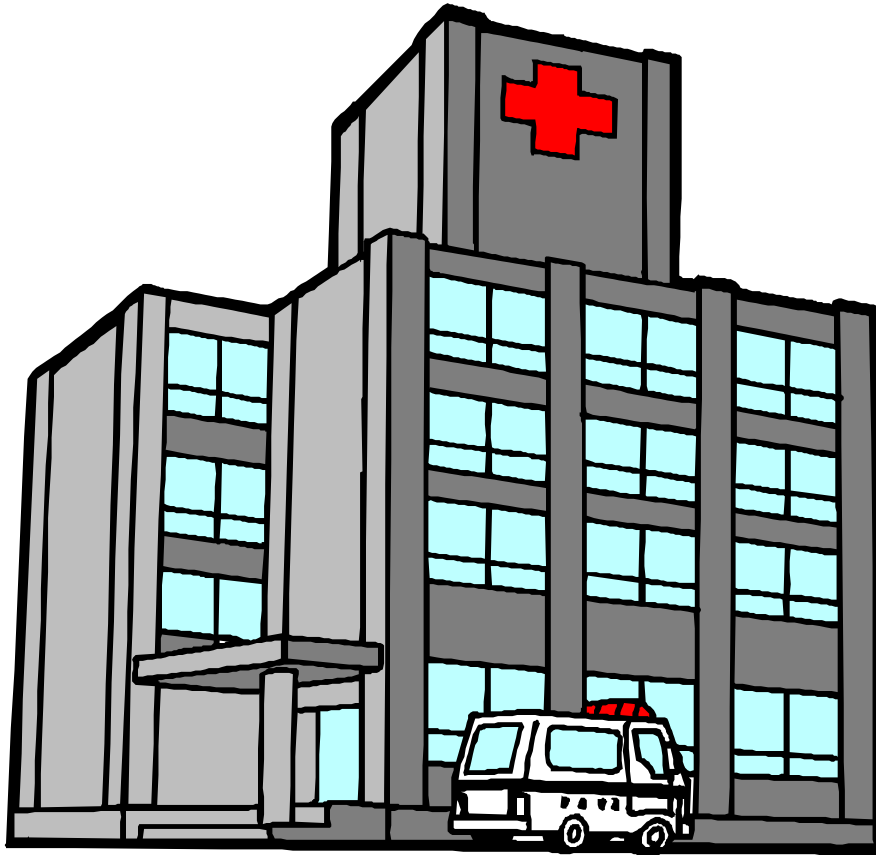


*Discharge Planning for Children
Who Are Hospitalized for Mental Health Treatment
in New York State*



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Produced March 2004

Funding provided by the Skadden Fellowship Foundation.

***DUE TO THE GENERAL NATURE OF THE INFORMATION PRESENTED
THIS MANUAL SHOULD NOT BE REGARDED AS LEGAL ADVICE. ***

AN IMPORTANT MESSAGE CONCERNING YOUR CHILD'S AGE

This information on discharge planning applies to children under the age of 18. If your child is over the age of 18, even if disabled, then the mental health system legally considers him or her to be an adult with his or her own decision-making capacity. If your child is over 18, you are not your child's legal guardian unless you have been appointed by a court.

AN IMPORTANT MESSAGE CONCERNING ACS

If your family is involved with the Administration for Children's Services (ACS), including if your child is in foster care, you should consult an attorney for specific information on parents'/guardians' decision-making rights when children are hospitalized.



WHAT IS DISCHARGE PLANNING?

Discharge planning is a necessary part of mental health treatment. It helps people who need mental health care receive treatment and other services once they have been discharged from the hospital. Discharge plans should consider each person's specific needs and should describe the arrangements for any mental health services that patients may need after they leave. Discharge planning can help with many things, including:

- | | |
|-----------------------------|----------------------------------|
| ◆ Mental health care | ◆ Transportation |
| ◆ Medications | ◆ Medicaid and Public Assistance |
| ◆ Substance abuse treatment | ◆ Housing |
| ◆ Case management | ◆ Education |

HOW IS A DISCHARGE PLAN CREATED?

① The hospital should begin the discharge planning process as soon possible after your child is admitted. The hospital must talk with your child about the creation of a discharge plan. In addition, the hospital must take steps to assure that the following people are interviewed and provided an opportunity to participate actively in the development of the discharge plan:

- You or an authorized representative for your child; and
- At your child's request, if he or she is sixteen years of age or older, an individual who is significant to your child including any relative, close friend, or individual otherwise concerned with your child's welfare, other than an employee of the facility.

(NOTE: Parents may be excluded from the discharge planning process if all of the following reasons apply: (1) your child is sixteen years of age or older; (2) your child objects to your participation; (3) a doctor has decided that your involvement is not clinically appropriate; (4) the doctor has put that decision in your child's clinical record; and (5) there is no plan to discharge or release your child to your home.)

② The hospital must advise your child that the Mental Hygiene Legal Service (MHLS) is an independent legal services agency that provides advice, assistance, and legal representation to people in psychiatric hospitals. MHLS will advocate for your child to have an appropriate placement after the hospitalization. The MHLS attorney may also be able to assist you in negotiating with the hospital for an appropriate discharge date and plan. Contact information for MHLS should be posted in your child's hospital and is included on page 14 of this manual. **NOTE: MHLS attorneys are required to represent the wishes of the patient, and thus may sometimes have a duty to argue against the wishes of the parent.**

③ Once the hospital has talked with everyone necessary to create a discharge plan, the hospital must then create a written discharge plan that has been developed by, or with the supervision of, a registered nurse, social worker, or other appropriately qualified personnel.

④ The discharge plan should consider if your child might need post-hospital services, whether those services are available, and who would provide them. When looking at what your child needs after discharge, the hospital must evaluate whether your child is able to take care of him or herself, and whether your child can safely return to wherever he or she was living before entering the hospital, such as your home, a residential school, or a foster care placement.

⑤ **A discharge plan must be created for all children who are psychiatric inpatients in New York State before they leave the hospital.** The hospital must complete the discharge plan with enough time that appropriate arrangements for post-hospital care can be made before discharge, and so that there are no unnecessary delays in discharge. This requirement does not mean that a hospital must keep a child until space is available at a follow-up program if it is safe to discharge your child before that program is available. If the hospital has made a **timely** referral to a follow-up program, and your child may be discharged safely without immediately attending that program, then the hospital is not required to keep your child in the hospital until that program is available.

⑥ If your child is in a general hospital (a hospital with inpatient medical or surgical wards as well as psychiatric wards), you and/or your child should receive a copy of the written discharge plan prior to discharge. If your child is in a general hospital and does not receive a written discharge plan before discharge, refer to the section in this manual titled "What Should You Do If You Have a Complaint About Your Child's Discharge Plan" starting on page 4.

⑦ Children in other facilities (for example, state psychiatric centers and private hospitals that only treat psychiatric patients) may not automatically receive a copy of the written discharge plan prior to discharge, but the plan itself should be discussed fully with you and/or your child prior to discharge and should be provided if requested. If your child is in this type of facility and a discharge plan has not been prepared, or has not been provided if requested, refer to the section in this manual titled "What Should You Do If You Have a Complaint About Your Child's Discharge Plan" starting on page 4.

WHAT SHOULD BE INCLUDED IN A DISCHARGE PLAN?

A discharge plan should include at least:

- ① A statement of your child's need, if any, for:
 - supervision,
 - medication,
 - aftercare service, and
 - assistance in finding employment.
- ② A specific recommendation of the type of residence in which your child is to live and a listing of the services available to your child in such residence.
- ③ A listing of organizations, facilities, and individuals who are available to provide services in accordance with each of your child's identified needs.
- ④ The notification of the appropriate school district and the Committee on Special Education regarding the proposed discharge or release of your child if he or she is under twenty-one years of age.
- ⑤ An evaluation of your child's need and potential eligibility for public benefits following discharge, including public assistance, Medicaid, and Supplemental Security Income.

DO YOU OR YOUR CHILD HAVE TO AGREE TO THE TERMS OF THE DISCHARGE PLAN THAT THE HOSPITAL HAS PROPOSED?

No. No patient is required to agree to the terms of a discharge plan as a condition prior to discharge. If the hospital personnel have explained why they think the discharge plan is advisable, and you or your child objects to the entire discharge plan, or any particular part of it, the hospital must record those objections to the discharge plan in your child's records.

WHAT HAPPENS AFTER THE HOSPITAL CREATES A DISCHARGE PLAN?

- ① The hospital must counsel your child and family members or interested persons, as needed, to prepare everyone for post-hospital care.
- ② The hospital must reassess your child's discharge plan if there are factors that may affect continuing care needs or the appropriateness of the discharge plan. For instance, your child's condition may worsen after the development of a discharge plan. In that case, the hospital must change the discharge plan to reflect your child's greater needs.
- ③ The hospital must arrange for the initial implementation of the discharge plan through reasonable and appropriate assistance to your child, in cooperation with local social services districts, in applying for benefits identified in the discharge plan.
- ④ The hospital must transfer or refer your child, along with necessary medical information, to appropriate facilities, agencies, or outpatient services, as needed, for follow-up or ancillary care.

**The hospital must reassess its discharge planning process on an on-going basis.
The reassessment must include a review of discharge plans to ensure that
they are responsive to discharge needs.**



WHAT SHOULD YOU DO IF YOU HAVE A COMPLAINT ABOUT YOUR CHILD'S DISCHARGE PLAN?

You may feel that the discharge plan that your child receives from the hospital is inadequate. For example, the discharge plan may require that you take your child back into your home without the kinds of support (for you and your child) that would make it seem safe, or that your child be discharged without any long-term follow-up services.

If you are unhappy with the discharge planning that your child has received, the following are some steps you should take to try to get the hospital to create a more appropriate plan. The following strategies can be done simultaneously, or one at a time. **You should, however, always begin by telling the discharge planning/treatment team about your concerns.**

- ❶ Tell the hospital that you DO NOT approve of the discharge plan.
 - Tell the treatment team that is working towards discharge with your child that you are not satisfied with the plan they have developed.
 - If you do not receive a favorable response, you should write a letter to the hospital's administration and detail your concerns about your child's discharge. The exact person/people to contact will vary from hospital to hospital. Some people you may contact are the director of discharge planning and the head doctor on the unit in which your child is hospitalized. In your letter to the hospital administration, you should include:
 - What your concerns are about the current discharge plan.
 - Why you feel your child needs something other than what the hospital has proposed.
 - What you feel would be the most appropriate discharge plan for your child.
 - What, specifically, is happening for your child while hospitalized that makes the discharge plan wrong for him or her. For example, is your child exhibiting self-injurious behavior at the hospital that would make it unsafe for him or her to be discharged without another program in place?

- ❷ Request a "family meeting" with the treatment team and the hospital administration. The procedure for requesting such a meeting varies from hospital to hospital, but you should be able to initiate this process by talking to your hospital social worker or treating psychiatrist. This meeting should include your child's treatment team, hospital administrators, yourself and other people concerned with your child's treatment, and possibly the MHLS attorney who is representing your child.
 - This meeting is an opportunity to repeat the concerns raised in your letter to the hospital administration, as well as to present new information on your child's case.

- ❸ Ask the hospital for its patient complaint/patient grievance procedure.

④ Report a complaint to the New York State Commission on Quality of Care (CQC).

- You can contact the CQC by phone, or mail, or by filing a complaint electronically at:

Quality Assurance Investigations Bureau
NYS Commission on Quality of Care
401 State Street
Schenectady, NY 12305-2397
1-800-624-4143

<http://www.cqc.state.ny.us>. (After you access this website you should click on “Client/Customer services” and then “Care and Treatment: Calls for Assistance.”)

- After you have contacted the CQC, the intake staff will assign your case to an investigator based on the nature of the complaint. After the initial contact, someone should get back to you within 5-7 business days. During the time of the investigation, someone from the CQC will make contact with the hospital and evaluate what is happening with your child’s discharge planning process. The total time of the investigation will depend on the individual facts of each complaint. If the CQC determines that there are problems with the hospital’s discharge planning process, it will work with the hospital to correct the situation and will recommend changes in the overall discharge planning process. The CQC will send copies of its recommendation to the Office of Mental Health.

⑤ Call the Mental Hygiene Legal Service (MHLS) for assistance. **NOTE: MHLS attorneys are required to represent the wishes of the patient, and thus may sometimes have a duty to argue against the wishes of the parent.**

WHAT SHOULD YOU DO IF YOUR CHILD IS BEING DISCHARGED TOO QUICKLY?

Following are some methods for appealing a discharge determination. You should read through all of the options below and pursue all of the ones that pertain to your child’s situation. **You should, however, always begin by telling the discharge planning/treatment team about your concerns.**

① IS YOUR CHILD IN A GENERAL HOSPITAL?

A general hospital is a hospital with inpatient medical or surgical wards as well as psychiatric wards. There is a specific procedure to appeal discharge from a general hospital before the patient is ready, or before follow-up services are available.

- At least 24 hours prior to discharge, a general hospital must give the patient, or someone chosen by the patient, a written notice of the hospital’s decision to discharge, plus a copy of the discharge plan.
- The patient, or someone acting on the patient’s behalf, or the attending doctor may appeal the decision to discharge.

- The procedure is to contact the independent professional review agency (IPRA) at the phone number on the back of the discharge notice. IPRA's handle appeals for patients if they are being discharged too quickly or having problems getting the care they will need after discharge from the hospital. This appeal procedure is available for all patients, regardless of what insurance they have, and even if they are not covered by insurance.
- **The call should be made before noon on the next business day after the discharge notice was received.** If the call is placed after that time, the decision to discharge can still be appealed, but if you lose the appeal you may have to pay for the additional time your child spends in the hospital after the proposed discharge date. Please note that making the call on time is not a guarantee that you will not have to pay for any extra days that your child spends in the hospital. Whether or not you have to pay will depend on many things, such as your child's particular situation when he or she was admitted, and what type of notice you received. **But, you have the best chance of NOT having to pay if you make the call by noon of the next business day.**

② IS YOUR CHILD IN ANOTHER TYPE OF HOSPITAL?

In other hospitals (for example, state psychiatric centers and private psychiatric hospitals), although the appeal procedure for general hospitals may not apply, patients or those concerned with their welfare can still advocate informally with doctors, hospital administrators and insurers for a stay long enough for the patient to be ready for discharge. For some strategies for negotiating about discharge, please see "What Should You Do If You Have a Complaint About Your Child's Discharge Plan" on page 4 of this manual.

③ IS YOUR CHILD COVERED BY MEDICAID?

If your child is covered by Medicaid, you can appeal her or his discharge to the Island Peer Review Organization (IPRO). IPRO works with the New York State Department of Health to conduct reviews of hospital care provided to people who are eligible for Medicaid. IPRO may also be the independent professional review agency that serves your child's hospital, if he or she is in a general hospital. If that is the case, and you have already followed the appeal procedure in ①, you should skip this option.

- Have all of the relevant paperwork in front of you.
- Contact IPRO at:
 Island Peer Review Organization
 1979 Marcus Avenue, First Floor
 Lake Success, New York 11042-1002
 800-446-2447
 800-648-IPRO
 516-326-6131
- If you choose to call IPRO, the person with whom you speak will walk you through the appeal procedure. The appeal procedure will include a review of your child's hospital records and interviews with both you and your child's treatment team.
- The time frame for this process may vary; however, filing a complaint with IPRO may delay your child's discharge until there is a resolution.

④ AS A LAST RESORT, YOU CAN ALSO FILE A COMPLAINT WITH THE NEW YORK STATE DEPARTMENT OF HEALTH HOSPITAL COMPLAINT UNIT.

In New York, if you have complaints about the care you are receiving in a hospital, including complaints about the discharge process, you can make an oral complaint to the New York State Department of Health Hospital Complaint Unit. When calling the New York State Department of Health Hospital Complaint Unit:

- Have all of your information together when you make the call.
- The person you speak to will take your complaint information over the phone.
- The contact number is 212-268-6476/77.
- After the Hospital Complaint Unit has received your complaint and recorded your information, they will contact the hospital and conduct an investigation.
- The time frame for this process may vary; however, filing a complaint with the Hospital Complaint Unit may delay your child's discharge until there is a resolution.

**AFTER YOUR CHILD HAS BEEN DISCHARGED,
DOES THE HOSPITAL HAVE ANY OTHER RESPONSIBILITIES
FOR YOUR CHILD'S CARE OR WELL-BEING?**

Yes. Hospitals must follow-up on your child after she or he is discharged to make sure that the discharge plan is meeting the identified needs. Specifically, hospitals must:

- Determine whether your child's housing is adequate and appropriate for his or her needs;
- Make sure that your child is receiving the services specified in the discharge plan; and
- Recommend any additional services and make sure they are provided. For example, if your child has been turned away by an outpatient clinic to which he or she was referred, the hospital should help find another.

The law does not indicate how long hospitals are obligated to follow-up with patients who have been discharged, but under New York State policy, state psychiatric centers are supposed to follow-up on discharged patients for at least 30 days.



PROGRAMS TO CONSIDER WHILE DISCHARGE PLANNING:

Below is a list of programs that provide mental health services to children after they have been discharged from psychiatric hospitals in New York State. Ask your child's treatment team EARLY ON if your child is eligible for these programs, and begin the application process as soon as possible. Most of these programs have waiting lists, so it is important to get the application process started as early in your child's hospitalization as possible.

Note: This list is not intended to cover all available services in New York. NYLPI does not give any assurances as to the quality of services provided through the programs listed below.

- ◆ **Home and Community Based Services (HCBS) Waiver Program**
The HCBS Waiver programs have contracts through the Office of Mental Health. They provide an alternative to residential treatment for children with serious emotional disturbance by offering services in the home. They may include, for example, individualized care coordination, skill building, respite services, family support and crisis response. Contact the Waiver program nearest to you for more information about the application process and eligibility. There are Waiver programs in many geographic areas around New York State. Below is the contact information for the New York City area. For other Waiver locations, ask your hospital discharge planner or look online at: http://www.omh.state.ny.us/omhweb/ebp/HCBS_directory.htm.

Bronx County

St. Dominic's Families First
One Fordham Plaza, Suite 226
Bronx, NY 10458
718-295-9112

(**Note:** for access to Waiver programs in the Bronx, you must contact the Single Point of Access listed on page 11 of this manual.)

Kings County

St. Christopher-Otilie
1420 Bushwick Avenue
Brooklyn, NY 11207
718-452-2128

Jewish Child Care Association
3003 Avenue H
Brooklyn, NY 12210
718-859-4500

New York County

St. Luke's Roosevelt Hospital
411 W. 114th Street
New York, NY 10025
212-523-2876

Queens County

Steinway Child and Family Services
24-15 Bridge Plaza North
Long Island City, NY 11101
718-752-1262

Richmond County

Jewish Board of Family & Children's Services, Inc.
Madeline Berg Community Services
2795 Richmond Avenue
Staten Island, NY 10314
718-982-6982

◆ **Case Management Programs**

Case management programs are less intensive than the Waiver program and work with children whose needs are less acute. There are different levels of case management programs located in many geographic areas around New York State.

For further information on case management programs contact:

Mitchell Dorfman
Director, Case Management Services
New York State Office of Mental Health
New York City Field Office
330 Fifth Avenue, 9th Floor
New York, NY 10001
212-330-1669

◆ **Home Based Crisis Intervention (HBCI)**

HBCI provides in-home crisis services to families with a child at imminent risk of psychiatric hospitalization or out-of-home placement. Following is the contact information for some HBCI providers. For a complete listing of HBCI locations, ask your hospital discharge planner or look online at:
<http://www.omh.state.ny.us/omhweb/ebp/hbci.htm#nycr>.

Child & Adolescent Psychiatry
Bellevue Hospital Center
First Avenue at 27th Street
New York, NY 10016
212-263-6602

Jewish Board of Children and Family Services
2795 Richmond Avenue
Staten Island, NY 10314
718-982-6982

Queens Child Guidance Center
80-20 Broadway, Apt. 1D
Elmhurst, NY 11373
718-457-1211

Puerto Rican Family Institute
217 Havermeyer Street, 4th floor
Brooklyn, NY 11211
718-963-4430 x477

Visiting Nurses Home Care
1601 Bronxdale Avenue
Bronx, NY 10462
718-319-7300/7348

Buffalo General Hospital CMHC
80 Goodrich Street
Buffalo, NY 14203
716-859-2119

Home Based Crisis Intervention
Onondaga County Dept. of Mental Health
530 Cedar Street
Syracuse, NY 13210-2302
315-435-7705

Pederson Krag HBCI
55 Horizon Dr
Huntington NY 11743
631- 920-8333



Coordinated Children's Services Initiative (CCSI)

CCSI is an interagency program that helps to coordinate mental health treatment for children across system lines. CCSI aims to provide children and families with enough support to keep children in the community and in their homes. Local offices may assist families in organizing family meetings or networks to develop an appropriate discharge plan.

For the CCSI office nearest you contact:
Tyler Spangenberg, CCSI Statewide Director
Families Together in New York State
15 Elk Street
Albany, NY 12207
518-432-0333 x16

In New York City, you can also contact:
Mental Health Association of New York City
157 Chambers Street, 9th floor
New York, NY 10001
212-614-6320

◆ **Families Reaching In Ever New Directions (F.R.I.E.N.D.S)**

F.R.I.E.N.D.S offers services to children with severe emotional disturbance, and their families, who live in the Mott Haven section of the Bronx.

F.R.I.E.N.D.S
489-493 East 153rd St.
Bronx, NY 10455
718-402-3900

◆ **Single Point Of Access (SPOA)**

SPOA is a program designed to link children with serious emotional disturbance and/or behavioral disorder to mental health providers. The goal of SPOA is to make access to mental health care more centralized and easier for consumers. In areas where SPOA is in place, a parent or caseworker can make one call to the SPOA coordinator and that office will then determine whether a child is eligible for particular services and whether there are any available providers. SPOA does not operate in all geographic areas in New York State. To find out if there is a SPOA office that services your neighborhood, call your county mental health agency or the New York State Office of Mental Health. A complete list of county mental health agencies can be found at: http://www.omh.state.ny.us/omhweb/aboutomh/county_svcs.html. SPOA offices in the Bronx and Erie county are listed below:

SPOA
400 East Fordham Road, 6th Floor
Bronx, NY 10458
718-220-0456

Erie County SPOA,
c/o Erie County Department of Mental Health,
Rath Building
95 Franklin St., Room 1237,
Buffalo, NY 14202
716-858-4653

◆ **Mt. Sinai Integrated After Care (IAC)**

IAC is a three-month program designed to help children transition back into the community from an inpatient psychiatric hospitalization or a residential treatment facility. The program provides support to families and children and should be initiated PRIOR to discharge. IAC is only available to children who live in Manhattan, North of 59th Street and East of 5th Avenue. Contact IAC for information and other eligibility requirements.

IAC
1450 Madison Avenue
New York, NY 10029
212-241-9559

SOME OTHER ORGANIZATIONS THAT CAN OFFER HELP AND SUPPORT:

Below is a list of organizations that may be able to offer help and support to you and your child. This list is not intended to cover all such organizations in New York State. NYLPI does not give any assurances as to the quality of services provided through the programs listed below.

◆ **New York Lawyers for the Public Interest (NYLPI)**

NYLPI provides legal representation, advocacy, and organizing assistance to low-income New Yorkers in three areas: disability rights, environmental justice, and access to health care. It has a project that focuses specifically on access to mental health care for children.

151 West 30th Street, 11th Fl.
New York, NY 10001
212-244-4664
TDD 212-244-3692

◆ **Urban Justice Center (UJC)**

UJC provides legal representation and advocacy to people who are poor or homeless. It has a project that specifically focuses on discharge planning and advocacy for adults.

Hospital Discharge Planning and Advocacy Program
666 Broadway, 10th Fl.
New York, NY 10012
646-602-5600

◆ **MFY Legal Services, Inc.**

MFY's Mental Health Law Program provides advocacy services, consultation, advice, and direct representation to low-income mental health consumers who are over 18 and live within New York City. Services provided include assistance with housing, SSI/SSD, public assistance, Medicaid, and civil rights issues.

299 Broadway
New York, NY 10007
212-417-3830

◆ **Mental Hygiene Legal Service (MHLS)**

MHLS is an agency that provides legal services, advice, and assistance to people with mental disabilities who are receiving care at inpatient and outpatient treatment facilities.

If you do not know the number for the MHLS office that covers the hospital in question, call 212-779-1734 for the Bronx and Manhattan and 516-746-4673 for Brooklyn,

Queens and Staten Island.

First Judicial Department

Mental Hygiene Legal Service
60 Madison Avenue - 2nd Floor
New York, New York 10010
212-779-1734

(For hospitals in the Bronx and New York counties.)

Second Judicial Department

Mental Hygiene Legal Service
170 Old Country Road
Mineola, New York 11501
516-746-4545

(For hospitals in Dutchess, Kings, Nassau, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, and Westchester counties.)

Third Judicial Department

Mental Hygiene Legal Service
40 Steuben Street, Suite 501
Albany, NY 12207
518-474-4453

(For hospitals in Albany, Broome, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Madison, Montgomery, Otsego, Rensselaer, St. Lawrence, Saratoga, Schenectady, Schoharie, Schuyler, Sullivan, Tioga, Tompkins, Ulster, Warren, and Washington counties.)

Fourth Judicial Department

Mental Hygiene Legal Service
50 East Avenue, Suite 402
Rochester, NY 14604
585-530-3050

(For hospitals in Allegany, Cattaraugus, Cayuga, Chautaugua, Erie, Genesee, Herkimer, Jefferson, Lewis, Livingston, Monroe, Niagara, Oneida, Onondaga, Ontario, Orleans, Oswego, Seneca, Steuben, Wayne, Wyoming, and Yates counties.)



LIFENET

Lifenet offers toll-free and confidential crisis intervention, consultation, information, and referral services for mental health and substance abuse problems.

1-800-LIFENET
1-877-AYUDESE (Spanish)
1-877-990-8585 (Asian languages)

- ◆ **National Alliance for the Mentally Ill (NAMI)**
NAMI is a self-help, support and advocacy organization of consumers, families, and friends of people with severe mental illnesses.

432 Park Avenue South, Suite 710
New York, NY 10016
212-684-3264

- ◆ **Families Together**
Families Together is a national organization run by parents of children with emotional, behavioral, and social challenges. Families Together offers family support, advocacy, training, technical assistance, information, and referrals.

15 Elk Street
Albany, NY 12207
888-326-8644

- ◆ **Parent Resource Centers:**
Parent Resource Centers are staffed by parents of children with mental illness. These parents have been trained to provide information and referrals to other community organizations, teach parenting skills, run support groups, and advocate for other parents.

Bronx, Hub

718-220-0456

Bronx, South

718-583-2447

Bronx, West

718-329-3854

Brooklyn - Located in the Institute for Community Living (ICL)

718-290-8100 x141

Manhattan – Located in the Mental Health Association of New York City

212-254-0333 x352

Español 212-614-6378

Mandarin 212-614-6388

Queens – Located in Safe Space

718-298-6047 x223

Staten Island – Located in the Jewish Board of Family & Children’s Services

718-698-5307

- ◆ **Resources for Children with Special Needs, Inc.**
Resources for Children with Special Needs offers information and referrals, case management and support, individual and systemic advocacy, and parent and professional training. Services are offered to New York City parents and caregivers of children with disabilities and special needs, and to the professionals who work with them.

116 East 16th Street, 5th Floor
New York, NY 10003
212-677-4650