Children's Aid and Family Services

Executive Narrative for S26
Group Living Services

Children's Aid and Family Services (CAFS) operates five group homes in Northern New Jersey, including three homes for adolescents and two pre-adoptive treatment homes (PATH) for younger children. The children are referred to CAFS and are funded by the New Jersey Division of Youth and Family Services, the state child welfare agency and county-based Care Management Organizations. All five homes base their programming on the same general principles. These include providing a safe, nurturing, enriching environment, providing appropriate clinical services to maximize each child's functioning, and establishing and achieving a permanency goal for each child. In addition the pre-adoptive treatment homes (PATH I and II) utilize a unique treatment approach based on the attachment model.

Children entering the CAFS Group Homes often have been severely neglected and abused and many have mental health diagnoses such as attachment, conduct, adjustment or impulse control disorders. These disorders are of such severity that a placement more restricted and structured than a home-based setting is necessary.

A significant change within the Group Homes Program is that PATH II relocated to Ridgewood and Eastlea relocated to Bogota. Children's Aid and Family Services had a very generous donation of a house. The only stipulation placed on the donation was that the house be used for a program for young girls, based on the donors' request. Around the same time that this home was donated, the Eastlea Group Home was experiencing difficulty caused by the significant deterioration of the community in which Eastlea was located. CAFS decided to relocate the Eastlea program to Bogota in order to provide a safer community experience for the adolescents.

The agency also made a decision to relocate our Adolescent Group Homes program, Children's Haven, from Paterson to Park Ridge in the summer of 2003. The boys and staff in Children's Haven had expressed frustration with the educational system as well as the lack of social and employment opportunities in their community. After extensive work with the school and local community leaders, CAFS decided to sell the Paterson property and relocate to Park Ridge which has afforded the boys an excellent educational system as well as social and employment opportunities.

Another significant change that has affected the Adolescent Group Homes Program is the transition to a Medicaid reimbursement schedule to receive payment. The State of New Jersey has contracted with Value Options, a privately owned managed behavioral health care company, to be the "gatekeeper" to all Medicaid placements. As a result of this state contract, the Division of Child Behavioral Health has been added to the New Jersey Department of Human Services. This new division requires the Adolescent Group Homes Program to receive initial approval for placements and submit a Strengths and Needs Assessment and a Joint Care Review on a computer program to the Division of Child Behavioral Health on a quarterly basis for continued stay approval. The Joint Care Review has replaced the traditional treatment plan previously utilized at CAFS. This has proven to be challenging because the model that the Joint Care Review uses for continued

stay approval is clinically based with a medical model framework. CAFS has worked very hard to comply with this new system. Staff have attended numerous trainings and tutorials about the Strengths and Needs Assessment and Joint Care Review.

A significant positive change since the last accreditation is that the PATH program began to use Nonviolent Crisis Intervention as its model for restraint practices. The Crisis Prevention Institute, Inc. and the International Association of Nonviolent Crisis Intervention approve this model. CAFS has one staff person that attended the Instructor Certification Program and is certified to teach the PATH staff how to use the techniques. CAFS decided to use this type of restraint because of the emphasis that this intervention places on verbal de-escalation and limit setting so that a potential restraint can be avoided. This type of intervention, if used properly, assures that a child is less likely to get hurt during a restraint and the time in a restraint decreases significantly.

Another significant positive change since the last accreditation is that the Adolescent Group Homes program has began using the Therapeutic Teaching Model as its framework for quality treatment and intervention with the adolescents. The staff attend a 40 hour pre-service training annually that covers topics such as: Professionalism, Learning Theory, Relationship Development, Using Praise, Therapeutic Teaching, Teaching Self-Control, and Creating a Therapeutic Environment.

Program Outcomes for the Group Homes Program for the upcoming year are as follows:

- **Decrease length of placement for the residents receiving services and increase the number of children being placed in permanent homes upon discharge.**
- **Residents in Group Homes will experience minimal placement disruptions.**
- **Residents will show improvement in their emotional and behavioral well being as measured by the Behavioral and Emotional Rating Scale while in care.**
- **Residentss in the PATH Program will show improvement in areas such as relationships with peers, and self-care as measured by the Adjustment to Services Assessment.**
- **Residents presenting trauma symptoms at intake or upon commencement of therapy will demonstrate a reduction of trauma symptoms at completion of trauma treatment.**
- **Residents presenting ADD/ADHD symptoms at intake or upon commencement of therapy will demonstrate a reduction of symptoms at completion of treatment.**
- **By identifying and addressing gaps in targeted service delivery areas, the organization will reduce the number of consumer related accidents, medication errors, unusual incidents (including physical restraints, aggression amongst residents, injuries, elopement or disappearance from service locations) and the number of resident complaints/grievances.**

Identified below are the screening and intake procedures, assessment procedures, service planning procedures, termination and discharge procedures, and aftercare planning procedures.

Intake and Referral Process

CAFS utilizes a centralized intake procedure for its treatment home and group homes programs. The rationale for this approach is that children referred for one program may be more appropriate for the other, and by using a centralized process the least restrictive and most timely placement for the child can be assured. The centralized intake process is coordinated by an Intake Coordinator who screens all referrals for placement. The following is a complete list of Intake/Initial Assessment Forms.

- DYFS Initial Referral Form
- CAFS Intake Checklist
- Referral Log
- Initial Interview
- Initial Interview/Assessment Tool #1
- Initial Interview/Assessment Tool #2
- Initial Treatment Goals
- Initial Intake/Information Form (PATH only)

A. Referral Procedures/Initial Screening

1. DYFS and CMO's, through Value Options are the primary sources of referrals for placement in CAFS group homes. The Intake Coordinator processes all referrals for PATH and adolescent homes administratively.

2. Initially the referent makes a telephone call to the CAFS Intake Coordinator. Subsequent to this initial telephone screening, if a child seems appropriate for the program, the DYFS/CMO worker will be advised to complete the Initial Referral form, which the Intake Coordinator faxes to the referent. The Initial Referral form, with accompanying background documentation, is forwarded to CAFS and reviewed by the Intake Coordinator.

3. Referrals must meet DYFS licensing requirements. The documentation provided includes: DYFS individual and family assessments, education reports, and all other evaluations or reports, e.g., medical, psychological, psychiatric, discharge summaries from other programs. The Coordinator will request additional information from DYFS as needed. The Intake Coordinator also will contact the child's current placement to discuss his/her issues and to screen for appropriateness for group home setting.

4. The referral is logged in the Referral Book by the Intake Coordinator using the Referral Log.

5. If the referral does not seem appropriate, DYFS will be notified via mail within 10 working days. Similarly, the Intake Coordinator will inform DYFS if there is a waiting list and the estimated waiting period for admission to the program. An entry also will be made in the Referral Book and the referral will be kept on file with CAFS for six

months.

6. If the child is being considered for placement in the group homes program, the Intake Coordinator or social worker/case manager will schedule an interview with the DYFS worker, the child being referred, the child's parents if appropriate, and the group home social worker/case manager and/or therapist for PATH referrals. The Coordinator will forward referral materials to the social worker/case manager to be reviewed at the next available team meeting.

B. Intake Procedures/Initial Assessment

1. The primary sources of information about the need for services are the child referred, DYFS/CMO personnel, and the child's parents when appropriate.

2. The initial interview will be completed at the group home or CAFS office (or possibly current placement). During the first contact the child and legal guardian will be given a copy of the "Rights of Children" in group homes. The Intake Coordinator and social worker/case manager will explain our program and assess the child's current functioning. Discussion will include the program's expectations of the child (i.e., therapy, school, house rules, work place component, etc.), the child's goals and concerns for him/herself along with family/DYFS goals, as well as the child's understanding of the reason for placement and available options.

3. At the initial interview, the Intake Coordinator or social worker/case manager uses the Initial Interview form and the Initial Interview-Assessment Tool #1 to assess the child's current functioning. Subsequent interviews will be scheduled with the agreement of all involved and as necessary to a comprehensive assessment of the child referred. The interviews may take different forms, with individuals participating in different meetings depending on the needs of the child.

4. The interview(s), assessment materials completed, and referral materials as they relate to the child's appropriateness for group home placement will be discussed at team meetings. The team includes the group home director, assistant director, house manager, case manager/social worker, therapist, and child care workers. The referral also may be reviewed in meetings with the agency consulting psychiatrist and/or psychiatric nurse prior to accepting a child. The pediatric nurse may also be involved.

5. Admissions criteria outlined at the start of this manual are employed to make admission decisions. Children and adolescents accepted into the PATH and adolescent group homes programs are determined to have the capability to benefit from the integrated provision of services designed to target the behavioral, emotional and/or family difficulties, which have impacted on their functioning and psychological conditions. In addition, they are assessed as able to participate successfully in community-based resources including school, recreation and other social activities and to take advantage of vocational opportunities.

6. If all parties agree that placement in a group home is in the best interests of the child, pre-placement visits will be arranged based on the needs of the child. The adolescent

applicant usually will be invited to the group home for dinner (although the visit may be longer). A potential PATH resident will visit PATH to meet the residents and staff.

If a child is not deemed appropriate for placement at PATH or adolescent group homes, a letter indicating why the child cannot be placed and any possible recommendations for a more appropriate placement will be provided.

7. Placement goals are discussed and initial treatment plans may be formulated by the end of the interview/visiting process. The Initial Interview - Assessment Tool #2 is completed to facilitate a dialogue about and concretize the expectation and goals of the group homes program, the child, the child's family and DYFS. For adolescents, Initial Goals may be formulated and documented on the relevant form during the intake process or upon the adolescent's admission to the program. All participants sign the child's initial treatment goals.

8. When a final decision is made, the Intake Coordinator will notify DYFS of the acceptance in writing with the expected date of placement. Included will be the reminder that the child cannot be placed without the required examinations, including a physical examination, and releases, documented on the proper forms. These include:

    a. Materials Needed Prior to Placement (Guardianship Information, School Information)
    b. CAFS Annual Medical Examination
    c. Release of Information
    d. Medical Consent
    e. Parental Consent for Psychotropic Medication
    f. Clinical Assessment for Psychotropic Medication
    g. Trip Authorization
    h. Photo Consent
    i. Behavioral Management Consent
    j. VisitationForm

9. Prior to placement, program staff will ensure that DYFS/CMO, the child, and the child's birth parents (or legal guardians) receive a Handbook describing the various standards and practices of the program. If the parents have not been involved in the intake process, DYFS is asked to give the Handbook to the parents. All parties are required to complete a Sign-Off form indicating their receipt of the book.

Documentation

The following material is required prior to placement. It is necessary for the initial assessment process:

Medical

- Medicaid Card (DYFS identify: c/o Children's Aid and Family Services, Inc.)
- Physical exam within 30 days prior to placement (documented on our physical exam form).

- Dental assessment within 30 days of admission

Note: If a physical and/or dental exam has not been performed prior to admission, a medical or nursing screening must be secured within 24 hours following admission.

- Prior medical records, including full history of operations and illnesses, and immunization record
- If child is on medication, a 30-day supply of medication or script must be supplied
- Record of an up-to-date Mantoux test
- Lead testing for children under the age of 12

Note: If a child is on psychotropic medication, a clinical assessment form must be completed by the current psychiatrist and the treating doctor must be available for consultation for 30 days after the child's placement. If there are any concerns about pregnancy, we may require a pregnancy test. In addition, if there are concerns about substance abuse, an assessment may be required. If a child has any chronic illness, CAFS must be informed in order to treat appropriately.

Identification

- Birth certificate
- Social Security card or copy
- Green Card (if applicable)

Education

- Letter from sending school district acknowledging responsibility for tuition
    - For children who are wards of the state, the Garden State District is responsible and DYFS should provide a letter
- School transfer card and last report card

Classified Students

- Most recent IEP
- Child Study Team evaluations - psychological, psychiatric, social history and learning disabilities evaluation - all current

Other Documents

- Court order for placement and placement agreement
- Letter listing DYFS approved persons with whom child can have visits. Note any changes in this list must be sent to social worker in written letter
- Initial clothing allotment
- Discharge plan/treatment report from prior program, if any
- Permanency plan

On the day of placement the following documents will be needed:

- Parental consent for psychotropic medication. Legal guardian must sign this form
- Lifebooks - any recent pictures, etc.
- "Location history" DYFS printout
- Initial Intake/Information Form – This form provides staff with an overall view of the new resident, to include pre-screening information regarding restrictive behavior management. (PATH only)

Admissions Procedures/Orientation

1. Prior to the child's admission to the group homes program, the following will be implemented:

   a. A staff member will be identified to assume the role of the child's "buddy" for the first few days of admission to help with his/her adjustment.
   b. A social worker/case manager will be assigned to the child. The program makes every effort to ensure continuity of care during the child's placement. If a worker must be changed due to matters beyond the program's control, the interests of the client are paramount in determining the new assignment.

   c. The house manager will set up initial medical appointments when necessary (physical, vision, hearing, dental). By the date of placement, the social worker/case manager must have all required paperwork. Without physical and other required documentation, the child cannot be placed.

   d. The social worker/case manager will notify the Clinical Case Management Department in order for a therapist to be assigned to the child, as well as to schedule an initial psychiatric evaluation.

2. If a child is on psychotropic medication it is a requirement of placement that we have 30 days of medication and/or a prescription. Note: No child should be "dropped" from previous psychiatric care until an appointment has been cleared and set up internally. Children's Aid and Family Services must also have written permission from the child's legal guardian for psychotropic medication. Parent(s), if at all possible, should be included in the psychiatric evaluation process.

3. Children are admitted to the program accompanied by their DYFS/CMO workers and family members (if possible). A special age-appropriate "separation interview" for children admitted to the PATH program is conducted. This interview will be directed by the therapist assigned to the child and will include the child, the DYFS worker, those individuals in caretaking roles in the child's life, the social worker and/or child care worker acting as the child's special "buddy". The separation interview is detailed in Section III.

4. Within 10 days of placement, the Assessment Tool(s) completed during the intake process will be reviewed. If not yet completed, the Initial Goals are developed and form the basis for an initial contract with the child, which will include an understanding of permanency planning/discharge criteria, and family visitation and involvement with the program. At the same time, a cultural, racial and ethnic needs assessment will be completed by the social

worker/case manager, including the identification of the need for special treatment approaches.

5. The "buddy" helps the child acclimate. Showing the child to his/her room, personalizing his/her area**,** introducing him/her to other residents, helping staff fill out the required checklist of clothes and possessions, taking the child to shop with his/her initial clothing allowance, accompanying him/her to medical appointments when possible all help in the child's adjustment

The "buddy" again goes over house guidelines and expectations of the program, and lets the child know that he/she is available if the child has any problems. The "buddy" also reviews goals that were discussed in the initial contract. The buddy spends time during the first couple of days helping the child to understand and accept group living, he/she helps them to become familiar with the community at large, including but not limited to school, library, banks, possible employment opportunities (if appropriate), recreation, and other organizations. The buddy will alert staff to take over the role if he/she is unavailable at any given time. The social worker/case manager assigned to the child always "backs up" the buddy in helping the child transition into the program.

6. The social worker/case manager will accompany the child to the first therapy session. The staff and therapist will review with the child why he/she has been placed in the group home.

7. In Adolescent Group Homes, after an initial time period, a staff member will be assigned to each child to help with the independent living curriculum. In all group homes, the social worker/case manager and therapist will begin life book work with the child.

Assessment

Each group home resident is provided a comprehensive assessment, which includes consideration of the medical, familial, psychosocial, educational, cultural/ethnic, emotional, intellectual, familial, and behavioral aspects of his or her life. The program's multidisciplinary team approach is employed to assess a resident's strengths and weaknesses and to identify those areas requiring attention. The assessment process begins with the request for service and initially extends through the intake process until the first planning conference or clinic, at the child's thirty-day anniversary. Assessment continues throughout the placement of a child/adolescent as a necessary component of monitoring his/her progress and of providing appropriate services.

The assessment is formulated using input from all team members representing case management, childcare, social work, psychiatry, medicine, and nursing. In addition, agency professionals with an expertise in the areas of education, psychology, and substance abuse are consulted when necessary. The assessment encompasses:

- The initial evaluation of the need for service;
- The impact of the child's family relationships, including psychosocial problems, the presence of violence, abuse or neglect, strengths, resources and support networks;
- The child's legal status and permanency plan;

- Use of past and current services, including other placements, by the child and family;
- Educational/vocational history and need for services;
- Personal social functioning, including behavioral issues and adaptive behavior;
- Medical history, including seizure activity and use of specific medical and psychiatric medications;
- Need for medical examination, including evaluation for and monitoring of medication;
- Consideration of ethnic, racial, and cultural factors on the child and treatment approaches best used;
- Life skills and daily needs, including health and safety issues, ADL and independent living skills, nutrition and special dietary needs, recreational interests and skills, and financial needs particularly as related to permanency planning;
- Substance abuse screening, for adolescents

In addition, when it is necessary, the assessment will include:

- Cognitive functioning, including abstract and concrete reasoning abilities;
- Intelligence testing;
- Additional psychological and educational testing, including identification of learning disabilities;
- Social inclusion needs, including level and kind of relationships desired by resident;
- Sexual abuse/reactivity evaluation;
- Need for assistive technology or corrective/prosthetic devices.

The group homes program does not specifically serve children/adolescents with special needs. When it is determined that the level of care cannot be met by the group homes program because of special needs, components of the case or referral of the entire case may be made to insure that the child/youth receives the level of care that adequately meets their needs. Currently, the program is not engaged in the provision of alcohol and drug treatment services.

Clinics/Treatment Planning

General Practice:

Clinics are treatment planning conferences attended by members of the multidisciplinary team at which the child's progress in all relevant areas is discussed, his/her use of services is assessed, group living program/treatment plan is developed. Clinics are coordinated and scheduled for each child/adolescent in the group homes program by the case manager/social worker within 30 days after placement, 90 days within placement date, and quarterly thereafter. It is through the clinic that assessments of the client are translated into service/treatment plans. The team can include childcare staff, the home's social worker/case manager and their supervisor(s), administrators, the psychiatrist, psychiatric and pediatric nurses, therapist(s), consultants, the DYFS/CMO case manager, and parent/legal guardian if determined appropriate by DYFS/CMO unless rights have been terminated. The child/adolescent must be included in planning for services, setting goals and updating/modifying the treatment plan. When appropriate, Child Study Team members or other school personnel can be included for some part of the clinic. The DYFS/CMO worker's attendance is crucial; particularly as certain decisions cannot be made without the agreement of DYFS/CMO.

Written invitations to the meeting are mailed to the DYFS/CMO worker, the therapist, school personnel (if appropriate) and the parent(s)/legal guardian. These letters must go out at least 10 business days prior to the clinic. For PATH children, the letters must include a statement indicating the frequency and duration of any restrictive behavior management practices.

A clinic report is prepared and presented for discussion at the conference. The social worker/case manager in the home is responsible for organizing a presentation of the background, family, education; the clinician is responsible for the mental health/therapy report; the childcare staff prepares the behavior, relationships, health, recreation and life skills sections. The team devises the treatment plans at the meeting, which are formally written by the social worker/case manager. The senior social worker or group home director will edit the final version.

The formal report and treatment plan are sent to the DYFS/CMO case manager within 30 days of the clinic. A copy is placed in the child's permanent record. The treatment plans will be reviewed with the child/adolescent. If this is not done, the reason must be documented in the case record. Notes are taken at each regularly scheduled team meeting to document progress and areas needing improvement.

Treatment Plans

The Treatment Plan format has been centralized throughout the New Jersey Child Welfare System. The centralized format is entitled a "Joint Care Review (JCR)." This JCR/Treatment Plan meets all New Jersey Licensing Standards, as New Jersey Department of Human Services Office of Licensing approves the plan. The sections that are addressed in the JCR/Treatment Plan include: social, familial, emotional/mental health, medical, behavioral, and academic strengths and weaknesses. Permanency planning is also discussed at treatment plan meetings. Preparing the child for his/her permanency goal (return to home, adoption, treatment family, independent living) is documented in the treatment plan. Since the clinic is written in conjunction with the JCR/Treatment Plan, the information from the clinic is integrated into the JCR/Treatment Plan. Including, sections identified above, as well as recreation and personal space/life skills.

The team members write and review each child's treatment goals at their 30 day and quarterly clinic meetings. The social worker/case manager formally writes the goals and the supervisor reviews and finalizes these goals.

The adolescent group homes have an additional step that is mandated from the Department of Human Services. The JCR/Treatment Plan then is submitted to the Contracted System Administrator, Value Options, for final approval. Value Options reviews the plan and determines whether or not the resident is in need of continued out-of-home care, evaluate whether or not the discharge plan is appropriate and time sensitive, ensure that family re-unification is being addressed.

These goals should be specific and realistic with stated time frames. After the residents review the goals with the social worker/case manager and staff members, the resident is asked to sign the treatment plans along with the social worker and supervisor.

If there is ever a need for an emergency treatment team meeting, due to an urgent or crisis situation, all team members available will be gathered to review the treatment plan. Any revisions to the treatment plan will be reviewed with the child, signed by the child and legal guardian/DYFS and forwarded to DYFS

Termination/Discharge/Transfers

Discharge planning is a necessary and continuing focus of the planning for each child in the agency's care throughout his or her placement in the group home program. A multidisciplinary team approach with the child as an active participant is used to prepare the child emotionally, socially, academically and psychologically for his or her eventual placement in another and, whenever possible, more permanent situation.

Children and adolescents, however, may leave care both in planned and unplanned ways. A planned discharge may be the successful achievement of permanency, including adoption, reunification and independent living, a transfer to a more or less restrictive level of foster care, or the result of an adolescent's aging out of the child welfare system. An unplanned discharge may be due to a child's running away or to the existence of safety factors, which make discharge necessary. In all cases, and to the extent possible, there should be coordination with and a smooth transfer of services to those involved in the continuing care of the child and adolescent. Information important to their continued well-being should be shared, as confidentiality permits. The group home team, usually through the case manager/social worker, will make those referrals it assesses as necessary including psychotherapy, educational advocacy, psychiatric care and family support services. (See separate adolescent and PATH sections for aftercare specific to these programs.)

Note: For planned discharges, Termination Reports need to be done 30 days before the child's discharge. If discharge coincides with quarterly report, entitle it: Quarterly Report/Termination Report - Discharge Plan.

PATH GROUP HOMES

PATH I (Boys)
651 Paramus Road
Paramus, New Jersey 07652
(201) 445-5264
24 hour/7 days per week facility

Director	Erin Turtle
Assistant Director	Mercedes Garcia
House Manager	Lamar Smith

PATH II (Girls)
29 Washington Place
Ridgewood, New Jersey 07450
(201) 447-5765
24 hour/7days per week facility

Director	Erin Turtle
Assistant Director	Mercedes Garcia
House Manager	Kim Setzer

The Pre-Adoption Treatment Homes Program is designed to meet the needs of children who are being prepared for placement in an adoptive home. The children are between the ages of 5 and 12 and are either already legally free or in the process of being freed for adoption. Areas where treatment is needed are: attachment, physical aggression, controlled epilepsy, diabetes, destruction to property, enuresis/encopretic, runaway behaviors, and/or stealing behaviors.

The PATH program contracts with the State Child Welfare Agency through a cost reimbursement contract. This contract is reviewed annually. PATH is contracted to have eight beds for each PATH Home. The PATH II group home has had all eight female beds filled consistently during the past twelve months. The PATH I group home has had 7.3 male beds filled during the past twelve months. PATH does not accept emergency placements.

The New Jersey Department of Human Services Office of Licensing inspects the PATH program biennially. This inspection includes facility, program, human resources, and chart documentation as areas covered. If ever there is a report made to the Bureau of Licensing regarding alleged child abuse or neglect, more frequent inspections and interviews are arranged.

Because of their histories of severe abuse and neglect, the children served by PATH have serious attachment and victimization issues. The program, therefore, is designed to provide a controlled therapeutic environment in which children can develop a capacity to trust and form relationships with adults and other children and to accept and integrate supportive controls. The child’s daily experiences are structured to facilitate trust of care and control, ultimately leading to trust of self. The framework of supportive discipline ensures the safety of each child and promotes an understanding of logical and non-punitive consequences of behavior.

The PATH educational program is an integral part of the total treatment environment, following the same attachment-centered treatment approach. The children attend two self-contained, ungraded, special education classes. Child Care workers attend school daily with the children and participate and assist (if necessary) in all educational activities. Mainstreaming opportunities are available for children, as appropriate, as they progress emotionally and educationally.

The therapeutic home environment is supplemented by weekly individual and group therapy. Each child is helped to understand and integrate past experiences in order to begin to understand the events of his/her life. The focus of group therapy is to facilitate effective communication and socialization, as well as to enhance self-esteem and self-awareness.

In addition to the services described above, PATH also works with potential adoptive families to help prepare them for parenting children who have received treatment at PATH. The visiting and placement process is adapted to meet the child’s and family’s needs.

ADOLESCENT GROUP HOMES

Eastlea (Adolescent Girls)
360 Larch Avenue
Bogota, New Jersey 07603

Children's Aid and Family Services

(201) 498-0372
24 hour/7 days per week facility

Director	to be hired
Assistant Director	Lisa Dolmatz
House Manager	Donneisha Adams-Leakes

Woodlea (Adolescent Girls)
138 Prospect Street
Ridgewood, New Jersey 07450
(201) 444-3030
24 hour/7 days per week facility

Director	to be hired
Assistant Director	Lisa Dolmatz
House Manager	Karen Anderson

Children's Haven (Adolescent Boys)
124 Pascack Road
Park Ridge, New Jersey 07656
(201) 664-7259
24 hour/7 days per week facility

Director	to be hired
Assistant Director	Lisa Dolmatz
House Manager	LaToya McCrear

The Adolescent Group Homes Program provides community-based care and treatment for children between the ages of 13 and 18 who have behavioral and emotional difficulties. Most of the children have been in multiple out-of-home placements prior to placement in a CAFS group home.

The Adolescent Group Homes Program contracts with the State Child Welfare Agency through a fee for service contract. The Adolescent Group Homes have had 95% level of service with an average of 9.5% residents per home.

The Department of Human Services Office of Licensing inspects the Adolescent Group Homes programs biennially. This inspection includes facility, program, human resources, and chart documentation as areas covered. If ever there is a report made to the Bureau of Licensing regarding alleged child abuse or neglect, more frequent inspections and interviews are arranged.

An individualized treatment program is developed for each adolescent. The program is designed to enable the child to function in a community setting and develop skills necessary to return to his/her family or to function independently. The program incorporates some components of the attachment model used in the PATH homes, working with the youth to develop trust and attachment to the group home staff and eventually, to develop trust of self.

The care and nurturing provided by staff is supplemented by individual and group therapy, provided by agency therapists who function as part of each home's treatment team. A major component of the program is actively teaching daily living and social skills to the youth. The focus is on helping youth to learn new skills, to recognize and use existing strengths and skills to overcome obstacles and to view themselves as competent and capable of determining their futures. Skills are taught through the use of therapeutic teaching strategies.

Youth in the adolescent homes attend local community schools. School placements are based on the child's educational classification and special needs. Many children are mainstreamed for all or some of their subjects. Each child is encouraged to participate in extra-curricular activities, part-time employment, or volunteer activities. Staff have regular contact with the school to assure communication and that the child's needs are being met.

During a child's placement with the agency, DYFS maintains 1) legal authority over permanency planning, including decisions to pursue terminations of parental rights, and 2) social work responsibility for the provision of intensive services to birth parents and relatives to enable them to plan for the child's return home or for the implementation of another stable permanency plan for the child. In most cases, DYFS works independently with families on permanency issues, including the development of relevant goals and ensuring the delivery of therapeutic and concrete services necessary to achieve these goals. DYFS case workers and supervisors participate in treatment planning for the child through regular telephone contacts and attendance at quarterly planning conferences. Conferences provide the forum at which CAFS and DYFS together examine progress by family and child towards the permanency goal and update the treatment plan. In all cases, however, DYFS has the final word on permanency decisions and the provision of services to families in furtherance of the plan.