



Youth Centered Recovery Program

QUALIFIED RESIDENTIAL TREATMENT PROGRAM DESCRIPTION

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

RESIDENCE ID

208031385

VENDOR ID

00A10227

LICENSED CAPACITY

18

PERSONS SERVED

- Males (9) & Females (9)
- Between the ages of 12 and 21 (currently serving 9th – 12th grade girls)
- Have a full scale IQ above 70
- Have a primary diagnosis of chemical dependency and a co-occurring mental health disorder
- Is either court mandated or has a willingness to engage in treatment
- Must be in sufficient contact with reality (not actively psychotic)
- Must not have a history of chronic criminal violence
- Have failed in outpatient and inpatient chemical dependency treatment programs.

QRTP STATUS AS IT RELATES TO FAMILY FIRST LEGISLATION

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

The Youth Centered Recovery Program is an eighteen bed program designed to treat adolescent males and females who are dually diagnosed with alcohol and/or substance dependence and a co-occurring mental health disorder including diagnoses related to serious conduct or behavioral problems.

Many of the youngsters in this program have a history of failed inpatient treatment in OASAS licensed short-term residential programs as a result of their non-compliance with program rules and expectations. The structure of our residential program is intended to offer residents a safe, stable and predictable living environment which will support and encourage their investment in treatment. Chemical dependency treatment will be provided by our on campus OASAS licensed clinic, but there will be a high degree of collaboration and an integrated treatment planning process between OASAS staff and residential staff. Our goal is to develop a seamless, unified individual treatment plan for each youngster in the program which effectively addresses both their chemical dependency and mental health issues, and serves to promote a lifestyle of abstinence from all non-prescription mood altering substances.

PROGRAM GOALS

1. To achieve and maintain abstinence from all mood altering chemicals.
2. To facilitate the process of recovery including developing behaviors, attitudes, and lifestyle changes which support stable sobriety.
3. To improve behavioral, emotional, and social functioning where chemical dependency has interfered with role performance.
4. To include families fully in the treatment process based on the concept of chemical dependency as a disease which affects all family members, to address issues of co-dependency, and to help families acquire the skills and behaviors which support sobriety.
5. To develop and implement an individual treatment plan for each youngster and family appropriate to their particular service needs.
6. To provide a treatment experience that promotes each youngster's healthy growth and development.
7. To develop a discharge and after care plan which clearly identifies each youngster's continuing care needs, and puts in place a plan to support the youngster's reintegration to family and community.

TREATMENT SERVICES

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, 2nd 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, 4th 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.

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, at a minimum every two weeks. Family contacts and sessions are arranged by the Family Services Coordinator or the Behavioral Health Clinician. Vocational guidance is also provided by the therapist in conjunction with the school.

The general treatment philosophy is that chemical dependency is a primary, progressive, and chronic disease from which treatment is most effective when intervention is effectuated at the earliest stage in the disease process. This is especially true for adolescents as it is generally understood that disease progression occurs more rapidly in adolescents as they are less physically and emotionally mature. Oftentimes, the greatest challenge in treating adolescents for chemical dependency is the fact that they do not reach their “bottom” in the way that adults often do. Although it is indeed true that adolescents have not yet experienced the serious medical problems that years of drinking and drugging produce and typically have not lost jobs and spouses, there are on closer examination, clear costs and consequences related to their abuse of chemicals. Many have experienced legal problems as a result of their drinking or drugging; for some, placement is a direct result of their use and abuse of chemicals; oftentimes school failure is related to their chemical dependency; and all have experienced strained relationships with family and friends as a result of their pattern of use and abuse.

The program employs an abstinence based model of treatment with a goal of sobriety, understanding that sobriety, is not simply “not drinking or drugging”, but also a change in the behaviors, attitudes, and patterns of thinking which support addiction. The principles and traditions of Alcoholics Anonymous, Narcotics Anonymous and other self-help groups are integrated into all aspects of the treatment process.

Prochaska and DiClemente’s “Stages of Change Model” serves as the framework for engaging youngsters in the treatment process, as well as the principles associated with Motivational Interviewing. MI is a therapeutic approach based on the premise that clients will best be able to achieve lasting change when motivation comes from within the individual. It is a client centered approach which seeks to validate where the client is in the change process, and to have the client be a full partner in developing a plan for change and recovery.

Each youngster will participate in four groups weekly and at least one individual counseling session (either at OASAS or in the cottage). Some groups are psychoeducational and more didactic in nature; others are process groups which seek to identify, explore and discuss treatment issues and feelings on the part of group members about themselves, others or the group at large. As part of our plan to fully integrate treatment between OASAS clinical staff and residential clinical staff, all treatment groups will be co-facilitated by the OASAS clinician and the Behavioral Health Clinician and the cottages host monthly family support groups.

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

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 7th and 8th 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

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

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.

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 (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. 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 Institutional Services, with consultations from the psychiatric nurse practitioner, psychologist and medical staff. The Overnight Administrator on Duty directly supervises the Awake Overnights.

STRUCTURE

This program itself encompasses Barber and Terry Cottages. Terry Cottage is divided into two separate floors while Barber Cottage is a single floor living area.

Within each residence there is a dining room, 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.

STAFF DEVELOPMENT

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

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

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

The Youth Centered Recovery Programs are a highly structured semi-secure living environment for residents who have a primary chemical dependency diagnosis and a co-occurring mental health disorder. The main objective of the program is to help youngsters develop stable sobriety as well as offer treatment in a stable and safe living environment within which the staff and consultants can attempt to facilitate these youngsters' progress toward more adaptive and socially successful functioning with respect to the achievement of personal goals and successful reintegration in to the community.

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