



# Hard to Place: Intellectually Disabled/Emotionally Disturbed

## QUALIFIED RESIDENTIAL TREATMENT PROGRAM DESCRIPTION

### NAME AND ADDRESS

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

### SERVICE LOCATION

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380 Freeville Road, Freeville, NY 13068

### RESIDENCE ID

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20230622

### VENDOR ID

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00A09947

### LICENSED CAPACITY

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### PERSONS SERVED

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- Males
- Between the ages of 12 and 21
- Possess a full scale IQ’s between 60 and 75
- Present with behavioral and/or emotional problems which require residential treatment.
- Must be in sufficient contact with reality (not actively psychotic)

### QRTP STATUS AS IT RELATES TO FAMILY FIRST LEGISLATION

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In order to be designated as a Qualified Residential Treatment Program, the Agency has had to meet all the requirements of Family First legislation as follows:

- COA Accreditation
- 24/7 medical and nursing services
- A trauma informed model of care
- Use of evidence based practices

- The capacity to offer residents and their families comprehensive family services through engagement, outreach, proactive discharge planning and 6 months of family based aftercare support upon discharge from the Agency. Aftercare support to be provided by our Regional Family Service Coordinators located throughout every region in Upstate New York.
- Conducting required criminal history record checks and child abuse register checks for all adults working on-site including the following: state and federal criminal history record checks, Statewide Central Register (SCR) database checks, NYS Justice Center Staff Exclusion List checks, and relevant out-of-state child abuse and maltreatment register checks for all employees, as required by OCFS regulations and policies (See 19-OCFS-ADM-21).

## **RATIONALE AND OBJECTIVE**

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Many youngsters who fall into the category of borderline intellectual functioning or developmental disabilities are served in OCFS licensed agencies rather than in the OPWDD system. They are typically integrated into the general population without any specialized services, either educationally or clinically, to address their unique needs. Many end up in out of state placements.

The Hard to Place ID/ED Program is designed to meet the needs of boys experiencing the most severe emotional, behavioral, social, and/or family problems requiring placement outside of their homes. It provides a highly structured (semi-secure), closely supervised, therapeutic environment for intensive work with a resident upon his interpersonal relationship problems and behavioral and emotional difficulties, while assisting with development of more socially appropriate behaviors. The provision of supports is guided through a multidisciplinary treatment team process which focuses on a resident's functional abilities, needed instruction in social, conceptual, and life skills, individual education programming and functional communication skills. It is acknowledged that children in this category are in need of medium to long-term placement. Despite the critical needs and problems that are presented by children in this program, it is believed that growth and change can be effected subsequent to stabilization. Particular emphasis is placed on skill building with a long term goal of achieving a level of social, vocational and educational competency which allows for a higher degree of independent functioning.

## **PROGRAM GOALS**

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1. To provide an Individual Education Plan with an emphasis on remediating academic deficits.
2. To provide specialized education support services, particularly in the areas of reading and speech and language.
3. To effectively address social skill deficits.
4. To improve communication skills, especially in the area of problem solving and conflict resolution.
5. To help youngsters acquire sufficient life skills and independent living skills to allow them to function independently.
6. To provide appropriate vocational training and occupational therapy to facilitate the acquisition of marketable job skills and remediate fine and gross motor skills.
7. To develop a discharge plan that utilizes community resources for this population (i.e. VESID, Sheltered Workshops, etc.) and that is specific to the individual needs of each youngster including job placement where appropriate.

8. To fully include parents, referral sources and primary caretakers in the development of the treatment plan as well as the discharge planning process, recognizing the special needs of these families for ongoing community based services and supports
9. To establish community linkages including reviewing each resident's eligibility for lifelong services through the New York State Office for People with Developmental Disabilities (OPWDD).

## **TREATMENT SERVICES**

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The treatment planning process is the responsibility of an interdisciplinary treatment team consisting of the Behavioral Health Clinician, Cottage Manager, Family Services Coordinator (if applicable), Case Planner (if applicable), teacher, a third party reviewer, OASAS counselor (if applicable), the Residential Department Head, clinical supervisor, consulting psychiatric nurse practitioner and 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 30 days of admission, an initial treatment planning meeting (entitled the Comprehensive Assessment and Treatment Plan) is held to review the psychosocial history, the appropriateness of placement, and to establish individualized treatment goals for each youngster, including a family goal. As part of the treatment planning process, the assigned Behavioral Health Clinician completes a battery of evidence based assessments with the youth, prior to the initial meeting, to screen for exposure to trauma, presence of PTSD and/or related symptoms, depression, risk and overall diagnostic impressions using the following:

- CSEC Rapid (Commercially Sexually Exploited Children), *Comprehensive if positive on rapid tool*
- C-SSRS (Columbia Suicide Severity Rating Scale)
- CDI-2 (Child Depression Inventory, 2<sup>nd</sup> Edition)
- CRAFFT (Car, Relax, Alone, Forgets, Friends, Trouble)
- CANS-NY (Child and Adolescent Needs and Strengths)
- CPSS-V (Child PTSD Symptom Scale for DSM V)
- YI-4R (Youth Inventory, 4<sup>th</sup> Revision)

The Qualified Individual, coordinated and monitored by the referral source, will conduct a parallel assessment as per the requirements of Family First legislation.

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 their view and experiences while in placement.

## **Clinical**

Family, individual, and group counseling are considered integral to the treatment plan and process. Each resident in the program is the responsibility of the Behavioral Health Clinician 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 Family Service Coordinator (Behavioral Health Clinician in their absence) 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 as well as CBT, DBT, and Motivational Interviewing.

## **Psychiatric and Psychological**

Evaluations are conducted as needed. Arrangements for evaluations are made with the consulting psychiatric nurse practitioner and psychologist through the Behavioral Health Clinician. Our consulting psychiatric nurse practitioner is fully involved in the treatment planning process and is 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. Our psychiatric nurse practitioner is here full time Monday through Friday, and our consulting psychologist is here Monday through Thursday.

## **Substance Use**

The Agency's Van Clef Outpatient Substance Treatment Program, located on campus, serves residents with diagnosable substance use disorders. Residents who have been impacted by addiction within the family may also receive treatment in the program. Van Clef is licensed by the New York State Office of Addiction Services and Supports (OASAS). Opioid overdose training is offered to Van Clef clients through the program's certification as a New York State Opioid Overdose Prevention Program.

Drug testing is performed periodically on children enrolled in the program, including in-house testing under the program's New York State Limited Service Laboratory Registration. Screening typically occurs after each off-campus visit, randomly, or when there is suspicion that the resident may have been under the influence of a mood-altering substance. Our primary goal is to help each youth achieve stable sobriety before discharge.

## **Independent Living Skills**

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. The Agency employs Independent Living Skills Coordinators who work daily with residents. Additional opportunities encompassed in this program include public library access, driver's education, attending job fairs, visiting college campuses, filling out job applications, resume building, cooking, money management and college preparation.

## **EDUCATIONAL SERVICES**

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New York State Public Education Program for students in grades 7-12.

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 or 6:1:2

Represents six students/one Special Education teacher/one or two Special Education paraprofessional (s). 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 rigorous academic curriculum within the specifications of the New York State Learning Standards. The core subjects such as Mathematics, English, Science, and Social Studies, will be taught. Students are provided with a vast variety of supportive materials and/or resources. They are able to take advantage of three science labs, three computer labs and a technology lab. Art Education, Health, Culinary Arts, Woodworking and Physical Education are also available to our students. Students earn high school credits towards New York State graduation requirements that are transferrable to any school within the state.

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

Students are additionally assessed with 7<sup>th</sup> and 8<sup>th</sup> grade State Assessments, New York State Regents exams, TASC and some may be evaluated through the alternative evaluation methodology as provided by SED.

A Reading Specialist Teacher 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 develop successful skills for daily functioning. 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 Training Program aims to teach youth core job readiness skills and provide hands-on job experience. Youth have opportunities to develop skills through various work experiences, training's and staff assistance. The experiences enhance employment skills through learning responsibility, independence, good work habits, time management skills, money management and teamwork. The development of sound work habits, acceptance of responsibility, ability to relate to peers, feeling of

accomplishment, accepting authority and direction, developing work skills, and learning about self are all important parts of the work process. Youth have the opportunity to experience working in sixteen different trades to include the following: automotive, building maintenance, campus inventory/warehouse support, carpentry, computer support, custodial, electric, equine management, food services, heavy equipment, hospitality, HVAC, landscaping, painting, plumbing, and upholstery.

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

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## **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 and optometric are provided as needed.

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## **RECREATIONAL SERVICES**

A multifaceted recreational program is available to all youth, with daily structured and unstructured activities in a variety of venues. Structured and unstructured recreation takes place in the Boscowitz Field House. Adventure Based Counseling is offered at the James F. Purcell Project Adventure Building, an indoor ropes course facility and Equine Therapy also known as "rec riding" is conducted at our J. Brad Herman Equine Center. The recreation program is designed to be supportive, therapeutic and motivational. It offers activities that encourage development of sportsmanship, teamwork, physical fitness and a holistic approach to health and wellness.

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## **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. Behavioral Health Clinicians (M.S.W. Degree) and Family Service Workers 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. Youth Care Specialists 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 as a supervision norm, and we will never go below a ratio of one staff member for every three children.

Youth Care Specialists 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, with consultations from the psychiatric nurse practitioner, psychologist and medical staff. The Overnight Administrator on Duty directly supervises the Awake Overnights.

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## **STRUCTURE**

This program itself encompasses Butler Cottage. The Cottage is divided into two separate living units, with individual bedrooms for residents in each. This allows for involvement with a smaller group, and more

individual engagement on an ongoing basis with the child care staff, who work directly with the residents. Butler Cottage has a dining room and kitchen area where residents may prepare and eat meals together as well as a laundry room to launder their clothes as part of the ADL program. In addition, the cottage has its own community room where recreational activities such as pool, ping-pong and foosball are played during designated times.

## **STAFF DEVELOPMENT**

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

- Therapeutic Crisis Intervention (TCI)
- Motivational Interviewing (MI)
- Behavioral Health Clinicians/clinical staff receive ongoing Dialectical Behavioral Therapy (DBT) trainings as well as Cognitive Behavioral Therapy (CBT) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) trainings. All Behavioral Health Clinicians are also trained in conducting and interpreting the Child and Adolescent Needs and Strengths Assessment New York (CANS-NY).

### **Monthly Campus Wide Trainings**

- Policy and Procedures
- Medication Administration
- Mandated Reporting
- Suicide Prevention
- Substance Use and Abuse
- Sexually Harmful Behaviors
- Trauma Informed Care
- LGBTQ+
- Cultural Competency
- Effective Supervision
- Bullying
- Power Struggle Avoidance
- Nutrition
- The Debriefing Process

### **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 in-service trainings provided by the Behavioral Health Clinician during weekly unit meetings.

### **Motivational Interviewing (MI)**

- All of our staff receives initial MI training upon hire.
- MI refresher training at various intervals within monthly agency wide trainings.
- Behavioral Health Clinicians provide in-service trainings within unit meetings focused on skills and strategies derived from MI.

### **Cottage Manager Training**

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

## **SELF-EVALUATION PROCEDURES**

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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 Program Improvement Department which develops both child centered and program based outcome measures to evaluate treatment efficacy.

The Agency was accredited by COA (Council on Accreditation) in September, 2019 and designated as a QRTP in September, 2021.

## **ADMISSION POLICIES & PROCEDURES**

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Referrals are accepted from the following sponsoring agencies:

- a. Local county departments of social services (LDSS);
- b. Office of Children and Family Services (OCFS); and
- c. School districts Committee on Special Education (CSE).

In order to make a referral, a worker from one of the sponsoring agencies above must supply us with the information below. The referring agency is encouraged to contact the Admissions Department before making a referral to determine if a vacancy exists, to evaluate the appropriateness of the referral, and to expedite the screening and admission procedure.

Upon receipt of all required referral information, our multidisciplinary review committee will review and determine the referred youth's eligibility for admission to the program or if more intensive services are necessary.

### **Required Information for Referrals**

- A cover letter that includes: DOB, gender, current location, contact information for caseworker, date of the disposition hearing (if disposition has already occurred, the date it occurred and child's disposition status, i.e. PINS, JD, A/N)
- Documents characterizing the circumstances leading to placement:
  - Police Reports
  - Court Order
  - Pre-disposition Report (PDI)
  - Most recent FASP (if family is known to LDSS)
  - History of Prior Placement(s)
  - Summary from prior service providers
- Educational Records:
  - Individualized Education Plan (IEP)
  - Most recent report cards



- Transcript with credits earned
- Records from most recent school attended
- Behavioral and Medical Information
  - Medical history, including childhood illnesses, records of inoculations, immunizations, and hospitalizations, and reference to special concerns such as allergies.
  - Most recent physical health exams
  - Substance abuse evaluations, including history of substance use, diagnoses, history of receiving services and recommendations for treatment.
  - 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, as well as any history of psychiatric hospitalization.
  - Psychological evaluation, completed within the last year, should include the interpretation of projective testing and intratest scatter of intelligence instruments.

A pre-placement interview may be arranged with the child, parents/caregivers, and referring agency worker. The Admissions Department will communicate its decision regarding admission in writing to the referring agency. If the child is not accepted, the reasons will be discussed.

If a child has been formerly accepted for admission to our program, the forms and consents in the Admissions Packet need to be completed and supplied to the Admissions Department at or before the scheduled admission.

**Required Documentation Upon Admission:**

- Child's official immunization record, this can be from the school or physician
- A physical exam and a TB tine test will be administered upon admission. If either of these have been performed in the last few months, an official copy of the record may be attached.
- Child's primary insurance coverage and/or Medicaid Managed Care/Medicaid card (front and back)
- Birth Certificate
- Social Security Card
- Court Order
- Child's current medication order

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, developmental level, as well as their social and emotional needs.

**SUMMARY**

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The Hard to Place – ID/ED Program provides a highly structured, semi-secure living environment for residents who have experienced a high degree of emotional disturbance, as well as significant cognitive limitations. The main objective of the program is to offer treatment in a stable and safe living environment within which the staff and consultants can attempt to facilitate more adaptive and socially successful functioning with respect to the achievement of personal goals and successful reintegration in to the community.

The highly enhanced staffing pattern provides the adolescents with an opportunity to experience reparative relationships with child care staff. It is our intention, by application of a high degree of consistency in treatment and reality based relationships, to help the child establish pro-social behavior and better adaptive coping mechanisms. Regular weekly consultations with psychiatric and psychological consultants provide the staff with the supportive milieu they require in dealing with these very challenging and often difficult youngsters.

The program is oriented toward medium to long-term care with an emphasis on a highly structured milieu and remedial education.