

PROGRAM DESCRIPTION

HTP – INTERMEDIATE CARE

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

- Males
- Between the ages of 12 and 17 (at time of admission)
- Exhibited a pattern of significant behavioral and emotional dysregulation and present with significant mental health issues
- Has resided at the Agency for at least 90 days as part of the Hard to Place Program or the Sexual Offender Program
- Demonstrated sufficient progress in treatment where they can manage symptoms in a somewhat less structured setting

LICENSED CAPACITY

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RATIONALE AND OBJECTIVE

The Hard to Place Intermediate Care Program (HTP-IC) is designed to meet the needs of boys who clinically no longer require an HTP level of care, but whose social skill deficits and emotional dysregulation impede their ability to successfully negotiate the more normalized peer environment present in our regular institutional program. Additionally, these residents will have a need for extensive family work and the development of age appropriate independent living skills. Some residents may also require specific attention to develop transition plans when their Permanency Plan is APLA (Another Planned Living Arrangement).

The multifaceted treatment focus of the program will include: social skills development, including an enhanced ability to effectively negotiate interpersonal relationships, and on-going therapeutic interventions and support to process difficult emotional issues, and acquire more adaptive coping skills. A significant portion of the program will include interface with the local community through volunteer opportunities, participation in community events or recreational activities and the practice of accessing

community resources with guidance, and then independently. Residents will learn and practice independent living skills (ILS) with a dedicated ILS specialist and work closely with the Family Worker to create and work towards their permanency goal in the most appropriate time frame.

PROGRAM GOALS

1. To facilitate a therapeutic process by which participants assume responsibility for their disruptive and unsafe behavior.
2. To facilitate the process of recovery, including developing behaviors, attitudes, and thinking which support the formation of healthy, well-balanced relationships.
3. To facilitate healing from life traumas and understand how these experiences affect daily functioning.
4. To prevent reoccurrence of illegal, aggressive or abusive behaviors.
5. To help participants acquire new skills and replacement behaviors in order to get their needs met in non-destructive and healthier ways.
6. To help residents understand any underlying mental health issues and learn healthy ways to successfully manage any symptoms.
7. To strengthen the relationship between the resident and their family or discharge resource, identifying historic concerns and working with their family to create a healthy family dynamic.
8. To learn and practice the independent living skills necessary to live in the community successfully through psychoeducational groups, community services and activities as well as the participation in guided activities of daily living.
9. To develop a discharge and after care plan which clearly identifies each participant's continuing care needs, and puts in place a plan to support family reunification whenever possible and appropriate.

INTAKE PROCEDURES

The child's Cottage Director makes a referral to a screening committee who reviews the child's appropriateness for the program. The screening committee consists of the following administrative staff:

- Chief Operating Officer
- Director of Residential Services
- Director of Hard to Place Services
- Director of Admissions
- Child Care Coordinator
- School Superintendent

The principle issues that the committee would consider are the youth's treatment progress, their investment in the treatment process, their Permanency Planning Goal, the "fit" between the candidate and the program, the youth's ongoing treatment and permanency planning needs, and lastly the youth's own perception of their readiness to enter the HTP Intermediate Care Program. The agency would also seek to acquire feedback and consensus from the referral source and the family regarding the clinical appropriateness of the plan. 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.

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. 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.

Family contacts and sessions are arranged by the Family Worker in consultation with the referral source; as well as group sessions in the cottage focusing on family relationship, including a parenting education program. The group topics covered by the Family Worker will be in accordance to the needs and compatibility of the residents in each setting. The Family Worker will facilitate at minimum two face to face family contacts per month and will provide weekly phone updates regarding progress and planning.

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.

ACTIVITIES 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 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. Boys 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 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 three 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 Hard to Place Services, with consultations from the psychiatrist, psychologist and medical staff. The Overnight Administrator on Duty directly supervises the Awake Overnights.

STRUCTURE

Currently, this program itself encompasses Terry House, a twelve bed residential unit. This cottage has one single bedroom, four double bedrooms and two shared bathrooms on the second floor. The first floor of the cottage provides shared living space where there is a dining and kitchen area where all of the residents may eat meals together with the staff as part of the Activities Daily Living (ADL) program. In addition, it has a community room where recreational activities and socialization may occur. The cottage also contains a group room where daily groups occur.

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 Intermediate Care program offers a structured (semi-secure), closely supervised, therapeutic environment featuring intensive clinical intervention with residents focused primarily upon 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 HTP 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, and 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 adaptive coping skills.

This program specifically has been created to meet the needs of individual residents who have completed our Hard to Place Program or our Sexual Offender Program but due to significant deficits in social skills, emotional dysregulation, and ongoing mental health issues or the need for more supervision, require an intermediate level of care. The Intermediate Care program also includes intensive family work to hasten discharge, as well as more intensive ILS training to better prepare residents to live independently.

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.