

COMAGINE HEALTH

Facility - Click on Hyperlink	City	State	Contact	Alt Phone	Website
BENCHMARK BEHAVIORAL HEALTH	WOODS CROSS	UT	801-299-5319	801-299-5300	www.bbhsnet.com
BERNALILLO ACADEMY	ALBUQUERQUE	NM	505-924-6325	505-219-2760	www.bernalilloacademy.org
CENTER FOR CHANGE	OREM	UT	888-224-8250	801-224-8255	www.centerforchange.com
CENTERS FOR YOUTH AND FAMILIES	LITTLE ROCK	AR	888-868-0023		www.centersforyouthandfamilies.net
COPPER HILLS TREATMENT CENTER	WEST JORDAN	UT	801-561-3377		www.copperhillsyouthcenter.com/
DEVEREUX CLEO WALLACE	WESTMINSTER	CO	800-456-2536	800-456-2536	www.cleowallace.org
DEVEREUX TEXAS TREATMENT NETWORK	LEAGUE CITY	CO	800-373-0011	281-335-1000	www.devereutx.org
DEVEREUX VIERA CAMPUS	VIERA	FL	321-242-9100	800-338-3738 EXT 176422	https://www.devereux.org/site/SPageServer/?pagename=fl_ind ex
JASPER MOUNTAIN	JASPER	OR	541-747-1235		http://www.jaspermountain.org/
KIDS, TLC	OLATHE	KS	9137642887		https://www.kidstlc.org/
LAKELAND BEHAVIORAL HEALTH SYSTEM	SPRINGFIELD	MO	417-865-5581		https://www.lakelandbehavioralhealth.com/#adolescent-residential
LAKEMARY CENTER INC	PAOLA	KS	913-557-4000		http://www.lakemaryctr.org
LITTLE CREEK BEHAVIORAL HEALTH	CONWAY	AR	501-585-7698		https://www.littlecreekbehavioral.com/
MILLCREEK BEHAVIORAL HEALTH	FORDYCE	AR	870-890-4745		https://www.millcreekbehavioralhealth.com/
PINEY RIDGE	FAYETTEVILLE	AR	855-900-1327		https://www.acadiahealthcare.com/locations/piney-ridge-treatment-center/
PROVO CANYON	PROVO	UT	800-848-9819	801-229-1032	http://www.provocanyon.com/
RIDGE POINT at HIGHLAND RIDGE HOSPITAL	MIDVALE	UT	801-569-2153	801-845-9544	https://www.highlandridgehospital.com/programs/adolescent-residential
SAN MARCOS TREATMENT CENTER	SAN MARCOS	TX	800-251-0059	512-557-0034	http://www.sanmarcostc.com
SPRINGBROOK AUTISM BEHAVIORAL HEALTH	TRAVELERS REST	SC	864-834-8013	864-660-6220	https://springbrookautismbehavioral.com/adolescent-behavioral/
TEXAS NEUROREHAB CENTER/Neuro Institute of Austin	AUSTIN	TX	800-252-4835	512-444-4835	http://texasneuorehab.com/
YELLOWSTONE BOYS AND GIRLS RANCH	BILLINGS	MT	800-726-6755	406-655-2106	http://www.ybgr.org/

Benchmark Behavioral Health Systems, Inc. Residential

Treatment Services PRTF Information Inventory

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.

Section A

FACILITY INFORMATION	
Site/Cottage/Facility Name	Benchmark Behavioral Health Systems, Inc.
Address	592 West 1350 South, Woods Cross UT 84087
Contact number	801-299-5300
Date completed	February 19, 2021
Name and title of person completing this form	Scott Roper, Utilization Management Director

GENERAL OVERVIEW			
Accreditation Body	Utah Department of Health and 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	13 through 18 years	84	
<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	28:1 nurse	4:1 direct care staff	This does not include teachers, therapists, and administrative personnel
Evening	28:1 nurse	4:1 direct care staff	This does not include teachers, therapists, and administrative staff

Benchmark Behavioral Health Systems, Inc. 2021

Residential Treatment Services PRTF Information Inventory

Night	28:1 nurse	12:1 direct care staff	Click here to type
What safety monitoring practices are applicable during the day? At night?		Patients are always under staff observation with a staff to patient ration of 1:4. Video cameras are in place for additional observation and are located in patient bedrooms, classrooms, hallways, time out rooms, courtyards, gym and cafeteria. There are no cameras located in patient bathrooms.	
Does your facility have requirements regarding IQ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain. Our clients must have an IQ of 50 or higher	
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. N/A	
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).		During New Hire training, all employees are trained to recognize the signs/symptoms of patients with FASD. They also receive annual training on FASD and other disorders.	
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.		Every employee undergoes annual growth and developmental training. Additionally all of our therapists are undergoing training in Trauma Informed Cognitive Based Therapy and will be certified in this area by the end of 2019.	
Specialty Populations	Please check all specialty populations this facility serves.		What training does staff receive for this population?
	<input checked="" type="checkbox"/> Autism Spectrum Disorders (High Functioning and Asperger's) <u>NOTE: Facilities with this specialty must complete Section B</u>		New hire employees receive 40 hours of orientation/training which includes population training. In addition, staff members receive 40 hours of ongoing training annually, which is population specific.

Benchmark Behavioral Health Systems, Inc. 2021

Residential Treatment Services PRTF Information Inventory

	<input checked="" type="checkbox"/> Autism Spectrum Disorders (severe/low functioning) <u>NOTE: Facilities with this specialty must complete Section B</u>		Same
	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 checked="" type="checkbox"/> adjudicated/ <input checked="" type="checkbox"/> non-adjudicated		Same
	<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
	<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 checked="" type="checkbox"/> Other: Diabetic	<input type="checkbox"/> Other: Click here to type
	Comments: Click here to type		

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<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 utilize the Polycom System (video conference) as a way to facilitate court proceedings or family sessions wherever possible. We also utilize the VSee program (similar to FaceTime or Skype but more secure), which is an application that is easily downloaded on an electronic device and meets our standards of maintaining confidentiality for those who do not have a Polycom System.</p>
<p>What type of social skills training do you use? Please describe and/or identify the program.</p>	<p>Utah State Office of Education puts out curriculum related to Independent Living Skills as well as social skills which is taught as a course through their education. They also have psycho-educational groups each day which are heavily focused on social skills which we take from several workbooks from The Change Company. Additionally we hold Anger Management Groups and a specific group on Social Skills, that are facilitated by a licensed therapist which are heavily geared towards social skills such as; communication patterns and styles, handling conflict, and empathy development and how it relates to relationships.</p>
<p>List types of safety monitoring used (e.g., staff observation, video cameras).</p>	<p>Patients are always under staff observation with a staff to patient ration of 1:4. Video cameras are in place for additional observation and are located in patient bedrooms, classrooms, hallways, time out rooms, courtyards, gym and cafeteria. There are no cameras located in patient bathrooms.</p>
<p>How does the facility assure access to appropriate medical and dental care?</p>	<p>The facility has 18 nurses on staff with nurses always on site 24 hours a day. The facility also employs two full time psychiatrists. Referrals are made to community services for eye exams, dental, or orthopedic care.</p>
<p>What type of behavior management program do you use? Please name the program and describe the training.</p>	<p>Benchmark utilizes and trains all staff in the Crisis Prevention Institute's Non-Violent Crisis Intervention program. This training promotes verbal de-escalation as the principle intervention for acting out individuals, with physical restraints being used as a last resort.</p>

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<p>Does the facility use timeout? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>When are timeouts used? All patients have the resources available to request a time out whenever needed. There are also staff initiated time outs that are utilized to allow for de-escalation and refocusing of behaviors. When a patient is in time out they are monitored the entire time by staff members. Staff will also provide feedback and support as needed. When the time out is over patients will verbally process what led to the time out taking place.</p>
<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? Seclusions are utilized as a last resort for patients who are acting out at a level that threatens the safety of themselves or others. A doctor's order has to be obtained for a patient to be placed in seclusion. During the seclusion the patient is under constant monitoring and supervision of staff. Each seclusion is reviewed and discussed by a multi-disciplinary treatment team to determine whether special interventions are needed for that particular patient. A physical hold will be used on a patient only once all verbal means of managing the situation have been exhausted and the patient has reached a point where he is a danger to himself or others. Whenever a physical hold is used on a patient, the event is discussed and reviewed by the staff involved in the physical hold and the patient. It is also discussed and reviewed by our multi-disciplinary treatment team to determine if there is a need for special interventions for that patient.</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>Benchmark utilizes the Non-Violent Crisis Prevention program offered through the Crisis Prevention Institute (CPI). New staff go through 40 hours of initial training, which includes 16 hours of CPI training to become fully certified in the program. Staff receive re-certification training in CPI every 6 months thereafter.</p>

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How frequently are individual and facility seclusion and restraint data reviewed, and by whom?	Individual Every restraint & seclusion are discussed and reviewed daily by a multi-disciplinary treatment team to determine if there is a need for special interventions for a particular client.	Facility Every month our Performance Improvement Committee holds a meeting to discuss the number of seclusions and restraints and develop strategies to reduce them in the coming month.
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 type="checkbox"/> Other: Click here to type <input type="checkbox"/> Other: Click here to type	
Comments: Benchmark has a fully accredited school on site with Special Education certified teachers.		
Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	As soon as we begin the admission process for a patient, we obtain their educational transcripts and then contact their local school district for student records. We make sure that we are following their IEP and that the patient's home school district is involved with the IEP process. We will do any testing and/or provide any educational content that is required by that school district. When a patient is discharged, we ensure that their local school district receives the appropriate educational records. We are also available for participation in future IEP development or for clarification of transcripts.	
Educational Accreditation	NWAC/AdvancED	
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?	Utah Schools Core Curriculum and Positive Behavior Support Systems.	
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	

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Residential Treatment Services PRTF Information Inventory

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 type="checkbox"/> Dietitian <input checked="" type="checkbox"/> Psychologist <input checked="" type="checkbox"/> Clinician - LCSW <input type="checkbox"/> Behavior Analyst <input checked="" type="checkbox"/> Other Clinician (name, credentials): Recreation Therapist, Unit Manager
<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 therapy sessions are conducted via telephone with the patient and their therapist. The family/legal guardians are also invited to participate in the monthly treatment team meeting, and updated monthly treatment plans are sent to family members. The therapist provides additional contact with the family/legal guardians throughout the month and assists with the discharge planning process as well.</p>

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<p>How does your program identify/assess the function of challenging behaviors?</p>	<p>Patients who fall into this category are identified in each month's treatment team meetings. To determine the best treatment strategies, a full review of their records is completed, special staffing meetings are held, and/or testing is done by our facility's psychologist.</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>Measurable goals and objectives are placed on each patient's individual treatment plan. These plans are reviewed and adjusted on a monthly basis.</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? Patients are under a level system from 1-5. Patients receive greater privileges at higher levels and they achieve these levels by following program rules and expectations and by actively engaging in the treatment process. 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? On occasion, a patient who is struggling can have a special program designed by his treatment team. This special program may include a modification of the level system with the goal of helping the patient be more successful in their long term treatment 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 checked="" type="checkbox"/> Yes <input 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). David Gambles Ph.D.</p>
<p>For each of the following professions/licenses, please answer the questions to the right.</p>	

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	How does your facility ensure that these professionals' treatment recommendations are implemented and consistently followed?
Dietitian	Recommendations are discussed during each patient's monthly treatment team meeting.
Occupational Therapist	Click here to type
Speech/Language Pathologist	Recommendations are discussed during each patient's monthly treatment team meeting.
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 Cognitive Behavioral Therapy	All populations
Psychoeducational	Lower functioning populations
Click here to type	Click here to type
Click here to type	Click here to type
Click here to type	Click here to type
<u>Family Therapy</u> What are your expectations regarding family therapy?	Weekly family therapy is conducted via telephone as well as during on site visitations when possible.
<u>Clinical Supervision</u> Describe how a professional provides clinical oversight to the program. How many hours/week?	Our Director of Clinical Services and Assistant Director of Clinical Services work full time and provide supervision and oversight to all clinical programs.
<u>Crisis Supports</u> How does the program assure access to the appropriate care for clients in crisis situation?	There is round the clock medical staff and direct care staff at the facility. Our Administrative staff and therapists are also on call during non-business hours.
<u>Skill Development</u> Please describe how your facility helps recipients develop the following:	<u>Methods/Interventions/Programs</u>

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Residential Treatment Services PRTF Information Inventory

Interpersonal skills	Therapeutic milieu, psychoeducational groups, recreational therapy, individual therapy, unit and school outings.
Self-Regulation	Therapeutic milieu, psychoeducational groups, recreational therapy, individual therapy, unit and school outings.
Daily Living	Therapeutic milieu, psychoeducational groups, recreational therapy, individual therapy, unit and school outings.
Communication	Therapeutic milieu, psychoeducational groups, recreational therapy, individual therapy, unit and school outings.
Other	Therapeutic milieu, psychoeducational groups, recreational therapy, individual therapy, unit and school outings.
Please describe how your facility helps the recipient generalize these skills to their home environment.	This is done through family therapy and regular contact with family members. Patients also have opportunities to participate in staff supervised outings, including recreational therapy outings. The therapists also works to help the patient generalize the skills they are learning through the weekly family therapy sessions and off campus passes during family visits.

DAILY SCHEDULE	
Please describe the daily schedule.	School 8:00AM to 3:00PM, after 3:00PM milieu activities include outings, group therapy, movie time, down time, etc... Specific schedules are available upon request.
How are transitions (to meals, school, activities, etc.) managed?	Staff on different units communicate with each other through radio to ensure smooth transitions.
How are meals managed (e.g., preparation, clean-up)?	Full time cafeteria staff members prepare all meals. Patients are responsible for cleaning the dining area after their meals. Vocational opportunities are available for patients to acquire culinary skills.

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<p>Please describe the types of recreational activities available to recipients.</p>	<p><u>On-Site Activities:</u> Patients participate in Recreational Therapy on a daily basis. These activities include, but are not limited to – baking, gym time, on-site library visits, ping pong, board games, and movies. Patients are also allowed free time on the units where they have access to video games, movies, TV, board games and other recreational items.</p>	<p><u>Off-Site Activities:</u> Through our Recreational Therapy department, patients may participate in outings such as movies, hiking, canoeing, ropes courses, snowboarding, equine therapy, museum visits, and eating at restaurants.</p>
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DISCHARGE PLANNING AND POST-TREATMENT	
<p>When does discharge planning begin?</p>	<p>Discharge planning begins on the day the patient is admitted when an estimated length of stay is decided on. The patients discharge date is then discussed during the monthly treatment team meetings and modified as needed based on the patient’s response to treatment.</p>
<p>Who is responsible for discharge planning at your facility?</p>	<p>Each patient’s primary therapist works with our treatment team, parents, caseworkers, probation officers etc..., to develop a discharge plan.</p>
<p>What percentage of your recipients return to:</p>	<p>Therapeutic Foster Care: Click here to type Foster Care: Click here to type Family: Click here to type Group Home: Click here to type Corrections: Click here to type Independent Living: Click here to type</p>

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Residential Treatment Services PRTF Information Inventory

Do you do any post-discharge surveys? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, when is it conducted? Click here to type
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<p><i>Please use the space below for further comments regarding your facility.</i></p>
<p>Click here to type</p>

Section B

<p>AUTISM SPECTRUM DISORDERS QUESTIONNAIRE</p>	
<p>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.</p>	<p>We can provide treatment to individuals ages 13 through 20 who have an IQ of 50 or higher.</p>
<p>Please check each box that corresponds with aspects of treatment at your facility that are listed below.</p>	
<p>Do you have screening mechanisms for ASD that includes questions about ASD and symptomatology? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, please list the tools(s) by name and/or send copies. Developmental milestones, self-care, social engagement, pragmatic skills, idiosyncratic behaviors and particulars regarding diet, clothing and rituals are always assessed.</p>
<p>What diagnostic evaluation/assessment process do you use? Please check all that are included</p>	<p> <input checked="" type="checkbox"/> Family interviews <input checked="" type="checkbox"/> Review of past records <input checked="" type="checkbox"/> Consideration of DSM-V criteria <input checked="" type="checkbox"/> History, including educational and behavioral interventions <input checked="" type="checkbox"/> Differential diagnosis <input checked="" type="checkbox"/> Observation <input type="checkbox"/> Specific Tools (please identify): </p>

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<p>Do you do functional behavior assessments? If so, please describe your approach in the school and residential program.</p>	<p>A monthly multi-disciplinary staffing meeting is held to discuss each patient. At this time we review the patient’s behaviors, what they may mean, and discuss why he might be exhibiting them. The patient’s therapist also meets with our Director of Clinical Services weekly to review their patient’s current level of behavioral functioning. Additionally, when the need arises, we will conduct a “Special Staffing” meeting for a patient who is struggling. At these sessions our therapists, unit managers, nurses, teachers, and psychologist work together to gain a better understanding of that patient’s behavioral presentation and discuss ideas for positive interventions.</p>
<p>Please describe how the Behavior Analysis is presented in the treatment plan.</p>	<p>There is an area in the treatment plan titled “Critical Events”, in which the therapist includes our tracking system of their behaviors related to their level throughout the month which is attached to their daily behaviors. We also include any behaviors that result in Restrictive Programming along with the date that the infraction occurred as well as a detailed description of the problematic behavior. Also, each patient has target behaviors which are charted on hourly and often those target behaviors are goals in their treatment plan and this will be included in the progress as part of that goals. Finally the therapist includes a narrative in relation to each problem area which often includes a summary of their behaviors that are related to that problem area.</p>
<p>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:</p>	
<p>Please describe your approach to treatment and any interventions that are employed specifically for this population.</p>	<p>Staffs are trained to reduce stimulus and/or remove stimulus. Patients are given opportunities to get off the unit when stressed or over-stimulated. Patients are allowed to pick their own clothes and – within limits – food choices. We have also created a calming/sensory room for patients to go when they are feeling stressed.</p>

Please use the space below for additional comments.

Click here to type

Bernalillo Academy

Residential Treatment Services PRTF Information Inventory

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.

Section A

FACILITY INFORMATION			
Site/Cottage/Facility Name		Sequel of New Mexico, LLC dba Bernalillo Academy	
Address		1801 Randolph Rd., SE Albuquerque, NM 87106	
Contact number		505-710-9210	
Date completed		April 13, 2021	
Name and title of person completing this form		Yvonne Gurule, MSE Director of Marketing and Contracts Manager	
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: 63	
<input checked="" type="checkbox"/> Males	4-21 if admitted before 18th birthday	56	
<input checked="" type="checkbox"/> Females	4-21 if admitted before 18th birthday	9	
<input type="checkbox"/> Other	n/a	Click here to type	
Describe your client: staff ratio and how it is calculated for the following:			
	Nursing	Milieu	Comments
Day	2 nurses per nursing station	1:1 if needed; 1/3; 1/4 and 1/5	Only direct care staff are counted in the ratio. The ratios are specific to the acuity of students. If the acuity level is high, the ratio of students to staff is lowered to ensure adequate supervision and that student needs are met.

Bernalillo Academy

Residential Treatment Services PRTF Information Inventory

Evening	2 nurses per nursing station	1/5	Only direct care staff are counted in the ratio. The ratios are specific to the acuity of students. If the acuity level is high, the ratio of students to staff is lowered to ensure adequate supervision and that student needs are met.
Night	1 nurse per nursing station	1:10	Only direct care staff are counted in the ratio. The ratios are specific to the acuity of students. If the acuity level is high, the ratio of students to staff is lowered to ensure adequate supervision and that student needs are met.
What safety monitoring practices are applicable during the day? At night?		The ratio of staff to child provides in line of site of every child during the day and night. Security cameras are positioned strategically throughout the treatment facility with the exception of the bathrooms and bedrooms per NM State Child Code. At night 15 minute checks are conducted. We have a "Red Door" policy in which staff are posted directly in the doorways of those rooms for children that require more intense supervision- 'eyes on'. Family visits are supervised by Bernalillo Academy staff when necessary for safety of the child/family members or per court order. We have nursing stations staffed 24 hours every day that are centrally located and within close proximity to the living quarters of the children.	
Does your facility have requirements regarding IQ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain. We will treat children with IQs as low as 50 or a child with an unmeasured IQ that meets criteria for placement and demonstrates the ability to learn new behaviors. Our Clinical Team reviews every file carefully and all collateral documentation on every child prior to admission and makes a determination for admission based on many factors including if the milieu at the time of admission will provide an appropriate peer group for each child.	

Bernalillo Academy

Residential Treatment Services PRTF Information Inventory

<p>What is the average length of stay for the facility overall? 8-9 months is the average length of stay. However, the length of stay is different for every child dependent on their rate of progress and the severity of challenges at admission.</p>	<p>For AK Medicaid Recipients? This is unknown at this time as we have not to date admitted a child from Alaska with Medicaid coverage.</p>
<p>Are you anticipating changes to your program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>If yes, please describe. n/a</p>
<p>Is the facility locked or unlocked?</p>	<p><input type="checkbox"/> Locked <input checked="" type="checkbox"/> Unlocked (We are considered Staff Secure and We utilize key swiped secure doors and locked playground areas.)</p>
<p>Is the facility secure?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<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>We specialize in the treatment of children with developmental delays/disabilities/IDD and other neurodevelopmental disabilities utilizing a strength based, trauma informed approach to meet the needs of each child. We utilize CBT, ABA based therapies and other therapeutic modalities that are tailored to the unique needs of each child. We provide 40 hours of training for new employees which includes etiology and symptoms of emotional and neurobiological disorders, ethnic and cultural considerations, sexual health, family systems, age specific child and adolescent development, and communication approaches for children with developmental disabilities. We also provide ongoing training with the therapists, nursing and Direct care staff .Training is continuously provided to staff in weekly meetings about individual behavior plans.</p>

Bernalillo Academy

Residential Treatment Services PRTF Information Inventory

<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>Bernalillo Academy is a trauma informed treatment center. All staff that work with the children receive Trauma Informed training modules and refresher trainings as needed. Prior to placement we gather comprehensive collateral, case histories and guardian input to identify traumatic background experiences of each child. Once placed we continue to assess the trauma symptomology specific to each child. We train our entire Bernalillo Academy Team on the effects of trauma on children and how trauma responses effect children's behaviors.</p>	
<p>Specialty Populations</p>	<p>Please check all specialty populations this facility serves.</p> <p><input checked="" type="checkbox"/> Autism Spectrum Disorders (High Functioning and Asperger's) <u>NOTE: Facilities with this specialty must complete Section B</u></p>	<p>We specialize in the treatment of children with developmental delays/disabilities IDD and other neurodevelopmental disabilities utilizing a strength based, trauma informed approach to meet the needs of each child. We utilize CBT, ABA based therapies and other therapeutic modalities that are tailored to the unique needs of each child. We provide 40 hours of training for new employees which includes etiology and symptoms of emotional and neurobiological disorders, ethnic and cultural considerations, sexual health, family systems, age specific child and adolescent development, and communication approaches for children with developmental disabilities. We also provide ongoing training with the therapists, nursing and Direct care staff .Training is continuously provided to staff in weekly meetings about individual behavior plans.</p>

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Residential Treatment Services PRTF Information Inventory

	<input checked="" type="checkbox"/> Autism Spectrum Disorders (severe/low functioning) <u>NOTE: Facilities with this specialty must complete Section B</u>	<p>We specialize in the treatment of children with developmental delays/disabilities IDD and other neurodevelopmental disabilities utilizing a strength based, trauma informed approach to meet the needs of each child. We utilize CBT, ABA based therapies and other therapeutic modalities that are tailored to the unique needs of each child. We provide 40 hours of training for new employees which includes etiology and symptoms of emotional and neurobiological disorders, ethnic and cultural considerations, sexual health, family systems, age specific child and adolescent development, and communication approaches for children with developmental disabilities. We also provide ongoing training with the therapists, nursing and Direct care staff .Training is continuously provided to staff in weekly meetings about individual behavior plans.</p>	
	<p>Sexualized behaviors:</p> <input checked="" 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	<p>Staff receive training in age appropriate sexual health in line with each child’s developmental stage with the emphasis on the reactionary response to trauma. Staff is trained in teaching and modeling appropriate boundaries for the children as well as being able to teach the children about the five sexual behaviors rules. These five rules are specifically designed to teach children how to maintain age appropriate sexual behaviors.</p>	
	<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 type="checkbox"/> non-adjudicated
	<input checked="" type="checkbox"/> Eating Disorder	<input type="checkbox"/> Psychosis	<input type="checkbox"/> Physical Aggression

Bernalillo Academy

Residential Treatment Services PRTF Information Inventory

	<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 checked="" type="checkbox"/> Fire setting
	<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.)	Picture Exchange Communication Systems (PECS), sign language, visual boards, and tablets with specific functional communication Applications.		
What type of social skills training do you use? Please describe and/or identify the program.	Social skills are built into our multi-personal approach and utilized on a daily basis. We provide positive reinforcements on prosocial interactions which include programs specific to the population of each milieu.		
List types of safety monitoring used (e.g., staff observation, video cameras).	Video cameras are located in all common living areas, main corridors, recreational areas, and dining halls. There are daily, mandatory documented Rounds, conducted by leadership and supervisory team members to observe staff and student interactions with the ability to provide immediate feedback if necessary. We provide special precautions measures based on individual needs such as line of site, room supervision, special sleeping arrangements, and sleep monitoring. Our Sub-Acute designation is per New Mexico Medicaid Behavioral Health Guidelines. As such, we provide a higher staff to student ratio (3:1, 4:1, and 5:1) than non-sub-acute residential treatment centers. Only direct care staff are counted in the ratio. The ratios are specific to the acuity of the students. If the acuity level is high, the ratio of student to staff is lowered to ensure adequate supervision and that the student needs are met.		

Bernalillo Academy

Residential Treatment Services PRTF Information Inventory

<p>How does the facility assure access to appropriate medical and dental care?</p>	<p>Children receive 24 hour, 7 days a week medical care and observation by nursing staff on site. Children are scheduled for routine medical, dental and vision appointments and and other practitioners in the local community to provide those services. Bernalillo Academy has established relationships with community providers to ensure routine and emergent care for all children in the facility. We have relationships with all hospitals and urgent care centers within the community, as well as specific pediatricians and dentists. We follow all federal and state guidelines regarding provision of medical and dental care for the children in treatment at Bernalillo Academy.</p>
<p>What type of behavior management program do you use? Please name the program and describe the training.</p>	<p>Bernalillo Academy utilizes Handle with Care Crisis and Behavioral intervention. This behavior management program requires verbal de-escalation and other non-touch techniques to de-escalate unsafe behaviors to protect the child and others from the physical and emotional consequences of out of control behavior. If non-touch techniques are not effective only then is a physical hold employed to keep the child and others safe. We also utilize Applied Behavior Analysis therapies and data collection analysis to develop individualized behavior plans to address and treat behaviors that are non-productive and destructive. The HWC method utilizes the use of verbal intervention and passive restraint methods which is safe, powerful, versatile and adaptable to the unique needs of each child in Bernalillo Academy.</p>
<p>Does the facility use timeout? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>When are timeouts used? We do not use Timeout rooms in our treatment center. Instead of Timeouts, Bernalillo Academy uses special individualized programming ion order for children to reset and safely reintegrate back into the milieu.</p>
<p>Does the facility use seclusion? <input type="checkbox"/> Yes <input checked="" 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? Restraints are used only as the last option after prompting, redirection and other verbal cues have been used and the child becomes harmful to him/herself or others.</p>

Bernalillo Academy

Residential Treatment Services PRTF Information Inventory

<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>Newly hired staff receives 16 hours of training on the use of restraints. Refresher trainings are provided to staff every six months and more often if indicated. Bernalillo Academy trains staff utilizing the Handle With Care Behavior Management System (HWC) for crisis intervention and behavior management. The HWC method utilizes the use of verbal intervention and passive restraint methods which is safe, powerful, versatile and adaptable to the unique needs of each child in Bernalillo Academy.</p>	
<p>How frequently are individual and facility seclusion and restraint data reviewed, and by whom?</p>	<p>Individual Reviews are conducted on a daily basis with the staff working directly with the child: therapist, nursing, Behavior Tech and Quality Director.</p>	<p>Facility Weekly at Multi-disciplinary Team meetings or as needed by Leadership Team and Multi-Disciplinary Teams.</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 type="checkbox"/> Other: Click here to type <input checked="" type="checkbox"/> Other: Adjunct services: Occupational Therapy, Physical Therapy and Speech Therapy are provided at Bernalillo Academy based on the IEP and individual needs of each child.</p>
<p>Comments: Bernalillo employs licensed and certified therapists that provide Occupational Therapy, Physical Therapy and Speech Therapy services for children in treatment at Bernalillo Academy.</p>	
<p>Please describe how you communicate with school districts. How do you ensure communication with home-based schools?</p>	<p>All education services are provided on site at Bernalillo Academy. Ensuring we have daily communication, our staff provide supervision during class time in the classrooms and core staff are assigned to each teacher to enhance the communication flow.</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>Pathways and State of NM adopted programs that are aligned to common core standards</p>

Bernalillo Academy

Residential Treatment Services PRTF Information Inventory

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
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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 checked="" type="checkbox"/> Physical Therapist <input checked="" type="checkbox"/> Speech Therapist <input checked="" 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 checked="" type="checkbox"/> Behavior Analyst <input type="checkbox"/> Other Clinician (name, credentials): Registered Behavior Technicians

Bernalillo Academy

Residential Treatment Services PRTF Information Inventory

<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>Bernalillo Academy believes children’s long-term success is dependent on the inclusion of their family in the therapy process and is an integral part of the treatment of each child. Parents/guardians receive Family Therapy weekly or as often as is clinically indicated and are encouraged to attend by phone or in person their child’s monthly Multidisciplinary Treatment Team. They receive comprehensive training tailored specifically for their child’s needs. With therapeutic support and training, parents will learn new behavioral techniques and communication skills to support and maintain their child’s return to their home, school and community. Staff assist children with nightly phone calls to his/her family. Therapists regularly communicate with parents/guardians regarding their child’s progress and are readily available to answer any questions or address any concerns parents/guardians may have. In anticipation of discharge, the Clinical Team with the parent/guardian develops practical, comprehensive, individualized discharge plans including referrals to the child’s home community for appropriate wrap around services to support the child and family upon return to their home. Family visits are encouraged and are structured by our Clinical Team to maximize those times for positive bonding experiences and to provide training for the parents/guardians putting new “tools” in the parents/guardians’ toolboxes for the return home.</p>
<p>How does your program identify/assess the function of challenging behaviors?</p>	<p>Bernalillo Academy utilizes the child and adolescent needs and strengths (cans) to measure progress on treatment plan goals and objectives. The cans is measured incrementally to measure progress. These scores are noted on each treatment plan and goals are specific to high risk behaviors indicated on the CANS.</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>Bernalillo Academy utilizes the child and adolescent needs and strengths (cans) to measure progress on treatment plan goals and objectives. The cans is measured incrementally to measure progress. These scores are noted on each treatment plan and goals are specific to high risk behaviors indicated on the CANS.</p>

Bernalillo Academy

Residential Treatment Services PRTF Information Inventory

<p>Does your facility employ a privilege/level/phase system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Brian Harden</p>	<p>If Yes, on what basis do recipients earn privileges or improved level status? Bernalillo Academy utilizes ABA principles for reinforcing students for appropriate behaviors. Each student has the opportunity to earn points or complete tasks in order to earn positive reinforcements. Some students are able to complete a few tasks in order to receive an immediate reinforcement while other student have the opportunity to earn points that they can spend immediately or save for a higher level of preferred reinforcement. This is dependent on the student's level of cognitive and behavioral functioning. If No, is there another system the program uses? N/A</p>	<p>Under what circumstances, if any, is the level system modified?)Some students require more individualized plans that coincide with task and points system in order to help them accomplish specific goals such as toileting plans, Differential Reinforcement of Other behavior (DRO), and plans specific to students who struggle with Activities of Daily Living (ADL).</p>
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<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 checked="" type="checkbox"/> Yes <input 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). Jackie Beug, BCBA</p>
<p>For each of the following professions/licenses, please answer the questions to the right.</p>	

Bernalillo Academy

Residential Treatment Services PRTF Information Inventory

	How does your facility ensure that these professionals' treatment recommendations are implemented and consistently followed?
Dietitian	All dietician reports are distributed to nursing, clinical, group living, management and dietary staff. The nursing department is responsible for oversight to ensure the recommendations are implemented and followed. These recommendations and plans are reviewed in monthly Multidisciplinary Team meetings.
Occupational Therapist	The reports are given to the Clinical Team and they provide oversight to ensure implementation and recommendations are followed.
Speech/Language Pathologist	The reports are given to the Clinical Team and they provide oversight to ensure implementation and recommendations are followed.
Other Medical (e.g., GI, Sleep)	These reports are monitored and incorporated by the nursing department and the attending Psychiatrist.
Dental	These reports are monitored and incorporated by the nursing department and the attending Psychiatrist.
Other	Vision, Audiological and Neurological findings and recommendations/ reports are monitored and incorporated into treatment plans by the nursing department and the attending Psychiatrist.

PSYCHOTHERAPY MODELS Paul King-Miller, PhD

Please identify the psychotherapeutic models (e.g., CBT, DBT) used at your facility, by population: At Bernalillo Academy we utilize a Trauma Informed care approach along with various strength based therapeutic approaches dependent upon the child's specific developmental needs.

Model	Population
CBT, ABA, DBT	Autism and Developmental Disabilities
Click here to type	Click here to type
Click here to type	Click here to type
Click here to type	Click here to type
Click here to type	Click here to type

Bernalillo Academy

Residential Treatment Services PRTF Information Inventory

<p><u>Family Therapy</u> What are your expectations regarding family therapy?</p>	<p>Bernalillo Academy recognizes children’s long-term success is dependent on the inclusion of their family in the therapy process and is an integral part of the treatment of each child. Parents/guardians receive Family Therapy weekly or as often as is clinically indicated and are encouraged to attend by phone or in person their child’s monthly Multidisciplinary Treatment Team. Parents/guardians of children that come from states and long distances in NM are encouraged to call in or communicate with their child and the Therapist via phone conversations or through the use of our HIPPA compliant telecommunication system. Families receive comprehensive training tailored specifically for their child’s needs from Therapists and Behavioral staff. With therapeutic support and training, parents will learn new behavioral techniques and communication skills to support and maintain their child’s return to their home, school and community. Staff assist children with nightly phone calls to his/her family to keep them connected with loved ones. Therapists regularly communicate with parents/guardians regarding their child’s progress and are readily available to answer any questions or address any concerns parents/guardians may have. In anticipation of discharge, the Clinical Team with the parent/guardian develops practical, comprehensive, individualized discharge plans including referrals to the child’s home community for appropriate wrap around services to support the child and family upon return to their home. Family visits are encouraged and are structured by our Clinical Team to maximize those times for positive bonding experiences and to provide training for the parents/guardians - putting new “tools” in the parents/guardians’ toolboxes for the return home.</p>
<p><u>Clinical Supervision</u> Describe how a professional provides clinical oversight to the program. How many hours/week?</p>	<p>For non-independently licensed therapists each therapist receives one hour of supervision once a week from their supervisor per the NM Licensing and Regulatory Board regulations. In addition to the one hour a week supervision meetings, all therapists receive continual, daily supervisory communication from the Clinical Director in daily Morning Meetings as well as monthly reviews and other times as needed.</p>
<p><u>Crisis Supports</u> How does the program assure access to the appropriate care for clients in crisis situation?</p>	<p>We have 24 nursing on site, 24 hour Direct Care staff with low student to staff ratios, around the clock on call clinical, milieu personnel and psychiatric services. Floor supervisors and nursing stations per each floor to ensure prompt response to any child crisis. If needed, emergency services are set up with community providers within a 2 mile radius of Bernalillo Academy.</p>

Bernalillo Academy

Residential Treatment Services PRTF Information Inventory

<u>Skill Development</u> Please describe how your facility helps recipients develop the following:	<u>Methods/Interventions/Programs</u>
Interpersonal skills	Bernalillo Academy helps children develop these skills by implementing individual treatment plans designed specifically for each child to meet their unique needs by providing individual, group and family therapy; Milieu programming;, ABA based therapies, trauma informed milieu, equine therapy and psychiatric care based on best practices.
Self-Regulation	Bernalillo Academy helps children develop these skills by implementing individual treatment plans designed specifically for each child to meet their unique needs by providing individual, group and family therapy; Milieu programming;, ABA based therapies, trauma informed milieu, equine therapy and psychiatric care based on best practices
Daily Living	Bernalillo Academy helps children develop these skills by implementing individual treatment plans designed specifically for each child to meet their unique needs by providing individual, group and family therapy; Milieu programming;, ABA based therapies, trauma informed milieu, equine therapy and psychiatric care based on best practices
Communication	Bernalillo Academy helps children develop these skills by implementing individual treatment plans designed specifically for each child to meet their unique needs by providing individual, group and family therapy; Milieu programming;, ABA based therapies, trauma informed milieu, equine therapy and psychiatric care based on best practices
Other	Bernalillo Academy helps children develop social skills by implementing individual treatment plans designed specifically for each child to meet their unique needs by providing individual, group and family therapy; Milieu programming;, ABA based therapies, trauma informed milieu, equine therapy and psychiatric care based on best practices

Bernalillo Academy

Residential Treatment Services PRTF Information Inventory

<p>Please describe how your facility helps the recipient generalize these skills to their home environment.</p>	<p>Bernalillo Academy believes children’s long term success is dependent on the inclusion of their family/foster family in the therapy process. With therapeutic support and trainings, parents will learn new behavioral techniques and communication skills to support and maintain their child’s return to their home, school and community. We respect and incorporate the values, cultures and opinions of our families as an essential piece of successful treatment outcomes. We provide parent training by the Registered Behavioral Tech designed to specifically address their child’s needs and approaches for the behavior to communicate and manage their child’s behaviors. On-site structure, therapeutic visits between the child and family are encouraged and required so new skills and techniques that are successful at Bernalillo Academy are taught to the guardians/parents and shared with the child’s school personnel for use when child returns to home community.</p>
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DAILY SCHEDULE	
<p>Please describe the daily schedule.</p>	<p>(See attached Daily Schedule)</p>
<p>How are transitions (to meals, school, activities, etc.) managed?</p>	<p>Direct Care staff and Therapists are trained in the behavior plans of the children they work with at Bernalillo Academy and are prepared and anticipate any difficulties identified per child in transitioning to meals, school activities and other activities/locations. Staff work as a Team to appropriately address any transition issues with children.</p>

Bernalillo Academy

Residential Treatment Services PRTF Information Inventory

<p>How are meals managed (e.g., preparation, clean-up)?</p>	<p>Meals are prepared off-site by a licensed restaurant located in close proximity of Bernalillo Academy. Three hot meals are catered into Bernalillo Academy by the restaurant and kept warm in the steam table located in the dining room area at Bernalillo Academy. Cold foods are appropriately maintained in refrigerators located at Bernalillo Academy and the food and dining room areas receive oversight from the NM Department Health. Clean up takes place immediately after each meal by the child picking up eating utensils, bowls, plates, etc. and taking them to the clean up area if the child has that ability. Staff assists the children with this task. Our Housekeeping staff complete clean up and sanitizing of all areas once the children are excused from the dining hall.</p>	
<p>Please describe the types of recreational activities available to recipients.</p>	<p><u>On-Site Activities:</u> Children at Bernalillo academy have access to our on-site indoor gym for sports activities and our on-site playground areas which incorporate sensory activities and accommodate special needs children. Children also play in specialized sensory rooms for the various spectrum levels of autistic youth. Children also participate in trauma informed dance group activities and performances for community members and PARENTS/GUARDIANS.</p>	<p><u>Off-Site Activities:</u> Children at Bernalillo Academy participate in community activities such as the Annual Autism Walk, sensory friendly movies, college level basketball games and professional baseball games. They also go to movies and bowling in the community. They also go on outings to local community centers, local parks and a local park designed specifically for children and adults with special needs.</p>

DISCHARGE PLANNING AND POST-TREATMENT	
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When does discharge planning begin?	At Admission of the child.
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Bernalillo Academy

Residential Treatment Services PRTF Information Inventory

<p>Who is responsible for discharge planning at your facility?</p>	<p>The Child’s Treatment Team is responsible for discharge planning: Psychiatrist, Behavioral Team, Therapist, Nursing, Dietician, education staff, family, guardian/ caseworker and the child.</p>
<p>What percentage of your recipients return to:</p>	<p>Therapeutic Foster Care: 50% If the child has a Treatment Foster Care (TFC) home to return to 100% of those children will be returned to that environment. There are so few TFC homes available for children with special needs in NM that we struggle to find a family for our children preparing for discharge. If the child is in state custody, we work with the Case Worker assigned to the child to help locate an appropriate TFC and we diligently train the family on the techniques that have been found to be successful and effective for that child. We work closely with the TFC agencies as well, to find and train a family that is willing and able to bring them into their home. If possible, they are placed in Treatment Foster Homes with less than 3 other children due to the significant needs of the child.</p> <p>Foster Care: 0%-None. Typically, children treated at Bernalillo Academy do not go to Foster Care families due to their special needs. If possible, they are matched to a Treatment Foster Care Family that gets special training based the unique needs/behavior plan of that child and the families typically have 2 or less other children in the home.</p> <p>Family: Click here to type</p> <p>Group Home: <1% because of the severe shortage of group homes for both adolescents and adults with severe Autism/DD/ID with significant behavioral disorders.</p> <p>Corrections: N/A- None</p> <p>Independent Living: None. Due to the intellectual and developmental deficits of our population these children will always need intensive community/familial supports for their life span upon discharge. In NM there are very few group homes or Treatment Foster Care Families available for placement of our population upon discharge from Bernalillo Academy, both for children and adults.</p>

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Do you do any post-discharge surveys? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when is it conducted? Discharge surveys are conducted at 30, 180 and 365 days post discharge for each child whose guardian/parent signs a Release.
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Please use the space below for further comments regarding your facility.

[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.

ASD with IQ as low as 50 and ASD with IQ over 70. We provide treatment for children with ASD that are non-verbal, that are diagnosed as incontinent, demonstrate aggressive behaviors, require low level of sensory stimulation and also for those that function well with a high level of stimulation, other emotional/behavioral disorders and self-stemming behaviors that interfere with their daily life or physical/emotional well-being. We also treat children with ASD/DD/ID that have medical issues including but not limited to seizure disorders, epilepsy, vision and hearing deficits, and allergies, and various bowel disorders. We have ADA approved wheelchair access for children or family members that may require wheelchair access. Bernalillo Academy does not provide treatment for children that have G-tubes, J-tubes or tracheotomies.

Please check each box that corresponds with aspects of treatment at your facility that are listed below.

Bernalillo Academy

Residential Treatment Services PRTF Information Inventory

<p>Do you have screening mechanisms for ASD that includes questions about ASD and symptomatology? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, please list the tools(s) by name and/or send copies. Yes. Social Responsiveness Scale-2, The Social Communication Questionnaire, Vineland Adaptive Behavior Scales, Third Edition (Vineland™-3), Behavioral Observations across different social settings. (Cognitive/Socio-Emotional Measures used depending on developmental/level of functioning): Kaufman-Brief Intelligence Test-2, Children's Depression Index-2, Reynold's Manifest Anxiety Scale-2, Robert's Apperception Test-2, Developmental Tests/Tasks</p>
<p>What diagnostic evaluation/assessment process do you use? Please check all that are included</p>	<p><input checked="" type="checkbox"/> Family interviews <input checked="" type="checkbox"/> Review of past records <input checked="" type="checkbox"/> Consideration of DSM-V criteria <input checked="" type="checkbox"/> History, including educational and behavioral interventions <input checked="" type="checkbox"/> Differential diagnosis <input checked="" type="checkbox"/> Observation <input checked="" type="checkbox"/> Specific Tools (please identify):</p>
<p>Do you do functional behavior assessments? If so, please describe your approach in the school and residential program.</p>	<p>At Bernalillo academy functional behavior assessments are done by our BCBA. The BCBA writes the plan and the staff and therapists integrate those plans into all aspects of the child's environment: in the school setting and throughout all daily activities and daily living in Bernalillo academy.</p>
<p>Please describe how the Behavior Analysis is presented in the treatment plan.</p>	<p>Review of collateral and discussions with the guardians, therapists and behavioral team to identify specific behaviors that require reduction/extinction or increase in behaviors. The behavioral plan utilizes specific techniques and strategies to effect behaviors and then implement those strategies to achieve specific behavioral goals based on the treatment objectives of the needs of each child.</p>

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:

Bernalillo Academy

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<p>Please describe your approach to treatment and any interventions that are employed specifically for this population.</p>	<p>At Bernalillo Academy, all collateral is carefully reviewed to determine if the specific needs of the child including, intellectual functioning and academic deficits, can be met at Bernalillo Academy. We base all interventions and treatment strategies for children at Bernalillo Academy utilizing various techniques to meet their specific needs.</p>
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<p><i>Please use the space below for additional comments.</i></p>
<p>Click here to type</p>

Center for Change

Residential Treatment Services PRTF Information Inventory

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.

Section A

FACILITY INFORMATION	
Site/Cottage/Facility Name	Center for Change
Address	1790 N. State Street, Orem, UT 84057
Contact number	888-224-8250
Date completed	April 13, 2021
Name and title of person completing this form	Tamara Bingham Noyes, Director of Business Development

GENERAL OVERVIEW			
Accreditation Body	The Joint Commissions, TRICARE certified for RTC		
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	13+	58	
<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	1:16	1:4	Click here to type
Evening	1:16	1:4	Click here to type

Center for Change

Residential Treatment Services PRTF Information Inventory

Night	1:16	1:4	Click here to type
What safety monitoring practices are applicable during the day? At night?		Staff observation, video cameras, ongoing Q15 patient rounding at all levels of care	
Does your facility have requirements regarding IQ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain. Minimum of 75 IQ	
What is the average length of stay for the facility overall? 72 days for Inpatient and RTC combined		For AK Medicaid Recipients? 72 days for Inpatient and RTC combined	
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).		Center for Change is an eating disorder program, so patients must have a primary eating disorder diagnosis to be an appropriate fit. If FASD is co-occurring the admissions assessment would help to determine appropriateness for treatment at CFC (cognitive functioning, ability to participate in treatment, etc.). While we are a specialty eating disorder program, we assess for all mental illness, including developmental concerns to include FASD. Our initial clinical assessment and our psychological evaluations screen for FASD and when present, treating this condition is part of a patient's active and ongoing treatment plan. Clinical staff are masters level or PhD level, and all staff participate in monthly in-service training to address patient diagnoses and behaviors. Our staff are trained in assessment and treatment of FASD.	

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<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>Trauma can often be a contributing factor in the development of an eating disorder, so the assessment and treatment of trauma at Center for Change is of high priority. Patients are assessed for trauma as part of the admissions process, and these issues are addressed as part o the initial and ongoing treatment plan. Because this is so often a part of eating disorder treatment, clinical staff are well trained on assessing for and treating trauma. Our staff are kind and sensitive in this delicate process. All clinical, dietary, and milieu staff have ongoing training through in-service meetings to stay current on the latest in evidence based interventions, de-escalation and soothing techniques, assessment tools and resources, etc.</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>
	<p><input type="checkbox"/> Autism Spectrum Disorders (High Functioning and Asperger’s) <u>NOTE: Facilities with this specialty must complete Section B</u></p>	<p>Click here to type</p>
	<p><input type="checkbox"/> Autism Spectrum Disorders (severe/low functioning) <u>NOTE: Facilities with this specialty must complete Section B</u></p>	<p>Click here to type</p>
	<p>Sexualized behaviors:</p> <p><input type="checkbox"/> Sexually reactive (e.g. response to trauma)</p> <p><input type="checkbox"/> Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues)</p> <p><input type="checkbox"/> Sexually offending: <input type="checkbox"/> adjudicated/ <input type="checkbox"/> non-adjudicated</p>	<p>Click here to type</p>

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	<input checked="" type="checkbox"/> Eating Disorder	Ongoing internal and external training for eating disorders and co-occurring conditions.	
	<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 checked="" type="checkbox"/> non-adjudicated
	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Psychosis	<input checked="" 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
	<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.)	Click here to type		
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, video cameras, ongoing Q15 patient rounding at all levels of care		

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<p>How does the facility assure access to appropriate medical and dental care?</p>	<p>Center for Change is a Joint Commission Accredited specialty hospital with 24 hour nursing. Medical issues that cannot be addressed at CFC, or dental issues, are referred out locally with support (transportation, etc.) from CFC. Our facility is within 7 miles of four medical/surgical hospitals with emergency departments and various specialty medical care units.</p>	
<p>What type of behavior management program do you use? Please name the program and describe the training.</p>	<p>Handle With Care. All staff who work directly with patients are trained/retrained annually.</p>	
<p>Does the facility use timeout? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>When are timeouts used? Patient request or staff suggestion to move to a quiet area to regain emotional and/or behavioral control. This is always voluntary. Time limited. If a secondary time out is requested, a therapist is requested to be involved to help assist the patient to regain stability.</p>	
<p>Does the facility use seclusion? <input type="checkbox"/> Yes <input checked="" 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? Physical restraints are used in emergency situations only and require an order from a physician/LIP. Follow up includes nurse consultation with physician and in-person evaluation by the physician. For patients under 18, notification of the parent, guardian, family member, or conservator is required..</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 Center for Change staff who work directly with patients are trained in Handle With Care. Direct care staff, including nurses, are trained/retrained on the Restraint Policy and protocols annually. Handle With Care is a non-violent crisis intervention that includes orthopedically-sound brief physical hold techniques. The emphasis is on de-escalation to reduce the need for any physical hold. Again, we do not use seclusion at Center for Change.</p>	
<p>How frequently are individual and facility seclusion and restraint data reviewed, and by whom?</p>	<p>Individual Risk Manager, per event</p>	<p>Facility The Professional Executive Staff and Patient Safety Committee monthly, and the Governing Board quarterly.</p>

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Residential Treatment Services PRTF Information Inventory

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 type="checkbox"/> Other: Click here to type <input type="checkbox"/> Other: Click here to type
Comments: On site, Utah State Licensed Private High School, Cascade Mountain High School. Services grades 07 -12. We are Northwest Accredited, have on site credentialed teachers, and a full service education program with faculty, administrator, and education director. Our credit consequently, is accepted by every school to which our patients return. We are fully licensed as a private high school in the state of Utah, and have graduated students from high school, with diploma, from our school. Our students have live, face to face instruction with a certified teacher, credentialed in the subject that they are teaching.	
Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	We readily and routinely work with the school districts and/or schools from which our students come. We are able to accommodate some work from the school of origin, however, when schools find out about our program, they almost always opt to have the student do schooling within our coursework, and then accept credits earned here into their system.
Educational Accreditation	AdvancED (NWAC)
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?	Direct (face to face) instruction, block schedule
Does your program accept the Homeschool IEP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does your program create an IEP if needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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Residential Treatment Services PRTF Information Inventory

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 checked="" type="checkbox"/> Psychologist <input checked="" type="checkbox"/> Clinician <input type="checkbox"/> Behavior Analyst <input checked="" type="checkbox"/> Other Clinician (name, credentials): APRN's, LMFT's, education director, physician, nurse practitioner, utilization management specialist, clinical directors, CEO, recreation therapists
<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 require weekly family therapy for all adolescent patients with their primary therapist or another family therapist. Where possible, those family sessions are live face-to-face, or on a HIPAA compliant video conferencing system. When face-to-face is not possible, we do full-length telephone therapy sessions. We also do family contact and consultation as needed beyond therapy sessions. Monthly 5 day intensive family therapy event where parents and other family members come for education, primary family therapy, multifamily therapy groups, recreational therapeutic experiences, training on dietary issues and concerns, and discharge and aftercare preparation.</p>

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<p>How does your program identify/assess the function of challenging behaviors?</p>	<p>We assess the function by a thorough review of clinical treatment, family history and individual patient behavioral history. We review psychological evaluation and clinical formulations. We review and assess behaviors in the moment on the units, in activities, and in all aspects of treatment. We look for patterns and trends and functions and adaptations that are related to a patients behavior. We give them good intent for their behavior realizing they are trying to get their needs met. We help them understand the function of their behavior and we help them find new and better ways of dealing with life and getting their needs met. We listen to our patients.</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>We use pretesting or initial admitting assessments as a baseline to look at progress made and ongoing struggles so that we can update and attend to an ever-changing and current treatment plan. We also use subjective information and staff report from our multidisciplinary team through the vehicles of verbal and written shift report, verbal and written reports for Treatment Team meetings, phase advancement meetings with patients and their own community of peers, phase advancement meetings with the Treatment Team individually with the patient, and written and verbal reports from our staff and family members on interactions in family therapy and other family visits/phone calls. Reports from academic progress and social and academic behavior in school in areas of learning and social interaction are gathered and discussed in Treatment Team meeting.</p>

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<p>Does your facility employ a privilege/level/phase system?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, on what basis do recipients earn privileges or improved level status?</p> <p>Basic adherence to program rules and guidelines, effort made towards overcoming difficulties and behavioral problems, willingness to collaborate with direct care and clinical staff in making progress towards their treatment goals, willingness to treat peers and staff with respect, and a willingness and shown ability to be part of a community which provides a safe and respectful environment for all to do their therapeutic work.</p> <p>If No, is there another system the program uses?</p> <p>Click here to type</p>	<p>Under what circumstances, if any, is the level system modified?</p> <p>The level system can be modified, if needed, to address the specific needs of a particular patient.</p>
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TREATMENT	
<p>Does your facility employ or contract with a behavior specialist (behavioral psychologist or BCBA) on the treatment team or staff?</p> <p><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).</p> <p>Click here to type</p>
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?

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Dietitian	Because we are an eating disorder treatment program, dietitians are on staff and participate fully as a treatment team member.
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
Trans-theoretical Model of Change	Adolescent & adult patients
CBT, DBT, ACT	Adolescent & adult patients
FBT	Adolescent patients with Anorexia & their families
Click here to type	Click here to type
Click here to type	Click here to type
<u>Family Therapy</u> What are your expectations regarding family therapy?	We expect families to participate regularly and consistently in weekly family therapy sessions. We strongly urge participation in at least one of our 5-day monthly intensive family therapy events.
<u>Clinical Supervision</u> Describe how a professional provides clinical oversight to the program. How many hours/week?	We have two fulltime RN's (DON and Assistant DON) who provide supervision for our 24-hour/day nurses. We have six supervisors over our direct care staff who provide supervision, training and oversight to our Care Tech's, who are also supervised by the RN on every shift. We have six PhD or master's level clinical supervisors who oversee the clinical work of our primary, individual, and family therapists who are all master's level or PhD prepared.
<u>Crisis Supports</u> How does the program assure access to the appropriate care for clients in crisis situation?	We have one primary therapist and a clinical director and a physician/nurse practitioner and the CEO and our DON who are all on call 24 hours/day, 7 days/week to deal with any crisis situations.

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<u>Skill Development</u> Please describe how your facility helps recipients develop the following:	<u>Methods/Interventions/Programs</u>
Interpersonal skills	We have skills classes, relapse prevention classes, and relationship classes/groups at the Center.
Self-Regulation	We have DBT groups and assignments which help our patients learn coping skills in dealing with intense affect.
Daily Living	Skills of daily living are covered in our skills groups. With the population we treat, 95% of our patients are able to accomplish basic ADL's on their own.
Communication	Communication skills are taught in the skills groups/classes
Other	Click here to type
Please describe how your facility helps the recipient generalize these skills to their home environment.	The general use of skills in the community, or peer milieu is one way in which they implement and integrate skills into their life. They also utilize their skills in our in-house High School, Cascade Mountain High, in their classes and activities. When they have a chance for passes with parents or family, they also have a chance to practice and integrate skills into a regular life setting.

DAILY SCHEDULE	
Please describe the daily schedule.	For adolescents, three meals per day, three snacks per day, three therapy groups or classes per day, some free time per day, and school for 3.5 hours per day as well.
How are transitions (to meals, school, activities, etc.) managed?	Transitions occur in the same facility, from unit to unit, and from school to treatment living area. Patients are escorted by direct care staff to each activity which is next on the treatment and daily schedule
How are meals managed (e.g., preparation, clean-up)?	All meals and snacks are prepared by our cooks in our in house kitchen. Food is served in our dining room, which accommodates well our patients. Meals are under supervision of direct care staff, and sometimes by dietitians, who can help those patients who struggle with "food issues"

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Please describe the types of recreational activities available to recipients.	<u>On-Site Activities:</u> Art, music, dance, exercise, yoga, outdoor play, low ropes course, initiative games, leisure activities	<u>Off-Site Activities:</u> High ropes course, hiking, canoeing, biking, walking, attending concerts or other arts or cultural events
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DISCHARGE PLANNING AND POST-TREATMENT	
When does discharge planning begin?	At admission
Who is responsible for discharge planning at your facility?	We have one staff who is assigned as our discharge planner. She works in concert with the primary therapist to assure that the discharge plan and aftercare disposition is well planned, is carried out, and that appointments are made with aftercare providers prior to discharge from the program.
What percentage of your recipients return to:	Therapeutic Foster Care: 5% Foster Care: 5% Family: 75% 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? We do 2 follow up support phone calls after discharge to lend support to patients and families and encourage them as they get in the saddle with their aftercare provider team. Then we do long term outcome surveys at 3,6,9 months and at 1,2,3,4,5 years out, so that we know truly how our discharged patients are doing in the long term. Our clinical outcome research shows that 1 year following discharge from our program, 50% of our patients describe themselves as "recovered." Another 40% of our patients describe themselves as "partially recovered" or "doing much better", and 10% report that they are not doing well. These statistics are better than the average outcome from those whose data is worthy to publish in peer reviewed professional journals. 90% positive outcome is good stats on clinical and recovery outcome, not only at discharge, but after the long haul.

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Please use the space below for further comments regarding your facility.

At Center for Change we have programs for adults, and programs for adolescents. We specialize in treating serious eating disorders, and all of those related illnesses that are commonly co-occurring with eating disorder illness such as: depression, anxiety, trauma, abuse, PTSD, self-harm, suicidal ideation, substance abuse, learning struggles, developmental struggles, social problems, relationship problems, family difficulties, and other related medical and mental illness. We are licensed as a specialty psychiatric hospital in the state of Utah, and can admit and treat medically and emotionally compromised patients. We offer all levels of care: inpatient, Residential (RTC), PHP (Day), IOP (intensive outpatient) and traditional outpatient services. We have great medical care, and clinical and therapeutic care which is intensive, and high end in terms of quality.

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?

Yes No

If Yes, please list the tools(s) by name and/or send copies.

[Click here to type](#)

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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	

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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.

Section A

FACILITY INFORMATION	
Site/Cottage/Facility Name	Centers for Youth and Families, Inc.
Address	PO Box 251970, Little Rock, AR 72225-1970
Contact number	501-666-8686
Date completed	April 8, 2021
Name and title of person completing this form	David Kuchinski, LCSW Chief Clinical Officer

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	5-17	88 (62 in Little Rock and 26 in Monticello)	
<input checked="" type="checkbox"/> Females	5-17	88 (62 in Little Rock and 26 in Monticello)	
<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	15:1	6:1	Actual ratio may be less clients per staff, but these are the maximum ratios

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Evening	30:1	6:1	Click here to type
Night	30:1	8:1	Click here to type
What safety monitoring practices are applicable during the day? At night?		Staff are always present. Video and audio surveillance in areas where possible.	
Does your facility have requirements regarding IQ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain. Click here to type	
What is the average length of stay for the facility overall? 6 months		For AK Medicaid Recipients?	
Are you anticipating changes to your program? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please describe. We are implementing Neurosequential Methodology for Treatment for complex/developmental trauma.	
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).		No FASD specific training currently.	
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.		Intake clinician conducts the ACE screening and CATS when indicated. All staff are trained in trauma informed care. TF-CBT and EMDR is used by clinicians. Handle With Care verbal de-escalation techniques are utilized. Trauma-informed yoga, art therapy, journaling and sand tray modalities are offered. Clinicians are trained in trafficking awareness and related best practices. Trafficking specific support groups are conducted.	
Specialty Populations	Please check all specialty populations this facility serves.		What training does staff receive for this population?
	<input checked="" type="checkbox"/> Autism Spectrum Disorders (High Functioning and Asperger's) <u>NOTE: Facilities with this specialty must complete Section B</u>		Clinicians have basic Autism Spectrum Disorder training. One outpatient clinician has specialized training that is used for residential case consultation.

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	<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 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	TF-CBT, EMDR
	<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 type="checkbox"/> non-adjudicated	
	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Psychosis
	<input checked="" 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 type="checkbox"/> Elopement Risk
	<input type="checkbox"/> Conduct Disorder	<input type="checkbox"/> Other: Click here to type
<input type="checkbox"/> Physical Aggression		
<input type="checkbox"/> Self-injurious behaviors		
<input type="checkbox"/> Fire setting		
<input type="checkbox"/> Other: Click here to type		
Comments: Click here to type		

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<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>Click here to type</p>
<p>What type of social skills training do you use? Please describe and/or identify the program.</p>	<p>Groups related to hygiene, communication, conflict resolution, medication adherence conducted by paraprofessionals evenings and weekends.</p>
<p>List types of safety monitoring used (e.g., staff observation, video cameras).</p>	<p>Staff observations, video cameras, audio recording</p>
<p>How does the facility assure access to appropriate medical and dental care?</p>	<p>Refer to local PCP when pertinent. Arkansas Children’s Hospital offers free mobile dental care as needed.</p>
<p>What type of behavior management program do you use? Please name the program and describe the training.</p>	<p>Handle With Care and Crisis Prevention Institute/Intervention</p>
<p>Does the facility use timeout? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>When are timeouts used? Timeouts are voluntary. They can be offered or suggested by staff, but should only be used so that the client can regain composure.</p>
<p>Does the facility use seclusion? <input type="checkbox"/> Yes <input checked="" 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? Restraints are used only when there is imminent danger to self, others, or extreme property damage.</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>New staff are required to complete a 16 hour behavior management training. Staff are retrained every 4-6 months with an 8 hour class.</p>

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How frequently are individual and facility seclusion and restraint data reviewed, and by whom?	Individual 90% of all restraints are reviewed via video footage. This review is done by the Director of Risk Management and/or Risk Management Coordinator.	Facility Click here to type
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EDUCATION SERVICES	
Please indicate what types of educational services the facility provides.	<input checked="" type="checkbox"/> On Site School <input checked="" 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: Click here to type	
Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	Centers principle and program manager have open and ongoing communication via phone and structured meetings.
Educational Accreditation	Part of Little Rock School District and Monticello School District
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?	IEP's presented from home school are followed.
Does your program accept the Homeschool IEP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does your program create an IEP if needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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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 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): APRN
<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>Family/guardians are part of the treatment team and are invited for all staffings; family therapy is scheduled at admission. We educate family about the coping skills their loved one learns in treatment to be practiced when they return home.</p>
<p>How does your program identify/assess the function of challenging behaviors?</p>	<p>Clinicians conduct the DLA-20 which helps identify needs, establish objectives and tracks progress.</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>Via DLA-20; Centers also uses the stage of change model to demonstrate engagement and change in treatment. Clinicians record completion of objectives.</p>

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Does your facility employ a privilege/level/phase system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, on what basis do recipients earn privileges or improved level status? Rewards/incentives are offered to foster change/improvement in treatment. If No, is there another system the program uses? Click here to type	Under what circumstances, if any, is the level system modified? All incentives may be individualized to fit client preference.
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TREATMENT	
Does your facility employ or contract with a behavior specialist (behavioral psychologist or BCBA) on the treatment team or staff? <input checked="" type="checkbox"/> Yes <input 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). Dr. Kevin Santulli, Ph.D.
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	Click here to type
Occupational Therapist	Referrals are conducted based on assessment.
Speech/Language Pathologist	Referrals are conducted based on assessment
Other Medical (e.g., GI, Sleep)	Referrals are conducted based on assessment
Dental	Referrals are conducted based on assessment
Other	Click here to type

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

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Individual; CBT, TF-CBT, EMDR,	Child and Youth
Group Therapy; CBT, TF-CBT	Child and Youth
Click here to type	Click here to type
Click here to type	Click here to type
Click here to type	Click here to type
<u>Family Therapy</u> What are your expectations regarding family therapy?	Participate in intake, development of treatment plan, participate in staffings, ongoing family therapy sessions and transition planning.
<u>Clinical Supervision</u> Describe how a professional provides clinical oversight to the program. How many hours/week?	Clinicians supervised weekly via staffing by program director and medical director.
<u>Crisis Supports</u> How does the program assure access to the appropriate care for clients in crisis situation?	All staff are trained in Handle With Care; all emergency holds are reviewed and debriefed by supervisors, risk management reviews 90% via video.
<u>Skill Development</u> Please describe how your facility helps recipients develop the following:	<u>Methods/Interventions/Programs</u>
Interpersonal skills	Modeled continuously by direct care staff; groups are conducted by professionals and paraprofessionals.
Self-Regulation	Clinicians provide individual and group therapies.
Daily Living	Modeled continuously by direct care staff; groups are conducted by paraprofessionals.
Communication	Click here to type Modeled continuously by direct care staff; groups are conducted by paraprofessionals.
Other	Click here to type
Please describe how your facility helps the recipient generalize these skills to their home environment.	Click here to type

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DAILY SCHEDULE		
Please describe the daily schedule.	Clients awake and encouraged to maintain hygiene routine, medications are administered, breakfast is served. Clients transition to classrooms by 9. Group therapy is offered 2-3 days per week. Lunch is served at noon; class resumes after lunch until 3:30. Clients return to their dorms for social skills groups and/or structured activities. Outside activities offered intermittently during the day. Clients also are seen for individual therapy, occupational or speech therapy periodically throughout the week.	
How are transitions (to meals, school, activities, etc.) managed?	Click here to type	
How are meals managed (e.g., preparation, clean-up)?	We have on-site kitchens in both Little Rock and Monticello where meals are prepared and served to the clients. Menus are developed by a Registered Dietician and comply with USDA School Breakfast, Lunch and snack programs.	
Please describe the types of recreational activities available to recipients.	<u>On-Site Activities:</u> Yoga, local Zoo representative will come to visit with animals, basketball, music classes,	<u>Off-Site Activities:</u> Click here to type

DISCHARGE PLANNING AND POST-TREATMENT	
When does discharge planning begin?	Discharge planning begins at intake.
Who is responsible for discharge planning at your facility?	Team decision, including family.

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What percentage of your recipients return to:	Therapeutic Foster Care: Click here to type Foster Care: Click here to type Family: Click here to type Group Home: Click here to type 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? At discharge, 3 and 6 months.
<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.	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

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What diagnostic evaluation/assessment process do you use? Please check all that are included	<input checked="" type="checkbox"/> Family interviews <input checked="" type="checkbox"/> Review of past records <input checked="" type="checkbox"/> Consideration of DSM-V criteria <input checked="" type="checkbox"/> History, including educational and behavioral interventions <input checked="" type="checkbox"/> Differential diagnosis <input checked="" type="checkbox"/> Observation <input checked="" type="checkbox"/> Specific Tools (please identify): Ace screening, CATS, SAFE-T, Vanderbilt when indicated.
Do you do functional behavior assessments? If so, please describe your approach in the school and residential program.	Administer DLA-20
Please describe how the Behavior Analysis is presented in the treatment plan.	Section on the treatment plan for behavior plans.

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

Copper Hills Youth Center

Residential Treatment Services PRTF Information Inventory

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.

Section A

FACILITY INFORMATION	
Site/Cottage/Facility Name	Copper Hills Youth Center
Address	5899 West Rivendell Drive, West Jordan, Utah 84081
Contact number	1-800-776-7116
Date completed	04/6/2021
Name and title of person completing this form	Rhett Cragun, LCSW ; Director of Clinical Services

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	12-17	50	
<input checked="" type="checkbox"/> Females	12-17	70	
<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

Copper Hills Youth Center

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Day	1:35	1:5	Ratio is 1:5; however, we exceed this ratio all waking hours with program shift managers out of ratio each shift in the building
Evening	1:35	1:5	Ratio is 1:5; however, we exceed this ratio all waking hours with program shift managers out of ratio each shift in the building
Night	1:120	1:25	Our grave ratio is 1:25 with a minimum of 2 staff at all times. We far exceed this ratio during grave shift.
What safety monitoring practices are applicable during the day? At night?		A qualified staff includes staffs that have attended all orientation, all mandatory trainings for direct care, and are able to immediately respond to any behavioral crisis. These staff are trained on de-escalation, first aid / CPR, trauma and attachment, and Crisis Prevention Institute. Copper Hills Youth Center has many qualified staff in the facility that do not count in our staffing ratios. For example, teachers, therapists, Residential Program Directors, Milieu Mangers, and Program Shift Managers (dedicated responders for behavioral health crisis intervention), recreation therapists, nursing staff etc. are all qualified but CHYC staff the unit with Mental Health Associates at a 1:5 ratio. Our patient observation policy is followed during the day and evening shifts. At night, staff make rounds every 15 minutes and complete bed checks with a flashlight to observe three respirations and concurrently document on the resident's status.	
Does your facility have requirements regarding IQ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain. An IQ below 60 is not appropriate for our programming.	
What is the average length of stay for the facility overall? 8-9 months Click here to type		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. Not at this time.	
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	

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<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>Youth are assessed prior to admission regarding their diagnostic history and appropriateness for our program based on the severity of the FASD symptomology. Additionally, youth will be assessed upon admission for accurate diagnosis including FASD. Youth with FASD are appropriate for developmentally delayed units. All staff receive training upon new hire as well as ongoing training throughout the year regarding diagnosis, treatment approach, and individualizing interventions for youth with FASD. Clinicians have experience in treating FASD and receive ongoing training to tailoring interventions appropriate for developmental level, diagnosis, and individual needs.</p>
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Copper Hills Youth Center

Residential Treatment Services PRTF Information Inventory

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.

Copper Hills Youth Center specializes in treating youth with extensive trauma histories. Additionally, initial assessments identify type of trauma and severity of responses to trauma. CHYC has implemented Trauma- Focused Cognitive Behavioral Therapy as the treatment modality for addressing trauma in individual and family therapy sessions. We also have therapists trained in EMDR. Currently, the CHYC therapists have been trained and are in the process of formal certification as TF-CBT therapists. CHYC utilizes Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) as a main treatment platform across all programs and units. SPARCS is a manualized evidence based treatment recognized by the National Child Traumatic Stress Network as a best practice in treating youth with chronic trauma. SPARCS is delivered in a group format in a 16 week curriculum, and is ran continuously throughout all units by the primary licensed group therapist. CHYC works with a SPARCS trainer to continue training of therapists. CHYC also utilizes Dyadic Developmental Psychotherapy (DDP) principles and techniques both with the primary therapist and in evaluating the milieu when working with youth who have disrupted attachments. DDP focuses on working with youth who have attachment disorders, generally as the results of some type of interpersonal trauma or neglect and working with families and caregivers to restore healthy attachment. All milieu staff receive training on trauma, the definition of it, the impact of trauma on development, the meaning behind behaviors from a trauma perspective, various interventions and approaches when working with traumatized youth, SPARCS skills, and DDP interventions. All clinical concepts are trained to all staff on new hire orientation and through formal 4 hour training blocks a minimum of two times a year. Additionally, staff receive training and consultation using these principles.

Copper Hills Youth Center

Residential Treatment Services PRTF Information Inventory

Specialty Populations	Please check all specialty populations this facility serves.	What training does staff receive for this population?
	<input checked="" type="checkbox"/> Autism Spectrum Disorders (High Functioning and Asperger's) <u>NOTE: Facilities with this specialty must complete Section B</u>	Internal clinical training as well as completing online training modules regarding autism and autism specific interventions. All new hires undergo training specific to this population.
	<input checked="" type="checkbox"/> Autism Spectrum Disorders (severe/low functioning) <u>NOTE: Facilities with this specialty must complete Section B</u>	We screen Autism Spectrum cases for an IQ of 60 or above.
	Sexualized behaviors: <input checked="" 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	We do accept residents who have sexually reactive behaviors as a response of trauma. We screen for resident's who require sex-specific treatment due to sexual perpetration and / or sexually maladaptive behaviors. We do not currently have sex-specific programming to address sexual perpetration issues.
	<input checked="" type="checkbox"/> Eating Disorder	We do accept residents with eating disordered behaviors. However, we screen these referrals and depending on severity or whether the eating disorder is the primary diagnosis, they might be recommended to a facility specializing in eating disorders.
	<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.	

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	<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 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
<p>Comments: Copper Hills Youth Center considers all referrals on a case by case basis. Information will be reviewed by our DCS, clinical team and also by the Director of Nursing. If a fit is not indicated referrals will be offered to programs that may be most appropriate. If CHYC does not believe the resident to be appropriate for our facility, we will make recommendations regarding a more appropriate option.</p>			
<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>Visual prompts, Visual schedules, Visual Hygiene Prompts, Social stories</p>		
<p>What type of social skills training do you use? Please describe and/or identify the program.</p>	<p>Circles Curriculum: This curriculum teaches residents, about social boundaries, intimacy, and interpersonal skills.</p>		
<p>List types of safety monitoring used (e.g., staff observation, video cameras).</p>	<p>Staff supervise all resident on a minimum of 15 minute visual and documented checks. Residents on heightened precautions visually alerted to staff and increased supervision. Leadership rounding occurs regularly to monitor compliance with appropriate checks and supervision. Facility has cameras throughout, with exception of bedrooms and bathrooms. Leadership and managers audit cameras extensively. Able to provide 1:1 staffing if needed for safety protocol.</p>		

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<p>How does the facility assure access to appropriate medical and dental care?</p>	<p>The initial nursing assessment upon admission will verify any medical, dental, and vision needs. Any outstanding issues prior to admission will generate an appointment for a local provider check up for dental/vision/and outstanding medical needs. CHYC has 24 hour nursing in the facility, 2 primary psychiatrists, 2 MD's to complete H&P's, and a pediatrician on site, as needed. Any medical issues needing outside intervention are scheduled through nursing and the transportation department. Any emergent needs are taken care of immediately by one of two hospitals close by. We currently have an on-site dentist who can meet the dental needs of our residents who aren't safe to leave the building. The facility is currently seeking out a full-time Nurse Practitioner who will also be on staff to assist with the medical needs of residents in-house.</p>
<p>What type of behavior management program do you use? Please name the program and describe the training.</p>	<p>Our phase system is designed to be a tool for the milieu to reinforce positive behaviors. One of the key components to reinforcing these positive behaviors is the implementation of a token economy system—a critical component to our phase system. Our phase system allows resident to earn points every hour based upon achieving individualized target behaviors, showing safety, communicating respectfully, maintaining appropriate boundaries, and participating in programming. Our phase system holds residents accountable for their behaviors, increases the amount of positive reinforcement that our residents receive, and targets the behaviors that have prevented our residents from being successful in their home environment. Our goal is to help promote behavior change so that our residents can return home and be successful after completing our program. The education department utilizes "7 Habits of Highly Effective Teens" as a standard for classroom management and reward for positive behavior during classroom time. For students who are struggling to display safe behaviors, to advance as expected, or otherwise has challenging treatment needs Copper Hill Team will conduct an Intensive Staffing. The Intensive Staffing model is comprised of multiple staff, a nurse, therapist, milieu coordinator, and a member of the clinical leadership team. These are effective at often times creating an individualized behavioral plans. We also have a Board Certified Behavior Analyst on staff that assists us with creating data-specific behavior plans for specific residents, as needed.</p>
<p>Does the facility use timeout? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>When are timeouts used? The residents are able to utilize self-imposed time-outs throughout the day, as needed</p>

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<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? Seclusion and restraints are used only during behavioral emergency. The resident must be an active harm to self or others, nursing initiates the intervention, and a doctors order must approve the seclusion/restraint. CHYC does not use closed door seclusions. CHYC utilizes Crisis Prevention Institute (CPI) and verbal de-escalation is a critical component of avoiding physical intervention with our residents.</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 direct care staff are trained in Crisis Prevention Institute (CPI) upon new hire orientation, and then twice more throughout the year. New hire orientation includes 16 hours specifically to the CPI model. Ongoing trianing on CPI includes two 4 hour blocks throughout the year, which is mandatory for all direct care staff. The facility has multiple CPI trainers in various disciplines.</p>	
<p>How frequently are individual and facility seclusion and restraint data reviewed, and by whom?</p>	<p>Individual Individual seclusion/restraint data are reviewed daily by leadership in the morning report as listed by nursing. Individual seclusion/restraint data is reviewed daily by primary therapist via incident report and nursing communication. Individual seclusion/restraint data are also reviewed during formal monthly treatment review as well as any other addition staffing for that resident; such as during a Intensive Staffing. The Risk Manager reviews camera footage for each seclusion and restraint.</p>	<p>Facility Facility seclusion/restraint data are reviewed daily (M-F) by the leadership team in morning review. Facility seclusion/restraint data are reiewed monthly during all staff meetings and shift manager council. Facility seclusion/restraint data are reviewed monthly by the governing board. Faciliy restraint data is shared with the residents and the staff during our monthly Lion’s Pride Ceremony.</p>

<p>EDUCATION SERVICES</p>	
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Copper Hills Youth Center

Residential Treatment Services PRTF Information Inventory

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 type="checkbox"/> Other: Click here to type <input type="checkbox"/> Other: Click here to type
Comments: Most teachers are special education licensed. The school day consists of rotating between classrooms within their unit groups. Students are placed in a class based on their scores of the Wide Range Achievement Test. School is year round so students may earn more credits than a traditional school. Academic improvement for students in reading and math can be grade levels during length of stay. We work with a school psychologist, speech therapist, and other services as needed and have extensive experience with utilizing Individual Education Plans.	
Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	Each student is assigned a home room teacher who coordinates anything educationally related with home school districts. Previous transcripts, immunizations, and other pertinent information are collected at admission. When the student is getting ready to transfer home the home room teacher will also coordinate with the home school district to provide transcripts, behavioral updates, and provide any other pertinent information.
Educational Accreditation	Cognia
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?	Multiple Intelligence, Both Blooms, and Reality Town
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 checked="" type="checkbox"/> No

TREATMENT PLANNING AND REVIEW

Copper Hills Youth Center

Residential Treatment Services PRTF Information Inventory

<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 type="checkbox"/> Dietitian <input type="checkbox"/> Psychologist <input checked="" type="checkbox"/> Clinician <input type="checkbox"/> Behavior Analyst <input type="checkbox"/> Other Clinician (name, credentials): Click here to type
<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>Family is encouraged to be involved in all aspects of treatment. Families participate in weekly therapy with the primary therapist. This may be done over the phone, or over video conferencing. When families visit CHYC, a minimum of two on-site family therapy sessions will be provided. Any emergent incidents will be communicated by nursing staff to guardians the day of the incident. Therapists frequently make additional phone call check ins, emails, and other notifications to keep families involved. Families are encouraged to be a part of monthly treatment reviews over the phone. Treatment plans are mailed or emailed out monthly to guardians. Guardians also receive emails from the education department to keep them updated on their student's progress while in treatment.</p>
<p>How does your program identify/assess the function of challenging behaviors?</p>	<p>All behaviors are evaluated with a trauma-informed perspective. Challenging behaviors are viewed as a potentially once adaptable and understandable responses to negative events. In our SPARCS curriculum, these maladaptive behaviors are described as MUPS (coping strategies that work in the moment but in the long run "Mess You Up"). The function of the behavior may be assessed by staff, therapists, or the treatment team as a whole. Intensive Staffings are frequently used to identify and assess challenging behaviors. We have a BCBA that will complete function of behavior assessments and behavior plans as needed.</p>

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<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>Accomplishment of treatment plan goals are measured monthly by the primary therapist, and goals are continued, revised, or discontinued as they are accomplished. Specifically with regard to treatment plan goals, progress is tracked monthly through the treatment review process. Phase advancement is considered to measure behavior progress , but clinically progress and change is determined by the therapist with input from the entire treatment team.</p>
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<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? Our phase system is designed to be a tool for the milieu to reinforce positive behaviors. One of the key components to reinforcing these positive behaviors is the implementation of a token economy system—a critical component to our phase system. Our phase system allows resident to earn points every hour based upon achieving individualized target behaviors, showing safety, communicating respectfully, maintaining appropriate boundaries, and participating in programming. Our phase system holds residents accountable for their behaviors, increases the amount of positive reinforcement that our residents receive, and targets the behaviors that have prevented our residents from being successful in their home environment. Our goal is to help promote behavior change so that our residents can return home and be successful after completing our program. As residents advance through the phase system, they have access to increasing privileges and rewards.</p> <p>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 phase system can be modified through the Intensive Staffing process and extra incentives can be provided to assist a resident who is not progressing through the phase system as we would expect, or requires additional assistance to progress.</p>
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TREATMENT

Copper Hills Youth Center

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Does your facility employ or contract with a behavior specialist (behavioral psychologist or BCBA) on the treatment team or staff? <input checked="" type="checkbox"/> Yes <input 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). We do have a BCBA: Leanne Simon, BCBA
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	The dietician works closely with dietary and nursing departments via a dietary order slip to ensure that treatment recommendations are implemented and consistently followed.
Occupational Therapist	The Director of Education oversees occupational therapy and ensures that the treatment recommendations of the occupational therapists are implemented.
Speech/Language Pathologist	The Director of Education oversees the speech/language pathologist and ensures that the treatment recommendations of the pathologist are implemented.
Other Medical (e.g., GI, Sleep)	The nursing department initiates a medical consult, transport sets up appointments and ensures that the resident attends the appointment, and then the nursing department ensures that the recommendations are followed.
Dental	The nursing department initiates a dental consult, transport sets up appointments and ensures that the resident attends the appointment, and then the nursing department ensures that the recommendations are followed.
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-Focused Cognitive Behavioral Therapy	All populations, as clinically recommended, ages 12-17
Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)	All populations, 12-17

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EMDR	As clinically indicated, ages 12-17
Dyadic Developmental Psychotherapy (DDP)	As clinically indicated, ages 12-17
Cognitive Behavioral Therapy	As clinically indicated, ages 12-17
<u>Family Therapy</u> What are your expectations regarding family therapy?	CHYC expects that families participate at least weekly for family therapy sessions either telephonic or using Zoom video conferencing. Family therapy occurs a minimum of two times when families visit in person. CHYC expects families are available for additional phone calls and sessions and treatment planning as requested by therapist or other clinical leaders.
<u>Clinical Supervision</u> Describe how a professional provides clinical oversight to the program. How many hours/week?	The Director of Clinical Services oversees all programming with the assistance of a 3 Residential Program Directors and 4 Milieu Managers. The Director of Clinical Services, in conjunction with the RPD and MM develop and oversees each clinical program. The main role of the MM is to be on the milieu overseeing programming and ensuring therapeutic interventions. The DCS/RPD attends all staff meetings, program team meetings, Intensive Staffing's, and other meetings as needed to ensure adequate clinical supervision.
<u>Crisis Supports</u> How does the program assure access to the appropriate care for clients in crisis situation?	Residents are consistently monitored by mental health associates, nursing staff, and other members of the treatment team. All residents have a Behavioral Crisis Intervention Plan developed initially with their therapist, and updated monthly by their therapist and staff as a part of their crisis management. This plan is highly individualized, shares a snap shot of trauma and attachment history, as well as specific triggers and ways to de-escalate to baseline. Every staff working with a resident has quick access to this BCIP to help intervene in crisis. Each of our staff are specialized in crisis management and verbal de-escalation as part of their CPI Training. Many levels of precautions may be invoked for the safety of a client in crisis.
<u>Skill Development</u> Please describe how your facility helps recipients develop the following:	<u>Methods/Interventions/Programs</u>
Interpersonal skills	Each resident is receiving daily, hourly feedback on their interpersonal skills as part of the phase system. Other interventions to develop interpersonal skills include individual/family/group therapy, the Circles Curriculum, therapy assignments/workbooks, the community reintegration program with recreation therapy, etc.

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Self-Regulation	Overtly taught and practiced in group therapy, unit groups, individual therapy etc. SPARCS contains self regulation skills throughout curriculum including distress tolerance, mindfulness, self soothing, etc.
Daily Living	Overtly taught on unit groups. May include things such as doing laundry, folding clothes, appropriate hygiene, applying for jobs, interviewing, planning events, etc.
Communication	Development through unit groups, therapy groups, education department, individual therapy as relevant to treatment plan, practicing with various curriculum such as Relationship Development etc
Other	CHYC has a male and a female basketball team that the residents are able to participate in and develop team building and athleticism skills.
Please describe how your facility helps the recipient generalize these skills to their home environment.	All of these developed skills are reviewed in family therapy, or with casemanagers and other team members. These will often be practiced in community passes with guardians. Plans may be written down, reviewed and modified based on team and resident feedback. The guardian is provided with a discharge folder that includes SPARCS skills to be transferred to the home environment.

DAILY SCHEDULE

Copper Hills Youth Center

Residential Treatment Services PRTF Information Inventory

<p>Please describe the daily schedule.</p>	<p>CHYC has 3 programs containing 9 units with a variety of schedules. However, throughout the course of the week, standard services exist. This includes school 5 days a week and 240 school days overall (5 terms). Each resident will attend 4 academic classes per day, plus P.E. Each resident will have a minimum of 2 one hour unit groups run by a licensed clinician; often times more groups are offered, led by MHA staff. Each program receives 2-4 hours of group therapy with a licensed clinician. Each resident receives family therapy one time weekly and individual therapy one time weekly. Each program receives 2 hours of recreation therapy groups and 1 hour of ropes course groups from the unit's primary recreation therapist. Each program contains the opportunity for 2 outings per week as appropriate based on phase. School hours may run from 9-4 pm depending on the program. Each unit wakes up approximately 7 AM and has bedtime approximately 9 PM.</p>
<p>How are transitions (to meals, school, activities, etc.) managed?</p>	<p>Transitions are managed throughout the facility by radio communication. Teachers radio to staff when they are ready for classroom transitions and staff radio other programs when ready for meal transitions. Many programs, particularly for the developmentally delayed units, build in transition times with sensory activities to help residents prepare for the difference.</p>
<p>How are meals managed (e.g., preparation, clean-up)?</p>	<p>Meals are all prepared and served by kitchen staff. All residents eat all meals in the dining room (due to COVID meals are now currently eaten on the unit). A salad bar is open for all lunch and dinner times, and a meal entrée alternative is always provided for residents. Meal portion sizes are determined by a dietician after consultation with a resident. Clean up for general dining area (like wiping tables) is done by residents. Deep cleaning of the cafeteria is performed by housekeeping staff.</p>

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<p>Please describe the types of recreational activities available to recipients.</p>	<p><u>On-Site Activities:</u> Regularly scheduled basketball scrimmages and games; Free Gym and Free courtyard time for unit play daily; Special events hosted on site like guest speakers and school assemblies; CHYC special dances or performance events; Monthly Lion’s Pride Ceremonies (due to COVID this has been temporarily discontinued); Yoga, Dance, Art therapy; Animal assisted Canine teams weekly: Upper Phase lounge activities like ping pong, musical instruments, Xbox, Wii games etc many times throughout the week; Library Books to check out; Unit games and toys</p>	<p><u>Off-Site Activities:</u> Adventure outings (i.e. camping, hiking, rock climbing, skiing); Community Outings (movies, dinner, arcades, parks); Service Outings (animal shelter, foodbank, etc); Co-ed outings; Equine Therapy; Scheduled therapist outings; School Field Trips</p>
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DISCHARGE PLANNING AND POST-TREATMENT	
When does discharge planning begin?	Discharge planning begins prior to/at the time of admission.
Who is responsible for discharge planning at your facility?	The plan for discharge begins prior to admission and is an active process throughout treatment. The entire treatment team is responsible for assisting the primary therapist help with discharge planning. Discharge planning begins prior to admission; with the admissions department asking what likely reasonable options exist for discharge and what discharge goals may be pertinent. This is captured on the initial treatment plan, which is enacted the day of admission. From that point discharge planning is updated monthly by primary therapist. Utilization and Case Management department may assist in sending information to relevant step down facilities.

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Residential Treatment Services PRTF Information Inventory

What percentage of your recipients return to:	Therapeutic Foster Care: : 5% Foster Care: 1% Family: 75% Group Home: 15% Corrections: <1% Independent Living: 2%
Do you do any post-discharge surveys? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, when is it conducted? Click here to type

Please use the space below for further comments regarding your facility.

None

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.

ASD with IQ 60 and above; ASD and can complete ADL's

Please check each box that corresponds with aspects of treatment at your facility that are listed below.

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<p>Do you have screening mechanisms for ASD that includes questions about ASD and symptomatology? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, please list the tools(s) by name and/or send copies. As requested, our psychologist will complete testing for ASD and symptomology. The following assessments are Gilliam Asperger’s Disorder Scale (GADS); Autism Diagnostic Interview, Revised (ADI-R); Behavior Assessment System for Children, Second Edition (BASC-2)</p>
<p>What diagnostic evaluation/assessment process do you use? Please check all that are included</p>	<p><input checked="" type="checkbox"/> Family interviews <input checked="" type="checkbox"/> Review of past records <input checked="" type="checkbox"/> Consideration of DSM-V criteria <input checked="" type="checkbox"/> History, including educational and behavioral interventions <input checked="" type="checkbox"/> Differential diagnosis <input checked="" type="checkbox"/> Observation <input type="checkbox"/> Specific Tools (please identify): Click here to type</p>
<p>Do you do functional behavior assessments? If so, please describe your approach in the school and residential program.</p>	<p>As requested, our psychologist will complete functional behavior assessments and the results will be distributed to all departments for implementation. We also have a BCBA who assists with functional behavior assessments.</p>
<p>Please describe how the Behavior Analysis is presented in the treatment plan.</p>	<p>The Behavior Analysis is presented in the milieu goal, which will reflect daily living skills, ADL, and behavioral summaries. Depending on the results of the behavior analysis, individual treatment goals may also be developed and implemented into the treatment plan.</p>
<p>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:</p>	
<p>Please describe your approach to treatment and any interventions that are employed specifically for this population.</p>	<p>Cognitive Behavioral Therapy; Trauma-Focused Behavioral Therapy; principles of Applied Behavior Analyst; Resident Team Meetings to individualize treatment; Circles Curriculum for Social Skills Training; Sensory Integration; Behavior Modification with short term goals/incentives; Visual schedule and hygiene prompts; one or two step directions.</p>
<p><i>Please use the space below for additional comments.</i></p>	
<p>Click here to type</p>	

Devereux Advanced Behavioral Health at Colorado

Residential Treatment Services PRTF Information Inventory

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.

Section A

FACILITY INFORMATION	
Site/Cottage/Facility Name	Devereux Advanced Behavioral Health Colorado
Address	8405 Church Ranch Blvd. Westminster, CO 80021
Contact number	303-438-2357
Date completed	April 6, 2021
Name and title of person completing this form	Amy Gorman, Director of Business Development

GENERAL OVERVIEW			
Accreditation Body	CO DHS, JCAHO		
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	10-21	61	
<input checked="" type="checkbox"/> Females	10-21	25	
<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	Nursing	110:1 M-F 0530-1330 and 55:1 M-F 1330-1430 and 110:1 Sat./Sun.	From 5:30am to 1:30 pm there is 1 RN assigned to Nursing, with the RN Manager available for additional assistance M-F. During weekends there is only 1 nurse on duty during the 7:30am-3:30pm shift.

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Evening		55:1 M-F 14:30-2200 and 110:1 Sat./Sun.	Two Nurses are present on shift from 1:30pm to 10:30pm M-F-at these times the described ratio exists (55:1). During OVN shifts, from 6:30am until 1:30 pm M-F and at all times during weekend hours the client to RN ratio is closer to 110:1
Night		110:1 M-Sun.	Click here to type
What safety monitoring practices are applicable during the day? At night?		Special precautions yield monitoring instructions for each client. Special precautions are determined by the clinician. Clients receive increased monitoring at varying levels if they have acted unsafely or have verbalized an intent to engage in unsafe behavior with minimal ability to safety plan. General protocol for clients who are on standard monitoring instructions is 30 minutes checks during the day/evening and 15 minute checks during the overnight.	
Does your facility have requirements regarding IQ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain. Minimum IQ of 70, but will look at those lower on a case by case basis	
What is the average length of stay for the facility overall? 9-12mo		For AK Medicaid Recipients? 9-12 mo	
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 Staff Secure	
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).		We have a licensed psychologist who completes a wide variety of psychological evaluations as indicated by client behavior and history. Staff are provided additional training from the clinical department when a client's diagnosis or behaviors warrant it.	

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<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>Our treatment process aims to integrate principles of a Trauma-Informed Model of Care (i.e., neurodevelopmental effects of exposure to adverse events during childhood) with an Applied Behavior Analytic approach to improve individuals’ capacity for emotion regulation, engage in relational interactions, and encourage positive social behavior. This is achieved by creating an enriched treatment environment and using positive reinforcement to support patterned, repetitive experiences designed to target symptoms of developmental trauma, and emotional and behavioral dysregulation. In this way, Devereux Colorado - Cleo Wallace Center strives to create an environment that is conducive to teaching new ways for clients to respond to the demands of today’s world.</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>
	<p><input checked="" type="checkbox"/> Autism Spectrum Disorders (High Functioning and Asperger’s) <u>NOTE: Facilities with this specialty must complete Section B</u></p>	<p>Through initial training and periodic training throughout the year.</p>
	<p><input type="checkbox"/> Autism Spectrum Disorders (severe/low functioning) <u>NOTE: Facilities with this specialty must complete Section B</u></p>	<p>Click here to type</p>
	<p>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 checked="" type="checkbox"/> adjudicated/ <input checked="" type="checkbox"/> non-adjudicated</p>	<p>Initial training and periodic training throughout the year. Training is conducted by a SOMB therapist.</p>
	<p><input type="checkbox"/> Eating Disorder</p>	<p>Click here to type</p>

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	<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)
	<input type="checkbox"/> 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	
	<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 checked="" type="checkbox"/> Fire setting
<input type="checkbox"/> Conduct Disorder	<input checked="" type="checkbox"/> Other: Fire Setting	<input checked="" type="checkbox"/> Other: Pregnancy and Type I or Insulin Dependence Diabetes
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.)	We utilize daily, visual schedules, computers, alpha smarts.	
What type of social skills training do you use? Please describe and/or identify the program.	ASSET – A Social Skills Program for Adolescent – specific task-analyzed social skills training Multimodal Anxiety and Social Skills Intervention for ASD – structured, multimodal and specific training on anxiety management and social skills training Communication and Problem Solving Skills Training (Bedell) – A CBT based social problem solving guide	

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<p>List types of safety monitoring used (e.g., staff observation, video cameras).</p>	<p>Based on the individual's safety level, a client may be on routine monitoring (staff complete visual check at least every 15 minutes), close observation (client remains within staff sight at all times), monitored in the great room during sleeping hours, 4 minute checks. All of these levels of supervision are determined by a clinician or nurse and are communicated to all members to the treatment team</p>
<p>How does the facility assure access to appropriate medical and dental care?</p>	<p>Clients are assessed by our nursing team upon admission and are overseen by our pediatrician/nurse practitioners to insure the necessary medical care is implemented. We have abilities to send clients to local dentists and specialists when indicated by our pediatricians/nurse practitioners.</p>
<p>What type of behavior management program do you use? Please name the program and describe the training.</p>	<p>PBIS. Positive Behavior Support</p>
<p>Does the facility use timeout? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>When are timeouts used? Click here to type</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? This intervention is used when a client exhibits behaviors that are determined to be of imminent risk to him or herself or others. Staff are trained every six months to continue to hone their skills in assessing imminent risk and the appropriate level of interventions based upon the behaviors exhibited.</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>Staff go through our Safe and Positive Approaches training at hire. This initial training is about 12 hours to discuss when the use of seclusion and restraint is appropriate and how to use de-escalation techniques (least restrictive) prior to the use of restraint and seclusion (most restrictive). All staff must display all the proper skills and test out in order to pass the training. All staff are then recertified in de-escalation and Safe and Positive Approaches every three months. Staff must also review policies regarding the use of restraint and seclusion at hire and every six months.</p>

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How frequently are individual and facility seclusion and restraint data reviewed, and by whom?	Individual Individual seclusion and restraint data is reviewed on a weekly basis by the treatment team.	Facility The program leadership team reviews facility seclusion and restraint data monthly.
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EDUCATION SERVICES	
Please indicate what types of educational services the facility provides.	<input checked="" type="checkbox"/> On Site School <input checked="" 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: Click here to type	
Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	The student's records are requested from the home school district prior to admission to our program. For students on an IEP, the home school district is mailed an invitation and strongly encouraged to participate in all IEP meetings for their students that are placed out of state. Once a student is ready to discharge from residential care back to their home school district, the home school district is invited and encouraged to participate in a transition meeting in order to help facilitate placement back in their home school district. Student's records are sent to the home school district upon request.
Educational Accreditation	AdvancED
Does your program accept school credits from other schools or programs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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What structured educational models are used?	We incorporate differentiated instruction for our students in line with curriculum and student needs. We individualize instruction with students and utilize direct instruction to support IEP goals and academic progress. Peer tutoring is incorporated when it makes sense. We provide flexible grouping for literacy and math skills along with a scaffold approach. Instruction is guided through progress monitoring in Literacy and Mathematics using iREADY and aimsweb. All Teachers are SPED licensed and experienced.
Does your program accept the Homeschool IEP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does your program create an IEP if needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 checked="" type="checkbox"/> Dietitian <input type="checkbox"/> Psychologist <input checked="" type="checkbox"/> Clinician <input type="checkbox"/> Behavior Analyst <input type="checkbox"/> Other Clinician (name, credentials): Click here to type

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<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>Family is encouraged to participate in family session with the clinician and client in person when available, otherwise telephonically or via video. Family is invited to participate in the treatment plan review process each month which reviews the clients progress, continued treatment needs and discharge planning progress.</p>	
<p>How does your program identify/assess the function of challenging behaviors?</p>	<p>Clinicians administer Functional Behavior Assessments with the oversight of the campus BCBA.</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>Direct Care Professionals collect daily data on Positive Behavior Interventions and Supports point sheets related to client's objectives. Clinicians utilize curriculums to organize individual, group, and family therapy sessions. Treatment teams utilize data related to events requiring emergency interventions to determine how and when to intervene with setting events. Changes are made in the treatment plan in response to this data.</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? Devereux utilizes Positive Behavior Interventions and Supports to provide frequent opportunities for client's to be acknowledged for their positive behaviors and teach replacement behaviors. Clients have the opportunity to earn points for following the campus rules and completing their daily objectives. These points are tied to a wide variety of privileges that change based on the needs of each individual client. 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 Phase System is organized in a way that allows for modification based on the needs of each client. Individualized activities are built into each phase. The Phase System is also reviewed and updated every six months. Members from multiple departments as well as clients are invited to share their thoughts regarding the phase specific activities and adjustments are made accordingly.</p>

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TREATMENT	
Does your facility employ or contract with a behavior specialist (behavioral psychologist or BCBA) on the treatment team or staff? <input checked="" type="checkbox"/> Yes <input 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). Megan Daveline, BCBA, LPC
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	The dietitian performs a nutrition assessment and creates nutrition plan/goals tailored to the individual client needs. The dietitian nutritional assessment and plan is implemented into the treatment plan. She reviews and signs off on the plan.
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
CBT	all populations
DBT	Female population primarily, male clients if clinically indicated
Applied Behavior Analysis	High Function Autism population, clients with history of self-injurious behaviors, clients with history of aggression
Motivational Interviewing	all clients

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Neurosequential Model and Trauma Informed Care		all clients
<u>Family Therapy</u> What are your expectations regarding family therapy?	Families are encouraged to participate in family therapy sessions weekly. Depending on the needs of the family, clients will not attend all family therapy sessions in order to help teach parenting skills. When families come for visits, they are expected to do an in-person family therapy session. The clinical team utilizes Parent Management Training as the primary curriculum for family therapy.	
<u>Clinical Supervision</u> Describe how a professional provides clinical oversight to the program. How many hours/week?	All clinicians participate in weekly 60-minute group supervision in which they take turns presenting a case conceptualization on one of their current clients. A weekly 60-minute clinical meeting is utilized to learn more about evidenced-based practices and how to lead a multidisciplinary team. Provisionally licensed clinicians receive individual supervision weekly for 60-minutes. Ongoing supervision is provided as needs arise.	
<u>Crisis Supports</u> How does the program assure access to the appropriate care for clients in crisis situation?	Staff are trained in de-escalation and crisis management techniques and meet the needs of the clients as they arise. Clinicians are notified of any high risk behaviors and determine what level of intervention is necessary. A Campus Support staff is available on each shift to help address crisis situations.	
<u>Skill Development</u> Please describe how your facility helps recipients develop the following:	<u>Methods/Interventions/Programs</u>	
Interpersonal skills	Participation in the Relational Phase of the Phase System in addition to the evidence-based curriculum the clinician utilizes in individual and group therapy.	
Self-Regulation	Participation in the Regulatory Phase of the Phase System in addition to the evidence-based curriculum the clinician utilizes in individual and group therapy.	
Daily Living	Positive Behavior Intervention and Supports provides opportunities to teach client's daily living skills.	
Communication	Participated in all phases of the Phase System help teach clients effective communication skills. The clinician also utilizes social skills curriculums to teach effective communication skills.	
Other	Click here to type	

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Please describe how your facility helps the recipient generalize these skills to their home environment.	Parent Management Training, the primary curriculum utilized for family therapy, aligns with the way we train staff to interact with clients. By teaching parents the same information, we create a shared language to help generalize these skills at home. Specific goals for visits and home passes are identified to have clients practice the skills in their home environment. Clients are also encouraged to teach their parents about the skills that are most effective during their stay.
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DAILY SCHEDULE	
Please describe the daily schedule.	Specific times vary between units. General overview is as follows: Monday-Friday: School programming begins at 8:45a and ends at 3:15p. Upon transitioning to the unit in the afternoon, a check in group occurs with both school and residential staff. Upon arrival to the unit, snack time occurs, followed by room time. Clinical group occurs after room time. There are two structured recreation activities provided every evening and meals occur at staggered times throughout the evening for each unit. Following dinner, there is a medication group that is facilitated by a nurse/medication technician to allow for safe administration of medications. Bedtime routine begins soon after medication group. Weekend schedules allow for laundry times, off grounds activities and additional structured recreational activities.
How are transitions (to meals, school, activities, etc.) managed?	Clients receive verbal prompts from staff and visual schedules to help them prepare for each new activity. Clients transition between activities in a single file line, with constant monitoring by staff. Room time is scheduled between specific activities to allow for clients to prepare for the next item on the schedule.
How are meals managed (e.g., preparation, clean-up)?	All meals are prepared on site in the kitchen (Teicher building) by nutritional services staff. Meals are prepared using approved standardized recipes and following all HACCP procedures. After meals, clean-up is managed by the nutritional services staff and includes: discarding of leftover food, cleaning pans/trays with dish machine, cleaning service line, sweeping/mopping, taking out trash, and cleaning the dining room area.

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Please describe the types of recreational activities available to recipients.	<u>On-Site Activities:</u> Basketball, Swimming, Music, Soccer, Kick Ball, Volleyball, Rock Climbing (indoor rock climbing wall), and Flag Football.	<u>Off-Site Activities:</u> Driven by each unit: Overview includes the following: Hiking, mountain biking, movies, zoo, snowboarding, Equine Therapy, rock climbing, and library trips.
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DISCHARGE PLANNING AND POST-TREATMENT	
When does discharge planning begin?	Discharge planning begins at admission. The case coordinator speaks with the parents/guardians/case workers etc. to identify an initial plan based on anticipated needs and resources available to the client and family. The discharge plan is reviewed monthly and adjusted based on needs and progress of the client.
Who is responsible for discharge planning at your facility?	Case Coordinators are responsible for creating and carrying out the discharge plan with collaboration from all treatment team members and the client.
What percentage of your recipients return to:	Therapeutic Foster Care: Click here to type Foster Care: 10% Family: 80% Group Home: 10% 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? Clients complete a discharge survey on the day of discharge.
<i>Please use the space below for further comments regarding your facility.</i>	
Click here to type	

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Section B

AUTISM SPECTRUM DISORDERS QUESTIONNAIRE	
<p>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.</p>	<p>We specialize in treating High Functioning Autism and primarily work with clients who have an IQ over 70. Clients must have verbal skills and be potty trained to be accepted in our program. We can make exceptions to the IQ cut-off if the client has higher adaptive skills, are verbal, and are potty trained.</p>
<p>Please check each box that corresponds with aspects of treatment at your facility that are listed below.</p>	
<p>Do you have screening mechanisms for ASD that includes questions about ASD and symptomatology? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, please list the tools(s) by name and/or send copies. We utilize the Autism Spectrum Rating Scale and Comprehensive Executive Function Inventory.</p>
<p>What diagnostic evaluation/assessment process do you use? Please check all that are included</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Family interviews <input checked="" type="checkbox"/> Review of past records <input checked="" type="checkbox"/> Consideration of DSM-V criteria <input checked="" type="checkbox"/> History, including educational and behavioral interventions <input checked="" type="checkbox"/> Differential diagnosis <input checked="" type="checkbox"/> Observation <input checked="" type="checkbox"/> Specific Tools (please identify): Adverse Childhood Experiences Score, Child Behavior Checklist, Trauma Symptom Checklist, Autism Spectrum Rating Scale, Comprehensive Executive Function Inventory, Adolescent Coping Orientation for Problem Experiences
<p>Do you do functional behavior assessments? If so, please describe your approach in the school and residential program.</p>	<p>When a client engages in behaviors requiring emergency intervention at high rates, 3 or more in one week, the clinician will complete the Motivation Assessment Scale. This information will be utilized in the multidisciplinary team meeting to develop individualized interventions. For clients who engage in self-injurious behaviors, the Functional Assessment of Self-Mutilation is utilized to identify the function of the behavior.</p>

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<p>Please describe how the Behavior Analysis is presented in the treatment plan.</p>	<p>We use partial interval data recording to collect data on three major categories of problem behavior: Danger to Self, Danger to Others, and Boundary Violations. More specific responses under each category are as follows:</p> <p>Danger to Self: Lethality, Self-Injury/Mutilation, Elopement, Program Refusal, Tantrums, Property Destruction</p> <p>Danger to Others: Illegal Activity, Physical Aggression, Verbal Aggression</p> <p>Boundary Violations: Inappropriate Sexual Behavior, Sexual Offending Behavior</p> <p>We also use partial interval data recording to collect data on prosocial responses in the context of our Positive Behavior Support system. We use the acronym CARE to provide a pneumatic device for recalling the categories of prosocial responses that have been targeted for increased reinforcement by our treatment center. The categories are as follows:</p> <p>Cares for Self and Others Act Responsibly Respects People and Property Encourages Safety</p> <p>During the daily schedule of structured activities, specific responses are identified and visually represented around campus in order for clients and staff to have frequent reminders of how to meet CARE expectations and qualify for reinforcement. Reinforcement is arranged by awarding points contingent upon demonstration of CARE responses during each “block” of the day (roughly corresponding to one 60 minute period). Points are exchangeable for desired items/activities on a daily, weekly, and monthly schedule. The occurrence of CARE responses is tracked by the assignment of points during each specified time block.</p> <p>In addition to program-wide Positive Behavior Support efforts, we also work with our clients to develop individualized treatment plan goals for regular daily or weekly practice. Our staff also award CARE points contingent upon the successful performance of treatment plan goals. Progress on individualized treatment plan goals is monitored by the assignment of CARE points specific to each treatment plan goal listed on the daily recording sheet.</p>
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Devereux Advanced Behavioral Health at Colorado
Residential Treatment Services PRTF Information Inventory

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.	We focus on teaching adaptive social skill, functional communication, and independent living skills to all our clients with ASD. Interventions are individualized based on our PBIS and Phase System model to achieve socially significant goals that are identified by both the clients and their family/guardian. All interventions are based in an understanding of Applied Behavior Analysis and overseen by the campus BCBA.

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

Devereux Advanced Behavioral Health Texas

Residential Treatment Services PRTF Information

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.

Section A

FACILITY INFORMATION	
Site/Cottage/Facility Name	Devereux Advanced Behavioral Health Texas
Address	1150 Devereux Drive, League City, TX 77573
Contact number	281-335-1000
Date completed	February 15, 2021
Name and title of person completing this form	David Roberds-Roach, Director of Business Development

GENERAL OVERVIEW			
Accreditation Body	The 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	12-22	132	
<input checked="" type="checkbox"/> Females	12-22	132	
<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	Nursing care is available at all times.	1:4	Nursing care is available at all times. Nurses are assigned to units based on applicable regulations.

Devereux Advanced Behavioral Health Texas

Residential Treatment Services PRTF Information

Evening	Nursing care is available at all times.	1:4	Nursing care is available at all times. Nurses are assigned to units based on applicable regulations.
Night	Nursing care is available at all times.	1:8	Nursing care is available at all times. Nurses are assigned to units based on applicable regulations.
What safety monitoring practices are applicable during the day? At night?		The campus is staffed twenty-four hours per day. Staff members are trained to monitor each client according to the client's prescribed level of supervision.	
Does your facility have requirements regarding IQ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain. Devereux League City typically serves individuals with intellectual functioning at or above the borderline range (typically, a FSIQ of 70 or higher). However, every referral is assessed individually to determine fit based on a holistic understanding of the individual, including intellectual and adaptive functioning.	
What is the average length of stay for the facility overall? 12-18 months		For AK Medicaid Recipients? 12-18 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).		Clients with FASD are usually diagnosed prior to entering our program. However, a comprehensive assessment is completed upon admission. A medical and physical exam are completed in addition to collecting family and developmental history. If FASD is suspected, a neuropsychiatric assessment is completed. Individualized programming is developed for the diverse population that Devereux serves. The Master Treatment Plan for a client with FASD is developed from a multi-disciplinary approach with the input of the client and family. Licensed clinicians provide in-service training to our direct support staff, as needed, to educate them about providing care to the populations we serve, including those with FASD.	

Devereux Advanced Behavioral Health Texas

Residential Treatment Services PRTF Information

<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>The Devereux Foundation has published Best Practice Guidelines on Trauma Informed Care. Our clinicians are trained on Trauma Informed Care (T.I.C.) and Trauma-Informed Cognitive Behavioral Therapy. All staff members attend annual trainings on T.I.C. Thorough biopsychosocial information is gathered during client and family interview and from previous placements or clinical professionals. The Adverse Childhood Experiences Scale is utilized to identify children and youth with extensive trauma histories. To treat a child or youth identified with extensive trauma, trauma- focused psychotherapies are used. Again, the Master Treatment Plan and the Crisis Management plan is developed from a multi-disciplinary approach and is individualized to address an identified trauma history. Our Clinician's give regular in-service training about Trauma Informed Care to our direct care staff.</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>
	<p><input type="checkbox"/> Autism Spectrum Disorders (High Functioning and Asperger’s) <u>NOTE: Facilities with this specialty must complete Section B</u></p>	<p>Click here to type</p>
	<p><input type="checkbox"/> Autism Spectrum Disorders (severe/low functioning) <u>NOTE: Facilities with this specialty must complete Section B</u></p>	<p>Click here to type</p>
	<p>Sexualized behaviors: <input checked="" 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</p>	<p>All direct care staff members are trained to in Trauma-Informed Care and Preventing Sexual Incidents. All clinicians are further trained in Trauma-Focused Cognitive Behavioral Therapy.</p>

Devereux Advanced Behavioral Health Texas

Residential Treatment Services PRTF Information

	<input type="checkbox"/> Eating Disorder	Click here to type
	<input checked="" type="checkbox"/> Other 18-22 year old men and women	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 type="checkbox"/> non-adjudicated	
	<input 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 type="checkbox"/> Elopement Risk
	<input type="checkbox"/> Conduct Disorder	<input type="checkbox"/> Other: Click here to type
Comments: Devereux-League City carefully considers every referral. Clients who have been referred to Devereux with a history of sexually acting out behaviors, eating disorders, fire setting behaviors and those on the Autism Spectrum are closely reviewed for severity of behaviors and level of functioning.		
What type of alternative communication modalities do you use? Please identify (e.g., Picture Exchange Communication System, sign language, assistive technologies, visual schedules, etc.)	Alternative communication modalities are sometimes made available on an individual basis, as need is determined by the client's treatment team. Currently, alternative communication modalities are not used in a broad format. Spanish-English interpreters are available to facilitate family therapy with Spanish-speaking families.	
What type of social skills training do you use? Please describe and/or identify the program.	Our RISE program was built around a framework of Positive Behavioral Interventions and Supports. Our staff is trained to teach setting-appropriate skills and provide reinforcement and support as clients practice newly-learned skills. Our clinicians incorporate elements of Skill-Streaming into therapeutic interventions, along with other evidence-based interventions.	

Devereux Advanced Behavioral Health Texas

Residential Treatment Services PRTF Information

List types of safety monitoring used (e.g., staff observation, video cameras).	Clients are monitored by staff 24:7. Our clients are monitored by our staff according to the client's level of supervision, ranging from face-to-face monitoring to periodic visual checks dependent upon a client's safety needs. Staff monitor our clients awake and sleep hours. Level of supervision is increased or decreased depending on the client's safety or therapeutic need.
How does the facility assure access to appropriate medical and dental care?	Our clients are seen for a history and physical within 24 hours by a contracted physician. A thorough nursing assessment is also completed at admission. A dental appointment is required within 30 days of admission unless documentation is provided indicating a dental appointment has occurred within the last 6 months.
What type of behavior management program do you use? Please name the program and describe the training.	The concepts and structure of D-PBIS are integrated into the R.I.S.E. Program that: 1) Provides clear, well-defined campus-wide values and expectations for all clients and staff; 2) Provides a framework for teaching expectations to all clients and measuring their success; 3) Provides specific lesson plans for all staff to assist in teaching behavioral expectations; 4) Provides incentives and positive acknowledgement for all who live and work at Devereux; and 5) Allows us to collect data and make data-driven decisions.
Does the facility use timeout? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	When are timeouts used? A time out is always voluntary. A time out can be taken independently or can be suggested by a staff member as a way to cope. If a client takes a time out, a staff member completes face-to-face monitoring of that client. The client can voluntarily leave the time out room at any time. Staff take actions to assist the client to integrate back into activities.

Devereux Advanced Behavioral Health Texas

Residential Treatment Services PRTF Information

<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? The facility does use physical restraint and/or seclusion when all other Safe and Positive Approaches (SPA) are not successful and the client is a danger to themselves or to someone else. If a client is restrained, only SPA-approved techniques are used. The client is monitored by a nurse during the restraint for proper positioning, breathing, and any other medical concerns. Consideration for clients who have extreme trauma histories is exercised. A face-to-face evaluation by a psychiatrist is completed within one hour of the restraint. Following the restraint, a client is debriefed on the reason for restraint and a nursing assessment is completed. Notification to guardians and funding agencies are made. If a client is secluded, a staff member completes face-to-face monitoring the entire length of the seclusion. A face-to-face evaluation by a psychiatrist or a trained registered nurse is completed within one hour of the initiation of the seclusion. Regularly scheduled meals and bathroom breaks are provided. Once the client has calmed and seclusion stopped, the client is debriefed on the reason for seclusion, a nursing assessment is complete and the client can return to regular programming. Notification to guardians and funding agencies are made.</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>The direct care staff are initially trained during classroom orientation in Safe & Positive Approaches and Emergency Behavior Interventions: Restraint & Seclusion Guidelines. Annual training in Safe & Positive Approaches is completed during an eight-hour recertification course. The EBI: Restraint & Seclusion Guidelines are also taught annually. Additional topics on EBIs are trained to staff every six months per licensing requirements.</p>	
<p>How frequently are individual and facility seclusion and restraint data reviewed, and by whom?</p>	<p>Individual Each Restraint and Seclusion is reviewed by supervisory staff after each occurrence. Clients who require the intervention with increased frequency (by set criteria) are reviewed in accordance with criteria for "Trigger" reviews. Seclusion and restraint data is reviewed by the Treatment Team and by the Director of Nursing.</p>	<p>Facility Seclusion and restraint data is reviewed monthly by QM, Leadership and Operations committees.</p>

Devereux Advanced Behavioral Health Texas

Residential Treatment Services PRTF Information

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 type="checkbox"/> Other: Click here to type <input type="checkbox"/> Other: Click here to type
Comments: The Educational Services Program at Devereux League City includes both educational and pre-vocational programs. The program includes grades 6-12, serving students who have been designated emotionally disturbed, learning disabled, or requiring special education services. Curriculum is designed and based on current needs as indicated by strengths and deficits reported in multi disciplinary assessments. An appropriate curriculum is determined for each student based upon the student's IEP, a review of pre-admission school reports and assessments, and the results of KTEA II (Kaufman Test of Educational Achievement). Children receive services in the least restrictive setting necessary to meet the child's needs and abilities. Clients attend school on campus with their assigned unit. Educational Services are individualized to meet the client's needs.	
Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	Devereux invites regular communication with school districts. An Individualized Education Plan drives the placement in the program in many situations. Involved school districts are notified of progress in the treatment program and any incidents that occur with an individual in the program. The school districts are invited to participate in monthly treatment reviews and the districts receive updates on a client's progress via written quarterly reports.
Educational Accreditation	AdvancED (formerly Southern Association of Colleges and Schools)
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?	Students attend classes onsite in classrooms with low student-to-staff ratios. The school day is structured with expectations posted in every room throughout the school building. Students follow a modified block schedule that includes elective courses such as Art and Spanish I and II. The school staff includes certified special education teachers and a Board-Certified Behavior Analyst.
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Devereux Advanced Behavioral Health Texas

Residential Treatment Services PRTF Information

	<input checked="" type="checkbox"/> Psychiatrist
TREATMENT PLANNING AND REVIEW Who participates in regular treatment team meetings? Please check each regular (at least monthly) participant in treatment review/planning.	<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 checked="" type="checkbox"/> Behavior Analyst <input type="checkbox"/> Other Clinician (name, credentials): Click here to type

Devereux Advanced Behavioral Health Texas

Residential Treatment Services PRTF Information

<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>Our RISE program promotes movement toward less structure and more independence, thus preparing clients for a lower level of care as they advance through the program. Our program model supports family involvement via interaction during personal phone time and visitations and in bimonthly family therapy sessions that focus on reunification. Case Coordinators are instrumental members of the team who facilitate communication with family members. Family members are viewed as part of the client team and families participate in Treatment Team Meetings. Progress updates are communicated through phone calls, monthly team reviews, and written quarterly progress reports. Guardians receive reports of incidents within 24 hours. Discharge planning begins at day one with the family and client participation in the initial discharge planning process and planning continues until discharge. All members of the team are involved in the discharge planning process.</p>
<p>How does your program identify/assess the function of challenging behaviors?</p>	<p>The family and the client are involved in the development of the treatment plan, crisis management plan, and biopsychosocial assessment. High risk behaviors are identified and treatment goals and interventions are written to address the behaviors. The psychiatrist, along with the team, continuously monitors the function of the challenging behaviors and assigns precautions to monitor behaviors (i.e. assault precautions, self mutilation precautions, suicide precautions, elopement precautions).</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>The Treatment Team reviews progress toward treatment goals every 30 days. Progress is measured using our Phase/Level program and multi-disciplinary reports. The Treatment Team may decide that a Functional Behavioral Analysis is appropriate for select clients. From assessment nad FBAs, a behavior support plan is developed.</p>

Devereux Advanced Behavioral Health Texas

Residential Treatment Services PRTF Information

<p>Does your facility employ a privilege/level/phase system?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, on what basis do recipients earn privileges or improved level status?</p> <p>The R.I.S.E. Program includes four phases: Commitment, Learning, Practice, and Role Model. Privileges are earned as clients learn new skills and progress through the program phases. Staff members assist clients with learning new skills. Desired skills are customized to different settings (e.g. school, afternoon activities, dining hall) to mimic the diversity of behavioral demands experienced in natural environments.</p> <p>If No, is there another system the program uses?</p> <p>Click here to type</p>	<p>Under what circumstances, if any, is the level system modified?</p> <p>The interdisciplinary treatment team may individualize the client’s program to optimize therapeutic gains and progress toward meeting treatment goals.</p>
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TREATMENT	
<p>Does your facility employ or contract with a behavior specialist (behavioral psychologist or BCBA) on the treatment team or staff?</p> <p><input checked="" type="checkbox"/> Yes <input 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).</p> <p>Board-Certified Behavior Analyst (BCBA)</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>
Dietitian	<p>The treating physician may order a dietary consult. In these cases, the dietitian collaborates with nursing staff and dining hall staff to ensure that the client’s dietary needs are met.</p>

Devereux Advanced Behavioral Health Texas

Residential Treatment Services PRTF Information

Occupational Therapist	For individuals receiving occupational therapy, the OT collaborates with the treatment team and education staff to implement recommendations.
Speech/Language Pathologist	For individuals receiving speech/language pathology, the SLP collaborates with the treatment team and education staff to implement recommendations.
Other Medical (e.g., GI, Sleep)	Click here to type
Dental	Each client sees the dentist on a bi-annual basis. Nursing staff implement recommendations as necessary.
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-Focused Cognitive Behavioral Therapy	Adolescents
Cognitive Behavioral Therapy	Adolescents
Interpersonal Therapy	Adolescents
Dialectical Behavior Therapy	Adolescents
Click here to type	Click here to type
<u>Family Therapy</u> What are your expectations regarding family therapy?	Devereux invites families/guardians to enter into a partnership to with Devereux's treatment providers to plan and support the client's treatment and promote generalization to less-restrictive settings in the future. Family Therapy is typically held bi-monthly for 60 minute sessions.
<u>Clinical Supervision</u> Describe how a professional provides clinical oversight to the program. How many hours/week?	The Director of Clinical Services provides supervision of therapists employed and contracted by Devereux. Two clinicians office on each unit to provide oversight of the milieu.

Devereux Advanced Behavioral Health Texas

Residential Treatment Services PRTF Information

<p><u>Crisis Supports</u> How does the program assure access to the appropriate care for clients in crisis situation?</p>	<p>Devereux Texas Treatment Network offers reasonable care in determining whether an emergency exists, renders life-saving first aid, and makes appropriate referrals to the nearest facilities that are capable of providing emergency medical services. In addition, it is the responsibility of the Facility to plan for client safety and management during a crisis, notify all concerned parties, and plan for the short-term and long-term emotional responses to a crisis situation. The Crisis Response Plan shall be reviewed and modified annually and/or whenever there are significant program or staff changes.</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: center;">Interpersonal skills</p>	<p>Clients are taught skills in many different ways, settings/environments, and through services that are provided at Devereux like school; individual, group and family therapy; substance use counseling; recreation activities; nursing and psychiatric services; community groups.</p>
<p style="text-align: center;">Self-Regulation</p>	<p>Participation in The RISE program helps determine what responsibilities and privileges a client will have in the program. As a client learns new skills and becomes more responsible in making daily choices, a client will earn rewards and privileges. The staff member helps the client to identify and utilize coping skills.</p>
<p style="text-align: center;">Daily Living</p>	<p>The program is structured for clients to learn how to complete timely hygiene, attend school/work, complete room care and laundry, learn meal preparation, learn money management, and learn good sleep hygiene.</p>
<p style="text-align: center;">Communication</p>	<p>Daily social and recreational activities are offered for learning appropriate peer interaction. Staff members work with the clients to help them talk about and better manage their feelings.</p>
<p style="text-align: center;">Other</p>	<p>Click here to type</p>
<p>Please describe how your facility helps the recipient generalize these skills to their home environment.</p>	<p>The clients practice skills with their family during family visitation, during family therapy and during home visits. Clients are offered opportunities to volunteer in the community and attend social activities off campus to practice their learned skills in the community.</p>

Devereux Advanced Behavioral Health Texas

Residential Treatment Services PRTF Information

DAILY SCHEDULE		
Please describe the daily schedule.	The clients rise between 7am and 8am and complete hygiene. Between 8am and 9am, clients attend community group and eat breakfast. Clients attend school from 9am to 3:15pm with an hour lunch break. The clients return to the unit following school. From 3:15 to 3:45, clients relax after school and prepare for 3:45pm community group. From 4pm - 5pm clients participate in an activity (physical, church, leisure) as scheduled. From 5pm - 6pm, clients eat dinner in the cafeteria. From 6pm - 7pm, clients participate in a scheduled activity (physical or leisure). From 7pm - 8pm, clients participate in a leisure activity and eat snack. From 8pm - 9pm, clients complete evening hygiene and prepare for bed. 9pm - 10pm - clients are in bed.	
How are transitions (to meals, school, activities, etc.) managed?	The staff members report the schedule and expectations for the shift in community groups. Clients are invited to participate in each activity. When clients line up, staff again let the clients know what the activity is and what the expectations are.	
How are meals managed (e.g., preparation, clean-up)?	Cycle menus for the cafeteria are planned by Dietitian, according to acceptable rules for planning a balanced, appealing menu and are influenced by patient food preferences. Meals are prepared by trained food and nutrition staff and served buffet-style in the cafeteria or served by tray on the unit. Unit personnel will assist food service staff unloading delivered meals. Food and Nutrition staff and employed clients clean dishes, trays and tables following meals.	
Please describe the types of recreational activities available to recipients.	<u>On-Site Activities:</u> Basketball, volleyball, soccer, biking, canoeing, swimming, board games, movies, holiday celebrations, cooking, exercise, football, softball, birthday parties, etc.	<u>Off-Site Activities:</u> Movies, shopping, out to eat, sports games, parades, beach, community volunteering at resale shops and animal shelters, zoo, charity events

DISCHARGE PLANNING AND POST-TREATMENT

Devereux Advanced Behavioral Health Texas

Residential Treatment Services PRTF Information

When does discharge planning begin?	The treatment team begins identifying discharge supports and services at the time of admission.
Who is responsible for discharge planning at your facility?	The attending physician has the responsibility for ensuring the discharge planning process in cooperation with other members directing the multidisciplinary treatment team. Discharge planning begins upon admission for all patients. Family, legal guardian or significant others shall be involved in the discharge planning process.
What percentage of your recipients return to:	Therapeutic Foster Care: Click here to type Foster Care: Click here to type Family: Click here to type Group Home: Click here to type 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? Past data has shown that 58 percent of clients remain in a traditional school setting and that 23% quit school after discharge. 14% of those clients remaining in school are in college programs. Rates of substance use remain very low with approximately 20% of clients using drugs after discharge. Approximately half those report other social problems related to their substance use. Approximately 50% of clients report being engaged in leisure or recreational activities.

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

Devereux Advanced Behavioral Health Texas

Residential Treatment Services PRTF Information

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
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

Devereux Advanced Behavioral Health Texas

Residential Treatment Services PRTF Information

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 [Click here to type](#)

treatment and any interventions that are employed specifically for this population.

Please use the space below for additional comments.

[Click here to type](#)

Devereux Advanced Behavioral Health - Viera Campus

Residential Treatment Services PRTF Information Inventory

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.

Section A

FACILITY INFORMATION	
Site/Cottage/Facility Name	Viera Campus
Address	8000 Devereux Drive Viera, FL 32940
Contact number	321-242-9100
Date completed	August 25, 2021
Name and title of person completing this form	Latawn McGee

GENERAL OVERVIEW			
Accreditation Body	The 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	05-17	100	
<input checked="" type="checkbox"/> Females	05-17	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	1:30	1:4 while awake, 1:6 at night	Click here to type

Residential Treatment Services PRTF Information Inventory

Evening	Click here to type	1:4	Click here to type
Night	Click here to type	1:6	Click here to type
What safety monitoring practices are applicable during the day? At night?	Q-15 checks		
Does your facility have requirements regarding IQ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please explain. Click here to type		
What is the average length of stay for the facility overall? 8-12mths depending on functioning level	For AK Medicaid Recipients? Click here to type		
Are you anticipating changes to your program? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe. Click here to type		
Is the facility locked or unlocked?	<input checked="" type="checkbox"/> Locked <input checked="" type="checkbox"/> Unlocked		
Is the facility secure?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Buildings are secure.		
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).	We follow our State's requirements for Licensing for a hospital/PRTF level of care.		
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.	See program description regarding clinical approaches. We do practice utilizing Trauma Informed Care. Also, we are an state approved CSEC program.		
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

Residential Treatment Services PRTF Information Inventory

	<input checked="" 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 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 type="checkbox"/> adjudicated/ <input type="checkbox"/> non-adjudicated
	<input checked="" 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 checked="" type="checkbox"/> Fire setting- Persistent
	<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		

Residential Treatment Services PRTF Information Inventory

<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>Picture Exchange Communication System, visual schedules</p>
<p>What type of social skills training do you use? Please describe and/or identify the program.</p>	<p>See program description</p>
<p>List types of safety monitoring used (e.g., staff observation, video cameras).</p>	<p>Click here to type</p>
<p>How does the facility assure access to appropriate medical and dental care?</p>	<p>All client receive upon admission dental, vision and physical check ups.</p>
<p>What type of behavior management program do you use? Please name the program and describe the training.</p>	<p>See program description</p>
<p>Does the facility use timeout? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>When are timeouts used? Click here to type</p>
<p>Does the facility use seclusion? <input type="checkbox"/> Yes <input checked="" 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? Click here to type</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 certified in SPA by the training department prior to be in face to face contact with the individuals we serve.</p>

Residential Treatment Services PRTF Information Inventory

How frequently are individual and facility seclusion and restraint data reviewed, and by whom?	Individual Monthly	Facility Monthly CQI
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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 type="checkbox"/> Other: Click here to type <input type="checkbox"/> Other: Click here to type
Comments: Click here to type	
Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	Teacher provide written summaries to be included in the monthly treatment summary. Report cards and IEP Progress Reports are provided quarterly. The school has a dedicated Education Coordinator who works directly with the LEA to develop/amend the IEP.
Educational Accreditation	Cognia
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?	Educational methodology and pedagogy is determined by individual student need. Teachers are certified in Exceptional Student Education and the content areas in which they teach.
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

Residential Treatment Services PRTF Information Inventory

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 type="checkbox"/> Dietitian <input type="checkbox"/> Psychologist <input checked="" type="checkbox"/> Clinician <input checked="" type="checkbox"/> Behavior Analyst <input type="checkbox"/> Other Clinician (name, credentials): Click here to type
<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>Each individual is assigned a care coordinator who coordinates with the medical, clinical and educational team to keep case workers and guardians updated on progress.</p>
<p>How does your program identify/assess the function of challenging behaviors?</p>	<p>Behaviors are reviewed and discussed in treatment team. Data is reviewed with treatment and recommendations are made, if changes are necessary.</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>Click here to type</p>

Residential Treatment Services PRTF Information Inventory

<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? PBIS 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? Click here to type</p>
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<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 checked="" type="checkbox"/> Yes <input 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). We have a team of Psychologist, Psychiatrist, and Behavioral Analyst available should the individual need additional support.</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>
Dietitian	
Occupational Therapist	Principal reviews monthly and signs off.
Speech/Language Pathologist	Principal reviews monthly and signs off
Other Medical (e.g., GI, Sleep)	Reviewed monthly in treatment team
Dental	Reviewed monthly in treatment team.
Other	Click here to type

<p>PSYCHOTHERAPY MODELS</p>	
<p>Please identify the psychotherapeutic models (e.g., CBT, DBT) used at your facility, by population</p>	
<p>Model</p>	<p>Population</p>
<p>Click here to type</p>	<p>Click here to type</p>

Residential Treatment Services PRTF Information Inventory

Click here to type	Click here to type
Click here to type	Click here to type
Click here to type	Click here to type
Click here to type	Click here to type
<u>Family Therapy</u> What are your expectations regarding family therapy?	Weekly if appropriate
<u>Clinical Supervision</u> Describe how a professional provides clinical oversight to the program. How many hours/week?	Weekly if unlicensed.
<u>Crisis Supports</u> How does the program assure access to the appropriate care for clients in crisis situation?	Safe and Positive Approaches Curriculum
<u>Skill Development</u> Please describe how your facility helps recipients develop the following:	<u>Methods/Interventions/Programs</u>
Interpersonal skills	Click here to type
Self-Regulation	Click here to type
Daily Living	Click here to type
Communication	Students eligible for speech/language services receive those services through the school. Eligibility may be medically or educationally relevant.
Other	Click here to type
Please describe how your facility helps the recipient generalize these skills to their home environment.	Click here to type

DAILY SCHEDULE	
Please describe the daily schedule.	Click here to type

Residential Treatment Services PRTF Information Inventory

How are transitions (to meals, school, activities, etc.) managed?	Click here to type	
How are meals managed (e.g., preparation, clean-up)?	Click here to type	
Please describe the types of recreational activities available to recipients.	<u>On-Site Activities:</u> Click here to type	<u>Off-Site Activities:</u> Click here to type

DISCHARGE PLANNING AND POST-TREATMENT	
When does discharge planning begin?	Admission
Who is responsible for discharge planning at your facility?	Treatment Team
What percentage of your recipients return to:	Therapeutic Foster Care: Click here to type Foster Care: Click here to type Family: Click here to type Group Home: Click here to type Corrections: Click here to type Independent Living: Click here to type
Do you do any post-discharge surveys? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when is it conducted? Click here to type

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

Residential Treatment Services PRTF Information Inventory

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please list the tools(s) by name and/or send copies. ADOS
What diagnostic evaluation/assessment process do you use? Please check all that are included	<input checked="" type="checkbox"/> Family interviews <input checked="" type="checkbox"/> Review of past records <input checked="" type="checkbox"/> Consideration of DSM-V criteria <input checked="" type="checkbox"/> History, including educational and behavioral interventions <input checked="" type="checkbox"/> Differential diagnosis <input checked="" 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.	Yes,

Residential Treatment Services PRTF Information Inventory

Please describe how the Behavior Analysis is presented in the treatment plan.	Behavior Data Tracking
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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	

Jasper Mountain Center

Residential Treatment Services PRTF Information Inventory

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.

Section A

FACILITY INFORMATION			
Site/Cottage/Facility Name		Jasper Mountain Center	
Address		37875 Jasper Lowell Rd., Jasper, OR 97438	
Contact number		541-747-1235	
Date completed		April 8, 2021	
Name and title of person completing this form		Beau Garner, Jasper Mountain Executive Director	
GENERAL OVERVIEW			
Accreditation Body		COA	
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	3-13	10 (Although not specifically licensed by gender, we attempt to keep the milieu balanced)	
<input checked="" type="checkbox"/> Females	3-13	10 (Although not specifically licensed by gender, we attempt to keep the milieu balanced)	
<input checked="" type="checkbox"/> Other	3-13	We served a transgender youth this past year.	
Describe your client:staff ratio and how it is calculated for the following:			
	Nursing	Milieu	Comments
Day	1:20	1:3	Click here to type
Evening	1:20	1:3	Click here to type

Jasper Mountain Center

Residential Treatment Services PRTF Information Inventory

Night	1:20	1:6	Awake staff while children are sleeping.
What safety monitoring practices are applicable during the day? At night?		Alarms in rooms, visitors screened, 1 to 3 staff to child ratio during the day, 1 to 6 at night, constant line of sight supervision	
Does your facility have requirements regarding IQ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain. We generally do not accept children with IQ's lower than 70 unless it appears that low IQ is the result of trauma.	
What is the average length of stay for the facility overall? 12-18		For AK Medicaid Recipients? 12-18 months	
Are you anticipating changes to your program? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please describe. We are adding another 15-bed facility.	
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).		Children with elements of FASD/ARND are admitted if their cognitive functioning is borderline or above. Identification is often noticed before admission but if not we do a complete psychiatric and psychological assessment with as much information on early development as possible. Staff receive training within and outside of the organization on adjustments to children who are drug and alcohol affected. Most of the training is child specific due to the many other comorbid issues that are often linked to drug and alcohol impacts.	

Jasper Mountain Center

Residential Treatment Services PRTF Information Inventory

<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>Most children referred are known to have had childhood trauma, however, a fuller trauma history often comes out in our programs. We do a complete trauma history, then use projective techniques as well as individual and group trauma interventions for children both within the organizations and for external training. Our expertise in trauma treatment goes back three decades and our innovative approaches are included in several published books.</p>	
<p>Specialty Populations</p>	<p>Please check all specialty populations this facility serves.</p> <p><input type="checkbox"/> Autism Spectrum Disorders (High Functioning and Asperger's) <u>NOTE: Facilities with this specialty must complete Section B</u></p> <p><input type="checkbox"/> Autism Spectrum Disorders (severe/low functioning) <u>NOTE: Facilities with this specialty must complete Section B</u></p> <p>Sexualized behaviors:</p> <p><input checked="" type="checkbox"/> Sexually reactive (e.g. response to trauma)</p> <p><input type="checkbox"/> Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues)</p> <p><input checked="" type="checkbox"/> Sexually offending: <input checked="" type="checkbox"/> adjudicated/ <input checked="" type="checkbox"/> non-adjudicated</p> <p><input type="checkbox"/> Eating Disorder</p> <p><input checked="" type="checkbox"/> Other Attachment Disorder</p>	<p>What training does staff receive for this population?</p> <p>Click here to type</p> <p>Click here to type</p> <p>Initial and on-going mental health training, as well as, specific NRT protocol training based on individual children and behaviors.</p> <p>Click here to type</p> <p>Initial and on-going mental health training, as well as, specific NRT protocol training based on individual children and behaviors.</p>

Jasper Mountain Center

Residential Treatment Services PRTF Information Inventory

	<input checked="" type="checkbox"/> Other Trauma/Abuse	Initial and on-going mental health training, as well as, specific NRT protocol training based on individual children and behaviors.	
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 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 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: Our program does not automatically screen out Intellectual/Development Disabilities, Autism Spectrum Disorder, or Psychosis providing it is not the primary diagnosis.		
What type of alternative communication modalities do you use? Please identify (e.g., Picture Exchange Communication System, sign language, assistive technologies, visual schedules, etc.)	Any deemed appropriate for our client.		

Jasper Mountain Center

Residential Treatment Services PRTF Information Inventory

<p>What type of social skills training do you use? Please describe and/or identify the program.</p>	<p>All children coming to Jasper Mountain receive instruction and group work involving social skills that will be required to be successful in the future. Not all children come to us deficient in all areas but most of the children have very serious social skill deficits. Our curriculum for social skills has been developed after many years of work by our key clinical staff, supervised by our staff psychologist. The following areas are the key topics: Respect for Others – respect is the foundation of healthy connections with others. Clear Communication – learning how to let others know your thoughts and feelings. Peer Relationships – working with adults is often easier than with peers and peer relationship skills must be practiced. Healthy Relationships and Reciprocity – all healthy relationships require the give and take where neither party is either used or abused. Empathy for Others – we must all learn that our thoughts and needs are not the only important considerations when we socially interact with others.</p>
<p>List types of safety monitoring used (e.g., staff observation, video cameras).</p>	<p>The standard of supervision is within visual sight and audio monitoring at all times unless asleep or in the restroom. At night we use laser beam monitoring with computerized sensors and a voice activated system and automatic microphones so staff are aware of all activity when the child is in bed. The level of supervision and sophistication of our monitoring allows us to admit children with the most severe aggressive and sexual risks.</p>
<p>How does the facility assure access to appropriate medical and dental care?</p>	<p>We have on site nursing and nurse’s assistants who coordinate with both pediatricians and dentists who serve our children. Routine screenings and appointments are coordinated for both medical and dental needs. Complete medical evaluations are done at intake, start of the school year and annual physicals. Dental exams are provided twice a year with any needed follow-up dental work.</p>
<p>What type of behavior management program do you use? Please name the program and describe the training.</p>	<p>Jasper Mountain uses the CPI (Crisis Prevention Institute) model of behavior management. Agency trainers go through a three-day course and have to maintain 17 hours of training per year. All program staff receive the initial CPI training which consists of 8 hours focused on crisis prevention, de-escalation, and management of assaultive behaviors. The staff are required to attend a CPI refresher course annually. We have 4 in-house certified CPI trainers.</p>
<p>Does the facility use timeout? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>When are timeouts used? Click here to type</p>

Jasper Mountain Center

Residential Treatment Services PRTF Information Inventory

<p>Does the facility use seclusion? <input type="checkbox"/> Yes <input checked="" 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? When a child presents as a danger to themselves or others. CPI techniques are used to keep children and staff safe.</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>Jasper Mountain does not use seclusion. Staff are trained in the use of restraint by the CPI model of crisis prevention and intervention techniques described above and all staff must be formally certified in physical interventions. All staff need to completed refresher course on an annual basis.</p>	
<p>How frequently are individual and facility seclusion and restraint data reviewed, and by whom?</p>	<p>Individual Individual restraint data is reviewed monthly during the child’s Multi-disciplinary Review Meeting and during the monthly Quality Assurance Meeting.</p>	<p>Facility Facility restraint data is reviewed monthly during the monthly Quality Assurance Meeting and every 90 days by the full Board of Directors.</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 checked="" type="checkbox"/> Day Treatment <input checked="" type="checkbox"/> Outpatient Services <input checked="" type="checkbox"/> Other: Speech, OT, remedial subjects, hearing accommodations, sensory services <input type="checkbox"/> Other: Click here to type</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>We work closely with all school districts, local and out-of-state who cooperate in the education of children from in-state and out-of-state. We share information and reports, include the districts in discharge planning and invite them to review meetings on progress.</p>

Jasper Mountain Center

Residential Treatment Services PRTF Information Inventory

Educational Accreditation	Registered by the Oregon Department of Education as a Private Special Education School
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?	Jasper Mountain School includes both General Education and Special Education settings, focuses on students K-8 with Emotional Disturbance or Other Health Impairment as their primary disability. 1 to 3 staff to child ratio, IEP related services, focus on reading and math remediation, social skills training, common core curriculum, regular progress monitoring and individualized educational approaches based on the needs of each student. Year-round school, 191 instructional days per year.
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

Jasper Mountain Center

Residential Treatment Services PRTF Information Inventory

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>	<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 type="checkbox"/> Education Milieu Staff <input type="checkbox"/> Dietitian <input type="checkbox"/> Psychologist <input checked="" type="checkbox"/> Clinician <input checked="" type="checkbox"/> Behavior Analyst <input checked="" type="checkbox"/> Other Clinician (name, credentials): Therapists, School Representative, Residential Program Manager, Tribal Representative </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>Parents assist in intake information and treatment planning and discharge criteria. Parents are involved in weekly family therapy by phone or teleconference. Parents participate in monthly full team meetings including school issues. Parents are invited to have on-site visits on a monthly basis or what works with their schedule. Parents are involved in determining length of stay. We have on-site accommodations for parents at no cost during visits to the Center.</p>
<p>How does your program identify/assess the function of challenging behaviors?</p>	<p>We track specific identified treatment issues that often include serious problem behaviors. We track physical aggression, incidents of self-harm, sexual behaviors and other issues, and depending on the treatment plan we may track disrespect, bullying, non-compliance, tantrums, and elimination issues such as enuresis.</p>

Jasper Mountain Center

Residential Treatment Services PRTF Information Inventory

<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>We measure progress on multiple measures. We use daily progress on achieving treatment objectives, we monitor serious behavior issues, we use standardized measures to measure improvement in attachment, social skills, communication and daily living skills, personal stability, and dozens of other measures are monitored. We do extensive monitoring depending upon the primary issues of the child.</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 system that is very different than most level systems. Children are involved in developing individual treatment objectives. They are rated multiple times per day on their own unique issues. The children who are struggling to meet their goals are on a status focusing on improvement. This is how we make sure that every child is aware each day why they are in a treatment program and what they need to be working on. 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 level system is based on each child's individual treatment plan and is modified based on age, developmental level, cognitive ability and needs.</p>

TREATMENT

Jasper Mountain Center

Residential Treatment Services PRTF Information Inventory

<p>Does your facility employ or contract with a behavior specialist (behavioral psychologist or BCBA) on the treatment team or staff?</p> <p><input checked="" type="checkbox"/> Yes <input 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).</p> <p>We employ a number of highly trained and experienced behavior specialists: Dave Ziegler, PhD Licensed Psychologist, international behavioral expert and author of eight books, 45 years experience; Kelli Stonelake, Certified CPI behavioral trainer, over 20 years behavior management experience; Three other CPI certified trained trainers on behavior management.</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>
Dietitian	<p>Recommendations are carried out by the agency nurse, nurse assistance or staff designee. Updates on progress are provided in a monthly written report to each child’s clinical team, with health issues also reflected in the monthly Individual Services & Support Plan, compiled by the child’s therapist/clinical case manager.</p>
Occupational Therapist	<p>If OT recommendations are applicable to the school setting, interventions are monitored by the child’s teacher/special education case manager. If OT recommendations fall outside of the school setting, the child’s therapist/clinical case manager ensures and monitors that these interventions are followed. Both educational and clinical domains are reviewed monthly at the child’s clinical team meeting, and noted in the child’s Individual Services & Support Plan (and in the Individual Educational Plan as applicable).</p>
Speech/Language Pathologist	<p>Speech/Language interventions are generally carried out in the educational setting, with monitoring and reporting by the child’s teacher/educational case manager. Significant developments are also reflected in the child’s Individual Services & Support Plan, as well as noted in monthly contributions by the educational staff to the clinical team meetings. IEP goal progress is noted quarterly, and goals reassessed annually.</p>
Other Medical (e.g., GI, Sleep)	<p>Recommendations are carried out by the agency nurse, nurse assistant or staff designee. Updates on progress are provided in a monthly written report to each child’s clinical team, with health issues also reflected in the monthly Individual Services & Support Plan, compiled by the child’s therapist/clinical case manager.</p>

Jasper Mountain Center

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Dental	Recommendations are carried out by the agency nurse, nurse assistant or staff designee. Updates on progress are provided in a monthly written report to each child’s clinical team, with health issues also reflected in the monthly Individual Services & Support Plan, compiled by the child’s therapist/clinical case manager.
Other	Click here to type

PSYCHOTHERAPY MODELS	
Please identify the psychotherapeutic models (e.g., CBT, DBT) used at your facility, by population	
Model	Population
Holistic integrated treatment including mind, body and spirit. Diet, activity, education, coordination and strength physical development, learning how to work, getting along with others, morality and values weekly groups all integrated within the treatment for every child.	All residents
Relationship based treatment to improve bonding and attachment.	All residents where this is an issue.
Intensive trauma treatment to address the impact of childhood abuse.	All residents with a trauma history (nearly all).
Equestrian program to teach children respect and care of animals	All residents.
Ten federally designated evidence based practices integrated within the program.	Based upon the individual treatment needs of the children.
<u>Family Therapy</u> What are your expectations regarding family therapy?	We provide weekly family therapy as well as more extended on-site family therapy when parents visit our program.
<u>Clinical Supervision</u> Describe how a professional provides clinical oversight to the program. How many hours/week?	We have multiple clinical supervisors. A licensed psychologist oversees all treatment. A licensed clinical social worker supervises therapists. Two licensed marriage and family therapists provide clinical supervision to other therapists. Clinical supervision is individual for an hour a week and group supervision for two hours every other week.

Jasper Mountain Center

Residential Treatment Services PRTF Information Inventory

<u>Crisis Supports</u> How does the program assure access to the appropriate care for clients in crisis situation?	We have a National model Crisis Response Program where trained crisis teams are available 24/7 to respond to a child/family crisis and respond to the home and provide a crisis respite stay if needed for three days.
<u>Skill Development</u> Please describe how your facility helps recipients develop the following:	<u>Methods/Interventions/Programs</u>
Interpersonal skills	Our program specializes in improving attachment through multiple methods including assignment of personal mentors.
Self-Regulation	We focus all treatment plans on building the prefrontal cortex and executive functions such as regulations.
Daily Living	We optimize involvement in daily living including peer skills, chores, animal care, and we monitor normal living skills.
Communication	We do not have TV so children improve communication with contact with peers and adults throughout their day with training to effectively communicate with others. Outcome data reflects much improved communication.
Other	We also work on neuro-integration, improve self perceptions, disconfirmation of past negative roles, building neuro-pathways through mastery and practice enabling internal change or 'changing the child from within.'
Please describe how your facility helps the recipient generalize these skills to their home environment.	We have children increasingly get experience in the larger community to generalize skills. One of the primary methods to do this is in the last phase of treatment where children are placed in trained treatment foster homes to take skills learned in the residence and apply them in a family setting before returning home.

DAILY SCHEDULE

Jasper Mountain Center

Residential Treatment Services PRTF Information Inventory

Please describe the daily schedule.	School days (year round school) up at 7:30 am for breakfast and morning routines, 8:15 school, lunch 12:30, afternoon transition 2:30, check in group and chores 2:45, afternoon activity period to 5:30, dinner 5:30, after dinner activities to 7:45, evening group 8:00, bedtimes depend on age and on meeting individualized personal goals for the day.	
How are transitions (to meals, school, activities, etc.) managed?	Transitions are important and we have a schedule, the children are given reminders of the next step, staff oversee smooth movement to the next phase of the day. Many children are working on improving the ability to transition.	
How are meals managed (e.g., preparation, clean-up)?	Meals are planned by nutrition staff with our specialized diet of no artificial ingredients or processed food, meals are prepared by support staff, children eat in family style with treatment staff, individual children have chores to assist with set up and table cleaning. Clean up is done by support staff.	
Please describe the types of recreational activities available to recipients.	<u>On-Site Activities:</u> Riding and horsemanship in the on-site equestrian center. Running track for the running program, indoor courts for sports and games, therapeutic recreation, hiking and daily physical fun activities. Also arts and crafts for recreation.	<u>Off-Site Activities:</u> Winter swimming at a local aquatics center, old-growth forest hiking, community fun runs, camping at the coast and Cascade mountains, field trips to athletic events and concerts, trips to the coast, snow trips, movies, and much more.

DISCHARGE PLANNING AND POST-TREATMENT	
When does discharge planning begin?	At intake.
Who is responsible for discharge planning at your facility?	The child care team is responsible for discharge with the case manager recommending timeframes. Discharge planning begins at intake with goal setting and establishing measurable criteria for step down care.

Jasper Mountain Center

Residential Treatment Services PRTF Information Inventory

What percentage of your recipients return to:	Therapeutic Foster Care: 30% Foster Care: 5% Family: 45% Group Home: 20% Corrections: None Independent Living: Too young
Do you do any post-discharge surveys? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when is it conducted? According to past studies we have the most extensive and longest follow-up in the US. Results indicate children improved within the program but are much better at 6 months than at discharge and improvements on 14 or 21 success factors are strengths at 1 year, 3 years and 5 years after discharge. Only 2 of 21 success factors are a weakness overall at 5 years following discharge.

Please use the space below for further comments regarding your facility.

The program has 37 years of experience with the most challenging children in the United States, including many foreign born adopted children. We do not screen out any child due to difficult behavior and we do not discharge children due to the severity of behavior. Our pre and post outcome data on very difficult children indicates significant improvement overall and we follow up on all children for 5 years after discharge and track 21 areas of functioning. Our data on 550 children indicates significant improvement overall and we follow up on all children for 5 years after discharge reflect very strong improvement in 16 of 21 success factors overall. Jasper Mountain is the subject of a 2013 award winning documentary 'Once Upon a Mountain,' that shows the lasting impact of the program's Neurological Reparative Therapy approach on the children's positive brain change. Jasper Mountain has a proven track record of accepting the most challenging children and the children reflect remarkable progress as a group. The Program is in a beautiful section of rural Oregon in the Cascade Mountains. The view from the Children's residence spans over 50 miles of mountains and the Willamette Valley below. Many parents wonder if the Program could be as good as it sounds and most parents after treatment say it turned out even better than they hoped. Much more information and a virtual tour is available at www.jaspermountain.org.

Jasper Mountain Center

Residential Treatment Services PRTF Information Inventory

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
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

Jasper Mountain Center

Residential Treatment Services PRTF Information Inventory

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

Kids, TLC

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.

Section A

FACILITY INFORMATION	
Site/Cottage/Facility Name	KidsTLC
Address	480 South Rogers Road Olathe, KS 66062
Contact number	Lauren Hentchel, MBA
Date completed	March 8, 2021
Name and title of person completing this form	Associate VP of Referrals & Admissions

GENERAL OVERVIEW		
Accreditation Body	Council of Accreditation / COA	
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	6 to 21 – Youth age 18+ must be under the legal guardianship of another	Total number of licensed PRTF bed 111
<input checked="" type="checkbox"/> Females	6 to 21 – Youth age 18+ must be under the legal guardianship of another	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:		
	Milieu	Comments

Residential Treatment Services PRTF Information Inventory

Day	Present – no specified ratio	Residential Care Staff (RCS) 1: 7 – KDADS Regulation	Click here to type
Evening	Present – no specified ratio	RCS 1:7 – KDADS Regulation	Click here to type
Night	On-call only	RCS 1:10 – KDADS Regulation	Click here to type
What safety monitoring practices are applicable during the day? At night?		15-minute checks, 5-minute checks, safety observation, staff within sight and sound at all times	
Does your facility have requirements regarding IQ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain. Youth has to be verbal, and able to perform ADL’s; IQ cut off typically 65-70	
What is the average length of stay for the facility overall? 106 days		For AK Medicaid Recipients? Unknown	
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 – we do have delayed egress locked doors	
Is the facility secure?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – No perimeter fence or secured grounds	
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).		KidsTLC does not train specifically on this disorder, but clients who present with these symptoms are treated in a manner consistent with the principles of DDP (see below for definition of DDP).	
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.		KidsTLC is trained in Dyadic Developmental Psychotherapy or DDP. It’s based on the research and work of Dr. Dan Hughes. All staff clinical and milieu attend DDP training and offered certifications in Level I, II, and III. DDP is a science-based foundational therapy that focuses on children and families with Complex Developmental trauma. We also utilize DBT, CBT and Thera-play.	

Residential Treatment Services PRTF Information Inventory

Specialty Populations	Please check all specialty populations this facility serves.		What training does staff receive for this population?
	<input checked="" type="checkbox"/> Autism Spectrum Disorders (High Functioning and Asperger's) <u>NOTE: Facilities with this specialty must complete Section B</u>		We employ a BCBA who works within the PRTF program. Additionally, all new-hires receive training regarding this spectrum of diagnosis and foundational ABA techniques
	<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 checked="" type="checkbox"/> adjudicated/ <input checked="" type="checkbox"/> non-adjudicated		We have a therapist trained to provide sexual offender treatment to youth
	<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
	<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

Residential Treatment Services PRTF Information Inventory

	<input type="checkbox"/> Conduct Disorder	<input checked="" type="checkbox"/> Other: Pregnant teens	<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.)	We have the ability to provide ASL services to those youth that require it. We have also used visual schedules and prompts for our I/DD population; as well, as our younger populations.		
What type of social skills training do you use? Please describe and/or identify the program.	We do not utilize an established curriculum. Youth do receive some exposure through topic specific groups on the unit by the BCBA and clinical team. SEL curriculum and assessment (Second Step/Panorama) is provided as part of the local public school curriculum. The District operates our K-12 school on campus		
List types of safety monitoring used (e.g., staff observation, video cameras).	Staff observation, cameras, safety status, 1:1		
How does the facility assure access to appropriate medical and dental care?	We have providers in the community who provide these services. We follow the recommendations: a physical once per year, dental cleaning 2 x's and any follow appointments		
What type of behavior management program do you use? Please name the program and describe the training.	Safe Crisis Management – staff received 24 hours when they first start, then to maintain their certification they must participate in 12 hours per year		
Does the facility use timeout? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	When are timeouts used? When staff deem it appropriate for de-escalation. Time-outs are utilized in a variety of ways- quiet room, separation but present in the peer group, taking a walk with staff. Seclusion is used, but we do not utilize closed-door seclusion. A staff must be present in the room or the doorway for de-escalation and monitoring.		

Residential Treatment Services PRTF Information Inventory

<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 seclusion are used when a youth is in imminent danger to self or others or attempting to run from the facility. NOTE: When in the safe-room, the youth is always within sight and sound of staff. They are never left alone in a locked room.</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>See above on Safe Crisis Management</p>	
<p>How frequently are individual and facility seclusion and restraint data reviewed, and by whom?</p>	<p>Individual Daily by our compliance and improvement department staff. Data is analyzed and reviewed in our monthly Continuous Quality Improvement Committee meeting.</p>	<p>Facility Monthly by CQI</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 type="checkbox"/> Other: Click here to type <input type="checkbox"/> Other: Provided by local public school on our campus</p>
<p>Comments: Our school is part of the Olathe School District; it's one of their alternative programs</p>	
<p>Please describe how you communicate with school districts. How do you ensure communication with home-based schools?</p>	<p>We have parents/guardians sign releases of information to communicate with home schools. Family/Home-school can participate in school, IEP meetings, and have an active role during the transition planning from KidsTLC.</p>

Residential Treatment Services PRTF Information Inventory

Educational Accreditation	The Olathe Public Schools, an accredited public school agency, provides all education services for residential clients of KidsTLC.
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?	Normal elementary, middle and high school curriculum
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

TREATMENT PLANNING AND REVIEW

Residential Treatment Services PRTF Information Inventory

<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 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 checked="" type="checkbox"/> Behavior Analyst <input checked="" type="checkbox"/> Other Clinician (name, credentials): Psych Practitioner
<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 have bi-weekly treatment review meetings where all parties involved meet to discuss treatment progress, goals, and discharge planning</p>
<p>How does your program identify/assess the function of challenging behaviors?</p>	<p>Safe Crisis Management has a section on Functional Behavior Support Management, as well as a BCBA within the program to assist with this</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>KidsTLC does not use a point system or levels system. The Ohio Youth Problems, Functioning, and Satisfaction Scales are administered on admission, and every subsequent 30 days. Subjective Reports on Treatment Plan Progress</p>

Residential Treatment Services PRTF Information Inventory

<p>Does your facility employ a privilege/level/phase system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>If Yes, on what basis do recipients earn privileges or improved level status? Click here to type If No, is there another system the program uses? We utilize a phase or step monitoring system in several of our units. It is a goal directed “monitoring” progress system and does not focus on punitive aspects as do most traditional point or level systems. It is designed to assist the client and staff to stay goal directed. This system motivates the staff and the clients to focus on progress rather than failures. Success is celebrated and emphasized with the entire treatment team.</p>	<p>Under what circumstances, if any, is the level system modified? Click here to type</p>
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<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 checked="" type="checkbox"/> Yes <input 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). We have one Ph.D BCBA on our staff as well as a part-time BCBA. They assist in the development of behavioral plans and motivational systems.</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>We have a food service director who plans all meals based on nutritional guidelines</p>
<p>Occupational Therapist</p>	<p>N/A</p>

Residential Treatment Services PRTF Information Inventory

Speech/Language Pathologist	N/A
Other Medical (e.g., GI, Sleep)	Nursing and staff are responsible for implementing and following any directives given by a physician or other medical professional
Dental	Nursing and staff are responsible for implementing and following any directives given by a dentist
Other	Click here to type

PSYCHOTHERAPY MODELS	
Please identify the psychotherapeutic models (e.g., CBT, DBT) used at your facility, by population	
Model	Population
Dyadic Developmental Psychotherapy (DDP)	ALL
Use aspects of CBT	As part of our overall approach. Used more frequently for clients who are able to engage more cognitively.
Use aspects of DBT	As part of our overall approach. Used for clients who experience severe mood dysregulation, borderline personality traits.
Click here to type	Click here to type
Click here to type	Click here to type
<u>Family Therapy</u> What are your expectations regarding family therapy?	Family therapy is offered minimally 1 x per week; face-to-face or through ZOOM
<u>Clinical Supervision</u> Describe how a professional provides clinical oversight to the program. How many hours/week?	Our Chief Clinical Operations Officer, our VP of DDP Integration, our VP of Clinical Operations, our VP of Clinical and Operation Innovation and our Clinical Director are all licensed clinicians and provide oversight of the program daily. Clinical groups meet on a weekly basis for additional supervision with clinical leadership.
<u>Crisis Supports</u> How does the program assure access to the appropriate care for clients in crisis situation?	We have a safety team to provide extra support, if needed we will seek acute hospitalization or a higher level of care

Residential Treatment Services PRTF Information Inventory

<u>Skill Development</u> Please describe how your facility helps recipients develop the following:	<u>Methods/Interventions/Programs</u>
Interpersonal skills	Groups within the milieu / individual therapy
Self-Regulation	Groups within the milieu / individual therapy
Daily Living	Groups within the milieu / Staff interactions
Communication	Groups within the milieu / individual therapy / Staff interactions / School
Other	Click here to type
Please describe how your facility helps the recipient generalize these skills to their home environment.	Youth have the opportunity to go on overnight / weekend passes to practice and use what they are learning in treatment.

DAILY SCHEDULE	
Please describe the daily schedule.	7:30-8:15 a.m. – Hygiene, Room Care, and Morning Cartoons 8:00 a.m. – Breakfast pickup 8:15-8:30 a.m. – Breakfast 8:30-8:45 a.m. – Goals Group and Daily Schedule Overview 8:45-9:15 a.m. – Playground (Pending Weather) or Indoor Stations 9:15-10:15 a.m. – Stars Gym/Heroes Inside Recess or Back Patio 10:15-10:45 a.m. – Playground (Pending Weather) or Quiet activity 10:45-11:15 a.m. – Group/Prep for lunch 11:15-11:45 a.m. – Lunch 11:45-12:45 p.m. – Rest time/Quiet activity (reading, coloring, and drawing) 12:45-1:15 p.m. – Outside time (North Field optional)/Quiet activity for those who cannot go outside 1:15-1:30 p.m. – Playground/Cottage care for those who cannot go outside 1:30-2:15 p.m. – Earned Preferred/Activity Stations (Legos, building blocks, origami) 2:15-2:30 p.m. – Daily Check In/Reflections Group 2:30-3:00 p.m. – Morning Transition 2:30-3:00 p.m. – Room Time/Finish Room Care 3:00-3:30 p.m. – Reflection and Goals Group 3:30-4:00 p.m. – Playground 4:00-4:30 p.m. – Group 4:30-4:45 p.m. – Clean up and Prepare for Dinner 4:45-5:15 p.m. – Dinner 5:15-5:45 p.m. – Hygiene/Earned Preferred Items 5:45-6:15 p.m. – Finish Hygiene/Earned Preferred Items 6:15-7:00 p.m. – Group Game 7:00-8:00 p.m. – Meds/Snack/Movie, TV Show, Documentary 8:00 p.m. – LIGHTS OUT!
How are transitions (to meals, school, activities, etc.) managed?	Individual units have separate meal times and as such the transition is managed at the unit level. We have a new large centrally located campus cafeteria for all lunches and dinners. Weekday breakfast is served at school.

Residential Treatment Services PRTF Information Inventory

How are meals managed (e.g., preparation, clean-up)?	Our dedicated kitchen staff prepare meals in-house in adherence with all PRTF and Kansas regulations.	
Please describe the types of recreational activities available to recipients.	<u>On-Site Activities:</u> We have multiple recreation therapists on staff who provide direction to the various offered activities. We have a full-size gym, an outdoor playground, and significant green space for the kids to play various sports and other activities.	<u>Off-Site Activities:</u> When not in a pandemic we frequently have community-based outings to practice skills being addressed in the units in a more realistic environment. We visit the community pool, movies, bowling, horse therapy, the library, and other assorted activities.

DISCHARGE PLANNING AND POST-TREATMENT	
When does discharge planning begin?	At admission
Who is responsible for discharge planning at your facility?	Unit case coordinator
What percentage of your recipients return to: At this time we do not have an easy way to pull this information from our EMR.	Therapeutic Foster Care: Click here to type Foster Care: Click here to type Family: Click here to type Group Home: Click here to type Corrections: Click here to type Independent Living: Click here to type
Do you do any post-discharge surveys? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, when is it conducted? Click here to type

Please use the space below for further comments regarding your facility.

[Click here to type](#)

Residential Treatment Services PRTF Information Inventory

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.	ASD with IQ over 70
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 checked="" type="checkbox"/> No	If Yes, please list the tools(s) by name and/or send copies. Rely on previous/prior diagnosis; often outsource for comprehensive evaluation if needed through Responsive Centers.
What diagnostic evaluation/assessment process do you use? Please check all that are included	<input checked="" type="checkbox"/> Family interviews <input checked="" type="checkbox"/> Review of past records <input checked="" type="checkbox"/> Consideration of DSM-V criteria <input checked="" type="checkbox"/> History, including educational and behavioral interventions <input checked="" type="checkbox"/> Differential diagnosis <input checked="" type="checkbox"/> Observation <input type="checkbox"/> Specific Tools (please identify): Click here to type

Residential Treatment Services PRTF Information Inventory

<p>Do you do functional behavior assessments? If so, please describe your approach in the school and residential program.</p>	<p>School staff as well as special education and related staff conduct FBAs according to IDEA criteria. KidsTLC has a BCBA-D that conducts FBAs.</p>
<p>Please describe how the Behavior Analysis is presented in the treatment plan.</p>	<p>Our Behavior Analysts consultant for development, training and data collection related to the FBA and treatment plan.</p>

<p>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:</p>	
<p>Please describe your approach to treatment and any interventions that are employed specifically for this population.</p>	<p>BCBA’s create and develop behavior plans and motivational systems. In tandem, psychotherapist’s focus on trauma work and social skills enhancement.</p>

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

Lakeland Hospital Acquisition, LLC DBA Lakeland Behavioral Health System

Residential Treatment Services PRTF Information Inventory

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.

Section A

FACILITY INFORMATION	
Site/Cottage/Facility Name	Lakeland Hospital Acquisition, LLC DBA Lakeland Behavioral Health System
Address	440 S Market, Springfield, MO 65806; 2323 W Grand, Springfield, MO 65802
Contact number	417-865-5581
Date completed	February 25, 2021
Name and title of person completing this form	Kaycia Turner, Director of Business Development

GENERAL OVERVIEW			
Accreditation Body	Missouri Department of Social Services Children's Division		
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	6-21	60	
<input checked="" type="checkbox"/> Females	6-21	36	
<input checked="" type="checkbox"/> Other	6-21	10 bed co-ed unit	
Describe your client: staff ratio and how it is calculated for the following:			
	Nursing	Milieu	Comments
Day	24 hour	6:1	With additional ancillary staff, providing availability for 4:1
Evening	24 hour	6:1	With additional ancillary staff, providing availability for 4:1

Lakeland Hospital Acquisition, LLC DBA Lakeland Behavioral Health System

Residential Treatment Services PRTF Information Inventory

Night	24 hour	6:1	With additional ancillary staff, providing availability for 4:1
What safety monitoring practices are applicable during the day? At night?		Staff observation 24/7, chart 15-minute precautions, video monitoring of rooms and open areas.	
Does your facility have requirements regarding IQ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain. >65, with consideration on an individual basis	
What is the average length of stay for the facility overall? Average is approx.. 6 months for PRTF program		For AK Medicaid Recipients? Click here to type	
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).		N/A	
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.		All patients are pre-screened and then receive thorough trauma assessment upon admission. All therapists have gone through Trauma-Focused Cognitive Behavioral Therapy training. All staff receive three hours of trauma training during orientation, and then are required to receive an additional eight hours annually. Training is provided by two clinicians via evidence-based principles.	
Specialty Populations	Please check all specialty populations this facility serves.		What training does staff receive for this population?
	<input checked="" 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

Lakeland Hospital Acquisition, LLC DBA Lakeland Behavioral Health System

Residential Treatment Services PRTF Information Inventory

	<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 checked="" type="checkbox"/> adjudicated/ <input checked="" type="checkbox"/> non-adjudicated		Cognitive Behavioral Therapy, Risk Management, and Trauma Informed Care, as well as developing coping skills and interventions
	<input checked="" type="checkbox"/> Eating Disorder		In conjunction with other diagnoses. And provide resources for outpatient follow-up upon discharge.
	<input checked="" type="checkbox"/> Other Substance abuse		In conjunction with other diagnoses.
	<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 type="checkbox"/> Eating Disorder	<input 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 type="checkbox"/> Fire setting
	<input type="checkbox"/> Conduct Disorder	<input checked="" type="checkbox"/> Other: Extreme violence or assault with weapon.	<input checked="" type="checkbox"/> Other: Sexually maladaptive 18 and older.
	Comments: The unchecked above are considered on an individual basis.		

Lakeland Hospital Acquisition, LLC DBA Lakeland Behavioral Health System

Residential Treatment Services PRTF Information Inventory

<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>Contracted sign language and foreign language interpreters as needed and agreed upon by referrer and facility.</p>
<p>What type of social skills training do you use? Please describe and/or identify the program.</p>	<p>Group, recreational therapy, education in-house via accredited school, outings, and 1:1 interactions.</p>
<p>List types of safety monitoring used (e.g., staff observation, video cameras).</p>	<p>15-minute safety checks, 24/7 video monitoring.</p>
<p>How does the facility assure access to appropriate medical and dental care?</p>	<p>On-site medical doctor, off-site dental and vision providers.</p>
<p>What type of behavior management program do you use? Please name the program and describe the training.</p>	<p>We provide training for each new employee in the MANDT system for behavioral de-escalation and staff-to-patient effective interactions. Our training specialist also utilizes a book written by our Medical Director, "The Cognitive Milieu," for applying Cognitive Behavioral Therapy in the milieu. Each unit has a behavioral element to the program too, represented by various levels or colors, or names.</p>
<p>Does the facility use timeout? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>When are timeouts used? Encouraged as an alternative to a need for more restrictive intervention and to encourage positive coping skills to step away from trigger situations and refocus.</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? Only when de-escalation attempts are unsuccessful and resident continues to be a danger to self or others. Least restrictive measures are always used.</p>

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Residential Treatment Services PRTF Information Inventory

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.	16-hrs training in de-escalation and use of restraints. 4-hr refresher every 6 months. MANDT system certification.	
How frequently are individual and facility seclusion and restraint data reviewed, and by whom?	Individual All incidents reviewed daily by administration and risk manager.	Facility Risk manager receives daily report and provides monthly report.

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: Contracted speech, physical and occupational therapy. <input type="checkbox"/> Other: Click here to type
Comments: Click here to type	
Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	School administrators contact patients' home schools, whether public or private, including IEP and special needs (title 1 services). Individual reports are provided to and from the schools.
Educational Accreditation	Missouri Department of Elementary and Secondary Education full accreditation.
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?	Certified teachers in classroom setting. Opportunity for GED/HYSET completion.
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

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Residential Treatment Services PRTF Information Inventory

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): Unit manager
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?	Family therapy is offered weekly, with telehealth option. Telephone calls with patients can be received nightly. Patients nearing discharge earn various stages of family passes and outing passes to help prepare with stepping back into home setting.
How does your program identify/assess the function of challenging behaviors?	Treatment team meetings, daily shift reports, daily administrative flash reports, and unit meetings.

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Residential Treatment Services PRTF Information Inventory

How does your program measure progress on treatment plan goals and objectives (e.g., subjective report, phase/level progress/specific data points)?	A child behavior analysis/check-list is completed upon admission and at discharge for each patient. Each treatment plan identifies specific goals that require completion of phase levels, to identify completion of therapeutic processing along with demonstration of appropriate coinciding behaviors and coping skills. A conjunctive token system allows patients to earn various rewards for behaviors.	
Does your facility employ a privilege/level/phase system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, on what basis do recipients earn privileges or improved level status? 5 level token system If No, is there another system the program uses? Click here to type	Under what circumstances, if any, is the level system modified? Not modified.

TREATMENT	
Does your facility employ or contract with a behavior specialist (behavioral psychologist or BCBA) on the treatment team or staff? <input checked="" type="checkbox"/> Yes <input 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). Our Medical Director, Richard Aiken, MD, PhD, residency and fellowship in child and adolescent psychiatry, is credentialed in behavioral management of children and adolescents, having residency and fellowship advanced training. He is on the treatment team for all patients.
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	Monitoring by nursing staff and dietician.
Occupational Therapist	Monitoring by Director of Rehab Services.
Speech/Language Pathologist	Monitoring by School Administrator
Other Medical (e.g., GI, Sleep)	Monitoring by Nursing Supervisor
Dental	Monitoring by Nursing Supervisor
Other	Monitoring by Nursing Supervisor

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Residential Treatment Services PRTF Information Inventory

PSYCHOTHERAPY MODELS	
Please identify the psychotherapeutic models (e.g., CBT, DBT) used at your facility, by population	
Model	Population
TF CBT	All
Click here to type	Click here to type
Click here to type	Click here to type
Click here to type	Click here to type
Click here to type	Click here to type
<u>Family Therapy</u> What are your expectations regarding family therapy?	Minimum of 2x/mo. by phone or in-person.
<u>Clinical Supervision</u> Describe how a professional provides clinical oversight to the program. How many hours/week?	Oversight provided by Director of Residential Operations and LPC or LCSW on a daily basis as many hours as needed
<u>Crisis Supports</u> How does the program assure access to the appropriate care for clients in crisis situation?	24-hour nursing coverage, 24-hour management coverage, Administrator on Call during non-business hours and weekends.
<u>Skill Development</u> Please describe how your facility helps recipients develop the following:	<u>Methods/Interventions/Programs</u>
Interpersonal skills	Therapy/24-hr milieu management/nursing interventions, weekly psychiatrist and medication management by med-director, educational setting, individualized interventions.
Self-Regulation	Same
Daily Living	Same
Communication	Same
Other	Same
Please describe how your facility helps the recipient generalize these skills to their home environment.	Therapy and coaching in the facility in conjunction with weekly family therapy, as well as earning day and overnight passes.

Lakeland Hospital Acquisition, LLC DBA Lakeland Behavioral Health System

Residential Treatment Services PRTF Information Inventory

DAILY SCHEDULE		
Please describe the daily schedule.	Serenity unit schedule attached. Other units have similar schedules.	
How are transitions (to meals, school, activities, etc.) managed?	Staff led and directed.	
How are meals managed (e.g., preparation, clean-up)?	Foodservice and environmental services staff.	
Please describe the types of recreational activities available to recipients.	<u>On-Site Activities:</u> Gym and outdoor courtyards for basketball, volleyball, yoga and relaxation, and other team-based activities.	<u>Off-Site Activities:</u> Outing for laser tag, trampoline, bowling, movies, local sport events, and local conferences.

DISCHARGE PLANNING AND POST-TREATMENT	
When does discharge planning begin?	Upon admission and regularly evaluated with Therapist and treatment team.
Who is responsible for discharge planning at your facility?	Therapist and Case Manager
What percentage of your recipients return to:	Therapeutic Foster Care: Click here to type Foster Care: Click here to type Family: Vast majority Group Home: Click here to type Corrections: Click here to type Independent Living: Click here to type
Do you do any post-discharge surveys? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, when is it conducted? Click here to type

Lakeland Hospital Acquisition, LLC DBA Lakeland Behavioral Health System

Residential Treatment Services PRTF Information Inventory

Please use the space below for further comments regarding your facility.

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.

ASD with IQ>70, must be able to perform own ADL's, to participate in group interactions and therapies, as well as to read and comprehend as well as write.

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?
 Yes No

If Yes, please list the tools(s) by name and/or send copies.

What diagnostic evaluation/assessment process do you use? Please check all that are included

- Family interviews
- Review of past records
- Consideration of DSM-V criteria
- History, including educational and behavioral interventions
- Differential diagnosis
- Observation
- Specific Tools (please identify): [Click here to type](#)

Lakeland Hospital Acquisition, LLC DBA Lakeland Behavioral Health System

Residential Treatment Services PRTF Information Inventory

Do you do functional behavior assessments? If so, please describe your approach in the school and residential program.	No.
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

Lakemary Center

Residential Treatment Services PRTF Information Inventory

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.

Section A

FACILITY INFORMATION	
Site/Cottage/Facility Name.	Lakemary Center
Address	100 Lakemary Drive, Paola, KS 66071
Contact number	913-557-4000
Date completed	March 5, 2021
Name and title of person completing this form	Dr. Courtne Cain, Director of Health and Clinical Services

GENERAL OVERVIEW			
Accreditation Body	CARF		
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	6-21	65 total (not gender specific)	
<input checked="" type="checkbox"/> Females	6-21	65 total (not gender specific)	
<input checked="" type="checkbox"/> Other	6-21	65 total (not gender specific)	
Describe your client:staff ratio and how it is calculated for the following:			
	Nursing	Milieu	Comments
Day	One RN on campus	1:4	Lakemary now offers 24/7 nursing with onsite RN at all times.
Evening	One RN on campus	1:4	Click here to type
Night	One RN on campus	1:10	Click here to type

Lakemary Center

Residential Treatment Services PRTF Information Inventory

What safety monitoring practices are applicable during the day? At night?	All residents are required to be within sight and/or sound limits at all times. Staff are awake 24/7. If residents are only with sound supervision, then visual checks are completed at staggered 5-15 minute intervals.
Does your facility have requirements regarding IQ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain. We are specialized facility providing treatment to children with intellectual and/or developmental disabilities coupled with psychiatric diagnoses. Either an intellectual or developmental disability needs to be present, and most individuals in the program have an IQ of 70 or lower.
What is the average length of stay for the facility overall? 235.86 days	For AK Medicaid Recipients? 389.63 days
Are you anticipating changes to your program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please describe.
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).	Although we don't provide specialized treatment for FASD, if a child also has an I/DD, we can provide treatment at Lakemary. All staff are specifically oriented to each child admitted to Lakemary, prior to working with them. This orientation includes individually specific information related to the child's strengths, needs, preferences, support issues and individual goals and objectives.
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.	Most all children served at Lakemary have extensive trauma histories. All staff have "Trauma Sensitive Care" training prior to working with children. Trauma sensitivity remains a primary focus in treatment planning and service delivery, both in the milieu and clinical treatment. It is a foundational principle in all service delivery at Lakemary.

Lakemary Center

Residential Treatment Services PRTF Information Inventory

Specialty Populations	Please check all specialty populations this facility serves.		What training does staff receive for this population?
	<input checked="" type="checkbox"/> Autism Spectrum Disorders (High Functioning and Asperger's) <u>NOTE: Facilities with this specialty must complete Section B</u>		All staff receive training in basic diagnostic overview, basic behavioral approaches, and positive behavior interventions and supports.
	<input checked="" type="checkbox"/> Autism Spectrum Disorders (severe/low functioning) <u>NOTE: Facilities with this specialty must complete Section B</u>		All staff receive training in basic diagnostic overview, basic behavioral approaches, and positive behavior interventions and supports.
	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 type="checkbox"/> Sexually offending: <input type="checkbox"/> adjudicated/ <input type="checkbox"/> non-adjudicated		All staff receive training in basic diagnostic overview, basic behavioral approaches, trauma sensitive care, and positive behavior interventions and supports.
	<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

Lakemary Center

Residential Treatment Services PRTF Information Inventory

	<input type="checkbox"/> Conduct Disorder	<input checked="" type="checkbox"/> Other: Substance Abuse if primary/current treatment concern.	<input type="checkbox"/> Other: Click here to type
Comments: Eating Disorders are not excluded, but are considered on a case-by-case basis.			
What type of alternative communication modalities do you use? Please identify (e.g., Picture Exchange Communication System, sign language, assistive technologies, visual schedules, etc.)	Visual schedules, assistive technologies, basic sign language (to assist in verbal communication but not as a primary modality of communication), variations of Picture Exchange Communication System		
What type of social skills training do you use? Please describe and/or identify the program.	We use multiple group and individual formats – social stories, structured and non-structured play therapy, social skills for HFA, etc.		
List types of safety monitoring used (e.g., staff observation, video cameras).	Maintain residents within staff sight and/or sound observation at all times with 24/7 awake staff, motion alarms on doors and windows, delayed egress locks, partially fenced campus. Some areas are equipped with video cameras.		
How does the facility assure access to appropriate medical and dental care?	We offer onsite care for routine wellness exams and some injury/illness assessment and treatment. Lakemary also works with several providers in the area to ensure each resident’s medical, dental, and vision needs are met. We have nursing transporters who ensure each resident attends appointments with the information needed. All residents, at minimum, receive annual physicals and dental cleanings. All psychiatric appointments are handled on site with our Psychiatrist/Medical Director who meets with each child at a minimum of once every 30 days.		

Lakemary Center

Residential Treatment Services PRTF Information Inventory

<p>What type of behavior management program do you use? Please name the program and describe the training.</p>	<p>Positive Behavior Interventions and Support (PBIS): Incorporates evidence-based practices to look at the function of behaviors as well as environmental factors impacting behaviors to help create individualized behavior support plans. PBIS is a strengths-based model, which encourages looking at the whole person through a person centered planning approach to enhance quality of life. All staff receive initial training on PBIS and token economy implementation, as well as PBIS refresher courses throughout the year. Safe Crisis Management: (SCM) Three-day training covering both non-physical and physical intervention techniques where all less restrictive interventions are tried prior to physical interventions and physical interventions are only used when threat to safety is imminent. All staff complete three refresher courses annually in addition to the initial training and certification.</p>	
<p>Does the facility use timeout? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>When are timeouts used? Lakemary does use time outs per the recommendations of a child’s individualized behavior support plan.</p>	
<p>Does the facility use seclusion? <input type="checkbox"/> Yes <input checked="" 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? Seclusion is used within the educational program, but not in the residential setting. Physical restraint is implemented only under significant safety concerns and if less restrictive options were ineffective.</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 in Safe Crisis Management for crisis de-escalation and physical management. The initial training is three days and includes physical and non-physical test-out components. Refreshers are held quarterly for a total of 12-16 additional clock hours per year of refresher training.</p>	
<p>How frequently are individual and facility seclusion and restraint data reviewed, and by whom?</p>	<p>Individual Daily by residential, medical, and clinical staff</p>	<p>Facility Quarterly by safety committee</p>

Lakemary Center

Residential Treatment Services PRTF Information Inventory

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 type="checkbox"/> Other: Click here to type <input type="checkbox"/> Other: Click here to type
Comments: Click here to type	
Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	All children at Lakemary Center have an IEP for special education services, so it is imperative the home district is involved with the child's education. The Admissions Coordinator communicates with school districts prior to admissions, if necessary. The child's therapist and school administrator communicate with the child's home school while the child is at Lakemary, depending on the issue. Additionally, any IEP team member may participate in this communication. The home district is always a part of the child's annual IEP meeting. Prior to discharge, the child's therapist communicates as part of the discharge planning process to share information regarding needed treatment modalities and transition.
Educational Accreditation	Lakemary School is a special purpose non-public school which is an extension of USD 368 in Kansas. The school is licensed and accredited by Kansas Department of Education.
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?	Structured teaching, TEACCH
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Lakemary Center

Residential Treatment Services PRTF Information Inventory

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 type="checkbox"/> Education Milieu Staff <input type="checkbox"/> Dietitian <input type="checkbox"/> Psychologist <input checked="" type="checkbox"/> Clinician <input type="checkbox"/> Behavior Analyst <input type="checkbox"/> Other Clinician (name, credentials): Click here to type
<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>Lakemary requests that all families participate in weekly family therapy. We include them via any method that allows participation. We generally have at least weekly phone calls and/or emails. They participate bi-weekly in the child's treatment planning. They contribute to the goals and objectives developed for their child. Since discharge planning begins at admission, the family is involved in the discharge planning process from the beginning, with objectives and support needs clearly defined.</p>
<p>How does your program identify/assess the function of challenging behaviors?</p>	<p>Behavior function is discussed at each child's treatment planning process meeting. For the more difficult behavior/function discovery, our IBSP Clinical Coordinator completes a formal functional behavioral analysis (FBA) which goes back to the treatment team for consideration and development of behavior intervention plans (BIP) designed to teach alternate coping mechanisms or behavioral responses.</p>

Lakemary Center

Residential Treatment Services PRTF Information Inventory

<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>All treatment objectives are client-centered, observable, and measurable, making them data-driven. We monitor data through looking at decreases in challenging behaviors during two-week reporting periods, and increases in objective achievement (focused on prosocial behavior and/or coping skills) in the same time period.</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? Residents earn points for demonstrating STARS behavior (Be Safe/Try Your Best/Ask for Help/Be Responsible/Show Respect). They are able to save/spend their points 1-2 times weekly for tangible items and privileges. Residents do not lose points they have already earned, but lose the opportunity to earn points if engaging in negative behaviors. 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 token economy may be modified for a resident who needs more frequent reinforcement or who does not respond to the token economy. Changes to a child's individual system are discussed and made during weekly Children's Services Team Meeting, including representatives from all areas of children's programming.</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 checked="" type="checkbox"/> Yes <input 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). Lakemary currently employs two full-time BCBAs (Chris Delap and Tyler Re).</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>

Lakemary Center

Residential Treatment Services PRTF Information Inventory

Dietitian	Recommendations are communicated to medical, clinical, and kitchen staff directly.
Occupational Therapist	Implemented per IEP
Speech/Language Pathologist	Implemented per IEP
Other Medical (e.g., GI, Sleep)	Routed through medical department for implementation
Dental	Provide onsite dental clinics on a monthly basis
Other	Click here to type

PSYCHOTHERAPY MODELS	
Please identify the psychotherapeutic models (e.g., CBT, DBT) used at your facility, by population	
Model	Population
Play Therapy & Theraplay	All, especially residents who are younger, lower functioning, and/or have limited verbal skills
Cognitive Behavioral Therapy	Residents who can engage in verbal processing
Family Therapy/Family Systems	All families
Applied Behavioral Analysis	Residents on the autism spectrum and typically lower functioning
Solution-Focused Therapy/Trauma Systems	All residents, particularly those with a history of trauma
<u>Family Therapy</u> What are your expectations regarding family therapy?	Weekly participation either in person or via secure electronic methods
<u>Clinical Supervision</u> Describe how a professional provides clinical oversight to the program. How many hours/week?	Dr. Courtnie Cain provides clinical supervision to the program in her role as Director of Health & Clinical Services. She provides weekly supervision to the Clinical Program Coordinator who provides weekly supervision to all therapists, which includes at least one hour per week of individual and one hour per week of group supervision. Dr. Larry McDonald, Medical Director, (psychiatrist & pediatrician) also provides oversight for all psychiatric medication prescribing.

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Residential Treatment Services PRTF Information Inventory

<u>Crisis Supports</u> How does the program assure access to the appropriate care for clients in crisis situation?	All staff are trained in crisis intervention and safe crisis management. Any of these individuals are available to assist in a crisis. We utilize an assistance team which is comprised of veteran staff especially skilled in de-escalating crisis situations. These professionals are available on each shift.
<u>Skill Development</u> Please describe how your facility helps recipients develop the following:	<u>Methods/Interventions/Programs</u>
Interpersonal skills	Treatment plan goals and objectives, milieu treatment/training, individual & group therapy, IEP goals, life skills & vocational programming
Self-Regulation	Treatment plan goals and objectives, milieu treatment/training, individual & group therapy, IEP goals, life skills & vocational programming
Daily Living	Treatment plan goals and objectives, milieu treatment/training, occupational therapy, IEP goals, life skills & vocational programming
Communication	Treatment plan goals and objectives, milieu treatment/training, speech therapy, individual & group therapy, IEP goals, life skills & vocational programming
Other	Click here to type
Please describe how your facility helps the recipient generalize these skills to their home environment.	Repetition, positive praise/positive behavioral supports, weekly individual therapy, group therapy, parent training/coaching, therapeutic home passes, follow-up contact after the child discharges from Lakemary

DAILY SCHEDULE	
Please describe the daily schedule.	M-F, 7am Wake time; 7:15am to 3:08pm school; 3:08-3:15pm transition to residence; 3:15pm-5pm group therapy, recreation therapy, social skills, goals & objectives treatment, dinner preparation; 5-6pm dinner and clean up; 6-7pm group therapy, recreation therapy, social skills development, goals & objectives treatment, 7-8pm hygiene/daily living tasks/skill development; 8-9pm varying bedtimes

Lakemary Center

Residential Treatment Services PRTF Information Inventory

How are transitions (to meals, school, activities, etc.) managed?	Maintaining a routine schedule so residents know what to expect on a regular basis. Staff also announce transitions at various intervals, prior to the actual transition, so residents know what to expect and can ready themselves. Visual schedules are also available as needed.	
How are meals managed (e.g., preparation, clean-up)?	M-F, breakfast and lunch are prepared and served in the cafeteria in the administration building. Supplies for other meals are sent up to each residence and are prepared by staff and children. Meals are served in a family-style fashion.	
Please describe the types of recreational activities available to recipients.	<p><u>On-Site Activities:</u> Residents have regular weekly access to physical activity through scheduled gym and playground time. Residents also have regular access to onsite ranch/animal therapy, sensory integration, pond/fishing (during summer months only), swimming (during summer months only), individual and group organized activities.</p>	<p><u>Off-Site Activities:</u> Includes opportunities to integrate skills within the community by, for example, eating out at a local restaurant or purchasing an item at a local store. Large special outings are also regularly planned to include trips such as attending sporting events or local plays.</p>

DISCHARGE PLANNING AND POST-TREATMENT	
When does discharge planning begin?	Upon Admission
Who is responsible for discharge planning at your facility?	Assigned Therapist
What percentage of your recipients return to:	Therapeutic Foster Care: 6.25% Foster Care: 10% Family: 63.75% Group Home: 10% Corrections: 0% Independent Living: 1.25%

Lakemary Center

Residential Treatment Services PRTF Information Inventory

Do you do any post-discharge surveys? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when is it conducted? Upon discharge
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<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.	The majority of our residents with ASD are functioning at a lower cognitive level, typically IQ of 70 or below. However, we do consider individuals who are higher functioning on the spectrum if they demonstrate significant social skill deficits which would make them appropriate within our treatment milieu.
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 checked="" type="checkbox"/> No	If Yes, please list the tools(s) by name and/or send copies. We review previous diagnostic assessments prior to admission. If information is outdated, we refer for psychological testing and assessment.
What diagnostic evaluation/assessment process do you use? Please check all that are included	<input checked="" type="checkbox"/> Family interviews <input checked="" type="checkbox"/> Review of past records <input checked="" type="checkbox"/> Consideration of DSM-V criteria <input checked="" type="checkbox"/> History, including educational and behavioral interventions <input checked="" type="checkbox"/> Differential diagnosis <input checked="" type="checkbox"/> Observation <input checked="" type="checkbox"/> Specific Tools (please identify): ADI-R, GADS, GARS, CARS, BASC, Conners CBRS, PDDBI, NEPSY, etc.

Lakemary Center

Residential Treatment Services PRTF Information Inventory

Do you do functional behavior assessments? If so, please describe your approach in the school and residential program.	Lakemary includes an Intensive Behavior Supports Program (IBSP), facilitated by our IBSP Clinical Coordinator, a Licensed Masters Level Psychologist who is an Autism Specialist and completing his supervision hours to become a BCBA. Our IBSP Clinical Coordinator also consults on cases to complete an FBA and develop a BIP when appropriate.
Please describe how the Behavior Analysis is presented in the treatment plan.	For residents within the IBSP, specific behavioral data is included on a 28-day basis within the "Current Treatment Progress Overview".

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.	We only serve children with ASD without ID only if there are significant social or other adaptive functioning deficits present. Our educational program is entirely self-contained special education and our program is built around providing positive behavior intervention and supports as well as skills training in emotional identification, emotional communication, and emotional regulation; social skills training, etc.

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

Little Creek Behavioral Health

Residential Treatment Services PRTF Information Inventory

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.

Section A

FACILITY INFORMATION	
Site/Cottage/Facility Name	Little Creek Behavioral Health
Address	161 Skunk Hollow Rd., Conway, AR 72032
Contact number	1-501-585-7698
Date completed	July 18, 2020
Name and title of person completing this form	LaToya Harding, Clinical Director

GENERAL OVERVIEW			
Accreditation Body	The 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	Ages 6-18	32	
<input checked="" type="checkbox"/> Females	Ages 6-18	32	
<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	1 to 32	1 to 6	Click here to type
Evening	1 to 32	1 to 6	Click here to type

Little Creek Behavioral Health

Residential Treatment Services PRTF Information Inventory

Night	1 to 32	1 to 8	Click here to type
What safety monitoring practices are applicable during the day? At night?		15 minutes checks during the day and night and patients are required to be in eye sight of the staff at all times. During the night, the staff will continue 15 minutes while a sleep	
Does your facility have requirements regarding IQ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain. 70 and above	
What is the average length of stay for the facility overall? 6 months		For AK Medicaid Recipients? 6 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).		The staff and clinical staff are trained in Cognitive Behavioral interventions and techniques	
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.		The facility identifies the children and/or youth by their psychosocial history and will develop an individualized plan of care to address the past trauma. The milieu staff receives training during their training orientation. The clinical staff have been trained and in EMDR and CBT-Trauma Focused Therapy.	
Specialty Populations	Please check all specialty populations this facility serves.		What training does staff receive for this population?
	<input checked="" type="checkbox"/> Autism Spectrum Disorders (High Functioning and Asperger's) <u>NOTE: Facilities with this specialty must complete Section B</u>		The staff receives training during orientation on how to work with children with disabilities including those who have been diagnosed with Autism Spectrum Disorders and/or Asperger's.

Little Creek Behavioral Health

Residential Treatment Services PRTF Information Inventory

	<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 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	CBT and EMDR	
	<input type="checkbox"/> Eating Disorder	Click here to type	
	<input checked="" type="checkbox"/> Other Deaf/Hard of hearing (Little Creek's Dragon Tree unit hosts the only residential unit for behavioral health in the country for deaf/hard of hearing children and adolescents.)	Staff have training in ASL (American Sign Language) and interpreters are also brought in for therapy and school, as well as on an as-needed basis.	
	<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 checked="" type="checkbox"/> non-adjudicated
	<input checked="" type="checkbox"/> Eating Disorder	<input 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 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

Little Creek Behavioral Health

Residential Treatment Services PRTF Information Inventory

Comments: Click here to type	
<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>Sign Language, assistive technologies, video relay service, Ntouch VP, and telehealth</p>
<p>What type of social skills training do you use? Please describe and/or identify the program.</p>	<p>The youth and/or children will receive psychoeducational groups 2 times a week to address social skills.</p>
<p>List types of safety monitoring used (e.g., staff observation, video cameras).</p>	<p>Staff observation and video cameras and youth and/or children will be placed on elopement precautions, close observation, 1 on 1, and suicide precautions when they have a history of suicidal ideations/attempts, elopement, and self-injurious behaviors and/or displayed any of those behaviors listed.</p>
<p>How does the facility assure access to appropriate medical and dental care?</p>	<p>Depending on the youth and/or child's last medical and dental appointment, the facility will make an appointment within the first 30 days of admission. If the youth and/or child is in need of medical or dental care before the 30 days, the youth will be seen and checked by the APRN and the medical staff will make an appointment with a contracted medical doctor and/or dentist.</p>
<p>What type of behavior management program do you use? Please name the program and describe the training.</p>	<p>TCI behavior support techniques that include redirection and distractions, proximity, directive statements, time away, caring gestures, managing the environment, and hurdle help; life space interview; and I ESCAPE model. The staff and/or clinical staff are trained how to implement these techniques during their initial training/orientation class. The training includes scenarios and role-play. The staff are separated into groups and they are given a scenario and are instructed in how to use and implement the behavior support techniques.</p>
<p>Does the facility use timeout? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>When are timeouts used? Timeouts/ Time-away are used to assist the youth and/or child as a coping strategies/ de-escalation technique after an triggering event</p>

Little Creek Behavioral Health

Residential Treatment Services PRTF Information Inventory

Does the facility use seclusion? <input type="checkbox"/> Yes <input checked="" 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	When are restraints and/or seclusion used? Restraints (Physical and Chemical) used when youth/child are a danger to themselves and 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.	The staff are trained therapeutic crisis intervention techniques (TCI) during their initial training and will have a refresher course every 6 months after their initial training. They are trained on when to use the restraints and how to properly initiate and implement the restraint and/or seclusion.	
How frequently are individual and facility seclusion and restraint data reviewed, and by whom? Director of Risk Management	Individual Weekly	Facility Monthly

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 type="checkbox"/> Other: Click here to type <input type="checkbox"/> Other: Click here to type
Comments: Edgenuity	
Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	On admission, the teachers will contact youth/child's previous school district (home-based school) and obtain educational records (current IEP, grades, and testing). During treatment, teachers will continue to communicate during conference calls or treatment team meetings with home based school to maintain current IEP or get an updated IEP to continue to provide the services needed for the youth/child.
Educational Accreditation	Arkansas Department of Education
Does your program accept school credits from other schools or programs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Little Creek Behavioral Health

Residential Treatment Services PRTF Information Inventory

What structured educational models are used?	Multiage Program paired with project/inquiry based learning
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

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): Teacher, Case Manager and/or Clinical Director
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 program involves the family in treatment by inviting them to monthly conference calls. During those monthly conference calls, the guardian and/or family will be provided with the youth and/or child progress, behaviors, and any changes in treatment; discuss potential step-down placements and discharge process; and prepare both the youth/child and their guardian/family for discharge.

Little Creek Behavioral Health

Residential Treatment Services PRTF Information Inventory

<p>How does your program identify/assess the function of challenging behaviors?</p>	<p>The program identifies and assess the function of challenging behaviors by their daily documentation sheets and observation. The program reviews their daily documentation weekly and determine how to address the youth/child's 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>The program measures the youth/child's progress based a subjective report that includes how often they implement their coping strategies/skills in all settings when they are triggered and/or during a crisis; staff observation; engagement in all interventions and modalities (individual, group, and family therapy); and evaluating their daily documentation forms.</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? Youth/Child will earn privileges and improved level status based on their engagement in all activities, therapy including individual and group, and behaviors. 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? No</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). Facility employs LAC's, LPC's, LMSW's, and LCSW's</p>
<p>For each of the following professions/licenses, please answer the questions to the right.</p>	

Little Creek Behavioral Health

Residential Treatment Services PRTF Information Inventory

	How does your facility ensure that these professionals' treatment recommendations are implemented and consistently followed?
Dietitian	Based on the youth/child's dietary needs and recommendations from PCP, Dietitian will implement and review monthly
Occupational Therapist	Based on youth/child's needs and recommendation, facility will hire a contracted Occupational Therapist and services will be reviewed monthly to make sure services recommendations are being implemented.
Speech/Language Pathologist	Based on youth/child's needs and recommendation, facility will hire a contracted Speech/Language Pathologist and services will be reviewed monthly to make sure services recommendations are being implemented.
Other Medical (e.g., GI, Sleep)	Based on the youth/child's medical needs and recommendations from PCP/APRN, an appointment will be scheduled by nursing staff for the youth/child to see a specialist/specialists. APRN/DON will make sure all recommendations from specialist/specialists are implemented by nursing staff and review weekly.
Dental	Based on the youth/child's dental needs and recommendations from dentist. DON will make sure all recommendations from dentist are implemented by the nursing staff and reviewed by the nursing staff weekly and/or monthly.
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	Mood Disorders, Anxiety Disorder, Oppositional Defiant Disorders, Conduct Disorder, and Major Depressive Disorder
Person Centered Therapy	All Disorders
Eye Movement Desensitization & Reprocessing Therapy	Victims of trauma and who have been diagnosed with PTSD
Cognitive Behavior Therapy-Trauma Focused Therapy	Victims of trauma and who have been diagnosed with PTSD
Click here to type	Click here to type

Little Creek Behavioral Health

Residential Treatment Services PRTF Information Inventory

<u>Family Therapy</u> What are your expectations regarding family therapy?	Depending on the youth/child's service agreement, the families/guardian will be expected to participate in family therapy once a month and/or week or 2 times a month.
<u>Clinical Supervision</u> Describe how a professional provides clinical oversight to the program. How many hours/week?	All clinicians will monitor all interactions in all settings with the youth/child each week to make sure all services are provided for the youth/child during the program. A clinician will be on site Monday through Sunday for 40 hours a week.
<u>Crisis Supports</u> How does the program assure access to the appropriate care for clients in crisis situation?	Each youth/child has an individual crisis management plan (ICMP). Copies of the ICMP will be placed on the youth/child unit to guide the staff on what interventions they need to implement when that youth/child is in a crisis.
<u>Skill Development</u> Please describe how your facility helps recipients develop the following:	<u>Methods/Interventions/Programs</u>
Interpersonal skills	Psychotherapy and Psychoeducational groups and individual and family therapy
Self-Regulation	Psychotherapy groups and individual therapy
Daily Living	Psychoeducational groups
Communication	Psychotherapy and Psychoeducational groups and individual and family therapy
Other	Click here to type
Please describe how your facility helps the recipient generalize these skills to their home environment.	The facility helps the youth/child generalize these skills by consistently teaching them how to use those skills in the home setting and encouraging them to practice and use those skills during visitations with their families.

DAILY SCHEDULE	
Please describe the daily schedule.	Wake up/Hygiene (6:45 a.m. to 7:00 a.m.); Medication/Breakfast (7: 15 a.m. to 8:15 a.m.); School & Indoor/Outdoor Activities &/or Psychotherapy/Psychoeducation Groups (8:30 a.m. to 2: 45 p.m.); Lunch (12:15 p.m. to 1:00 p.m.); Indoor/Outdoor Activities and/or Psychotherapy/Psychoeducational Group Therapy (3:00 p.m. to 5:00 p.m.); Dinner (5:15 p.m. to 6:15 p.m.); Phone Calls (6:20 p.m. to 7:00 p.m.); Hygiene (7:05 p.m. to 8:00 p.m.; and Bedtime (8:00 p.m. to 9:00 p.m.)

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How are transitions (to meals, school, activities, etc.) managed?	They are managed by the ADL (Activities of Daily Living Schedule). Staff are to follow the ADL and make sure all youth/children are on time for all scheduled activities.	
How are meals managed (e.g., preparation, clean-up)?	Meals are prepared/cooked by trained dietary staff. All dietary staff follow the state regulations when preparing food and cleaning the cafeteria and the served safe guidelines per critical control points for temperature and dates of food. Nutrition guidelines are met and exceeded for child/adolescent nutrition.	
Please describe the types of recreational activities available to recipients.	<u>On-Site Activities:</u> Basketball, kickball, art activities, and football	<u>Off-Site Activities:</u> Bowling, movies, mini golf, and laser tag (Due to COVID-19, youth have not been able to go off-site for activities)

DISCHARGE PLANNING AND POST-TREATMENT	
When does discharge planning begin?	Discharge planning starts during admission.
Who is responsible for discharge planning at your facility?	Clinician and the youth/child's treatment team (Psychiatrist, therapist, and case manager)
What percentage of your recipients return to: Facility has only been open since March 2020 and facility does not have any return percentages at this time.	Therapeutic Foster Care: Click here to type Foster Care: Click here to type Family: Click here to type Group Home: Click here to type Corrections: Click here to type Independent Living: Click here to type
Do you do any post-discharge surveys? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, when is it conducted? Click here to type

Please use the space below for further comments regarding your facility.

[Click here to type](#)

Little Creek Behavioral Health

Residential Treatment Services PRTF Information Inventory

Section B

AUTISM SPECTRUM DISORDERS QUESTIONNAIRE	
<p>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.</p>	<p>ASD with IQ over 70</p>
<p>Please check each box that corresponds with aspects of treatment at your facility that are listed below.</p>	
<p>Do you have screening mechanisms for ASD that includes questions about ASD and symptomatology? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>If Yes, please list the tools(s) by name and/or send copies. Click here to type</p>
<p>What diagnostic evaluation/assessment process do you use? Please check all that are included</p>	<p> <input checked="" type="checkbox"/> Family interviews <input checked="" type="checkbox"/> Review of past records <input checked="" type="checkbox"/> Consideration of DSM-V criteria <input checked="" type="checkbox"/> History, including educational and behavioral interventions <input type="checkbox"/> Differential diagnosis <input checked="" type="checkbox"/> Observation <input type="checkbox"/> Specific Tools (please identify): Click here to type </p>
<p>Do you do functional behavior assessments? If so, please describe your approach in the school and residential program.</p>	<p>No, youth/child will be referred out for testing/assessments.</p>

Little Creek Behavioral Health

Residential Treatment Services PRTF Information Inventory

Please describe how the Behavior Analysis is presented in the treatment plan.	N/A
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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.	Cognitive Behavioral Therapy that includes talk therapy, role play, relaxation, and anger management. Based on the youth/child needs and recommendations, youth/child will be provided with a contracted occupational therapist.

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

Millcreek Behavioral Health

Residential Treatment Services PRTF Information Inventory

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.

Section A

FACILITY INFORMATION	
Site/Cottage/Facility Name	Habilitation Center, LLC dba Millcreek of Arkansas
Address	1828 Industrial Drive Fordyce, AR 71742
Contact number	870 – 352 - 8203
Date completed	March 6, 2021
Name and title of person completing this form	Meggan Jester, Business Office 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 checked="" type="checkbox"/> Males	6-18	118	
<input checked="" type="checkbox"/> Females	6-18	52	
<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	7	1:6 + supervisors	Administrative and nurses not included in ratio
Evening	4	1:6 + supervisors	Administrative and nurses not included in ratio

Millcreek Behavioral Health

Residential Treatment Services PRTF Information Inventory

Night	4	1:8 +supervisors	Administrative and nurses not included in ratio
What safety monitoring practices are applicable during the day? At night?		All patients are constantly monitored throughout the day. Completing and at a minimum every 15 minute check and documenting same. Night staff have the same requirement while patients are sleeping.	
Does your facility have requirements regarding IQ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain. IQ of 60 and above	
What is the average length of stay for the facility overall? 6 – 9 months		For AK Medicaid Recipients? 6 – 9 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).		Administrative and nurses not included in ratio Referrals will generally give us that history of FASD. There is a 2 week training upon hire and yearly updates. Regular training with the child.	
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.		Trauma Informed Care, CBT, and DBT are utilized. Treatment plans are individualized to address the presenting problems through specific, measureable, agreed upon, realistic, and time specific goals and objectives. Training is individually focused depending on the child. Clinicians participate in continuing education courses to maintain current knowledge of best practices.	
Specialty Populations	Please check all specialty populations this facility serves.		What training does staff receive for this population?
	<input checked="" type="checkbox"/> Autism Spectrum Disorders (High Functioning and Asperger’s) <u>NOTE: Facilities with this specialty must complete Section B</u>		Initial training and individualized training for child

Millcreek Behavioral Health

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	<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 type="checkbox"/> Sexually offending: <input type="checkbox"/> adjudicated/ <input type="checkbox"/> non-adjudicated	initial training and individualized training for child
	<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 type="checkbox"/> non-adjudicated
	<input checked="" type="checkbox"/> Eating Disorder	<input 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 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	

Millcreek Behavioral Health

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<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>Games, pictures, visual schedules and coloring.</p>
<p>What type of social skills training do you use? Please describe and/or identify the program.</p>	<p>This is done throughout the day with redirection, reflection and modeling behaviors.</p>
<p>List types of safety monitoring used (e.g., staff observation, video cameras).</p>	<p>Staff observation and video cameras.</p>
<p>How does the facility assure access to appropriate medical and dental care?</p>	<p>We have a medical doctor on staff and have a local dentist that cares for our children.</p>
<p>What type of behavior management program do you use? Please name the program and describe the training.</p>	<p>A level system is implemented to motivate and encourage lasting change. Some of the reinforcement options are outings, fun days, token store, movie nights, and socials.</p>
<p>Does the facility use timeout? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>When are timeouts used? Millcreek offers time away at the child request or suggested as a coping skill when triggered.</p>
<p>Does the facility use seclusion? <input type="checkbox"/> Yes <input checked="" 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? Seclusion is not utilized at MOA. Physical restraints are used only if the child is actively hurting themselves or others. Verbal de-escalation and redirection are always used first. We also have access to chemical restraints (No mechanical restraints are used)</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>By the utilization of TCI (Therapeutic Crisis Intervention) it is taught by our certified trainer. It is used when a child is having a difficult time in which we try to de-escalate by talking and offering caring gestures which may lead to a restraint if patient continues to escalate and becomes unsafe to themselves or others.</p>

Millcreek Behavioral Health

Residential Treatment Services PRTF Information Inventory

How frequently are individual and facility seclusion and restraint data reviewed, and by whom?	Individual Daily – Director of Nursing and Clinical Director	Facility Click here to type
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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 type="checkbox"/> Other: Click here to type <input type="checkbox"/> Other: Click here to type
Comments: Click here to type	
Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	By phone, e – mail and fax
Educational Accreditation	Credits from our school are transferable. Because we don't house kids for several years, we meet kids where their current home schools have them leveled as well as complete our own educational assessment. Therefore we don't accept other schools credits but rather do credit recovery for the home school.
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?	Students attend a traditional school day that is structured from 8 to 2:30.
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

Millcreek Behavioral Health

Residential Treatment Services PRTF Information Inventory

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 type="checkbox"/> Other Clinician (name, credentials):

Millcreek Behavioral Health

Residential Treatment Services PRTF Information Inventory

<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>Family sessions are conducted weekly telephonically. Quarterly visits for 2 family members. Nurses also contact for any injury or change in meds. Child has 4 phone calls per week, if not on restriction. If on restriction the frequency is reduced to 2 calls per week.</p>	
<p>How does your program identify/assess the function of challenging behaviors?</p>	<p>Observation and documentation</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>Subjective report by team, increase in phase level</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? The children earn privileges throughout the week. Levels are increased or decreased based on the feedback from direct care staff.</p> <p>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? Level system is created to allow child to be individually successful. Expectations and goals are individually based and if the treatment team feels as though adjustments need to be made, the adjustments are made involving all of necessary individuals working with the child.</p>

TREATMENT

Millcreek Behavioral Health

Residential Treatment Services PRTF Information Inventory

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	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). N/A
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	Yes
Occupational Therapist	Yes
Speech/Language Pathologist	Yes
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
CBT	Child and adolescents diagnosed with psychological disorders
Trauma Informed Care	We utilize trauma informed care with children and adolescents who have significant emotional problems (e.g., symptoms of posttraumatic stress disorder, fear, anxiety, or depression) related to traumatic life events.
DBT	Children and adolescents diagnosed with mood disorders, SIB, sexual abuse survivors, and personality disorders
Click here to type	Click here to type
Click here to type	Click here to type

Millcreek Behavioral Health

Residential Treatment Services PRTF Information Inventory

<u>Family Therapy</u> What are your expectations regarding family therapy?	Family Therapy is an integral part of the success of the child. It is our expectation that the family participates weekly via phone call or skype. Family face to face visits are always encouraged.
<u>Clinical Supervision</u> Describe how a professional provides clinical oversight to the program. How many hours/week?	The patients are supervised 24/7 while at the facility. We have both a clinical and medical Director who have daily oversight of the clinical programming and actively participates in each child's overall care and treatment
<u>Crisis Supports</u> How does the program assure access to the appropriate care for clients in crisis situation?	The safety of our patients is a priority at the facility. It is understood that patients can go into crisis situations. Millcreek has a relationship with a local acute facility should a child become suicidal and homicidal.
<u>Skill Development</u> Please describe how your facility helps recipients develop the following:	<u>Methods/Interventions/Programs</u>
Interpersonal skills	socials, fun days, community meetings, interaction with staff and other peers
Self-Regulation	socials, fun days, community meetings, interaction with staff and other peers
Daily Living	Clear and consistent schedules, routines, shared unit responsibilities for keeping a safe and clean shared living environment, Community meetings, interaction and feedback from staff and peers
Communication	socials, fun days, community meetings, interaction with staff and other peers
Other	Click here to type
Please describe how your facility helps the recipient generalize these skills to their home environment.	We allow recipients to go on Home visits to assess their progress in their natural home environment. Boundaries and expectations are put in place through family therapy sessions

DAILY SCHEDULE

Millcreek Behavioral Health

Residential Treatment Services PRTF Information Inventory

Please describe the daily schedule.	Days begin at 7:15am. On M, and F School begins at 8:30 following breakfast and med pass. On T,W,TH Groups are from 8:30 to 9:20. School goes until 2:30 with lunch from 12-12:45. 2:30 to 3 is the transition time back to cottages and snack. From 3-5PM there is Social Skills group or Art projects. Gym time is evenly distributed amongst units with different days for each unit. Gym time is 5:30 to 6:30. Dinner is at 6:00 or 6:30 depending on Gym time. Following dinner is cottage chores and a group activity. Hygiene and Med pass begin at 7PM and lights out at 8:30. Weekends there is no school and we do Team building, outings and groups depending on level and units.	
How are transitions (to meals, school, activities, etc.) managed?	Each cottage lines up and led by staff to school, activities, cafeteria	
How are meals managed (e.g., preparation, clean-up)?	We have a work program at Millcreek. Both Millcreek staff and children who have signed up for the work program work to clean up and assist in the meals. Only Staff prepares and serves meals however	
Please describe the types of recreational activities available to recipients.	<u>On-Site Activities:</u> Movies, socials, spiritual enrichment and fun days, 4H Club	<u>Off-Site Activities:</u> Boy scouts, movies, bowling, etc. Activities are based on the feedback received from the children. This changes as the milieu changes.

DISCHARGE PLANNING AND POST-TREATMENT	
When does discharge planning begin?	Discharge planning begins upon admission.
Who is responsible for discharge planning at your facility?	The therapist is responsible for ultimately determining discharge. The Therapist along with input from the treatment team help set an appropriate discharge plan/date and it is communicated to the family/referral source by the assigned therapist.

Millcreek Behavioral Health

Residential Treatment Services PRTF Information Inventory

What percentage of your recipients return to:	Therapeutic Foster Care: Unknown Foster Care: Unknown Family: Unknown Group Home: Unknown Corrections: Unknown Independent Living: Unknown
Do you do any post-discharge surveys? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, when is it conducted? Click here to type

Please use the space below for further comments regarding your facility.

[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.	Millcreek can provide ASD support for children who are high functioning and well as Asperger's. IQ's must be greater than 60. Millcreek does not employ an ABA therapist but makes appropriate accommodations to its programming to support the ASD child in regards to socialization, communication and external stimuli
Please check each box that corresponds with aspects of treatment at your facility that are listed below.	

Millcreek Behavioral Health

Residential Treatment Services PRTF Information Inventory

Do you have screening mechanisms for ASD that includes questions about ASD and symptomatology? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, please list the tools(s) by name and/or send copies. We utilize the current updated clinical information of a child to help determine the proper accommodations (if any) that is needed with a child on the spectrum
What diagnostic evaluation/assessment process do you use? Please check all that are included	<input checked="" type="checkbox"/> Family interviews <input checked="" type="checkbox"/> Review of past records <input checked="" type="checkbox"/> Consideration of DSM-V criteria <input checked="" type="checkbox"/> History, including educational and behavioral interventions <input type="checkbox"/> Differential diagnosis <input checked="" 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.	No
Please describe how the Behavior Analysis is presented in the treatment plan.	N/A

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.	Treatment modalities are consistent with the modalities provided to the milieu. Behavior modification plans are implemented as needed to target specific maladaptive behaviors.

Millcreek Behavioral Health

Residential Treatment Services PRTF Information Inventory

Please use the space below for additional comments.

Click here to type

Piney Ridge Treatment Center

Residential Treatment Services PRTF Information Inventory

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.

Section A

FACILITY INFORMATION	
Site/Cottage/Facility Name	Piney Ridge Treatment Center
Address	2805 E. Zion Road Fayetteville, AR 72703
Contact number	479-587-1408
Name and title of person completing this form	Matt John, Director of Business Development and 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	5-18	Vary by census	
<input checked="" type="checkbox"/> Females	5-18	Vary by census	
<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	1:35	1 to 6	Click here to type
Evening	1:35	1 to 6	Click here to type

Piney Ridge Treatment Center

Residential Treatment Services PRTF Information Inventory

Night	1:55	1 to 8	Click here to type
What safety monitoring practices are applicable during the day? At night?		Click here to type	
Does your facility have requirements regarding IQ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain. IQ of below 70 are considered on an individual basis	
What is the average length of stay for the facility overall? 9 to 12 months		For AK Medicaid Recipients? 9 to 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).		We do not have a program specific to youth with FASD. Residents are seen by a psychiatrist at the time of admission for diagnostic evaluation. A treatment plan is developed by the treatment team and would identify all problem areas and develop interventions and to address these areas. Both clinical and milieu staff are trained on working with a variety of clinical concerns in orientation. This includes working with behavioral problems, impulse control, intellectual disabilities, and social skills deficits.	

Piney Ridge Treatment Center

Residential Treatment Services PRTF Information Inventory

<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>Our program screens for a trauma history in the psychosocial and psychosexual assessment process. Trauma focused treatment is identified in the Master Treatment Plan when indicated. Clinical therapists are trained in and provide Trauma Focused Cognitive Behavioral Therapy, an evidence based model for trauma treatment. Several members of the treatment team are also trained in EMDR; another evidenced based model for trauma treatment and these therapists can be assigned to residents appropriate to this treatment model. Milieu staff receive training on Trauma Informed Care during orientation and as ongoing training.</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>
	<p><input type="checkbox"/> Autism Spectrum Disorders (High Functioning and Asperger's) <u>NOTE: Facilities with this specialty must complete Section B</u></p>	<p>Click here to type</p>
	<p><input type="checkbox"/> Autism Spectrum Disorders (severe/low functioning) <u>NOTE: Facilities with this specialty must complete Section B</u></p>	<p>Click here to type</p>
	<p>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 checked="" type="checkbox"/> adjudicated/ <input checked="" type="checkbox"/> non-adjudicated</p>	<p>All staff receive 6 hours of training during orientation and annually thereafter on children and adolescents with sexual behavior problems. All therapists are members of National ATSA (associate for the treatment of sexual abusers) and receive ongoing training and continuing education in working effectively with these behaviors.</p>
	<p><input type="checkbox"/> Eating Disorder</p>	<p>Click here to type</p>

Piney Ridge Treatment Center

Residential Treatment Services PRTF Information Inventory

	<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 type="checkbox"/> Eating Disorder	<input 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 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		
What type of alternative communication modalities do you use? Please identify (e.g., Picture Exchange Communication System, sign language, assistive technologies, visual schedules, etc.)	Click here to type		
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).	Residents are in direct staff observation during waking and sleeping hours.		
How does the facility assure access to appropriate medical and dental care?	All residents receive a physical examination by a physician within 48 hours of admission and are provided with routine dental care and follow ups as medically indicated.		

Piney Ridge Treatment Center

Residential Treatment Services PRTF Information Inventory

<p>What type of behavior management program do you use? Please name the program and describe the training.</p>	<p>Behavior management is provided by behavioral health technicians in conjunction with nurses and therapists. We utilize an internally created level and point system that is tied into behavioral infraction reports. Residents may be assigned interventions based on the severity and frequency of the problem behaviors.</p>	
<p>Does the facility use timeout? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>When are timeouts used? Residents may volunteer. Residents are provided access to a designated location for a timeout</p>	
<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 type="checkbox"/> Physical <input type="checkbox"/> Mechanical</p>	<p>When are restraints and/or seclusion used? Seclusion - When the resident is an imminent harm to himself or others. May be initiated by a nurse under the order of a physician. A debriefing is conducted with all parties within 24 hours of seclusion. Restraints - When the resident is an imminent harm to himself others a restraint may be initiated by a CPI trained behavioral health technician. A debriefing is conducted with all parties within 24 hours of a restraint.</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 working directly with youth receives a course in CPI (Crisis Prevention Institute) training upon hire. This includes principles of verbal de-escalation and physical restraint techniques. The staff are provided a refresher course in CPI every six months and will complete an annual recertification so long as they are employed.</p>	
<p>How frequently are individual and facility seclusion and restraint data reviewed, and by whom?</p>	<p>Individual Individual restraints are reviewed by the Director or Assistant Director of Nursing, and shared with the clinical team in daily meetings on weekdays. The senior management team also reviews individual restraints in a daily meeting on weekdays.</p>	<p>Facility Facility data is reported on in monthly committee of the whole minutes which are provided to all department heads for review. The Risk Management Committee reviews aggregate data and makes recommendations for performance improvement plans.</p>

Piney Ridge Treatment Center

Residential Treatment Services PRTF Information Inventory

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 type="checkbox"/> Other: Click here to type <input type="checkbox"/> Other: Click here to type
Comments: Click here to type	
Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	When a student is admitted to PRTC, we send a release that the guardian has signed to the student's home school so they are aware the student is here. We obtain the student's report cards or transcript to ensure that we have them in the correct grade and courses. We also need to retrieve their Special Education records (if identified as Special Education) in order to make sure they are getting the appropriate services for their needs. Also, we need for the school district to drop them from their roll because we will be entering them in the Springdale Public Schools and in Arkansas we cannot have a student enrolled in two districts.
Educational Accreditation	Arkansas Department of Education certifies our program as a Non Traditional Classroom Program.
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?	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

Piney Ridge Treatment Center

Residential Treatment Services PRTF Information Inventory

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 type="checkbox"/> Education Milieu Staff <input type="checkbox"/> Dietitian <input type="checkbox"/> Psychologist <input checked="" type="checkbox"/> Clinician: LAC/LPC or LMSW/LCSW <input type="checkbox"/> Behavior Analyst <input type="checkbox"/> Other Clinician (name, credentials): Click here to type
<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>Families are involved in the development of the initial treatment plan and each subsequent treatment plan review. Families are provided with updates progress in treatment via family therapy and collateral phone calls. Families are provided with an opportunity to write any feedback they have regarding the treatment plan and reviews and on the guardian review signature page. Discharge planning is discussed at the time of admission and throughout the treatment program. The youth may have off grounds passes with the family as they progress in the program in anticipation of reunification to the home. Recommendations for aftercare and safety planning are provided to the family.</p>

Piney Ridge Treatment Center

Residential Treatment Services PRTF Information Inventory

How does your program identify/assess the function of challenging behaviors?	A special treatment team meeting can be held to address any challenging behaviors that have trended.	
How does your program measure progress on treatment plan goals and objectives (e.g., subjective report, phase/level progress/specific data points)?	Progress is measured on treatment plan goals and objectives each time the treatment plan is reviewed. Goals and objectives may be revised as needed or closed out when completed. Goals and objectives are measurable and can include achievement of level status as an indicator of progress.	
Does your facility employ a privilege/level/phase system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, on what basis do recipients earn privileges or improved level status? Level status is determined by progress with completing therapy assignments and participation in therapy, obtaining points assigned by milieu staff for participation daily activities, and demonstrating improved functioning in the milieu which may be evaluated by the number of infraction reports received. If No, is there another system the program uses? Click here to type	Under what circumstances, if any, is the level system modified? The level system is modified for our preadolescent population and for any other youth who may have a functional limitation such as an intellectual disability, developmental disorder such as autism, or any other presenting concern that requires adjustment to our program as usual.

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 <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.	

Piney Ridge Treatment Center

Residential Treatment Services PRTF Information Inventory

	How does your facility ensure that these professionals' treatment recommendations are implemented and consistently followed?
Dietitian	The primary care physician reviews the findings and orders a diet plan for each resident. This is a contracted service. A nurse reviews the dieticians recommendation and initiates a consult with the primary care physician who orders the diet.
Occupational Therapist	Evaluation and treatment plans are integrated into the education departments IEP review We refer to providers in the community. The education department reviews services required by an IEP to ensure their completion
Speech/Language Pathologist	Evaluation and treatment plans are integrated into the education department IEP review. We refer to providers in the community. The education department reviews services required by an IEP to ensure their completion
Other Medical (e.g., GI, Sleep)	Nursing staff would review and integrate into the treatment plan as appropriate. We refer to providers in the community. Nursing staff review any recommendations and refer to the primary care physician for follow up orders.
Dental	The primary care physician will review findings We refer to providers in the community who are independent of us. Dental services are provided annually or as needed in cases of identified problems. Nursing staff reviews all orders and results for follow up.
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 Behavior Therapy	Children and Adolescents
Client Centered Therapy	Children and Adolescents
Play Therapy	Children and Adolescents
Click here to type	Click here to type
Click here to type	Click here to type

Piney Ridge Treatment Center

Residential Treatment Services PRTF Information Inventory

<u>Family Therapy</u> What are your expectations regarding family therapy?	Families are expected to participate in family therapy a minimum of twice monthly or as recommended in the treatment plan. We may provide family therapy by phone when travel and distance is a significant barrier, but encourage in person sessions.
<u>Clinical Supervision</u> Describe how a professional provides clinical oversight to the program. How many hours/week?	Clinical oversight is provided by daily clinical briefings (15-30 minutes) with the clinical team and individual supervision sessions (15-30 minutes) with therapists bi weekly. The Director of Clinical Services attends the weekly Master Treatment Plan and Master Treatment Plan Review meetings to provide oversight (6 hours). Clinical supervisors and Nursing supervisors attend cross discipline meetings (30 minutes weekly) to provide additional coordination of care and supervision.
<u>Crisis Supports</u> How does the program assure access to the appropriate care for clients in crisis situation?	Twenty-four hour nursing coverage is available for residents. In the event urgent care is needed outside the scope of our internal abilities, we utilize an emergency room and/or ambulance services.
<u>Skill Development</u> Please describe how your facility helps recipients develop the following:	<u>Methods/Interventions/Programs</u>
Interpersonal skills	Social skills groups are provided weekly
Self-Regulation	Anger management groups are provided weekly
Daily Living	Daily living skills and health groups are provided weekly
Communication	Therapeutic Communication groups are provided weekly
Other	Discharge Planning Groups are provided weekly
Please describe how your facility helps the recipient generalize these skills to their home environment.	Rehabilitation groups are led by Behavioral Health Technicians and reinforce concepts provided in individual, group and family therapy. Emphasis is placed on applying new skills to the home environment. Discharge planning groups specifically focus on reintegration issues.

Piney Ridge Treatment Center

Residential Treatment Services PRTF Information Inventory

DAILY SCHEDULE			
Please describe the daily schedule.	The daily scheduled provides a routine for each day from wake up time to bedtime. Activities are identified on the schedule that provides the location and timeframe for each event. Activities include morning hygiene, breakfast, goal setting, medication pass, school, group therapy, morning snack, recreational therapy, lunch, afternoon medication pass, structured free time, dinner, rehabilitation group, recreation time, television time, evening medication pass, evening snack, evening hygiene, and bedtime. The order of activity may vary by day and by unit.		
How are transitions (to meals, school, activities, etc.) managed?	Transitions to each activity are supervised by behavioral health technicians.		
How are meals managed (e.g., preparation, clean-up)?	Meals are prepared by a contracted service provider. All meals, snacks, and clean up are provided as part of our contracted services agreement.		
Please describe the types of recreational activities available to recipients.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>On-Site Activities:</u> We have an indoor gymnasium with a half basketball court and additional space for other recreation; we have an outdoor play area with a basketball court, jungle gym, and other recreation space for soccer and football. We also have video game systems for individuals who have earned this privilege.</p> </td> <td style="width: 50%; vertical-align: top;"> <p><u>Off-Site Activities:</u> Residents may earn privileges to attend off site activities to include ice skating, local parks, local sporting events, and eating at restaurants in the community</p> </td> </tr> </table>	<p><u>On-Site Activities:</u> We have an indoor gymnasium with a half basketball court and additional space for other recreation; we have an outdoor play area with a basketball court, jungle gym, and other recreation space for soccer and football. We also have video game systems for individuals who have earned this privilege.</p>	<p><u>Off-Site Activities:</u> Residents may earn privileges to attend off site activities to include ice skating, local parks, local sporting events, and eating at restaurants in the community</p>
<p><u>On-Site Activities:</u> We have an indoor gymnasium with a half basketball court and additional space for other recreation; we have an outdoor play area with a basketball court, jungle gym, and other recreation space for soccer and football. We also have video game systems for individuals who have earned this privilege.</p>	<p><u>Off-Site Activities:</u> Residents may earn privileges to attend off site activities to include ice skating, local parks, local sporting events, and eating at restaurants in the community</p>		

DISCHARGE PLANNING AND POST-TREATMENT	
When does discharge planning begin?	Discharge planning begins at the time of admission and is an ongoing process for each resident.
Who is responsible for discharge planning at your facility?	The treatment team reviews the discharge plan and the primary point of contact for discharge planning is the Primary Therapist

Piney Ridge Treatment Center

Residential Treatment Services PRTF Information Inventory

What percentage of your recipients return to:	Therapeutic Foster Care: 3% Foster Care: 5% Family: 70% Group Home: 10% Corrections: 12% 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? We do post discharge follow up calls for any resident who leaves prematurely, against medical advice, or otherwise with an elevated risk. The purpose is to ensure care is established after leaving the facility.

Please use the space below for further comments regarding your facility.

[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.	Click here to type

Piney Ridge Treatment Center

Residential Treatment Services PRTF Information Inventory

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
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

Provo Canyon School

Residential Treatment Services PRTF Information Inventory

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.

Section A

FACILITY INFORMATION	
Site/Cottage/Facility Name	Provo Canyon School
Address	4501 North University Avenue, Provo, Utah 84604
Contact number	801-223-7106
Date completed	January 9, 2021
Name and title of person completing this form	Tim Marshall, DBD

GENERAL OVERVIEW			
Accreditation Body	Utah DHS, Office of Licensing and 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	8-17	146	
<input checked="" type="checkbox"/> Females	11-17	140	
<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	1 nurse per 25 clients	1 staff per 4 clients	Only staff assigned direct supervision over clients are counted

Provo Canyon School

Residential Treatment Services PRTF Information Inventory

Evening	1 nurse per 25 clients	1 staff per 5 clients	Only staff assigned direct supervision over clients are counted
Night	1 nurse per 25 clients	1 staff per 8 clients	Only staff assigned direct supervision over clients are counted
What safety monitoring practices are applicable during the day? At night?		During wake hours and sleep hours - Direct line of sight supervision, Q15 minute documented status checks on all clients and video backup in common areas.	
Does your facility have requirements regarding IQ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain. IQ of 70 or greater (will consider with additional information clients with an IQ of 62 to 70)	
What is the average length of stay for the facility overall? 228.0 days		For AK Medicaid Recipients? 264.6 days	
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).		We do not specifically treat children with FASD. We do on occasion encounter or discover that a child may demonstrate FASD features and behaviors. In these situations, we conduct additional assessments and convene a professional staffing to make a determination if we are the best possible option for continued treatment or if a more appropriate treatment option needs to be considered.	
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.		Trauma Focused CBT with enhanced elements of PBSI, trauma informed care, EMDR and DBT. Acuity Based Care is incorporated with Rti for the higher acuity units. Initial week-long training on hire, annual re-training and quarterly themed trainings used to maintain program consistency and integrity. Managers participate in monthly webinars provided through ACRC.	

Provo Canyon School

Residential Treatment Services PRTF Information Inventory

Specialty Populations	Please check all specialty populations this facility serves.		What training does staff receive for this population?
	<input checked="" type="checkbox"/> Autism Spectrum Disorders (High Functioning and Asperger's) <u>NOTE: Facilities with this specialty must complete Section B</u>		Basic training on adaptive functional behavioral planning with specific instruction/education based on the Individualized treatment plan objectives.
	<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 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		Trauma Focused CBT, Trauma Informed Care training incorporates addressing the behavior and needs of children that have experienced sexual trauma.
	<input type="checkbox"/> Eating Disorder		Click here to type
	<input checked="" type="checkbox"/> Other Substance Use Disorders		Both clinical and direct care staff members are trained in Smart Recovery and Gorski's Relapse Prevention treatment.
	<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 type="checkbox"/> non-adjudicated
	<input checked="" type="checkbox"/> Eating Disorder	<input type="checkbox"/> Psychosis	<input type="checkbox"/> Physical Aggression

Provo Canyon School

Residential Treatment Services PRTF Information Inventory

	<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
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.)	NA		
What type of social skills training do you use? Please describe and/or identify the program.	We use exercises, instructional material and interactive examples based on the work of Arnold P. Goldstein and Ellen McGinnis, authors of "Skillstreaming the Adolescent: New Strategies and Perspectives for Teaching Prosocial Skills"		
List types of safety monitoring used (e.g., staff observation, video cameras).	Direct supervision during all awake and asleep hours with 15-minute status checks and documentation, 24/7 video cameras, random administrative rounds by shift/weekly, and unscheduled QA checks per unit, per shift weekly.		
How does the facility assure access to appropriate medical and dental care?	We provide 24/7 nursing support, on-site MD care, contracted services through local medical professionals, clinics and hospitals.		
What type of behavior management program do you use? Please name the program and describe the training.	"Handle with Care" (HWC) initial week-long, 40+ hour training and certification. Annual refresher training of 24 hours to maintain current certification. All incidents or use of restraint is reviewed in accordance to compliance with "HWC".		
Does the facility use timeout? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	When are timeouts used? Timeouts are voluntary. Whenever a client requests a timeout or chooses to take a timeout upon the prompting by a staff.		

Provo Canyon School

Residential Treatment Services PRTF Information Inventory

<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? Whenever a client demonstrates Immediate danger to self or others and has failed to respond to attempts to de-escalate the unsafe 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>Annual training and certification in HWC and program as well as in state and federal policy. All staff are trained upon hire, re-trained annually, and are debriefed upon the conclusion of any use of restraint that they may have been engaged or involved.</p>	
<p>How frequently are individual and facility seclusion and restraint data reviewed, and by whom?</p>	<p>Individual Every individual use of restraint or seclusion are reviewed by nursing, attending physician, primary therapist, immediate supervisor over that area, the program manager, the clinical director, the director of quality assurance and risk management, and by the chief executive officer.</p>	<p>Facility Quality Assurance and the Chief Clinical Director compile all data regarding the use of seclusion and restraint monthly and present the data with any suggestions to the executive team each month.</p>

EDUCATION SERVICES	
<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 type="checkbox"/> Other: Click here to type <input type="checkbox"/> Other: Click here to type</p>
<p>Comments: Provo Canyon School is a fully accredited non-public school serving students from 1st grade through 12th grade. Fully accredited senior, jounior and elementry education is provided on-site 247 days per year (three full semesters). Education includes full support for youth with active IEP needs. Our school functions as a traditional school system offering 6 hour course credits per semester focused on accomplishing a hig school degree.</p>	

Provo Canyon School

Residential Treatment Services PRTF Information Inventory

Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	Initial request for transcripts. Coordination on all IEP services, hearings, planning and qualification assessments. Semester coordination with home district on course and credit toward HS diploma. Transition of transcripts, credits, accomplishments and needs at discharge.
Educational Accreditation	Northwest Accreditation Commission –AdvancedED
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?	Traditional Bell Schedule with direct instructional model. Smaller Sp. Ed. class sizes of 10 or less students. We use and inclusion approach to special education.
Does your program accept the Homeschool IEP? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Does your program create an IEP if needed? However, the home school district is required to be involved. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 checked="" 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 checked="" type="checkbox"/> Psychologist <input checked="" type="checkbox"/> Clinician <input checked="" type="checkbox"/> Behavior Analyst <input type="checkbox"/> Other Clinician (name, credentials): Click here to type

Provo Canyon School

Residential Treatment Services PRTF Information Inventory

<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>Participation in the initial treatment plan development and in monthly treatment plan reviews. The treatment plan includes a section on discharge planning that is addressed at each review. Also, parents participate in weekly telephonic or video therapy sessions.</p>	
<p>How does your program identify/assess the function of challenging behaviors?</p>	<p>Review of psychsocial history, previous levels of functioning, current behaviors, response to prescribed or initiated interventions, tracking of progress, increased treatment intensity and multidisciplinary reviews if needed to determine optional treatments or increased frequency of clinical intervention when needed</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>Individualized assessment through observation, client reporting, staff reporting and through accomplishment in regards to measurable objectives and goals. Phase advancement is reflective/based on "Stages of Change" Model.</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? Based on individualized success on treatment objectives If No, is there another system the program uses? Phase advancement system based on Positive Psychology approach. Clients do not lose phase advancement.</p>	<p>Under what circumstances, if any, is the level system modified? On an individualized level based on needs, abilities and required support.</p>

TREATMENT

Provo Canyon School

Residential Treatment Services PRTF Information Inventory

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	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	Part of the Treatment plan
Occupational Therapist	Part of the Treatment plan
Speech/Language Pathologist	Part of the Treatment plan
Other Medical (e.g., GI, Sleep)	Part of the Treatment plan
Dental	Part of the Treatment plan
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/Trauma Informed Care	Male & Female
Dialectic Behavioral Therapy	Male & Female
Systems/Family Theory	Male & Female
Substance Use Intervention	Male & Female
Play Therapy/Sandtray Therapy	Male & Female
<u>Family Therapy</u> What are your expectations regarding family therapy?	Patients and their families are expected to actively participate in family therapy 1x/week. Parents are encouraged to participate in on-site/in-person family sessions as much as possible and are supported in doing a minimum of one on-site family session per quarter.

Provo Canyon School

Residential Treatment Services PRTF Information Inventory

<p><u>Clinical Supervision</u> Describe how a professional provides clinical oversight to the program. How many hours/week?</p>	<p>Each program is supervised by a clinical director. Oversight may consists of individual supervision (when required for licensure), Case consultations, Peer Consultations, On-call therapists, Weekly Clinical team supervision meetings, Consultations with Clinical Psychologist, Treatment Team meetings and case reviews, etc. The Clinical Director does not carry a case load, and therefore all his/her time is spent in clinical supervision. A therapist may, on average, receive between 2-6 hours of clinical supervision per week.</p>
<p><u>Crisis Supports</u> How does the program assure access to the appropriate care for clients in crisis situation?</p>	<p>24 hour on-site Nursing staff, On-call therapist, On-call Psychiatrist/L.I.P, Stabilization and Assessment Program/Unit (specifically for patients requiring crisis support), as needed treatment team staffing, all staff trained in Verbal De-escalation and Handle with Care methods.</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: center;">Interpersonal skills</p>	<p>Individual/family/Group therapy, recreational therapy, community meetings/lessons, Treatment team directives, individualized treatment goals/plans/interventions, staff trained to process issues in the moment.</p>
<p style="text-align: center;">Self-Regulation</p>	<p>Individual/family/Group therapy, recreational therapy, community meetings/lessons, Treatment team directives, individualized treatment goals/plans/interventions, staff trained to process issues in the moment.</p>
<p style="text-align: center;">Daily Living</p>	<p>Individual/family/Group therapy, recreational therapy, community meetings/lessons, Treatment team directives, individualized treatment goals/plans/interventions, staff trained to process issues in the moment.</p>
<p style="text-align: center;">Communication</p>	<p>Individual/family/Group therapy, recreational therapy, community meetings/lessons, Treatment team directives, individualized treatment goals/plans/interventions, staff trained to process issues in the moment.</p>
<p style="text-align: center;">Other</p>	<p>Click here to type</p>
<p>Please describe how your facility helps the recipient generalize these skills to their home environment.</p>	<p>Family environment at our facility, family therapy, family visits (on-site and off-site), and discharge planning.</p>
<p>DAILY SCHEDULE</p>	

Provo Canyon School

Residential Treatment Services PRTF Information Inventory

Please describe the daily schedule.	School is provided five-days per week (Monday through Friday) from 8:30 AM until 3:30 PM. Weekdays the students schuele is to do personal hygiene nad unit chores in the morning, eat breakfast, attend school, participate in daily group after a short break from school, then particpate in recreation activities, school homework, therapy assignments, and prepare for bedtime. Weekends are much the same with an hour later wake-up expectation and in place of school there may be outside activities, off-campus activities, gym time and/or family visits.	
How are transitions (to meals, school, activities, etc.) managed?	Youth are assigned to a definitive group for meals and various activities. Each group has a daily schedule posted and specific times for each of their meal times and activities. Each group is approximately 12 to 18 youth and have assigned staff that monitor and manage all transitions from the dorm units to the main building, to dinning, activities, school, etc.	
How are meals managed (e.g., preparation, clean-up)?	All meals are prepared and served by employed, trained, adult kitchen staff who are also responsible for clean-up and cleanliness of the dining room and kitchen.	
Please describe the types of recreational activities available to recipients.	<u>On-Site Activities:</u> PCS has a swimming pool, two gyms, large outdoor sports fields that provide swimming, basketball, flag football, softball, volleyball, skate boarding, running, rock climbing, etc.	<u>Off-Site Activities:</u> Hiking, snowshoeing, canoeing, camping, skiing, bowling, movies, laser tag, etc.

DISCHARGE PLANNING AND POST-TREATMENT	
When does discharge planning begin?	Within 10-days of admission
Who is responsible for discharge planning at your facility?	The assigned primary therapist
What percentage of your recipients return to:	Therapeutic Foster Care: 15% Foster Care: 12% Family: 50% Group Home: 15% Corrections: 1% Independent Living: 1%

Provo Canyon School

Residential Treatment Services PRTF Information Inventory

Do you do any post-discharge surveys? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when is it conducted? The assigned primary therapist provides contact information in case of need or emergency, will check back via telephone on the client and guardian at one week post discharge, six weeks post discharge and at six months post discharge.
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Please use the space below for further comments regarding your facility.

[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.

We will consider a high functioning ASD or Asperger client for treatment of impeding or challenging associated mental health disorders (i.e.; acute depression, anxiety, mood dysregulation, etc.). We must feel confident that the client will be able to effectively comprehend and be successful in a CBT based approach to treatment (i.e.; IQ of 65+ and mild/moderate social skills

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please list the tools(s) by name and/or send copies. Review of clinical (i.e.; Psychiatric Evaluation, Psychological Evaluation, current diagnosis, etc.), admission application paperwork prior to admission, psychosocial history completed upon admission
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Provo Canyon School

Residential Treatment Services PRTF Information Inventory

What diagnostic evaluation/assessment process do you use? Please check all that are included	<input checked="" type="checkbox"/> Family interviews <input checked="" type="checkbox"/> Review of past records <input checked="" type="checkbox"/> Consideration of DSM-V criteria <input checked="" type="checkbox"/> History, including educational and behavioral interventions <input checked="" type="checkbox"/> Differential diagnosis <input checked="" 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.	NO
Please describe how the Behavior Analysis is presented in the treatment plan.	NA
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.	Behavioral and sensory strategies, use of sensory carts, calming rooms, minimize sensory stimulation, allow for “pass card” to address individual needs.

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

Ridge Point RTC at Highland Ridge Hospital

Residential Treatment Services PRTF Information Inventory

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.

Section A

FACILITY INFORMATION	
Site/Cottage/Facility Name	Ridge Point RTC at Highland Ridge Hospital
Address	7309 S 180 W, Midvale, UT 84047
Contact number	801-569-2153
	April 7, 2021
Name and title of person completing this form	Brian Ebright, CFO & Jim Hess, CEO

GENERAL OVERVIEW			
Accreditation Body	The 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	9 -17	26	
<input type="checkbox"/> Females			
<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	8:1	4:1	Minimum of 2 staff at all times
Evening	8:1	4:1	Minimum of 2 staff at all times

Ridge Point RTC at Highland Ridge Hospital

Residential Treatment Services PRTF Information Inventory

Night	8:1	8:1	Minimum of 2 staff at all times
What safety monitoring practices are applicable during the day? At night?		15-minute checks 24 hours a day	
Does your facility have requirements regarding IQ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain. Minimum 75 IQ	
What is the average length of stay for the facility overall? 90 days		For AK Medicaid Recipients?	
Are you anticipating changes to your program? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please describe. We are currently expanding the age ranges of children that we treat. We are also expanding our treatment program and education program. We are expanding our activities program and rewards program so the adolescents can earn more privileges when engaging in prosocial behaviors. We also want to include youth leadership program	
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).		Staff are trained in Behavioral Modification techniques to focus on what will motivate the youth in changing their behavior, rather than focusing on negative consequences/punishments to change behavior. We have a level system with rewards to motivate the youth to make positive change, so they have something to work towards. For those with poor impulse control and difficulty maintaining compliance for very long, the positive reinforcement system can be modified to meet the individual needs of each client.	

Ridge Point RTC at Highland Ridge Hospital

Residential Treatment Services PRTF Information Inventory

<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>Prior to admitting any client, we gather information from assessments that have been completed that would help us to identify issues such as trauma and other stress related disorders. All staff are trained to help focus on the strengths of each individual client and to minimize triggering any trauma. Therapy staff are DBT informed and practice Trauma Focused CBT techniques. Our primary therapist is trained and certified in Structured Sensory Interventions for Traumatized Children, Adolescents and Parents (SITCAP®) intervention process brings a child's memories of the trauma to life in a safe, contained context so they can be regulated, reordered, and reframed in ways that support a resilience response to future stressful, overwhelming, and terrifying experiences. These activities actively involve children in new experiences in order for them to build new connections. Group therapy offers opportunities for the youth to express their trauma narratives and to practice relaxation and distress tolerance skills to know how to intervene when triggered.</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>

Ridge Point RTC at Highland Ridge Hospital

Residential Treatment Services PRTF Information Inventory

	<input checked="" type="checkbox"/> Autism Spectrum Disorders (High Functioning and Asperger's) <u>NOTE: Facilities with this specialty must complete Section B</u>	<p>Staff are trained to work with high functioning Autism Spectrum disorders, however, this is not a specialty of our agency. Nurtured Heart Approach helps create a foundation that is conducive to learning and growth, particularly with youth with ASD or deficits in intellectual, emotional and behavioral functioning. Clients with high functioning ASD diagnoses receive opportunities for more 1 on 1 education and assistance as well as an emphasis on social skills development. CBT techniques such as “self-management” are used by staff to help clients with ASD learn to regulate their behaviors so they can act appropriately at home, school and in the community.</p>
	<input type="checkbox"/> Autism Spectrum Disorders (severe/low functioning) <u>NOTE: Facilities with this specialty must complete Section B</u>	<p>Click here to type</p>
	<p>Sexualized behaviors:</p> <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 type="checkbox"/> Sexually offending: <input type="checkbox"/> adjudicated/ <input type="checkbox"/> non-adjudicated	<p>Staff are trained to use CBT techniques and provide basic education on appropriate sexual behaviors and healthy relationships as well as behavioral modification.</p>
	<input type="checkbox"/> Eating Disorder	<p>Click here to type</p>
	<input type="checkbox"/> Other Click here to type	<p>Click here to type</p>
	<input type="checkbox"/> Other Click here to type	<p>Click here to type</p>
<p>Excluded Populations</p>	<p>Please check all populations excluded from this facility.</p>	

Ridge Point RTC at Highland Ridge Hospital

Residential Treatment Services PRTF Information Inventory

	<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 type="checkbox"/> non-adjudicated
	<input checked="" type="checkbox"/> Eating Disorder (if this is the primary reason or major focus of treatment)	<input 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 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			
What type of alternative communication modalities do you use? Please identify (e.g., Picture Exchange Communication System, sign language, assistive technologies, visual schedules, etc.)	Interpreter services are available as needed.		
What type of social skills training do you use? Please describe and/or identify the program.	We use training from the "Skillstreaming" manual which includes teaching effective prosocial skills through modeling, role-playing, performance feedback, CBT techniques and completing assignments demonstrating an understanding of these skills. The Skillstreaming program helps clients/students learn behavioral modification to reduce maladaptive behaviors as well as helps to increase self-esteem, healthy interactions in relationships, and emotion regulation strategies.		
List types of safety monitoring used (e.g., staff observation, video cameras).	Staff observation, video cameras, locked unit		
How does the facility assure access to appropriate medical and dental care?	MD on staff, RN on site 24/7, transport to local clinic/ER as needed for medical/dental care		

Ridge Point RTC at Highland Ridge Hospital

Residential Treatment Services PRTF Information Inventory

<p>What type of behavior management program do you use? Please name the program and describe the training.</p>	<p>A level system with rewards and consequences is utilized by staff to help assist clients in learning to self-regulate, take responsibility for their actions and find motivation for positive behaviors. The Nurtured Heart Approach (NHA) teaches and focus on seeking out the positive choices and promptly reinforcing these behaviors by pointing out the behaviors in the moment, rather than focusing on the negative behavior and providing rewards long after the behavior. This approach also provides opportunities for clients to take responsibility for their behaviors when rules are broken. Ridge Point also has a therapeutic community that is used to hold one another accountable and to seek out the positive choices that are also being made by each member of the community. In this community, clients participate in cleaning their environment (Chores), prompting one another when rules are broken, and also mentoring one another to make positive choices. There are opportunities for each client to become a peer mentor and even hold leadership positions within the community so they can practice modeling appropriate behavior, learn leadership skills and fostering healthy relationships/friendships.</p>
<p>Does the facility use timeout? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>When are timeouts used? Time-outs are used when behaviors escalate to the point of verbal or physical aggression, however, we focus more on helping clients de-escalate quickly and then reinforce the importance of “time-ins” when they get to participate in activities and in the milieu again (NHA based principle). When verbal redirection fails, we will provide distress tolerance activities and a low stimulus environment to provide the appropriate time and environment needed to calm down and re-engage with the milieu. Staff check more frequently with clients who are in the lower stimulus area or in a time-out to provide support and distraction.</p>

Ridge Point RTC at Highland Ridge Hospital

Residential Treatment Services PRTF Information Inventory

<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? Used as a last resort in de-escalation/redirection & when patients are highly/violently aggressive towards staff or other patients and/or when damage to property causes self-harm</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>Restraint training (CPI) upon hire and at least annually, plus ongoing training and coaching as needed</p>	
<p>How frequently are individual and facility seclusion and restraint data reviewed, and by whom?</p>	<p>Individual Reviewed daily (upon incident) by Program Director, DCS, DON, Risk Mgr & facility leadership team</p>	<p>Facility Reviewed monthly by Risk Mgr and sent to corporate HQ for additional review</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 type="checkbox"/> Other: Click here to type <input type="checkbox"/> Other: Click here to type</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>Calls & emails as needed, monthly progress reports</p>
<p>Educational Accreditation</p>	<p>Fully accredited through Advanced Education</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>

Ridge Point RTC at Highland Ridge Hospital

Residential Treatment Services PRTF Information Inventory

What structured educational models are used?	We implement a Blended Learning model that incorporate Flex teaching styles. We are designed to meet individual academic needs for our student population.
Does your program accept the Homeschool IEP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does your program create an IEP if needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (We collaborate with the LEA of the student to provide full IEP services.)

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 and/or Milieu Staff <input type="checkbox"/> Dietitian <input type="checkbox"/> Psychologist <input checked="" type="checkbox"/> Clinician <input type="checkbox"/> Behavior Analyst <input type="checkbox"/> Other Clinician (name, credentials): Click here to type
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?	Teleconference with parents, family therapy weekly via teleconference, quarterly family weekend (to include therapy)
How does your program identify/assess the function of challenging behaviors?	Via Intake assessment, psycho-social assessment, psychiatric evaluation, & prior history

Ridge Point RTC at Highland Ridge Hospital

Residential Treatment Services PRTF Information Inventory

How does your program measure progress on treatment plan goals and objectives (e.g., subjective report, phase/level progress/specific data points)?	Phase/level progress, weekly subjective progress reports	
Does your facility employ a privilege/level/phase system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, on what basis do recipients earn privileges or improved level status? Consistent behavioral performance, including active participation in treatment If No, is there another system the program uses? Click here to type	Under what circumstances, if any, is the level system modified? Special accommodations may be made based on diagnosis or medical history

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 <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	Any recommendations are issued as a formal dietary order and included in the patient's medical chart. The dietary staff get a copy of the order. Both nursing & dietary staff monitor all dietary orders & perform a daily reconciliation.
Occupational Therapist	Click here to type
Speech/Language Pathologist	Click here to type

Ridge Point RTC at Highland Ridge Hospital

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Other Medical (e.g., GI, Sleep)	Any recommendations are issued as a formal doctor's order and included in the patient's medical chart. Nursing staff monitor all doctor's orders & perform a daily reconciliation.
Dental	Any recommendations are issued as a formal doctor's order and included in the patient's medical chart. Nursing staff monitor all doctor's orders & perform a daily reconciliation.
Other	Click here to type

PSYCHOTHERAPY MODELS	
Please identify the psychotherapeutic models (e.g., CBT, DBT) used at your facility, by population	
Model	Population
CBT, DBT, trauma-informed care & experiential therapies	All populations
7 Challenges, motivational interviewing	Substance use disorders
Skillstreaming	Autism spectrum
Click here to type	Click here to type
Click here to type	Click here to type
<u>Family Therapy</u> What are your expectations regarding family therapy?	Expect family participation in weekly family meetings
<u>Clinical Supervision</u> Describe how a professional provides clinical oversight to the program. How many hours/week?	Director of Clinical Services (LCSW or CMHC) provides oversight and direction to PRTF therapists 40 hours per week.
<u>Crisis Supports</u> How does the program assure access to the appropriate care for clients in crisis situation?	Crisis intervention model. If clients are in a crisis, staff are trained to help de-escalate and assist them in regulating their emotions. Clinical staff are always accessible to help process with clients in crisis. If their behaviors escalate to the point of being a danger to themselves and others and it cannot be managed in the facility, clients will be assessed for acute level of care and placed there until stabilized.
<u>Skill Development</u> Please describe how your facility helps recipients develop the following:	<u>Methods/Interventions/Programs</u>

Ridge Point RTC at Highland Ridge Hospital

Residential Treatment Services PRTF Information Inventory

Interpersonal skills	Process groups, life skills classes, worksheets and discussion based on the Skillstreaming program.
Self-Regulation	DBT and process groups, individual therapy, reinforcement by staff in the milieu
Daily Living	Following unit schedule/rules, participating in chores & activities, milieu management
Communication	Group & individual therapy
Other	Click here to type
Please describe how your facility helps the recipient generalize these skills to their home environment.	Home visits, parent training on same skills to reinforce follow-up, discuss skills in family therapy

DAILY SCHEDULE		
Please describe the daily schedule.	See attached	
How are transitions (to meals, school, activities, etc.) managed?	Staff guided; schedule available & posted on unit	
How are meals managed (e.g., preparation, clean-up)?	Dietary staff prepare & clean up all meals	
Please describe the types of recreational activities available to recipients.	<u>On-Site Activities:</u> Gymnasium, basketball court, volleyball pit, climbing wall, ropes course, outdoor field	<u>Off-Site Activities:</u> Hiking, bowling, swimming

DISCHARGE PLANNING AND POST-TREATMENT	
When does discharge planning begin?	Upon admission
Who is responsible for discharge planning at your facility?	Assigned therapist with assistance of Clinical Director

Ridge Point RTC at Highland Ridge Hospital

Residential Treatment Services PRTF Information Inventory

What percentage of your recipients return to:	Therapeutic Foster Care: 5 Foster Care: 20 Family: 50 Group Home: 20 Corrections: 5 Independent Living: 0
Do you do any post-discharge surveys? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when is it conducted? Upon discharge

Please use the space below for further comments regarding your facility.

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.	
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 checked="" type="checkbox"/> No	If Yes, please list the tools(s) by name and/or send copies.

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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

San Marcos Treatment Center

Residential Treatment Services PRTF Information Inventory

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.

Section A

FACILITY INFORMATION	
Site/Cottage/Facility Name	San Marcos Treatment Center, LP dba San Marcos Treatment Center
Address	120 Bert Brown St., San Marcos, TX 78666
Contact number	512.396.8500
Date completed	March 5, 2021
Name and title of person completing this form	Richard Sears, Director of Clinical Care Management Systems

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	6-17	134	
<input checked="" type="checkbox"/> Females	6-17	78	
<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

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Day	1 to 20	1:5	Administrative staff are not included in the ratio. For emergency purposes, nurses may count as part of coverage.
Evening	1 to 20	1 to 5	Administrative staff are not included in the ratio. For emergency purposes, nurses may count as part of coverage.
Night	1 to 30	1 to 15	
What safety monitoring practices are applicable during the day? At night?		15-minute checks are done visually on patients throughout the day. Video reviews in real time as well as Proxiguard RFID scanning are completed on overnight shifts and reported to management team daily.	
Does your facility have requirements regarding IQ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain. IQ 50 and above	
What is the average length of stay for the facility overall? 227 days		For AK Medicaid Recipients? 225 days	
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 Doors to units and other buildings are locked	
Is the facility secure?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No No outside fence around facility or grounds.	
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).		We comprehensively review referral materials prior to admission and screen for FASD symptoms during the admission assessment. If indicated by the screen, a complete assessment is done by the treating therapist. Specific FASD training is included in orientation to all staff. Monthly clinical training of evidence-based practices is provided by the Director of Clinical Services for clinical therapists.	

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<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>We comprehensively review referral materials prior to admission and screen for trauma symptoms during the admission assessment. If indicated by the screen, a complete assessment is done by the treating therapist. Specific trauma training is included in orientation to all staff. Bi-monthly clinical training of evidence-based practices is provided by the Director of Clinical Services for clinical therapists.</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>
	<p><input checked="" type="checkbox"/> Autism Spectrum Disorders (High Functioning and Asperger’s) <u>NOTE: Facilities with this specialty must complete Section B</u></p>	<p>Staff receive 40 hours initial training, 50 hours required annually and additional training as required for clinical licensure. Training regarding ASD is conducted during the initial training and in team meetings.</p>
	<p><input type="checkbox"/> Autism Spectrum Disorders (severe/low functioning) <u>NOTE: Facilities with this specialty must complete Section B</u></p>	<p>Click here to type</p>
	<p>Sexualized behaviors:</p> <p><input checked="" type="checkbox"/> Sexually reactive (e.g. response to trauma)</p> <p><input checked="" type="checkbox"/> Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues)</p> <p><input checked="" type="checkbox"/> Sexually offending: <input checked="" type="checkbox"/> adjudicated/ <input checked="" type="checkbox"/> non-adjudicated</p>	<p>See above</p>
	<p><input type="checkbox"/> Eating Disorder</p>	<p>Click here to type</p>
	<p><input checked="" type="checkbox"/> Other Neuropsychiatric</p>	<p>See above</p>
	<p><input checked="" type="checkbox"/> Other FASD</p>	<p>See above</p>
<p>Excluded Populations</p>	<p>Please check all populations excluded from this facility.</p>	

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	<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 (Primary DX)	<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 (not acute)	<input type="checkbox"/> Elopement Risk	<input type="checkbox"/> Fire setting
	<input checked="" type="checkbox"/> Conduct Disorder(Primary DX)	<input checked="" type="checkbox"/> Other: Excessive criminal and gang activity	<input type="checkbox"/> Other: Click here to type
Comments: All referrals are reviewed on an individual basis.			
What type of alternative communication modalities do you use? Please identify (e.g., Picture Exchange Communication System, sign language, assistive technologies, visual schedules, etc.)	Visual schedules, picture exchange, Speech and Language groups, Nova-chat communication system when needed.		
What type of social skills training do you use? Please describe and/or identify the program.	Social skills are a prominent part of all modalities including formats such as Group therapy, Individual therapy, Community groups, structured activities, and ROPES. Forward Focus model which includes a specialized social skills curriculum is used for our Sexual Behavior Problem Unit.		
List types of safety monitoring used (e.g., staff observation, video cameras).	Q15 staff checks/staff observation, 235 video cameras. Locations for video cameras include all common areas, hallways, cafeteria, school yard, classrooms, nurses' stations and outside areas.		
How does the facility assure access to appropriate medical and dental care?	Units are staffed with nurses. The facility has an on-campus clinic staffed with a FNP for primary care and ongoing medical issues. Referrals are made to any necessary specialists and a dentist in the community.		

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<p>What type of behavior management program do you use? Please name the program and describe the training.</p>	<p>We manage behaviors proactively through our Behavior Enhancement System. It is a procedure that we have developed over time to help our patients improve, strengthen, and increase behaviors that improve quality of life.</p> <p>Our primary method of doing this is using a “Nurtured Heart” approach to create healthy relationships that help shape challenging behaviors over time. The Nurtured Heart approach is a means in which our staff communicates with patients to provide ongoing praise, energy, recognition, and interactions for positive behaviors while minimizing any energy, emotion, and attention given to negative behaviors.</p> <p>A secondary means of providing positive reinforcement occurs by patients earning access to a variety of reinforcers, activities, and privileges. As our staff interact with patients throughout the day implementing Nurtured Heart they provide additional reinforcement by assigning points on a Behavior Enhancement card which are then exchanged for a variety of reinforcers and activities available the same day or following day. Patients that consistently manage their behavior over longer periods of time are able to earn higher levels within the system for access to more desirable reinforcers and additional privileges.</p> <p>When behaviors escalate, become dangerous, and as a last resort, we use Non-Violent Crisis Intervention. It is a safe, non-harmful behavior management system designed to help staff provide for the best possible care and welfare of assaultive, disruptive, or out-of-control persons even during the most violent moment. The training focuses on prevention, de-escalation, personal safety and physical intervention.</p>
<p>Does the facility use timeout? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>When are timeouts used? Time outs are used as a voluntary coping skill. Patients are debriefed and provided support and encouragement by staff and return to milieu activities as quickly as possible.</p>
<p>Does the facility use seclusion? <input type="checkbox"/> Yes <input checked="" 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? Restraint is used only when a patient is a danger to themselves or others, and all other de-escalation strategies have been used. Post-restraint steps include video review, management team review, patient and staff debriefing.</p>

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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.	CPI training is provided in orientation and an annual refresher. Emergency Behavioral Intervention is taught in orientation, at 6 months and yearly thereafter, alternating with the CPI refresher.	
How frequently are individual and facility seclusion and restraint data reviewed, and by whom?	Individual Restraints are reviewed daily by management team	Facility Restraint data is reviewed monthly by management team and Performance Improvement Committee.

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: Public charter school <input type="checkbox"/> Other: Click here to type
Comments:	
Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	Ki Charter employs a registrar that works with patients' home school districts at both admission and discharge to assure proper class placement, credit recovery and ability to meet graduation requirements. ARD meetings and IEP development are conducted in accordance with State and Federal guidelines.
Educational Accreditation	Texas Education Agency
Does your program accept school credits from other schools or programs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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<p>What structured educational models are used?</p>	<p>Ki Charter utilizes a multi-modal curriculum delivery; the full integration of visual, auditory, and kinesthetic learning strategies and aids; the presentation of vocabulary words in context; and the hands-on representations of conceptual elements. To provide social and emotion learning (SEL) and character building, Ki Charter designed the Ki Individual Development (KID) and is embedded throughout the classes to provide a well-rounded education. SEL programming is based on the understanding that the best learning emerges in the context of supportive relationships that make learning challenging, engaging, and meaningful. Ki Charter utilizes the PITSCO elementary, middle and high school Science, Technology, Engineering, Math (STEM) curriculum. The PITSCO math and science based labs are not separate courses for students at Ki Charter, rather a supplement to their math and science curriculum. Many of our students are kinesthetic, manipulative, and tactile learners. The students receive portion in the classroom, and then translate their learning to practice in the lab. Students understand and recognize the true importance of learning, by putting into practice. The STEM lab will provide exploration into jobs such as engineering, biology, mathematics technology. Students use the skills in such a way that they can apply them in other situations outside of the curriculum experience. Ki Charter also provides a vocational and Career and Technical Education (CTE) program that designed to introduce students to technical careers and provide students with employability skills. Whether students are putting the finishing touches on their resumes or obtaining job-related certifications, such as Occupational Safety and Health Administration/OSHA or Food Handling Certifications, they are continually preparing themselves for their individual real-world experiences.</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>

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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>	<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): Primary therapist, Recreational therapist, School Homeroom teacher, to discuss educational progress, Unit Manager, to report milieu concerns and progress, and Mental Health Associates. </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>Family sessions occur weekly unless otherwise specifically ordered. They include a review of Treatment Plan/Updates, identifying patterns of communication and interactions that perpetuate symptoms, relapse prevention and aftercare plans. Family therapy is conducted face-to-face as often as possible.</p>
<p>How does your program identify/assess the function of challenging behaviors?</p>	<p>Review of psychological and neuropsychological tools, staff training tools customized to individual patient, trigger cards, case reviews, etc. Entry and exit crisis plans is a patient driven tool to alert caregivers what to do in crisis situations.</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>Daily calculation of data from the Behavior Enhancement cards - measures from a baseline of affective, behavioral and critical manifestations - compared each month for progress, maintenance or regression. In addition to sustained advance in the Behavior Enhancement Program and consistent desired response to in vivo stressors.</p>

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<p>Does your facility employ a privilege/level/phase system?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, on what basis do recipients earn privileges or improved level status?</p> <p>The Behavior Enhancement System cards are based on incremental improvements and varying schedules of reinforcement, coaching and contact-based on patient ability and need.</p> <p>If No, is there another system the program uses?</p> <p>Click here to type</p>	<p>Under what circumstances, if any, is the level system modified?</p> <p>The Behavior Enhancement System can be modified based on several factors including a patient's functioning level or chronic inability to progress through the system.</p>
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TREATMENT	
<p>Does your facility employ or contract with a behavior specialist (behavioral psychologist or BCBA) on the treatment team or staff?</p> <p><input checked="" type="checkbox"/> Yes <input 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).</p> <p>Roberto C. Rodriguez, MA, LCCA is our facility Behavior Analyst in training.</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>
Dietitian	<p>Recommendations are included in the treatment plan through assessment by these professionals.</p>
Occupational Therapist	<p>If OT is recommended through a student's IEP, Ki Charter will follow through with a consultation and occupational therapy.</p>
Speech/Language Pathologist	<p>Same as above through an IEP with Ki Charter. The facility also contracts with a Speech/Language specialists to conduct groups with those patients that have been assessed and determined to have a need for speech therapy. It is also listed in the treatment plan.</p>
Other Medical (e.g., GI, Sleep)	<p>Through our clinic, the FNP will recommend an appointment for a specialist. This is followed through with the doctor's order.</p>

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Dental	Dental exams and cleaning are monitored through our Medical Coordinator on an annual basis. Any further dental work recommended is coordinated also.
Other	

PSYCHOTHERAPY MODELS	
Please identify the psychotherapeutic models (e.g., CBT, DBT) used at your facility, by population	
Model	Population
Cognitive Behavioral Therapy	All patients
Trauma Informed Care	All patients
Behavioral Therapy	All patients
Family Systems	All patients
Registered Play Therapy	Treatment Team Identified patients
Neuro-Training available by contracted provider	All patients
DBT Strategies (program not certified by clinicians have received multiple trainings.	All patients
Nurtured Heart Approach	All patients
<u>Family Therapy</u> What are your expectations regarding family therapy?	Routine family participation, follow-through with aftercare recommendations and practice and rehearsal of strategies designed to mitigate symptoms.
<u>Clinical Supervision</u> Describe how a professional provides clinical oversight to the program. How many hours/week?	The Unit Medical Directors provide clinical oversight through staffings and team meetings. The Director of Clinical services spends 60% of her time providing clinical oversight through staffings, monthly Clinical meetings as well as weekly supervision for interns.
<u>Crisis Supports</u> How does the program assure access to the appropriate care for clients in crisis situation?	Emergency psychiatric exams and crisis intervention are available 24-hours per day, under the direction of the facility's psychiatrists, nursing staff, clinical therapists and other qualified professional staff. The facility has transfer agreements with acute psychiatric hospitals should a patient require a transfer for acute stabilization.
<u>Skill Development</u> Please describe how your facility helps recipients develop the following:	<u>Methods/Interventions/Programs</u>

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Interpersonal skills	Milieu activities, daily group therapy, Behavior Enhancement Program, social skills/life skills training
Self-Regulation	ROPES, individual, group and family therapies, milieu interventions, Behavior Enhancement Program
Daily Living	Daily milieu activities, Behavior Enhancement Program
Communication	Individual, group and family therapies, ROPES, daily milieu activities, Behavior Enhancement Program
Other	Click here to type
Please describe how your facility helps the recipient generalize these skills to their home environment.	The Behavior Enhancement System used by San Marcos addresses problematic behaviors while simultaneously focusing on a child's clinical and educational needs. In order to experience success, we teach and encourage our patients to learn to self-regulate and self-manage their own behaviors. This practice is in preparation for life in the home community. Part of the process involves learning to replace old behaviors with new, more healthy and effective ways of functioning within the family, neighborhood, school and other areas of life. Family therapy is used to practice their skills and complete therapeutic tasks while on passes.

DAILY SCHEDULE	
Please describe the daily schedule.	The daily schedule is highly structured with detail throughout the daytime and evening hours. The schedule includes specific times for meals, school, group psychotherapies, and daytime activities. In the evening, activities include gym, leisure skills, art and crafts and cooking activities. Bed times are specified by levels in the Behavior Enhancement System.
How are transitions (to meals, school, activities, etc.) managed?	During transition times, patients are escorted by their unit and staff assigned to that unit. Staff carry radios and communicate their departure from one area and arrival at another. Supervisors monitor these communications to identify and respond to potential issues.
How are meals managed (e.g., preparation, clean-up)?	Meals are prepared by dietary staff in our cafeteria according to meal plans developed and approved by registered dietician.

San Marcos Treatment Center

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Please describe the types of recreational activities available to recipients.	<u>On-Site Activities:</u> Gyms, swimming pools, sports court, ROPES course, sweat lodge, canteen recreational area, cooking area for activities, arts and crafts, theme decoration contests, etc.	<u>Off-Site Activities:</u> Bowling, movies, community sporting events (basketball, football, etc.), eating at restaurants, Indigenous Peoples Pow Wow, Santa's Ranch (seasonal), Snake Farm, miniature golf, etc.
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DISCHARGE PLANNING AND POST-TREATMENT	
When does discharge planning begin?	Discharge planning begins at the time of admission with the identification of plans for potential placement options and possible providers depending on the anticipated needs of child and family.
Who is responsible for discharge planning at your facility?	Clinical therapists and the treatment team are responsible for discharge planning.
What percentage of your recipients return to:	Therapeutic Foster Care: 10% Foster Care: 0% Family: 70% Group Home: 15% (Includes both those going to a therapeutic group home and those going to a lower level RTC. Corrections: 3% Independent Living: 2%
Do you do any post-discharge surveys? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when is it conducted? Child and Adolescent Behavior Assessment are completed at admission, every 28 days coinciding with review of the Master Treatment Plan and at discharge, with a followup of the Child and Adolescent Behavior Assessment 45 days post-discharge. The followup is completed by Mental Health Outcomes, an outside vendor.

Please use the space below for further comments regarding your facility.

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Section B

AUTISM SPECTRUM DISORDERS QUESTIONNAIRE	
<p>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.</p>	<p>ASD with IQ’s of 50 and above. Patients with ASD are placed on units based on physical size, functioning level and age.</p>
<p>Please check each box that corresponds with aspects of treatment at your facility that are listed below.</p>	
<p>Do you have screening mechanisms for ASD that includes questions about ASD and symptomatology? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, please list the tools(s) by name and/or send copies. Initial Screenings, Vineland, GADS</p>
<p>What diagnostic evaluation/assessment process do you use? Please check all that are included</p>	<p> <input checked="" type="checkbox"/> Family interviews <input checked="" type="checkbox"/> Review of past records <input checked="" type="checkbox"/> Consideration of DSM-V criteria <input checked="" type="checkbox"/> History, including educational and behavioral interventions <input checked="" type="checkbox"/> Differential diagnosis <input checked="" type="checkbox"/> Observation <input type="checkbox"/> Specific Tools (please identify): Click here to type </p>
<p>Do you do functional behavior assessments? If so, please describe your approach in the school and residential program.</p>	<p>We use functional behavior assessments to assist in creating individualized behavior plans for some of more challenging patients. Our approach involves directly observing patients in a variety of settings to gather data and determine function of behavior. Practical and proactive interventions are then created (based on function) that include instructions on how to introduce and teach prosocial replacement behaviors in the milieu.</p>

San Marcos Treatment Center

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Please describe how the Behavior Analysis is presented in the treatment plan.	Using the functional behavior assessment, an individualized Behavior Intervention Plan is developed and added to the treatment plan to determine a reasonable plan. The treatment team uses the aggregate data with regard to affective, behavioral and critical manifestations. These are used daily for children and weekly for adolescents but the system can be modified for those patients needing increased reinforcers. This data is used as a measure of success or regression.
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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.	High functioning patients with Asperger Disorder or individuals with ASD are placed on units with other patients with similar functioning levels. Behavior Intervention Plans are developed with results from the Functional Assessment and implemented via the treatment team and direct care staff. The Behavior Enhancement System can be modified to individualized interventions. Evidence based practices are individualized for focus on repetition, concrete objective and in vivo rehearsal.

<i>Please use the space below for additional comments.</i>

Springbrook Autism Behavioral Health System

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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.

Section A

FACILITY INFORMATION	
Site/Cottage/Facility Name	Chestnut Hill Mental Health Center DBA Springbrook Autism Behavioral Health System
Address	1 Havenwood Lane, Travelers Rest, SC 29690
Contact number	(864) 834-8013
Date completed	March 19, 2021
Name and title of person completing this form	Katy Snipes, LMSW, Director of Admissions, (864) 660-6220; Mary Ann Bennett Chief Operating Officer, Director of Autism Programming, (864) 660-6045; Bart Bennett, Chief Financial Officer (864) 660-6207

GENERAL OVERVIEW		
Accreditation Body	The Joint Commission; South Carolina Department of Health and Environmental Control (DHEC)	
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	5-21 (must have legal guardian after age 18)	73 total
<input checked="" type="checkbox"/> Females	5-21 (must have legal guardian after age 18)	73 total
<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

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Day	3 staff	2 staff per 6 children Low Functioning, 1 Staff per 2 children 1 staff per 1 child on any unit when behaviors warrant.	Standard (high functioning) staffing, as noted different staffing for lower functioning units or for acute behaviors
Evening	n/a (12 hour shifts)	2 staff per 6 children Low Functioning, 1 Staff per 2 children 1 staff per 1 child on any unit when behaviors warrant.	Standard staffing, as noted different staffing for lower functioning units or for acute behaviors
Night	2 staff	2 staff per 6 children Low Functioning, 1 Staff per 2 children 1 staff per 1 child on any unit when behaviors warrant.	Standard staffing, as noted different staffing for lower functioning units or for acute behaviors
What safety monitoring practices are applicable during the day? At night?		Standard checks are every 15 minutes (24 hours a day, 7 days a week). Clients on various precautions may have increased levels of monitoring. In addition, Springbrook has extensive video surveillance.	
Does your facility have requirements regarding IQ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, please explain. n/a	
What is the average length of stay for the facility overall? 4-8 months, longer for low functioning clients.		For AK Medicaid Recipients? Click here to type	
Are you anticipating changes to your program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, please describe.	
Is the facility locked or unlocked?		<input checked="" type="checkbox"/> Locked <input type="checkbox"/> Unlocked	

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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).		We do not specialize in this type of treatment. However, our program is designed to accommodate developmental disabilities and delays which is relevant in the care of FASD. Care of developmental disabilities and delays is addressed in orientation, refreshers, and RBT 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.		Patients are prescreened for trauma history as well as assessed during admission and throughout their stay. Staff receives an overview of trauma treatment upon hire and yearly refreshers. Therapists are trauma informed through Master's level education and ongoing continuing education. Lead Therapist is TF-CBT trained through Project Best and available for consultation with all Therapists and staff members. Documentation in the patient folder/book used by direct care staff, addresses trauma history with suggested modifications in treatment or initiation of an emergency intervention if applicable..
Specialty Populations	Please check all specialty populations this facility serves.	What training does staff receive for this population?
	<input checked="" type="checkbox"/> Autism Spectrum Disorders (High Functioning and Asperger's) <u>NOTE: Facilities with this specialty must complete Section B</u>	Specialized autism training by BCBA provided during orientation and refreshers. Additional training provided at staff meetings throughout the year.
	<input checked="" type="checkbox"/> Autism Spectrum Disorders (severe/low functioning) <u>NOTE: Facilities with this specialty must complete Section B</u>	Specialized autism training by BCBA provided during orientation. RBT's (Registered Behavioral Technicians) on lower functioning units. Springbrook puts a priority on hiring staff with ABA experience. There is also 40 hours of on-line training on Autism that staff is incentivized with pay raises to complete.

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	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"/> 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 checked="" type="checkbox"/> Other: primary substance use disorder	<input type="checkbox"/> Other: Click here to type
	Comments: Click here to type		

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<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>Alternative communication is dependent upon the functioning level of the client. Following are some examples: visual schedules for the class as well as individual schedules, PECS, assisted technologies, and sign language. The vast majority of our communication is visual in nature as that suits the ASD population better than verbal communication.</p>
<p>What type of social skills training do you use? Please describe and/or identify the program.</p>	<p>FISH contains a socialization domain from which we can implement plans if the child's assessment results in social deficits. McAfee Social Skills Training is one of the many programs used. VB-Mapp also works on social skills with our lower functioning group. We use the milieu model to provide frequent socialization opportunities. Speech and Occupational Therapies and Special Education are all provided in small groups to integrate social skills as naturalistic teaching in all therapies.</p>
<p>List types of safety monitoring used (e.g., staff observation, video cameras).</p>	<p>Video cameras throughout the facility. Direct staff observation is used with staff. In addition, nurses, teaching, and clinical staff are present on the milieu on a daily basis. Staff supervisors are also present on all shifts.</p>
<p>How does the facility assure access to appropriate medical and dental care?</p>	<p>RNs on staff and in facility 24/7. Facility contracts with medical physicians and nurse practitioner to perform history and physicals and see patients in house for routine health care and medical consultation. Facility works with local dentists who are familiar with ASD population (would have to be funded separately). Emergency care accessed as needed (emergency room 5 minutes away, emergency professionals easily accessible).</p>

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<p>What type of behavior management program do you use? Please name the program and describe the training.</p>	<p>We use a positive behavior support model, all based in the principals of ABA (Applied Behavioral Analysis). The patient centered plan is an extensive document with goals from each discipline. Additional specialized behavior plans are developed and overseen by three on staff BCBAs (Board Certified Behavioral Analysts). The plan addresses the antecedent and how to prevent the maladaptive behavior, if unable to avoid, how to safely shorten time or decrease the intensity of the behavior, and what to do after the behavior, the consequence, to ensure that the behavior is not unintentionally reinforced. Besides monthly treatment team meetings, there are weekly interdisciplinary meetings where patients who have increased incidents or appear resistant to interventions are discussed to continue to adjust the plan until progress is noted.</p>
<p>Does the facility use timeout? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>When are timeouts used? The facility does not use a formal time out process. Springbrook utilizes the MANDT system which focuses on de-escalation of the clients to avoid any restrictive interventions. The only approved restrictive interventions are personal holds and seclusions. Clients are encouraged to ask for a “self-five” if they feel they are getting overstimulated. Typically our clients will use our sensory room or ask to go on walks.</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? Restrictive interventions are only utilized is when the client is in immediate danger to others or themselves. MANDT teaches to focus on the de-escalation prior so restrictive interventions are not needed. These are standing loose holds approved for special needs clients. Post restraint or seclusion, debriefing is conducted with patients and staff. Statistics are kept on all restrictive interventions to look for trends and the data is reviewed by multiple individuals and committees. Springbrook consistently works to decrease the number of emergency interventions with de-escalation teams, and the use of weekly interdisciplinary meetings to address outliers. In 2018 a significant decreased in restraints and seclusions was noted from the first to fourth quarter.</p>

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<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>The new employees go through a week and a half orientation with three additional days to shadow on the units. Three of these days are dedicated to MANDT training which includes the de-escalation and restrictive interventions. MANDT training is refreshed annually or as needed. Refreshers are given yearly. Statistics are kept on restrictive interventions and staff is provided just in time training with video surveillance feedback if needed.</p>	
<p>How frequently are individual and facility seclusion and restraint data reviewed, and by whom?</p>	<p>Individual Every restraint and seclusion is reviewed and discussed on a daily basis, and on Monday the weekend incidents are reviewed. These are reviewed at a daily meeting attended by the CEO, CFO, COO, the Director of Quality, Director of Clinical Services, Director of Admissions and Nurse Manager. This group, along with the psychiatrist, reviews and signs incident reports daily. Aside from monthly treatment team meetings, there are weekly interdisciplinary meetings for patients who have increased incidents to discuss and adjust their plan until progress is noted.</p>	<p>Facility Restraint and Seclusion data is trended and discussed at the Quality Leadership Committee, the Safety Committee, and the Medical Executive Committee. All these committees meet monthly to review trends and action plans related to negative trends and outliers. Outliers are also discussed in the quarterly Client Rights Committee which is comprised of 50% community representatives. These committees represent all administration and leadership and disciplines at Springbrook. The Quality Leadership and the Medical Executive Committee also includes physicians.</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 type="checkbox"/> Other: Click here to type <input type="checkbox"/> Other: Click here to type</p>	
<p>Comments: Education provided by on staff certified teachers, most are certified in special education. Curriculum and accreditation is through the Einstein Academy, a non-profit, private school with documented success in teaching and addressing the special needs of students with Autism.</p>		

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Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	Our Educational Coordinator communicates with whoever has been providing education for the client. Upon admission, we request records and IEPs from the client’s previous school or homeschool. Testing is done with the WRA T and MAPP at Springbrook. Educational progress is reviewed monthly during treatment team. Progress notes can be sent on an as needed basis or regularly.
Educational Accreditation	Einstein Academy - National Association of Private School & The South Carolina Independent School Association
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?	The school is an extended day, year around program. Students participate in every subject each day. The school uses the Errorless teaching model with the Abeka Curriculum, Spectrum, Sondag System, Orton-Gillingham, and the VB Map program. Curriculum depends on the functioning level and presence of a learning disability. Tutor style self-paced individualized and multisensory teaching is provided by credentialed special education teachers with low student to teacher ratios. Discrete Trail Training is used to teach functional skills in lower functioning units. Mental Health Associates are trained as teacher aides to assist with comprehension. Students are given extra time on assignment, tests, and projects when needed. Students are given any accommodations they may requires such as calculators, manipulatives, study guides, choices between projects and tests etc. The private accredited school at the facility is able to teach high school curriculum with Carnegie credits for high school students on college track. Work is also done toward Vocational or GED prep if this is what the IEP recommends.

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<p>Does your program accept the Homeschool IEP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Does your program create an IEP if needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – As a private school the document created is an ISP (individualized service plan) with goals and assessments similar to an IEP. The IEP, if present on admission is used to help create the ISP. Present levels from Special Education, Speech, and Occupational therapy can be sent to the home school district to contribute to their IEP during treatment or on discharge, when needed.</p>
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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 checked="" type="checkbox"/> Speech Therapist <input checked="" 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 checked="" type="checkbox"/> Behavior Analyst <input checked="" type="checkbox"/> Other Clinician (name, credentials): Utilization Review staff (RN), Recreational Therapy Staff, Milieu management, Pharmacist is consulted on an as needed basis.

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<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>Family receives three weekly updates – one from the child's individual therapist, one from the child's assigned nurse, and one from the milieu manager (unit director) or lead staff. Family is invited to participate in monthly treatment team either in person or via phone. Family therapy is provided at a minimum monthly and can be more often as needed. We also have the capacity to do video chats with families who are not able to physically come to the facility very often. Typically, families take clients on a TLOA (therapeutic leave of absence) for graduated amounts of time prior to discharge. We provide monthly family education groups that coincide with visitation days. We are also just starting an 11-module family curriculum to teach them how to effectively deal with behaviors in autism which will include "homework" for parents/guardians who are interested in participating.</p>
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<p>How does your program identify/assess the function of challenging behaviors?</p>	<p>On staff BCBA’s use a variety of assessments to identify functions of behaviors. Examples include collecting data through scatterplots, ABC forms, and functional analyses.</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>We use a PCP (Person Centered Plan) as our treatment plan. The PCP has goals and objectives which are reviewed and updated each treatment team. There is also re-evaluation using the FISH curriculum to assess gains on all domains, ADT= Adaptive behavior, AFF= Affective or behavioral skills, COG= Cognitive abilities such as basic school/education skills, SEN= Sensorimotor abilities, SOC= Socialization, S&L= Communication, related to speech and language, and VOC= Pre-vocational or beginning job skill. The is reassessed every quarter and on discharge.</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? Springbrook has a “levels” system for the RTF clients, that is based on behaviors. This system is calculated every four hours for the clients. Their levels will reset every four hours to give them the opportunity to restart. The levels range from one to five with five being the highest. This system is only used on our higher functioning units. Clients can earn special outings, special meals, and other incentives when they are higher levels. The level system is in place to encourage positive behaviors from the clients. 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? We ensure that the levels system is positive and not negative to the clients. This system is not used on our low-functioning units due to the lack of understanding by the clients. The reward systems for the low functioning clients are more immediate but can build on a token system for some clients who are able to understand working toward a highly desired item or outings.</p>

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TREATMENT	
Does your facility employ or contract with a behavior specialist (behavioral psychologist or BCBA) on the treatment team or staff? <input checked="" type="checkbox"/> Yes <input 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). Four on staff BCBA: Dr. William Killion, BCBA, PhD (supervisor); Kevin Loeb, BCBA; Jordynn Frollo, BCBA, Brandon Clark, BCBA. All four of the BCBA’s have supervisor credentials enabling them to train and supervise BCaBA’s and RBTs
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	On staff dietitian addresses any referrals from the treatment team, physician, or nurses. This includes documentation and follow-up as needed. The dietitian also monitors weekly weights and proactively intervenes when undesirable trends are noted. Any significant changes are reported to dietitian through nursing staff. The dietitian does visit the units to follow-up and is present at some mealtimes to ensure that recommendations are followed.
Occupational Therapist	On staff occupational therapists and COTA screen all patients on admission to develop goals. They are actively engaged in client’s care throughout treatment. Occupational therapists teach and model positive behavior supports and zones of regulation to staff. OTs design and monitor implementation of OT programming used by direct care staff to ensure compliance. OTs provides training on any sensory modulating techniques and equipment which they deem necessary for clients to help sensory modulation. OTs also designs therapeutic physical activity and aquatic therapy, the use of weighted blankets, aroma therapy, and calming sensory spaces and assists staff in proper usage for clients.

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Speech/Language Pathologist	Two on staff speech and language pathologists are actively engaged in client's care throughout treatment. SLPs do weekly group therapy with all units, and also do small group work as needed, particularly in the low functioning unit. They also screen each child for individual needs and provide therapy as indicated. All interventions are often are used with anyone needing them. Picture Exchange, sign language, assisted technologies, verbal behaviors, visual strategies, story boards, picture activity, visual schedule for the class as well as individual schedules. All the interventions are accomplished with staff assistance. The presence of SPLs on the unit ensures recommendations are followed.
Other Medical (e.g., GI, Sleep)	Medical physicians and NP write orders, or consults from outside office visits send recommendations that are written as orders and compliance is monitored by nursing staff as medications or treatments noted in the patient's medical record. Any medical issues or sleep issues are reported to and monitored by the onsite nursing staff who are present 24 hours a day/ 7 days a week
Dental	Dental recommendations are written as physicians' orders and compliance with treatments and medications are monitored and documented by nursing staff.
Other	Click here to type

PSYCHOTHERAPY MODELS	
Please identify the psychotherapeutic models (e.g., CBT, DBT) used at your facility, by population	
Model	Population
ABA	Child and Adolescent Autism
CBT	Child and Adolescent Autism
RT (Reality Therapy)	Child and Adolescent Autism
Ansel Casey Life Skills program adapted for ASD	Child and Adolescent Autism
	Click here to type

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<u>Family Therapy</u> What are your expectations regarding family therapy?	Families will engage in psychoeducation regarding their child’s diagnoses and learn to better adapt to the child’s needs while being able to set firm limits and boundaries. This is a requirement to ensure a smooth transition to home post discharge.
<u>Clinical Supervision</u> Describe how a professional provides clinical oversight to the program. How many hours/week?	Clinical Director is available on-site 40 hours weekly and provides group and individual supervision as needed with an open door policy. Lead Therapist provides one hour direct supervision weekly to non-licensed Master’s Level Therapists.
<u>Crisis Supports</u> How does the program assure access to the appropriate care for clients in crisis situation?	Individualized crisis plans are created and updated by the patient’s individual therapist. Crisis plans include triggers, preferences, de-escalation techniques, relevant trauma history, and important medical information specific to each client. Crisis plans are included in the patient’s folder which follows the patient throughout their day and is used to document behavior. Front line staff can make suggestions for updating the plan and therapist updates monthly. For clients with more persistent or non-responding behavior, there are individual behavioral plans written and monitored by the BCBAs
<u>Skill Development</u> Please describe how your facility helps recipients develop the following:	<u>Methods/Interventions/Programs</u>
Interpersonal skills	Multiple therapeutic groups daily, milieu interactions, field trips, and social skill building activities.
Self-Regulation	Multiple therapeutic groups daily, having a sensory room available and providing coaching on using the sensory room prior to need for it. Equipment such as weighted vests, noise canceling earphones, etc. is used to help self-regulation.
Daily Living	Multiple therapeutic groups daily, milieu interactions, opportunities/activities to practice hygiene, doing laundry, going on outing to restaurants or grocery stores, and other ADLs.
Communication	Multiple therapeutic groups daily, milieu interactions, modeling from staff. Aids are provided by Speech pathologists when needed. Visual schedules and story boards are also used.

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Other	Patients are involved in Recreational Therapy, Occupational Therapy, Speech Therapy, Education, and Therapeutic groups throughout the day as well as groups in the milieu with Mental Health Techs.
Please describe how your facility helps the recipient generalize these skills to their home environment.	Skills are practiced in a variety of settings to assist in utilizing these skills in a variety of environments. Family therapy is held to keep parents informed of patient's progress and how family can keep skills consistent in the home and to process any barriers to consistency. Patients are sent, when possible, on Therapeutic Leave of Absences to practice these skills. Most skills are taught and practiced in a small group environment. Outings also provide an opportunity to practice new skills.

DAILY SCHEDULE	
Please describe the daily schedule.	Visual schedule with pictures as applicable to specific population. Example attached.
How are transitions (to meals, school, activities, etc.) managed?	Transition time scheduled into the daily schedule (see schedule). We reduce transitions by having the children participate in programming & schooling in a day room (separate from bedroom unit). Verbal transition cues are also provided to ensure decreased anxiety through transitions.
How are meals managed (e.g., preparation, clean-up)?	On site cafeteria with full staff. Clients are served their meals by the café staff. Clean up is handled by staff with client's help. There is a team that includes the dietician, a BCBA, and a Speech Therapist who have received specialized training to address eating difficulties and sensory issues related to food in the autism population. This provides a targeted effort to increase food tolerance and broaden acceptable options to ensure nutrition in the ASD population.

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<p>Please describe the types of recreational activities available to recipients.</p>	<p><u>On-Site Activities:</u> On site pool and gymnasium. Recreational therapists coordinate various activities such as coloring, playing games, and physical activities. Teaching staff and occupational therapist plan fun learning activities such as cooking classes. There is a student council that does charitable activities and helps teach aspects of leadership.</p>	<p><u>Off-Site Activities:</u> Dependent upon children’s behaviors – examples include visit to trampoline park, apple orchard, restaurants, sporting events, movies, library, etc.. Our clients participate in a special needs baseball league in a spring and fall leagues.</p>
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DISCHARGE PLANNING AND POST-TREATMENT	
When does discharge planning begin?	At time of admission
Who is responsible for discharge planning at your facility?	Utilization Review Department – each child has an assigned UM staff member who partner with the state providers and parent/guardians to ensure that all are working toward an acceptable discharge plan.
What percentage of your recipients return to:	Therapeutic Foster Care: 25% Foster Care: 0% Family: 60% Group Home: 12% Corrections: 1% Independent Living: 2%
Do you do any post-discharge surveys? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when is it conducted? It is sent out three times post discharge at three months, six months, 12 months, and 18 months. Click here to type

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Please use the space below for further comments regarding your facility.

Mathew Fisher, MD our full time physician is a Child and Adolescent Psychiatrist who specializes in Autism and believes in minimal medications and slow progressions of increasing, decreasing, or adding new medications. Assessments are made to rule out seizure disorders, and other medical co-morbidities that may be the underlying cause for increased anxiety or behaviors. When dealing with ASD, there is a focus on treating the underlying anxiety symptoms that exist concurrently with the ASD. Medications frequently ordered are SSRIs such as Zoloft, Celexa, Luvox, and Wellbutrin. If absolutely necessary, atypical antipsychotics such as Risperdal and Abilify will be used.

Dr. William Killion, PhD Developmental Disabilities, BCBA with supervisory credentials. He wrote the Functional Skills Independent Skills Handbook (FISH) that is used throughout the US, Canada, and is in 83 countries. This is a functional assessment with stepped ABA plans for addressing functional skills and behaviors. All clients are assessed with the FISH and reassessed every three months to note their progress. As our staff member, we are fortunate to have the author of the book writing individualized developmental & behavioral plans at Springbrook. He also wrote the ABCs of Autism.

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 have a specific IQ requirement as the team feels IQ scores do not always provide an accurate representation a child's functional status.

Please check each box that corresponds with aspects of treatment at your facility that are listed below.

Springbrook Autism Behavioral Health System
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<p>Do you have screening mechanisms for ASD that includes questions about ASD and symptomatology? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, please list the tools(s) by name and/or send copies. We require testing to be sent with records to be considered for admission to verify the autism diagnosis. We have the capacity to do an ADOS, CARS, and other screening tools if deemed necessary (on site). If no standardized testing is available, we can do a brief screening via video chat.</p>
<p>What diagnostic evaluation/assessment process do you use? Please check all that are included</p>	<p><input checked="" type="checkbox"/> Family interviews <input checked="" type="checkbox"/> Review of past records <input checked="" type="checkbox"/> Consideration of DSM-V criteria <input checked="" type="checkbox"/> History, including educational and behavioral interventions <input checked="" type="checkbox"/> Differential diagnosis <input checked="" type="checkbox"/> Observation <input checked="" type="checkbox"/> Specific Tools (please identify): FISH (Functional Independent Skills Handbook). Handout attached</p>
<p>Do you do functional behavior assessments? If so, please describe your approach in the school and residential program.</p>	<p>Yes, based on clients individual needs. We use a variety of techniques to compile the FBAs such as the FAST (Functional Assessment Screening Tool), direct observation, reinforcement inventories, and behavior analysis. From the FBA, a behavioral crisis plan is generated.</p>

Springbrook Autism Behavioral Health System

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<p>Please describe how the Behavior Analysis is presented in the treatment plan.</p>	<p>Each child has a full developmental profile FISH, compiled shortly after admission which usually assesses about 23-30 deficits out of over 400 behavioral, cognitive, speech, social, functional, and sensory skills needed for success at home and in school. The BCBA's prioritized 3-5 deficits and develop behavioral plans specific to needs. (see FISH handout). These are added to the Person Centered Treatment Plan which is discussed at the monthly treatment team meetings. When these goals are achieved the next 3-5 are addressed. The clients are retested every three months to monitor progress. All disciplines, Mental Health Associates, Nurses, Therapist, Occupational Therapists, SPLs and Teachers work on these goals. When needed to address none responding behaviors, a clinical multi-disciplinary team comprised of BCBAs, OT, SLP, Nursing, Special Education, Milieu Manager and assigned therapist meet weekly to discuss the outliers and develop and modify individual behavior plans which provide detailed instructions of what to do to address the antecedent to prevent behaviors, to address behaviors to lessen the intensity and duration, and to address consequences so that behaviors are not unintentionally reinforced. This is done in addition to treatment plan.</p>
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<p>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:</p>	
<p>Please describe your approach to treatment and any interventions that are employed specifically for this population.</p>	<p>See table entitled "Treatment Specific for ASD Clients"</p>

Springbrook Autism Behavioral Health System

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Please use the space below for additional comments.

In developing the Autism Units at SpringBrook we did not visit other programs and try to duplicate them. We focused our efforts on putting together a strong team of experts in their respected fields and did extensive evidence based research to design spaces, sensory room, programs, and curriculums that had the greatest change of producing measurable outcomes in this ASD population. There is a very structured day with up to five group therapies a day designed to ensure comprehension with visual components to address the deficits in executive functioning skills frequently seen with the ASD population. Our efforts have paid off with many parent and referral source testimonials that note improvements seen for the first time in long histories of treatment and placements. Consequently, Springbrook Autism is admitting patients regularly from eight different states and from national bases with Tricare.

One study on outcomes at the facility assessed all children and adolescents with autism that were treated and discharged at other facilities prior to admission at Springbrook Autism Behavioral program. The group had significant less length of stays and had the highest rate of facility to home discharges. One client in the post group that was discharged home had had behaviors that prevented him from living at home for the five years prior to being treated at the facility. Consistently, states will send us cases most resistant to treatment and we have produced decreases in behaviors and increases in functional skills that have significantly increased the individuals quality of life. The program focuses on behavioral that are interfering with success at home and in school. However, this cannot be achieved without the intense integration of special education, speech, and occupational therapy to address functional skills and communication as well. See result page attached.

Small units are organized according to functional levels which allows for focused programming. Lower functioning units provide work in centers which is small groups who rotate every 30 minutes to a Special Education ABA Academic class to a Speech and Language or sensory/social activity group to a Occupational physical activity. There is a student body leadership which conducts charitable projects. Most children and adolescents play on one of two teams playing Miracle League Special Needs baseball.

In the Functional Independent Skills Assessment (FISH) will note anywhere from 20-30 deficits that impact ability to be successful in life. The clinical team will work on 3-4 goals at a time ensuring the intense focus need to elicit results. Once these are mastered the team will work on the next 3-4 prioritized goals.

Springbrook Autism Behavioral Health is committed to providing as much information as possible to the community at large to help prevent residential placement when possible. This is done through an annual Converge Autism Summit

<http://www.convergeautism.com> which this year featured the renowned autism expert, Temple Grandin. This conference focuses

Springbrook Autism Behavioral Health System

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on addressing behaviors in autism and frequently has Springbrook's Autism experts receiving the highest conference evaluation scores. Springbrook's website also has over 60 educational blogs on all topics related to understanding behaviors of children and adolescents with autism. <https://springbrookautismbehavioral.com/resources/>. Springbrook Autism Behavioral Health also sponsors a Converge Autism Radio channel on the Mental Health News Network. This station provides weekly podcasts with interviews and information from the leading experts in the field of autism <https://www.mentalhealthnewsradionetwork.com/our-shows/converge-autism-radio/>

Our experts frequently publish articles on autism in national publications. Dr. Bill Killion, PhD, BCBA, an employee of Springbrook Autism was awarded the 2018 Top Autism Therapy Writer Award from Autism Parenting Magazine.

The following short video will provide a visual representation of Springbrook Autism Behavioral Health programming <https://vimeo.com/letpeoplesee/review/313034708/9da90a6b92>

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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.

Section A

FACILITY INFORMATION	
Site/Cottage/Facility Name	Texas NeuroRehab Center
Address	1106 W. Dittmar Road
Contact number	512-444-4835
Date completed	April 13, 2021
Name and title of person completing this form	Vanessa R. Guerra, LPC; Director of Clinical Services- Behavioral

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	8-17	3 coed treatment units, with 16 beds each	
<input checked="" type="checkbox"/> Females	8-17	3 coed treatment units, with 16 beds each plus 16 bed male RTC unit	
<input checked="" type="checkbox"/> Other	Evaluated on individual needs and milieu	Click here to type	
Describe your client: staff ratio and how it is calculated for the following:			
	Nursing	Milieu	Comments
Day	1 nurse on each unit, around the clock, regardless of census	1:3 subacute; 1:4 PRTF	none

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Evening	1 nurse on each unit, around the clock, regardless of census	1:3 subacute; 1:4 PRTF	none
Night	1 nurse on each unit, around the clock, regardless of census	1 rehab tech on each unit, around the clock, regardless of census	none
What safety monitoring practices are applicable during the day? At night?		Staff observation through Q15 minute checks day and night.	
Does your facility have requirements regarding IQ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain. All of our patients have IQ's that fall between 40-90.	
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).		FASD is identified through case history, neurological testing, initial psychiatric evaluation and psychosocial assessment. We treat children based on their behaviors and presenting problems and what prevents them from living at a lesser level of care. We used FASD techniques identified by the CDC as the most appropriate. These include, but are not limited to: parent training, friendship training, executive function training, and parent-child interaction therapy and parent behavior management training. The facility has over 30 years experience in treating FASD and FASD associated behaviors. All therapists and case managers have additional training on FASD - includes identification and treatment methods for patients with FASD.	

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<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>Trauma histories are identified through case history, initial psychiatric evaluation, and psychosocial assessment. When relevant, trauma histories are also discussed weekly in patient staffings, weekly rounds, monthly staffings and Clinical Case Review. Trauma informed care is part of basic staff training and is the framework for the individual's treatment plan. From there, the individual's therapy, group and family therapy are designed and conducted by a licensed professional. All therapists and case managers have additional required CEU training for TF-CBT. Team meeting trainings related to Trauma Informed Care are provided regularly on the unit for direct care staff.</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>
	<p><input checked="" type="checkbox"/> Autism Spectrum Disorders (High Functioning and Asperger’s) <u>NOTE: Facilities with this specialty must complete Section B</u></p>	<p>Training upon hire related to child/adolescent development, clinical in-services provided through team meetings that are clinically / diagnosis specific. Trauma Informed Care training annually. Access to outside training and resources as needed.</p>
	<p><input checked="" type="checkbox"/> Autism Spectrum Disorders (severe/low functioning) <u>NOTE: Facilities with this specialty must complete Section B</u></p>	<p>Training upon hire related to child/adolescent development, clinical in-services provided through team meetings that are clinically / diagnosis specific. Trauma Informed Care training annually. Access to outside training and resources as needed.</p>
	<p>Sexualized behaviors:</p> <p><input checked="" type="checkbox"/> Sexually reactive (e.g. response to trauma)</p> <p><input checked="" type="checkbox"/> Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues)</p> <p><input type="checkbox"/> Sexually offending: <input type="checkbox"/> adjudicated/ <input type="checkbox"/> non-adjudicated</p>	<p>Sexually reactive and maladaptive behaviors are evaluated on an individual basis to determine appropriate fit for the patient and the milieu.</p>
	<p><input type="checkbox"/> Eating Disorder</p>	<p>Click here to type</p>

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	<input checked="" type="checkbox"/> Other Intellectual Disabilities, Traumatic Brain Injury, Seizure D/O, Genetic D/O	Training upon hire related to child/adolescent development, clinical in-services provided through team meetings that are clinically / diagnosis specific. Trauma Informed Care training annually. Access to outside training and resources as needed.	
	<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"/> 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 checked="" type="checkbox"/> Conduct Disorder	<input type="checkbox"/> Other: Click here to type	<input type="checkbox"/> Other: Click here to type
	Comments: Sexually reactive and maladaptive behaviors are evaluated on an individual basis to determine appropriate fit for the patient and the milieu.		
	What type of alternative communication modalities do you use? Please identify (e.g., Picture Exchange Communication System, sign language, assistive technologies, visual schedules, etc.)	Picture Exchange Communication System, sign language, assistive technologies, visual schedules	
What type of social skills training do you use? Please describe and/or identify the program.	Social skills are addressed in all areas of service. A licensed professional leads a social skills focused group once weekly for each unit. Additional groups are offered through ancillary therapy services as well as daily skills reinforced through daily activities with nursing and rehab techs.		
List types of safety monitoring used (e.g., staff observation, video cameras).	Staff observation through Q15 minute checks.		

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<p>How does the facility assure access to appropriate medical and dental care?</p>	<p>All patients/guardians are required to complete Consent to Treatment. The facility employs Nurse Practitioners, has access to local medical facilities and is contracted with a dental provider.</p>	
<p>What type of behavior management program do you use? Please name the program and describe the training.</p>	<p>SAMA- The SAMA program focuses on preventing aggression from becoming physically harmful. The emphasis of the course is on using the Assisting Process in all interactions. Training occurs upon hire and retraining is conducted annually.</p>	
<p>Does the facility use timeout? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>When are timeouts used? The patient may request to take a voluntary time out.</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? Physical holds only if imminent risk to self or others</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>Texas NeuroRehab Center operates under the philosophy that patient behavior must be managed as to prevent or diffuse emergencies that might require intrusive interventions such as restraint or seclusion. Staff are educated regarding the inherent risks of emergencies which there is an imminent risk of harm to the patient or others. The use of non-physical interventions are preferred methods for managing behavior. Staff are encouraged to use the least restrictive intervention; for patient and staff safety. We prioritize the individual's dignity and safety during the use of seclusion or restraint, through communication of clear expectations, attempts to discontinue the use of restraint or seclusion as soon as possible, and inclusion of the individual in the debriefing process.</p>	
<p>How frequently are individual and facility seclusion and restraint data reviewed, and by whom?</p>	<p>Individual Seclusion and Restraint Data (STP) are reviewed daily by the COO/Risk Manager, Director of Nursing and relevant nurse managers. Treatment team members review individual STP data monthly, unless there is an increase in utilization, where data is reviewed immediately through Case Review.</p>	<p>Facility Facility Leadership, Medical Executive Committee, Behavioral Programming groups all review STP data and trends monthly.</p>

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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 type="checkbox"/> Other: Click here to type <input type="checkbox"/> Other: Click here to type
Comments: Students attend an on-site public school program offered through The University of Texas Charter School. The school provides small classroom settings with a special education teacher, teacher's aide and direct care staff. They provide the maximum amount of individual instruction at the student's pace. The school and pre-vocational program include a reading lab, computer lab, library, wood shop, pre-vocational training area, kitchen and multiple classrooms equipped with the latest technology.	
Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	The education staff have releases from the guardian to correspond with the home school to obtain prior education records as well as a release to the receiving school upon discharge to ensure exchange of information and coordination of academic needs occurs. The staff are willing to participate in meetings with these school districts as appropriate for the child's needs.
Educational Accreditation	Texas Education Agency
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?	The teachers use direct teach and one on one.

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<p>Does your program accept the Homeschool IEP?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>It will depend on if it address all of the federal/state guidelines. It will have to be on a case by case basis. It will also depend on if there has been an evaluation completed that establishes eligibility.</p>	<p>Does your program create an IEP if needed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If needed students are referred to special education for an evaluation to determine eligibility. If the student meet eligibility criteria then an IEP meeting is held to discuss the need for services. However, approximately 95%-98% of our students receive services prior to enrolling with our school.</p>
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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 checked="" type="checkbox"/> Physical Therapist <input checked="" type="checkbox"/> Speech Therapist <input checked="" type="checkbox"/> Occupational Therapist <input checked="" type="checkbox"/> Education Milieu Staff <input type="checkbox"/> Dietitian <input checked="" type="checkbox"/> Psychologist <input checked="" type="checkbox"/> Clinician <input type="checkbox"/> Behavior Analyst <input type="checkbox"/> Other Clinician (name, credentials): Click here to type

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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?	Families are encouraged to participate in treatment team meetings, family therapy and visit/off-campus passes.	
How does your program identify/assess the function of challenging behaviors?	Behavioral data collection, review and analysis, Individual behavior plan, Case Review,.	
How does your program measure progress on treatment plan goals and objectives (e.g., subjective report, phase/level progress/specific data points)?	Behavior program progress (Level system), data review (STPs, Patient Incidents, Behavioral Intervention Data), and treatment team discussion.	
Does your facility employ a privilege/level/phase system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, on what basis do recipients earn privileges or improved level status? The level system is an ongoing system of improving and recognizing behaviors. If No, is there another system the program uses? Click here to type	Under what circumstances, if any, is the level system modified? In circumstances of challenging behaviors, an individual behavior plan can be developed and implemented to target specific behaviors based on data collection and analysis.

TREATMENT		
Does your facility employ or contract with a behavior specialist (behavioral psychologist or BCBA) on the treatment team or staff? <input checked="" type="checkbox"/> Yes <input 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). Behavioral psychologists - We have student psychologists who perform psychological testing. Oversight is provided by PhD Psychologists. (Oversight – Daniel Garrison, PhD., Ed Prettyman, PsyD,)The University Charter School utilizes FBA's when appropriate.	
For each of the following professions/licenses, please answer the questions to the right.		

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	How does your facility ensure that these professionals' treatment recommendations are implemented and consistently followed?
Dietitian	Notes and Orders are written to communicate recommendations to be followed;
Occupational Therapist	Notes and Orders are written to communicate recommendations to be followed;
Speech/Language Pathologist	Notes and Orders are written to communicate recommendations to be followed;
Other Medical (e.g., GI, Sleep)	Notes and Orders are written to communicate recommendations to be followed; Consultation can occur to ensure the information is incorporated into treatment planning beyond basic standard.
Dental	Notes and Orders are written to communicate recommendations to be followed; Consultation can occur to ensure the information is incorporated into treatment planning beyond basic standard.
Other	Click here to type

PSYCHOTHERAPY MODELS	
Please identify the psychotherapeutic models (e.g., CBT, DBT) used at your facility, by population	
Model	Population
Behavioral therapy	All Populations
CBT	Based on cognitive ability
Components of DBT	Based on cognitive ability and presenting problems
Individual & Family Therapy	All - if contraindicated for Family Therapy, that time is utilized for parent support, education and training. If contraindicated for Individual Therapy, that time is vested in shadowing to identify ABC's of behavior.
Social Skills Group Therapy	All patients have some form of social skills group lead by a masters level clinician. Some patients, based on diagnosis and need may also participate in skills group with Occupational or Speech therapy.

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<p><u>Family Therapy</u> What are your expectations regarding family therapy?</p>	<p>Expectations regarding family therapy include consistent participation by guardian/family member on a weekly basis to discuss problem solving, enhance relationship, address familial issues and discuss discharge planning. Therapists continue to be aware of specific cultural considerations. Access to video conferenc is available if family can connect to facilitate face-to-face interactions. On-site family therapy occurs when guardian is able to travel to facility.</p>
<p><u>Clinical Supervision</u> Describe how a professional provides clinical oversight to the program. How many hours/week?</p>	<p>Therapists are directly supervised by the Program Director/LPC under the Clinical Director/PsyD. Consultation occurs weekly with attending psychiatrist.</p>
<p><u>Crisis Supports</u> How does the program assure access to the appropriate care for clients in crisis situation?</p>	<p>All therapy staff have been trained in crisis intervention and there is 24 hour nursing staff available to address issues as they may arise. Nursing staff and rehab techs will address immediate concerns, with follow up from therapy staff for additional support. The Beck assessment tool is utilize to identify risk for suicidality and provides a framework to monitor for safety.</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: center;">Interpersonal skills</p>	<p>daily milieu focus, guidance, support, role modeling on unit, at school and within therapies; additional assistance as required by OT, Speech, and IT/FT therapists for additional interventions</p>
<p style="text-align: center;">Self-Regulation</p>	<p>daily milieu focus, guidance, support, role modeling on unit, at school and within therapies; additional assistance as required by OT, Speech, and IT/FT therapists for additional interventions</p>
<p style="text-align: center;">Daily Living</p>	<p>consistent routine/schedule, prompting as needed by staff; additional assistance as required by OT, Speech, and IT/FT therapists for additional interventions</p>
<p style="text-align: center;">Communication</p>	<p>prompting as needed by staff; Evaluation by speech and language pathologist for additional interventions;</p>
<p style="text-align: center;">Other</p>	<p>Click here to type</p>
<p>Please describe how your facility helps the recipient generalize these skills to their home environment.</p>	<p>TNC assists by providing learning opportunities at the facility to assist the patient to practice and utilize these skills. Working with the family within family therapy to discuss and role play potential situations. Information sharing with future providers via sending records and case conferences to further discuss areas of needed support upon return to the community.</p>

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DAILY SCHEDULE		
Please describe the daily schedule.	Hygiene, school, therapies, leisure activities, meals, unit groups	
How are transitions (to meals, school, activities, etc.) managed?	Patients follow a daily schedule. Staff are present to facilitate transition between activities and provide supervision. Transitions are managed by having posted schedules to help with expectations. On the younger sub-acute unit we have a transition area and discuss the daily schedule at goals group.	
How are meals managed (e.g., preparation, clean-up)?	We have a full service kitchen and dining room on site. The kitchen is licensed by the Department of Health Services. Dietary staff provide nutritional assessments when ordered. Patients eat their meals in the cafeteria with staff supervision.	
Please describe the types of recreational activities available to recipients.	<u>On-Site Activities:</u> play scape, gym hiking, swimming, games, special events, pet therapy, Holiday events, dances, family visits, recreational oversight by Program Director and CTRS	<u>Off-Site Activities:</u> Sea World, Austin Park and Pizza, Museum, out to eat, movies, park, etc. Off-site activities are based on safety and behavior.

DISCHARGE PLANNING AND POST-TREATMENT	
When does discharge planning begin?	Discharge planning begins at admission and progress is documented in the individual's plan of care.
Who is responsible for discharge planning at your facility?	Case management staff as well as individual/family therapist
What percentage of your recipients return to:	Therapeutic Foster Care: 10% Foster Care: 0 Family: 80% Group Home: 10% Corrections: 0 Independent Living: 0 Click here to type

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Do you do any post-discharge surveys? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when is it conducted? Click here to type
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Please use the space below for further comments regarding your facility.

Texas NeuroRehab Center provides a highly structured and specialized residential and subacute residential programs for those facing a combination of behavioral, medical, social and learning disabilities. Patients follow an individualized treatment plan developed by a physician led treatment team which includes a comprehensive behavioral and neuropsychological assessment. The plan sets specific goals and interventions and uses an array of services to assist the child/adolescent in meeting the goals and function at a lesser level of care. The treatment milieu is supported by a structured program providing 24 hour nursing care. These patients may present with an array of behavioral issues such as severe impulse control, aggression, disruptive behaviors, learning and processing impairments, disturbance of social functioning as well as medical complexities. Neuropsychological testing and recommendations are inclusive in the treatment program. Treatment includes Individual and Family therapy, Family education, Social Skills groups, and Ancillary therapy (Physical, Speech, Recreational therapy and Sensory Integration program) as clinically indicated.

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.

Treatment is available for boys and girls ages 8-17, with IQ's that fall between 40-90. These children may have a variety of diagnosis including the wide range of Autism Spectrum Disorders and are facing a combination of medical, behavior, social and learning difficulties.

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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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please list the tools(s) by name and/or send copies. We screen for ASD by review of previous clinical and referral materials. We ask questions in both the Psychosocial Assessment and Initial Psychiatric Assessment to further identify ASD symptomatology, past interventions, family history and psychosocial issues. Our Neuropsychological and Academic departments utilize testing and/or adaptive functioning assessments including (ABAS), ADOS (Education), CARS, GADS, and the Social Communication Questionnaire. These tools are copyrighted materials and we are unable to submit a copy.
What diagnostic evaluation/assessment process do you use? Please check all that are included	<input checked="" type="checkbox"/> Family interviews <input checked="" type="checkbox"/> Review of past records <input checked="" type="checkbox"/> Consideration of DSM-V criteria <input checked="" type="checkbox"/> History, including educational and behavioral interventions <input checked="" type="checkbox"/> Differential diagnosis <input checked="" type="checkbox"/> Observation <input checked="" type="checkbox"/> Specific Tools (please identify): Our Neuropsychological and Academic departments utilize testing and/or adaptive functioning assessments including ABAS, ADOS (Education), CARS, GADS, and the Social Communication Questionnaire.
Do you do functional behavior assessments? If so, please describe your approach in the school and residential program.	School: Most of the students who are enrolled with us already have an FBA and BIP developed. Our behavior specialist/LSSP does observations and interviews with the teacher to determine the function of the behavior. From there a Behavior Intervention Plan is developed. Residential Program: Behavioral data is collected daily. It is evaluated daily to determine safety status and activities accordingly as well as correlated in monthly treatment plan documentation.
Please describe how the Behavior Analysis is presented in the treatment plan.	Please see previous question.

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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.

All of our patients have IQ's that fall between 40-90. While they may or may not have a diagnosis in the category of Intellectual Disability, our patients struggle with activities of daily living, social and coping skills and tolerance of transitions.

Please use the space below for additional comments.

Texas NeuroRehab Center is a specialized residential treatment facility. Treatment is available for boys and girls ages 8-17, with IQ's that fall as low as 40. These children may be facing a combination of medical, behavior, social and learning difficulties. The cognitive behavioral approach used by Texas NeuroRehab Center has been formed from over 40 years of experience working with the developmentally delayed population. Best practices from all treatment modalities are combined to make up the individualized treatment plan for each patient. Routine, predictability, and consistency create the groundwork for the improvement of coping skills, activities of daily living and tolerance of transition. The primary goal of the program is to help the patient function more effectively in a variety of environments. The second goal is to master basic functional routines that will lead to increased self-care and independent living. Specific areas on our Mesa living unit correspond with skill acquisition: sensory activity room, functional routines area, round-up area, solo workstations and a gathering area. Color-coded walls and furniture identify each area.

Yellowstone Boys and Girls Ranch

Residential Treatment Services PRTF Information Inventory

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.

Section A

FACILITY INFORMATION	
Site/Cottage/Facility Name	Yellowstone Boys and Girls Ranch
Address	1732 S. 72nd Street West Billings, MT 59106
Contact number	406-655-2100
Date completed	March 5, 2021
Name and title of person completing this form	Jackie Lloyd-Randolfi

GENERAL OVERVIEW			
Accreditation Body	COA		
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	7-18	Click here to type	
<input checked="" type="checkbox"/> Females	12-18	Click here to type	
<input type="checkbox"/> Other	Click here to type	117 total licensed beds	
Describe your client: staff ratio and how it is calculated for the following:			
	Nursing	Milieu	Comments
Day	1:40	1:5	Click here to type
Evening	1:40	1:10	Click here to type
Night	1:80	1:10	Click here to type

Yellowstone Boys and Girls Ranch

Residential Treatment Services PRTF Information Inventory

What safety monitoring practices are applicable during the day? At night?	During the day, youth are closely monitored by staff. The lodge’s weekly schedule provides a highly structured and well planned activities that increase the ability to maintain close supervision of the youth. YBGR has additional safety precautions ordered by a provider. These include Close Watch, Suicide Precautions, and Constant Observation. Youth placed on close watch are observed in 10 minute intervals with appropriate documentation. Suicide precautions require that a youth is continuously monitored with appropriate documentation and to sleep in the milieu where this level of supervision may be maintained throughout the night. Constant observation requires constant visual observation when the youth is in proximity to other peers and are required to sleep in a single room or the milieu at night. Youth not on additional ordered precautions are checked on at night every 15 minutes between 8pm until they are asleep and then every 30 minutes until 6:30am with appropriate documentation.
Does your facility have requirements regarding IQ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain. Youth with a FS IQ below 75 are not appropriate. We ask for IQ testing for those youth with a FS IQ between 75-85 for placement consideration
What is the average length of stay for the facility overall? 130 days	For AK Medicaid Recipients? 259 days
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).	YBGR utilizes evidenced based treatment approaches that include CBT, trauma-focused CBT, DBT, and motivational interviewing. Clinical supervision is done weekly with our Clinical staff. Lodge staff receive initial orientation on the treatment model and ongoing review weekly during team meetings. Psychological testing is available with consultation by YBGR’s PhD psychologist.

Yellowstone Boys and Girls Ranch

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<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>Trauma focused cognitive behavioral therapy. On-going training will be provided to all therapists during weekly clinical staffings facilitated by our Ex Dir of Psychiatric Residential Treatment. The Clinical Program therapists who are responsible for on-going training with their teams based on the clinical needs of our youth. YBGR has partnered with The Trauma Center at Justice Resource Institute to implement ARC (affect, self-regulation, and competency) training at YBGR.</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>
	<p><input type="checkbox"/> Autism Spectrum Disorders (High Functioning and Asperger's) <u>NOTE: Facilities with this specialty must complete Section B</u></p>	<p>Click here to type</p>
	<p><input type="checkbox"/> Autism Spectrum Disorders (severe/low functioning) <u>NOTE: Facilities with this specialty must complete Section B</u></p>	<p>Click here to type</p>
	<p>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</p>	<p>Click here to type</p>
	<p><input type="checkbox"/> Eating Disorder</p>	<p>Click here to type</p>
	<p><input type="checkbox"/> Other Click here to type</p>	<p>Click here to type</p>
	<p><input type="checkbox"/> Other Click here to type</p>	<p>Click here to type</p>
<p>Excluded Populations</p>	<p>Please check all populations excluded from this facility.</p>	

Yellowstone Boys and Girls Ranch

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	<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 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 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			
What type of alternative communication modalities do you use? Please identify (e.g., Picture Exchange Communication System, sign language, assistive technologies, visual schedules, etc.)	Visual schedules are used at YBGR as an alternative communication modality.		
What type of social skills training do you use? Please describe and/or identify the program.	Social skills training occurs in the milieu program, during group therapy, and during individual or family therapy sessions. Youth in our care are addressed directly during opportune moments, followed-up with individually, and taught skills during group activities. Recreational therapy and animal assisted therapy also provide rich opportunities for youth to learn about group dynamics, their individual contributions to the group dynamic, and positive choices		

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<p>List types of safety monitoring used (e.g., staff observation, video cameras).</p>	<p>Staff observation. YBGR takes special preventative precautions when a youth is determined to be at increased risk of self harm or requires additional supervision. When an employee has reason to believe that a youth is at an increased risk of self harm they immediately restrict the youth to the unit, begin constant visual observation of the youth, and contact 24 hour nursing staff. Nursing staff will perform a self-harm risk assessment and contact our 24 hour on-call clinician to determine whether a youth be placed on suicide precautions (constant visual site of staff) or close watch (10 minute checks). Constant observation precautions are utilized when body boundaries of other youth are put at risk. For youth on this precaution, constant visual observation of the youth is maintained when the youth is in proximity to others and docuemtned in 10 minute intervals. Only the practitioners can remove a youth from precautionsYBGR also utilizes individual and group safety plans that address an increased risk of aggression and run risk behaviors. Youth placed on these precautions receive additional monitoring and program structure as well as therapeutic journaling and processing. A program manager or clinical program manager may approve the discontinuation of ISP's and GSP's based on the youth's safety and compliance</p>
<p>How does the facility assure access to appropriate medical and dental care?</p>	<p>YBGR follows the guidelines established in the EPSDT program. All youth receive a full nursing medical evaluation by a YBGR RN within 24 hours of admission. This includes screenings for medical, dental, vision, hearing and nutritional concerns/needs. Referrals for further evaluation and/or any follow up care with doctors, dentists and optometrists in Billings are made based on these findings. All youth also receive a full physical through Billings Clinic within one month of admission if they have not had one within 6 months prior to admission to YBGR. If a youth requires specialized medical care, YBGR utilizes either St. Vincent Healthcare or Billings Clinic. Youth are transported to all appointments by YBGR staff.</p>

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<p>What type of behavior management program do you use? Please name the program and describe the training.</p>	<p>VIP: The main focus is always on preventing and de-escalating aggression and violence before it becomes physical while at the same time, exploring the psychology of how and why we respond the way we do. In turn, we can begin to change our own way of responding and reacting to negative behaviors. The foundation of this training is to understand the idea of emotional competence in the staff working with the youth. Staff are taught an awareness of how their own personal goals, values, and beliefs affect their ability to respond effectively to youth in crisis. Skills are taught for staff to craft a response to support young people in such a way that the interaction leads to a “teachable moment” in which the youth is most receptive to learning a new behavior in order to replace a more maladaptive one. Over time, the young person needs fewer supports as they begin to hone their own self-regulation skills. Additionally, employees are given a one- hour introduction to critical incident stress management. This supports the staff in taking care of themselves properly so that they may better support the youth. Staff working directly with the youth are required to complete 14 hours of training initially while being required to complete a 4- hour recertification course in VIP every six months. Beginning in January of 2019 the course will be 21 hours for initial certification and recertification will remain the same.</p>
<p>Does the facility use timeout? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>When are timeouts used? When verbal de-escalation is no longer effective and a youth's behavior becomes disruptive to the milieu, staff may utilize proximity, specified area time out, or open door time out</p>
<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? Seclusion: As outlined in the federal regulations seclusion is only utilized to prevent imminent harm to others. As outlined in the federal regulations the time out room is visually checked prior to the placement, all seclusions require a physician order, a debriefing within 24 hours, recommended changes to the ICMP/treatment plan, face-to face nursing assessment as soon as possible but no longer than one hour with a follow up post procedure, and notification of the parents and guardians. A youth must be constantly monitored as outlined in federal regulations. Restraint: As outlined in the federal regulations, restraint is only utilized as an immediate response to an emergency safety situation. An emergency safety situation means unanticipated resident behavior that places the resident or others at serious threat of violence or injury in no intervention occurs.</p>

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<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>VIP training prepares staff for seclusions and restraints. Training includes competency and proficiency testing for certification. Upon hire, all direct care staff are required to pass VIP training within the first thirty days. Federal Regulations mandating the use of seclusion and restraint in a PRTF are reviewed with all direct care staff yearly during VIP recertification classes.</p>	
<p>How frequently are individual and facility seclusion and restraint data reviewed, and by whom?</p>	<p>Individual Physical restraints and seclusions are reviewed daily through the distribution of risk management reports that are emailed as through incident reporting emails that are sent at the time they occur. Weekly staffing meetings occur with the provider, therapist, and program manager to discuss high risk behaviors and interventions.</p>	<p>Facility COA requires quarterly review of seclusion and restraint data with a focus being on safety and risk factors. This is done during our bi-monthly risk management meeting. Any injury to staff and youth (including self-injurious behaviors) is reviewed bi-monthly in risk management as well. Policy review regarding the use of physical restraints and seclusion occurs at a minimum of one time per year. Procedural changes identified occur as needed</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 type="checkbox"/> Other: Click here to type <input type="checkbox"/> Other: Click here to type</p>
<p>Comments: Yellowstone Academy is the accredited K-12 school on campus where residents receive education. Operating on a trimester academic calendar, YA has comprehensive services for both general and special education students. We have a superintendent, principal, school psychologist, and school counselor on staff. Licensed teachers offer rotational classrooms, self-contained classrooms, and online learning opportunities. Academic features include: individual education plan support, credit recovery options, state testing administration, off-site ACT testing, vocational and fine arts courses, and career exploration and development.</p>	

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Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	Our school staff contact the sending school district immediately upon placement of a youth. A records request is faxed on the same day and a credit audit is performed by our school counselor. YA holds all required and requested IEPs and any other school related meetings. A monthly summary is provided to the family, sending school, and any other approved agency.
Educational Accreditation	Yellowstone Academy is accredited by Montana Office of Public Instruction (K-8) and by AdvancedED (9-12).
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?	Self-Contained SPED, Self-paced Regular Education, Online education and Traditional content specific middle school and high school
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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 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): Clinical Program Therapist, Program Manager, School Representative , LCSW

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<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>YBGR lodge staff contact families on a weekly basis, we conduct weekly family therapy sessions, contacts specific to incident reporting, federally mandated seclusion/restraint notifications, monthly Master Treatment Plan Reviews (if not in attendance plans to share after the meeting by the therapist), yearly IEP's, and customer service follow-up calls by program managers. Additional communication as needed or requested by the parent/guardians. Discharge planning begins at admission and is discussed during family therapy, individual calls between the therapist and parent as well as in the MTPR's to prepare families for step down transition. YBGR will work with families to schedule a trial discharge homepass if appropriate with the expectation that the family and youth meet with future outpatient providers.</p>
<p>How does your program identify/assess the function of challenging behaviors?</p>	<p>Upon admission an individual crisis management plan (ICMP) is created and assessed a minimum of every 30 days. It is updated as needed and all members of the treatment team are trained. An ICMP identifies behaviors of concern, safety concerns, triggers, and identified intervention strategies. Additionally youth are staffed weekly during team meetings that occur in the individual units. Clinical supervision occurs weekly with our psychologist and youth with challenging behaviors are staffed clinically during that meeting.</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>Upon admission all youth have a psychiatric evaluation. Based on the diagnosis, problem areas are identified. The problem areas are used to identify both long term goals and short-term objectives. These objectives are measurable and tracked either by the therapist or by the unit staff and are reported every 30 days during the MTPR.</p>

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<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? YBGR has a three tiered level system with three sub-levels within the tiers. The three levels are Bronze, Silver, and Gold. The youth move up the sub-levels (eg. Bronze 1, Bronze 2, and Bronze 3) fluidly as their behaviors and stability warrants. The levels are decided weekly during team meetings with the final determination being made by the Clinical Program Manager and Program Manager. 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 level system was created in order to be modified to address each youth's treatment plan and progress in placement.</p>
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TREATMENT	
<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>
Dietitian	Click here to type
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

Yellowstone Boys and Girls Ranch

Residential Treatment Services PRTF Information Inventory

Other	Click here to type
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PSYCHOTHERAPY MODELS	
Please identify the psychotherapeutic models (e.g., CBT, DBT) used at your facility, by population	
Model	Population
Cognitive Behavior Therapy/Rationale Emotive Behavior Therapy	Youth with behavior disorders, mood disorders, and anxiety disorders.
Family Systems Therapy	Children & Families
Dialectical Behavior Therapy	Youth identified as demonstrating personality disorder traits
Click here to type	Click here to type
Click here to type	Click here to type
<u>Family Therapy</u> What are your expectations regarding family therapy?	Family therapy occurs weekly with the primary therapist for a minimum of 45 minutes and normally includes the youth and guardians via phone. The expectation for family therapy is that families are involved in planning and assessing treatment progress with regard to the treatment goals. Guardians and parents are expected to participate in sessions, learn skills, and support the youth through the treatment progress, and assist in determining appropriate discharge dates and services.
<u>Clinical Supervision</u> Describe how a professional provides clinical oversight to the program. How many hours/week?	The Ex Director of PRTF provides weekly group supervision to all therapists during the clinical meeting. He also provides one hour of weekly clinical supervision to non-licensed master's level therapists who are seeking LCPC. Therapists seeking LCSW are provided one-hour weekly supervision by an LCSW
<u>Crisis Supports</u> How does the program assure access to the appropriate care for clients in crisis situation?	YBGR has 11 staff members living on our campus who are responsible to respond to campus crisis and support calls 24/7 through a structured on-call system. Additionally we have an administrator on-call, clinician on-call, therapist on-call and a program manager on-call 24/7. We work with local law enforcement, fire, and ambulance to ensure timely response and have letters of agreement with both local hospitals: St. Vincent Healthcare and Billings Clinic.
<u>Skill Development</u> Please describe how your facility helps recipients develop the following:	<u>Methods/Interventions/Programs</u>

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Interpersonal skills	Individual, group, and family therapy; feedback from milieu and school staff; feedback from peers; social skills groups, ropes course, rec therapy, equine therapy
Self-Regulation	Individual, group, and family therapy with a CBT focus; feedback from milieu and school staff; feedback from peers, ropes course, rec therapy, equine therapy
Daily Living	Individual, group, and family therapy; psychoeducation groups; charting (when applicable); feedback from staff
Communication	Individual, group, and family therapy; ropes course, rec therapy, equine therapy, feedback from milieu and school staff
Other	YBGR employs a variety of experiential opportunities in order to enhance the skills-learning process, including animal-assisted therapy, recreational activities, art and expression, and spirituality. Additionally youth participate in off campus passes and community service in the Billings and Laurel communities to practice skills learned in PRTF in a public setting.
Please describe how your facility helps the recipient generalize these skills to their home environment.	Therapists and staff members provide in-the-moment feedback and direction that relates to using learned skills in the home environment. Youth are encouraged to practice, gain mastery, demonstrate, and describe the use of their skills during therapy sessions and in the milieu. Youth may participate in imagery exercises in order to assist in generalizing the use of their skills at home. Youth often participate in a home pass prior to discharge that offers the opportunity to practice and demonstrate their skills in the home environment. Upon their return to the facility from a home pass, the youth have an opportunity to continue working on any areas of deficiency that may have arisen

DAILY SCHEDULE	
Please describe the daily schedule.	The schedule is created daily and/or weekly with the assistance of youth and posted in the milieu. During times when youth aren't in school there is a balance between psychoeducational groups, recreation, social skills development, lifeskills, and leisure
How are transitions (to meals, school, activities, etc.) managed?	The schedule allows kids to have predictability and motivation. Depending on the developmental level of youth transitions can occur in several different ways. Some youth are able to transition between activities with very little encouragement or prompting while other youth require advance notice and a slower transition between activities. For some youth we sit down and review expectations for the upcoming activity so they are prepared to move on.

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How are meals managed (e.g., preparation, clean-up)?	Meals are provided by Sodexo. Youth gather in the dining hall or in their units for meals. YBGR youth eat family style with the mental health workers and are encouraged to eat a nutritionally balanced meal and exhibit socially appropriate behaviors	
Please describe the types of recreational activities available to recipients.	<u>On-Site Activities:</u> Swimming, full-size gymnasium, two workout areas with weights and cardio equipment, bowling alley, game room with pool, air hockey, Xbox 360 Kinect, softball field, soccer field, horseshoes, miniature golf course, walking trails, bicycles, a riding arena with horses, ropes course, spiritual development	<u>Off-Site Activities:</u> Cross country skiing, hiking, camping, ice skating, community service projects, attend local rodeo, fishing, canoeing

DISCHARGE PLANNING AND POST-TREATMENT	
When does discharge planning begin?	Discharge planning begins upon admission.
Who is responsible for discharge planning at your facility?	At Yellowstone, the Clinical Program Therapists, (Masters or PhD prepared therapists) provide the discharge planning for youth assigned to their caseload.
What percentage of your recipients return to:	Therapeutic Foster Care: 2% Foster Care: Click here to type Family: 79% Group Home: 7% Corrections: Click here to type Independent Living: Click here to type
Do you do any post-discharge surveys? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, when is it conducted? Click here to type

Please use the space below for further comments regarding your facility.

[Click here to type](#)

Yellowstone Boys and Girls Ranch

Residential Treatment Services PRTF Information Inventory

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
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

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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