

 VERMONT DEPARTMENT FOR CHILDREN AND FAMILIES Family Services Division Woodside Juvenile Rehabilitation Center		<h1>400</h1>
Chapter:	Treatment, Health Care and Nutrition Services	
Subject:	Planning for Active Treatment	Page 1 of 5
Approved:	Jay Simons, Director	Effective: 5/22/2018
Supersedes	Woodside Policy and Procedure 216	Dated: 7/3/2015

Purpose

To ensure effective and timely planning for services, beginning at the point of intake, and a consistent approach to the delivery of active treatment and other services to benefit residents.

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Related Policies

Woodside Policy 300: Certification of Treatment Need

Definitions

Certification of Treatment Need (CON): A formal review of a resident’s need for continued stay at Woodside. See Woodside Policy 300.

Clinical Assignment: The designation of a Clinical Supervisor to guide a specific resident’s treatment

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Individual Plan of Care (IPC): A dynamic instrument that guides staff the delivery of active treatment. The IPC is modified and updated regularly, to ensure incorporation of new information.

Initial Needs Survey: A survey completed at intake that includes questions for the transporting officials and resident related to suicidality.

Provisional Plan of Care (PPC): Initial compilation of available information, including intake paperwork, FSD case notes, and the results of interviews with the resident, family member, Family Services Worker and others as indicated.

Treatment Team: An multi-disciplinary team composed of a physician and individuals who, based on education and experience, are capable of assessing a resident’s immediate and long-term therapeutic needs, developmental priorities, strengths and liabilities; setting treatment objectives; and prescribing therapeutic modalities to achieve goals

Policy

Composition of Treatment Team

A resident’s treatment team must include:

- a board-certified or board-eligible psychiatrist and a PhD Clinical Psychologist; OR
- a licensed physician or osteopath who has specialized training and experience in the diagnosis and treatment of mental diseases and a licensed, master’s level clinical psychologist.

The team must also include at least one of the following:

- a psychiatric social worker;
- a Registered Nurse specialized training or one or more years in treating mentally ill individuals;
- an occupational therapist, licensed if required, with specialized training or one or more years in treating mentally ill individuals;
- a psychologist with master's degree in clinical psychology or licensed by the state.

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The treatment team may also include the resident, family members, Family Services Worker and others as indicated.

Assessing Resident Needs at Intake

The following procedures are followed when a Youth Counselor receives notice of an anticipated intake:

1. Youth counselor notifies Clinical and Operations Supervisor verbally;
2. Clinical Supervisor reviews FSD Case Notes and YASI;
3. Clinical Supervisor determines staffing needed for intake, with input from Operations Supervisor;
4. When resident arrives, Clinical Supervisor and designated staff welcome youth and conduct Initial Needs Survey.
5. Youth Counselor escorts resident to assigned Unit and performs intake;
6. Clinical Supervisor emails parties on Intake Email Group, relating the name of the resident, arrival date and time, date of birth, and clinical assignment.
7. Clinical Supervisor creates the IPC.

Initial Referrals and Services

Upon intake, or as soon after as is clinically indicated, referrals for assessment and specialized treatment services are completed by the clinical supervisor in consultation with the clinical team. This includes but is not limited to assessment and/or treatment services to address:

- Trauma;
- Domestic violence,
- Family challenges
- Substance abuse,
- Sexually harming behavior.

Preliminary Assessment

Within 24 hours of intake, the Clinical Supervisor meets individually with the resident to conduct a preliminary assessment to assess risk and finalize unit and room assignment, completes the vulnerability assessment.

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- If no risk is identified, the Clinical Supervisor and Operations Supervisor will discontinue 10-minute checks. The Clinical Supervisor signs off in the unit logbook.
- If risk is identified, the team consults with the Assistant Director – Clinical Services/Clinical Chief to determine a safety plan and status. If the Assistant Director – Clinical Services/Clinical Chief is not available, the Director and then the Woodside Consulting Psychiatrist must be contacted.

Room and Unit assignment are based on assessments, with the goal of keeping all residents safe. Assignment is not based on the resident’s gender identification or status, as neither predict the likelihood of sexually offending behavior.

Provisional Plan of Care (PPC)

The Clinical Supervisor completes Part 1 of the PPC within 24 hours of admission. This includes:

- Performing the risk assessment with the resident;
- Contacting family members, or documenting why contact did not occur;
- Incorporating available information in the PPC.

The PPC is based on the assessment information available and must include:

- Recommendations for staff;
- Safety Plan;
- PREA requirements for screening for risk of sexually offending behavior towards other residents.

The Clinical Supervisor must complete Part 2 the PPC within 72 hours of admission. When complete, the Clinical Supervisor prints the PPC and sign-off sheet, and places them on the resident’s clipboard.

The Clinical Supervisor present the resident’s PPC to the clinical team at their next meeting and receives feedback to information development of an Individual Plan of Care.

Certification of Treatment Need

The requirements for certification of treatment needs are described in Woodside Policy 300.

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Individual Plan of Care (IPC)

No later than 14 days of the resident’s admission, the IPC must be completed and signed off by the resident’s Treatment Team. The ICP is designed to achieve discharge at the earliest possible time. It is a written plan that is:

- Based on diagnostic evaluation that includes medical, psychological, social, behavioral and developmental aspect of child's situation;
- Reflects need for inpatient psychiatric care;
- Developed in consultation with youth, his parents or guardians;
- State the treatment objectives;
- Prescribes an integrated program of therapies, activities, experiences to meet objectives;
- Includes, when time is appropriate, post-discharge plans and coordination with community services to ensure continuity with family, school, community.

The IPC must be reviewed every 30 days by the treatment team to:

- Determine that services are being provided are required to be delivered in inpatient setting;
- Recommend needed changes.