

**2023**

**Residential Treatment Facility (RTF)  
Admissions Advisory Board**

**Annual Report**



**Office of  
Mental Health**

**Council on  
Children and Families**

## Residential Treatment Facility Admissions Advisory Board 2023 Annual Report

### Introduction to the Residential Treatment Facility (RTF) Admissions Advisory Board

The Residential Treatment Facility (RTF) Admissions Advisory Board was created pursuant to Part NNN of Chapter 58 of the Laws of 2020, which amended section 9.51 of the Mental Hygiene Law.

The Board is co-chaired by the Commissioner of the Office of Mental Health (OMH) and the Executive Director of the Council on Children and Families (CCF). The Co-chairs selected Board members to include representatives that reflect the racial, ethnic, and geographic diversity of the state; further board members represent all five OMH administration regions. As required by law, the RTF Admissions Advisory Board members must include:

- representatives of the state member agencies that compose CCF as specified in Social Services Law § 483
- local agency representatives under the jurisdiction of a member agency of CCF as specified in Social Services Law § 483
- family representatives with lived experience with RTFs
- medical directors from RTFs
- representatives from hospitals with pediatric inpatient psychiatric beds that are not operated by OMH

Each OMH region name and the counties in catchment are as follows:

- Central NY (CNY): *Counties in region:* Broome, Cayuga, Chenango, Clinton, Cortland, Delaware, Essex, Fulton, Franklin, Hamilton, Herkimer, Jefferson, Madison, Montgomery, Lewis, Oneida, Onondaga, Oswego, Otsego and St. Lawrence
- Hudson River, NY (HR) *Counties in region:* Albany, Columbia, Dutchess, Greene, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington and Westchester
- Long Island, NY (LI): *Counties in region:* Nassau and Suffolk
- New York, NY (NYC): *Counties in region:* Bronx, Kings, New York, Queens and Richmond
- Western, NY (WNY): *Counties in region:* Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne, Wyoming, and Yates

The Board has a statutory responsibility to issue an annual report on the disposition of eligible applications for admission to RTFs. The RTF Admissions Advisory Board annual report will be posted on OMH's website and submitted to the governor, the speaker of the assembly and temporary president of the senate.

### Board Composition and Meetings

The Board held its inaugural meeting on September 19, 2023. Twenty members were present. The Board meets as often as deemed necessary by the co-chairs in order to prepare the statutorily mandated annual report; they are to meet at minimum once per full calendar year.

The Board is currently comprised of the following individuals:

<b>Key for OMH Regions:</b>		
LI – Long Island	NYC – New York City	HR – Hudson River
CNY – Central New York	WNY – Western New York	

<b>OMH Region</b>	<b>Name</b>	<b>Title</b>	<b>Representative Type</b>	<b>Representative Agency (if applicable)</b>
Statewide	Dr. Ann Sullivan	Commissioner	Co-Chair	NYS Office of Mental Health
Statewide	Vanessa Threatte	Executive Director	Co-Chair	NYS Council on Children and Families
Statewide	Elana Marton	Deputy Director and Counsel	Council on Children and Families (CCF)	NYS Council on Children and Families
Statewide	Suzanne Bolling	Assistant Counsel, Office of Special Education	CCF Member Agency	NY State Education Department
Statewide	Gail Geohagen-Pratt	Acting Deputy Commissioner, Child Welfare and Community Services	CCF Member Agency	NYS Office of Children and Family Services
Statewide	Dr. Myla Harrison	Medical Director, Division of Medical and Dental Directors	CCF Member Agency	NYS Department of Health
Statewide	Dr. Sarah Kuriakose	Associate Commissioner	CCF Member Agency	NYS Office of Mental Health
Statewide	Dr. Jill Pettinger	Deputy Commissioner of Statewide Services	CCF Member Agency	NYS Office for People with Developmental Disabilities
WNY	Elijah Chace	Young Person	Young person with lived experience with RTFs	N/A
WNY	Wendy Chace	Caregiver	Family member with lived experience with RTFs	N/A
CNY	Allison Fahmy	Young Person	Young person with lived experience with RTFs	N/A
<b>OMH Region</b>	<b>Name</b>	<b>Title</b>	<b>Representative Type</b>	<b>Representative Agency (if applicable)</b>

WNY	Caregiver*	Caregiver	Family member with lived experience with RTFs	N/A
CNY	Caitlin Kilts	Caregiver	Family member with lived experience with RTFs	N/A
CNY	Caregiver*	Caregiver	Family member with lived experience with RTFs	N/A
CNY	Amy Cunningham	Commissioner	Local Governmental Unit	Onondaga County, Department of Children and Family Services
CNY	Richelle Gregory	Director of Community Services	Local Governmental Unit	Clinton County, Community Services Board
HR	Michael Orth	Commissioner	Local Governmental Unit	Westchester County Department of Community Mental Health
HR	Dr. Angela Adger-Antonikowski	Associate Dean, Community Outreach & Medical Education; Clinical Psychologist, Departments of Neurology & Psychiatry	Representative from a hospital	Albany Medical College
LI	Charlotte Poland	Social Worker Supervisor Child & Adolescent Psychiatry	Representative from a hospital with pediatric inpatient psychiatric beds	Nassau University Medical Center
LI	Brian Pritchard	Associate Executive Director	Representative from a hospital with pediatric inpatient psychiatric beds	South Oaks Hospital
NYC	Rachel Surwit Teitel	Social Worker Supervisor	Representative from a hospital with pediatric inpatient psychiatric beds	NYC Health and Hospitals- Bellevue
CNY	Christine VanDelinder	Unit Social Worker	Representative from a hospital with pediatric inpatient psychiatric beds	SUNY Upstate Medical Center
<b>OMH Region</b>	<b>Name</b>	<b>Title</b>	<b>Representative Type</b>	<b>Representative Agency (if applicable)</b>

CNY	Dr. John Lynch	RTF Medical Director	RTF Medical Director	Hillside Children's Center
WNY	Elizabeth McPartland	Chief Executive Officer	Representative of RTF agency	Child and Family Services of Erie County (operates Conners RTF)
WNY/CNY	Maria Cristalli	Chief Executive Officer	Representative of RTF agency	Hillside Children's Center (operates Hillside Monroe RTF, Scottsville RTF, Emerson RTF, and Finger Lakes RTF)
NYC	Traci Donnelly	Chief Executive Officer	Representative of RTF agency	The Child Center of NY
NYC/LI	Suzette Gordon	Chief Executive Officer	Representative of RTF agency	SCO Madonna Heights
NYC	Dr. Ayodola Adigun	Psychiatrist	Representative of RTF agency	The Child Center of NY RTF

\*Consent to publicly disclose name is pending.

### **RTF Admissions Advisory Board Annual Report Requirements**

The Board's annual report is statutorily required to minimally include data on: the number of children that applied to each RTF, the number of children admitted to each RTF, the number of children transferred from a hospital operated by the OMH and subsequently transferred to another hospital, the average length of stay for residents at each RTF, the number of children served at each RTF, and the number of involuntary placements and/or transfers from OMH operated inpatient facilities which occur each calendar year. In this year's annual report, the Board is additionally including information about the RTF program, target population, services, eligibility criteria and referral process. This report will also include data on the number of denials for admission issued by each RTF.

### **RTF Program**

RTFs are OMH licensed treatment facilities that provide time-limited sub-acute inpatient psychiatric level of care in a residential campus setting. RTFs serve youth requiring sub-acute inpatient psychiatric care as determined by OMH RTF Authorization Teams. RTF Authorization Teams are comprised of a board-certified child psychiatrist and a licensed mental health professional.

The intent of the RTF is to stabilize and/or reduce the intensity and frequency of a youth's mental health symptoms, so RTF eligible youth may be (re)integrated back into their home and community as soon and as safely as possible. RTFs are only one type of setting in New York State where children and adolescents with serious emotional disturbance and mental health diagnoses may be treated and receive 24/7 care.

RTFs provide 24/7 medical and clinical intervention and supervision. RTFs provide all mental and

physical health treatment and support services in a coordinated, intensive manner. RTFs are not a permanent or long-term residential placement setting for children and adolescents. Admission to an RTF has no impact on the custody status of the youth. RTFs only accept voluntary admissions. Under state law, if a person is 16 and over, the director of an RTF may, in their discretion, admit such person if they are voluntarily consenting to their admission. Admission to an RTF does result in disenrollment from the youth's current school district and all community based physical and mental health providers.

The RTF target population includes youth who:

- Have a current and historical pattern across settings of complex, severe and frequent psychiatric symptoms, and severe impairments across multiple domains of functioning.
- May experience episodes of exacerbated psychiatric symptoms that require intensified clinical treatment, support, and supervision as indicated by high utilization of emergency services, Comprehensive Psychiatric Emergency Programs, emergency departments and inpatient care.
- Do not need the high level of physical or staff security, nor the frequency of psychiatric intervention that are available on an acute hospital inpatient unit (e.g., Intramuscular injection of medications).
- Need coordinated and intensive multidisciplinary mental health service delivery at the direction of a physician, 24/7 therapeutic supervision and mental health programming, as well as limited community transitions.

Services provided by RTFs include:

- Comprehensive diagnostic assessments
- Multidisciplinary treatment planning
- Psychiatric evaluation and medication management services
- Individual psychotherapy
- Family therapy
- Group therapy
- Expressive or holistic therapy
- Rehabilitative services
- Preventative and routine physician services
- Physician on duty/on-call 24/7
- Preventative and routine dental services
- Dietetic Services
- Preventative and routine nursing treatment services
- Recreational therapy
- Family system/caregiver and sibling psychoeducation and support
- Specialty services as needed (e.g., substance use treatment)
- Case Coordination and Transition coordination (active discharge planning and aftercare support)
- Home and community re-integration (therapeutic leave bed reservations)
- Therapeutic milieu/supervision
- Coordination and collaboration with local emergency and acute inpatient hospitals (hospital bed reservations)

- Behavior management risk assessments and planning
- Crisis Prevention/Behavior Management Specialist services
- Permanency/Family Connections Specialist services
- Room and board

The standard RTF staffing includes:

- Psychiatrist (on call)
- Clinical Coordinator
- Psychologist Licensed
- Therapist (Social Worker Licensed (LMSW, LCSW), Social Worker Master's Level (MSW), Licensed Mental Health Counselor, Licensed Psychoanalyst, or Marriage and Family Counselor/Therapist)
- RTF Transition Coordinator
- Crisis Prevention Specialist
- Direct Care Staff
- Recreational Therapist
- Nurse – Registered
- Physician- M.D. (on call)
- Dietician/Nutritionist

RTF direct care staff ratios during awake hours are at minimum one direct care staff to every five youth (1:5). Direct care staff typically provide 15-minute checks and line of sight observation of youth. Most RTFs do not provide 1:1 constant observation staffing. The only RTF that does provide 1:1 constant observation staffing is one that was developed in partnership with the Office for People with Developmental Disabilities (OPWDD), the OLV Intensive Treatment Program (ITP) RTF for youth with severe psychiatric symptoms in addition to a developmental disability.

RTFs are located on residential campuses, and may have single, double, or triple occupancy bedrooms on co-ed or single gender unit(s). RTF affiliated school programs may be in the same building, on campus, or off site. Most RTFs do not provide a completely physically secure environment. For example, only one RTF has locked unit and exterior doors, gated outdoor recreational area, and a school program located in the same building.

### **Accessing RTFs**

Introductory information for [caregivers](#) and [referring providers](#) about RTFs is available on the OMH webpage [Services for Children and Families](#). In order to apply to an RTF for admission, an applicant must submit a referral to their [local Children's Single Point of Access \(C-SPOA\)](#) using the integrated referral application for Youth Assertive Community Treatment (ACT), Children's Community Residence (CCR) and RTFs. This form is found on the OMH web page [Information for Children, Teens and their Families](#), under "Easy Access Forms." Referrals from OPWDD and the Office of Children and Family Services (OCFS) Division of Juvenile Justice and Opportunities for Youth (DJJOY) are **not** required to be submitted to the youth's local C-SPOA.

C-SPOA, OPWDD and OCFS DJJOY forward referrals to OMH for an eligibility review by an RTF Authorization Review Team. The RTF Authorization Teams review the clinical documentation provided in the referral to determine if RTF eligibility criteria are met.

RTF eligibility criteria include:

- Between 5 and 20 years old
  - This criterion does not apply to applications from OPWDD for the specialized OLV ITP RTF. To access the OLV ITP RTF, the applicant must be between the age of 12 years old and 17 years old.
- Intelligence quotient equal to or greater than 51
  - This criterion does not apply to applications from OPWDD for the specialized OLV ITP RTF.
- Voluntarily consent for release of information, review for eligibility and treatment at an RTF.
- Current primary diagnosis of a designated mental illness
  - A designated mental illness is defined as a disruption of cognitive, emotional, or behavioral functioning, which can be classified and diagnosed using the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), or the International Classification of Diseases (ICD), other than:
    - Substance use disorders in the absence of other mental health conditions defined in the DSM or ICD;
    - Neurodevelopmental disorders in the absence of other mental health conditions defined in the DSM or ICD. The exceptions are Attention-Deficit/Hyperactivity Disorder and Tic Disorders, which can be considered designated mental illnesses
    - Major neurocognitive disorder, traumatic brain injury, or mental disorders due to another medical condition; or
    - Other conditions that may be a focus of clinical attention (commonly described with Z codes). The exception is Parent-Child Relationship Problem (V61.20/Z62.820) for children, which can be considered a designated mental illness.
  - This criterion does not apply to applications from OPWDD for the specialized OLV ITP RTF. Applications for eligibility to access the OLV ITP RTF require a current designated mental illness AND autism spectrum or intellectual disability diagnosis.
- Verification of meeting Serious Emotional Disturbance Criteria
  - Serious emotional disturbance means the Child or Youth has a designated mental illness diagnosis according to the DSM as incorporated by reference in Part 584 of 14 NYCRR **and** has experienced functional limitations due to emotional disturbance over the past 12 months on a continuous or intermittent basis. The functional limitations must be moderate in at least two of the following areas or severe in at least one of the following areas:
    - ability to care for self (e.g., personal hygiene; obtaining and eating food; dressing; avoiding injuries); or
    - family life (e.g., capacity to live in a family or family like environment; relationships with parents or substitute parents, siblings and other relatives; behavior in family setting); or
    - social relationships (e.g., establishing and maintaining friendships; interpersonal interactions with peers, neighbors and other adults; social skills; compliance with social norms; play and appropriate use of leisure time); or
    - self-direction/self-control (e.g., ability to sustain focused attention for a long enough period of time to permit completion of age-appropriate tasks; behavioral self-control; appropriate judgment and value systems; decision-making ability); or



- ability to learn (e.g., school achievement and attendance; receptive and expressive language; relationships with teachers; behavior in school).
- Meet RTF medical necessity criteria (Certification of Need Criteria), as follows:
  - Outpatient, community-based, and other out of home interventions available do not meet the psychiatric treatment needs of the youth.
  - The youth is experiencing a severity of psychiatric need which requires proper care and treatment of the youth’s psychiatric condition on a sub-acute inpatient basis in an RTF under the direction of a physician.
  - Care and treatment in a RTF can reasonably be expected to improve the youth’s condition or prevent further regression so that RTF services will no longer be needed. Poor prognosis shall not in itself constitute grounds for a denial of eligibility if treatment by an RTF can reasonably be expected to effect a change in prognosis.
- Additional RTF Eligibility criteria **only** applicable for the OLV ITP RTF:
  - Application has been approved by OPWDD Central Office;
  - Applicant is OPWDD service eligible;
  - Applicant is Home and Community Based Waiver Services eligible;
  - Applicant is designated for NYS Education Department Alternate Assessment;
  - Applicant has an identified and specific discharge plan.

If a youth is found eligible to access RTF services and authorized to apply, the referral is then sent to RTFs that serve the youth’s age, gender identity, IQ range, and Individualized Education Plan (IEP) classification, at the preference of the youth and legal guardian. If a referral for the OLV ITP RTF from OPWDD is found eligible, it is then forwarded to OLV ITP RTF for consideration for admission.

### RTF Providers of Service

As of December 31st, 2023, there were 11 psychiatric RTF providers with a total of 258 licensed RTF beds in New York State licensed by the OMH. A [map](#) with the location of each RTF is available on the OMH webpage [Services for Children and Families](#).

Provider of Service Name	Program Name	OMH Region of Location	County of Location	Gender Identities Served	Ages served	IQ Range Served	IEP Classifications Served	Number of Licensed Beds
*Astor Services for Children and Families, Home for Children RTF	Astor RTF	HR	Dutchess	Co-ed	5-14 years	70+	ED, LD, MD, OHI, AU, SI	16
Baker Hall dba OLV Human Services, RTF	OLV RTF	WNY	Erie	Co-ed	5-14 years	51+	All disability designations	14
Child and Family Services of Erie County, RTF	Conners RTF	CNY	Cayuga	Co-ed	11-17 years	70+	ED, LD, OHI	50
Hillside Children’s Center- Finger Lakes Campus, RTF	Hillside FL RTF	WNY	Monroe	Co-ed	12-18 years	51+	AU, ED, LD, MD, OHI, SI	22
Hillside Children’s Center-Monroe Campus RTF	Hillside Monroe RTF	WNY	Monroe	Co-ed	5-14 years	51+	AU, ED, LD, MD, OHI, SI	18

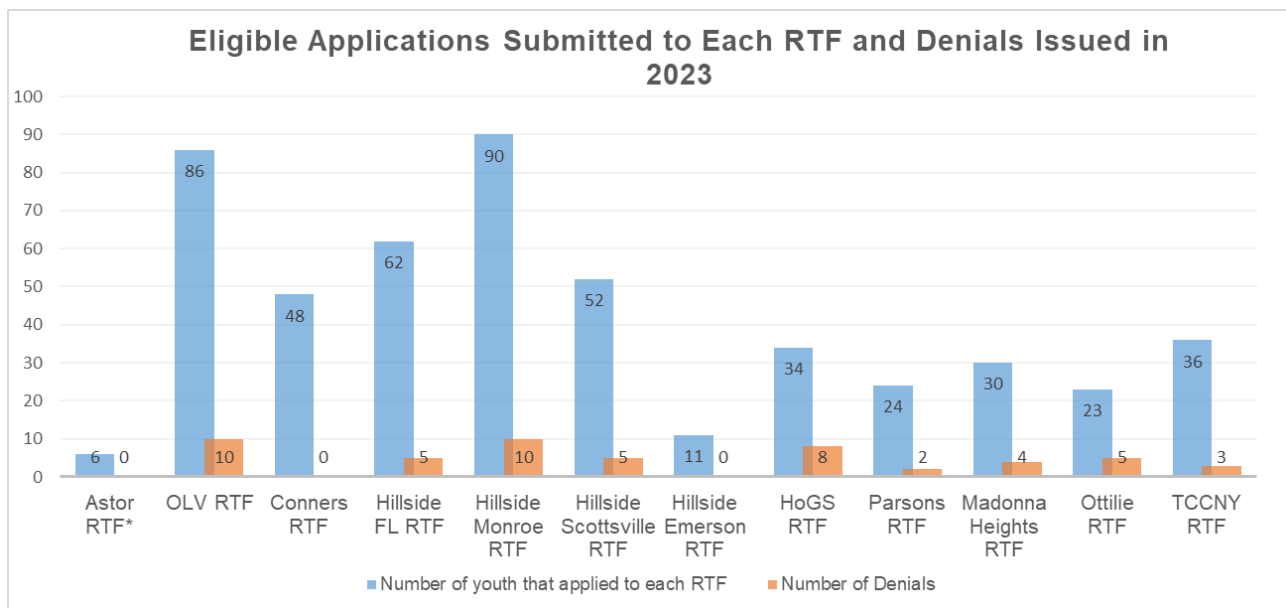
Hillside Children's Center-Scottsville Campus RTF	Hillside Scottsville RTF	WNY	Monroe	Co-ed	12-17 years	70+	ED, LD, OHI	8
Hillside Children's Center-Emerson RTF	Hillside Emerson RTF	CNY	Oneida	Co-ed	10-17 years	70+	ED, LD, MD, OHI, ID	14
House of the Good Shepherd RTF	HoGS RTF	LI	Suffolk	Female only	12-17 years	70+	ED, LD	14
Parsons Child & Family Center RTF	Parsons RTF	WNY	Erie	Co-ed	12-21 years	51+	AU, ED, ID, MD, OHI	32
SCO Family of Services, Cottage Facility, RTF	Madonna Heights RTF	NYC	Queens	Co-ed	10-20 years	51-79	ED, ID	40
SCO Family of Services, Otilie Home for Children RTF	Otilie RTF	HR	Albany	Co-ed	12-17 years	70+	ED, LD, OHI, MD, ID, AU	14
The Child Center of NY, Inc. Brooklyn RTF	TCCNY RTF	NYC	Brooklyn	Co-ed	12-20 years	70+	All disability designations	32
Total								274

\*Astor RTF closed 6/30/23.

### RTF Admissions Data

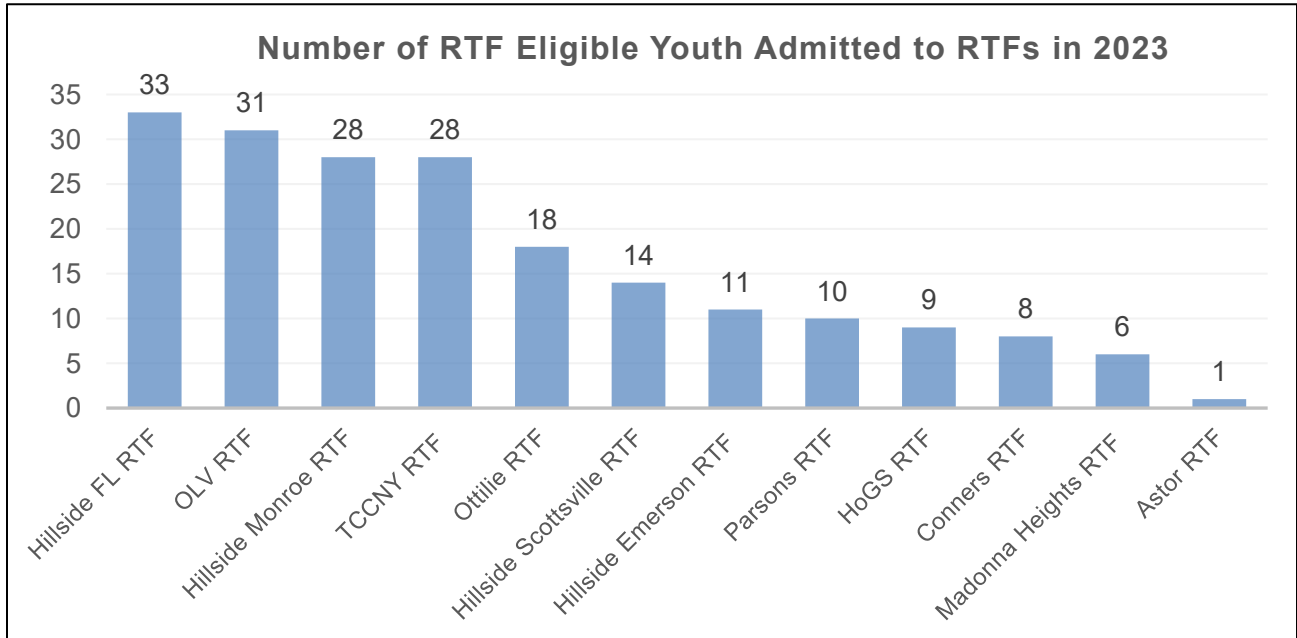
On average, each RTF received about 44 eligible applications in 2023. In that year, the Hillside Monroe RTF received the most RTF eligible applications (90) and Astor, which closed in June 2023, received the least RTF eligible applications (6).

OLV and Hillside Monroe issued the most denials (10). Astor, Conners, and Hillside Emerson issued no denials for admission.



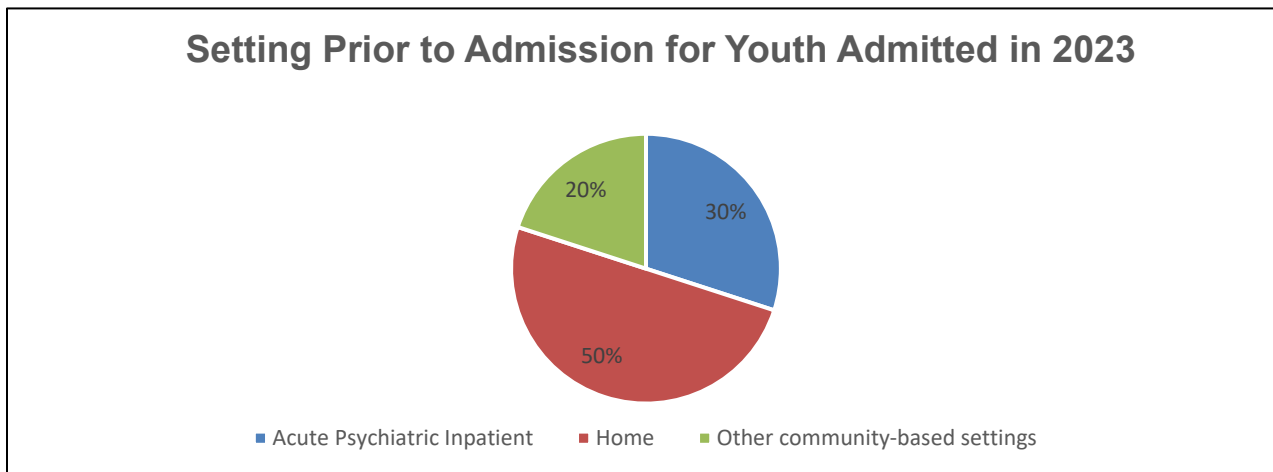
\*Astor closed 6/30/2023.

In 2023, there were a total of 197 admissions of RTF eligible youth statewide. Hillside Finger Lakes RTF had the most RTF admissions (33 youth). Astor RTF, which closed on June 30, 2023, had the fewest RTF admissions (1 youth).



\*Astor RTF closed 6/30/23.

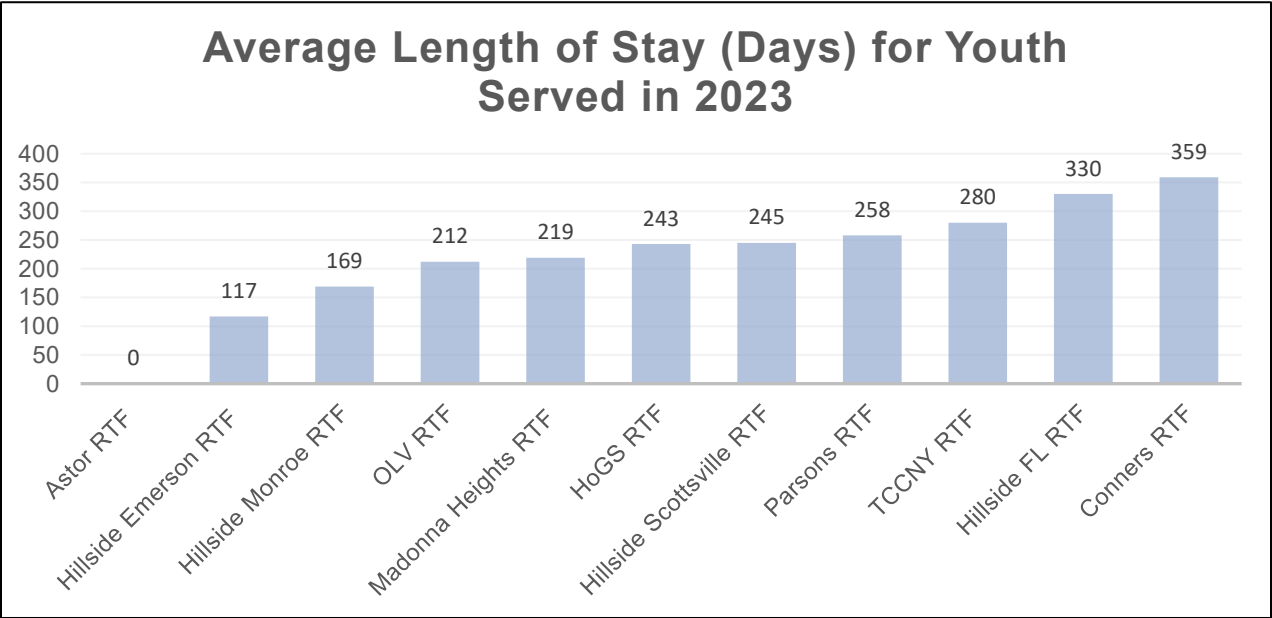
Of the 197 RTF eligible youth admitted to an RTF in 2023, approximately 30% were from acute psychiatric inpatient settings and 50% admitted from a home setting and approximately 20% of RTF eligible youth were admitted from a community-based setting other than a home or acute psychiatric inpatient setting.



In 2023, there were **no** children that transferred from a hospital operated by OMH and

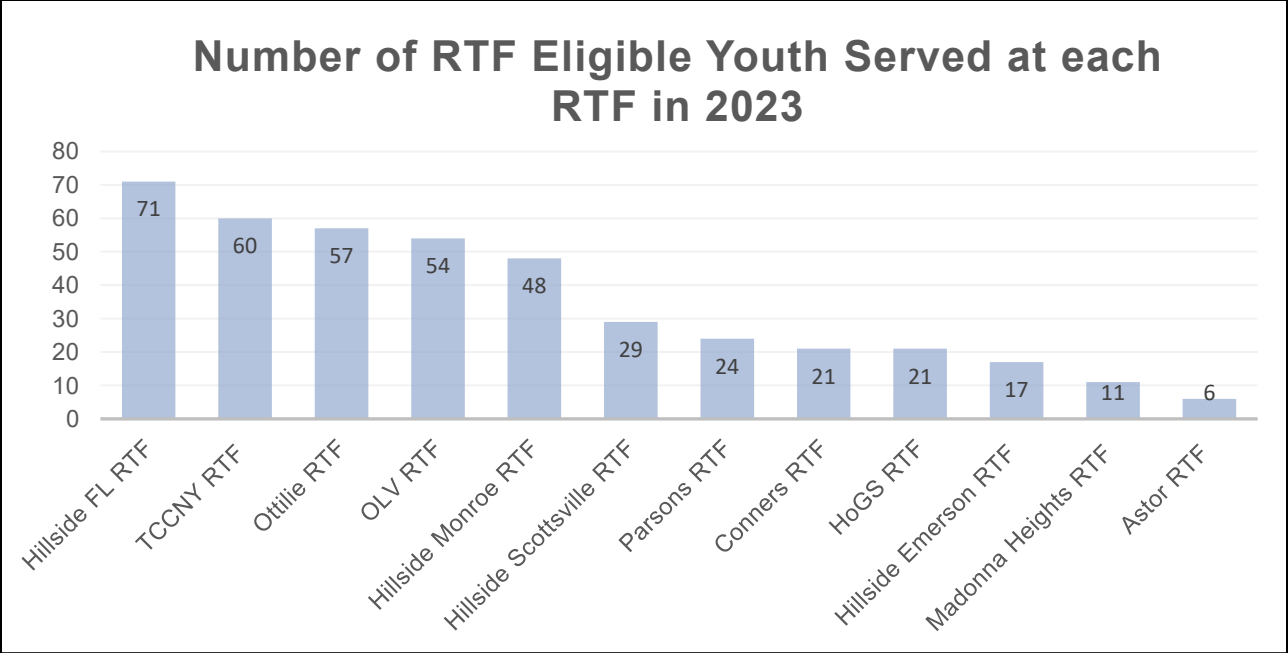
subsequently transferred to another hospital within seven days of admission to an RTF.

In 2023, the average length of stay of those served by RTFs statewide and still admitted as of 12/31/23 was 284 days. Conners RTF had the highest average length of stay for youth served and still admitted in 2023 (359 days). Disregarding Astor RTF due to its closure mid-year, Hillside Emerson had the lowest average length of stay for those served and still admitted.



\*Astor RTF closed 6/30/23.

In 2023, RTFs served a total of 413 youth from across New York state. Hillside Finger Lakes RTF served the most youth (71 youth). Astor RTF, which closed June 30, 2023, served the fewest youth (6).



\*Astor RTF closed 6/30/23.

In 2023, the number of involuntary placements and/or transfers from OMH operated inpatient facilities to RTF was zero statewide. This is because RTFs only accept voluntary admissions.

**2024 Report**

Board members requested that the following additional data be included in future reports:

- Reasons that RTFs issue denials for admission
- The number of LGBTQ youth served
- The impact of staffing issues on waitlist
- The youth’s original county of residence
- The race and ethnicity of youth served
- The preferred language of youth served
- The OPWDD eligibility status of youth applying to RTFs
- The average length of wait for admission after an RTF receives the referral
- The impacts of length of stay on admissions.

These additional data elements will be collected via requests for information from RTF providers and OMH databases.