



State of New York
Eliot Spitzer
Governor

omh Office of Mental Health
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Albany, New York 12229
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May 7, 2007

Gary O'Brien, Chair
NYS Commission on Quality of Care
and Advocacy For Persons with Disabilities
401 State Street
Schenectady, NY 12305-2397

Dear Mr. O'Brien: *Gay*

The Office of Mental Health has received and reviewed the preliminary Commission's report regarding Residential Treatment Facilities serving children with serious emotional disturbance between January 2004 and June 2005. I appreciate the care and attention that went into this study, yielding very thoughtful recommendations. I have enclosed our responses to your report for your review.

Again, thank you for sharing this report based on feedback from youths, families and professionals. If you have any questions regarding our response, please feel free to contact me.

Sincerely,

Michael F. Hogan, Ph.D.
Commissioner

Enclosure



Preliminary OMH responses to the Commission's recommendations:

The depth and comprehensiveness of interviews conducted by the commission as the basis of this report is commendable. Too frequently, the voices of parents and especially of youth are not heard clearly enough in evaluating mental health programs and policy.

Having said this, the report is, curiously, not grounded in research regarding the nature of severe emotional disturbance, and especially on what is known about the efficacy of residential treatment. Key learnings from the literature are first that care must be personalized and responsive to an individual's strengths, needs and preferences. This is an extremely challenging perspective when it comes to residential treatment because of the intensity and diversity of the needs and strengths of the youth who are served. It may not be possible to reach any valid conclusions without examining this issue of whether treatment is personalized.

A second major "truism" from the literature is that any gains in treatment that are achieved in residential care are completely dependent on whether follow up supports and treatment are similarly appropriate and effective given the child's status, needs and preferences following the period of treatment.

The findings in the study are perhaps limited given that these perspectives were not adequately included in the review.

A second OMH perspective on the report follows from the observations above. Because of these factors, improving outcomes of children who must receive residential treatment requires sustained improvements in all aspects of children's development and mental health care.

Thus, while OMH notes below an aggressive program of response to the study many of our shared hopes for improved outcomes for children and their families require working "outside the box" of residential treatment, referrals and discharge.

COC Recommendation:

OMH should issue clear guidelines regarding the working relationship between the SPOA and the PACC, to ensure consistency across the counties. Once communicated, OMH should monitor performance of SPOA and PACC.

OMH Response:

OMH recently issued the 2007 Children's SPOA Guidance Document, which was shared with the Commission earlier this year. This document clearly details the role of SPOA and the various core elements that each SPOA should have in place. We have enhanced these elements to include specific language regarding the relationship among families, the

SPOA, PACC and the RTF. One of the core elements is focused on supporting children and their families through transitions to and from placement. Returning home is the primary goal. In situations where a return home is not possible; the SPOA will work with available resources to develop a plan to support the child and family through an out-of-home placement or with the Child Welfare system.

Each SPOA is asked to develop a process to remain in contact with children admitted to the RTF during the following points in treatment:

1. When SPOA meets and recommends RTF level of care.
2. At admission to the RTF.
3. During treatment at RTF and
4. In discharge planning from the RTF.

OMH will conduct regional meetings with SPOA coordinators, RTF Specialists (PACC representatives in OMH Field Offices), and RTF Transition Coordinators (RTF Employees) to discuss implementation of these core principles, to clarify roles and responsibilities and to develop networks that promote collaboration and comprehensive planning on behalf of children.

COC Recommendation:

With the universal recognition that work with families in appropriate situations improves the likelihood of successful discharge, the Commission recommends that OMH identify, promulgate and to extent possible provide training opportunities for RTF clinicians on best practices for conducting comprehensive family and home assessments, providing family therapy and for engaging families in therapy.

OMH Response:

OMH recognizes that supporting families and engaging them in treatment involves both the RTFs and the home community. Particularly in those situations where the family lives in a community that is a significant distance from the RTF. SPOAs will play an increasingly important role in offering treatment services to families in the home community and in coordinating with the RTF regarding serving and supporting the family. The recently released 2007 SPOA Guidelines also include a core element for SPOAs to ensure access to community-based family support and treatment for the family member that are accessing SPOA services, such as RTF.

OMH will also be issuing a Request for Proposals later this year to strengthen both family engagement and family supports for families of children and adolescents in residential programs, including RTFs. A total of \$850,000 is available to residential providers for training and consultation on evidence-based engagement strategies,

parenting skills and direct support services to families via family therapy and work in the home and community.

COC Recommendation:

OMH should take steps to encourage RTFs to build on their work with families to improve discharge planning to:

- *Develop realistic reward systems that accommodate the family's resources and other responsibilities;*
- *Document efforts to enroll youths in activities to reduce the amount of unsupervised down time that parents' work schedules require; and,*
- *Ensure that educational and mental health programs are in place at the time of discharge*

OMH Response:

This set of recommendations is very broad-reaching and will involve the need for dialogue and action at the system and individual RTF level. OMH will convene a short-term workgroup composed of Parent Advocates, RTF representatives, SPOA Coordinators, the Statewide Youth Advocate and OMH staff to develop recommended policy frameworks in the areas of reward systems and discharge planning. Subsequent to the development of the framework, OMH will ensure that each RTF implements an appropriate plan.

Additional attention will be given to the roles and responsibilities of the RTF Transition Coordinators. We will strengthen the expectation and accountability of the Transition Coordinators to link families with the RTF and to support youth in transition from RTFs to their home communities. Transition Coordinators will be expected to participate in SPOA meetings on a regular basis. Through close collaboration with SPOAs, a comprehensive approach to address child/family needs including: mental health treatment, health care, family support, educational and recreational needs will be addressed.

OMH will also develop a connection between the Transition Coordinators and the Parent Advisors in the Field Office to improve access to training that is available within the region on parenting children with special needs (i.e. Common Sense Parenting).

COC Recommendation:

To enable transition coordinators to finalize educational placements for youth prior to discharge, OMH and SED should identify obstacles to successful placements and work toward to eliminate the barriers identified.

OMH Response:

OMH will establish a team, comprised of representatives from the State Education Department, OMH, RTF Providers and School Districts to identify and resolve educational obstacles for children served by RTFs.

COC Recommendation:

OMH should require RTFs to review their curricula, daily procedures and activities to identify additional opportunities to teach functional living skills

OMH Response:

OMH will ensure that a review of treatment plan protocols is conducted to ensure that the individualized assessments of strengths and needs relate to the establishment of treatment and support goals across life domains. This would include the achievement of developmentally appropriate living and recreation skills. Additionally, it is OMH's intent to continue to work with the RTFs to reduce the length of stay and to get children home more quickly. The home environment is the most optimal location for children to grow and develop.

COC Recommendation:

The Commission commends the attention to the needs of young adults for safe, supervised housing that is part of the NY/NY III agreement. NY/NY III provides for the development of housing for two categories of young persons: 200 congregate beds are allocated for young adults in State psychiatric centers or other mental health care settings. Also, 100 congregate beds and 100 scattered site beds are allotted to young adults who have left or are leaving foster care and are at risk of homelessness. In looking beyond New York City, the Commission recommends that OMH, in consultation with local mental hygiene providers and recipients, review the distribution of mental health services and supervised housing for children and young adults in other areas of the state, particularly in under-served areas, to identify needs and allocated resources as appropriate.

OMH Response:

OMH has recently developed 16 Children's CR beds and we are currently in the process of developing an additional 32 Children's Community Residence beds outside of New York City to meet specific geographic and demographic needs. Adolescent Community Residences will be located in Olean, Canandaigua, Malone, New Rochelle, Monticello/Liberty, and Dix Hills. An RFP for an additional 72 beds throughout New York State excluding NYC is expected to be released in the next six months and to improve access further. These Community Residence programs serve multi county areas within each of the upstate and Long Island regions. The allocation of these programs

takes into consideration the per capita availability of CR beds in each region to ensure an equitable distribution of available resources.

In addition, the Legislature provided funding for the Children's Coalition to develop a model for housing and supports of transitional age young adults that will be shared with local communities throughout the state with the goal of raising awareness and interest in developing a pilot demonstration project. This funding will also be used to collect and coordinate the lessons learned in these pilots and to disseminate this information to all interested parties and to provide technical assistance to providers in planning for the development of services for youth with transitional needs.

Factual corrections to information contained within the report:

- *Page 3 indicates. "The 18 RTFs in New York State have a total capacity of 507 beds with 78 beds in OMH's Central NY region; 175 beds in the Hudson River Region; 133 in Western NY; 93 in NYC; and 28 located on Long Island."*

Please note the correct total number of RTF beds and regional location distribution is as follows: total capacity of 539 beds with 78 beds in OMH's Central NY region; 175 in Hudson River Region; 133 in Western NY; 125 in NYC; and 28 on Long Island. Please note approximately 2/3 of the RTF beds located in the Hudson River Regions are accessed by New York City Children

- *The closing paragraph on page 12 of the report indicated not all RTF referrals go through the SPOAs and OMH officials had indicated this, in part, was due to limited funding and consequently limited operation of SPOAs.*

During the time of your study, SPOA was not fully operational in New York City. This delay was not related to the availability of funds, but to the design and procurement process. All five boroughs currently have a functioning SPOA where RTF referrals are reviewed. We would also like to point out that while SPOAs are strongly encouraged to screen all referrals for RTFs, families have a right to make referral directly to the PACC if they choose to do so (please see the attached February 10, 2004 letter which describes families' rights under Medicaid and Mental Hygiene Law).

44 Holland Avenue
Albany, New York 12229

February 10, 2004

Dear Mental Health Commissioner/Director:

I would like to take this opportunity to thank you for the hard work and effort you have been putting forth to improve services on behalf of children with serious emotional disturbance and families in NY State. In the four years since the Governor's New Initiatives resources have been released, we have experienced improvements in access, coordination and service planning at the local level. Additionally, we have seen both a reduction in the wait list and in the length of stay in our most intensive levels of service. New York State is recognized as a leader in the nation for the progress we have accomplished in developing local systems of care for children and families. Our success as a state is due in large part to the efforts put forth by you and your staff.

We believe that much of the success we have experienced is because Single Points of Access have improved the coordination of service delivery and access, just as was hoped when the concept was introduced. In the next several years, the vision is for the SPOA to act as the catalyst of coordination and the primary entry point into the local system of care for children and families needing services. In order to move closer toward that goal, OMH would appreciate your assistance in using the SPOA to screen potential candidates for residential treatment before they go to the RTF PACC (Preadmission Certification Committee). This does not mean the expectation is that the SPOAs will provide the same level of review as a PACC. It simply means that we expect the SPOA to ensure that before residential treatment is considered, every effort has been made to develop a plan for the child at the community level.

Under 14 NYCRR §583.8 b(1), "The preadmission certification committee shall not make an eligibility determination unless it finds that: "... available ambulatory care resources and other residential placements, other than a hospital, do not meet the treatment need of the individual child ...". The review and recommendation by the LGU/SPOA will assist the PACCs in fulfilling this requirement since counties know their families and local resources better than do the regional PACCs. The final determinations regarding RTF eligibility will still be made by PACCs; however this determination will be made with the recommendation and input of the LGU. It should be noted that both Medicaid Law and Mental Hygiene Law provide that families can apply directly to the PACC for an eligibility determination. Families and referring agencies must be informed of the family or guardian's right to a PACC eligibility determination regardless of the SPOA/LGU recommendation. We will work with families in this case to involve the LGU's in planning for services for their child.

If the information is incomplete at the time of SPOA review, the regional PACC coordinators will continue to be responsible for the collection of the necessary documents for PACC determination of eligibility.

A number of counties have found that staying in contact with their high risk children and planning with providers while those children are hospitalized results in reduced time out of the community. As part of the effort to build the system of care in each community, we also expect SPOAs to be active participants in planning for their children while they are away. Participating in treatment planning by phone and inviting residential staff to attend SPOA meetings are two ways to accomplish this.

We thank you for the excellent work you are doing on behalf of children and families with serious emotional disturbance in this state. Should you have any questions about SPOA requirements please feel free to contact the Children and Youth Field Office Coordinator in your respective field offices, or Allison Campbell, our Statewide SPOA Coordinator at 518-474-8394.

Sincerely,



Michael P. Zuber, Ph.D.
Associate Commissioner
Bureau of Children and Families

cc: F.O. Directors
C&Y Coordinators
RTF Case Managers
RTF Directors