

OUT-OF-STATE PLACEMENT
COMMITTEE:
2011 ANNUAL REPORT TO THE GOVERNOR
AND LEGISLATURE

Submitted by: New York State Council on Children and Families
Pursuant to: Chapter 392 of the Laws of 2005

Out-of-State Placement Committee:
2011 Annual Report to the Governor
and Legislature

Submitted by: The New York State Council on Children and Families
Deborah Benson, Executive Director

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INTRODUCTION

This is the sixth annual report submitted by the Council on Children and Families on behalf of the Out-of-State Placement Committee (hereinafter referred to as the *Committee*) to the Governor and the Legislature. This year's report describes the status of out-of-state residential placements by the New York State Education Department (SED) and the New York State Office of Children and Family Services (OCFS), and other activities addressing services and placement issues for New York's children and youth. An Appendix is included that outlines other interagency work supporting the efforts of the Committee.

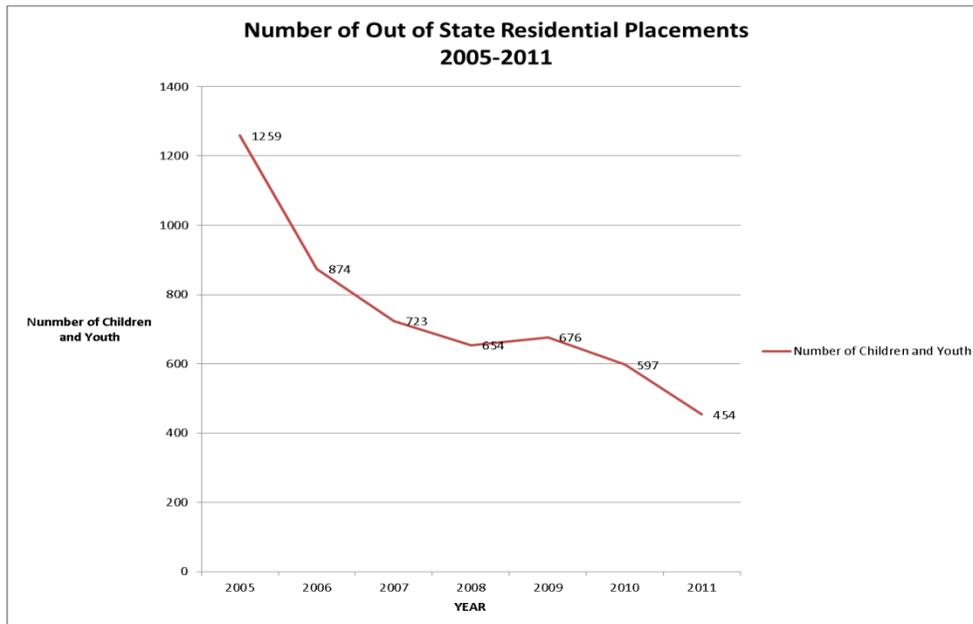
2011 OUT-OF-STATE PLACEMENTS UPDATES

Activities of SED Non-District Unit (NDU) and OCFS Out-of-State Placement Oversight Office

A. Reduction in Out-of-State Placements

Activities of SED Non-district Unit (NDU) and OCFS Out-of-State Placement Oversight Office

As of December 1, 2011, there were 454 children and youth placed in out-of-state residential schools and facilities, a 31 percent decrease from the previous year. Of these 454 children and youth, 355 were placed by local school districts and 99 by local departments of social services (LDSS). In the 2010 Annual Report, it was reported that a total of 597 children and youth were placed in out-of-State residential schools and facilities, with 477 being placed by local school districts and 120 by LDSS. Specifically, local school districts decreased out-of-state placements by 34 percent and LDSS placements decreased by 21 percent. Overall, there has been a 64 percent reduction (805 students) in out-of-state placements since 2005 (when the Committee initially began collecting this data). In December 2005, 1,259 students were placed out-of-state as compared to 454 students in December 2011, six years later.



SED reports that ongoing monitoring at the State level by SED of requests for out-of-state placements by Committees on Special Education (CSEs) continued during 2011. As in past years, SED implemented administrative review and approval of Emergency Interim Placements (EIP's). These residential placements are made on a student-specific basis when a CSE has provided justification that there are no available placements in New York State approved private in-state and out-of-state residential schools. However, in April 2011, SED issued a memorandum notifying school districts that SED will no longer approve out-of-state schools on a student-specific basis for EIP's on a *day* basis beginning July 2, 2011 and thereafter, or on a *residential* basis beginning with the 2013-14 school year (i.e., July 1, 2013).

The OCFS policy communicated to LDSS requiring them to make every effort to identify appropriate in-state placement options before referring a child or youth in foster care to out-of-state residential programs continued to result in declining numbers of out-of-state placements during 2011. Overall, it is notable that, for OCFS, the year-to-year reductions in LDSS out-of-state placements numbers have continued since 2005.

B. Development of Monitoring and Accountability Structure

Interagency Review of Out-of-State Schools and Residential Programs

The SED Non-district Unit (NDU), created in 2005, has responsibility for quality assurance and oversight functions for all SED approved in-state and out-of-state residential schools.

Additionally, SED has been participating in an initiative to expand in-state residential capacity. SED encourages all approved in-state providers participating in this initiative to visit approved out-of-state programs where New York State students are placed in order to observe the programming and operations at these schools. NDU staff also participated in the visits during 2008-2010.

In 2010-11, SED staff conducted on-site visits to the following out-of-state providers: Stetson, Whitney, F.L. Chamberlain and Riverview (all in Massachusetts); Wellspring, American School for the Deaf and Grove School (all in Connecticut), and Foundations Behavioral Health in Pennsylvania.

In 2011, NDU followed up with the following out-of-state schools that had unresolved non-compliance: Devereux Connecticut, Devereux Pennsylvania, Easter Seals of New Hampshire, Hillcrest Education Centers, Kolburne, and New England Center for Children.

As reported in the 2010 Out-of-State Placement report, SED issued a self-review protocol in June 2010 to all in-state approved residential schools: *Behavior Management and Support for School-age Students in Residential Schools*. NDU is currently conducting verification reviews to select in-state schools to verify compliance with the regulatory requirements of the Protocol.

During 2011, OCFS did not conduct any site visits to out-of-state residential facilities due to fiscal restraints and travel restrictions. However, during 2011, OCFS sent desk reviews to 28 out-of-state residential programs in nine states, and received responses from 21 programs. Specifically, out-of-state residential programs were requested to provide to OCFS the following documents, or to update information submitted from the previous year:

- Residential and school licensure;
- Policies and procedures on room isolation and confinement;
- Last 6 months of restraint reports on NYS youth, discipline and restraint methods as well as reasons for restraints;
- Resident rights, grievances and complaint procedures;
- Resident handbooks and procedures that are given upon admission; and
- Agency Accreditation.

The OCFS review of responses and information collected from the out-of-state residential programs reflected no major health and safety concerns. Two out-of-state agencies, however, listed an increasing number of restraint reports for four LDSS youth in their care. OCFS communicated this information to the placing LDSS. OCFS will continue to monitor restraint reports submitted by out-of-state residential programs for children and youth placed by LDSS from NYS.

Protections for Children and Youth in Out-of-State Placements

On May 7, 2012, Governor Cuomo proposed new legislation (Governor's Program Bill No. 35 – *legislation was passed by the Legislature on June 20, 2012*) to strengthen standards and practices for protecting people with special needs and disabilities in New York State. Included in this legislation are provisions that also would strengthen protections for youth placed in residential schools or facilities located outside of New York State. Specifically, this legislation requires that local social service districts or local education agencies contracting or placing a youth with an out-of-state school or facility or the state agency funding such placement ensure that: (1) the placing entity or funding agency be notified immediately of any allegation of abuse or neglect, or other significant incident involving an individual from New York State; (2) an investigation be conducted by the out-of-state facility or school or other entity authorized to conduct such investigation, or by the placing entity or funding agency; and (3) the findings of such investigation by the out-of-state facility, school or entity be forwarded to the placing entity or funding agency in New York State within ninety days. Such entities shall forward such reports to the New York State Justice Center for the Protection of People with Special Needs. If the Justice Center's Executive Director determines that the out-of-state facility or school has failed to comply with these provisions, he or she is authorized to terminate funding for such entity.

Development of Out-of-State Registry

SED has operated its registry of approved out-of-state schools since July 2005. A link on the Council's website currently directs the user to the approved out-of-state schools registry on SED's website.

In the Fall of 2009, the OCFS Residential Care Registry became operational, but access was available only via OCFS' internal website. In 2010, OCFS reported that the OCFS Residential Care Registry was on the *internet*, but is only available to OCFS employees and partners with a Username and password.

The OCFS Residential Care Registry contains information on all Voluntary Agencies (in-state and out-of-state) that provide congregate care to youth placed by LDSS. The Registry includes the following:

- Agency name, location and basic information on programs and populations served;
- A mapping feature that allows the user to determine the closest available program for placing children and youth; and

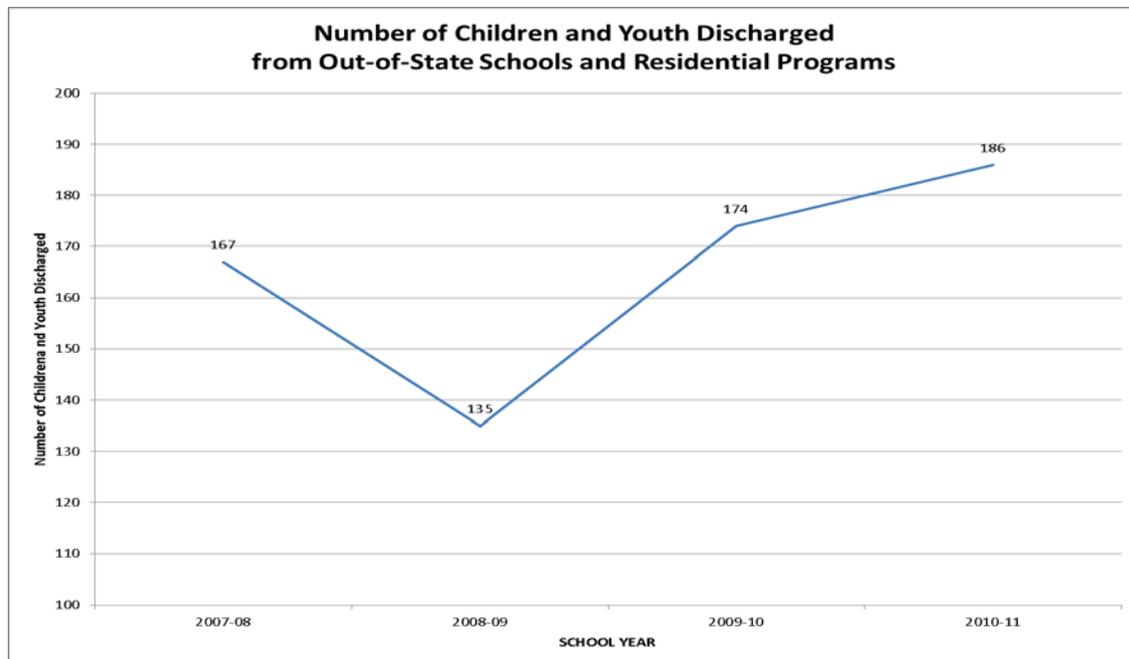
- Hyperlink capability so that the user can access an Agency’s website for additional information.

During 2011, OCFS updated information pertaining to out-of-state Voluntary Agencies on the Residential Care Registry. This information related to contact information, programs offered and populations served. The registry has a mapping feature that allows the user to determine the closest available program for placing children and youth. Additionally, there remains hyperlink capability so that the user can access an Agency’s website for additional information.

C. Data Collection and Surveys

Children and Youth Discharged from Out-of-State Schools and Residential Programs

SED reports that, at the conclusion of the 2010-11 school year, a total of 186 children and youth were discharged from out-of-State residential schools. At the end of the 2009-10 school year, 174 children and youth were discharged. In the 2008-09 school year, a total of 135 children and youth were discharged, and in the 2007-08 school year, 167 children and youth were discharged from out-of-state residential schools.



The following data is reported by SED for all children and youth returning from out-of-state local school district CSE placements during the 2010-11 school year (the most recent data currently available).

All NYS Students Discharged from Out-of-State Schools

June 30, 2011

(where they went upon return)

<i>In-State Public</i> -----	23
<i>In-State Private</i> -----	35
<i>Aged Out (students who have reached 21 years of age without a diploma)</i> -----	67
<i>Graduated (students between the ages of 18 - 21, who have received their diploma)</i> -----	19
<i>Home Instruction – (Medical)</i> -----	0
<i>Institution (psychiatric or developmental center, correctional facility)</i> -----	1
<i>Other: Deceased</i> -----	0
<i>Dropped Out</i> -----	19
<i>Moved</i> -----	9
<i>Unknown</i> -----	13
<i>Total</i> -----	186

Children and Youth Profiles and Surveys

SED reports that it continues to use student profiles. Profiles are completed by school districts as part of the application process for each student to be placed in an out-of-state residential school. Aggregate data from the student profiles allows SED to describe and quantify information on students placed out-of-state. Individual student profiles are shared with in-state private schools that may be able to serve students returning to New York. The following data is reported by SED regarding disabilities for all out-of-state placements made by local school districts from 2005 to 2011.

Students with Disabilities Going Out-of-State

(2006/07, 2007/08, 2008/09, 2009/10, 2010/11, 2011/12)

<u>Disability</u>	2006-07 (as of 12/1/06)	2007-08 (as of 12/1/07)	2008-09 (as of 12/1/08)	2009-10 (as of 12/1/09)	2010-11 (as of 12/01/10)	2011-12 (as of 12/01/11)
Autism	181	152	142	162	138	119
Deafness	20	20	26	31	25	20
Emotional Disturbance	385	187	146	136	137	88
Learning Disability	29	26	6	6	7	3
Intellectual Disability *	66	48	51	42	59	44
Multiple Disabilities	140	85	85	102	77	58
Speech Impairment	20	16	0	0	0	0
Traumatic Brain Injury	10	11	6	6	3	2
Visual Impairment	2	2	1	0	2	2
Other Health Impaired	17	19	15	33	4	16
Deaf/Blind	0	0	0	1	0	2
Orthopedically Impaired	0	0	0	1	3	0
Hearing Impaired	0	0	0	0	2	1
Total	870	566	478	521	477	355

- *Effective 3/30/2011, the term “mental retardation” was changed in Part 200 regulations to “intellectual disability.”*
- *For the 2005-06 school year, please refer to June 2011 report where it is reported a total number of 1076 students placed out-of-state.*

Also during 2011, SED analyzed data from student profiles submitted with an Emergency Interim Placement application as of September 15, 2011. The data below is based on 78 residential student profiles. In addition, the majority of students placed in EIPs are classified with multiple disabilities, an intellectual disability, and emotional disturbance.

EMERGENCY INTERIM PLACEMENTS (EIPs)		
GENDER	NUMBER	PERCENTAGES
MALE	47	60%
FEMALE	31	40%

AGE RANGE	NUMBER	PERCENTAGES
18 – 21 YEARS	35	45%
16 – 17 YEARS	26	33%
15 YEARS AND YOUNGER	17	22%

COUNTY REGIONS	NUMBER	PERCENTAGES
NEW YORK CITY	34	43%
LONG ISLAND	16	21%
HUDSONVALLEY/ ROCKLAND	16	21%
CAPITAL REGION	7	9%
CENTRAL NEW YORK	5	6%

In 2009, 2010 and 2011, OCFS sent Youth Profile Surveys to all out-of-state programs where New York State LDSS youth were placed. The following chart summarizes the OCFS data collected, which was shared with appropriate state agencies on the bed-planning committee.

<u>Disability</u>	<u>2009 (as of 2/27/09)</u>	<u>2010 (as of 6/28/10)</u>	<u>2011 (as of 12/31/11)</u>
Autism	15	17	14
Deafness	2	0	2
Emotional Disturbance	101	107	61
Learning Disability	25	22	21
Mental Retardation	53	45	35
Multiple Disabilities *	75	65	44
Speech Impairment	3	4	7
Traumatic Brain Injury	4	2	1
Visual Impairment	7	3	4
Blind	1	0	0
Other Health Impaired	21	15	13
Orthopedically Impaired	1	2	3
Hearing Impaired	4	2	2

** If a youth had more than one classification, they were counted as having multiple disabilities.*

During 2011, at monthly interagency meetings held between OCFS, OPWDD and SED, out-of-state placement data and LDSS youth profile summaries were shared and distributed among the agencies.

D. Residential Bed Development

SED, OCFS and OPWDD continue to coordinate the implementation of a 5-Year Interagency Plan to develop in-state residential capacity. The target for bed development for students with developmental disabilities is 311 [255 in Children's Residential Projects (CRP's) and 56 approved in-state private schools (known as 853 schools)].

Students with Emotional Disturbance – The bed development for students with emotional disturbance has, to date, primarily been a conversion of existing residential capacity. The bed development for students with emotional

disturbance was 106 beds, and there was no further development in 2011. The need will continue to be evaluated.

Students with Developmental Disabilities – In New York City, 106 of the 311 residential beds for students with developmental disabilities were targeted to be developed. Fifty of these beds in New York City were opened in the 2010-11 school year. The remaining 56 beds in New York City are not expected to be developed due to the Office for People With Developmental Disabilities' action in 2011 to reduce the number of CRP's statewide.

OPWDD reports that of the 205 beds being developed for students with developmental disabilities in Long Island and the Upstate region, 81 are available and are currently filled. Of the remaining 124 beds that were projected to open during the 2011-12 school year, 84 opened by June 30, 2012. An additional 29 beds are projected to open in the 2012-13 school year.

SED reports that, since July 2011 an average of four students per month are placed out-of-state, which equates to approximately 48 students per year. Current bed development for students with developmental disabilities is designed to reduce the rate of placement of students out-of-state.

In accordance with its mission of helping individuals with developmental disabilities live richer lives, OPWDD has implemented a statewide initiative to return children who are eligible for OPWDD services and currently living at residential schools (both in-state and out-of-state), back to home and community based services as they age out of the education system into adult services with OPWDD. The *Age Out Initiative* aims to assure that children who have been placed in either in-state or out-of-state residential schools have access to person centered services upon their entrance into the OPWDD service system at the age of twenty-one.

OPWDD anticipates that 369 individuals will age out of residential schools to OPWDD's adult services system in 2012 – 2013. Of this number, 107 individuals have been placed in a New York State residential opportunity and 262 remain as open cases awaiting placement. (This reflects point-in-time data as of January 31, 2012, which is fluid based on a host of changing variables, eg., development of new services and supports, new opportunities to meet individual needs, and new students). OPWDD adult residential services are licensed by OPWDD to provide varying levels of housing and related services, and are operated by OPWDD or not-for-profit agencies. Residential opportunities include Community Residences (CR), Family Care, Individualized Residential Alternatives (IRA), and Intermediate Care Facilities (ICF). In addition, some individuals return to live with their families with in-home supports provided.

Appendix

Out-of-State Placement Committee

2011 Annual Report to the Governor and the Legislature

Other Interagency Work to Support the Efforts of the Committee

The Commissioners' Committee on Cross-Systems Services for Children and Youth

As reported in previous annual Out-of-State reports, a key development in cross-systems coordination is the Commissioners' Committee on Cross-Systems Services for Children and Youth (hereinafter referred to as the Commissioners' Committee). Under the leadership of the Council on Children and Families, since December 2007, nine state agency heads, along with family and youth partners, have been collaborating to address barriers to meeting the complex needs of children, youth and families who require services from multiple agencies. Specifically, since 2007, the Council has led quarterly meetings of this Commissioners' Committee, and monthly meetings with agency senior staff and family and youth partners, to advance cross-systems work and plan for service and policy improvements for the hard to place and serve youth populations. Individual concerns may be regularly addressed or taken up on an as-warranted basis.

Issues addressed by the Commissioners' Committee, agency senior staff and family/youth partners during 2011 include the following:

- Identifying current and future issues relating to out-of-state residential placements for youth, as well as taking stock of in-state residential and alternative care/service capacities, especially for youth preparing for transition to adult services/community opportunities.
- Revising guidelines pertaining to system responsibilities when planning and/or executing the transition from child-serving to adult-serving systems and the 'adult world'.
- Helping to ensure that the priorities of care for children, youth, young adults and their families are integrated among the State's priority activities including Medicaid redesign, cross-systems Waiver development and health reform.
- Working with the Promise Zones and various systems to identify manifold problems associated with chronic absenteeism in order to build a community awareness and action plan in 2012.
- Intensifying efforts to increase opportunities for youth employment, specifically summer job opportunities with the NY Youth Works Program with particular interest in opportunities specially-abled youth.
- Continued identification of federal, state and local laws and regulations that impede efficient planning across service systems and present obstacles in the development and provision of needed services and supports for children, youth and families.

- Continued attention to the availability of and access to increased respite care, emergency and overnight crisis service opportunities, and family and peer supports that are available to families and youth regardless of the services portal.
- Working with local Coordinated Children’s Services Initiatives, Systems of Care, Inter-agency collaborations, and Regional Interagency Training and Technical Assistance Teams, etc. to implement the recommendations of the Children's Plan and carry out the work of the Cross-Systems Commissioners’ Committee at the local level. These efforts generally incorporate a broad array of services and supports that are organized into coordinated networks, integrated care planning and management across multiple levels of government, are culturally and linguistically competent, and build meaningful partnerships with families and youth in the service delivery and policy arenas.

One of the most common themes communicated to the Commissioners’ Committee has long been the need for better and more frequent communication among stakeholders at the state, regional and local levels. Thus, the ENGAGE cross-systems communication platform was launched by the Council in April 2010 to deliver pertinent and current information of cross-systems interest. In 2011, available communications tools included an e-Newsletter, e-Blast and interactive e-Calendar. Social media opportunities are projected for 2012. The public is encouraged to subscribe to ENGAGE for information and updates on cross-systems collaboration at: www.ENGAGE.ny.gov.

Single Point of Access (SPOA)

Every county in New York State and borough in New York City has a working “Single Point of Access (SPOA)”. The purpose of the SPOA for children and families is to identify those children with the highest risk of placement in out-of-home settings and to assure timely, appropriate placements which will best maintain those children in their home communities. Each SPOA serves as a (n):

- Access point for youth and families to OMH Licensed Services and Supports for both residential and community-based services;
- Triage entity that identifies the needs and strengths of each child and family;
- Linkage mechanism to the most appropriate services and supports that match the identified need(s);
- Monitoring agent for those children on waiting lists for services identified above;
- Oversight entity to prioritize and ensure that the neediest child receives the identified service when an opening occurs;
- Connector back to the community for youth in residential care or between levels of care; and
- Linkage to other systems for children and families whose needs cannot be met in one system alone.

New York State is on the cusp of transforming the Medicaid program, which will have an impact on the current functions of the Children and Youth SPOA. The current complexity of New York State's Medicaid System for publicly funded mental health services has negatively impacted the operations, access and accountability within the system. In 2011, under an executive order by Governor Cuomo, the Medicaid Redesign Team (MRT) was created. The charge of the MRT was to identify ways to save money and improve quality with the Medicaid program. In 2011, the MRT crafted recommendations that were approved by the Governor and Legislature. Please refer to the following link for the full listing of MRT recommendations:

http://www.health.ny.gov/health_care/medicaid/redesign/

As a direct result of the MRT recommendations, OMH and OASAS have undertaken a multi-year initiative to restructure the way the State delivers and reimburses publicly supported behavioral health services with the goal of developing a system of quality care that responds to the individual needs of adults and youth. In 2012, the Offices will be exploring the role and function of the Children and Youth SPOA within this new paradigm.

Promoting Wellness in the Early Years

Historically, the children's mental health system has not played an active role in early childhood programs and services for children under the age of five, and their families. To address young children's social emotional development/mental health issues, a Social Emotional Development Consultation Work Group was formed to develop recommendations for social and emotional development consultation in early childhood settings. The Work Group includes staff from the Council, DOH, OCFS and OMH. In October 2010, the Work Group published recommendations that endorsed the adoption of a "*Framework for Supporting the Social Emotional Development of Young Children*" for all young children across the state. This report led to the Work Group working with the Early Care and Learning Council, along with several local child serving agencies on a community demonstration project funded by OCFS to support training and implementation of social and emotional development consultation in early childhood programs in four communities in the State. The demonstration project proved to be very successful, but unfortunately funds were not available to continue this work.

To respond to the federal requirement to establish or designate State Advisory Councils on Early Childhood Education and Care, New York State established a new body— *the Early Childhood Advisory Council (ECAC)*. The ECAC includes individuals with early childhood expertise in early care and education, health care, child welfare, and mental health programs, who represent state agencies, advocacy organizations, foundations, provider agencies, higher education, unions, and others involved in the provision of services to young children and their families. The ECAC focuses its efforts on addressing the structural issues that impede the development of a comprehensive system of early childhood supports and services.

One of the ECAC's six work groups, the Promoting Healthy Development Work Group, has a major focus on building capacity among providers in child-serving systems to improve the social-emotional development of young children. Given the similarity of purpose and

membership, the Social Emotional Development Consultation Work Group merged with this work group. Current Work Group activities having to do with social-emotional development include:

- Promoting partnerships between early care settings and community health and mental health providers to promote the social-emotional development of young children by working with state agencies, provider associations, training organizations and others to ensure that social-emotional developmental knowledge is infused in the training of professionals who work with children birth to age 5 and their families.
- Establishing a screening system, that is built upon routine developmental screening of all young children in New York State and includes, but is not limited to, social-emotional development screening and maternal depression screening.
- Developing a web-based clearinghouse on resources to support early childhood professionals meeting the social emotional development needs of young children.
- Developing strategies for the development of a system for on-site support of staff/providers of early care and education meeting the social emotional development needs of the young children in their care.

Integrating Treatment for Youth with Co-Occurring Disorders through Research, Practice and Training

Almost half of youth receiving mental health services in the United States have been diagnosed with a co-occurring substance use disorder. Research shows that these youth generally have poorer clinical outcomes than those without a co-occurring disorder. Despite this knowledge, many mental health clinicians are ill-equipped to handle youth with substance abuse disorders, and conversely chemical abuse counselors are unable to adequately address the mental health needs of the youth they serve.

Integrated treatment is the most effective means to address the complex needs of youth with co-occurring disorders. Within New York State, efforts are being made to move the field toward providing integrated services through training and guidance programs for mental health and addictions clinical staff.

In February and March 2010, 60 professionals, from both substance abuse and mental health agencies, were trained as trainers in an introductory curriculum on adolescent co-occurring disorders. In 2011, 30 professionals, from both chemical dependency and mental health programs received training and individualized clinical consultation in Motivational Enhancement Therapy and Cognitive Behavioral Therapy, an evidence-based treatment.

Looking forward to 2012-13, a module on adolescent mental health and substance abuse co-occurring disorder (COD) is being developed for inclusion in a comprehensive web-based program on co-occurring disorders.

Project TEACH - Supporting Primary Care Physicians in Treating Children and Their Families

The United States Surgeon General estimates that 20 percent of children and adolescents in the United States suffer from mental illness severe enough to cause some level of impairment, yet less than one in five of these children receives treatment from a mental health provider. Exacerbating the lack of needed treatment is the critical and continuing shortage of child and adolescent psychiatrists in the United States. There are approximately 7,400 practicing child and adolescent psychiatrists in a country with 73 million children and adolescents under the age of 18. In New York State, there remains a critical shortage of child and adolescent psychiatrists as reflected in trends across the nation. As reported in a policy paper issued jointly by the Schuyler Center for Analysis and Advocacy and the NYS Conference of Local Mental Hygiene Directors (March 2008), New York's shortage is much worse in the rural areas of the state, with 24 counties having no child and adolescent psychiatrists, and seven counties with only one. The report further states that of the 62 counties in the state, 44 have less than four child and adolescent psychologists. According to the National Institute of Mental Health (NIMH), half of all chronic mental illness begins by age 14, highlighting the importance of early identification and intervention. Without appropriate treatment, childhood disorders may persist into adulthood, leading to an increased risk of school failure, psychiatric hospitalizations, substance abuse, limited employment prospects, poverty, and a lower quality of life.

Primary care physicians (e.g., pediatricians and family physicians) are often the first place where families seek help or information about emotional or behavioral concerns with their children. Further, many children receive mental health counseling and support through their primary care doctor with no additional services. Although physicians provide mental health support and prescribe medications, they often do not have access to the necessary training or consultation to help them make treatment decisions for children with complex needs.

To support the critical role that pediatricians and primary care physicians (PCPs) play in the early identification and treatment for emotional disturbances in children, OMH, in collaboration with District II of the American Academy of Pediatrics (AAP), the New York State Chapter of the American Academy of Family Physicians (AAFP) and the Conference of Local Mental Hygiene Directors (CLMHD) is funding Project TEACH (Training and Education for the Advancement of Children's Health).

Project TEACH is a collaborative effort of State government and medical providers designed to link pediatricians and primary care physicians with child mental health experts across New York State.

Project TEACH is committed to strengthening and supporting the ability of PCPs to provide mental health services to youth in their practices. Physicians participating in Project TEACH

can access rapid consultation from child and adolescent psychiatrists, education and training, and referral and linkage services for their child and adolescent patients. These methods are consistent with recent publications and recommendations of the AAP and the American Academy of Child and Adolescent Psychiatry (AACAP). One long term goal of the project is to have more youth with mental health disorders treated in primary care. Its design also allows and facilitates referral to specialty mental health providers for those children requiring more complex care.

Under Project TEACH, PCPs in NYS are eligible for a series of free services. All PCPs are eligible to receive telephonic consultation about their patients' mental health needs. PCPs also can obtain direct consultation for their patients, either face to face with the psychiatrist or via videoconference. This program covers youth in both the public and private sectors. When more than an initial consultation is needed, referral and linkage services assist families and primary care providers to access community mental health and support services such as clinic treatment, case management, or family support. Educational-based trainings are held regularly on a variety of topics related to children's social and emotional development. CME credits are available to physicians for attending the training.

Among the services available to physicians, there is the opportunity to:

- Participate in case conferences to discuss their patients who have mental health problems;
- Attend conferences that address mental health diagnoses, treatment, practice issues and billing for mental health contacts; and
- Participate in web based education and information on mental health disorders;
- Receive referral information for mental health professionals in the community who wish to work collaboratively with PCPs to address their patients' mental health problems.

OMH has contracted with two entities to operate Project TEACH in New York - Child and Adolescent Psychiatry for Primary Care (CAP-PC) and Child & Adolescent Psychiatry Education and Support (C.A.P.E.S.) - to provide consultation, training, referral and linkage services. The members of each contractor entity have had many years of experience working with youth with social and emotional difficulties and the PCPs who serve them.

Since program inception, (data current as of 4th Quarter 2011):

- 900 primary care physicians have registered with the program since March 2010;
- CAP PC and C.A.P.E.S., collectively, have received approximately 1200 calls from primary care practices;
- Resulting in over 1000 phone consultations by child and adolescent psychiatrists to practicing physicians;
- Of these, 275 youths were evaluated directly by a child and adolescent psychiatrist;

- 220 physicians completed the REACH Institute mini-fellowship training through CAP-PC; and
- Over 150 physicians have attended C.A.P.E.S. training events.

Finding Community Solutions in Brooklyn

Brooklyn Children’s Center, formerly Brooklyn Children’s Psychiatric Center, currently offers a continuum of community-based services that are designed to provide mental health treatment and support for children and families in Brooklyn.

Brooklyn Children’s Center offers the following programs:

The Brooklyn Children’s Behavioral Health Center is dedicated to the provision of high quality mental health treatment for the youth and families it serves. It serves children and youth up to 21 years of age, and when it is fully operational it will have the capacity to serve 400 children and families at any one time.

The Day Treatment Program provides a psycho educational, therapeutic milieu to serve children and adolescents who require intensive clinical interventions as an integral part of the school day. The current capacity is 96.

The Community Respite Program is a crisis residence that is designed to provide a short-term (1-21 day), trauma-sensitive, safe and therapeutic living environment, and crisis support, to children and adolescents with serious emotional disturbances, their families and residential service providers. The current capacity is 8.

The Learning Resource Center provides academic intervention and/or vocational support opportunities for children and adolescents who are receiving services from any other Brooklyn Children’s program.

Brooklyn Children’s Intensive Case Management program was expanded by 24-slots as part of the transformation. The program is designed to assist seriously emotionally disturbed youth and their families gain access to and/or maintain the necessary supports and services for them to continue residing in the community.

Brooklyn Children’s Center is in the process of continuing to develop the following programs as part of its continuum of care:

An Intensive Day Treatment (IDT) program that will serve as a short term assessment and respite for youngsters who are challenged, in crisis, or who are temporarily unable to be maintained in a more traditional academic, and/or treatment milieu. This program will operate as a component of Brooklyn Children’s existing day treatment program.

A Family Support program will be developed and situated on the campus of Brooklyn Children's to provide advocacy and support the parents, guardians, and other caregivers who have children engaged in services at BCC.

A Peer Support program, and a Youth Drop-In Center, will also be situated on the campus of Brooklyn Children's to provide advocacy and support resources for youth engaged in mental health services.

At the conclusion of its transformation, the Brooklyn Children's Center will have the capacity to serve up to 600 youth and their families at any one time.