



301

DEPARTMENT FOR CHILDREN AND FAMILIES
Family Services Division
Woodside Juvenile Rehabilitation Center

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Approved:	Christine Johnson, Deputy Commissioner 	
Supersedes	N/A	Dated: 1/27/2020

Policy

Woodside receives referrals for admission of justice-involved youth from a variety of sources, including the court. Woodside takes its responsibility to appropriately care for youth in the facility seriously, acknowledging that Woodside does not have the clinical resources and expertise to serve all referred youth. This intake and screening policy and protocol is intended to screen out youth for care at Woodside who need a higher level of clinical care than Woodside is able to provide.

Related Policies

Woodside Clinical Crisis and Acute Psychiatric Response

Agency of Human Services Trauma Informed System of Care

Definitions

Licensed Clinical Staff means licensed mental health professionals, including licensed clinical mental health counselor, licensed clinical psychologist or licensed psychiatrist.

Clinical Staff means mental health staff with at least minimum qualifications as a rostered psychotherapist as described in 26 V.S.A. chapter 78. Clinical Staff work under the supervision of Licensed Clinical Staff.

Personal Safety Plan means an individualized plan based on input from the youth, parent(s)/guardian(s) and custodian, that identifies situations that may cause the youth to become dysregulated and engage in unsafe behaviors. This plan is pro-active and trauma informed and identifies interventions that have (and those which have not) been successful in the past and offers an opportunity to educate youth and families to understand triggers and coping skills and to create plans and interventions for growth and future success.

Intake and Screening Protocol:

1. Woodside is notified of potential-intake by:
 - a. Department for Children and Families Specialized Services Unit staff,
 - b. Department for Children and Families Centralized Intake and Emergency Services staff,
 - c. Department for Children and Families Family Services Worker, or
 - d. Law enforcement.

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2. The Woodside Operations Supervisor conducts a pre-screen call with the notifying entity(ies) to obtain the following pre-screen information (and to begin to complete the Woodside Face Sheet):
 - a. Reason for admission request,
 - b. Type of placement, and
 - c. Known psychiatric and medical considerations, including confirming whether the youth is under the influence of substances or other considerations requiring immediate medical attention and/or risk of self-harm or behaviors requiring medical clearance and/or treatment at an emergency department.
 1. If the pre-screen indicates that a youth may need medical clearance and/or treatment, the youth will be transported directly to an emergency department before going to Woodside.
3. If the youth has been given contingent approval for admission to Woodside, the Woodside Operations Supervisor will contact First Call for Chittenden County (FCCC) to request an on-site FCCC assessment at Woodside.
4. When the youth arrives at Woodside, the following assessments are conducted. The assessments in paragraphs (b) and (c) will be conducted in the front administrative area of the facility. The youth will not be moved to the secure treatment area of the facility until cleared for admission to the program.
 - a. The Woodside Operations Supervisor confirms court order for placement (if applicable),
 - b. Registered nurse assesses and medically clears the youth for admission to Woodside or refers youth immediately to the emergency department for an identified medical need,
 - c. FCCC completes an on-site assessment of the youth to determine the mental health status of the youth and how the youth's immediate needs can best be met. If appropriate, FCCC may recommend immediate transport to an emergency department for further evaluation or direct admission to an inpatient psychiatric hospital. Woodside will follow FCCC's recommendation and immediately transport a youth, or have the youth transported, to either the emergency department or inpatient psychiatric hospital, as recommended by FCCC. As part of this assessment, FCCC will determine if any of the following are true, which would result in the immediate transport to the emergency department for further evaluation or direct admission to an inpatient psychiatric hospital:



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1. youth currently presents, as evidenced by acts or threats or presence of diagnosable mental illness, a serious danger to self or others to the extent that severe or irremediable injury is likely to result, or
 2. youth's current behavior presents a predictable risk of deterioration to the point of serious dangerousness to self or others to the extent that severe or irremediable injury is likely to result, or
 3. youth presents with overt suicidal or homicidal attempts, and youth maintains intent and plan, or
 4. presenting behavioral or psychiatric emergency cannot be managed safely by Woodside clinical resources, or
 5. youth is actively psychotic, experiencing delusions and/or audio and visual hallucinations.
- d. If FCCC determines that the youth is not in a mental health crisis necessitating the need for immediate transport to an emergency department for further evaluation or direct admission to an inpatient psychiatric hospital, FCCC will provide a summary of its assessment of the youth to the Woodside Clinical Supervisor and Woodside Operations Supervisor.
- e. As soon as possible after admission to Woodside, but under no circumstances longer than 24-hours during weekday admissions and no longer than 72-hours for weekend admissions, Licensed Clinical Staff will complete a Mental Status Exam (MSE) to begin evaluation of the youth.
1. Licensed Clinical Staff will also review the assessment provided by FCCC and document whether Licensed Clinical Staff have reviewed and agree with the First Call assessment. Licensed Clinical Staff will document any updated information and/or changes in the youth's presentation since the First Call assessment and will also document any dissimilarities with the First Call assessment, if applicable.
 2. Licensed Clinical Staff will document that immediate transfer to the emergency department is NOT indicated because the following situations DO NOT currently apply:
 - a. Licensed Clinical Staff determines that the youth currently presents, as evidenced by acts or threats or presence of diagnosable mental illness, a serious danger to self or others to the extent that severe or irremediable injury is likely to result, or

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- b. Licensed Clinical Staff determines that the youth's current behavior presents a predictable risk of deterioration to the point of serious dangerousness to self or others to the extent that severe or irreparable injury is likely to result, **or**
 - c. Licensed Clinical Staff determines that Woodside cannot keep the youth safe due to overt suicidal or homicidal attempts, and youth maintains intent and plan, **or**
 - d. Licensed Clinical Staff determines that the presenting behavioral or psychiatric emergency cannot be managed safely by Woodside clinical resources, **or**
 - e. Licensed Clinical Staff determines that the youth is actively psychotic, experiencing delusions and/or audio and visual hallucinations, **or**
 - f. Licensed Clinical Staff determines that the youth has been away from peers and regular programming due to the inability to safely self-regulate for a period of three hours in a 24-hour period.
5. Clinical Staff reviews, when available, collateral mental health records to include, but not be limited to, Family Assessment, Educational and Vocational Assessments, Diagnostic Assessments and Mental Status Exams, Mental Health History, Brain Injuries, Substance Use History, Legal History, Recreational and Personal Interests, Trauma Screens, Sex Offense Specific Evaluations and Neuropsychological Evaluations. Clinical Staff documents the domains that were reviewed and indicates whether that review led to any changes in the treatment plan.
6. Personal Safety Plan created with Woodside Clinical Staff, youth, family or other identified supportive adult. Licensed Clinical Staff will document review and approval.
7. Clinical Staff communicate with youth and family about placement at Woodside, any immediate concerns or questions, and reviews services that will be available and general process for visits and communication.
8. Clinical Staff acknowledge with youth and family that removal from home and/or movement to a secure facility may be traumatic and that support is available.
9. Clinical Staff consult with youth and family regarding the youth's and family's religious beliefs and practices in order to facilitate this support.



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10. Clinical Staff, with appropriate training, complete the following assessments with youth:
 - a. Initial Needs Survey
 - b. MASI-2 Questionnaire
 - c. Youth Self-Report
 - d. Other Associated Assessments as Indicated

11. Registered nurse completes:
 - a. Personal Medical History Form

12. Woodside Operations Supervisor will assign a staff person to complete:
 - a. Woodside Face Sheet (if not completed at intake referral)
 - b. Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Violent Behavior (will be assigned to nursing or Clinical Staff)
 - c. Personal Possessions Form
 - d. Grievance Protocol Review
 - e. Woodside Unit Check Sheet
 - f. Complete all Intake/Admissions Requirements and Assignment to Program Unit

13. Licensed Clinical Staff reviews and signs the treatment plan no later than 72 hours after admission, indicating that it was informed by the First Call Assessment, Clinical Staff review of collateral mental health records, the medical assessment, the Mental Status Exam, the Personal Safety Plan as well as input from the youth, family and other identified supportive adult(s).

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***** Concerns for Youth's Psychological Safety*****

If any staff person at Woodside notes concerns for a youth's psychological safety at any time during the intake and screening process, the Woodside Clinical Supervisor will immediately contact Licensed Clinical Staff.

Acute Psychiatric Response Protocol:

1. Licensed Clinical Staff, either present or on-call, will determine whether First Call should be contacted to conduct a crisis assessment.
2. Licensed Clinical Staff will immediately order transfer to the emergency department for further evaluation in the following situations, which constitute a potential psychiatric crisis:
 - a. Licensed Clinical Staff determines that the youth currently presents, as evidenced by acts or threats or presence of diagnosable mental illness, a serious danger to self or others to the extent that severe or irreparable injury is likely to result, or
 - b. Licensed Clinical Staff determines that the youth's current behavior presents a predictable risk of deterioration to the point of serious dangerousness to self or others to the extent that severe or irreparable injury is likely to result, or
 - c. Licensed Clinical Staff determines that Woodside cannot keep the youth safe due to overt suicidal or homicidal attempts, and youth maintains intent and plan, or
 - d. Licensed Clinical Staff determines that the presenting behavioral or psychiatric emergency cannot be managed safely by Woodside clinical resources, or
 - e. Licensed Clinical Staff determines that the youth is actively psychotic, experiencing delusions and/or audio and visual hallucinations, or
 - f. Licensed Clinical Staff determines that the youth has been away from peers and regular programming due to the inability to safely self-regulate for a period of three hours in a 24-hour period.
3. In the event that a youth is transported to an emergency department:
 - a. a Licensed Clinical Staff person at Woodside will be in immediate contact with the emergency department and FCCC, and
 - b. a Licensed Clinical Staff person at Woodside will communicate with youth's Family Services Worker as well as DCF's Specialized Services Unit staff and RLSI regarding this placement change. The youth's Family Services Worker will contact the youth's family/guardian to inform them of the placement change.
 - c. A youth who was transferred to an emergency department because of a potential psychiatric crisis and, who continues to exhibit the symptomology identified in paragraphs 2(a)-(f) above, will not return to Woodside.