

# Priority: Childhood Behavioral Health

**Goal: Improve the mental health and well-being of children and adolescents.**

## **What is Childhood Behavioral Health and Why is it Important?**

Childhood Behavioral Health has often been defined in terms of disorders, such as behavior or conduct problems.<sup>479</sup> However, increasingly, it is understood that children's behavioral health is broader than mental health conditions and includes preventive actions to support their overall well-being, such as ensuring children are connected to supportive peers and adults, know how to manage stress, live in healthy homes, and learn and play in safe spaces.

In 2022, 6% of NYS youth were considered "disconnected,"<sup>480</sup> meaning they were not in school or employed. Supporting children's behavioral health also means ensuring that children in need of mental health services receive them. In 2020-2021, approximately 52% of children and youth with a mental health condition received treatment from a mental health professional during the past 12 months.<sup>481</sup>

Childhood behavioral health is an important part of a child's development that has lifelong implications for their health.<sup>482</sup> It is just as important to support a child's behavioral health as it is to support their physical health, and the two are interconnected with people with severe mental disorders experiencing a 10-25 year shorter life expectancy than people without these mental health conditions.<sup>483</sup>







In 2021, the American Academy of Pediatrics and other leading child health organizations declared a national emergency in child and adolescent mental health.<sup>484</sup> Given that the majority of the most common mental health conditions surface in childhood<sup>4</sup> and that all people can benefit from mental health supports throughout their lifetime starting in childhood, focus needs to be placed on primary prevention that can benefit all children. Examples include: social emotional learning; secondary prevention such as ensuring children are screened for mental health conditions to diagnose them as early as possible; and tertiary prevention such as increasing access to treatment for those children in need of services. By integrating primary, secondary, and tertiary prevention strategies, NYS can collaborate to improve childhood behavioral health and overall child development.











**SMART(IE) Objective:**



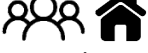

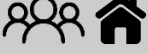



**40.0 Increase the percent of children aged 0-5 years who are reported by their parent as exhibiting all 4 flourishing criteria from 72.2% to 79.4%.**

**40.1 Increase the percent of children aged 0-5 years who live at 0-99% of the poverty level who are reported by their parent as exhibiting all 4 flourishing criteria from 58.8% to 67.6%.**

Desired Outcome	Indicator	Data Source	Population	Baseline	Target
Increase the percent of children aged 0-5 years whose parent indicates they are exhibiting all 4 of the flourishing criteria	Percentage of children reported as flourishing, aged 6 months-5 years	National Survey of Children's Health (NSCH)	Children (Aged 0-5 years)	72.2% (2022-2023)	79.4% (2030)
			Subpopulation of Focus	Baseline	Target
			Children (Aged 0-5 years) in a household living between 0-99% of the poverty level	58.8% (2022-2023)	67.6% (2030)

Interventions	Population of Focus	Age Range	Intermediate Measures
 <p><b>Featured Intervention:</b> Promote the Healthy Steps program in primary care settings.<sup>485</sup></p> 	Pediatrics	Ages 0-3	Number of organizations that adopt Healthy Steps
 <p><b>Featured Intervention:</b> Promote home visiting programs such as Healthy Families New York to first-time moms all parents/caregivers to increase knowledge and skills.<sup>486</sup></p> 	First-time mothers, newborns	Children aged 0-2; women of reproductive age	Number of families visited monthly
 <p>Implement classroom-based mental health education curricula to support children by providing classroom instruction focused on developing skills in self-management, responsible decision-making, relationship building, social and self-awareness including programs such as the Promoting Alternative Thinking Strategies (PATHS) Program, Project Growing Minds, and Second Step.<sup>487</sup></p> 	School-age children and adolescents	Middle and high school students (Ages 11-17)	Number of schools that implement a mental health education curriculum

Interventions	Population of Focus	Age Range	Intermediate Measures
 <p>Increase the proportion of children &amp; adolescents who get preventive mental health care in school by incorporating programs such as:</p> <ul style="list-style-type: none"> <li>• Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda</li> <li>• Targeted School-Based Cognitive Behavioral Therapy Programs to Reduce Depression and Anxiety Symptoms</li> <li>• Universal School-Based Cognitive Behavioral Therapy Programs to Reduce Depression and Anxiety Symptoms</li> <li>• School-Based Health Centers to address SDOH<sup>488</sup></li> </ul> 	School-age children and adolescents	Middle and high school students (Ages 11-17)	Number of students who receive preventative mental/behavioral health care in school
 <p>Implement social and emotional learning into classroom, after-school, and other child/adolescent educational settings using a Collaborative for Academic, Social, and Emotional Learning (CASEL)-designated social and emotional learning (SEL) program.<sup>163</sup></p> 	School-age children and adolescents	Middle and high school students (Ages 11-17)	Number of schools that have active programs to support emotional learning
 <p>Implement strategies to increase school connectedness for children and youth by using What Works in Schools and the Healthy Schools programs.<sup>489</sup></p> 	School-age children and adolescents	Ages 0-17	Number of schools that provide faculty training on connectedness or implement a strategy to increase student connectedness
 <p>Implement strategies to increase family connectedness for children and youth using a CASEL-designated SEL program.<sup>490</sup></p> 	All children	Ages 0-17	Number of families connected to resources
 <p>Increase the number of peer group programs for children and youth.<sup>491</sup></p> 	School-age children and adolescents	Middle and high school students (Ages 11-17)	Number of NYS children and youth who have convenient access to a peer support program

Interventions	Population of Focus	Age Range	Intermediate Measures
 <p>Increase the number and diversity of mental health professionals who treat children and youth through social media and digital marketing of career and training opportunities and establishing state-wide connections among professionals through coaching and mentorship.<sup>492</sup></p> 	Young adults/students & adult health professionals	Ages 18+	Number of registered, certified, licensed pediatric providers with diverse backgrounds and actively providing services
 <p>Expand access to infant and early childhood mental health training for providers in various settings (e.g., early intervention, childcare, child welfare, primary care, and home visiting) to understand and deliver infant and early childhood mental health (IECMH) services offered by entities such as Office of Child and Family Services (OCFS) and New York State Association for Infant Mental Health (NYS-AIMH).<sup>493</sup></p> 	Young children	Ages 0-5	Number of participants in IECMH programs
 <p>Utilize universal developmental assessment tools that screen for optimal child development and social-emotional competencies in early care and learning settings using the Ages and Stages Questionnaires (ASQ) and Ages and Stages Questionnaires: Social-Emotional Development Screening Tool (ASQ-SE).<sup>494</sup></p> 	Young children	0-5 years	Participation among schools, early education, childcare, and other settings of focus, number of children screened, county-level screening results
 <p>Utilize models of behavioral health integration (e.g., Training and Education for the Advancement of Children's Health (Project TEACH)) in primary care settings.<sup>495-498</sup></p> 	Children	0-18 years	Number of mental and behavioral health assessments carried out by pediatric primary care providers

## Lead Partner Agencies and Organizations

[NYS Department of Health](#)

Division of Family Health

[NYS Office of Mental Health](#)

[NYS Office of Addiction Services and Supports](#)

[NYS Education Department](#)

[NYS Office of Children and Family Services](#)

NYC Office of Family and Community Engagement

School-based health centers

Home visiting programs

NYS Association of School Psychologists

Association of Black Psychologists

National Alliance for Mental Illness

American Academy of Pediatrics

American Academy of Family Physicians

Project TEACH

Secondary and postsecondary schools, trade unions, local businesses

Health care providers, health plans, insurance brokers

Local community-based organizations

New York Peer Advancement Network

## Implementation Resources

[CDC- Reducing Health Risks Among Youth - What Schools Can Do](#)

[Collaborative for Academic, Social, and Emotional Learning - SEL with Families and Caregivers](#)

[NYS Education Department - Student Support Services - SEL Family and Community Engagement Snapshot](#)

[HRSA - Behavioral Health Workforce Education and Training \(BHWET\) Program for Professionals](#)

[Project TEACH](#)

[NYSOMH Request for Proposals \(RFP\) and Request for Information \(RFI\)](#)

[Nurse-Family Partnership - Helping First-Time Parents Succeed](#)

[Healthy Families New York](#)

## Childhood Behavioral Health Citations

4. What is Racial Equity? Race Forward. Updated 2023. Accessed February 13, 2025. [raceforward.org/what-racial-equity-0](https://raceforward.org/what-racial-equity-0)
163. Fundamentals of SEL. CASEL. Accessed February 18, 2025. [casel.org/fundamentals-of-sel](https://casel.org/fundamentals-of-sel)
479. CDC. Behavior or conduct programs in children. CDC, Children's Mental Health. Accessed February 25, 2025. [cdc.gov/children-mental-health/about/about-behavior-or-conduct-problems-in-children.html](https://cdc.gov/children-mental-health/about/about-behavior-or-conduct-problems-in-children.html)
480. Disconnected Youth. County Health Rankings & Roadmaps. Accessed February 25, 2025. [countyhealthrankings.org/health-data/health-factors/social-economic-factors/education/disconnected-youth?year=2024](https://countyhealthrankings.org/health-data/health-factors/social-economic-factors/education/disconnected-youth?year=2024)
481. NYSDOH. NYS Maternal and Child Health State Dashboard. April 2024. [apps.health.ny.gov/public/tabvis/PHIG\\_Public/mch/reports/#state](https://apps.health.ny.gov/public/tabvis/PHIG_Public/mch/reports/#state)
482. Child and Adolescent Mental and Behavioral Health Resolution. American Psychological Association. Published June 2019. Accessed February 25, 2025. [apa.org/about/policy/child-adolescent-mental-behavioral-health](https://apa.org/about/policy/child-adolescent-mental-behavioral-health)
483. Fiorillo A, de Girolamo G, Simunovic IF, et al. The relationship between physical and mental health: an update from the WPA Working Group on Managing Comorbidity of Mental and Physical Health. *World Psychiatry*. 2023;22(1):169-170. doi:10.1002/wps.21055
484. AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health. American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry and Children's Hospital Association. Updated October 19, 2021. Accessed February 25, 2025. [aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health](https://aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health)
485. NYSOMH. HealthySteps August 2024 Expansion. Accessed February 23, 2025. [omh.ny.gov/omhweb/rfp/2024/healthysteps/](https://omh.ny.gov/omhweb/rfp/2024/healthysteps/)
486. Best Practice: Nurse-Family Partnership. Association of Maternal and Child Health Programs. Accessed February 23, 2025. [amchp.org/database\\_entry/nurse-family-partnership](https://amchp.org/database_entry/nurse-family-partnership)
487. CDC. Promote Social, Emotional, and Behavioral Learning. CDC, Mental Health Action Guide. Accessed February 23, 2025 (via WayBack Machine January 24, 2025 archive). [web.archive.org/web/20250124175209/cdc.gov/mental-health-action-guide/strategies/social-emotional-behavioral-learning.html](https://web.archive.org/web/20250124175209/cdc.gov/mental-health-action-guide/strategies/social-emotional-behavioral-learning.html)
488. ODPHP. Increase the proportion of children and adolescents who get preventive mental health care in school – EMC-D06. ODPHP, Healthy People 2030. Accessed February 23, 2025. [odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/children/increase-proportion-children-and-adolescents-who-get-preventive-mental-health-care-school-emc-d06](https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/children/increase-proportion-children-and-adolescents-who-get-preventive-mental-health-care-school-emc-d06)
489. CDC. Schools Connectedness Helps Students Thrive. CDC, Reducing Health Risks Among Youth. Accessed February 23, 2025. [cdc.gov/youth-behavior/school-connectedness/](https://cdc.gov/youth-behavior/school-connectedness/)
490. Chen E, Brody GH, Miller GE. Childhood close family relationships and health. *Am Psychol*. 2017;72(6):555-566. doi:10.1037/amp0000067
491. Abrams Z. Kids' mental health is in crisis. Here's what psychologists are doing to help. *American Psychological Association Monitor on Psychology*. 2023;54(1):63. [apa.org/monitor/2023/01/trends-improving-youth-mental-health](https://apa.org/monitor/2023/01/trends-improving-youth-mental-health)
492. Gopalkrishnan N. Cultural Diversity and Mental Health: Considerations for Policy and Practice. *Front Public Health*. 2018;6:179. doi:10.3389/fpubh.2018.00179
493. Smith S, Granja MR, Nguyen US, et al. How States Use Medicaid to Cover Key Infant and Early Childhood Mental Health Services: Results of a 50-State Survey (2018 Update). National Center for Children in Poverty. Published November 2018. Accessed February 23, 2025. [nccp.org/wp-content/uploads/2018/11/text\\_1211.pdf](https://nccp.org/wp-content/uploads/2018/11/text_1211.pdf)
494. Bright Futures Toolkit: Links to Commonly Used Screening Instruments and Tools. American Academy of Pediatrics. Published February 26, 2024. Accessed February 23, 2025. [publications.aap.org/toolkits/resources/15625/Bright-Futures-Toolkit-Links-to-Commonly-Used?autologincheck=redirected;%20and%20Weitzman,%20C.,%20Wegner,%20L.,%20the%20Section%20on%20Developmental%20and%20Behavioral%20Pediatrics,%20Committee%20on%20Psychosocial%20Aspects%20of%20Child%20and%20Family%20Health,%20Council%20on%20Early%20Childhood,%20&%20Society%20for%20Developmental%20and%20Behavioral%20Pediatrics.%20\(2015\).%20Promoting%20optimal%20development:%20Screening%20for%20behavioral%20and%20emotional%20problems.%20Pediatrics,%20135\(2\),%20384-395](https://publications.aap.org/toolkits/resources/15625/Bright-Futures-Toolkit-Links-to-Commonly-Used?autologincheck=redirected;%20and%20Weitzman,%20C.,%20Wegner,%20L.,%20the%20Section%20on%20Developmental%20and%20Behavioral%20Pediatrics,%20Committee%20on%20Psychosocial%20Aspects%20of%20Child%20and%20Family%20Health,%20Council%20on%20Early%20Childhood,%20&%20Society%20for%20Developmental%20and%20Behavioral%20Pediatrics.%20(2015).%20Promoting%20optimal%20development:%20Screening%20for%20behavioral%20and%20emotional%20problems.%20Pediatrics,%20135(2),%20384-395)

495. Tyler ET, Hulkower RL, Kaminski JW. Behavioral Health Integration in Pediatric Primary Care: Considerations and Opportunities for Policymakers, Planners, and Providers. Milbank Memorial Fund. Published March 2017. Accessed February 23, 2025. [milbank.org/wp-content/uploads/2017/03/MMF\\_BHI\\_REPORT\\_FINAL.pdf](https://www.milbank.org/wp-content/uploads/2017/03/MMF_BHI_REPORT_FINAL.pdf)
496. Pediatric Behavioral Health Integration in Primary Care: Understanding One Critical Component of Pediatric Mental Health Care. Children's Hospital Association. Accessed February 23, 2025. [childrenshospitals.org/-/media/files/quality/pediatric-behavioral-health-integration-in-primary-care.pdf](https://www.childrenshospitals.org/-/media/files/quality/pediatric-behavioral-health-integration-in-primary-care.pdf)
497. Lines MM. Pediatric Integrated Primary Care: A Population Health Approach to Meeting the Behavioral Health Needs of Children and Families. *Delta J Public Health*. 2022;8(2):6-9. doi:10.32481/djph.2022.05.002
498. Walter HJ, Vernacchio L, Trudell EK, et al. Five-Year Outcomes of Behavioral Health Integration in Pediatric Primary Care. *Pediatrics*. 2019;144(1):e20183243. doi:10.1542/peds.2018-3243