



PROGRAM DESCRIPTION

RAISE THE AGE (BOYS)

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 16 and 17 (at time of admission)
- Have a full scale IQ above 70
- Present with significant mental health needs and with severe behavioral and emotional dysregulation.
- Youth who have committed non-violent felonies that the raise the age legislation allows for referral to family court.
- Must be in sufficient contact with reality (not actively psychotic)

LICENSED CAPACITY

Two separate cottages of eight

RATIONALE AND OBJECTIVE

The RTA program will build upon the foundational principals of effective residential programming as identified by the Missouri Model with an emphasis on providing Trauma Informed Care. Physical, psychological, and emotional safety will form the foundation of the therapeutic environment. Youth will reside in highly supervised and structured cottage milieu that offers a rehabilitative environment for supporting individualized treatment, utilizing prosocial skill development, and cognitive behavioral interventions designed to teach and practice new skills and replacement behaviors in the milieu. Social learning theory affirms that people learn and adopt new behaviors through such means as positive reinforcement and skill practice. The Therapeutic Group Treatment Model offers youth an opportunity to safely explore and develop self-awareness, insight, skills, and emotional and behavioral self-regulation as they progress towards independence and more adaptive decision making.

Each youth will have an integrated treatment team to provide extensive and ongoing case management services and to assess each youth’s progress through the stages of development and readiness for transition back into their community. A comprehensive service plan will guide this progress throughout

their placement. Engaging families and youth as partners in the treatment process from the onset of placement will be a critical component of the program, as well as intensive transitional planning and intensive aftercare supervision based on each youth's individual plan and needs. It is anticipated that the norm for youth will be 8 months of placement followed by 4 months of supervised aftercare, but this will be individualized.

PROGRAM GOALS

1. Prevent recidivism by facilitating 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 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.
8. Through the educational experience, we anticipate that each youth will work towards recovering credits that they have missed from numerous absences throughout their life. Each youth will also acquire the necessary vocational and career planning skills necessary to be successful in the work environment through the aftercare phase and discharge phase of the program.

INTAKE PROCEDURES

The Agency intends to serve RTA-placed boys with a wide range of needs, including mental health and substance abuse treatment, trauma recovery, and development and strengthening of pro-social skills as well as enhancing independent living skills.

The Agency anticipates that youth will be appropriately placed by the placing authority (LDSS or OCFS), but notes that a 16 or 17 year old charged with a violent crime will remain in criminal court when he has caused significant physical injury to another, engaged in an unlawful sex act, or displayed a weapon in furtherance of such crime. For those 16 or 17 year olds charged with a nonviolent crime, he will be removed to Family Court after 30 days unless the court determines that there are extraordinary circumstances that justify the case remaining in criminal court. We therefore request that the application include the youth's complete legal record, and further consider that best practice includes an interview, before intake, in part to engage the youth and improve the likelihood of the youth's responsiveness to treatment. It would also be helpful to include the youth's family in the interview process in order to begin the engagement process. Admissions staff is prepared to travel in order to facilitate the interview within five business days of receipt of the referral. Following determination that a youth will be placed with the Agency, the Agency's consent packet must be completed and signed by the child's guardian. Agency staff is prepared to assist with this process; however, signed consents must be received no later than the time of admission.

In addition to the exclusions that OCFS intends to use for consideration of transfer to Family Court, the Agency rule out criteria is as follows:

- Youth with IQs lower than 70
- Youth who are actively psychotic and not stabilized on medication.

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

If Available:

Psychiatric evaluation, conducted within the last year; which 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, which 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 Program Director, Behavioral Health Clinician, Case planner, Cottage Manager, Aftercare Coordinator, Navigator, 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 Director of RTA Services. 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) is held to review the psychosocial history, the appropriateness of placement, and to establish individualized treatment goals for each youngster, including a family goal.

Every ninety days 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 complies with all state regulated requirements, and provides an interdisciplinary, formalized process that 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 Behavioral Health Clinician who provides individual counseling for the resident. All residents will be seen in counseling individually on a weekly basis, and all residents participate in at least two structured group therapy sessions weekly. Family contacts and home visits are arranged by the Aftercare Coordinator in consultation with the referral source and treatment team. Vocational guidance is also provided by the Life Skills/Vocational specialist in conjunction with the school. The Agency primarily employs trauma-focused behavioral therapy as a model of therapeutic intervention. We will utilize the Missouri model as in the cottage milieu, and clinical interventions including DBT and CBT.

PSYCHIATRIC AND PSYCHOLOGICAL

Evaluations are conducted as needed. Arrangements for evaluations are made with the consulting psychiatrist and psychologist through the Behavioral Health Clinician. 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 offers on campus 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 youth in the Raise the Age 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/Vocational Coordinator who along with the Case Planner is responsible to ensure that successful linkages are established with community based services, both while residing on campus and upon discharge.

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 Certified Teacher Assistant. 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 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

Culturally Responsive, Social, Recreational, and Educational 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 Raise the Age 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 Clinician (M.S.W. Degree) provides intensive individual, group to the residents in their respective units. Case Planners provide the day-to-day functions of case planning and interface with local DSS/OCFS caseworkers, parents, and all other Treatment team Members. The Aftercare Coordinator coordinates all family therapy, discharge planning from day one of placement and provides four months of aftercare service to the youth and family after discharge. The Navigator works closely with the Youth, Family, as well as the Aftercare Coordinator to ensure appropriate resources are set up for the youth and family upon discharge, and services are monitored throughout the course of aftercare. 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 two staff members for every four children.

Youth Care Specialists provide a coverage ratio of 1 staff to every 2 youth and 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 Raise the Age teams are clinically supported by the Director of Institutional Services and directly by the Program Director of the RTA units, with consultation services provided by the psychiatrist, psychologist and medical staff. The Overnight Administrator on Duty directly supervises the Awake Overnights.

STRUCTURE

This program itself will be housed in two separate units of eight with individual bedrooms for each resident. This allows for involvement with a smaller group, and more individual engagement on an ongoing basis with the Youth Care Specialists, who work directly with the residents.

Within the residence, there is a kitchen area, and utility room where all of the residents may eat meals and launder their clothes together with the staff as part of their ADL program. In addition, the cottages have their own community room where recreational activities such as pool, ping-pong and foosball are played during designated times.

The facility features a state of the art security system including delayed egress doors, a comprehensive network of high definition cameras inside and outside the structure designed toward enhancing security, featuring 24/7/365 monitoring by the Director of Security and appropriately trained personnel.

We have an obligation to provide a safe, respectful environment to both the youth and staff. We will integrate this program with existing programs when and where prudent, and maintain proper boundaries as we do among all current residential programs we offer.

STAFF DEVELOPMENT

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

- RTA Clinical staff receives certification and ongoing training in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Other trainings such as Functional Family Therapy and the Missouri Model will be included in the RTA program.
- 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.

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 and effective De-escalation Techniques.

Cottage Manager Training

- All of our Cottage Managers are certified as trainers in TCI.
- All Manager attend a monthly Manager Development series done by our Human Resource Job Coach.
- 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 that develops both child centered and program based outcome measures to evaluate treatment efficacy.

SUMMARY

The RTA Program provides a highly structured, semi-secure living environment for residents who have experienced a high degree of emotional disturbance and difficulties with the Juvenile Justice system. 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 into the community with a primary goal of preventing recidivism.

The highly enhanced staffing pattern provides the adolescents with an opportunity to experience therapeutic relationships with Youth Care Specialists. 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 challenging, often times trauma based behaviors.

Regarding our overall childcare 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 childcare 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.