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COVER: Many Papua New Guinea families cannot afford the \$50 annual tuition for school. Some kids—like the young girl in a hand-carved dugout canoe—paddle to passing boats, selling trinkets and fruit.

Saving a Child Psychiatry Program – “It took a village”



■ Gabrielle A. Carlson, M.D., Deborah Weisbrot, M.D., Deborah Lane, M.A., and Michael L. McClain, M.A., M.S.

The Crisis

February 17, 2011: The chairman of Psychiatry at Stony Brook University School of Medicine urgently e-mailed me while I was lecturing in Italy to say that the Hospital’s administration was threatening to close the 10-bed children’s psychiatric inpatient unit (12 North) in response to a proposal by Governor Cuomo to eliminate funding for the three State University Hospitals.

When it became apparent that the hospital could not sustain a loss of \$55 million without cutting programs, rumors that 12 North might be closed began to surface, but it took two long weeks before it was clear that 12 North was on the chopping block.

As we undertook to save our program, we found we had no real road map to guide us. The following narrative summarizes the efforts that proved to be helpful and hope others might find useful should they face an unwanted program closure.

History

Stony Brook University Hospital opened in 1980. When I was recruited as division director in late 1985, there was neither a division of child and adolescent psychiatry nor a child or adolescent psychiatry inpatient unit. 12 North was developed, then, as a clinical research and training unit with an interdisciplinary staff and fully integrated school classrooms. Through a working relationship with New York State’s Board of Cooperative Educational Services (BOCES) two special education classes have been part of our 10-bed unit for 25

years. The teachers are members of the treatment team and work collaboratively with the faculty and staff though technically they are not affiliated with the hospital. The system works well because we have outstanding teachers and staff.

The “Save 12 North Campaign”

Our “Save 12 North Campaign” unfolded in stages. The first was almost paralyzing shock and an uncoordinated response. Information was conflicting. Until it became clear that the budget cuts really were a threat, there were a number of stops and starts to our efforts. Our campaign was complicated by the fact that we could not save ourselves on “state time” or with “state resources” such as University e-mail. Also, there was less than a month between when we learned that the unit would be closed and the April 1st budget deadline.

Steps in the Campaign:

- 1) I immediately contacted the AACAP’s advocacy staff, Elizabeth DiLauro and Kristin Kroeger-Ptakowski. They drafted a letter based on information I gave them, modifiable for legislators and other important people who needed to understand the importance of our inpatient unit. They also alerted **Jose Vito, M.D.**, president of the New York Council on Child and Adolescent Psychiatry, and leaders at the National Alliance on Mental Illness (NAMI), Child and Adults with Attention Deficit/Hyperactivity Disorder (CHADD), Mental Health America, and New York AACAP members. Other invaluable people

who rallied constituents were Susan Resko, executive director of Child and Adolescent Bipolar Foundation (CABF); Jerry Pavlon-Blum, New York City’s CABF leader; and our Suffolk County CHADD colleagues.

- 2) While I was still abroad, **Deborah Weisbrot, M.D.**, our outpatient director, organized staff and faculty to compile a list of parents, agencies, school districts, and BOCES administrators who valued our services, and whom we could mobilize for support. I subsequently spoke at important school administrator meetings to explain the implications of closing 12 North.
- 3) We launched a media campaign with the publication of a letter to the editor by Dr. Weisbrot and me in *Newsday*, Long Island’s principal newspaper, and contacted collaborators at the Hastings Bioethics Institute who disseminated a wonderful piece about the need for good child psychiatry inpatient services.
- 4) Michael McClain, our communications director, and I developed and registered a *Save12North.org* Web site and created a *Save12North@gmail.com* account. On the Web site we posted information about 12 North, our *Newsday* letter, a copy of a letter from a grateful parent, and most importantly, information about how to contact elected officials, with hyperlinked e-mail addresses. Whenever we asked our supporters for help, we referred them to the Web site to learn more about the problem and for information about e-mailing legislators. The site advised visitors to use the following process:

- a) Create a new e-mail
- b) Copy the attached addresses (to key legislators) and paste them into the address heading
- c) Copy and paste 'Save child psychiatry at Stony Brook' into the subject heading
- d) Copy and paste the prepared message asking the legislators to restore funding for the hospitals
- e) Send your e-mail

The e-mail list included a link to our G-mail account so we could track communications. Within a few days, more than 400 people had communicated with the legislators. Each response was acknowledged. The success of the effort was communicated regularly to hospital administration.

- 5) Personal outreach to local legislators, press, and parents was initiated by Mrs. Deborah Lane, consummate educator and 21 year veteran of our 12 North BOCES school program. She was as incensed as any of us about the prospect of closing the unit because she knows how much we have changed children's lives. What made her ardor and advocacy particularly compelling was that it could not be interpreted as self-serving since she does not work for the hospital.
- 6) Mrs. Lane, a native of Long Island, made a bee-line to the headquarters of our local legislators and arranged a meeting in Albany where we were accorded an hour to discuss the importance of our inpatient unit, and listen to suggestions about how to further our cause. One legislator, Steve Englebright, gave us the name of an important *Newsday* editor whom Mrs. Lane contacted resulting in a prominent *Newsday* editorial including mention of the vulnerability of the children's inpatient unit. Unfortunately, not all of the media contacts worked. Both Mrs. Lane and I contacted several television stations and wrote to smaller local newspapers without any response.
- 7) Mrs. Lane recruited and channeled a wonderful mother whose son had been helped on our unit. This mom

was a dynamo when it came to contacting TV stations and writing letters to our hospital administrators. Because the media always want a parent or child to talk to the issue at hand, having an organized and articulate parent willing to step forward is priceless.

We also sought the American Psychiatric Association's (APA) assistance. In addition to organizing parents and stakeholders, Dr. Weisbrot, the APA Assembly Representative of our local psychiatric society, reached out to local psychiatrists through the district branch of the APA. At her request, the Board of the Greater Long Island Psychiatric Society (GLIPS) quickly issued a blast e-mail alerting all GLIPS members to the impending crisis and asking for help. Only about 10 percent of the 550 members of the local APA branch who received the memo responded.

We ultimately learned that many of our colleagues expected that: 1) the child and adolescent psychiatrists at Stony Brook should have the power and influence to successfully combat this problem on their own, 2) there was no risk to the training program as the fellows could be sent for inpatient rotations at other hospitals, 3) the issue was only about a group of people trying to save their own jobs, and 4) this was a budgetary issue appropriate only for the Stony Brook Hospital administration to decide upon. Unfortunately, we lacked the time and venues to correct these misimpressions.

What emerged from the psychiatry community, however, was a small group of concerned colleagues who helped to advance the advocacy process. The legislative expert at GLIPS helped guide the response to the legislators in Albany. The governmental relations expert at the New York State Psychiatric Society (NYSPA) advocated on our behalf by speaking directly to some of the key politicians in Albany. The Child Psychiatry Committee of the New York State Psychiatric Society also lent its support. It became apparent that other programs in the state were facing similar issues though there had been little, if any, outcry regarding cutbacks in child and adolescent psychiatry programs.

Victory

When the legislature adopted a budget favorable to the Medical Center, the target of advocacy shifted to the Governor's office. The Web site was modified to e-mail the Governor in support of the modified budget. And when a more-favorable budget was signed by the Governor and the hospital administration announced that the child inpatient service would not be closed, the Web site was modified to inform and thank supporters.

Ultimately, we were able to save 12 North for three reasons. First, according to hospital administrators, they like the program and were closing it only because they had their backs to the wall, not because they were looking for an excuse to axe it. Second, the massive advocacy efforts were successful in restoring some state funding to Stony Brook hospital, mitigating the financial pressure to close the unit. Third, and germane to this narrative, we demonstrated to the hospital and our elected officials that there is a constituency that values our efforts and is willing to support it vocally.

It took a "village" to save our program and we are grateful! ■

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