PROGRAM DESCRIPTION

HARD TO PLACE (GIRLS)

NAME AND ADDRESS

The William George Agency for Children's Services, Inc.
380 Freeville Road
Freeville, NY 13068

SERVICE LOCATION

380 Freeville Road
Freeville, NY 13068

PERSONS SERVED

- Females
- Between the ages of 12 and 17 (at time of admission)
- Have a full scale IQ above 70
- Present with history of trauma and a mental health disorder including diagnosis related to a disturbance of conduct
- Has a history of being unable to progress in community based services, or regular institutional programming, and require a hard to place level of care
- Must be in sufficient contact with reality (not actively psychotic)
- Must not be diagnosed with Anorexia, be pregnant or have a have a history of chronic criminal violence

LICENSED CAPACITY

24

RATIONALE AND OBJECTIVE

The Agency's Hard to Place Girls program is designed to provide comprehensive treatment to adolescent females who have significant mental health and behavioral difficulties. The program offers a highly structured (semi-secure), closely supervised, therapeutic environment for intensive clinical intervention with residents focused primarily upon behavior stabilization through the treatment of mental health concerns. This involves significant support surrounding the navigation of interpersonal relationships, as well as training in emotional regulation. A foremost task of residential services involves addressing social competency, an area in which many residents typically present with serious deficits. The process of gaining social skills and confidence advances as the resident is engaged in other primary areas of treatment; including psychoeducation, personal accountability, identification and changing of cognitive distortions and maladaptive coping skills, processing traumatic events, family treatment, and associated clinical and educational issues. Areas of treatment are all interrelated thus creating even greater

advantage for therapeutic milieu work. The long term goal of treatment is fostering personal responsibility through the development of increased self-awareness, healthy relationships, conflict resolution and more effective coping skills.

PROGRAM GOALS

1. To reduce trauma symptoms and resulting maladaptive behaviors, thoughts, and feelings.
2. To improve behavioral, emotional, and social functioning where traumatic experiences have interfered with role performance.
3. To include families fully in the treatment process based on the concept of post-traumatic stress disorder as a disease that affects all areas of a resident's life, and to help families acquire the skills and behaviors that support their children.
4. To develop and implement an individual treatment plan for each resident and family appropriate to their particular service needs.
5. To provide a treatment experience that promotes each resident's healthy growth and development.
6. To develop a discharge and after-care plan that clearly identifies each resident's continuing care needs, and puts in place a plan to support the resident's reintegration to family and community.

INTAKE PROCEDURES

An initial telephone call is made by the referring agency to determine if a vacancy exists, to evaluate the appropriateness of the referral, and to expedite the screening and admission procedure. In order for a referral to be considered, complete written material must be received by the Admission Department (see "Required Information for Referrals"). A pre-placement interview may be arranged with the child, parents and referring agency worker.

The Admissions Department will communicate its decision regarding admission in writing within two working days following the pre-placement interview.

If the child is accepted, an application and medical forms will be forwarded. A child will not, under any circumstances, be admitted without <u>all</u> documents, consents and releases appropriately executed, or without essential case information having been supplied. Cottage assignments include consideration of the child's age, with the expectation that ages in a given cottage will fall within a 36-month range. Exceptions may be made after discussion, with the rationale noted; reasons would typically include consideration of a child's maturity or developmental level.

If the child is not accepted, the reasons will be discussed. Reconsideration for therapeutic reasons will be made in a timely way, as requested.

REQUIRED INFORMATION FOR REFERRALS

Social summary which includes:

- Biographical data – birth date and place, parents' names, religion, etc.
- Specific reasons for referral
- Developmental history
- Description of parents – personalities, marital history, relationships with child, etc.
- Siblings – relationship to child referred, where living, emotional adjustment
- Previous placements of child and adjustments and achievements
- Child's relationships with peers
- Legal status, custody, etc.

- Future plans for child as currently projected

Psychiatric evaluation, if applicable, conducted within the last year; should include a formal diagnosis and address issues of mental status, medication, dynamic formulation, prognosis and recommendations for treatment.

Psychological evaluation, completed within the last year, should include the interpretation of projective testing and intratest scatter of intelligence instruments.

Educational evaluation, including a current I.E.P. and specific recommendations.

Substance abuse evaluations, including history of substance use, diagnoses, history of receiving services and recommendations for treatment.

Medical history, including childhood illnesses, records of inoculations, immunizations, and hospitalizations, and reference to special concerns such as allergies.

Reports from other agencies and schools that have had contact with the child.

TREATMENT SERVICES

The treatment planning process is the responsibility of an interdisciplinary treatment team consisting of the Cottage Director, the Cottage Manager, Family Worker (if applicable), the teacher, a third party reviewer, the OASAS counselor (if applicable), the consulting psychiatrist and the consulting psychologist.

The parent, the child, and the referral sources are also involved in the development of an individual plan for each youngster, and are invited to participate in all formal treatment planning meetings which are chaired by the appropriate Department Head. Video conference technology, as well as teleconferencing, are also utilized when parents and/or referral source attendance is not possible.

Within 60 days of admission, an initial treatment planning meeting (entitled the Comprehensive Assessment) is held to review the psychosocial history, the appropriateness of placement, and to establish individualized treatment goals for each youngster, including a family goal.
Roughly every six months thereafter, a Treatment Plan Review meeting is held to evaluate and measure progress towards individual goal achievement, and to review permanency planning issues. The Treatment Plan Review meeting also serves as a Service Plan Review which county departments of social services are mandated to have for youth in placement.

In summary, the Agency's treatment planning process is in compliance with all state regulated requirements, and also provides an interdisciplinary, formalized process which offers the youth constructive feedback at regular intervals during the treatment experience as well as a forum for the youngster to express his view and experiences while in placement.

CLINICAL

Family, individual, and group counseling are considered integral to the treatment plan. Each resident in the program is the responsibility of the Cottage Director who provides individual counseling for the resident. Most residents are seen in counseling individually on a weekly basis, and all residents participate in at least two group therapy sessions weekly. Family contacts and home visits are arranged by the Cottage Director in consultation with the referral source. Vocational guidance is also provided by

the therapist in conjunction with the school. The Agency primarily employs trauma focused cognitive behavioral therapy (TFCBT) as a model of therapeutic intervention.

PSYCHIATRIC AND PSYCHOLOGICAL

Evaluations are conducted as needed. Arrangements for evaluations are made with the consulting psychiatrist and psychologist through the Cottage Director. Our consulting psychiatrists are fully involved in the treatment planning process and are responsible for prescribing and overseeing the provision of psychotropic medicine. Our consulting psychologist is also fully integrated into the treatment planning process and provides individual and group clinical supervision.

SUBSTANCE ABUSE

The Agency maintains an outpatient clinic licensed by NYS OASAS to provide individual and group counseling to residents who have substance abuse issues, or who have had significant experience of family issues with substance abuse. It is located on our campus and fully accessible to all of our 19 cottages.

ACTVITIES OF DAILY LIVING

A comprehensive Life Skills program focuses on career planning, communication, daily living, housing and money management, self-care, social relationships, work and study skills in preparation for community living and independent functioning. We employ a full time Independent Living Skills Coordinator who along with the Cottage Director is responsible to ensure that successful linkages are established with community based services.

EDUCATIONAL SERVICES

Primary and Secondary Education Program for students ages 12 – 18 years.

The students' academic experiences are enriched through an extended day curriculum and an extended school year. This is a twelve-month program that serves children who are classified and have an IEP as well as non-classified students.

Classes are 6:1:1

Represents six students/one Special Education teacher/one Special Education paraprofessional. The small class size enables us to ensure that each student receives instruction that is targeted and appropriate to his educational plan.

The educational program will be departmentalized into either Middle or High School levels. The school program will teach a modified academic curriculum within the specifications of the New York State Learning Standards. The core subjects such as Mathematics, English, Science, Social Studies, and Health will be taught. Teachers are provided with a vast variety of supportive materials and/or resources. They are able to take advantage of two science labs, three computer labs and a technology lab. Art Education, Woodworking and Physical Education are also available to all our students. The instructional approach would rely heavily on the use of repetition and rote learning, and the curriculum would be life skills focused (i.e. math would focus on budgeting, making change, etc.).

An Individualized Education Plan (I.E.P.) is developed for each of our students. The I.E.P. identifies the educational goals and emotional and behavioral needs of each student. Other diagnostic tools and assessments used to identify our students' educational needs and strengths in addition to the required State academic assessments are:

- Wechsler Intelligence Scale for Children, Third Edition
- Kaufman Brief Intelligence Test
- Woodcock-Johnson Test of Achievement Form B
- Woodcock-Johnson 3 Test of Achievement Form B
- Peabody Picture Vocabulary Test III
- CELF-III
- Bender Visual Motor Gestalt Test
- Conner's Teacher Rating Scale
- Social-Emotional Dimension Scale
- Test of Auditory Perceptual Skills-Upper Level Scan A
- New York State Alternative Assessment
- Teacher Made Tests
- Published Tests
- Informal Inventories
- Teacher Observation
- Review of Records
- Rubric Assessments
- Portfolio Assessments

These students will likely be evaluated through the alternative evaluation methodology as provided by SED.

A Reading Specialist Teacher and a Special Education Paraprofessional provides remedial reading instruction to our students. Students are taught word recognition and reading comprehension skills.

A Speech and Language Therapist provides the students with speech-language remediation. Work in language and social-interpersonal skills help the individual student to function as normally as possible. Behavior modifications and communication skills are part of every student's program. An individual behavior plan will be developed to teach or modify targeted behavioral areas.

Our Vocational Program provides our students the opportunity to experience working in fourteen different trades. These trades are: auto shop, carpentry, custodial services, equine management, food services, heavy equipment, horticulture, laundry, lawn maintenance, painting, the Pizza Express, plumbing and upholstery. These opportunities provide students with the necessary life skills to become independent members of society.

Additional Services: Physical Therapy, Occupational Therapy, and Adaptive Physical Education

MEDICAL SERVICES

Medical services are provided through The William George Agency's nurses, consulting licensed physicians, and local hospitals and health care centers. Intake physicals are performed within 30 days of admission and annual physical examinations are provided routinely. Other medical services, including dental, gynecological, and optometric are provided as needed.

RECREATIONAL SERVICES

Social, recreational, and cultural activities are ongoing services offered to our residents. A multifaceted recreational program is available to all residents in this program, with daily structured and unstructured activities, the former including Adventure Based Counseling in the agency's indoor ropes course facility, and riding in the equine center. Girls are also encouraged and directed to seek and participate in such activities on their own, to make full use of programs and facilities in the community.

STAFFING

The Hard to Place Cottages are staffed in such a way as to afford residents a high degree of physical and emotional safety allowing for the best possible treatment outcomes. Cottage Directors (M.S.W. Degree)

and Family Service Workers (if applicable) provide intensive individual, group and family therapies to the residents in their respective units. Cottage Managers act as staff supervisors and coordinators of their respective treatment teams. Child Care Workers provide coverage during the waking non-school hours. This coverage is scheduled in such a way as to afford a ratio of one staff member for every two children.

Child Care Workers generally work in two teams during the hours of 2:30 p.m. to 12:30 a.m. Awake Overnights provide night coverage and security during the nighttime hours (12:30 a.m. – 8:30 a.m.). They work in teams of three in each cottage with one roving Administrator on Duty who provides additional support and supervision. Regular bed checks (every 15 minutes) are performed throughout the overnight shift to insure the safety of each resident, as well as regular cottage checks by the AOD.

The Hard to Place teams are clinically supported by the Director of Special Services and the Director of Institutional Services, with consultations from the psychiatrist, psychologist and medical staff. The Overnight Administrator on Duty directly supervises the Awake Overnights.

STRUCTURE

This program itself encompasses Lodge, Heizer, and Millett Cottages. Each residence has a dining room, kitchen area, and utility room to accommodate ADL activities such as cooking and laundering their clothes. In addition, the cottages have their own community room where recreational activities such as pool, ping-pong and foosball are played during designated times.

STAFF DEVELOPMENT

All of our residential programs rely primarily on training and staff development derived from the following treatment modalities:

- Cottage Directors receive certification and ongoing training in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Continuous TF-CBT module trainings are held on a bi-weekly basis during weekly unit staff meetings and during in-service trainings for our school staff.
- Child and Adolescent Needs and Strengths Assessment New York (CANS-NY)
- Clinical staff receives ongoing Dialectical Behavioral Therapy (DBT) trainings as well as Cognitive Behavioral Therapy (CBT) trainings as they become available.

Monthly Campus Wide Trainings

- Policy and Procedures
- Medication Administration
- Mandated Reporting
- Suicide Prevention
- Substance Abuse
- Sexually Harmful Behaviors
- Cultural Competency
- Effective Supervision
- Bullying
- Power Struggles
- Nutrition
- Use of Razors

Therapeutic Crisis Intervention (TCI)

- All of our staff receives initial TCI training upon hire.
- TCI refresher training every six months in agency wide trainings.
- Cottage Managers provide in-service TCI module trainings focused on Behavioral Management alternating with the TF-CBT trainings during our weekly unit meetings.

Cottage Manager Training

- All of our Cottage Managers are certified as trainers in TCI.
- Eight hour in-service trainings are provided by Staff Training Associates' Robert Ireland on "How to Supervise Staff in the Residential Program".

SELF-EVALUATION PROCEDURES

The Agency is subject to a tri-annual program audit by OCFS, our regulatory and licensing agency, as well as OASAS as the Agency operates a licensed outpatient chemical dependency treatment clinic. In addition, SED does an annual school report card of the George Junior Union Free School District, which is a Special Act school district on our campus providing educational services to our residential population.

Finally, we maintain a Quality Assurance and Improvement Department which develops both child centered and program based outcome measures to evaluate treatment efficacy.

SUMMARY

The Hard to Place Girls Program is designed to treat adolescent females who have been placed through the foster care system, the juvenile justice system, and the Committee on Special Education. The major presenting problem is a history of trauma and its natural sequelae, including severe emotional and behavioral disturbances.

The structure of our residential program is intended to offer girls a safe, stable, and predictable living environment that will support and encourage their investment in treatment. Treatment will be provided by our Cottage Director and our Family Services Worker, but there will be a high degree of collaboration and an integrated treatment planning process between our on-campus psychologist, psychiatrist, and residential staff. Our goal is to develop a seamless, unified individual treatment plan for each resident in the program that effectively addresses both their history of trauma and mental health issues.

The general treatment philosophy is that complex trauma impacts immediate and long-term outcomes across domains of impairment, including attachment, biology, affect regulation, dissociation, behavioral control, cognition, and self-concept. There are clear consequences related to the delay in treatment, including ongoing mental health issues, substance use and abuse, academic failure, maladaptive relationships, and involvement in the legal system as adults. The program will employ a trauma focused model of treatment with a goal of promoting a safe attachment system, self-regulation of affect and behavior, and the development of competency, which includes appropriate coping skills, executive functioning, and a stable sense of self.

Regarding our overall child care approach, we will continue to employ Cornell's TCI Model in response to challenging behavior. In order to help youngsters grow and learn from their experiences in the cottage milieu, it is imperative that child care staff understand the concepts and language of trauma informed treatment, are able to demonstrate emotional competence, and are able to fully utilize Crisis Communication Skills and Crisis Co-Regulation Skills when responding to challenging behavior. The frequent use of LSI techniques will also be utilized to teach youngsters replacement behaviors and more adaptive coping skills.