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Child & Adolescent Treatment Services 2015 Annual Report



Message from the President

As another year at Child and Adolescent Treatment Services has closed, it is once again time to reflect upon the organization's activities during the past year and, more importantly, the impact we have had on the lives of children in our community and their families.

Like many other nonprofits and particularly those involved in the healthcare sector, our organization has been involved in transformational change during the past year. While the list is long, I want to share just a few of the highlights:

In an effort to enhance the comprehensiveness of our services to families while achieving cost efficiencies, we have continued to deepen our affiliation with Lake Shore Behavioral Health Services, Inc.

We have enhanced access for our customers by relocating our urban office location to the EPIC building in the center of the medical corridor. In addition to being easily reachable by public transportation, our co-location with several other organizations whose missions involve serving children opens up the possibility of collaborative efforts that will add significant value for our families.

With generous support from the Tower foundation, all of our clinical staff received training in the delivery of cognitive behavioral therapy for children with anxiety disorders. We now operate clinic satellites in 5 pediatric practices to improve the integration of primary care and behavioral health treatment. But, at the end of the day, our Annual Report is about the success stories of the children we serve.

We are proud that annually 8500 children, adolescents and their families benefit from the prevention and mental health treatment programs provided by Child and Adolescent Treatment Services. One child at a time, Child and Adolescent Treatment Services reduces emotional suffering, behavioral problems as well as the impact of psychological trauma by providing psychiatric services, counseling and community based programs that strengthen the emotional health and safety of children and adolescents in their homes, schools and communities.

For those of you who have supported our children, we are deeply grateful. It is costly to provide services for vulnerable children but it pays enormous dividends going forward. Too often the world of a child who has an emotional problem is hidden and out of view. So, we invite you who have chosen to read this report to learn more about the success that is possible when children have access to quality programs and effective treatments!



Franice



About Us

Child and Adolescent Treatment Services (CATS) is a non-profit child mental health agency that provides innovative, research - based preventive and treatment programs that strengthen the emotional health and safety of children in their homes, schools and our community at large. The children we help range from 3 to 21 years old. Our programs make it possible for children to recover, regain hope and become healthy safe and thriving adults.

For over 75 years, the programs and services provided by CATS have been dedicated to the mental health and emotional needs of children and adolescents. We utilize our extensive experience and research proven treatment methods to ensure the best possible outcomes for every child who needs our help.

Mission

Child & Adolescent Treatment Services is dedicated to effectively treating children ages 3-21 with mental health challenges by reducing emotional suffering, behavioral issues and the impact of psychological trauma through psychiatric services, counseling and community-based programs.

Core Values

- Child & Family Friendly
- Accountability
- Excellence
- Integrity
- Mutual Respect
- Celebration of Differences
- Empowerment
- Continuous Quality Improvement



Clinic

CATS' clinic* provides outpatient individual, family and group counseling and treatment services to children ages 3-21 in accessible, child-friendly offices throughout Western New York, as well as in schools and other community based settings. Multidisciplinary mental health professionals provide specialized programs for children with emotional disorders, victims of physical and sexual abuse, suicide prevention and violence prevention, as well as guidance for parents/guardians. In addition to counseling, CATS' clinic offers psychiatric evaluation, medication prescription and monitoring, and psychological consultation.

Outcomes

Total Clients Served: 2,837

Total Clients Discharged: 1,711

Percent of Discharged Clients with the Same or Improved GAF** Scores: 70%

Antony

Antony was 17 years old when he moved from Puerto Rico to Buffalo to live with his mother after being separated from her since infancy, due to prolonged and severe domestic violence by his father against his mother. Antony initiated treatment at CATS through an open access appointment when he turned 18. Antony's concerns were related to the traumatic experiences he endured in Puerto Rico. His trauma consisted of nine years of sexual abuse by an older boy from the neighborhood and also by his two brothers. The abuse started when he was 6 years old and ended when he was 15. Due to the abuse, Antony struggled with depression, anxiety, strong emotions/feelings of abandonment by his mother when he was an infant, and sexuality issues. Through the TF-CBT modality, Antony was able to gradually learn about the impact of the sexual abuse, the triggers that lead to depression/anxiety and healthy coping mechanisms to keep him safe. His level of participation in treatment continues to be great. He enjoys coming to sessions and working things through. Antony is now fully bilingual; he is working part time in a very reputable department store in Buffalo and he continues to attend English courses at ECC as his desire is to become an X Ray technician.

* CATS' clinic is licensed by the New York State Office of Mental Health.

**GAF stands for Global Assessment of Functioning. It is a tool used to rank individuals in terms of their social and psychological functioning on a scale from 0 through 100.



Dialectical Behavior Therapy

The Dialectical Behavior Therapy (DBT) program is dedicated to treating adolescents who have trouble controlling their moods, thoughts, relationships; or exhibit self destructive behaviors. Our DBT program helps adolescents and their parents identify unhelpful thoughts and behaviors and teaches them skills that promote healthier and more effective ways of thinking and responding. Our DBT program works with clients and families in individual therapy, family therapy, skills group and via phone skills coaching. Our goal is to help clients “Build a Life Worth Living.”

Outcomes

Total Clients Served: 215

Percent of Clients Who Were Not Hospitalized: 97.5%

Percent of Discharged Clients with an Improved GAF* Score: 52%

*GAF stands for Global Assessment of Functioning. It is a tool used to rank individuals in terms of their social and psychological functioning on a scale from 0 through 100.



Adam

Adam's depressive symptoms started when he was 11 years old, shortly after the death of his grandfather. Initially, his family thought he was just struggling with the normal grief that comes with losing a loved one, but they soon found out it was much more significant than that. By the time Adam came to CATS at age 14, he had been hospitalized multiple times for self-injurious behavior, as well as several attempts to end his life. He had been involved with outpatient therapy elsewhere, but they felt they needed more. Adam came in to the DBT Program struggling with suicidal thoughts and attempts, self-injurious behavior, issues with substance abuse, as well as significant eating disorder behavior. During his first 6 months in the program, he was hospitalized 3 additional times for attempting to end his life. At that point in time, it was decided that Adam needed a higher level of care in order to attempt to manage his mood issues and behavioral problems, and he was admitted to Western New York Children's Psychiatric Center, and we thought that his time with CATS was done. Happily, we were wrong. Approximately four months later, while being prepared to be discharged from WNYCPC, Adam requested to return to CATS DBT Program, stating that he felt it was the most helpful treatment he'd been receiving to that point. Adam returned to DBT, and reported that he was ready and willing to work, because he wanted his life to be better. He had eliminated his eating disorder behaviors and substance abuse during the time he was at WNYCPC, but still struggled regularly with self-harm and thoughts of suicide. Adam and his family worked closely with their DBT therapist as he worked through the program. They faithfully attended their individual sessions and skills group sessions, and Adam used phone coaching to help him use his skills when he was overwhelmed with emotions, or feeling suicidal. His parents worked hard to keep their home environment safe and secure, and Adam worked hard at being able to more effectively communicate his thoughts and feelings with them. Adam was able to successfully complete the DBT Program in approximately 9 months. This success story isn't over yet; Adam is still working in treatment with his therapist. He still struggles with urges to self-harm, and thoughts of suicide. The difference now is that they are occurring less often, and are less intense, and he isn't acting on those thoughts and urges. He has found that he can manage his negative thoughts and feelings in ways that don't harm him, that don't damage his relationships, and that don't make his problems worse. Adam has worked hard to build a strong and supportive relationship with his family and his friends, so he knows there are people to turn to if he's struggling. Adam isn't quite yet where he wants to be, but he's so far from where he started, and that is a success.



Parent-Child Interaction Therapy

Parent-Child Interaction Therapy (PCIT) is a specialized, evidence-based therapy approach designed for young children, ages 2-7, with disruptive behavior disorders and their caretakers. In PCIT, parents learn specific skills for strengthening the parent-child relationship, while increasing their child's positive behaviors and decreasing negative behaviors. PCIT services are delivered in specially designed therapy suites, using state-of-the-art audio technology. The therapist provides live coaching from behind a one-way mirror via a wireless ear bud.

Teacher- Child Interaction Therapy (TCIT) is the companion program for early childhood, daycare and elementary classroom settings. PCIT and TCIT are unique in using an interactive, live skills coaching approach to strengthening relationships and improving children's behavior and emotion regulation, thereby helping to build the foundation of social-emotional competence that is essential for academic success.

2015 was another year of accomplishments for PCIT. The relocation of the Buffalo East location to the EPIC building in the medical corridor resulted in increased accessibility for families. Our focus on accessibility and collaboration to best meet our consumers' needs are reflected in continued provision of PCIT services in Spanish by our bilingual PCIT therapists at the Westside branch, and our PCIT and TCIT services at the Family Help Center through the Children's Center for Success project, which entered its third year.

In 2015, CATS also began a new opportunity to expand TCIT and PCIT services to the community as a component of a five year federal Full Service Community Schools/Closing the Gap grant. Members of CATS' PCIT/TCIT team began the process of providing TCIT training and coaching to Pre-K and Kindergarten teachers at Southside Elementary School in Buffalo, and offering PCIT resources and service linkage to families of students in the school.

Professional development and fidelity to the model were also central to the program in 2015, as the team completed intensive training in preparation for certification, and also had the honor of presenting the agency's TCIT and PCIT work with the Children's Center for Success project during a TCIT symposium at the Biennial PCIT Convention.

Outcomes

Total Clients Served: 261 Total Clients Discharged: 176
Percent of Discharged Clients with an Improved GAF* Score and/or Improved Parent-Child Relationship: 75%
Total Number of Parents with Improved Parenting Skills: 128

*GAF stands for Global Assessment of Functioning. It is a tool used to rank individuals in terms of their social and psychological functioning on a scale from 0 through 100.



Jamie

“What are we going to do?” Before 3 year old Jamie’s parents heard about the Parent-Child Interaction Therapy (PCIT) program at CATS, they didn’t know where to turn. This was the third day care that Jamie had been asked to leave because of disruptive behaviors. Jamie was a bright, energetic, affectionate and funny child who had reached all developmental milestones ahead of time. In fact, Jamie was always in high gear– in the grocery store, on the playground, in the classroom – and woke up (very early!) each day raring to go. Jamie loved to be a helper at home and in the classroom. But asking Jamie to leave for day care in the morning, take turns and share toys with peers, hold hands when crossing the street, stay buckled in the car seat, get ready for bed – any of these simple things could lead to a full-blown tantrum. Jamie would start with whining but it didn’t stop there. Before long Jamie would be on the floor screaming and kicking, sometimes hitting Mom and Dad. Jamie grabbed toys from other children and pushed teachers. Friends had assured Jamie’s parents it was the terrible twos, but Jamie was 3 now and it was getting worse rather than better. Jamie’s parents talked to their pediatrician, who screened Jamie and found no indications of a developmental delay. Because of Jamie’s young age the pediatrician recommended a behavior therapy approach before considering medication, and encouraged Jamie’s parents to call CATS and ask about the PCIT program. The family was linked with one of the CATS therapists intensively trained in PCIT, an evidence-based program for young children with disruptive behaviors and their parents. During their therapy sessions, held in a specially designed suite with state-of-the-art audio equipment, Jamie’s parents were coached by the therapist through a wireless hearing device while the therapist observed through a one way mirror. Jamie’s parents learned how to use skills to strengthen the relationship and give Jamie attention for positive behavior while decreasing attention for Jamie’s negative attention seeking behaviors. They mastered the PRIDE skills (Praise, Reflection, Imitation, Description and Enjoyment). Jamie’s attention span and ability to stay calm and regulate emotions increased, but Jamie still balked when given directions. The family then moved to the second phase of the PCIT program where the parents learned how to give effective commands and follow through appropriately with a firm, consistent discipline approach. It took some time and lots of practice, but Jamie began listening more and doing what he was told the first time, and learned how to accept time-out. Throughout the program, the therapist gave immediate feedback and support to Jamie’s parents on their skills while closely observing and assessing changes in Jamie’s behavior at home and at school, and coordinating with Jamie’s preschool teacher and pediatrician. Jamie went from complying with approximately 25% of commands the first time to 90% - well more than typical for preschoolers who obey 75% of the time! Improved behavior helped Jamie get along better in school with teachers and friends, and Jamie’s learning took off since Jamie was now able to follow directions and classroom rules. Jamie’s parents felt relief and joy to see their beautiful, bright child doing so well, and they want other parents of young children struggling with extremely challenging behaviors to know there IS help.



Trauma Focused – Cognitive Behavioral Therapy

Trauma Focused Cognitive Behavioral Therapy (TF-CBT) is an evidence-based practice drawing upon rigorous scientific research to treat children who are suffering from traumatic stress following exposure to a range of traumatic experiences, including, but not limited to: physical abuse, neglect, domestic violence, natural disasters, death, and rape/sexual assault. TF-CBT teaches children, adolescents, young adults and their families how to cope with unhelpful or inaccurate thoughts, confusing and overwhelming feelings, and unhealthy or risky behaviors that often result from trauma. It is designed to reduce negative emotional and behavioral responses to trauma through individual therapy and joint sessions between the child and their caregiver. The treatment program is usually 12-16 weeks in duration, but length may vary, depending on the individual's needs. The program is flexible and can be adapted to special populations and unique circumstances.

Outcomes

Total TF– CBT Client Served: 294



Abby

Before Abby came to CATS, she described her life as happy, that is until one day changed her positive carefree feelings to those that encompassed fear and anger. Abby would have moments where she would let herself be happy and then remember that she was growing up without her mother. She was scared to go to bed because of the nightmares she would experience and she constantly worried about getting into trouble because she didn't know what to expect as a consequence. Things that used to be a regular occurrence, like talking about her family with her friends at the lunch table no longer seemed possible for her. If she talked about her family, they might ask questions so it was simpler to say they were both at work. She started acting out to try to impress her friends so they would accept her despite her past, which only led to more chaos in her daily routine. Abby was referred to CATS by her pediatrician. She had started to experience daily headaches and after numerous medical tests, the cause of these headaches was determined to be related to anxiety. Abby was always worrying about what was going to happen next, if her grandparents would stay with her even if she misbehaved. She was scared to let her grandparents or sister leave the home because they too might get behind the wheel and never come home – she watched her father walk out and never return and she watched her mom cross the street to get to her car when she was hit by a drunk driver. When Abby came into her first appointment, she was guarded and quiet. Her grandparents were committed to helping her through her anxiety and trauma history. As Abby learned about her traumatic loss, she started to learn she was not alone. Abby was diagnosed with PTSD and completed Trauma-Focused Cognitive Behavior Therapy. Abby was encouraged to gradually open up and communicate about her trauma history with the goal to heal the emotional and cognitive impact. Abby was able to develop a relaxation plan to help her cope with her trauma triggers and her grandparents developed parenting skills to help Abby in her recovery while also connecting their parental responses and Abby's behaviors to the trauma. Abby was able to complete her trauma narrative by creating a board game of what life was like before and after her mother died. Gradually, Abby remembered details of what she saw. As Abby recounted the details of the day her mom died she found comfort in doing this in a fort that was created in the therapy office. Abby felt pride in creating her trauma narrative and was able to begin talking about her hopes and dreams for the future; for the first time, Abby reported excitement about the next chapters of her life and she was able to correct cognitive distortions she experienced after trauma, such as thinking something was wrong with her because both her parents were no longer in her life. Abby was no longer getting into trouble at school and her grandparents reported feelings of relief and happiness because Abby was having fun again and letting herself be a child. After the loss of her mother, the symptoms Abby was experiencing made her believe something was inherently wrong with her. The supports in Abby's life were able to focus on what happened to her, as opposed to what was wrong with her, and this helped her overcome and cope with the feelings related to her trauma history through the application of gradual exposure, offered through TF-CBT. Abby is just one example of the lives that are changed every day here at Child and Adolescent Treatment Services.



Cognitive Behavioral Therapy for Anxiety

Anxiety focused Cognitive Behavioral Therapy (CBT) is an evidence-based practice drawing upon rigorous scientific research to treat children who are suffering from anxiety disorders. Evidence shows that CBT may improve the immediate consequence of anxiety, as well as help prevent other mental health issues. Left untreated, children with anxiety disorders are more likely to experience: depression, social phobias, panic attacks, compulsive disorders, physical health consequences, poor school performance, social/relationship challenges, and substance abuse. Through individual therapy and joint child/caregiver sessions, CBT helps children, adolescents and young adults reduce anxious behaviors and find new ways to manage them. They learn skills to modify thinking patterns and practice new responses. Length of treatment depends on individual needs, but 12-16 sessions is the average.

Outcomes

Total CBT for Anxiety Clients Served: 109



Emma

Emma could not remember a time in her life when she had not felt anxious. But as she made the transition from high school to college, her anxiety grew worse and she began to have panic attacks that were so severe, she was missing classes and not making it to the part-time job she needed to help pay her tuition. Her pediatrician prescribed medication for her symptoms, and they did get a little better, but it was still a struggle to go to school and work because she feared having another panic attack. Emma's friends tried to be supportive, but they didn't know how to help, and they began to drift apart. Emma's parents were also worried about Emma missing classes and work and spending less time with friends. Emma's pediatrician recommended she seek counseling with a therapist from Child and Adolescent Treatment Services who was trained in Cognitive-Behavioral Therapy (CBT) for Anxiety, an evidence-based treatment for children and teens. The therapist was able to see Emma at the pediatrician's office through a collaboration to integrate primary and mental health care, so it was easy for Emma to get to her appointments. Emma met with her therapist on a weekly basis, learning about anxiety, setting goals for herself, gaining skills to challenge unhelpful thoughts and practicing gradually exposing herself to anxiety provoking situations. Emma's parents were able to attend some sessions with her in order to learn effective ways to help their daughter use her skills. The therapist regularly coordinated care with Emma's pediatrician. As she progressed through the components of the CBT for Anxiety model, Emma was able to use her new skills to manage her anxiety, and her symptoms including panic attacks decreased dramatically. Emma was able to resume attending classes and keep her job, and "graduated" from therapy feeling optimistic about her future.



Building Brighter Futures

For many students, non-school hours can be the least active and unsupervised time of day, and may lead to involvement in unsafe or unproductive situations. The CATS Building Brighter Futures (BBF) - Out of School Time program provides Buffalo Public School students and their families an opportunity to participate in a proven program designed to promote academic achievement, social-emotional learning, and positive youth development. The mission of the CATS' BBF Out of School Time program is to enhance students' academic achievement, social emotional development and to foster lifelong interests in the arts, recreation, and other areas by providing high quality out-of school opportunities that keep children safe, help them achieve, and that meaningfully engage and support adult family members in helping their children and families succeed.

Outcomes

Total Clients Served: 1678

Percent of Clients Who Demonstrated an Improvement in Personal Skills*: 100%

Percent of Client Who Demonstrated an Improvement in One or More Social Skills: 92%

Percent of Clients Who Demonstrated an Improvement in Decision-making Skills: 94%

Number of Clients Who Participated in Credit Recovery and Earned At Least One Credit Needed for High School Graduation: 51

Percent of Clients in the Elementary program Who Were Promoted to the Next Grade Level: 100%

* Related to recreation, physical fitness, nutrition and health, conflict resolution, career exploration, arts exploration or positive use of leisure time.



Hawa

Hawa started coming to Building Brighter Futures After - School program in October 2014. Hawa was very shy and unsure of herself. Due to her quiet nature she did not ask for the academic support she needed. Hawa began coming into her own slowly; she began participating in after-school enrichment blocks such as Girls Circle, Fashion Club and Drama Club. Through the peer relationships she made during the after-school program, Hawa requested to participate in the BBF social-emotional lunch bunch groups where her confidence began to grow. At the beginning of the year Hawa was struggling academically due to language barriers, but as the year and her confidence progressed she began to seek out the academic supports she needed. She has shown remarkable progress in her math and English Language Arts report card grades. She is still struggling to bring her social studies and science grades up. However, she now advocates for herself and demonstrates stronger decision-making and goal setting skills and ended the program year with additional small group and individual tutoring for science and social studies. Hawa has become a leader in Building Brighter Futures and now helps others to feel empowered to try new things. When South Park 21st Century participated in GO BIKE, Hawa was the first student to sign up to build her first bicycle; she was so excited and expressed how she has always wanted a bicycle. Her excitement was contagious and empowered other girls to feel confident that they too could build a bicycle. Hawa not only loved her bike restoration time but the day she learned to ride her bike was amazing! With the next session of GO BIKE beginning, Hawa will assist the teacher in helping the new group restore their bicycles.



Building Brighter Futures – Extended School Day/Violence Prevention Program

The mission of the Building Brighter Futures Extended School Day/Violence Prevention program is to enhance students' academic and socio-emotional development. This is accomplished through case management coordination with the school's Student Support Teams (SST) and the implementation of Positive Behavioral Interventions and Supports (PBIS). The specific activities in the model are; 1) small group counseling, 2) implementation of evidence-based promising practices; Second Step, Coping Power, and Cognitive Behavioral Intervention for Trauma in Schools (CBITS), 3) school attendance support, including parent education on the importance of attendance, 4) alternative to suspensions and restorative practices 5) linking children and families with counseling services, and 6) family engagement.

Outcomes

Total Clients Served: 552

Percent of chronically absent students who increased their attendance by 10% or more: 90%

Percent of clients who had zero suspensions or decreased their suspensions: 82%

Percent of clients who improved their skills related to socio-emotional development: 79%

Robert

Robert was referred to the Building Brighter Futures Extended School Day/ Violence Prevention Program because of his attendance and behavioral record at school. Robert missed 37 days of school the previous year, was disconnected from peers and teachers and often times got in trouble for not paying attention, acting out or not completing class work. Robert began services with the Social-Emotional Coordinator in October. He participated in small group, individual and classroom based services designed to improve his social emotional skills and problem solving around barriers to attendance. Through these efforts, Robert has cut his absences in half and saw a significant decrease in office discipline referrals. He now expresses that he loves coming to school, is maintaining a B average and has made many new friends. He led a poster campaign on the importance of attendance and he has been awarded the “Star Student” twice.



Child Advocacy Center

The Lee Gross Anthonie Child Advocacy Center (CAC) is a centralized location where children who have been sexually or seriously physically abused can receive all of the services that they need. At the CAC, representatives from child protection, law enforcement, and prosecution convene to conduct a joint investigative interview, which reduces the trauma of repeated interviews for the child. The CAC has an on-site medical staff of experienced pediatricians and nurses from Kaleida Health who are highly trained in this specialized area of medical examinations. Case Coordinators provide a wide range of supportive services to non-offending caregivers, and a trained, trauma and recovery therapist is also available to support the entire healing process.

Outcomes

Total Clients Served: 1,001

Percent of Clients Who Completed Safety Plans: 97%

Percent of Clients Who Received an On-Site Medical Exam: 63%

Percent of Clients Who Remained Safely in Their Home of Origin: 96%

John, Jimmy, and Jane

John, Jimmy and Jane were living in a suburban home with their two biological parents. From outward appearances all seemed to be well, but this was not the case. A concerned citizen learned that there might be child sexual abuse in the household. She called Child Protective Services and an investigation began. The children were brought to The Lee Gross Anthonie Child Advocacy Center, where the older two, John and Jane had forensic medical evaluations. Jane was examined by a female nurse practitioner, while John was examined by a male pediatrician. The providers suspected possible sexual abuse, reassured the children that their bodies were healthy and that they had not done anything wrong. Soon afterwards, all three children were brought back to the CAC where they were interviewed in a child friendly, private and safe setting by a highly trained child forensic interviewer. The older children disclosed sexual abuse to the interviewer. Law enforcement became involved and interviewed the suspects who were the two parents. Both confessed to sexually abusing the children. Each pled guilty to serious felonies, and were sent to state prison for lengthy terms. The children were placed together in a caring, loving foster home. The older children enrolled in trauma focused therapy with the CAC therapist. The children felt comfortable at the CAC and have progressed extremely well in treatment, so much so that their cases will be closed very soon, and all of the children are thriving in their pre-adoptive home.



Intensive Case Management

The Intensive Case Management (ICM) Wrap Program is a nationally recognized, evidenced-based model that works with youth and their families. This process attempts to maintain the youth in their community based family setting, instead of entering into out-of-home placement, hospital, or a residential treatment program. By partnering with the entire family, a collective “family vision” is created to form the family’s Plan of Care (POC) or treatment plan.

Outcomes

Total Clients Served: 157

Total Clients Discharged: 99

Percent of Clients Discharged with Objectives Met: 73%

Percent of Discharged Clients Who Are Still Living in the Community: 88%

* The objectives that must be met for successful completion of the ICM program are: the client remains living within the community in a family setting without having been placed residentially or having been hospitalized, and progress has been made on the goals established by the client.



Choices for Tomorrow

The Choices for Tomorrow (CFT) program provides services to assist teens and young adults with the transition from foster care into a life of productive independence. The program concentrates on aiding those youth, between the ages of 14 and 21, who do not have the opportunity to live with a family that could provide them support and guidance. Our staff works directly with the youth to 1) access comprehensive services that foster self-sufficiency, 2) increase opportunities leading to their continued contribution to the community, and 3) improve quality of life.

Outcomes

Total Clients Served: 20

Total Clients Discharged: 20

Percent of Clients Who Met Objectives: 94%

Terrence

When Terrence was taken away from his mother, and placed into foster care at the age of 4 he moved from home to home, sometimes staying with family, but sometimes not. When Terrence became a teenager, it was hard for him to adjust to the different rules at each house. He felt that he could never satisfy his foster parents and that caused him to give up and prepare himself for the next home he was being sent to. It wasn't until Terrence reunited with his mother that he wanted to make a change in his life. When Terrence was referred to CFT by the Erie County Department of Social Services, he was very eager to begin work and immediately became engaged in several activities. Terrence participated in the ECC-Job Readiness Program, as well as, actively pursued employment via multiple and regular job application completions and job interviews. Terrence has also had solid progress with his GED Program and, after passing his Reading Type, will be ready to take the GED Predictor Test toward the actual GED Exam. Terrence has a past history of legal problems and continues to actively follow through with his probation requirements toward a sealed record as a youthful offender. In addition, Terrence has been actively engaged in pro-social behavior along with avoiding the past associations that contributed to his past legal problems. Since Terrence has been referred to the CFT program, Terrence has obtained his NYS Non-Driver's ID, made solid ongoing progress toward his goal of obtaining his GED and continues to seek employment. His efforts are even more remarkable when factoring in his ongoing economic hardship and past history within the foster care system. Terrence remains highly motivated toward achieving his own goals is very eager to better his life.

* The objectives that must be met for successful completion of CFT are: the client has the ability to identify, find and obtain safe housing for at least six months, has obtained paid employment or other income support, has obtained or enrolled in an educational or vocational program, knows dental, physical, and mental health contact information, has obtained identification or will do so within six months of discharge, has identified a permanent connection to a caring adult, is linked to community based supports, and has demonstrated increases in life skill functioning.



Early Recognition Coordination and Screening

Early Recognition Coordination and Screening is a program that with parental consent, screens children and teens for social and emotional problems. The screenings are done in community locations such as schools and early childhood settings. During the past year screenings for socio/emotional issues have been done at Head Start, daycares, pediatrician offices, and at schools.

Outcomes

Total Screens Completed to Date: 17,348*

Total Screens Completed this Year: 635

Total Number of Children Identified as Needing Further Assessment: 88

Dashawn

When Dashawn was young he rarely saw his mother, as she struggled with a heroin addiction, and had lost custody of Dashawn because she was using substances when she was pregnant. When she died of an overdose, Dashawn and his siblings took her death very hard, and blamed their father for never seeing her. Eventually, his father and step mother told Dashawn why his mother lost custody of him and his siblings, but they still had to deal with the effects of drug exposure in utero. Dashawn's step mother asked for help because Dashawn was starting fires and playing with fire at home. He even threatened to start her daughters on fire when they were sleeping. Dashawn's father completed a screen through the Early Recognition program, and Dashawn was significantly indicated for risk. The Early Recognition Coordinator referred the family to J-fire, provided them information about the crisis hotline for children, discussed a safety plan and reinforced that at no time should Dashawn be left unsupervised. The family was also referred to wrap services and outpatient mental health counseling and went the following day to see a clinician.

* Since the program began in 2007 over 17,000 children have been screened. Parents of children who are indicated of having socio/emotional issues are offered further comprehensive assessments or referrals to appropriate services in the community. Screenings take place at Buffalo city schools, Cheektowaga kindergartens, Holy Cross Head Start, Springville Pediatric Center and the Family Help Center.



Supportive Care Coordination/Supportive Case Management

Supportive Care Coordination (SCC) is a community system of care program designed to help families that are facing challenges from a child or children with mental health or behavioral issues. Guided by a Care Coordinator, the family receives an in-home service that provides linkages in the community. These linkages aid families in utilizing community resources to empower themselves as a family. The Care Coordinator supports the family and increases the child's ability to live in the home and avoid out of home placement.

In January of 2015, the local Erie County Department of Mental Health ended funding for the SCC program. In September of 2015, the program was reconfigured to the Supportive Case Management (SCM) program. Due to unforeseen changes, staff turnover occurred and referrals were extremely limited. Staff was not replaced until November of 2015, therefore no new SCM cases were closed at the end of year 2015.

Outcomes

Total Clients Served: 40

Cases Without an Event that Leads to Further Penetration of the Juvenile Justice System: 100%

Youth Living in the Community at the Time of Discharge: 95%



Elsa

Elsa is a 15 year old African American female who resides with her grandmother in Kenmore, NY. Elsa has lived with her Grandmother all of her life due to her mother having severe Mental Health issues. Though Elsa's birth mother lives in the area, she is only sporadically involved in her daughter's life and her treatment. Elsa was referred to the SCM program as a step-down from the ICM Wrap program. The issues that brought Elsa into services include: a history of self-harm and suicidal ideation; verbal and physical aggression and a history of significant life trauma which impacted her ability to function in all areas including home, school and community. The SCM worker began working with the family to support Elsa in completing her current school program; continued use of coping skills at home, in school and community; and ongoing support for the grandparent. The SCM worker attended school meetings to support the family and aided in setting up a plan to review classes for the next school year. The family felt supported and was able to advocate for additional help for Elsa, and she finished out the school year academically successful and was using her coping skills and avoiding drama with peers. Elsa was also able to work part-time for the summer, something she is very proud of. Elsa has not had any further SI or self-harm behaviors and has not been hospitalized in over a year. At the time of SCM closing with Elsa, her grandmother stated that she feels that Elsa has made improvements in how she handles situations in the home, and she can make the right choices for herself.

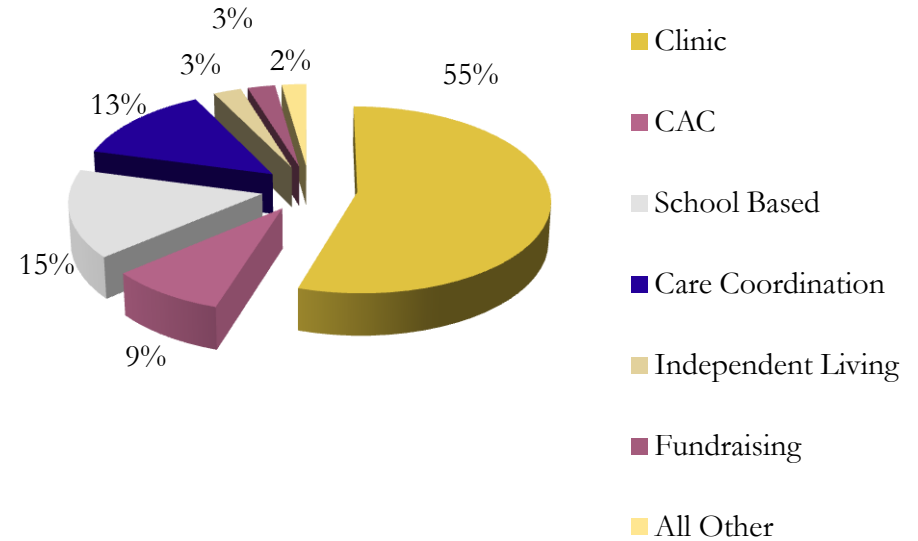


Financial Highlights

2015 Financial Review:

	(000s)
Total Assets:	\$ 3,583
Total Liabilities:	\$ 921
Net Assets:	\$ 2,662
Total Revenues:	\$ 7,723
Total Expenses:	\$ 7,511

Sources of Revenue by Program



Major Expense Categories

