborations with other agencies that serve children. Physical and emotional health providers need to create greater interdisciplinary partnerships. In addition, systems serving children and families need to establish a common language across systems. Currently, the language is confusing, making it difficult for legislators to understand the systems and hindering cross-system collaborations. For example, different systems use the same acronyms, though they have different meaning.

F. Recruitment/Retention Issues

1. The recruitment and retention of mental health staff is an issue. Today, jobs are more traumatic because the problems that staffs see are more difficult. We need to do a better job of supporting and taking care of our own staff. In addition, many staff leave children's services because higher salaries are offered in other fields.

G. Access to Services

1. Transportation is a significant problem for families seeking service for their children and youth. The suburbs, which developed simultaneously with the car, does not have the public transportation infrastructure found in the city. Mass transit and even the highway infrastructure focus on commuting in and out of the city, not within or across the suburbs.

III. Preparing for the Future

The Roundtable participants were divided into three groups and were given the task of developing an action plan that addresses some of the challenges and issues discussed above. Below are the crosscutting themes that emerged from these small group action plans.

Children in mental health services are always the least funded and most marginalized.

A. Promote public awareness by creating:

- A common language across service systems regarding emotional health that also communicates well to the general public.
- A better understanding by services workers, politicians and the public of the different service systems and their interactions with children and families.
- A greater appreciation by everyone of the benefits of promoting the emotional well being of children and youth.

B. Establish flexible funding so that:

- Consultation by providers with family members, caregivers, teachers, and others involved in the child's life is reimbursable.
- The individual needs of children and families take precedence over the filling of established "slots" in programs.
- A broader range of families with different economic circumstances, and not just those eligible for Medicaid, can obtain services.

C. Advance Federal and State policies that distinguish the needs of children and youth from the needs of adults. The service mix and modalities needed for children must include:

- Reimbursable contacts with family members (e.g., parents, siblings, grandparents)
- Recognition and reimbursement for out-of-office client contacts (e.g., school, home visits) that further enhances treatment.

D. Encourage providers to develop collaborative, cross systems approaches that promote multiple systems working in concert to meet the needs of children with emotional health needs.

E. Realign county governments to allow for greater focus on children's needs, i.e., create specific divisions within county departments that focus on children and family issues and have them function as unified, integrated entities.

Individuals and organizations committed to strengthening children's emotional health in suburbia must mobilize. They must promote awareness and understanding of mental health and encourage flexibility in policies and funding so that needs, rather than funding or administrative regulations, drive services. They must demand that systems work together because children with emotional health needs are almost always involved in multiple systems.

We need to put the 'home' back in homeland security.

The Roundtable participants, therefore, believe that the development of an advocacy group of providers, parents, youth, legislators, health workers, teachers, and other interested individuals is essential. These stakeholders must aim to increase knowledge and understanding of mental illness, reduce the stigma, publicize the effectiveness of services, and lobby for more resources devoted to children's emotional health.

Systems serving children and families need to establish a common language across systems.

North Shore Child and Family Guidance Center is holding its 50th Anniversary Conference on October 23, 2003. Stepped up advocacy and coalition building is an essential goal of this gathering. The findings of the Roundtable will be presented at this Conference and participants will be invited to express their views on the issues and the best strategies to resolve them. Only through a united front, committed to a common set of goals and strategies can we hope to make the changes necessary to meet the emotional health needs of children in the 21st century America.

Transportation is a significant problem for families seeking service for their children and youth in the suburbs.

Appendix A

Roundtable Participants

Linda Breton, CSW, MPA is the Assistant Executive Director of Mental Health and Special Programs at Westchester Jewish Community Services where she directs an $8 million division of a non-sectarian, multi-service organization. Prior to that, she was Associate Executive Director of the Mental Health Association of Westchester where she redesigned and repositioned the agency in the newly developing Medicaid and managed care environment. Her career in the voluntary sector stretches for over 30 years.

Myriam Centeno Cain, ACSW is the Director of Clinical Services at North Shore Child and Family Guidance Center, where she has worked for the past 15 years. She received a Master of Social Work Degree from Tulane University School of Social Work. Her 35 years of experience as a Social Worker have focused on children, adolescents, and their families, and has included clinical, supervisory, and management positions.

Stephen Christian-Michaels, MA, LSW is the Chief Operating Officer of Family Services of Western Pennsylvania, which is a broad based human service agency providing mental health, mental retardation, drug and alcohol, foster care, employee assistance, community centered services in family support centers and services to families affected by the correctional system. Previously, he was the Managed Care Coordinator for the Mental Health Division of a County Health Department in DuPage County, outside of Chicago, Illinois. Mr. Christian-Michaels has worked in the mental health and child welfare field for the past 21 years. He has written two chapters in edited books, one on family based services development and the other on the application of managed care principles in a publicly funded mental health system.

Lynda S. Garner, MSW has been the Director of Children's Services with the Orange County Department of Mental Health since 1990. Ms. Garner has developed and managed a number of important and innovative programs in her county including NETWORK, a Coordinated Children's Services Initiative which plans wraparound services with schools and the community to develop a strength based model; the Child Protective Services Sex Abuse Investigation Unit, which received a National Association of Counties award in 1995; and Alternative High School Clinical Services. Ms. Garner also has more than a decade of experience as a frontline worker in the social services system.

Robin Hilary Gurwitch, Ph.D. is the Director of Early Childhood Intervention Programs and Clinical Associate Professor at the University of Oklahoma Health Sciences Center. Her research, training, publication, and practice revolve mainly around: interventions for infants and young children prenatally exposed to substances and their families; developmental evaluations for infants with craniofacial deformities; provision of services to children with significant behavior problems; and developmental disabilities and early intervention. She also develops and directs assessment and intervention services to children affected by the bombing of the Murrah Federal Building in Oklahoma City and the 9/11 terrorist attacks.

Harriet L. Hall, Ph.D. is the President and Chief Executive Officer of the Jefferson Center for Mental Health, a Community Mental Health Center in Jefferson County, Colorado that worked with many families affected by the Columbine High School shootings. Dr. Hall is also the President of the Foothills Mental Health Foundation, and a board member of the Mental Health Corporations of America, the Mental Health Risk Retention Group, and the Jefferson County Community Corrections

Board. In addition, Dr. Hall serves on the Legislative Task Force on Individuals with Mental Illness in the Criminal Justice System. In 1997 she received the Rocky Mountain Council of Community Mental Health Centers Distinguished Service Award.

Laura Hickey, ACSW is Director of Clinical Services for Children and Families for the Nassau County Department of Mental Health. Previously, she was Coordinator for the Nassau County Children's Mobile Crisis Team. Ms. Hickey has served as Mental Health Consultant to judges, providing testimony critical to case dispositions. She has provided extensive training on the subjects of violence, suicide, emergency response, disaster mental health, and crisis intervention in a variety of settings including universities and police departments. Ms. Hickey was instrumental in the County's response to surviving family members of those who died in the 9/11 attacks on the World Trade Center.

Marion Levine, ACSW has been, since 1974, the Executive Director/CEO of North Shore Child and Family Guidance Center (NSC & FGC), the leading children's mental health agency on Long Island, NY, with a budget of almost $7 million, a staff of 125, and a growing volunteer core that provide mental health and related services to over 5,000 Long Island children and their families each year. Prior to her tenure at NSC&FGC she was Administrative Supervisor of Aftercare at Hillside Hospital where she coordinated an experimental 6-week "Direct Admissions Unit." Ms. Levine has been a presidential mental health commission appointee and has participated in special White House meetings on ethnicity and mental health. A frequent lecturer and published author, her highly regarded monthly column on children and families appears in several Long Island newspapers. Most recently she appeared on ABC television with Barbara Walters in a program highlighting NSC&FGC's work with children and families in the aftermath of the 9/11.

Michael H. Levine, Ph.D. is the executive director of the National Campaign for International Education at the Asia Society, the cultural, public affairs and policy institution based in New York City. Levine is also a Senior Fellow affiliated with Yale University's Bush Center for Child Development and Social Policy where he is developing school reform and early childhood policy initiatives. Prior to joining the Society, he was Executive Director of the *I Am Your Child* Foundation. During the 1990's, Levine oversaw Carnegie Corporation of New York's philanthropic programs in early childhood development, primary grades reforms, and school leadership. In 1997 *Working Mother* magazine chose him as one of America's 25 most influential men in shaping family policy.

Rochelle Lipton, MS is president of the board of directors of North Shore Child and Family Guidance Center (NSC&FGC). A former elementary school teacher, she is the mother of three adult children. After serving on the board of directors of a synagogue in Port Washington, Ms. Lipton came to NSC&FGC in the early 1980's and co-chaired the annual Chrysanthemum Ball. She soon joined the board of directors and served as vice president of the steering and development committee. Widowed in 1995, Ms. Lipton took a leave of absence and came back to the board in 1998 with a new passion: bereavement and trauma. She was elected president in 2001. Along with her husband, Hal Lipton, she is deeply committed to the agency's mission of "caring for the emotional health of our communities."

Paige Pierce Macdonald is Executive Director of Families Together in New York State, the statewide chapter of the Federation of Families for Children's Mental Health. FTNYS serves as a voice for families of children with special emotional, social and behavioral issues and works to insure that families have access to needed information, supports

and services. She is the mother of four children, two of whom have special needs. She serves as a liaison between families and policy makers in shaping policy and implementing systems change at the state level. Paige serves as Chair of several committees and coalitions, and forges alliances with a wide range of stakeholders.

Andrew Malekoff, ACSW, CASAC is Associate Director of North Shore Child and Family Guidance Center where he has worked for 25 years and developed the agency's chemical dependency program, school-based mental health program, and Long Island Institute for Group Work with Children and Youth. Mr. Malekoff has been editor of *Social Work with Groups: a Journal of Clinical and Community Practice* for the past ten years. A prolific writer and poet, among his publications is his sixth book, the internationally acclaimed *Group Work with Adolescents: Principles and Practice* a recently published monograph of narratives on professional helpers responses to 9/11. An adjunct professor of social work at Adelphi University, Mr. Malekoff has lectured and presented workshops across the US and Canada.

Lawrence F. Murray, CSW is Fellow at the National Center on Addiction and Substance Abuse (CASA) at Columbia University where he has developed the CASASTART (Striving Together to Achieve Rewarding Tomorrows) program. This national program uses a positive youth development approach and neighborhood-based collaborative strategy to help high-risk youth avoid substance use and delinquency. In the years prior to joining CASA Mr. Murray was an Associate Commissioner for the New York State Department of Mental Health. He has also served as the Director of Post Institutional/Runaway Homeless Youth Services at the Nassau County Youth Board in Long Island, NY. He is adjunct professor at the Robert F. Wagner School of Public Service at NYU and has written several articles on community-based service delivery.

Harvey I. Newman, MSW is the Deputy Commissioner for Child Care and Head Start in the New York City Administration of Children's Services where he supervises a staff of 400 and over $600 million of voucher and contract services for infants, toddlers, and school age children at over 400 locations. Prior to that, he was the Executive Director of the Center for Preventive Psychiatry, a Westchester community based children's mental health organization. He is trained as a social work community organizer and planner and is the co-author of Self-evaluation and Planning for Human Service Organizations as well as several articles on social policy and not-for-profit management.

Karen A. Oates, DSW is the President and CEO of the Mental Health Association of Rockland County, Inc. (MHARC). Before coming to the MHARC, Karen was the Deputy Commissioner of the Rockland County Department of Mental Health, where she worked very closely with the Commissioner and directly supervised all county operated mental health outpatient, day treatment, inpatient, and chemical dependency services. From 1991 to 1999, she served as Associate Executive Director of St. Dominic's Home, a multi-faceted social service agency serving individuals of all ages who have a wide variety of disabilities. From 1972 to 1991, she served in a variety of clinical and management positions with a number of prominent human services organizations. She has presented at workshops and conferences nationally and internationally, has published articles on hard to-place youth and school-based mental health services, and is currently serving on the Boards of Rockland Schools for the 21st Century and the Edwin Gould Academy, a positive peer culture residential treatment center.

David J. Schonfeld, MD is a developmental-behavioral pediatrician and Associate Professor of Pediatrics and Child Study at Yale University School of Medicine. He

coordinates the School Crisis Response Initiative of the National Center for Children Exposed to Violence at the Yale Child Study Center, which has provided training in over half of the school districts in CT and in many school systems throughout the country. Post 9/11, Dr. Schonfeld has been helping the NYC public schools to coordinate training of district and school-based crisis response teams and to enhance the school system's overall crisis response preparedness. He is also a member of the American Academy of Pediatrics Task Force on Terrorism. Dr. Schonfeld's research focuses on children's understanding of and adjustment to serious illness and death and the role of school-based interventions, especially at the elementary and middle school level.

Sandra Wolkoff, ACSW is Director of the Right from the Start 0-3+ Center of North Shore Child and Family Guidance Center (NSC & FGC); Director of Training and Consultation of the Garfunkel Child and Family Training Institute; and Coordinator of the Lindner Early Childhood Training Institute of NSC&FGC. She is the managing editor of the internationally subscribed, award-winning *Parent & Preschooler Newsletter* and has hosted the television program "Ages and Stages" formerly broadcast on the Extra-Help Channel. She is a nationally known consultant and trainer who appears frequently on television and radio, and is a freelance writer. Ms. Wolkoff has been a consultant for Head Start, day care, and school-based early childhood programs in both Nassau and Suffolk Counties. She has been with NSC&FGC for over 25 years.

Facilitators

Robert Rosenkrantz, MPA and Susan Lepler, MPA, MSW, joined CGR (Center for Governmental Research Inc.) in 2001 as the Director of Integrated Services for Children and Families and the Director of the Albany Office, respectively. CGR is an independent, non-profit research and management consulting organization that has been serving the public interest since 1915. Prior to joining CGR, Mr. Rosenkrantz and Ms. Lepler were the co-founders and principals of Meridian Consulting Services, where they consulted nationally and in nearly 20% of New York State's counties to bring about significant system reforms for children and families. Mr. Rosenkrantz and Ms. Lepler are both highly skilled facilitators and bring extensive knowledge of mental health, child welfare, juvenile justice, and health systems.

Before co-founding Meridian, Mr. Rosenkrantz worked for 22 years in New York State government. As the Office of Mental Health's Director of the Bureau of Community Mental Health Centers, he served as the policy and administrative link between the State and its 44 Community Mental Health Centers and administered the Federal Alcoholism, Drug Abuse, Mental Health Services Block Grant. Prior to his work in the Office of Mental Health, Mr. Rosenkrantz directed numerous initiatives to streamline government and better coordinate health and human services at the Council on Children and Families and in the Management Unit of the Division of the Budget.

Prior to Meridian, Ms. Lepler worked for New York State government for 12 years. She served as a Senior Policy Analyst for the New York State Council on Children and Families where she conducted numerous needs assessments and developed improvement strategies on a range of topics requiring interagency coordination and collaboration. In addition, Ms. Lepler brings three years of direct experience with the New York State budget process from both executive and legislative branch perspectives.

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