

**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
2017 Year End Report for Children's Hope Initiative Grant**

1. 2017 Level of Service

- 20 hours of APN services were provided as outlined in the MOU.
- 80 hours of clinician services were provided as outlined in the MOU.
- 7 children/adolescents received services at an average cost of \$572 for a 10 month period

2. Accomplishments with and for the children with the funds from CHI in 2017.

- 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.
- 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.

3. Problems that were encountered during 2017.

- 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.

4. How FCSSC's work helped make children's lives better

Success Stories

- AR came to FCSSC as a 15-year-old adolescent male. His family is described as 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 symptoms of major depression or anxiety, he is doing well in school, and family interactions have improved significantly.

- MN started treatment at our agency at the age of seven. He was discharged from an inpatient program. Presenting concerns included major impulse control difficulties, frequent outbursts, inability to function in school, depression and anxiety. His diagnoses included bipolar disorder, ADHD combined type, generalized anxiety disorder. He was living in a single parent home. His father who had a history of major mental health issues (diagnosed bi-polar disorder), left the home when MN was three years old and despite living in the same state had virtually no contact with MN other than a few calls making promises that he never followed up on. MN's father was also reportedly verbally and physically abusive of MN's mother before he left.

Treatment included mother-son counseling sessions, individual sessions, and psychiatric assessments and medication monitoring. MN's condition was very complicated and it took a few years (including one other period of treatment) before he became relatively stabilized with the right combination of medications and appropriate skills developed in therapy. MN is now 15. We helped advocate for him to get him into the best "out-of-district" school system. He is now doing very well in school, he is involved in a couple of important clubs, he is more confident and expresses himself well, he has improved impulse control, and he has improved with his anger management and conflict resolution. In addition, his relationship with his mother is significantly improved. The family finances can be best described as "low income", so they continue with medication management at the agency for affordability purposes, and MN continues therapy sessions once per three weeks to address any difficulties and maintain his progress.

Respectfully submitted,
Richard W. Schumann, MBA
Executive Director