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Pound I

**PROPOSED MODEL PROGRAM**

**CAMARILLO STATE HOSPITAL  
AND DEVELOPMENTAL CENTER**

**YOUTH SERVICES  
PROGRAM 5**

**Hospital: Camarillo State Hospital and Developmental Center**

**Program 5 - Youth Services**

**Unit: Adolescent Unit - Served by Louis R. Nash High School**

**Licensing Classification: Acute**

**Proposed Staffing: See attached**

This proposed model program will enable us to provide a total treatment program involving both unit and school staff using an interdisciplinary approach throughout the daily activities of the student. Eighty-five (85) Nash High School students will be involved in the Educational/School portion of the model program. One unit will be a part of the model program, involving thirty (30) of the eighty-five Nash students.

Tremendous changes in student needs, legislative requirements, and educational practices have occurred during the past several years. The time is appropriate to focus on these changes and to make recommendations based on these current needs and requirements.

These patients exhibit a wide range of problems, deficits, and handicapping conditions:

100% exhibit mild to severe behavior problems with potential for harm to self, others, and/or the environment;

58% have a history of substance abuse;

33% have speech and language deficits;

97% exhibit a minimum of a two-year grade level deficit in at least one major academic subject area

100% exhibit interpersonal skills deficits, poor self-concept, poor school performance and attendance; and

70% have exhibited behaviors requiring intervention by law enforcement agencies.

Furthermore, these patients have experienced numerous transfers and placements. They represent a wide range of placement alternatives including 72-hour holds, 14-day holds, court commitments, voluntary commitments as well as California Youth Authority wards placed in our treatment program.

#### LEVEL OF PHYSICAL IMPAIRMENT:

Our patients have minimal physical impairment, primarily consisting of visual and hearing deficits, some glandular disorders, and juvenile diabetes.

## PATIENT POPULATION

### DESCRIPTION OF PATIENT POPULATION:

The model program being proposed will afford us opportunities to provide more flexible and more effective treatment to our adolescent patients, ages fifteen to twenty-two years, who are in the mental health system as a result of repeated failures in various community placements and/or who have entered the Criminal Justice System at the juvenile court level.

The individuals to be served present a unique challenge in treatment programming because of the diversity of their backgrounds. Our patients represent a wide range of ethnic, cultural, and economic backgrounds: ghetto, suburban, small town, and rural; poor, wealthy, and middle class; Black (15%), Caucasian (70%), Mexican-American (10%), Asian (2%), and other (3%).

Because of the age of our patients, a conservative diagnostic pattern is first tried to prevent the stigmatization that often accompanies mental illness. The child psychiatrists, working with these patients, estimate that approximately forty-one percent (41%) are Schizophrenic; twenty percent (20%) have Affective Disorders; and thirty-nine percent (39%) have conduct, behavioral and personality disorders overlapping into undifferentiated diagnoses.

**CLASSIFICATION METHODS:**

A variety of standardized tests and indirect methods are used to identify areas of deficits which include:

Wechsler Intelligence Scale for Children(revised), Rorschach, Minnesota Multi-Personality Inventory, Burk's Behavior Rating Scale, Wide Range Achievement Test, Peabody Individual Achievement Test, admission history information, mental status examinations, other agency evaluation reports, and school cumulative records.

**TYPES OF PATIENT PROBLEMS TO BE RESOLVED:**

The primary problems to be focused on for treatment purposes in the proposed model are academic/basic skills deficits, conduct disorders/social skills deficits, independent living skills/consumer education deficits, and career education/vocational training deficits.

## TREATMENT PROGRAM DESCRIPTION

### PROGRAM DESCRIPTION:

The program is designed as an interim placement whose primary purpose is to assist the patient in preparing to re-enter the community. The emphasis is on increasing and improving the quality of patient structured time in an environment in which (s)he <sup>can</sup> (1) experience success in academic achievement and (2) develop appropriate interpersonal skills, social behavior, and a better overall self-concept, in preparation for successful reintegration to community life and participation as a contributing member of society.

Unit 19 will be used as the model unit component because of its relatively diverse adolescent patient population which at times creates challenging and often unmet demands. Increasingly there are more patients of lower intellectual (borderline and dull-normal) and social-emotional maturity functioning levels for whom the basic unit program often has minimal impact. Such patients represent about half of the unit population.

The unit program was established to meet the treatment needs of the "borderline" behavior problem adolescent of fairly normal verbal intelligence. The patient may have been previously psychotic, but now recovered, and/or may need psychotropic medication, is fragile psychologically, and needs the support of a firm, structured, verbal-treatment oriented unit program. The proposed program will eliminate placement of the grossly immature, mentally deficient, psychotic or hardened delinquent-oriented adolescent who is often assigned to the unit.

Currently eighty-five (85) students, fifteen (15) to twenty-two (22) years of age, are provided educational services 300 minutes per day, 220 days per year, by four allocated teacher positions, four teacher positions on loan from Mountain Valley School, and one half-time speech teacher position. In addition, eight teaching assistants, funded through Compensatory Education, P.L. 85-313, are assigned to classrooms three hours per day. Class size varies from eight to fourteen students depending on the population of each of the three living units. Students are assigned to self-contained Special Day Classes with each teacher providing courses in English, Mathematics, Social Science, Physical Education, and Human Relations.

The goals of Nash High School are: (1) to deliver an education program that will assist the student in attaining at least the basic competency skills needed for high school graduation or the GED when applicable, utilizing age-appropriate high interest materials, and (2) to improve appropriate behavior and social skills to assist student's re-entry into the community setting.

#### PROGRAM PHILOSOPHY:

Adolescents in the Youth Services Program are believed to develop along the same developmental lines as their non-handicapped peers but may vary in both the rate and quality of their growth due to external and internal factors contributing to their present disorders. Therefore, the treatment methods of mental disorders in adolescents must give consideration to both developmental and nosological categories.

#### INTERVENTION AND EXPECTED OUTCOMES:

The basic goal of the proposed unit/school program is to provide a variety of treatment programs and interventions taking into consideration the patient's level of maturity and intellectual ability with an increased emphasis on the utilization of behavior management programs and an expanded curriculum.

The purpose is to broaden and enhance treatment capabilities through increased training or allocation of unit staff to better meet the varied needs of the population. The existing unit structure provides a level/point system to encourage positive behavior and growth. It also provides a well-established disciplinary system to deal with negative behaviors and attitudes. (Note: Descriptions of the current levels, point, and discipline systems appear at the end of this proposal.)

Other approaches, however, need to be implemented to deal with patient negativity which impedes therapeutic changes; accordingly, a more extensive program of behavior management is indicated.

To increase the effectiveness of the proposed model program, the following patients must not be included in the unit population: (1) patients with verbal IQs under 75, (2) patients with organic brain syndromes, (3) patients with a history of sexual offenses, and (4) patients who are grossly immature in comparison with current patients. Inter-disciplinary team screening of potential patients will be necessary.

The following additional staff allocations will be necessary to meet our goals:(see attached 3-year staffing projections).

(1) One (1) additional psychologist with a strong background and extensive experience in developing and conducting behavior management programs.

(2) (.4) additional nursing staff to insure acuity allocation and the success of the behavior management program by providing a system of monitoring data and reinforcement.

(3) Five (5) additional teachers to increase the number of Special Day Classes from eight to nine allowing for three teachers per unit and providing a teacher-student ratio of 1:8. This is the recommended ratio used in the county classes in our district for students with similar but less severe handicapping conditions. Justification: Each student must be able to earn credits for high school graduation, therefore it is mandated that we provide: (a) required curriculum opportunities in English, Mathematics, Science, Social Sciences, Physical Education, Consumer Education and Career Guidance, (b) appropriately credentialed special education or special class teachers, (c) 300 minutes per day of instruction, (d) competency testing, (e) appropriate class size as provided similar students in the surrounding districts, and, (f)

maintenance of student records including attendance records, credits earned, transcripts, etc. In addition, each student must have his/her educational program provided through the I.E.P. process which includes signed consent, parent notification, assessments/evaluations, an I.E.P. meeting to develop a written plan, periodic updates with a minimum of annual evaluations, and confidentiality safeguards.

(4) One (1) Special Education Specialist to establish a Diagnostic Classroom. Students from Units 15, 17, and 19 would be assigned to the Diagnostic Classroom for a period of two weeks. The teacher would assist in the evaluation of previous school records for each new student, conduct all necessary educational assessments, assist in the coordination of assessments from other disciplines, provide information for the I.E.P. process, and facilitate the placement of the student into the appropriate Special Day Class.

While focus is on the educational needs of the student, the Interdisciplinary Team will be totally collaborative in the initial assessments of the student upon admission. During this ten-day period of "acute intervention", the individual needs of each student will be determined. These will be based on educational needs, social skills deficits, leisure time deficits, placement planning needs, etc. After the initial ten-day intensive intervention and assessment phase, goals, objectives and plans will be formulated to insure that the collaborative efforts of the I.D. Team will meet the individual needs of the student.

(5) Two (2) positions to provide substitute teachers, on an hourly basis, either through contract with one of the local school districts or by establishing a substitute list in accordance with Department of Developmental Services Education Program Procedure Manual #225. Justification: It is mandated that we provide a school calendar of a minimum of 220 days per year.

(6) Three (3) Vocational Educational/Career Guidance teachers: (a) to provide vocational/career assessments for all students; (b) to conduct regularly scheduled career guidance classes on a rotating basis to all students; (c) to develop a Work Experience Program, with assistance from the Industrial Therapist, for as many students as appropriate; (d) to provide individual and small group counseling; and, (e) to develop a "Career Lab" to serve as a resource to students and teachers for materials and information on jobs and career requirements and to provide opportunities in acquiring and practicing skills needed for job placement (assembly, basic computer skills, specific job skills, etc.) Justification: The provision of vocational education and career guidance are necessary for our adolescent population as stated in the following:

Public Law 94-142, 121a.14b. (3) defines "vocational education" as ". . . educational programs which are directly related to the preparation of individuals for paid or unpaid employment, or for additional preparation for a career requiring other than a baccalaureate or advanced degree".

Department of Developmental Services Education Program Procedure Manual #420 ". . .the Individual Education Program shall include. . . the following as deemed appropriate by the Individual Education Program team" 8. Vocational Education, Career Education, or work experience including sheltered workshops, or any combination thereof, in preparation for remunerative employment, including independent living skills training for pupils in grades seven to twelve, inclusive, or pupils of comparable chronological age, who require differential proficiency standards."

California law has also specified that "any local comprehensive plan shall. . . describe provisions for a comprehensive program for individual career and vocational development with emphasis on vocational training at the secondary level."

(7) One (1) position to re-establish a supervisor position in the school (eg., Supervisor of Academic Instruction, Assistant Chief of Education, etc.) in order to provide the necessary direction and supervision in meeting the educational needs of the students. Justification: An Assistant Chief, Education, position was provided for Nash High School and Mountain Valley School in 1981 as a result of a comprehensive evaluation of the Nash High School. Justification for the position was based on the following: (a) administration of approximately 400 Individual Education Plan meetings annually; (b) administrative supervision of the teaching staff for compliance with all mandated laws, codes, and policies, and, (c) administrative supervision of curriculum, grades, credits, and transcripts of the students.

Nash High School would continue to provide the current academic courses in English, Math, and Social Sciences to all students. With additional allocated positions, the curriculum would be substantially expanded. One to two additional periods of classes per day would be available to each student. Using a rotating class schedule, the following additional courses would be available for the fulfillment of mandatory graduation requirements and/or as electives: Additional Social Sciences, Science, Consumer Education, Career Guidance, Industrial Arts, Vocational Education, and work experience.

The development of a "Career Lab" to provide independent study in specific job training, career guidance and counseling, and job placements within the hospital environment, and a Learning Resource Room, to allow time for individual study and preparation of the GED, minimum essentials and proficiency testing, make-up course work, and other individual student needs, would further expand the options available to our students through Nash High School.

The basic goals of the model program would be: (1) to increase appropriate, acceptable behavior by decreasing student scores on the Burks' Behavior Rating Scale one point for each month in the program. With additional staff, class size will decrease. Major behavior problems will occur less frequently as more individualized attention will be available to the patient and intervention will be immediate; (2) to improve student academic achievement and progress towards proficiency and graduation by increasing grade level scores on standardized tests (Wide Range Achievement Test and/or Peabody Individual Achievement Test) one month for each month in the program. Detailed evaluations from the Diagnostic Classroom Teacher will assist other teachers in providing specific remediation activities to meet individual student needs; and (3) to increase the opportunities for our students to fulfill the requirements for high school graduation by expanding our curriculum and hiring additional teachers with specific experience and expertise to develop and to implement the additional courses.