

Residential Treatment Services PRTF Information Inventory 2018

Qualis Health Alaska Mental Health

Alaska Residential Program Treatment Center Contact Information 2018

Facility/Provider Name (Click on hyperlink to go to facility profile)	City	Contact Phone	Website (Click on the hyperlink for more information)
AK CHILD & FAMILY	ANCHORAGE	907-346-2101	www.akchild.org
ALPINE RESIDENTIAL PSYCHIATRIC (FORMERLY NORTH STAR RTC DEBARR)	ANCHORAGE	907-865-7100	www.northstarbehavioral.com
NORTH STAR RTC PALMER	PALMER	907-761-7400	www.northstarbehavioral.com
PROVIDENCE ADOLESCENT RESIDENTIAL TREATMENT FACILITY	ANCHORAGE	907-212-2040	http://alaska.providence.org/behavioralhealth-adolescent

The information contained in the following inventories is provided by representatives of the facilities.
The information provided is not verified by the State of Alaska or Qualis Health for accuracy.

AK Child & Family

Residential Treatment Services PRTF Information Inventory 2018

This form was first introduced in 2013, and has been modified in this (2018) version. All Psychiatric Residential Treatment Facilities (PRTF) that contract with Alaska Medicaid are required to complete Section A. Facilities that indicate Autism Spectrum Disorder (ASD) as a specialty are also required to complete Section B. The form will be posted on a website in order to be available to families, providers and guardians who are considering placement in a PRTF for a child. If your facility has more than one Alaska Medicaid provider number, please complete one form for each. Use the tab key to move to each new section. Please complete this form and return via email to: lyndaf@qualishealth.org

Section A

FACILITY INFORMATION	
Site/Cottage/Facility Name	AK Child & Family
Address	4600 Abbott Road Anchorage, AK 99507
Contact number	(907) 348-9209
Date completed	April 6, 2018
Name and title of person completing this form	Katy Smith- Director of Admissions

GENERAL OVERVIEW			
Accreditation Body	Joint Commission		
Indicate which gender(s) you serve and the applicable age range and number of licensed beds below			
	Age Range	# of Licensed Beds	
<input checked="" type="checkbox"/> Males	12-19	30	
<input checked="" type="checkbox"/> Females	12-19	21	
<input type="checkbox"/> Other	Click here to type	Click here to type	
Describe your client:staff ratio and how it is calculated for the following:			
	Nursing	Milieu	Comments

AK Child & Family

Residential Treatment Services PRTF Information Inventory 2018

Day	AK Child & Family has a minimum nursing staff of 1, but more often operates with 2 nurses and has the capacity for 3. Regular hours of work run from approximately 8:00am through 4:00pm, Monday through Friday.	3:1 staffing ratio	AK Child & Family adheres to the following regulation in regards to staff to client ratios. 7 AAC 50.865. Child-to-caregiver ratios in residential psychiatric treatment center facilities
Evening	On-call	3:1 staffing ratio	Additional staffing as needed based on acuity of the milieu
Night	On-call	1 Night Awake staff per cottage with an additional roving Night Awake staff on each of the two campuses, providing support	Click here to type
What safety monitoring practices are applicable during the day? At night?		Depending on need, direct sight-sound supervision at varying intervals dependent on acuity/risk level. Access to hospital evaluation and stabilization as needed.	
Does your facility have requirements regarding IQ? X <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain. Yes, minimum criteria of FSIQ > 70	
What is the average length of stay for the facility overall? Average 6-9 months		For AK Medicaid Recipients? same	
Are you anticipating changes to your program? X <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please describe. Our agency has started our STARS (School, Therapy and Autism Rehab Services) Autism program which is a therapeutic school and after-school services for children with Autism grades 1-5. But this program is not associated with our RPTC.	
Is the facility locked or unlocked?		<input type="checkbox"/> Locked X <input type="checkbox"/> Unlocked	
Is the facility secure?		<input type="checkbox"/> Yes X(Semi-Secure) <input type="checkbox"/> No	

AK Child & Family

Residential Treatment Services PRTF Information Inventory 2018

<p>Please describe your facility's approach to treating children and youth with FASD. What kind of training do your staff receive (include milieu as well as clinical staff).</p>	<p>Click here to type</p>	
<p>Please describe your facility's approach to identifying and treating children and youth with extensive trauma histories. What kind of training do your staff receive (include milieu as well as clinical). Identify your trauma treatment approach and describe the approach regarding staff training and Evidence Based Practices.</p>	<p>Each student receives a comprehensive Integrated Behavioral Health Assessment prior to placement. AK Child & Family is trauma-informed and assesses for needs related to trauma. As such, AK Child & Family employs trauma-informed care and all staff are trained in the ARC model as well as Sanctuary. Assessment prior to admission is done to determine the possibility of FASD, based upon maternal substance use, is examined. If a student has been previously diagnosed with FASD, recommendations from the FASD and other neuropsychological testing is integrated into the assessment and subsequent treatment plan. If a student is suspected to have FASD, they are recommended for FASD diagnostic testing. AK Child & Family makes referrals to the Assets FASDx Diagnostics Team for such referrals and testing. Regardless of the reasons for cognitive disorders or developmental delays, all students at AK Child & Family have individualized treatment to ensure their needs are being met within the structure of our residential program. Staff are encouraged to complete FASD 101 as a general overview. As each student in our program has unique treatment needs, the treatment plan is crafted to specifically address the needs of a particular student and staff receive ongoing training and supervision to ensure they are effectively working with the children and youth in our care.</p>	
<p>Specialty Populations</p>	<p>Please check all specialty populations this facility serves.</p>	<p>What training does staff receive for this population?</p>

AK Child & Family

Residential Treatment Services PRTF Information Inventory 2018

	<input checked="" type="checkbox"/> Autism Spectrum Disorders (High Functioning and Asperger's) <u>NOTE: Facilities with this specialty must complete Section B</u>	Each cottage has a Master's prepared Clinical Therapist (CT) that is encouraged to attend trainings related to their caseload. Topics include any of these listed. CTs co-facilitate staff meetings in each cottage and work collaboratively not only with students/families but also with milieu staff to incorporate relevant programming and treatment goals that meet the unique needs of the students in residential care.
	<input type="checkbox"/> Autism Spectrum Disorders (severe/low functioning) <u>NOTE: Facilities with this specialty must complete Section B</u>	Click here to type
	Sexualized behaviors: <input checked="" type="checkbox"/> Sexually reactive (e.g. response to trauma) <input checked="" type="checkbox"/> Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues) <input checked="" type="checkbox"/> Sexually offending: <input type="checkbox"/> adjudicated/ <input type="checkbox"/> non-adjudicated	see above; in addition the staff at our Oliver Cottage (specializing in work with children who have sexual offending; sexually reactive; sexually maladaptive behaviors) are trained in the Good Lives model of care. Dr. Bruce Smith provides consultation for the program. Treatment specific trainings are provided to our staff through the cottage Clinical Therapist, Treatment Program Supervisor and other resources.
	<input type="checkbox"/> Eating Disorder	Click here to type
	<input type="checkbox"/> Other Click here to type	Click here to type
	<input type="checkbox"/> Other Click here to type	Click here to type
Excluded Populations	Please check all populations excluded from this facility.	
	<input type="checkbox"/> Sexually reactive (e.g. response to trauma)	<input type="checkbox"/> Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues)
	Sexually offending: <input type="checkbox"/> adjudicated/ <input type="checkbox"/> non-adjudicated	
	<input checked="" type="checkbox"/> Eating Disorder	<input type="checkbox"/> Psychosis
		<input type="checkbox"/> Physical Aggression

AK Child & Family

Residential Treatment Services PRTF Information Inventory 2018

	<input checked="" type="checkbox"/> Autism Spectrum Disorders (severe/low functioning)	<input type="checkbox"/> Autism Spectrum Disorders (high functioning/Asperger's)	<input type="checkbox"/> Self-injurious behaviors
	<input type="checkbox"/> Suicidal ideation/attempts	<input type="checkbox"/> Elopement Risk	<input type="checkbox"/> Fire setting
	<input type="checkbox"/> Conduct Disorder	<input type="checkbox"/> Other: Click here to type	<input type="checkbox"/> Other: Click here to type
<p>Comments: Students are screened, assessed and staffed to determine the most appropriate level of care. If a student could benefit from a lower or higher level of care, those levels of care will be recommended. Students being admitted into AK Child & Family's residential treatment program must be appropriate for the level of care provided at our facility. Programming at AK Child & Family is adaptable to meet the needs of students with histories of aggression, elopement, eating disordered behaviors, and cognitive disabilities; depending on the severity of these behavioral symptoms as determined through the Integrated Behavioral Health Assessment. Each student will be assessed and reviewed by the AK Child & Family clinical team to ensure the treatment program AK Child & Family can provide is able to meet his or her specific treatment needs. However, students with current or primary needs related to FSIQ<70, high risk for elopement, severe eating disorders, significant and imminent risk of self-harm or suicide, or significantly aggressive behaviors will be excluded from the AK Child & Family program.</p>			
What type of alternative communication modalities do you use? Please identify (e.g., Picture Exchange Communication System, sign language, assistive technologies, visual schedules, etc.)	AK Child has an established MOA with an interpretation agency for all alternative communication as needed.		
What type of social skills training do you use? Please describe and/or identify the program.	Click here to type		
List types of safety monitoring used (e.g., staff observation, video cameras).	Staff observation		
How does the facility assure access to appropriate medical and dental care?	Nursing staff assess and monitor medical needs and refer to outside providers for medical/dental attention as needed.		
What type of behavior management program do you use? Please name the program and describe the training.	Click here to type		

AK Child & Family

Residential Treatment Services PRTF Information Inventory 2018

Does the facility use timeout? X <input type="checkbox"/> Yes <input type="checkbox"/> No	When are timeouts used? Ak Child employs client-driven “self time outs” which allow the clients to choose to take a break in an agreed-upon location/proximity as needed to support coping and adaptive strategies in response to stress/distress.	
Does the facility use seclusion? <input type="checkbox"/> Yes X <input type="checkbox"/> No Does the facility use restraints? <input type="checkbox"/> Yes X <input type="checkbox"/> No If so, what type of restraints? <input type="checkbox"/> Physical <input type="checkbox"/> Mechanical	When are restraints and/or seclusion used? Only used in the event of serious imminent risk of mortal or bodily harm towards self or others.	
How are facility staff trained regarding seclusion and the use of restraint? Please describe initial staff training as well as the follow up training process.	Yes. All direct-care staff are trained in MANDT.	
How frequently are individual and facility seclusion and restraint data reviewed, and by whom?	Individual Click here to type	Facility Click here to type

EDUCATION SERVICES		
Please indicate what types of educational services the facility provides.	X <input type="checkbox"/> On Site School <input type="checkbox"/> Day Treatment <input type="checkbox"/> Outpatient Services <input type="checkbox"/> Other: Click here to type <input type="checkbox"/> Other: Click here to type	
Comments: Most clients attend public neighborhood schools. AK Child does have two on-site classrooms, run by the Anchorage School District, one identified for our program that treats sexualized/offending behaviors and the other a limited-census classroom for general treatment population when clients are unable to attend public school. We also have access to distance-learning programs for our clients.		

AK Child & Family

Residential Treatment Services PRTF Information Inventory 2018

Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	AK Child employs a school liaison that is responsible for communication between the public schools serving our clients as well as the distance-learning/home-based school programs.
Educational Accreditation	none
Does your program accept school credits from other schools or programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What structured educational models are used?	Click here to type
Does your program accept the Homeschool IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your program create an IEP if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No

TREATMENT PLANNING AND REVIEW

AK Child & Family

Residential Treatment Services PRTF Information Inventory 2018

<p>Who participates in regular treatment team meetings? Please check each regular (at least monthly) participant in treatment review/planning.</p>	<p> <input checked="" type="checkbox"/> Psychiatrist <input type="checkbox"/> Pediatrician <input checked="" type="checkbox"/> Nurse <input type="checkbox"/> Pharmacist <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Speech Therapist <input type="checkbox"/> Occupational Therapist <input checked="" type="checkbox"/> Education Milieu Staff <input type="checkbox"/> Dietitian <input type="checkbox"/> Psychologist <input checked="" type="checkbox"/> Clinician <input type="checkbox"/> Behavior Analyst <input checked="" type="checkbox"/> Other Clinician (name, credentials): Licensed Clinical supervisor </p>
<p>How does your program involve the family in treatment, keep them informed of their child's progress, and prepare them for step-down as part of the discharge process?</p>	<p>All parents and guardians are encouraged to engage in the treatment process through clinical contact, visits, phone calls, treatment planning meetings, visitation and therapeutic passes. All parents are expected to participate in weekly family therapy sessions and monthly treatment planning, at a minimum. Parents are informed of any medical problems, high risk behaviors, or safety issues in addition to regular treatment contact. Family members are essential to treatment planning including planning for discharge. Discharge planning begins at the start of treatment and evolves over time. Many students also go on trial home visits/passes prior to discharge.</p>
<p>How does your program identify/assess the function of challenging behaviors?</p>	<p>We address challenging behaviors through the lens of trauma informed care. Additionally some students also have developmental, cognitive and other considerations that may contribute to "challenging" behaviors.</p>
<p>How does your program measure progress on treatment plan goals and objectives (e.g., subjective report, phase/level progress/specific data points)?</p>	<p>Reduction in critical events and overall student acuity; reduction in presenting symptomology; increase in resiliency/adaptive skills; daily points earned in school and on the unit, achievement of established goals/objectives, feedback from treatment team, improvement in CAFAS scores, student/family self report; staff observation, etc.</p>

AK Child & Family

Residential Treatment Services PRTF Information Inventory 2018

Does your facility employ a privilege/level/phase system? X <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, on what basis do recipients earn privileges or improved level status? Through achievement of treatment objectives and demonstration of safe behaviors in school, community and home as applicable If No, is there another system the program uses? Click here to type	Under what circumstances, if any, is the level system modified? As indicated based on individual evaluation of capacity for the standard system versus need for modification of that system.
---	--	---

TREATMENT	
Does your facility employ or contract with a behavior specialist (behavioral psychologist or BCBA) on the treatment team or staff? <input type="checkbox"/> Yes X <input checked="" type="checkbox"/> No	Name and credential(s) of behavior specialist (if the individual does not have a BCBA, please provide a description of the person's training in behavior analysis). Click here to type
For each of the following professions/licenses, please answer the questions to the right.	
	How does your facility ensure that these professionals' treatment recommendations are implemented and consistently followed?
Dietitian	Documentation to our Electronic Medical Record, direct communication to direct-care staff, follow-up as appropriate.
Occupational Therapist	Click here to type
Speech/Language Pathologist	Click here to type
Other Medical (e.g., GI, Sleep)	Click here to type
Dental	Click here to type
Other	Click here to type

PSYCHOTHERAPY MODELS
Please identify the psychotherapeutic models (e.g., CBT, DBT) used at your facility, by population

AK Child & Family

Residential Treatment Services PRTF Information Inventory 2018

Model	Population
CBT	all
DBT	All/ as needed
Good Lives	Sexualized/ offending behaviors population
ARC	all
Click here to type	Click here to type
<u>Family Therapy</u> What are your expectations regarding family therapy?	Family therapy is expected to occur on a weekly basis. The preference is to have families present for family therapy sessions. However, for families who are out of area and unable to be physically present, telephonic contact is acceptable. Telehealth has been piloted for agency trainings and assessments. This will become available for family therapy sessions as well.
<u>Clinical Supervision</u> Describe how a professional provides clinical oversight to the program. How many hours/week?	Each treatment unit has a Master's level clinical therapist who provides oversight and treatment planning. Each clinical therapist is supervised by a Master's level licensed clinical supervisor who provides oversight to the clinical team and ensures the fidelity of the treatment program. In addition to the clinical supervisor, the AK Child & Family Medical Director, who specializes in child and adolescent psychiatry; Residential Director, who is a licensed clinical supervisor; and the Chief Clinical Officer, who is a licensed clinical supervisor oversee and provide assistance on both individual student's cases and the overall functioning of the treatment program. The Oliver Program, which serves adolescent boys who have engaged in sexualized/ offending behaviors is provided further supervision/ consultation by a licensed psychologist who specializes in the treatment of this population.
<u>Crisis Supports</u> How does the program assure access to the appropriate care for clients in crisis situation?	AK Child & Family has on call staff available 24 hours a day to respond to crisis situations. In the event it is necessary, Anchorage AK emergency services are utilized to ensure the safety of our students.
<u>Skill Development</u> Please describe how your facility helps recipients develop the following:	<u>Methods/Interventions/Programs</u>

AK Child & Family

Residential Treatment Services PRTF Information Inventory 2018

Interpersonal skills	For all of these listed areas we take the following general approach: Assessment which links to treatment planning/specific goals and objectives that are further supported through milieu treatment and weekly family, individual and group therapy. Each student's treatment plan is unique to their particular needs. Interpersonal skills, self regulation, daily living, communication and other areas are all reinforced through engagement within the milieu, school setting, community outings and clinical sessions. Students are introduced to various skills, encouraged to practice/enhance their skills, and regular feedback/encouragement is provided. The goal is to improve in these areas so that the student can step down to a less restrictive level of care.
Self-Regulation	please see above - additionally the ARC Model has an emphasis on "fostering resilience through attachment, self regulation and competency"
Daily Living	see above - additionally students have the opportunity to contribute to a positive peer culture within the milieu community as well as re-engage in family based living through passes or transition to independent living or therapeutic foster care
Communication	See above
Other	Again, there are many areas that students have an opportunity to work on within the context of residential care; each treatment plan is unique For our students we also place a strong emphasis on recreational activities (establishing healthy and drug free activities); culturally relevant activities (ex: drumming circles, Native Youth Olympics, etc.); Spiritual Life activities (optional and voluntary); and healthy lifestyles (ex: nutrition, etc.)

AK Child & Family

Residential Treatment Services PRTF Information Inventory 2018

<p>Please describe how your facility helps the recipient generalize these skills to their home environment.</p>	<p>As mentioned in several prior sections, family therapy and treatment passes are an important component of care. Through a combination of milieu, family work and treatment passes, our goal is that students will be able to successfully generalize skills learned to other environments such as home, school and community. To assess long range progress we interview parents and guardians at 6, 12 and 18 months after discharge. Our outcomes data provides evidence that generalization is occurring. At 18 months post discharge, parents and youth report that gains have been sustained. For example, over 53% of youth admitted to our agency come from psychiatric hospitals, correctional facilities and varying levels of residential treatment. Eighteen months after discharge, 71% are living with their families, relatives or an independent living environment. Percentage of youth that have minimal to no impairment in the following areas at 18 months post discharge are as follows: Attendance at School 93%, Behaviors at School 83%, Behaviors Towards Others 75%, Behaviors at Home 67% and Grades now at a B or higher 77%. Additional outcomes data is available on our agency website.</p>
---	---

DAILY SCHEDULE	
<p>Please describe the daily schedule.</p>	<p>Typical Day in the Life of a Student - There is variation in scheduling depending upon specific treatment unit, treatment needs of students, whether it's a weekday/weekend, etc. but this is a sample schedule that approximates a typical day and includes program activities along with descriptions. 5 am Psychiatric Rounds. The registered nurses take vital signs and address medical issues with the students as relevant. 6 - 9 am Hygiene/AM routines/Breakfast/Medications/ Start of School. 12pm lunch. 1pm Recreational Therapy group. 2pm Study Hour. 3pm Group. 4pm Individualized Treatment Work. 5pm Dinner. 6pm Individual or Family Therapy, or Therapeutic groups/activities. 8:30pm Medications/Snack/Routines. 9pm lights out.</p>
<p>How are transitions (to meals, school, activities, etc.) managed?</p>	<p>Milieu staff assist students with transitions in the daily schedule. "Transition" time is including in our programming. The milieu schedule provides for consistency and predictability. We realize that some students may struggle during transition times and therefore it is a part of what staff manage. If you need additional detail please contact us, not certain how much detail is necessary here.</p>

AK Child & Family

Residential Treatment Services PRTF Information Inventory 2018

<p>How are meals managed (e.g., preparation, clean-up)?</p>	<p>Meals are prepared in a homestyle environment versus an industrial kitchen because we believe that this helps provide less of an institutionalized feel. We follow the National School guidelines for meals and snacks, i.e. focus on nutrition, variety of foods, etc. Students are offered "choice" versus "serve" style meals meaning the table is set up family style and students make choices about what to eat instead of going through a cafeteria line and getting a meal tray. We recently had our audit with the National School Program and the auditor reported she was very impressed with the healthy choices offered, the variety of options and education provided to students regarding healthy choices and portions. She also noted that although there was structure and supervision, the staff interacted with students in a warm, positive manner that did not feel "institutional". Milieu staff prepare meals from established menus and are responsible for prep and clean up. Students assist through chores that they sign up for. If a student is particularly interested in cooking/baking either as a coping skill or to practice independent living skills they may get additional opportunities to assist staff in the kitchen when determined clinically appropriate.</p>	
<p>Please describe the types of recreational activities available to recipients.</p>	<p><u>On-Site Activities:</u> All students from both campuses are able to utilize the Benson Center gym and recreation area which houses an indoor basketball court, pool table, outdoor basketball court, skating rink and soccer field. We have a full time Recreational Treatment Program Supervisor that works closely with the students and cottages to offer regularly scheduled recreational therapy groups. Additionally, each cottage also offers regular activities that may include games night and other social events. All cottages also have small libraries that offer youth related literature.</p>	<p><u>Off-Site Activities:</u> Taking students off campus for recreational activities is an important component of treatment. Again, the Rec Department staff schedule various off site activities for students. AK Child & Family has a strong recreational therapy component as well as a working relationship with the Anchorage Symphony Orchestra that allows our students to attend concerts during the season.</p>

<p>DISCHARGE PLANNING AND POST-TREATMENT</p>	
<p>When does discharge planning begin?</p>	<p>At/ before admission</p>

AK Child & Family

Residential Treatment Services PRTF Information Inventory 2018

Who is responsible for discharge planning at your facility?	Discharge planning is initiated during the preadmission assessment and continues during the course of treatment at AK Child & Family. The treatment team collaborates on the discharge planning process.
What percentage of your recipients return to:	Therapeutic/ Foster Care: 7% Family: 56% Corrections: 7% Independent Living: Click here to type
Do you do any post-discharge surveys? X <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when is it conducted? AK Child & Family does follow up interviews at intervals post discharge 6; 12; 18months. The findings are extensive, a brief overview has been provided in prior responses. Please contact AK Child & Family for further information.

<i>Please use the space below for further comments regarding your facility.</i>
Click here to type

Section B

AUTISM SPECTRUM DISORDERS QUESTIONNAIRE	
Please provide additional information regarding the characteristics of the recipients with ASD for whom you can provide specialized treatment (e.g., ASD with IQ under 70, ASD with IQ over 70, Asperger's disorder, etc.). Please be specific, especially regarding developmental age and/or IQ requirements.	FSIQ criteria as stated previously is > 70. Developmental age considered depending on appropriateness of fit to current milieu dynamics and related to safety.

AK Child & Family

Residential Treatment Services PRTF Information Inventory 2018

Please check each box that corresponds with aspects of treatment at your facility that are listed below.	
Do you have screening mechanisms for ASD that includes questions about ASD and symptomatology? X <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please list the tools(s) by name and/or send copies. An extensive assessment is conducted at referral which takes into consideration the symptoms of ASD and how they contribute to overall level of functioning, impairments that would be considered a part of the treatment process, and abilities of the facility to safely accommodate as needed.
What diagnostic evaluation/assessment process do you use? Please check all that are included	X <input type="checkbox"/> Family interviews X <input type="checkbox"/> Review of past records X <input type="checkbox"/> Consideration of DSM-V criteria X <input type="checkbox"/> History, including educational and behavioral interventions X <input type="checkbox"/> Differential diagnosis X <input type="checkbox"/> Observation <input type="checkbox"/> Specific Tools (please identify): Click here to type
Do you do functional behavior assessments? If so, please describe your approach in the school and residential program.	Click here to type
Please describe how the Behavior Analysis is presented in the treatment plan.	Click here to type

For facilities that provide treatment for individuals with Asperger’s Disorder or individuals with ASD who do not experience Intellectual Disabilities, please answer the following question:

AK Child & Family

Residential Treatment Services PRTF Information Inventory 2018

<p>Please describe your approach to treatment and any interventions that are employed specifically for this population.</p>	<p>Treatment for all students in the AK Child & Family program, is individualized based on the need of support for the particular student rather than being based on their diagnosis. Thereby, interventions are designed specifically to the student and what they best respond to. The process of implementation of such interventions is based in interviews with all parties, and team consultation. Behavior Modification strategies are employed as the primary paradigm used in the milieu for intervention of treatment-specific issues.</p>
---	--

<p><i>Please use the space below for additional comments.</i></p>
<p>Click here to type</p>

North Star – Debarr PRTF

Residential Treatment Services PRTF Information Inventory 2018

This form was first introduced in 2013, and has been modified in this (2018) version. All Psychiatric Residential Treatment Facilities (PRTF) that contract with Alaska Medicaid are required to complete Section A. Facilities that indicate Autism Spectrum Disorder (ASD) as a specialty are also required to complete Section B. The form will be posted on a website in order to be available to families, providers and guardians who are considering placement in a PRTF for a child. If your facility has more than one Alaska Medicaid provider number, please complete one form for each. Use the tab key to move to each new section. Please complete this form and return via email to: akbehavioralhealth@qualishealth.org

Section A

FACILITY INFORMATION	
Site/Cottage/Facility Name	Debarr Residential Psychiatric Treatment Center
Address	1500 Debarr Circle, Anchorage, AK. 99508
Contact number	907 865-7100
Date completed	June 6, 2018
Name and title of person completing this form	Carla MacGregor, LPC, Administrator

GENERAL OVERVIEW			
Accreditation Body	Joint Commission, Tricare Certified		
Indicate which gender(s) you serve and the applicable age range and number of licensed beds below			
	Age Range	# of Licensed Beds	
<input type="checkbox"/> Males	Click here to type	Click here to type	
<input checked="" type="checkbox"/> Females	12-17	30	
<input type="checkbox"/> Other	Click here to type	Click here to type	
Describe your client: staff ratio and how it is calculated for the following:			
	Nursing	Milieu	Comments
Day	Click here to type	1:5	Nurse is counted in the ratio
Evening	Click here to type	1:5	Nurse is counted in the ratio

North Star – Debarr PRTF

Residential Treatment Services PRTF Information Inventory 2018

Night	Click here to type	1:10	Nurse is counted in the ratio
What safety monitoring practices are applicable during the day? At night?		15 minute checks; cameras (without audio); motion sensors in bedrooms (night only)	
Does your facility have requirements regarding IQ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain. IQ to be 80 or above; however, assessments are on an individual basis	
What is the average length of stay for the facility overall? 9-12 months		For AK Medicaid Recipients? 9-12 months	
Are you anticipating changes to your program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, please describe. Click here to type	
Is the facility locked or unlocked?		<input checked="" type="checkbox"/> Locked <input type="checkbox"/> Unlocked	
Is the facility secure?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe your facility's approach to treating children and youth with FASD. What kind of training do your staff receive (include milieu as well as clinical staff).		An annual FASD training is offered to all staff to continue with education. Concrete visual systems and programs are utilized to provide structure, understanding, and routine. Special programs are developed by the clinical team to meet individual needs that require more specific targeting of issues.	
Please describe your facility's approach to identifying and treating children and youth with extensive trauma histories. What kind of training do your staff receive (include milieu as well as clinical). Identify your trauma treatment approach and describe the approach regarding staff training and Evidence Based Practices.		Our programming encompasses components of Trauma Informed Care which is integrated into milieu culture, groups, and individual therapy. Ancillary therapies such as EMDR and art therapy are offered to provide additional support and services for individuals for more extensive trauma. We provide in-house training on trauma as well as send staff/therapists to earn CEU's in the community regarding trauma.	
Specialty Populations	Please check all specialty populations this facility serves.		What training does staff receive for this population?
	<input type="checkbox"/> Autism Spectrum Disorders (High Functioning and Asperger's) <u>NOTE: Facilities with this specialty must complete Section B</u>		Click here to type

North Star – Debarr PRTF

Residential Treatment Services PRTF Information Inventory 2018

	<input type="checkbox"/> Autism Spectrum Disorders (severe/low functioning) <u>NOTE: Facilities with this specialty must complete Section B</u>	Click here to type	
	Sexualized behaviors: <input type="checkbox"/> Sexually reactive (e.g. response to trauma) <input type="checkbox"/> Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues) <input type="checkbox"/> Sexually offending: <input type="checkbox"/> adjudicated/ <input type="checkbox"/> non-adjudicated	Click here to type	
	<input type="checkbox"/> Eating Disorder	Click here to type	
	<input type="checkbox"/> Other Click here to type	Click here to type	
	<input type="checkbox"/> Other Click here to type	Click here to type	
Excluded Populations	Please check all populations excluded from this facility.		
	<input type="checkbox"/> Sexually reactive (e.g. response to trauma)	<input type="checkbox"/> Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues)	Sexually offending: <input checked="" type="checkbox"/> adjudicated/ <input checked="" type="checkbox"/> non-adjudicated
	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Psychosis	<input type="checkbox"/> Physical Aggression
	<input type="checkbox"/> Autism Spectrum Disorders (severe/low functioning)	<input type="checkbox"/> Autism Spectrum Disorders (high functioning/Asperger's)	<input type="checkbox"/> Self-injurious behaviors
	<input type="checkbox"/> Suicidal ideation/attempts	<input type="checkbox"/> Elopement Risk	<input type="checkbox"/> Fire setting
	<input type="checkbox"/> Conduct Disorder	<input type="checkbox"/> Other: Click here to type	<input type="checkbox"/> Other: Click here to type
	Comments: Click here to type		

North Star – Debarr PRTF

Residential Treatment Services PRTF Information Inventory 2018

<p>What type of alternative communication modalities do you use? Please identify (e.g., Picture Exchange Communication System, sign language, assistive technologies, visual schedules, etc.)</p>	<p>Some staff have been trained in the PECS; Visual schedules; lights indicating fire for the deaf</p>
<p>What type of social skills training do you use? Please describe and/or identify the program.</p>	<p>An essential 55 is an educational program that builds social skills and improves self confidence and self-esteem. Skill Stream prosocial programming to improve and master basic social skills in treatment and in the community. The Why Try program is a resilience education program that helps to reduce violence and increase academic success through social skills building.</p>
<p>List types of safety monitoring used (e.g., staff observation, video cameras).</p>	<p>15 minute checks; video cameras; motion sensors</p>
<p>How does the facility assure access to appropriate medical and dental care?</p>	<p>We credential a team of medical professionals to provide on site routine care. We maintain agreements with local hospital(s) for emergent care and routine maintenance as clinically indicated. Nursing staff are available 24 hours per day to assess for any type of medical need. The residents complete an Health and Physical upon admission and then annually. Dental needs are assessed upon admission and recommended check-ups and treatment are completed per dental recommendation. We take each resident twice a year for yearly dental check up's.</p>
<p>What type of behavior management program do you use? Please name the program and describe the training.</p>	<p>The trauma-informed care program is based on various CBT/DBT/REBT strategies that build internal resiliency skills. Individualized behavior management programs are developed by the clinical team if a behavior management program is necessary to further a resident's treatment.</p>
<p>Does the facility use timeout? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>When are timeouts used? Self-time outs are utilized if a resident is unable to self-regulate within the environment and needs to reduce stimuli. This coping strategy is identified on individual coping skill plans.</p>

North Star – Debarr PRTF

Residential Treatment Services PRTF Information Inventory 2018

<p>Does the facility use seclusion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the facility use restraints? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, what type of restraints? <input checked="" type="checkbox"/> Physical <input type="checkbox"/> Mechanical</p>	<p>When are restraints and/or seclusion used? Restraints and seclusions (as per Handle with Care protocol) are used only when a resident is at imminent risk of harm to self or others and all other de-escalation strategies have failed to reduce the high-risk, dangerous behavior.</p>	
<p>How are facility staff trained regarding seclusion and the use of restraint? Please describe initial staff training as well as the follow up training process.</p>	<p>All staff are trained upon hire, and at various intervals throughout the year regarding use of Handle With Care. This curriculum, taught by cetified Handle with Care instructors, teaches excellent skills in verbal de-escalation, resident engagement, and how to safely handle crisis situations related to unsafe behavior.</p>	
<p>How frequently are individual and facility seclusion and restraint data reviewed, and by whom?</p>	<p>Individual Reviewed by Administration and Director of Risk at intervals in accordance with regulations.</p>	<p>Facility Reviewed by Administration and Director of Risk at intervals in accordance with regulations.</p>

<p>EDUCATION SERVICES</p>	
<p>Please indicate what types of educational services the facility provides.</p>	<p><input checked="" type="checkbox"/> On Site School <input type="checkbox"/> Day Treatment <input type="checkbox"/> Outpatient Services <input checked="" type="checkbox"/> Other: All school is taught by ASD <input checked="" type="checkbox"/> Other: Online college courses through UAF online distance learning</p>
<p>Comments: Click here to type</p>	
<p>Please describe how you communicate with school districts. How do you ensure communication with home-based schools?</p>	<p>Anchorage School District is on site and we have a standing weekly meeting and meets regularly with the principal. Educational Director communicates with all home-based schools prior to discharge to ensure proper transfer including all transcripts.</p>
<p>Educational Accreditation</p>	<p>ASD</p>
<p>Does your program accept school credits from other schools or programs?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

North Star – Debarr PRTF

Residential Treatment Services PRTF Information Inventory 2018

What structured educational models are used?	ASD approved curriculum. The Why Try program is a resilience education program that helps to reduce violence and increase academic success through social skills building.
Does your program accept the Homeschool IEP? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Does your program create an IEP if needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ASD completes all required IEP's for residents in the program.

TREATMENT PLANNING AND REVIEW	
Who participates in regular treatment team meetings? Please check each regular (at least monthly) participant in treatment review/planning.	<input checked="" type="checkbox"/> Psychiatrist <input type="checkbox"/> Pediatrician <input checked="" type="checkbox"/> Nurse <input type="checkbox"/> Pharmacist <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Speech Therapist <input type="checkbox"/> Occupational Therapist <input checked="" type="checkbox"/> Education Milieu Staff <input type="checkbox"/> Dietitian <input type="checkbox"/> Psychologist <input checked="" type="checkbox"/> Clinician <input type="checkbox"/> Behavior Analyst <input checked="" type="checkbox"/> Other Clinician (name, credentials): LCSW
How does your program involve the family in treatment, keep them informed of their child's progress, and prepare them for step-down as part of the discharge process?	The DRTC provides weekly family therapy with clinician, regular contact from floor staff and nursing, monthly treatment team meetings, ongoing discharge planning and discussion in family therapy, weekly family night, passes with family, weekly church services that families are invited to attend, major holiday celebrations that families are invited to attend; monthly celebration of gifts; monthly Genesis graduation and achievement program

North Star – Debarr PRTF

Residential Treatment Services PRTF Information Inventory 2018

<p>How does your program identify/assess the function of challenging behaviors?</p>	<p>At the DRTC, Positive Behavior Support Assessments by the clinical team; neuropsychological testing when applicable, psychological testing when applicable, various standardized assessments. At intake the Symptom Acuity Rating Scale (SARS), BPRS, CABA I and CABA Y are completed upon admission and discharge; CABA Y are completed each month to assess progress toward meeting goals/objectives.</p>	
<p>How does your program measure progress on treatment plan goals and objectives (e.g., subjective report, phase/level progress/specific data points)?</p>	<p>At the DRTC, the clinical team meets at least monthly to evaluate progress. The clinical team evaluates and documents progress daily through notes and weekly through documentation on weekly objectives. Data is gathered through behavioral notes as well as Clinical & Staff observation. At intake the Symptom Acuity Rating Scale (SARS), BPRS, CABA I and CABA Y are completed upon admission and discharge; CABA Y are completed each month to assess progress toward meeting goals/objectives.</p>	
<p>Does your facility employ a privilege/level/phase system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, on what basis do recipients earn privileges or improved level status? Privileges are based on the demonstration of responsible behavior associated with the 6 building blocks of resiliency. If No, is there another system the program uses? Click here to type</p>	<p>Under what circumstances, if any, is the level system modified? The DRTC uses a phase system associated with the phases of cognitive development.</p>

<p>TREATMENT</p>	
<p>Does your facility employ or contract with a behavior specialist (behavioral psychologist or BCBA) on the treatment team or staff? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Name and credential(s) of behavior specialist (if the individual does not have a BCBA, please provide a description of the person’s training in behavior analysis). Click here to type</p>
<p>For each of the following professions/licenses, please answer the questions to the right.</p>	
	<p>How does your facility ensure that these professionals’ treatment recommendations are implemented and consistently followed?</p>

North Star – Debarr PRTF

Residential Treatment Services PRTF Information Inventory 2018

Dietitian	Dietitians do nutritional assessments and groups with residents
Occupational Therapist	Click here to type
Speech/Language Pathologist	Click here to type
Other Medical (e.g., GI, Sleep)	Click here to type
Dental	Click here to type
Other	Click here to type

PSYCHOTHERAPY MODELS	
Please identify the psychotherapeutic models (e.g., CBT, DBT) used at your facility, by population	
Model	Population
Trauma Informed Care (TF-CBT, Adaptive Information Processing [AIP], Three stage consensus model, Cognitive Processing Therapy [CPT], Integrative Treatment of Complex Trauma [ITCT, Seeking Safety])	Adolescent
Resiliency	Adolescent
Cognitive Behavioral Therapy	Adolescent
DBT	Adolescent
Click here to type	Click here to type
<u>Family Therapy</u> What are your expectations regarding family therapy?	Weekly parent involvement in family therapy (in person or telephonic). Open communication with treatment team and commitment to therapy. Work on attachment and trauma healing through regular contact with resident via phone calls, family visits during evening dinner hours, and during special events. Family passes when deemed clinically appropriate.
<u>Clinical Supervision</u> Describe how a professional provides clinical oversight to the program. How many hours/week?	Board Approved LPC/LCSW Supervisor provides weekly individual and group supervision to clinicians as well as daily oversight of clinical programming
<u>Crisis Supports</u> How does the program assure access to the appropriate care for clients in crisis situation?	Provide 24 hour care

North Star – Debarr PRTF

Residential Treatment Services PRTF Information Inventory 2018

<u>Skill Development</u> Please describe how your facility helps recipients develop the following:	<u>Methods/Interventions/Programs</u>
Interpersonal skills	Residents attend clinical groups on social skills and emotional/behavioral regulation skills using DBT and CBT concepts and principles, core value development, resilience, anger/stress management, relationships, dealing with negativity, and effective communication [active listening]. In addition, milieu interventions and groups facilitated by MHS staff include the same underlying principles and concepts. Activity therapy provides daily groups and activities focusing on interpersonal skill development.
Self-Regulation	Residents learn self-regulation skills through: individual, family, group therapy; medication management, behavior management plans, direct care staff support, DBT groups and skill building. Activity therapy provides daily groups and activities focusing on self-regulation skill development.
Daily Living	Residents learn daily living through daily programming focused on self-care, hygiene, routine schedules, independence and life skills, building blocks of resilience (insight, initiative, independence, creativity, and morality)
Communication	Residents learn effective communication through clinical and MHS-facilitated groups, individual and family therapy, direct care staff modeling and support, social communication skill building groups and activities. Activity therapy provides daily groups and activities focusing on communication skill development.
Other	Click here to type
Please describe how your facility helps the recipient generalize these skills to their home environment.	Residents are expected to practice using these skills in the facility with their families during family therapy, family night, family-related activities in the facility and while on passes. In addition, residents are expected to use these skills while on staff-driven outings.

DAILY SCHEDULE

North Star – Debarr PRTF

Residential Treatment Services PRTF Information Inventory 2018

Please describe the daily schedule.	The daily schedule includes therapeutic, educational, and recreational activities at anticipated time intervals. Each resident attends daily Clinical Therapy Group, daily Activity and Recreational Therapy, school 5 days per week, and also time scheduled for relaxation, homework, staff facilitated groups, meals in the cafeteria, and other various activities. Scheduled activities are available for the residents to choose including yoga, art, Bible study, writing group, choir, sports, etc.	
How are transitions (to meals, school, activities, etc.) managed?	MHS staff are responsible for ensuring safe, effective, and efficient transitions between activities occur in accord with DRPTC protocol.	
How are meals managed (e.g., preparation, clean-up)?	Food is prepared by dietary staff and in accordance with State and Federal guidelines. Food is served by trained dietary staff and MHS staff . MHS staff are responsible for ensuring an orderly entry into the cafeteria, use of proper manners when requesting food and condiment items, use of proper etiquette, and use of safe and responsible clean up routines.	
Please describe the types of recreational activities available to recipients.	<u>On-Site Activities:</u> Art and Music Therapy, Ropes Course, Sporting events, games, dances, yoga, choir, various different exercise regimes.	<u>Off-Site Activities:</u> Camping, fishing, hiking, skiing with Challenge Alaska, swimming at YMCA, sporting events, and other outings and field trips

DISCHARGE PLANNING AND POST-TREATMENT	
When does discharge planning begin?	Discharge planning begins upon admission by the Intake Department and continues to be updated every 30 days or more frequently by the Inter-Disciplinary Treatment Team (including the clinical therapist, resident, family, psychiatrist, mental health specialists, nurses, and previous providers).
Who is responsible for discharge planning at your facility?	Clinical therapist, nurses, mental health specialist, psychiatrist resident and parent/guardian
What percentage of your recipients return to:	Therapeutic Foster Care: 10 Foster Care: 5 Family: 80 Group Home: 5 Corrections: Click here to type Independent Living: Click here to type

North Star – Debarr PRTF

Residential Treatment Services PRTF Information Inventory 2018

Do you do any post-discharge surveys? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when is it conducted? Clinicians follow-up with families after discharge by offering the option to contact them for any safety and other concerns. Many of the families contact the clinicians to consult or report current successes post discharge.
---	---

<p><i>Please use the space below for further comments regarding your facility.</i></p> <p>Click here to type</p>

Section B

AUTISM SPECTRUM DISORDERS QUESTIONNAIRE	
Please provide additional information regarding the characteristics of the recipients with ASD for whom you can provide specialized treatment (e.g., ASD with IQ under 70, ASD with IQ over 70, Asperger’s disorder, etc.). Please be specific, especially regarding developmental age and/or IQ requirements.	Click here to type
Please check each box that corresponds with aspects of treatment at your facility that are listed below.	
Do you have screening mechanisms for ASD that includes questions about ASD and symptomatology? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please list the tools(s) by name and/or send copies. Click here to type

North Star – Debarr PRTF

Residential Treatment Services PRTF Information Inventory 2018

What diagnostic evaluation/assessment process do you use? Please check all that are included	<input type="checkbox"/> Family interviews <input type="checkbox"/> Review of past records <input type="checkbox"/> Consideration of DSM-V criteria <input type="checkbox"/> History, including educational and behavioral interventions <input type="checkbox"/> Differential diagnosis <input type="checkbox"/> Observation <input type="checkbox"/> Specific Tools (please identify): Click here to type
Do you do functional behavior assessments? If so, please describe your approach in the school and residential program.	Click here to type
Please describe how the Behavior Analysis is presented in the treatment plan.	Click here to type

For facilities that provide treatment for individuals with Asperger’s Disorder or individuals with ASD who do not experience Intellectual Disabilities, please answer the following question:	
Please describe your approach to treatment and any interventions that are employed specifically for this population.	Click here to type

<i>Please use the space below for additional comments.</i>
Click here to type

North Star – Palmer PRTF

Residential Treatment Services PRTF Information Inventory 2018

This form was first introduced in 2013, and has been modified in this (2018) version. All Psychiatric Residential Treatment Facilities (PRTF) that contract with Alaska Medicaid are required to complete Section A. Facilities that indicate Autism Spectrum Disorder (ASD) as a specialty are also required to complete Section B. The form will be posted on a website in order to be available to families, providers and guardians who are considering placement in a PRTF for a child. If your facility has more than one Alaska Medicaid provider number, please complete one form for each. Use the tab key to move to each new section. Please complete this form and return via email to: akbehavioralhealth@qualishealth.org

Section A

FACILITY INFORMATION	
Site/Cottage/Facility Name	Palmer Residential Psychiatric Treatment Center
Address	PO Box 1587, Palmer, Alaska 99645
Contact number	(907)761-7400
Date completed	April 6, 2018
Name and title of person completing this form	Ron Meier, Administrator

GENERAL OVERVIEW			
Accreditation Body	Joint Commission		
Indicate which gender(s) you serve and the applicable age range and number of licensed beds below			
	Age Range	# of Licensed Beds	
<input checked="" type="checkbox"/> Males	11-17	30	
<input type="checkbox"/> Females	Click here to type	Click here to type	
<input type="checkbox"/> Other	Click here to type	Click here to type	
Describe your client:staff ratio and how it is calculated for the following:			
	Nursing	Milieu	Comments
Day	Click here to type	Click here to type	1:5 Nurses and Mental Health Specialists; nursing staff are considered in the ratio; we have a nurse on duty during all waking hours and some overnight shifts as well.

North Star – Palmer PRTF

Residential Treatment Services PRTF Information Inventory 2018

Evening	Click here to type	Click here to type	1:5 Nurses and Mental Health Specialists
Night	Click here to type	Click here to type	1:10 Nurses and Mental Health Specialists
What safety monitoring practices are applicable during the day? At night?		We conduct 15 checks on all residents; our supervision both during waking and sleeping hours is within expectations and regulations for a level 5 facility.	
Does your facility have requirements regarding IQ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain. IQ of 80 or above	
What is the average length of stay for the facility overall? 10 months		For AK Medicaid Recipients? Same	
Are you anticipating changes to your program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, please describe. Click here to type	
Is the facility locked or unlocked?		<input type="checkbox"/> Locked <input checked="" type="checkbox"/> Unlocked	
Is the facility secure?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Please describe your facility’s approach to treating children and youth with FASD. What kind of training do your staff receive (include milieu as well as clinical staff).		Staff are trained upon hire; are provided ongoing supervision and annual training	
Please describe your facility’s approach to identifying and treating children and youth with extensive trauma histories. What kind of training do your staff receive (include milieu as well as clinical). Identify your trauma treatment approach and describe the approach regarding staff training and Evidence Based Practices.		Many of our kids have had adverse childhood experiences. All staff are trained on trauma and trauma informed care upon hire, ongoing through supervision, and routinely through trainings provided semi-annually and annually. We use components of “Seeking Safety” in a weekly curriculum-based class for residents.	
Specialty Populations	Please check all specialty populations this facility serves.		What training does staff receive for this population?
	<input type="checkbox"/> Autism Spectrum Disorders (High Functioning and Asperger’s) <u>NOTE: Facilities with this specialty must complete Section B</u>		Click here to type

North Star – Palmer PRTF

Residential Treatment Services PRTF Information Inventory 2018

	<input type="checkbox"/> Autism Spectrum Disorders (severe/low functioning) <u>NOTE: Facilities with this specialty must complete Section B</u>	Click here to type
	Sexualized behaviors: <input type="checkbox"/> Sexually reactive (e.g. response to trauma) <input type="checkbox"/> Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues) <input type="checkbox"/> Sexually offending: <input type="checkbox"/> adjudicated/ <input type="checkbox"/> non-adjudicated	Click here to type
	<input type="checkbox"/> Eating Disorder	Click here to type
	<input type="checkbox"/> Other Click here to type	Click here to type
	<input type="checkbox"/> Other Click here to type	Click here to type
Excluded Populations	Please check all populations excluded from this facility.	
	<input type="checkbox"/> Sexually reactive (e.g. response to trauma)	<input type="checkbox"/> Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues)
	Sexually offending: <input checked="" type="checkbox"/> adjudicated/ <input checked="" type="checkbox"/> non-adjudicated	
	<input checked="" type="checkbox"/> Eating Disorder	<input type="checkbox"/> Psychosis
	<input type="checkbox"/> Autism Spectrum Disorders (severe/low functioning)	<input type="checkbox"/> Autism Spectrum Disorders (high functioning/Asperger's)
	<input type="checkbox"/> Suicidal ideation/attempts	<input checked="" type="checkbox"/> Elopement Risk
	<input type="checkbox"/> Conduct Disorder	<input type="checkbox"/> Other: Click here to type
Comments: We are unable to take youth with extensive elopement histories as we are not a locked facility.		

North Star – Palmer PRTF

Residential Treatment Services PRTF Information Inventory 2018

<p>What type of alternative communication modalities do you use? Please identify (e.g., Picture Exchange Communication System, sign language, assistive technologies, visual schedules, etc.)</p>	<p>We have the ability to access interpretive services for persons who cannot speak English or when a family member has difficulty speaking English.</p>
<p>What type of social skills training do you use? Please describe and/or identify the program.</p>	<p>We use the “Healthy Relationships,” “Bullying,” “Anger Management,” “Communication Skills” course curriculums.</p>
<p>List types of safety monitoring used (e.g., staff observation, video cameras).</p>	<p>Staff observation and monitoring, video cameras located in common areas.</p>
<p>How does the facility assure access to appropriate medical and dental care?</p>	<p>All new admissions receive a Health and Physical Exam and are assessed at a local dental clinic.</p>
<p>What type of behavior management program do you use? Please name the program and describe the training.</p>	<p>We utilize a behavioral point/level system, behavioral management plans, and individualized special programs for kids who cannot work the point/level system.</p>
<p>Does the facility use timeout? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>When are timeouts used? As clinically appropriate and in accordance with regulations</p>
<p>Does the facility use seclusion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does the facility use restraints? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If so, what type of restraints? <input checked="" type="checkbox"/> Physical <input type="checkbox"/> Mechanical</p>	<p>When are restraints and/or seclusion used? Immanent harm to self or others. Staff process the intervention with residents and review of circumstances as part of the follow-up, prevention, and treatment planning process.</p>
<p>How are facility staff trained regarding seclusion and the use of restraint? Please describe initial staff training as well as the follow up training process.</p>	<p>All staff are trained upon hire, and at various intervals throughout the year regarding use of Handle With Care. It teaches excellent skills in verbal de-escalation, resident engagement, and how to safely handle crisis situations related to unsafe behavior.</p>

North Star – Palmer PRTF

Residential Treatment Services PRTF Information Inventory 2018

How frequently are individual and facility seclusion and restraint data reviewed, and by whom?	Individual Reviewed by Administration at intervals in accordance with regulations.	Facility Reviewed by Administration at intervals in accordance with regulations.
--	---	---

EDUCATION SERVICES	
Please indicate what types of educational services the facility provides.	<input checked="" type="checkbox"/> On Site School <input type="checkbox"/> Day Treatment <input type="checkbox"/> Outpatient Services <input checked="" type="checkbox"/> Other: If determined by treatment team to be beneficial, residents can attend school off-site at area schools to experience success in the regular school environment before discharging home. <input type="checkbox"/> Other: Click here to type
Comments: Provided by Mat-Su School District; one Special Ed. certified teacher, two teachers assistants	
Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	Program administrative staff and school personnel communicate with previous and post discharge school districts. Clinicians are also involved to address clinical issues for school transitions as part of discharge planning.
Educational Accreditation	Mat-Su School district, State of Alaska public school certified
Does your program accept school credits from other schools or programs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
What structured educational models are used?	We use the on-line Apex and Odysseyware programs as well as traditional paper and pencil textbook and assignment format.
Does your program accept the Homeschool IEP? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Does your program create an IEP if needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

North Star – Palmer PRTF

Residential Treatment Services PRTF Information Inventory 2018

TREATMENT PLANNING AND REVIEW	
Who participates in regular treatment team meetings? Please check each regular (at least monthly) participant in treatment review/planning.	<input checked="" type="checkbox"/> Psychiatrist <input type="checkbox"/> Pediatrician <input checked="" type="checkbox"/> Nurse <input type="checkbox"/> Pharmacist <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Speech Therapist <input type="checkbox"/> Occupational Therapist <input checked="" type="checkbox"/> Education Milieu Staff <input type="checkbox"/> Dietitian <input type="checkbox"/> Psychologist <input checked="" type="checkbox"/> Clinician <input type="checkbox"/> Behavior Analyst <input checked="" type="checkbox"/> Other Clinician (name, credentials): <u>Treatment team members can involve more providers depending on the treatment needs and those involved with the resident's care</u>

North Star – Palmer PRTF

Residential Treatment Services PRTF Information Inventory 2018

<p>How does your program involve the family in treatment, keep them informed of their child’s progress, and prepare them for step-down as part of the discharge process?</p>	<p>Weekly family sessions and monthly treatment team meetings. This is to assure progress in treatment and discharge planning takes place in a timely manner</p>	
<p>How does your program identify/assess the function of challenging behaviors?</p>	<p>Initial assessments by each discipline happen during and just after admission (ie. Intake, psychosocial, psychiatric evaluation, nursing, dietary, and activity/recreation therapy). These assessment help to formulate the initial master treatment plan goals and objectives, which are meant to address challenging behaviors.</p>	
<p>How does your program measure progress on treatment plan goals and objectives (e.g., subjective report, phase/level progress/specific data points)?</p>	<p>Continuous assessment from all members of the treatment team occur throughout the course of treatment so plans may be updated to meet the needs of each individual resident. We utilize point averages, staff and parent report, and other quantifiable and qualitative measures to determine progress.</p>	
<p>Does your facility employ a privilege/level/phase system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, on what basis do recipients earn privileges or improved level status? When they are consistently working on their treatment plan goals and objectives (reasons they are in treatment). If No, is there another system the program uses? Click here to type</p>	<p>Under what circumstances, if any, is the level system modified? Based upon individual treatment issues and goals.</p>

<p>TREATMENT</p>	
<p>Does your facility employ or contract with a behavior specialist (behavioral psychologist or BCBA) on the treatment team or staff? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Name and credential(s) of behavior specialist (if the individual does not have a BCBA, please provide a description of the person’s training in behavior analysis). Click here to type</p>
<p>For each of the following professions/licenses, please answer the questions to the right.</p>	

North Star – Palmer PRTF

Residential Treatment Services PRTF Information Inventory 2018

	How does your facility ensure that these professionals' treatment recommendations are implemented and consistently followed?
Dietitian	Dietitians do nutritional assessments and educational groups with residents
Occupational Therapist	Click here to type
Speech/Language Pathologist	Click here to type
Other Medical (e.g., GI, Sleep)	We follow specialists recommendations through our nursing department oversight.
Dental	We follow dental consultation recommendations through our nursing department oversight.
Other	Click here to type

PSYCHOTHERAPY MODELS	
Please identify the psychotherapeutic models (e.g., CBT, DBT) used at your facility, by population	
Model	Population
Cognitive Behavioral Therapy	All preteen and adolescent residents
Reality Therapy	All preteen and adolescent residents
Symptom-focused education	All preteen and adolescent residents
Elements of Trauma-informed and Dialectical Behavioral Therapy	All preteen and adolescent residents
Sensory Integration	All preteen and adolescent residents
<u>Family Therapy</u> What are your expectations regarding family therapy?	Families need to engage in weekly family therapy as it is critical for progress in treatment.
<u>Clinical Supervision</u> Describe how a professional provides clinical oversight to the program. How many hours/week?	Clinical supervision happens weekly and monthly and is overseen by the Administrator, Clinical Director, Nurse Manager, and Clinical Manager.
<u>Crisis Supports</u> How does the program assure access to the appropriate care for clients in crisis situation?	Crisis supports are reviewed and initiated in collaboration with treatment team, leadership and the family. We have 24 hour nursing care and ongoing assessment to assure safety measures are in place to meet the need of each resident.
<u>Skill Development</u> Please describe how your facility helps recipients develop the following:	<u>Methods/Interventions/Programs</u>

North Star – Palmer PRTF

Residential Treatment Services PRTF Information Inventory 2018

Interpersonal skills	Healthy Relationships;" "Bullying, " "Anger Management" course curriculum
Self-Regulation	"Managing Emotions;" "Thinking Errors," course curriculum
Daily Living	Point/incentive system targeting specific activities of daily living; "Sleep Hygiene" groups
Communication	"Communication Skills" course curriculum
Other	"Seeking Safety," "Why Try," "TREK Substance abuse education;" "Aggression Replacement Training"
Please describe how your facility helps the recipient generalize these skills to their home environment.	Skills learned in psychoeducational groups are addressed in post group debriefings, aimed at challenging the participants to apply the knowledge and skills in other arenas of life. Family therapy sessions also address skills learned in the program to be exercised and continued in the home environment.

DAILY SCHEDULE	
Please describe the daily schedule.	All activities, special events, and meal times scheduled and posted. We divide up in two groups our residents with like-ability level. We offer school for one group while the other group engages in health ed., physical ed., or a therapeutic recreational group. During the afternoon hours, we switch the scheduled group activities for those who attended school in the morning. We have scheduled groups to address progress in treatment and positive peer support. We have scheduled group therapy sessions for all residents scheduled with their clinicians. Preplanned sessions for family therapy and individual therapy are interspersed throughout the day as well.
How are transitions (to meals, school, activities, etc.) managed?	Staff announce the upcoming activity and anticipated expectations. Residents wrap up and clean up their current activity before going on the the next activity.
How are meals managed (e.g., preparation, clean-up)?	Breakfast, lunch, dinner, and snack times are facilitated by dietary staff. Clean-up of the dining area is a combination of each resident cleaning up after himself and an assigned resident overseeing this completion. Housekeeping staff accomplish the overall cleanliness of the dining area.

North Star – Palmer PRTF

Residential Treatment Services PRTF Information Inventory 2018

Please describe the types of recreational activities available to recipients.	<u>On-Site Activities:</u> Indoor games, outdoor field sports, trust-building exercises, outdoor education, survival skills instruction	<u>Off-Site Activities:</u> Ropes course, educational field trips (i.e. AK Native heritage center), community integration projects (i.e. Recycling center), hiking adventures, camping trips
---	--	---

DISCHARGE PLANNING AND POST-TREATMENT	
When does discharge planning begin?	Clinicians begin discharge planning upon residents admission to the program, identifying criteria and providers for aftercare.
Who is responsible for discharge planning at your facility?	Clinical Therapists
What percentage of your recipients return to:	Therapeutic Foster Care: 10% Foster Care: 5% Family: 80% Group Home: 5% Corrections: Click here to type Independent Living: Click here to type
Do you do any post-discharge surveys? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when is it conducted? Clinicians follow-up with families after discharge by offering the option to contact them for any safety and other concerns. About 50% of the families contact the clinicians to consult or report current successes post discharge.

<i>Please use the space below for further comments regarding your facility.</i>
Click here to type

North Star – Palmer PRTF

Residential Treatment Services PRTF Information Inventory 2018

Section B

AUTISM SPECTRUM DISORDERS QUESTIONNAIRE	
Please provide additional information regarding the characteristics of the recipients with ASD for whom you can provide specialized treatment (e.g., ASD with IQ under 70, ASD with IQ over 70, Asperger’s disorder, etc.). Please be specific, especially regarding developmental age and/or IQ requirements.	N/A
Please check each box that corresponds with aspects of treatment at your facility that are listed below.	
Do you have screening mechanisms for ASD that includes questions about ASD and symptomatology? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please list the tools(s) by name and/or send copies. Click here to type
What diagnostic evaluation/assessment process do you use? Please check all that are included	<input type="checkbox"/> Family interviews <input type="checkbox"/> Review of past records <input type="checkbox"/> Consideration of DSM-V criteria <input type="checkbox"/> History, including educational and behavioral interventions <input type="checkbox"/> Differential diagnosis <input type="checkbox"/> Observation <input type="checkbox"/> Specific Tools (please identify): Click here to type
Do you do functional behavior assessments? If so, please describe your approach in the school and residential program.	Click here to type

North Star – Palmer PRTF

Residential Treatment Services PRTF Information Inventory 2018

Please describe how the Behavior Analysis is presented in the treatment plan.	Click here to type
---	------------------------------------

For facilities that provide treatment for individuals with Asperger’s Disorder or individuals with ASD who do not experience Intellectual Disabilities, please answer the following question:	
Please describe your approach to treatment and any interventions that are employed specifically for this population.	Click here to type

<i>Please use the space below for additional comments.</i>	
Click here to type	

Providence Adolescent Residential Treatment Program

Residential Treatment Services PRTF Information Inventory 2018

This form was first introduced in 2013, and has been modified in this (2018) version. All Psychiatric Residential Treatment Facilities (PRTF) that contract with Alaska Medicaid are required to complete Section A. Facilities that indicate Autism Spectrum Disorder (ASD) as a specialty are also required to complete Section B. The form will be posted on a website in order to be available to families, providers and guardians who are considering placement in a PRTF for a child. If your facility has more than one Alaska Medicaid provider number, please complete one form for each. Use the tab key to move to each new section. Please complete this form and return via email to: akbehavioralhealth@qualishealth.org

Section A

FACILITY INFORMATION	
Site/Cottage/Facility Name	Providence Adolescent Residential Treatment Program
Address	3210 W. 62nd Ave. Anchorage, AK 99502
Contact number	907-212-2040
Date completed	4/13/18
Name and title of person completing this form	Randee Shafer, LCSW Clinical Director

GENERAL OVERVIEW			
Accreditation Body	Joint Commission		
Indicate which gender(s) you serve and the applicable age range and number of licensed beds below			
	Age Range	# of Licensed Beds	
<input type="checkbox"/> Males	Click here to type	Click here to type	
<input checked="" type="checkbox"/> Females	12-18	10	
<input type="checkbox"/> Other	Click here to type	Click here to type	
Describe your client:staff ratio and how it is calculated for the following:			
	Nursing	Milieu	Comments
Day	Click here to type	1-5	Click here to type
Evening	Click here to type	1-5	Click here to type

Providence Adolescent Residential Treatment Program

Residential Treatment Services PRTF Information Inventory 2018

Night	Click here to type	1-10	Click here to type
What safety monitoring practices are applicable during the day? At night?		Staff monitoring, door and window sensors, panic button for night shift staff.	
Does your facility have requirements regarding IQ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain. We require an IQ of 70 or above.	
What is the average length of stay for the facility overall? 12 months		For AK Medicaid Recipients? 12 months	
Are you anticipating changes to your program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, please describe. Click here to type	
Is the facility locked or unlocked?		<input type="checkbox"/> Locked <input checked="" type="checkbox"/> Unlocked	
Is the facility secure?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe your facility's approach to treating children and youth with FASD. What kind of training do your staff receive (include milieu as well as clinical staff).		During the referral process, we assess rule out students that are diagnosed with FASD and have a clinical presentation that cannot be effectively treated in our environment. When we admit a student that has FASD, we create an individualized treatment plan to meet their emotional and developmental needs. We provide routine trainings for FASD and provide clinical supervision regarding the supporting a student with FASD as with other students.	
Please describe your facility's approach to identifying and treating children and youth with extensive trauma histories. What kind of training do your staff receive (include milieu as well as clinical). Identify your trauma treatment approach and describe the approach regarding staff training and Evidence Based Practices.		We believe that all of our youth that receive residential treatment have been exposed to traumatic incidents. We complete a thorough screening process to determine the student's exposure to traumatic events and how they have developed protective behaviors to manage their trauma. We then create a individual treatment plan to help the students develop self-regulation skills and resolve the trauma. We inform the staff of the issues that may trigger the students and develop deescalation strategies that are specific to each student. The staff receive training during orientation, in weekly staffings and educational trainings around trauma informed care.	

Providence Adolescent Residential Treatment Program

Residential Treatment Services PRTF Information Inventory 2018

Specialty Populations	Please check all specialty populations this facility serves.		What training does staff receive for this population?
	<input type="checkbox"/> Autism Spectrum Disorders (High Functioning and Asperger's) <u>NOTE: Facilities with this specialty must complete Section B</u>		Click here to type
	<input type="checkbox"/> Autism Spectrum Disorders (severe/low functioning) <u>NOTE: Facilities with this specialty must complete Section B</u>		Click here to type
	Sexualized behaviors: <input type="checkbox"/> Sexually reactive (e.g. response to trauma) <input type="checkbox"/> Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues) <input type="checkbox"/> Sexually offending: <input type="checkbox"/> adjudicated/ <input type="checkbox"/> non-adjudicated		Click here to type
	<input type="checkbox"/> Eating Disorder		Click here to type
	<input type="checkbox"/> Other Click here to type		Click here to type
	<input type="checkbox"/> Other Click here to type		Click here to type
Excluded Populations	Please check all populations excluded from this facility.		
	<input type="checkbox"/> Sexually reactive (e.g. response to trauma)	<input checked="" type="checkbox"/> Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues)	Sexually offending: <input checked="" type="checkbox"/> adjudicated/ <input type="checkbox"/> non-adjudicated
	<input type="checkbox"/> Eating Disorder	<input checked="" type="checkbox"/> Psychosis	<input type="checkbox"/> Physical Aggression
	<input checked="" type="checkbox"/> Autism Spectrum Disorders (severe/low functioning)	<input type="checkbox"/> Autism Spectrum Disorders (high functioning/Asperger's)	<input type="checkbox"/> Self-injurious behaviors
	<input type="checkbox"/> Suicidal ideation/attempts	<input type="checkbox"/> Elopement Risk	<input checked="" type="checkbox"/> Fire setting

Providence Adolescent Residential Treatment Program

Residential Treatment Services PRTF Information Inventory 2018

	<input checked="" type="checkbox"/> Conduct Disorder	<input type="checkbox"/> Other: Click here to type	<input type="checkbox"/> Other: Click here to type
Comments: Click here to type			
What type of alternative communication modalities do you use? Please identify (e.g., Picture Exchange Communication System, sign language, assistive technologies, visual schedules, etc.)	N/A		
What type of social skills training do you use? Please describe and/or identify the program.	We do not use a specific program for social skills training. We utilize individual and milieu based therapies that promote social skill development based on the needs of each student.		
List types of safety monitoring used (e.g., staff observation, video cameras).	Staff monitoring, door and window sensors.		
How does the facility assure access to appropriate medical and dental care?	Upon admission, the Parent/Guardian signs the consent forms that allow PARTP to coordinate all of the student's routine and emergent medical and dental needs during their course of treatment. Parents will be informed of all concerns, recommendations for care, and the outcome of appointments. PARTP staff is responsible for transporting students to appointments and parent/guardians can attend the appointments if it is clinically indicated. The PARTP Medical Director reviews and approves all recommendations for medication prescribed by other providers.		
What type of behavior management program do you use? Please name the program and describe the training.	We manage behavior through deescalation techniques, affect regulation, and role modeling healthy communication. When a student acts in a harmful manner to herself or someone else she will be informed that her behavior is not acceptable and prompted to notice how the behavior is impacting her and others. If she continues the behavior, she will be asked to take a time out from the group and taught how to calm down. Students that are still not able to maintain appropriate behaviors will be separated from the community and assessed regularly to determine if they are ready to return to the community. We do not leave students in a time out for more than 20 minutes. If the student is unable to regain control of her behaviors and rejoin the community for an extended period of time, it will be considered unsafe behavior and may warrant transfer to a more secure setting. We do not use seclusion or restraints.		

Providence Adolescent Residential Treatment Program

Residential Treatment Services PRTF Information Inventory 2018

Does the facility use timeout? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	When are timeouts used? When students are acting in a manner that is harmful to themselves or others.	
Does the facility use seclusion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the facility use restraints? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, what type of restraints? <input type="checkbox"/> Physical <input type="checkbox"/> Mechanical	When are restraints and/or seclusion used? N/A	
How are facility staff trained regarding seclusion and the use of restraint? Please describe initial staff training as well as the follow up training process.	N/A	
How frequently are individual and facility seclusion and restraint data reviewed, and by whom?	Individual Click here to type	Facility Click here to type

EDUCATION SERVICES		
Please indicate what types of educational services the facility provides.	<input checked="" type="checkbox"/> On Site School <input type="checkbox"/> Day Treatment <input type="checkbox"/> Outpatient Services <input checked="" type="checkbox"/> Other: attend local public school <input type="checkbox"/> Other: Click here to type	
Comments: Academic success and overall functioning in the school setting is an important aspect of treatment. A full time Anchorage School District teacher monitors each student and assists in developing a plan to address academic and emotional needs in the classroom. When students are first admitted to PARTP, they are enrolled in the on-site ASD program. As a student progresses in treatment, it may be recommend that they start attending public school at Mears Middle School or Dimond High School. These decisions are all made on an individual basis with input from the treatment team members. Prior to discharge, we coordinate with the student’s home school to develop a transition plan.		

Providence Adolescent Residential Treatment Program

Residential Treatment Services PRTF Information Inventory 2018

<p>Please describe how you communicate with school districts. How do you ensure communication with home-based schools?</p>	<p>Clinicians work closely with the on-site ASD Special Schools team to provide support around behavior and academic issues. The teacher is actively involved in the treatment planning process and clinical interventions are developed to address the student's functioning in the school environment. As students get closer to completing the program, they may attend public school for a half-day or a whole-day to adjust to the public school system. The clinicians have a close working relationship with the counselors, teachers, and nurses at the public schools to develop individualized transition plans and maintain effective communication.</p>
<p>Educational Accreditation</p>	<p>Click here to type</p>
<p>Does your program accept school credits from other schools or programs?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>What structured educational models are used?</p>	<p>All curriculums are developed by the Anchorage School District.</p>
<p>Does your program accept the Homeschool IEP? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Does your program create an IEP if needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

Providence Adolescent Residential Treatment Program

Residential Treatment Services PRTF Information Inventory 2018

TREATMENT PLANNING AND REVIEW	
<p>Who participates in regular treatment team meetings? Please check each regular (at least monthly) participant in treatment review/planning.</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Psychiatrist <input type="checkbox"/> Pediatrician <input checked="" type="checkbox"/> Nurse <input type="checkbox"/> Pharmacist <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Speech Therapist <input type="checkbox"/> Occupational Therapist <input checked="" type="checkbox"/> Education Milieu Staff <input checked="" type="checkbox"/> Dietitian <input type="checkbox"/> Psychologist <input checked="" type="checkbox"/> Clinician <input type="checkbox"/> Behavior Analyst <input checked="" type="checkbox"/> Other Clinician (name, credentials): LCSW, LPC
<p>How does your program involve the family in treatment, keep them informed of their child's progress, and prepare them for step-down as part of the discharge process?</p>	<p>We work with the whole family to create change and healing. To make treatment successful, parental involvement is essential. A parent's participation in treatment and willingness to explore their own issues is directly linked to the child's ability to make progress on their treatment issues. While a student is in treatment, the parent is required to follow all program rules, attend weekly family therapy sessions, attend monthly treatment plan review meetings, and participate in discharge planning. In addition, parent/guardians are asked to assist with transportation and provide adequate clothing/outdoor attire when possible.</p>
<p>How does your program identify/assess the function of challenging behaviors?</p>	<p>We believe that all challenging behaviors are a source of protection and that although they can be problematic and hurtful, it is critical to diminish shame and help the student differentiate themselves from their behaviors in order to establish new, healthier ways of functioning.</p>

Providence Adolescent Residential Treatment Program

Residential Treatment Services PRTF Information Inventory 2018

<p>How does your program measure progress on treatment plan goals and objectives (e.g., subjective report, phase/level progress/specific data points)?</p>	<p>An individualized treatment plan is developed with goals and objectives for each student. The treatment team meets weekly to discuss the students' progress and we review the treatment plan on a monthly basis and develop new monthly goals. Mental Health Specialists chart daily to the student's progress on their treatment goals and Therapists document progress in individual and family therapy session notes.</p>	
<p>Does your facility employ a privilege/level/phase system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, on what basis do recipients earn privileges or improved level status? We have a level system that is designed to inform the student and their family about the phase of treatment they are in. The students progress through the level system based on their progress on their individualized treatment goals. If No, is there another system the program uses? Click here to type</p>	<p>Under what circumstances, if any, is the level system modified? If a student is not following the basic expectations of the program they can lose their privileges associated with their level for a designated amount of time. We do not move students "down" a level.</p>

<p>TREATMENT</p>	
<p>Does your facility employ or contract with a behavior specialist (behavioral psychologist or BCBA) on the treatment team or staff? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Name and credential(s) of behavior specialist (if the individual does not have a BCBA, please provide a description of the person's training in behavior analysis). Click here to type</p>
<p>For each of the following professions/licenses, please answer the questions to the right.</p>	
	<p>How does your facility ensure that these professionals' treatment recommendations are implemented and consistently followed?</p>
<p>Dietitian</p>	<p>Dietician charts recommendations and meets with the clinicians to ensure treatment recommendations are added to the routine daily care of the student or if necessary added to the clinical treatment plan.</p>

Providence Adolescent Residential Treatment Program

Residential Treatment Services PRTF Information Inventory 2018

Occupational Therapist	If a student is referred to an outpatient provider, the recommendations from the consultation is documented in the students chart. Any recommendations are reviewed by the treatment team and are incorporated into the treatment plan and/or medical interventions as needed. The treatment team meets weekly to assess progress on treatment goals and medical issues and the treatment plan is reviewed and updated on a monthly basis.
Speech/Language Pathologist	Same as above
Other Medical (e.g., GI, Sleep)	Same as above
Dental	Same as above
Other	Click here to type

PSYCHOTHERAPY MODELS	
Please identify the psychotherapeutic models (e.g., CBT, DBT) used at your facility, by population	
Model	Population
The relational model of therapy grounds the therapist and staff in developing the relationships that promote healing and self-awareness. This model supports that the therapeutic relationship is the foundation for all healing.	All students and family systems.
Eye Movement Desensitization and Reprocessing	Students as assessed.
Internal Family Systems Therapy	All students and family systems.
Structural family therapy	Family systems
Sensorimotor Psychotherapy	All students

Providence Adolescent Residential Treatment Program

Residential Treatment Services PRTF Information Inventory 2018

<p><u>Family Therapy</u> What are your expectations regarding family therapy?</p>	<p>Family therapy is a primary focus of residential treatment. We have weekly family therapy sessions with the identified members of the family. Initially, we may meet separately with parents depending on the needs of the family. Adjustments are made to accommodate the distance for families that are not from the Anchorage area. Phone conferences can be used to conduct family sessions, however, it is essential that some face to face therapy be facilitated during treatment. On a weekly basis, family members and students participate together in a multi-family group. This group seeks to provide families with educational information that can be helpful during the treatment process, as well as the opportunity to have fun while learning along-side other families.</p>
<p><u>Clinical Supervision</u> Describe how a professional provides clinical oversight to the program. How many hours/week?</p>	<p>The treatment team meets weekly and a consulting LCSW weekly assists with supervision of the team. The Clinical Supervisor, Mental Therapist and Clinical Director are on site 40 hours a week and directly involved in milieu management, conduct group therapy, and provide on-going supervision. The clinical management team meets weekly to discuss the cases at least one hour a week for treatment planning and case review. The treatment team also meets weekly with the psychiatrist and nurse to review the medications, treatment plans and the overall progress of care.</p>
<p><u>Crisis Supports</u> How does the program assure access to the appropriate care for clients in crisis situation?</p>	<p>While students are in the program they receive one to one intervention when in crisis. Students that have discharge can receive support from our clinicians or mental health specialist but are referred to their primary support in outpatient care or the community crisis line.</p>
<p><u>Skill Development</u> Please describe how your facility helps recipients develop the following:</p>	<p><u>Methods/Interventions/Programs</u></p>
<p style="text-align: right;">Interpersonal skills</p>	<p>Individual therapy, social skills groups, affect regulation education</p>
<p style="text-align: right;">Self-Regulation</p>	<p>We use mindfulness, feeling awareness, exercise, self-care skill development, and positive affirmations</p>
<p style="text-align: right;">Daily Living</p>	<p>Independent living skills groups, self-care groups, nutrition group, mediation, community meetings.</p>

Providence Adolescent Residential Treatment Program

Residential Treatment Services PRTF Information Inventory 2018

Communication	Multifamily group, community meeting, group therapy, individual treatment plan interventions, and milieu interventions.
Other	Click here to type
Please describe how your facility helps the recipient generalize these skills to their home environment.	We use family therapy, multi-family group and milieu therapy to help the students practice their new skills. Students go on pass with their families and attend school in the community to practice skills. The students, families and treatment team help to develop goals for attending public school and for going on pass.

DAILY SCHEDULE	
Please describe the daily schedule.	The daily schedule during the week begins with waking up the students at 0710am and having students get ready for school. The students then eat breakfast and attend school until noon with two bathroom/snack breaks. The students then have lunch. After lunch, the students participate in a group/activity, which varies depending on the day. The students engage in spending time in their rooms to complete treatment assignments, engage in self-care and relaxation. When the evening shift members come onto shift, students attend group therapy at 1600, have dinner at 1700, and have group therapy 1900. The students begin to get ready for bed and do nightly routines at 2000 and are in bed by 2100. (group/activity topics include: On weekends students wake up later (0830 on Saturday, 0900 on Sunday). Saturday there is a cooking group and the students serve parents and visitors, group therapy, and then a lunch/snack. After this, the students spend time in their rooms doing "in-room" time while shift change happens. After shift change, students have an opportunity to get ready for an outing activity, which may occur before or after dinner depending on the activity planned. The students get ready for bed at 2000 and are in bed by 2100. Sunday, the students participate in community service volunteering, they do house chores, eat lunch, and participate in group therapy. The students spend time in their rooms during shift change. On evening shift, there is a group at 1600, dinner at 1700, and group therapy at 1900. Students get ready for bed and complete nightly routines at 2000 and are in bed by 2100.

Providence Adolescent Residential Treatment Program

Residential Treatment Services PRTF Information Inventory 2018

How are transitions (to meals, school, activities, etc.) managed?	The student all have a copy of the weekly schedule, which shows the times for school, meals, and groups/activities. The students are told of the specific transition period coming up and are given a chance to use the restroom and get their immediate needs met by staff members, such as medication; grabbing supplies; changing into appropriate attire. Students do group rules, facilitated by staff members prior to groups, to help remind them of the expectations.	
How are meals managed (e.g., preparation, clean-up)?	The students help with grocery shopping and staff members assist students in preparing are breakfast, lunch, and snacks. Dinner meals are prepared at the Providence Alaska Medical Center and transported to PARTP. A registered dietician oversees the student’s menus, and she meets with the students twice monthly for support and education. The weekly menus are posted in the kitchen. Any necessary adaptations are made for special diets such as allergies, religious restrictions, vegetarian, or low or high calorie diets as a part individual treatment plans. Students may request to meet with the dietician to address individual nutrition questions or concerns. Students attending public school will take sack lunches.	
Please describe the types of recreational activities available to recipients.	<u>On-Site Activities:</u> PE (Monday through Friday), yoga, circuit training, walks, exercise videos	<u>Off-Site Activities:</u> Swimming, walking, rock climbing, ice skating, hiking

DISCHARGE PLANNING AND POST-TREATMENT	
When does discharge planning begin?	The discharge planning begins upon admission.
Who is responsible for discharge planning at your facility?	The clinicians are responsible for discharge planning.
What percentage of your recipients return to:	Therapeutic Foster Care: 20% Foster Care: Click here to type Family: 80% Group Home: Click here to type Corrections: Click here to type Independent Living: Click here to type

Providence Adolescent Residential Treatment Program

Residential Treatment Services PRTF Information Inventory 2018

Do you do any post-discharge surveys? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when is it conducted? At the time of discharge and 6 months post discharge.
--	---

<p><i>Please use the space below for further comments regarding your facility.</i></p> <p>Click here to type</p>

Section B

AUTISM SPECTRUM DISORDERS QUESTIONNAIRE	
Please provide additional information regarding the characteristics of the recipients with ASD for whom you can provide specialized treatment (e.g., ASD with IQ under 70, ASD with IQ over 70, Asperger’s disorder, etc.). Please be specific, especially regarding developmental age and/or IQ requirements.	We do not provide specialized ASD treatment.
Please check each box that corresponds with aspects of treatment at your facility that are listed below.	
Do you have screening mechanisms for ASD that includes questions about ASD and symptomatology? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please list the tools(s) by name and/or send copies. Click here to type

Providence Adolescent Residential Treatment Program

Residential Treatment Services PRTF Information Inventory 2018

What diagnostic evaluation/assessment process do you use? Please check all that are included	<input type="checkbox"/> Family interviews <input type="checkbox"/> Review of past records <input type="checkbox"/> Consideration of DSM-V criteria <input type="checkbox"/> History, including educational and behavioral interventions <input type="checkbox"/> Differential diagnosis <input type="checkbox"/> Observation <input type="checkbox"/> Specific Tools (please identify): Click here to type
Do you do functional behavior assessments? If so, please describe your approach in the school and residential program.	Click here to type
Please describe how the Behavior Analysis is presented in the treatment plan.	Click here to type

For facilities that provide treatment for individuals with Asperger’s Disorder or individuals with ASD who do not experience Intellectual Disabilities, please answer the following question:	
Please describe your approach to treatment and any interventions that are employed specifically for this population.	For these students we create individual treatment interventions based on their unique needs. Interventions are often sensory based.

<i>Please use the space below for additional comments.</i>
Click here to type