Executive Summary/Service Summary
S1 – Counseling Services

Background

The Children's Aid and Family Services' Counseling Service is provided at two primary locations. Each location caters to different client demographics, as follows:

1. Family Counseling Service (FCS) – Located at our Ridgewood New Jersey Office and caters to adult clients from the Northwest Bergen County area. Treatment is voluntary, and most clients have sought treatment with the Center from the Center to address issues including marital problems, stressful life situations, such as employment, etc.
2. Post Adoption Counseling Services (PACS) – Located at our South Orange Office and caters to children and adolescents in the State foster care system. Usually, these are clients who have been placed in adoptive homes and the family requires support to address the adjustment issues associated with placement.

The following narrative describes each program in detail, beginning with our Family Counseling Service (FCS) location:

FAMILY COUNSELING SERVICE(FCS)

1. Several factors have impacted upon FCS in recent years. The Bergen County United Way, a significant source of funding for counseling services in the past, has greatly reduced its' financial support to agencies in Bergen County over the past several years due to their policy of donor designation. Many Bergen county employees live outside the county and most of the money raised by the United Way is now earmarked for agencies outside of this geographic region. Another major factor impacting on the counseling services it the managed care system. Re-imbursement rates established by the managed care industry have not kept pace with actual service delivery costs. This agency initially determined that it could no longer accept managed care contracts that paid less than $70 per session and has now been gradually "phasing out" managed care, maintaining only those contracts that are necessary to honor our commitment to our EAP client, Becton-Dickinson and its employees. As private funding has diminished, the agency has been unable to afford and unwilling to use precious funds to "subsidize" the insurance companies. Lastly, the attack on the World Trade Center on Sept. 11, 2001 has had a devastating impact on this geographic region. The area was hard hit by direct losses of human life and indirect losses of jobs, benefits, etc., resulting in an area-wide economic downturn. The agency was forced to reduce or close programs because its' philanthropy was down. Although there has been an upturn in the economy and agency fund-raising is on the rise, the uncertainty that exists presents an on-going challenge for the organization.

   Although FCS has not eliminated any one program since the last accreditation, the services have been greatly reduced in size and scope. The overall direction for FCS is changing from an outpatient counseling service to a center for healing and

wellness for families. With this change in focus, FCS is embarking on two new creative projects that will enhance services and provide new programming opportunities. A "Healing Garden" is under development in which the outside property is being redesigned with reflective streams, fountains, herb gardens, woodland seating areas, and a labyrinth. Our hope is that this garden will be used by agency clients to de-stress, meditate, and seek inner solace from the stress encountered in their daily lives. Professional staff will have the opportunity to incorporate the garden as a supplemental healing tool in their work with clients. Recently, FCS received a small grant to establish a Family Resource Room at its location. In the spirit of the new direction, this room will provide children, teens, and families with resource materials, i.e. books, videos, audiotapes, etc., and Internet access, for research. Professionals will staff the room and serve as consultants and "coaches" to assist the individuals as they search for solutions in managing their day-to-day concerns.

2. The Family Counseling Service office is located at Riggs House, 148 Prospect Street, Ridgewood, NJ 07450. The telephone number is: 201-445-7015. The hours of operation are: Monday – Thursday, 9:00 a.m. – 9:00 p.m., Friday 9:00 a.m. – 5:00 p.m. Saturday hours are available from 9:00 a.m. – 12:00 noon. The program director is Ms. Gloria Leder, MSW, LCSW. Tricia DeBartolome, Vice President of Family and Community Services, is in charge of the facility.

3a. Family Counseling Services, located at Riggs House, 148 Prospect Street, Ridgewood, N.J. 07450, is the central location for this service. Counseling services, using individual, family and group modalities, provided by our fully qualified professional staff, have been available to families in the communities of Northwest Bergen County since 1956.

Individual, couple/marital, family, and group counseling services are provided for those individuals whose life situation or emotional difficulties require brief, short-term or longer-term treatment in order for the client(s) to function on a more constructive level. Anyone living or working within the service delivery area is eligible for treatment, except for individuals who require: medication monitoring, partial/inpatient hospitalization, involuntary treatment, extensive substance abuse or who are actively suicidal/homicidal. The FCS Access Coordinator will assist these clients to locate alternative care. In the event a client is hospitalized or reported for abuse/neglect during treatment, the case is reviewed by the Clinical Director to determine whether FCS can continue to meet the treatment needs of the individual. If not, a referral is made to a more appropriate or intensive treatment provider.

b. The fee for service is $105 per session. However, if a client has managed care insurance under a contract accepted by FCS, they are required to pay only their co-payment as determined by the managed care contract. For individuals or families who cannot afford as determined by their income and the agencies' fee scale, a subsidized fee may be offered after an application is completed by the client. The client fee is determined based on this application process and a fee scale.

c. The Family Counseling Service's philosophy includes the belief that treatment begins at intake and that continuity of service enhances effective therapy. FCS is committed to the concept of providing treatment in such a way as to promote the personal responsibility of clients, to include integrity in decision-making, freedom of choice for consumers, and preference of professional responsibilities over personal interests. The service is committed to providing prompt intervention with individual, couples/families, and uses a holistic approach to help restore and support functioning and growth, incorporating intra-psychic, interpersonal, health, school, family, and community. Included in our philosophy is the concept of family-centered practice, which means the clinician will always consider the individual in the context of his/her family. If possible and appropriate, the family will be included in the treatment. Treatment is specialized to accommodate the degree of an individual's disability, the nature and duration of the presenting problem and the client's socio-cultural, ethnic, religious, and lifestyle contexts, and the setting in which the person lives. Treatment modalities include individual, marital and families counseling, psycho-educational and support groups as well as crisis intervention.

d. FCS does not permit the use of non-traditional or unconventional service modalities or interventions.

e. Program Outcomes:

Outcome measures improved functioning in the following areas:

Depression, Interpersonal Relations, Quality of Life, Panic, Psychosis, Sexual function, Suicidality, Sleep, Work Function, Violence, Mania.

The Treatment Outcome Package (TOP), of Behavioral Health Labs is used.

f. In 2004 average number of open cases by month are as follows:

JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
*	*	*	*	114	98	90	76	78	111	122	120

- these statistics were not collected during these months.

4. FCS makes every effort to provide prompt and efficient access to its services. The Access Coordinator initially screens all prospective clients, obtaining basic information necessary to make an initial appointment, First appointments are scheduled as soon after the initial contact as possible, rarely exceeding 10 working days. During the initial appointment, the therapist will have the client complete a Treatment Outcome Package and will review the counseling process and financial agreements. The client is informed about Clients Rights and Grievance (form signed) Consent for Treatment (form signed), cancellation policies, etc. The clinician is to complete a Client Assessment Form within two weeks of the first visit. At that time, the clinician presents the case during supervision. There is a discussion of possible goals and a preliminary Initial Treatment Plan is formulated. At all times, it is essential that the client be involved in the Treatment planning process. If the client disagrees with all or part

of the plan, the clinician is to work with the client to identify alternative approaches that can be mutually agreed upon. All treatment plans must include goals, treatment objectives, modality, technical/strategies, discharge criteria and plan.

Cases and treatment plans are to be reviewed, updated, and discussed with the client and clinical supervisor every 3 months and/or at major change points. Clients are to be seen as part of the system in which they live, so other family members may be included in service planning with the informed consent of the client. When the client is a minor or child, parent/guardians are integral parts of the service.

5. FCS does not provide services through any formal contracts or coordinated service delivery systems.

6. Staff –
Gloria Leder, Director, MSW, LCSW, Clinical Specialist – 20 years experience.

Clinical Staff – all Supervised by Gloria Leder

Bonnie Weiss, M.A., ED.S.	27 yrs. experience
Jacquelyn Styles, L.C.S.W.	50 yrs.
Heather Struz, B.S.	3 yrs.
Deborah Russo, L.C. S. W.	20 yrs.
Tracy Neumann, L.C.S. W.	3 yrs.
Rosemarie Marcus, B.S., R.N., M.S.	40 yrs.
Judith Fichtenholtz, L.C.S.W.	24 yrs.

* Organizational Chart attached

Nine clinicians, only three of which are full-time employees, staff FCS. The remaining employees work from two to 20 hours per week. When it is feasible, staff may attend trainings conducted by other CAFS departments or other staff may come to FCS and present trainings. However, since most of the clinical staff are part-time or hourly employees, their schedules may not always permit accessibility to such training events. Clinical staff are encouraged to, and do, seek training opportunities outside the agency, especially to fulfill their professional licensing requirements. Many other topics are presented during either group or individual supervision sessions.

7. Demographic Information

a. Race/ethnicity

White	81%
Black	7%
Asian	2%
Native American	2%
East Indian	2%
Mixed Race	6%
Hispanic	0%

b. Gender

Males	26%
Females	74%

c. Major Religious Groups

Christian	86%
No Religion	7%
Other	7%
Jewish,Muslim,Hindu	0%

8. Bi-annual Report from Case Audit, November 2003 and June 2004, with related corrective action plans are attached.

POST ADOPTION COUNSELING SERVICE (PACS)

1. **Overview of PACS Program**

a. Changes, Challenges, awards received, changes in funding streams or obstacles faced by the program since last accreditation:

Changes: Since last accreditation the PACS Program has been changed from S14 to S1 in response to COA's newly instituted step in the accreditation process – re: adding a component that now requires COA itself to perform an intake/review of organization's programs and based on making a determination about the appropriateness of their standards for individual service delivery area. However, there have been no changes in our funding stream.

Awards: Children's Aid and Family Services was recognized at the Adoption Awareness Celebration given by the State of NJ – Dept of Human Services – Div. of Youth and Family Services for the agency-s and program's "dedication and unselfish devotion to New Jersey's waiting children" It was awarded on November 20, 2003.

Obstacles: PACS program has not been successful this past year in hiring a PACS clinician that speaks Spanish. We do have a bilingual NJ ARCH warm-line staff person who is available to assist clinical staff at our South Orange location.

b. There were no merging of programs or services closed since the last accreditation. However, A part time outreach worker was hired to reach out to Essex families, organizations, schools, libraries, etc. in order to bring this service to the attention to those who are in need in Essex County. Also a part time transportation aide was hired due to the heightened need of maintaining safety for therapist doing in-home therapy.

c. No unique aspects and/or special services provided to specific populations.

2. **Program Information:**

a. Program Director: Kathleen E. Russo, LCSW
b. Children's Aid and Family Services, Inc.
76 South Orange Avenue – Suite 209
South Orange, NJ 07079
c. Telephone: 973-763-2041
d. Hours of Operation: Hours of service are flexible. Services are available every weekday between 9:00 am to 9:00 pm. Weekend Service is available per the availability of staff and necessity of the client. 24-hour telephone contact is available through message left on each respective clinician's voice mail (Under certain circumstances clinician may also provide family with their personal cell number).

3. **Program Description of services and activities provided under S1,**

including:

a. Definition of service population and eligibility criteria: As this program is funded specifically for pre and post adoption services the target population is defined for pre-adoption cases as DYFS Children who are clients of the ARC offices (for our program specifically Northern, Essex, and Metro ARC offices) either in preparation for adoption placement, currently placed, or in the post placement phase. First priority is children at risk of placement and/or adoption disruption. ARC children who are placed in temporary care such as treatment home or residential facilities and who need permanency planning are also a priority. In the post adoption aspect of the program, finalized children (ages 0-18) who are subsidized adoption cases or who have been adopted through private agencies are also accepted in the program post finalization to prevent adoption disruption.

Services are provided to families in eight counties: Bergen, Essex, Morris, Passaic and towns in Union county that boarder the City of Newark. In-home services are provided to clients who are referred from the Northern and Essex ARC program liaisons, Resource Development Specialists (RDS). These cases are foster or pre-adoptive families. Services may also be provided in other locations such as schools, DYFS Adoption Resource Center (ARC) offices, DYFS District Offices (DO), or other appropriate community locations as needed.

Services for post adopt families are offered at our site in Ridgewood, NJ (Family Counseling Services, 148 Prospect Street) and in South Orange, NJ (76 South Orange Avenue). Both sites are handicapped accessible.

b. Fee Schedule: Clients are not charged fees for these services. This program is funded by a contract with the State of New Jersey Division of Youth and Family Services (DYFS) and no fees are charged to any of the families receiving this service.

c. Program philosophy and description of program model and any service modifications and/or adaptations for persons with special needs:

- Our first priority is children at risk of adoption/placement disruption. We understand that many of these children in pre or post adoptive families may present with a multitude of problems due to having experienced some or all of the following:
  - changes in permanency goals,
  - loss, separation and grief issues and
  - such problems as attachment disorder,
  - fetal alcohol symptoms,
  - neurological problems,
  - trauma due to sexual and/or physical abuse,
  - neglect and multiple placements.
  - It is clearly understood that adoption is a lifelong issue for all members of the adoption constellation.

- We work toward supporting children and families who are at risk for disruption of placement prior to or after adoption finalization. We address many of the lifelong clinical themes that challenge adoptive families such as:
  - how and when to talk about adoption,
  - curiosity about origins,
  - feelings about differences,
  - low self-esteem and inadequacy,
  - and chronic grieving.

- The purpose of this program is to help keep families together and support them by providing in home and in office individual, family and group therapy.
- We provide advocacy support and help them to utilize family and/or community resources and other services needed to stabilize and support the family and children.
- The program also supports family visitation and reunification, whenever possible. Permanency planning for pre-adoptive children is often coordinated with the Division of Youth and Family Services (DYFS) to assist in the facilitation of children finding and maintaining "permanent" homes and families.
- Most of our post adopt cases are seen in the office. At times, when a family is unable to obtain services at these locations due to transportation problems or child care issues, provided the travel distance is reasonable and the clinician's has available time, they may be seen in the home.
- The goal of this program is to work towards permanency and/or stabilization for children and families utilizing individual, family, and group psychotherapy as well as incorporating psycho-educational and parenting tools to assist families and children in order to avoid disruption prior to or after finalization.

d. All of the service modalities, interventions and activities utilized by clinical staff such as: play therapy, cognitive behavioral techniques, individual, family, conjoint and group therapy are those accepted by DYFS and recognized by accredited schools of social work and counseling.

e. The outcome or goal of permanency is identified for all pre adopt cases and the outcome or goal of stabilization for all post adopt cases. For reports with regards to this programs outcomes is detailed in the Agency's "Annual Performance Improvement Work Plan 2004-2005".

f. Average number of cases (individuals, families, or groups) served per program site, for each of the previous 12 months:

- Northern location (Ridgewood) we have provided services to approximately:
  - 33 families (33 children) in our post adoption services

        - 22 families (29 children) in our pre adoption
    - Essex location we have provided services to approximately:
        - 22 families (23 children) in our post adoption services
        - 33 families (38 children) in our pre adopt services

4. **PACS Screening Procedures:**

All cases that are referred by DYFS to our pre adopt services are screened by the Resource Development Specialist (RDS) who currently function out of the Northern ARC, Essex ARC and Metro-Select ARC, prior to them forwarding the referral. Should the PACS program director have any questions with regards to the appropriateness of the referral it will be discussed with the submitting RDS to clarify any concerns. DYFS makes the final decision in all pre cases.

For post adopt cases the program director takes the initial referral call and upon completing the "Post Adopt Phone Intake Form" determines if (1) family falls within our service areas (2) child has been legally adopted (3) child being referred is under 18 years of age and (4) the issues presented are appropriate for once a week psychotherapy.

Should more intensive treatment be needed in either pre or post services, we will make the necessary recommendations to the child's case worker (pre cases) and for post adopt cases, the child's parent/guardian. For pre cases we might recommend our agency's psychiatrist to evaluate, if appropriate, or request that the DYFS case worker identify an appropriate program and/or service. For post families we would identify agencies and or other institutions that would be able to provide or at least evaluate the child for more intensive treatment.

The PACS liaison will fax and/or mail a two page referral form which outlines identifying information, current information, goals and issues to be addressed as well as specific behavior problems presented. Other materials such as psychological, medical or psychosocial reports that may be available are sometimes forwarded with the referral. In some instances the PACS clinician may request that the caseworker provide other reports that may be necessary in developing an appropriate treatment plan.

Intake/Assessment Procedure:

Intakes are prioritized as indicated below:

- Children at psychological or physical risk
- Children currently entering new adoption placements
- Children at risk of other placement disruptions
- Children in treatment home or residential placements
- Children with ongoing behavioral, acting out, mental health or family problems
- ARC children receive first priority.

- In the case of children who have been finalized, those families identified as "subsidized DYFS adoption cases".

  The Client Assessment/Intake form (Form010-Client.Assess.) is completed within the first two sessions or within two weeks of the first session, reviewed and signed

  by the program director. The intake assessment form includes all information gained from the client, legal guardian, and/or foster parent that would be beneficial to treatment. The primary source of information would be the client and the parent unless DYFS is the legal guardian. If so, DYFS is actively included in the assessment process.

  Once referral is received and there is an opening, the program director assigns the case to a clinician. Cases are often assigned to clinicians according to clinical priority, case location and clinician's expertise. A letter of introduction (Form 010-PreIntroLtrs) is mailed to the family where the child resides including a copy of the Agency and Client Information Summary and an information card on the NJ ARCH program. A letter is also sent to the child's DYFS case worker including a copy of the letter to the family and an "Authorization for Consent to Treatment and/or Use and/or Disclosure of Health Information" form to be signed and returned.

  For post adoptive services, families in the designated communities who have adopted children under the age of 18 years must contact PACS directly and the program director documents and processes the request for services. At the time of the call, a PACS Phone Intake Form (form 010-Ph.Int.) is completed by the program director or designated staff person. The program director then sends out a letter and copy of PACS brochure and New Jersey Adoption Resource Clearing House (NJARCH) information to the family. The case is then assigned to a clinician that is providing treatment where the family resides.

  Waiting List Procedure:

  - The PACS program director maintains the list of all referrals whether they are pre or post adoption referrals. For pre-adoption cases, at the point the contracted level of service is full, the ARC liaisons will maintain a waiting list for this program or will ask that the program director maintain such a wait list. It is rare that a referral is rejected. Since this is a DYFS contract almost all identified clients are accepted.
  - For the post-adoption cases, at the point the contracted level of service is full, the program director will keep a wait list. Every attempt will be made to assign a clinician as soon as possible, however, if there are no available slots the caller will be advised either through telephone outreach or letter from the program director. If family cannot wait, other resources will be provided to them through NJARCH.

Service/Treatment Planning

The treatment plan is completed within the first four sessions and presented for reviewed in supervision with the program director and/or at the Team Consultation Meeting. Should there be urgent issues that need to be addressed immediately, a preliminary plan should be developed. The child, parents and DYFS (when appropriate) should all be part of the treatment planning process.

- The Treatment Plan should reflect information gained through the assessment period and should be updated as each goal or problem is identified and reviewed quarterly by the program director. The therapist, client, guardian and PACS program director sign the Treatment Plan and it is filed in the case record. The Treatment Plan contains specific and measurable treatment goals, time frames for completion, intervention strategies for accomplishing the targeted goals, and the strengths of the client and their support systems as identified by the client with the therapist's assistance. The client is an active participant in the treatment plan development process. There are times when a client may experience barriers to achieving their goals. It is then the responsibility of the therapist to assist the client in overcoming these barriers. They should be educated as to the range of available options.

- The agency's goal is empowerment and working towards independent choices and decision making. The treatment plan should be considered an integral part of the therapy and discussed and reviewed with the client as progress is made or additional goals and problems are identified.

- Plans for strengthening the parent – child relationship, maintaining or resuming parental responsibility and preparing for adoption or a move into a foster home placement are all family issues that should be included into the Treatment Plan. Should additional services be necessary to achieve the treatment goals, such services are secured for the client. Also, for those persons with complex needs requiring multidisciplinary approaches, the treatment plan will be brought by the clinician to a team meeting and discussed and reviewed by all present, including PACS consultant. During supervision, the clinician should bring in all treatment plans for review, and be signed and/or initialed by the program director.

Discharge/Termination

A client discharge should be planned jointly by the client and therapist when mutually agreed upon goals and objectives are complete. A discussion about aftercare should be facilitated as soon as termination work begins to assure sufficient time for planning. Cases that are pre cases are not closed without discussion with and approval of the DYFS caseworker and the program director.

The Discharge/transfer Summary is completed after the last session and submitted to the PACS program director for review and signature. A copy of the signed Discharge Summary is mailed or faxed to the DYFS worker and the original is filed in the case

record. The Discharge Summary includes presenting problem, treatment goals, treatment outcome, reason for discharge and recommendations if additional referrals are necessary. All pre-adoptive homes are offered post-adoption counseling within our program, once finalization has occurred. At this transitional phase it is the goal to maintain the same clinician with the family who wishes to continue in post services.

Aftercare/Follow up Procedures:
Any aftercare or follow up provided or recommended is noted on the client Discharge Summary. Usually this will consist of telephonic follow up usually monthly for several months. Noted our aftercare is services is not the same as the "Aftercare Program" that is tied to children in our treatment and group homes.

5. **Service components provided to person through contract:**
   Not applicable to PACS program.

6. **Staffing:**
   See attached organization chart for program sites.

   Program Personnel:
   Program Director: Kathleen E. Russo, MSW, LCSW – (20 yrs experience)
   (Supervised by Rose Zeltser – Vice President Children's Services)
   PACS Clinicians – supervised by K. Russo:
   - Lisa Molinaro, MA, LPC (3 yrs. Experience)
   - Maria Salvanto, MA, LPC (3 yrs. Experience)
   - Jane Langeveld, MSW, LCSW (3 yrs. Experience)
   - Denise L. Venitelli, MSW, LSW (3 yrs. Experience)
   - Rachel Polan, MSW, LSW, (2 yrs. Experience)

   Non clinical Administrative Support Staff – supervised by K. Russo:
   - Leida Martinez (p/t)
   - TaTanisha Barrett (p/t)

   Transportation Aide/Escort – supervised by K. Russo:
   - Andrea Mercer (p/t)

7. **Demographic Profile Families Served:**
   (Data available through CQI/MIS Dept.)

8. **Quarterly Reports/Case Record Review w/ CAP**
   Attached are two quarterly reports submitted by CQI/MIS Department reflecting the results of chart audits for this program, including copies of the "Correction Action Plan" (CAP) when required.

9. **All approved NA Request Forms.**
   (Not applicable for PACS Program)

S1.1 – Access to Service -Section Highlights:
Eligibility criteria include criteria for determining if a more intensive service is appropriate.

Should more intensive treatment be needed in either pre or post services, we will make the necessary recommendations to the child's case worker (pre cases) and for post adopt cases, the child's parent/guardian. For pre cases we might recommend our agency's psychiatrist to evaluate, if appropriate, or request that the DYFS case worker identify an appropriate program and/or service. For post families we would identify agencies and or other institutions that would be able to provide or at least evaluate the child for more intensive treatment.

S1.2 – Service Elements- Section Highlights

Counseling staff refer clients when their needs cannot be met by agency staff and coordinate services with other providers, when appropriate.

If clients needs cannot be met by agency staff, for pre adopt cases the DYFS caseworker is consulted and recommendations are made for either referral to more intensive service or that child be seen by a specialist, such as someone with expertise in the area of sexual abuse, attachment disorder, etc. The clinician will provide whatever support the DYFS worker may request in order to have the client needs met. For Post adopt cases the clinician may assist the family in identifying services in their area that are specialized in areas that a crucial to the client. The clinician will provide whatever information and/or collaboration with any other service provider that is necessary to meet the child's needs.

Clients know to be at risk for abuse and/or neglect is provided with appropriate support.

Since all of our pre cases are under DYFS jurisdiction they are already receiving the necessary support via this State agency. Our post clients that may have been former DYFS cases and the families are aware of the child's history of abuse and/or neglect the clinician closely monitors the child and provided necessary support to the parents.

S1.3 – Human Resources – Section Highlights

Director service personnel are qualified to perform their jobs, receive appropriate training, and are supervised by qualified professional.

All clinical staff is master level clinicians, all are licensed as LSW, LCSW or LPC. Two of the five clinicians have completed the Adoption Certificate Program at Rutgers University (see attached curriculum) and the three other are currently attending. The supervisor is also an LCSW and has completed the Adoption Certificate Program and her resume is attached. The agency's in house training a curriculum, which all staff attends at least once a year, is attached.