

 VERMONT DEPARTMENT FOR CHILDREN AND FAMILIES Family Services Division Woodside Juvenile Rehabilitation Center		<h1>302</h1>
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Approved:	Christine Johnson, Deputy Commissioner <i>CJ</i>	
Supersedes	N/A	Dated: 1/27/2020

Policy

Woodside's programming and services are based on a philosophy of positive youth development. Underpinning this approach is Safe Crisis Management, a nationally recognized, trauma-sensitive program with an emphasis on building positive relationships with youth. The following Woodside Clinical Crisis and Acute Psychiatric Response protocols are additional tools along this continuum of services.

Related Policies

Woodside Intake and Screening

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.

Woodside Special Services Team means a team that includes Clinical Staff and youth counselor(s) who have specialized training in trauma responsive crisis management.

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.

Function-Based Behavior Support Planning Process is a Safe Crisis Management process used to identify the purpose of a youth's behavior and identify what makes a behavior more or less likely to occur. The product of this process is a Behavior Support Plan.

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Behavior Support Plan is a plan developed for a youth when the youth does not make behavioral progress despite the strategies used in the youth’s individualized Personal Safety Plan and Safe Crisis Management training and techniques.

Woodside Clinical Crisis Protocol:

1. Clinical Staff will be notified when a youth is not responding to staff attempts to de-escalate.
2. Clinical Staff will make all decisions regarding next steps and care of the youth as part of this protocol.
3. Clinical Staff will review the Personal Safety Plan and Behavior Support Plan for guidance in the planning of a therapeutic intervention. The following steps are meant to be fluid, with flexibility for Clinical Staff to determine in which order the following steps are taken.
4. Clinical Staff, when appropriate, may direct a supportive on-site staff member or clinician to meet with the youth in an area where the youth may receive support and offer a venue for the youth to process the current difficulty. It may be recommended that youth speak with a parent or supportive adult by phone to assist in processing and to create a plan to use coping skills, and therapeutic supports, with the goal of the youth returning to the regular programming as soon as is therapeutically appropriate.
 - a. Youth and identified staff will meet in an area within the vicinity of where the youth was participating in normal programming.
 - b. Rooms will be identified and prepared to offer a private comfortable space where youth and staff may work to process and resolve the current difficulty or concerns.
 - c. Clinical Staff will document strategies from the youth’s Personal Safety Plan that were utilized, as well as other strategies that were attempted, along with the results.
 - d. As soon as possible and after the youth has stabilized, the Personal Safety Plan will be reviewed and updated by Clinical Staff and youth in efforts to discern root cause of upset and create additional plans for managing emotional distress. The updated Personal Safety Plan will be reviewed and discussed with the youth’s family and/or other supportive adult as soon as possible.
5. Clinical Staff may request that a trained on-call member of the Woodside Special Services Team be called in as an added support for youth in a mental health crisis.

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6. Family or other identified supportive adult, as appropriate and as identified by Clinical Staff and noted in the youth's Personal Safety Plan, will be contacted for support. The youth's Family Services Worker will also be contacted. Clinical Staff may also contact other supportive professionals.
7. The Behavior Support Plan will be reviewed and revised with the youth prior to the youth returning to program activities. Revisions will be made for purposes of improving care and helping the youth to identify more positive ways of coping and will not be utilized under any circumstances as punishment. If a Behavior Support Plan is not in place, one will be developed with the youth using the Function-Based Behavior Support Planning Process.

Acute Psychiatric Response:

In the event that the youth continues to escalate despite attempts to utilize the Woodside Clinical Crisis Protocol, the Clinical Staff may determine that the youth will most benefit from the Acute Psychiatric Response Protocol.

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 transport 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 irremediable 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 irremediable 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



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- 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.