OCFS Voluntary Agency Review

All of our programs and services come under regular audits or program reviews by the State. The New York State Office of Children and Family Services (OCFS), Albany Regional Office (ARO) conducted its on-site Voluntary Agency Review (VAR) of our OCFS licensed services during a two period in early March. The VAR is a comprehensive review of our OCFS licensed programs and services and addresses compliance with laws, regulations and standards of best practice toward achieving positive outcomes for children and their families.

Cases were selected by ARO staff from all residential areas and the SILP apartment and included youth from varied counties. The rigorous review consisted of in-depth case record review, interviews with youth, parents, and staff, local Departments of Social Services and other placement resources, facility tours, direct observation of programming and team functioning, and review of QA, behavior and incident management systems, training and supervision, administrative practices such as human resources and of key related service areas that support our residential students: education, infirmary, food services, facilities, challenge course and experiential learning, and more.

Staff from the ARO partnered with LSS staff to assess overall areas of safety, permanency, and well-being. The review teams gathered information in seven broad, comprehensive module areas: Family Engagement throughout the Life of the Case, Permanency Planning, Services, Visits, Documentation, Quality of Daily Living, and Significant Connections.

At this point, we have received initial feedback from a full day “reporting out” process known as “Storyboarding.” This consisted of feedback in the method of Strengths, Satisfactory, and Improvement Opportunity ratings. In general, we did very well and we heard extensively about the strengths of our staff, services, programs, facilities and agency culture. While we will not receive the written report for another month or so, the Storyboarding process seemed comprehensive and we do not expect any surprises when the written report arrives. Congratulations and thanks to everyone for all the excellent work being done, and especially to the staff who navigated the VAR process. Below is a very brief summary:

Strengths
- Youth are engaged in services and their treatment plans.
- Assessments are very comprehensive
- The agency has strong and well-coordinated clinical, educational, and group living services, and support services are impressive (food services, infirmary, recreation, experiential learning, facilities, records)
- The agency has very strong culture that supports quality programming
- Staff work collaboratively with families and local districts
- Administrative practices are strong and staff report feeling supported
- Permanency goals for youth are established and addressed in a timely manner
- The quality of daily living includes a strong relationship focus and “family-like” atmosphere
- Home visit planning is well planned and based on rational decision making and risk assessment
- Staff and students reported feeling safe, respected, and supported.
- PBIS is utilized, encouraged, and supported throughout the entire agency
- Parents believe that their children are safe, well cared for, and that they are adequately kept informed by LaSalle of their children’s progress

Opportunities for Improvement
- Permanency planning efforts could include more focus on concurrent planning
- Preparation and debriefing activities with parents before and after family visits.
- Documentation and Progress Notes don’t fully capture the quality of work

Performance and Quality Improvement (PQI) activities assist with achieving program and service area outcomes, and contribute to efforts to improve organizational climate and culture and staff and client satisfaction. PQI encourages the use of data and staff and stakeholder involvement to identify, establish and implement improvement practices that contribute to desired outcomes. This occasional newsletter will be one avenue to encourage staff involvement in PQI.
LaSalle’s Alphabet Soup
A guide to the acronyms used on campus

ACCES-VR: Adult Career and Continuing Education Services. These services assist individuals with disabilities to achieve and maintain employment and to support independent living through training, education, rehabilitation, and career development. Many of our students qualify for these services both during and after placement. (Formerly called VESID)

ICMP: Individual Crisis Management Plan: Child specific plan that identifies known triggers and suggested interventions for use when a child is in crisis, as well as interventions that should be avoided as they do not work or present a serious medical risk and more. Every child at LaSalle has an ICMP and it revised as necessary.

SILP: Supervised Independent Living Program: A state licensed program that allows older youth in foster care to live independently yet be supervised by an agency. LaSalle opened a SILP in 2007.

853 School: The term used to describe certain approved, private non-public schools such as LaSalle. “853” comes from the Chapter of the Legislation which enabled the schools to become recognized under state law for funding and curriculum.

PBIS Updates

PBIS held Spirit Week February 8-12. It was a great way to show school spirit and have a little fun on campus. Many students and staff participated in the event, and Mix-it-up Day went very well. If anyone has suggestions for themes for next year, the committee would love your input.

The PBIS Committee continues to use weekly Out of Program, ICR, and Behavior Incident data to determine which students need additional interventions and supports through the CST process. If teachers have noticed students struggling, they can contact Dr. Medved to determine if a CST is warranted.

Just a reminder, if you need Fast Cash, it’s available from: Ed Carroll, Deb Fisher, Jim Meyer, Cathleen Peter, and Mark Silverbush.
Juvenile Reporting and Family Center Outcomes

The Juvenile Reporting and Family Center continues to demonstrate positive outcomes for youth in its care. For the first half of the operating year, the program exceeded on two of proposed benchmarks in the four expected areas, and fell a little short on two. The program served 58 youth from Albany County, representing 10 different zip codes.

The goal related to remand to detention was just below the 90% benchmark outlined in the contract. The linkages goal also fell short of the 90% benchmark.

When the agencies were awarded the contract for this program, we also proposed it as an Alternative to Detention option for youth prior to adjudication in the system. The youth admitted to this program are presented to the right as ATD, and while the outcomes of the youth in the ATD program are somewhat lower than those in the JRFC, these are not unexpected outcomes given the complex profile of the youth.

SOAR Corner-ACEs and Co-Occurring Mental Health Needs

While ACEs and trauma are important, the extensive needs of youth in residential care are not based solely on a youth’s trauma history. Youth in the foster care system face psychiatric issues, school difficulties, and substance use problems that may be related to, or exacerbated by, their trauma histories and youth in residential treatment have significantly more psychiatric diagnoses and adverse childhood experiences than youth in standard foster care.

Of the 132 youth in this study, only eight had no psychiatric diagnosis. The vast majority of youth (85.6%) had between one and three diagnoses. A difference of means test was used to determine if youth with toxic ACEs (4+) have a greater number of psychiatric diagnoses. The results of the test (presented in Table 4) indicate that youth with more than four ACEs have significantly more psychiatric diagnoses than youth with lower level ACEs (6.75 compared to 3.94).

<table>
<thead>
<tr>
<th></th>
<th>0-3 ACEs</th>
<th>4+ ACEs</th>
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<tbody>
<tr>
<td>Average # Diagnoses</td>
<td>3.94</td>
<td>6.75</td>
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<tr>
<td>Number of youth</td>
<td>65</td>
<td>67</td>
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Understanding the full extent of the issues facing youth in residential treatment can help to increase our understanding of how daunting an issue it is. The more complex the needs of a client, the more complex treatment must be in order to address those needs. Early intervention may help ameliorate the effects of trauma and prevent increased complexity of needs by preventing the negative effects of ACEs, potentially resulting in reduction in taxpayer spending both as a result in a reduction in social and medical expenses and criminal justice related expenses related to reoffending.
Quality education and academic achievement have been hallmarks of LaSalle School since our inception. Many of our students’ home school districts require us to participate in IEP Direct. IEP Direct is an online NYS specific customized software program that assists schools and school districts manage the many special education requirements and support best practices. Congratulations on your work and support of our students’ academic achievement.

67% of students had an overall average of 75% or better

98% of students had teacher ratings of satisfactory on conduct in at least one course.

99% of students had teacher ratings of satisfactory on effort in at least one course.

83% of students had teacher ratings of satisfactory on attendance in at least one course.

The Counseling Center at LaSaLe Outcomes

The Counseling Center at LaSalle offers licensed behavioral health care related to mental health and substance abuse/dependence. Outcomes that the CCL strives to achieve with clients include:

- Behavioral improvement and improved functioning
- Symptom Reduction
- Client engagement, retention and treatment completion
- Client satisfaction

Clients of the Counseling Center often present challenging and recalcitrant medical and behavioral health issues. And while the finding below may appear “on the face of it” as unimpressive, it is important to note that these numbers compare favorably with outcomes in the field. This data also increases our understanding of our clients and our work, and helps us to think about our service technology.

The most common discharge categories selected by client counselor at time of discharge, in descending order, include:

- Lost to contact (one month without an apt) or non-compliance with program rules
- Completed Treatment (all goals met or partially met)
- Left treatment against clinical advice
- Other (family moved, remanded, sought treatment closer to home)
- Placed in a higher level of care, or out of home placement

PQI efforts and staff of the Counseling Center are currently reviewing standardized measures, such as the Child and Adolescent Needs and Assessment, and the possibility of using the CANS over the course of treatment and at discharge to track client improvement.

| Change | Yes | No |  | Change | Yes | No |  | Change | Yes | No |  | Change | Yes | No |  |
|--------|-----|----|  |--------|-----|----|  |--------|-----|----|  |--------|-----|----|  |
| Symptom frequency was decreased | 56% | 7% | 37% | Symptom severity was reduced | 67% | 9% | 24% | Health Improved | 40% | 44% | 12% | Other mental health conditions improved | 46% | 8% | 46% | Overall relationship status improved | 52% | 4% | 44% |
| Patterns of interaction with family improved | 54% | 2% | 44% | Patterns of interaction with school improved | 54% | 11% | 35% | Patterns of interaction with peers improved | 60% | 4% | 36% | Client satisfaction was positive | 44% | 12% | 44% | Participation in healthy recreation increased | 44% | 4% | 52% | Participation in spiritual activities increased | 5% | 0% | 95% |

Questions or suggestions about the PQI newsletter? Contact Mark Silverbush ext. 258 or Camela Steinke ext. 349