



Richard W. Schumann
Executive Director

**Friends of Somerset County Youth, Inc., and
The Children's Hope Initiative, a Committee of Friends of Somerset County Youth**

Family and Community Services of Somerset County (FCSSC) – Six-Month Report – January-June 2017

Agreement

Family and Community Services of Somerset County (FCSSC) will provide two (2) additional hours per month of advanced practice psychiatric nursing services for children in 2017 and increase the work schedule of the Intake Coordinator an additional two (2) hours per week in 2017. The increase in time will provide counseling services to children who are impacted by child abuse, neglect, or domestic violence.

Friends of Somerset County Youth, Inc., and The Children's Hope Initiative, a Committee of Friends of Somerset County Youth will provide financial resources to FCSSC to fund these additional services for children served by FCSSC in the total amount of \$4,000. The purpose of this grant by Friends and CHI is to keep to a minimum the current waiting times for children and adolescents to see a child psychiatrist and clinician.

It is anticipated that the waiting period for children to see the advance practice psychiatric nurse or psychiatrist will be 4 weeks in non-emergent cases and the wait time for children to see a clinician will be 3 weeks.

Agency summary of events in 2017 (January through June)

- In response to the ever-increasing need for psychiatric services to low and moderate income earning individuals and families, Family and Community Services of Somerset County hired Dr. Budoff to assist Caren Goldstein, APN with providing psychiatric services and medication management to all of our clients and specifically children and adolescents, as it relates to this grant funding. Dr. Budoff has also assumed the supervision duties of Caren Goldstein. Since March 2017, Dr. Budoff works at least one day a week (usually Monday). Caren Goldstein works every Tuesday.
- The additional expense of a psychiatrist can be burdensome to a small nonprofit like FCSSC. Often, the reimbursement from insurance companies does not cover the expense of the psychiatrist's time and is the very reason why there are limited options for psychiatric services in Somerset County.

2017 Outcomes for 2017 CHI Funds (January through June)

- Through the efforts of the FCSSC Psychiatrist and the APN, the **average** number of clients on the wait list for psychiatric services decreased from seven individuals/families to five individuals/families.
- The **average** waiting period for children to see the advance practice psychiatric nurse or psychiatrist is four weeks in non-emergent cases
- The **average** waiting period for children to see the clinician is three weeks in non-emergent cases.
- There is always a need to expand our capacity to serve children and adolescents. FCSSC has an average of five children/adolescents in need of psychiatric services, on our wait list, all the time.
- The money provided by CHI has helped FCSSC maintain the wait periods outlined in the MOU and has helped reduce the average number of clients on the wait list (January-June).





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The Impact

AR came to FCSSC as a 15-year-old male adolescent. He is part of a low-income Hispanic family. He was referred to the agency by his primary care physician due to serious academic difficulties and suspected depression. At time of the referral, he was failing a few classes and was refusing to attend school.

AR was first seen by a clinician for a few sessions and then referred to the agency consulting psychiatrist. AR was severely depressed, admitted to a great deal of frustration, anxiety, very low self-esteem, and suicidal ideation. He also admitted to experiencing significant verbal abuse as a child.

AR was seen by the consulting psychiatrist who evaluated him as ADHD and depressed and prescribed medication (with the parents' permission for both). Treatment consisted of weekly therapy sessions (a combination of individual and family sessions), reaching out to the school and requesting they do a Child Study Team evaluation and a development of a 504 plan, and ongoing medication/psychiatric monitoring. One year later, AR is no longer experiencing symptom of major depression or anxiety, he is doing well in school, and family interactions have improved significantly.

Respectfully submitted,

Richard W. Schumann

