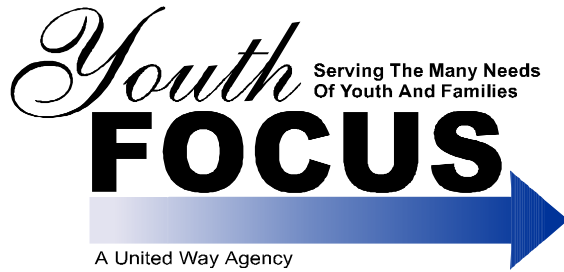

Mell-Burton

School

EMPLOYEE TRAINING AND PROCEDURES MANUAL

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1

TREATMENT PROGRAM

Introduction

The Mell-Burton School is a day treatment program that offers intensive therapeutic services for young people between the ages of 8 and 17. The facility provides an unlocked, coed setting affording a moderate level of structure and security to its clients. In addition to academic services, the Mell-Burton School offers an intensive therapeutic focus that strives to address the core of a young person's problems in an effort to provide a lasting solution to the difficulties with which they are struggling.

Treatment Philosophy

The treatment program at the Mell-Burton School is dedicated to enhancing the psychological, emotional, and interpersonal functioning of its clients. Efforts to help clients modify dysfunctional behaviors and to teach improved coping skills are accompanied by an emphasis on accepting and respecting clients as individuals with diverse backgrounds, interests, and abilities. By using positive feedback and encouragement in a non-coercive manner while minimizing the use of punishment, the Mell-Burton School program helps youth grow into healthy, adaptive individuals with a capacity to appropriately manage themselves and to use non-destructive means to deal with their conflicts and frustrations.

In learning to identify maladaptive thoughts, feelings and behaviors, clients come to understand and anticipate the consequences of negative choices and learn to replace these with more effective and lasting solutions to their problems. Clients thereby learn to avoid self-defeating styles of responding to the demands and expectations of their environment. Through the teaching of coping and social skills and by guiding clients to develop alternative ways to handle their difficulties, the program encourages clients to develop a strong, healthy and adaptive sense of self-confidence and self-esteem. In teaching clients appropriate verbal and non-verbal expression of feelings, the program helps affirm and enhance the client's sense of self-control and optimism.

Building on the strengths and resources of young people, Mell-Burton School program encourages the development in clients of a positive value system and a sense of responsibility for themselves and their community. By instilling values and helping clients learn to care for themselves and their community, the Mell-Burton School program helps clients to become constructive citizens and to achieve their highest potential. Clients are encouraged to be honest, to accept personal responsibility for their behavior, and to support their peers in doing the same. In doing so, clients come to demonstrate respect for themselves and others, and grow in their capacity to care about other people and the community.

The Mell-Burton School utilizes a multidisciplinary treatment approach. Team members include a counseling therapist, recreation therapist, consulting psychiatrist, education specialists, dietary consultant, and mental health technicians. The behavioral system provides a balance between management of maladaptive behaviors and graded opportunities for clients to practice independence and responsible autonomy. The environment of the Mell-Burton School is designed to provide a supportive and therapeutic structure, while helping the clients to take an increasing degree of responsibility for their actions and activities. Each client's treatment plan is individualized and goal-oriented, taking into account each individual's age and developmental level, strengths, and weaknesses.

Treatment at the Mell-Burton School is provided within a 6-hour per day, five day per week treatment model, which emphasizes the client's rights to self-determination as to what Youth Focus service they make application for. A brochure detailing the full spectrum of Youth Focus services available to youth and their families is available to members of the public at the Mell-Burton School facility location, or can be obtained by contacting the Mell-Burton School at (336) 375-5502.

Individual Therapy

Individual psychotherapy is conducted during treatment a minimum of once weekly. These private sessions with a therapist provide an opportunity for the client to examine their methods of handling feelings and problems in their lives, to try out new ways of behaving and coping in their relationships with others, and to deepen their understanding of their own selves as persons. Individual therapy sessions provide opportunities for the young person to privately discuss their problems and to develop more adaptive ways of handling them. When a client experiences difficulty or conflicts during the course of their day, the individual therapist will often be available to meet with the client to process the events and help in problem solving. In many cases, this process will facilitate the client's efforts to identify and understand their own feelings and reactions in the midst of the crisis, and help the client generate an adaptive and healthy resolution to the situation. Over the course of treatment, individual therapy

fosters the ability in the client to resolve their problems with greater independence and less direction and guidance from the therapist.

Family Therapy

Whenever possible, efforts are made to ensure that the treatment remains family-centered throughout the client's placement at the school. Therefore, treatment participation by the client's family or support system is mandated whenever possible. The frequency of family therapy sessions may vary depending upon the individual treatment plan and the family's geographic distance from the treatment center. Family therapy is required a minimum of once monthly, occurs more frequently whenever possible, and is available on a weekly basis when feasible for the family.

Family therapy provides an opportunity to discuss family problems and issues and to explore how these problems affect each family member. Early in the Mell-Burton School placement, an emphasis is placed upon engaging the family members in the client's treatment, maintaining regular participation by the family, and enhancing the relatives' understanding of the client's behavioral and emotional difficulties. The therapy works toward providing new avenues of positive, healthy, and enjoyable interaction between the client and their family members. As the client and the family make progress toward accomplishing their treatment goals, the emphasis shifts toward empowerment of the family, reunification of the client with the family and a successful transition of the client to his/her home and school.

Group Psychotherapy

Clients participate in group psychotherapy a minimum of two times each week. Group psychotherapy provides an opportunity to explore group dynamics, interpersonal relationships, and patterns of behavior and perception in social situations. Group psychotherapy encourages the development of an increased understanding of self and others, and facilitates the development of healthier patterns of social interaction among clients.

Recreation Therapy

The Recreation Therapy program consists of recreation therapy groups, occupational therapy groups, and enrichment groups that focus on assertiveness training, anger management, leisure skills, cooperative games, social skills, exercise, and arts and crafts. Recreational Therapy provides a therapeutic recreational program that is adapted to the capabilities and needs of each client. This therapeutic activity program may include off-campus activities.

Education

The school component of the Mell-Burton School provides educational services to our clients. An education specialist provides these educational services. The school program carries North Carolina certification as a licensed non-public school and is licensed by the NC Division of Facility Services as a day treatment center. Services include providing patients with an ongoing individual education program designed to meet the specific academic, social, developmental and emotional goals set for each client. Education services are designed to meet the treatment needs of the client and to provide continuity in the educational process during the course of client's treatment.

Milieu Therapy

The Mell-Burton School employs a reward-based milieu system designed to facilitate growth and therapeutic progress in all clients. Within this reward system, the expectations placed upon each individual are linked to their current level of functioning. The reward system reinforces children and adolescents for healthy efforts made in treatment, while discouraging unhealthy, self-defeating, or antisocial behaviors. This program for adolescent clients facilitates the maintenance of an optimum rate of development and the successful achievement of age-appropriate developmental milestones, and provides the framework within which the individualized treatment plans are implemented.

Psychiatric Consultation

A state-licensed Psychiatrist provides medical consultation on a weekly basis. This coverage includes regular monitoring of the medication currently prescribed for clients, and consultation with Mell-Burton School staff regarding the psychiatric status and treatment progress of clients. If a client comes to the Mell-Burton School with an ongoing treatment relationship with a psychiatrist in the community, the Mell-Burton School psychiatric consultant provides ongoing communication and consultation throughout the client's stay as a means of preserving that relationship and ensuring continuity of care across the treatment spectrum. Trained Youth Focus personnel working at the Mell-Burton School will administer prescribed medications during the client's tenure at the facility.

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ADMISSION INFORMATION

Referrals

Referrals to the Mell-Burton School may be made by parents or legal guardians, physicians, mental health professionals, juvenile courts, and other treatment facilities in addition to the school system. The Mell-Burton School will screen referrals for the appropriateness of placement in the program prior to admitting the young person. Information from previous treatment (such as developmental and social histories, treatment summaries, psychological testing results, and medical history and physical exams) should be forwarded to Youth Focus at the time of referral for the purpose of this screening. Referrals may be initiated by contacting the Mell-Burton School at 375-5502.

Criteria for Admission

In order to be considered for admission, a young person must be:

- engaging in a persistent pattern of disruptive behavior,
- exhibiting persistent disturbances in age-appropriate adaptive functioning and social problem solving, and
- exhibiting disturbances in their psychological functioning.

Additionally, referrals will be screened to ensure that treatment at the Mell-Burton School represents the least restrictive placement alternative for the young person at that time.

Fees and Insurance

Staff members at the Mell-Burton School are available to explain current charges and fees and to discuss financial policies prior to admission. Pre-certification of treatment may be necessary to confirm insurance coverage and method of payment. Indigent care at the Mell-Burton School may be accessible upon request pending the availability of relevant funding. Inquiries regarding fees for treatment and clinical pre-

certification should be directed to the Mell-Burton School Program Manager at (336) 375-5502. Further clarification of policies regarding fees, charges, or payments may be directed to the Youth Focus business office at (336) 274-5909.

Meals

Clients eat cafeteria style in the Eastside Campus dining room. Dietary consultation is available for those with special needs. Occasionally, special meals are prepared on the unit or on cookouts by the clients.

Family Participation

Family members are expected to participate in family therapy and to attend and participate in regular treatment planning meetings whenever possible. In the interest of the safety of the clients at the Mell-Burton School, family members are expected to abide by all rules and regulations of the Mell-Burton School when visiting the facility. Family members are expected to keep the Mell-Burton School staff or the client's primary therapist abreast of any significant events or information relating to the client or to the family.

Expectations of Clients

The Youth Focus MELL-BURTON SCHOOL strives to foster an environment of mutual respect and responsibility within the treatment program. Clients are therefore expected to display respect for themselves, staff and peers at all times. This includes refraining from the use of profanity, threats, and aggression while in the facility. Clients are expected to demonstrate respect for property belonging to themselves and others. Careless or willful damage to or destruction of property will result in a charge for the repair or replacement of the relevant article. Lending, borrowing or exchanging items among clients is not permitted. Clients may not possess any contraband materials (see below) while at the school. Clients are responsible for attending and participating in all daily groups and activities, and are expected to follow all unit rules and comply with staff requests. Clients are expected to maintain good personal hygiene.

Dress Code

Clothing is to be clean and neat at all times. Male clients must wear a shirt as well as pants and/or shorts. Female clients must wear either a dress or a shirt with pants,

shorts or a skirt. Clothing that is too tight or suggestive is not allowed. Clients are expected to bathe daily and maintain a clean and well-groomed appearance. Bringing expensive clothes or jewelry to the Mell-Burton School is discouraged due to the possibility of loss or theft. The Mell-Burton School will not be responsible for the loss of clothing or personal items that may occur during a client's placement in the program.

Contraband

The following list includes some of the items that clients are NOT allowed to have at the school. *The MELL-BURTON SCHOOL cannot be responsible for any loss or damage of personal items.*

The following items are not permitted:

- Valuable items, especially those that cannot be replaced
- Large amounts of money, credit cards, checkbooks
- Cosmetics or personal care products that contain alcohol
- Glass or ceramic containers
- Aerosol cans
- Sharp objects (such as razor blades, safety pins, needles, etc.)
- Keys
- Cigarettes and other tobacco products
- Matches, lighters, and other flammable materials
- Illicit drugs, illegal substances
- Drug paraphernalia
- Sexually oriented materials
- Weapons, including any form of knife or other item that could be used as a weapon
- Cameras and recording devices
- Personal items or clothing with writing or pictures suggestive of drugs, alcohol, sex, violence, the occult, or anything determined by staff to be inappropriate

All material brought into the MELL-BURTON SCHOOL, including personal belongings, packages and suitcases, are subject to safety searches by the staff.

Orientation

Upon admission to the Mell-Burton School, each client will receive an assessment of their current problems and strengths, family background information will be gathered, and any necessary evaluations or tests will be conducted. A therapist will work with the client and family members throughout the period of placement. The therapist or the Mell-Burton School treatment team will review the treatment program policies and procedures, will answer any questions and, if appropriate, will assign a more experienced client to help the new client adjust to the milieu.

Discharge

As the anticipated post-Mell-Burton School placement affects the setting of individual treatment objectives as well as the anticipated length of Mell-Burton School placement, discharge planning begins upon admission to the Mell-Burton School. The client, family, and any agencies involved with the client are encouraged to participate in the discharge planning process with the Mell-Burton School treatment team. Measurable treatment goals are formulated for all clients upon admission, and successful accomplishment of these goals provides the primary guiding factor for client discharge from the program. Other factors which may lead to discharge include the identification of a more appropriate placement or level of care for the client during their placement, or failure of the client to benefit from the range of therapeutic services offered at the Mell-Burton School after a sufficient trial.

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CLIENT'S RIGHTS AND RESPONSIBILITIES

1. The Youth Focus Mell-Burton School will not refuse to treat someone because of their sex, race, sexual orientation, religion, or because of a handicap unless that handicap prevents them from participating in the program.

2. You have the right to receive individualized treatment.

3. You and your parents/guardian have the right to participate in the planning of your treatment, and to be informed about your condition and prognosis.

4. You have the right to be treated with consideration, respect and dignity at all times.

5. You and your parents/guardian have the right to be notified in advance if you are going to have significant changes made to your treatment plan or if you are going to be transferred to another facility. You and your parents have the right to know why these changes happen.

6. You have the right to be safe from mental or physical abuse while you are a client.

7. You have the right to have your opinions and recommendations considered for inclusion in the development and evaluation of the therapeutic program.

8. Physical restraining via therapeutic holding by staff can only be used to protect you from yourself or to protect others from you. Staff may place you in a room by yourself for your protection or for the protection of others. You have the right to the least restrictive conditions adequate for your care. Your parents/guardian may request to be notified whenever therapeutic holding or time-out is used in the course of your treatment.

9. Your parents/guardian have the right to refuse any specific treatment recommended by the Mell-Burton School treatment team. The Mell-Burton School reserves the right to terminate the relationship with the client upon reasonable notice, however, when such refusal does not permit adequate treatment by this facility.

10. You have the right to confidentiality in that confidential information gained through our personnel and treatment records not being shared with anyone outside of the facility without the permission of your parents/guardian, as is required by law.

11. You have the right to privacy in the care of your personal needs and possessions. However, if at any time during treatment it is suspected that you have drugs, alcohol, weapons or others dangerous items in your possession, you may be given a body search and your personal possessions may be searched.

12. You have the right to access information regarding your treatment plan while at the Mell-Burton School. Requests for such information may be made through your assigned individual therapist.

13. Your parents/guardian have the right to be informed of the total costs and anticipated length of your treatment.

14. You and your family have the right to have an interpreter to help you talk to staff if you or your parents cannot speak English or are hearing-impaired.

15. You have the right to refuse to talk with or see anyone who is not officially connected with the Mell-Burton School or who is not directly involved in your care, unless it involves a legal investigation.

16. You and your parents/guardian have the right to be informed of all discharge and aftercare plans. You and your parents/guardian have the right to be informed by your doctor of any continuing health care needs you will have following discharge from the Mell-Burton School.

17. You have the right not to be required to perform work for the Mell-Burton School unless the work is a part of your treatment plan (such as cleaning up a mess that you have made). You are responsible, however, at all times for helping to keep common areas of the Mell-Burton School neat and orderly.

18. You have the right to wear your personal clothing and decorative items, as long as it is appropriate and these do not interfere with your treatment or with the treatment of others.

19. You and your parents/guardian have the right to know the name and profession of all the people involved in your treatment.

20. You have the right to be informed of use of tape recorders, audiovisuals, etc. during your treatment at the Mell-Burton School.

21. You are responsible for being considerate of the rights of other clients and the rights of Mell-Burton School staff. You are also responsible for being respectful of the property of others and the property of the Mell-Burton School. You and your parents/guardian have the right to be told the Mell-Burton School rules and regulations.

22. You and your parents/guardian are responsible for providing Mell-Burton School with your complete health history. You are responsible for telling staff if you are feeling ill. You have the right to prompt medical attention if you become sick.

23. You are responsible for following your treatment plan. You are also responsible for letting staff know if you do not understand your treatment plan or what is expected of you.

24. You and your parents/guardian have the right to voice your concerns or grievances and receive a response within a reasonable time period. You have the right to have this grievance procedure explained to you. You may access the proper grievance form at any time during your treatment, and may thereby file your grievance with the Mell-Burton School Program Manager.

25. You and/or your parents/guardian may file complaints with the Youth Focus Executive Director regarding your treatment. You and your parents have the right to be told how the Mell-Burton School will deal with these complaints. You and your parents/guardian are encouraged to recommend changes in the Mell-Burton School program to staff.

26. You have the right to contact the Governor's Advocacy Council for Persons with Disabilities (GACPD). This agency is designated under federal and State law to protect and advocate the rights of persons with disabilities.

27. You have the right to receive information necessary to give informed consent prior to the start of any procedure and/or treatment.

28. You have the right to be free from physical, chemical and mental abuse. Physical and chemical restraints may only be applied when ordered by your physician, and for a specific limited period of time, except when necessary to protect you from injury to yourself and others.

29. You have the right to contact and consult with, at your own expense, legal counsel, private physicians, private mental health, mental retardation or substance abuse professionals of your choice.

30. You have the right to access areas for personal privacy for at least limited periods of time unless contraindicated by the treatment team.

31. You have the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care.

4

UNIT ADMINISTRATION

Day Treatment

The Mell-Burton School provides intensive day treatment services to young people between the ages of 12 and 17. While clients admitted to the program are assessed as not being immediately dangerous to themselves or others at the time of admission, they often enter the treatment program with a long history of unhealthy behaviors, which can rapidly become hazardous in the absence of intensive supervision. Therefore, Mell-Burton School provides intensive, close monitoring and counseling of clients throughout their placement at the school.

Staff members at the Mell-Burton School should be aware at all times of the potential for client behavior to result in dangerous or unhealthy circumstances on the unit. Potential outcomes of client behavior in the event of insufficient supervision include incidents of physical aggression or assault, property damage, theft, sexual acting out, and runaway or AWOL from the school.

Personnel will provide adequate care and supervision at all times according to the developmental and clinical needs of the young people served and such supervision includes: one or more on-duty personnel providing continuous supervision for each group or unit; and higher personnel/youth served ratios during periods of greater activity. If, at any time, staff require additional assistance in intervening with client behavior, they are encouraged to page a “code green” over the P.A. system. This will notify all available staff on the Eastside campus that assistance is needed.

For after-hours and holiday coverage, clients should be referred to mental health emergency services. Youth Focus’ counselor on-call may be reached by calling (336) 333-6853.

The Mell-Burton School staffing and supervisory pattern, program guidelines, and level of treatment provided to the young people is designed to ensure a safe and successful course of treatment for each client. In order to achieve this outcome, all staff members are expected to be fully familiar with the Mell-Burton School treatment program and employee guidelines contained in this manual, as well as with the Mell-Burton School policy manual and the Youth Focus employee handbook. Furthermore, all Mell-Burton School employees are expected to maintain foremost in their minds the potential for hazardous or harmful behavior on the part of the clients, and to structure their time at the Mell-Burton School and their interventions with the clients with safety of the young people and the community as an overriding priority.

Special Population Training - Working with Troubled Adolescents

The Youth Focus Mell-Burton School is an intensive therapeutic facility designed to help adolescents with emotional and behavioral problems develop and practice more healthy and adaptive skills for succeeding in life's challenges. This is accomplished in the context of a structured program employing a point and level system that provides consistent incentives for positive, adaptive behavior as well as negative consequences for unhealthy acting out. With this program providing a safe and consistent environment in which the young people can follow their daily schedule, staff members are able to establish rapport with the clients and facilitate the process of learning about their unhealthy behaviors and practicing new styles of coping with conflict and stress.

A day treatment center typically works with young people who are chronically depressed, anxious, impulsive, and/or traumatized. The young people in the program generally suffer from problems that have become so severe that they can no longer be addressed safely or successfully on a less restrictive outpatient basis or in a traditional school. Many of the youth in the our program will have engaged in numerous examples of maladaptive behavior, including suicide attempts, abuse of drugs and alcohol, dangerous sexual promiscuity, physical assaults on family members, teachers, or other persons in authority, theft of property, or will have run away from their homes. The typical young person served is not a hard-core criminal or sociopath, but many emotional disorders can lead to patterns of behavior which may give this outward impression. Some of our clients may come from homes where family members are evidently healthy or "normal", while many of our young people have grown up in home situations rife with inconsistency, parental neglect, criminal activity and chaotic lifestyles. Many of the young people we work with have been abused physically and sexually, and some will have been abandoned by their families. A few of the clients at the day treatment center may suffer from significant intellectual limitations, autism, or schizophrenia.

Youngsters who display impulse-control disturbances may engage in aggressive outbursts, running away, stealing, property destruction, impulsive substance abuse or sexual acting out. Young people suffering from a severe self-esteem disturbance often manifest suicidal behavior, self-injury or self-mutilation, preoccupation with rejection, severe negative self-image, disturbed body image, excessive self-blame, conflicts regarding success or achievement, poor interpersonal skills and an inability to effectively plan for the future. Individuals with anxiety disorders may have marked difficulty in public or social situations, generalized anxiety, post-traumatic symptoms, or specific fears or phobias. Some clients might suffer from physical symptoms which serve as a mask for their emotional difficulties; headaches, insomnia, stress-related

skin conditions, and enuresis might all be caused by underlying psychological problems.

Due to the fact that most of our clients have been unsuccessfully treated at other levels of care, and many have significant problems with trust and authority figures, the first task of a staff member working with a client is to develop a positive rapport or a connection with the young person. Avoiding judgmental responses to the clients and working hard to implement active listening skills will go far in helping establish a basic level of trust with a given client. Supportive prompting and reminding about rules and expectations, as well as using verbal warnings and giving the client opportunities to change their behavior prior to assigning consequences, will help the client learn to view the specific staff member as being on their side and interested in their positive growth and development. Maintaining an awareness that clients, due to past events in their own lives, might often misinterpret or misunderstand staff interventions will increase the likelihood that the staff member will recognize when this is happening with a client. This provides an opportunity for the staff member to supportively explore and clarify the misinterpretation with the client, and helps the staff member avoid responses to the client which simply confirm negative views of adults learned throughout the client's life.

Staff members should recall that open communication among the school team members will improve the treatment prospects for all of the young people in the program. To this end, staff members should regularly share their observations, insights and concerns about the individual clients with their supervisors, coworkers, and program therapists. Consulting with a more experienced colleague as to the best way to handle a given situation or behavior is recommended. At the same time, non-therapeutic "gossip" about the clients should be avoided. Clients who request that a staff member should keep secrets from other members of the team should be gently reminded that the team approach is ultimately in their best interest, but the staff member should feel comfortable in taking on the role of advocate for a given client who appears to be reaching out to them for support or validation.

Due to the unhealthy family conditions many of our clients have experienced through much of their lives, a large number of the young people we work with suffer from problems in their ability to emotionally attach to other people. In some cases this might take the form of a broad inability to trust the motives of others, leading to a young person who is unable to open up and share with peers and staff about themselves, or a teenager who chronically assumes that others do not have their best interests in mind. In other cases, the clients we work with may trust or attach to others too rapidly or indiscriminately, resulting in a young person who may be vulnerable to future exploitation or mistreatment. In each of these cases, it is important to keep in mind the possibility that any given client may have developed unhealthy or self-endangering ways of attaching to others, and that you might be encountering these in

your daily attempts to get to know, and develop rapport with, a given client. Keeping in mind the importance of serving as a role model for healthy strategies of relating is crucial here, and speaking with the client's therapist about your observations and how best to respond to a client will prove immensely helpful in your work with the young person, and to their overall treatment.

Staff Training and Responsibilities

All staff members who work directly with Mell-Burton School clients are required to complete training in a number of areas if they do not carry active certification in those areas when hired. Staff members must meet CPR and First Aid requirements in order to work, and should contact the Youth Focus Human Resources representative responsible for this training if they require training or retraining. Therapeutic Crisis Intervention (TCI) training is also mandated for all staff members, who should contact the Mell-Burton School Program Manager if they have not yet received training in this method of de-escalating crisis situations and safely restraining clients who require such intervention. The agency provides these training sessions at no charge to the staff member, and pays staff for time spent in the classes. Individuals who cannot attend Youth Focus training sessions will need to make arrangements to receive the training and certification elsewhere if they wish to continue working. Credentialing forms documenting training experience gained prior to employment at Youth Focus are available from supervisory staff and should be completed by newly hired staff during the initial orientation stage of their employment.

Additionally, all unit staff are expected to be fully familiar with the Employee Training Manual, and should sign the orientation form available from the Human Resources Director indicating that they have read and understand the policies and procedures outlined in the manual. Staff members are asked to give special attention to the information on Youth Focus policies regarding appropriate interactions and relationships between staff and clients. After confirming that staff have adequately reviewed and comprehended the training material and are in agreement with these expectations, the staff member's relevant supervisor should initial the form to indicate oversight of this orientation process.

In-Service Training sessions are scheduled throughout the year and follow regular staff meetings both at the Mell-Burton School and at monthly agency-wide staff meetings. Staff members are required to attend at least six in-service training sessions (which may include mandatory training and credentialing discussed above) during the course of a given year. Attendance will be reflected in employee performance reviews. All staff members are expected to attend the weekly staff meetings.

Staff members should be aware that a specific staff-to-client ratio must be maintained at all times as mandated by our licensing. Therefore, advance notice is required when staff members cannot work their scheduled shift.

Each hourly wage employee must take responsibility for completing and signing his or her time sheet by 9:00 on each Monday morning prior to payday. Noncompliance may result in an inaccurate paycheck or a two-week delay in receiving paychecks. Time sheets should reflect the number of hours actually worked (e.g., not “12 hours”, if 8 hours at the 1½ overtime rate was authorized and worked). Note that all instances of overtime, and the reason it was authorized, should be documented on the back of the time sheet and initialed by a supervisor. The administrative office will add any overtime pay according to the explanation noted on the back. Time Sheets are available in the Time Sheets notebook in the Eastside Campus secretary's office. If copies must be made, be sure to copy both sides of the time sheet. Full-time staff must document holidays which are taken (day off), or worked (eight hours overtime) and banked (for later use).

Each Youth Focus facility has its own rate of pay, Mell-Burton School staff who fill in at other locations are paid according to that facility's pay rate for the hours worked rather than the employee's hourly Mell-Burton School rate. Overtime is based on the pay rate for the facility in which the overtime occurs after the completion of 40 work hours for each week.

Staff members should have and use their own keys to enter the facility. Staff should immediately report lost keys to the Program Manager and make arrangements for a replacement. Staff members who are assigned a long-distance telephone code are not permitted to use their code to make personal long distance phone calls. Staff should use a private calling card if it is necessary to make such personal calls at work. Staff members are not to take home any Mell-Burton School entertainment items (videos, games, etc.), library books checked out by clients, or videos rented for the Mell-Burton School. Any food or beverages brought onto the unit should be labeled with staff's name and the date, and the item should be placed in the staff lounge refrigerator.

Petty cash expenditures should be authorized by supervisory staff prior to any purchase. All receipts for approved expenditures must be retained and turned into the Program Manager or assigned person managing the petty cash. A balanced budget report has to be turned in to the administration office each month. Only the designated petty cash manager can disburse funds or write checks. Requests for petty cash expenses may be made during this individual’s work shift.

Client Safety and Privacy

Mell-Burton School staff members are expected to conduct themselves in a manner that fosters for the clients an appropriate degree of privacy, safety, and freedom from intrusive or inappropriate contact or communication. Therefore, Mell-Burton School staff members are required to adhere to the following procedures when at the school and when supervising clients on off-unit outings:

- Staff members will take steps to ensure that all personal items carried into the school remain inaccessible to the clients. Staff members shall not carry into the school items which are potentially dangerous or which constitute contraband for the clients (cigarettes, lighters, razors, etc.).
- Off-unit outings in which clients of both genders participate shall be staffed with staff members of both genders.
- Staff members shall minimize their physical contact with all clients at all times, employ only approved TCI procedures when physically restraining youngsters, and have a second staff member witness all instances of physical contact with clients whenever possible. Staff members shall never engage in any sexual contact with clients.
- Staff members shall never allow themselves to be behind closed doors with clients of the opposite gender.
- Staff members shall never fraternize with current or former clients.

As the above rules make clear, professionalism must be maintained by staff members at all times as they work with Mell-Burton School clients. It is the responsibility of each individual staff member to enforce and maintain personal boundary limits with the clients. Staff members are encouraged to keep in mind the backgrounds of Mell-Burton School clients and that even innocent actions or behavior can be misconstrued. Mell-Burton School staff should not behave in a cold or detached fashion, it is prudent to restrict unnecessary physical contact with clients, especially when it might be misinterpreted. A "no touch" policy should therefore be considered preferable to risking allegations of inappropriate behavior. Staff members should also be aware that some Mell-Burton School clients have a history of making accusations about staff members at other facilities. Proper safety precautions should include following all Mell-Burton School procedures, maintaining appropriate boundaries, and avoiding ambiguous situations open to misinterpretation.

Mandatory staffing of both genders is a safeguard that must be employed in all situations. Whenever possible, therapeutic holds should be initiated by staff of the

same gender as the client who is being restrained. A second staff member should monitor the hold and cosign the Incident Report. MHT's are not permitted to be alone with a client of the opposite sex at any time.

The Mell-Burton School staff is charged with the responsibility of keeping clients safe and, in the event of witnessing a violation of these rules by staff or other individuals, taking proper action such as notifying a supervisor immediately. Credible allegations of inappropriate behavior by staff members will be reported to police and/or the relevant social service agency. It is mandatory that staff must report any behavior by other staff that appears suspicious or inappropriate for follow up by supervisory staff. It is important to be aware that even clients who are 16 years of age and older are considered to be victimized by inappropriate staff actions due to their role as recipients of treatment. Therefore, misconduct by staff members with a client is considered a crime comparable to the abuse of nursing home clients and other vulnerable populations.

Similarly, fraternizing by off-duty staff with current or former clients is also not permitted. Staff members who must come to the unit but are not "on the clock" should promptly take care of work-related issues (such as completing a time sheet) but should not linger to visit with clients.

Behavior Management Procedures

Behavior management is a technique for assisting young people in increasing the frequency of their positive, pro-social behaviors, while decreasing the frequency of their negative, self-defeating, or antisocial activities. Positive reinforcement provides a meaningful reward to a child when they have displayed healthy behaviors or coping skills. Negative consequences, often in the form of a temporary removal of privileges, can be implemented after a young person has behaved in a maladaptive manner to help decrease the incidence of those behaviors. Attention-seeking behavior, when not severe or dangerous, can best be dealt with through active ignoring of the misbehavior, combined with regular rewards for more positive activities.

Youth Focus programs provide a therapeutic environment that is free from conditions that promote maladaptive behavior, while providing interventions encouraging young people’s development of adaptive behaviors in a caring and humane manner. The program’s behavior management structure, including the reward system implemented in the daily schedule, provides a consistent set of guidelines for ensuring that we regularly encourage positive choices, while discouraging acting out, in our work with young people. Interventions that build self-esteem and self-confidence in our youth provide essential building blocks for the healing and growth we strive to bring to the Youth Focus experience. Interventions that are harmful, demeaning, or embarrassing

to the young person should be avoided at all times, and corporal punishment is prohibited

Therapeutic Interventions

When peer isolation is necessary for its therapeutic value, the client should not participate in school, group therapy, or group activities. Peer isolation should be used quite sparingly, however, and in most cases the therapist for the client involved should be consulted and give approval prior to implementation of this intervention. In general, peer isolation is appropriate as a means of reducing the amount of secondary gain (i.e. attention and adulation from peers) which peers may garner from inappropriate behavior. Under other circumstances, appropriate therapeutic consequences may include having clients eat their meal or snack in the school, extra chores or writing compositions, letters, or essays.

Communication among staff is essential to maintain consistency and fairness in the school. Reports from clients are not always reliable and may represent an attempt to split staff. Therefore, staff members are encouraged to regularly discuss and process issues and concerns raised on the unit, and consult with supervisory staff whenever apparent inconsistencies or conflicts arise in interventions with the clients.

TCI is the official therapeutic means of employing holds or restraints with clients. Staff members who have received TCI training should be sure they know how to properly use the interventions, and if they have any questions they should promptly discuss these with the Program Manager. Whenever possible, male staff should restrain males and female staff should restrain females, and interventions should be witnessed and fully documented as such whenever possible. Ideally, staff who are the same sex as the client should also assist in or monitor a restraint. The use of a basket hold is preferable for clients who have been sexually abused.

Clients should be closely monitored for a minimum of one hour after a physical restraint. As there is a risk of the body going into shock after a restraint, the client should therefore be encouraged to move around. Even if the client requests to be left alone or to rest, he or she should not be allowed to become sedentary or unattended. As fatalities have been reported as having followed restraints at other youth facilities, all Mell-Burton School staff must be extremely cautious when therapeutic holds are employed.

Physical restraints are always reported on Variance Report forms, and an internal Youth Focus review is made periodically of these reports. Unit staff should familiarize themselves with the Variance Reports and what constitutes a variance (see below). Documentation of all therapeutic holds should be made on a Variance Report by the person who initiated the hold (what was done and why) and the form signed with

comment by the program manager. This allows for tracking frequency and improvements.

Variance Reports

Variance reports provide a means of documenting events which occur at the Mell-Burton School which are out of the ordinary and may warrant further investigation or review. The form should be completed by the staff member involved or witnessing the event, and should be cosigned by the Program Manager.

Events warranting completion of a variance report include:

- Use of quiet room for more than fifteen minutes
- Physical holding or restraint of client
- Accidental injury to staff or client
- Suicide gesture or attempt
- Property damage
- AWOL or runaway from unit
- Self-injurious behavior
- Report of sexual abuse
- Injury during a physical hold
- Assaultive behavior
- Medication administration error

Documentation in the Charts

A State approved form is used for entering Progress Notes in the clients' charts. Only permanent black ink may be used in charts. One note per day must be written in the **G**oal, **I**ntervention, **O**utcome (GIO) format. **I**t is important to note that the "intervention" always details what the staff member did in intervening with the young person, and the "outcome" indicates the resultant behavior of the client. The "goal" may be entered along with the number referring to the numbered goals located in each client's

treatment plan, and the intervention should always be relevant to the goal selected for documentation. The notes should always address the most intensive intervention performed with the client on the given shift, or relate to behaviors manifested by the client which most closely relate to their treatment plan as documented in the chart. Guidelines for documenting are posted at the staff station and should be consulted when formulating notes. Additional documentation may be written on the Progress Notes forms and "N/A" written in the unused spaces in the section. Only approved abbreviations can be used in chart documentation. A list of approved abbreviations is maintained by the Program Manager. A note indicating staff "co-facilitated" or "co-supervised," must be signed by both staff.

Errors made in the process of documentation should be marked with a single line through the incorrect portion of the note, and the error should be initialed and dated. Use of Wite-out or scribbling out notes is prohibited. If there is a reason not to complete a note (such as starting one in the wrong client's chart, which should be guarded against), the writer should always note "error" and initial it. Progress Notes should not be removed from the charts at any time.

Discharges and AWOLs

If clothing and personal belongings are left at the MELL-BURTON SCHOOL because of an unplanned departure (e.g., AWOL), those items should be removed from the room and secured in one of the large plastic boxes in the storage room.

In cases where a client has run away from the unit (AWOL off grounds), the Program Manager or designee should immediately contact the Greensboro police to report the youth as a missing person. Complete information should be furnished as requested by the police to facilitate this report. The client's legal guardian (identified on the face sheet in the client's chart) should also be immediately notified of the runaway. Upon a client returning to the unit from AWOL, all relevant authorities listed above should be promptly contacted and notified.

Library books, school books, homework notebooks and other school material of departed clients should not be bagged with personal belongings; these should be given to the Mell-Burton School teacher or placed in the classroom so that library books can be returned and other materials can be recycled.

Community Relations (Families and the Public)

Staff members are expected to be conscious of community relations when talking with professionals and families. When dealing with emotional issues, it is important to be diplomatic, understanding and appropriate regardless of the other person's statements

or tone of voice. At the same time, staff are not expected to subject themselves to extended verbal abuse. The wisest course of action under such circumstances is often to state that you cannot assist the person, and then either refer the individual to the Program Manager. Questions about a client's treatment should always be referred to the client's primary therapist.

Grievance Procedures for Consumers

When a client or a member of the client's family has a complaint or grievance with regard to their treatment or other related activities, the most effective means of resolution usually is for the individual to discuss the situation with the Program Manager. Therefore, staff members are encouraged to refer the consumer to the Program Manager when they are unable to aid the individual in resolving the problem or complaint. Complaint forms are also maintained by the Program Manager and should be provided whenever a consumer requests a form. Completed forms that are turned into staff members should be promptly forwarded to the Mell-Burton School Program Manager.

Medication and the Consulting Psychiatrist

The Program Manager and designated staff are responsible for administering prescribed medications to clients and properly securing them. MHT's may assist under the direction of the person designated as being qualified to administer the medication, but in general practice do not administer the medications to clients themselves.

Some clients have been noted as being quite skillful in hiding medication rather than swallowing them. Therefore, staff should be sure that pills are consumed at the time of administration. Documentation (staff initials) must be made in the Medication Administration log for each client when each medication is given. New prescriptions or changes in dosage for existing medications should be logged with a new line in the administration log. When a medication or dosage is discontinued by the consulting psychiatrist, remaining dates in the medication log should be crossed out from the point of discontinuation forward. As with documentation in the client charts, notation in the medication log should always be in black ink, with any recording error in the medication log treated as a chart error - make one line through it and initial.

The consulting psychiatrist gives new prescriptions to the Program Manager or teacher, who sees that these are delivered to the client’s guardian or group home. When the medications are delivered, the Program Manager or designated staff member checks them in and makes adjustments in the clients' medication logs. The consulting psychiatrist writes a new prescription and Medication Order whenever he

makes a change in an existing medication, such as altering the dosage or frequency. This is done to ensure that labels on the medication bottles are consistent with the most recent prescription. Staff members are encouraged to communicate with each other if they note any difference between the medication log instructions and prescription bottles.

The consulting psychiatrist notes on a Medication Order form when medicines are stopped. The discontinued medications should be labeled "Discard" and given to the Program Manager for proper disposal and to ensure that these are not dispensed.

Over-the-counter medications (including cough drops) should be clearly labeled with the client's name. If the parents or guardians provide the medicine, it should never be administered to any other client. If over-the-counter medications are needed for or requested by other clients, petty cash may be used to purchase these at the discretion of the Program Manager. All medications must be kept in the designated secured area. Staff should not take medication cups for their personal use.

Orientation of New Clients

At the time of admission, each new client, his or her family, and representatives of other agencies involved with the client will be oriented to the school treatment philosophy by the Program Manager, teacher or Recreation Therapist. This orientation shall address program rules and regulations, estimated length of treatment, voluntary nature of the program, and Issues related to the operation of the school. Upon arrival at the school, the new client shall be given a copy of the Program Manual and Admission Handbook. A member of the MHT staff shall be assigned to review program rules and client rights in detail and to answer any questions. The process of explaining the Clients' Rights to the client shall be documented in the client's record.

Outings and Activities

Clients at the Mell-Burton School have the opportunity to experience therapeutic off-unit outings under staff supervision. Eligibility for these outings will be determined by the client's Level unless special consideration is prescribed by the therapist or the treatment team as a whole. The frequency of off-unit activities and outings will be subject to availability of adequate number of staff personnel necessary to ensure the safe and orderly completion of the outing. Therapeutic outings will be planned and coordinated by the Program Manager. Planning and/or execution of the outing may be made in conjunction with the Recreation Therapist. The Mell-Burton School Safety/Risk Management Committee shall provide a list of authorized outing locations to be used in planning off-unit activities. Only locations approved by this committee shall be used for such outings. The Safety/Risk Management Committee shall

periodically review and amend the list of authorized locations based upon any identified safety concerns. The list of authorized outings shall be maintained and made available by the Program Manager.

Locations for recreational activities are approved by the Safety/Risk Management Committee and listed in the recreation notebook at the staff station. Staff should be aware of any medication precautions relevant to clients being exposed for prolonged periods to the sun and heat, and should contact the on-call clinician if concerns or questions arise. Drinking water should be available to clients when they are outside on hot days.

Interaction or shared activities between clients of Mell-Burton School and any other Eastside Campus program is prohibited because of licensing regulations.

Staff must be cognizant of potential problems which can be encountered when our clients are on recreational outings. Staff with greater familiarity with the clients or the program are encouraged to help new staff identify or anticipate hazards or problems, such as clients acquiring contraband (particularly cigarettes); manipulating, engaging in negative or flirtatious behaviors, etc. Staff should note that shopping malls are high risk areas. Clients must stay with staff on all outings.

Staff must closely monitor clients when on activities. Clients should not be allowed to separate from staff during outings. Clients must be checked for contraband upon their return from off-unit activities.

Clients are not allowed to view R-rated movies at theaters or on the unit. Staff must use mature judgment in the selection of movies and videos. Unrated videos should not be rented. Only designated staff (one person and a back-up) are authorized to pick up and return videos. Videos should be returned promptly by the shift that rented them to avoid late charges. Staff has authority to confiscate tapes/CD's from clients if in the staff's judgment the words or music is not considered appropriate for the therapeutic unit, but a final determination in individual cases may be made by the client's primary therapist.

If all clients are permitted to leave the facility for an activity, all staff may accompany them after placing a sign on the front door to let visitors know the time staff will be "available" at a given time, without overtly stating that the unit is vacant. Voice mail should be activated and checked for messages upon return.

Departments of Social Service that hold custody of our clients should be notified if plans are made to take the clients out of Guilford County. If an activity is planned in advance, calls can be made during DSS working hours; otherwise, the respective on-call workers would need to be called for permission.

Quiet Room

The Mell-Burton School Quiet Room provides clients with a quiet, non-stimulating environment to allow de-escalation in a therapeutic manner. Acceptable reasons for use of the Quiet Room include decreasing stimulation for the client who is overwhelmed by unit stimulation, preventing interference with the therapeutic environment, and providing an opportunity for the client to privately ventilate emotions.

Use of the Quiet Room should be voluntary in nature, initiated with or without staff encouragement, and should generally be time-limited (usually 15 minutes or less). The procedure must be documented along with the results. Use of the Quiet Room is not to be confused with “seclusion” or “isolation time-out,” as it can be terminated by the client when calm enough to re-enter the community and is conducted in an unlocked area with no barring of the client's exit. Seclusion and isolation time-out are procedures which are not to be used at the Mell-Burton School.

Clients should be observed closely during their stay in the Quiet Room, and support offered if deemed therapeutic by staff. The client may terminate use of the Quiet Room voluntarily, but may be encouraged by staff to continue if necessary. Documentation is necessary to explain the need for the procedure and the results during and following the Time Out. The use of the Quiet Room is strictly for the client to gain better emotional control and is *never* to be used as a punitive measure.

Client Hygiene

Clients at the Mell-Burton School are expected to be responsible, in so far as they are able, to adhere to standards of personal cleanliness and hygiene. The Mell-Burton School should provide an environment facilitating maintenance of a clean and healthy environment for clients and to aid clients in learning personal hygiene and self care skills and responsibilities.

Safety

The Emergency Preparedness Book is located in the Program Manager's office. The book, along with the cellular telephone, should be taken outside whenever there is a disaster or fire (or drill) so that calls can be placed to the emergency contacts listed in the book.

Staff must be alert and observant for the safety of the clients and staff. Clients can quickly pick up items, such as cigarette lighters, that unintentionally may be left by staff within the reach of clients. When items are given back to clients who have been on AWOL precautions, the storage box should not be given to the client in case contraband items had been placed in it prior to the AWOL precautions.

Safety issues to remember:

- ♦ When clients return from being off the unit (group outings/individual pass), make a thorough check to eliminate the possibility of contraband being brought on the unit.
- ♦ Do not give a facility key to a client.
- ♦ Potentially dangerous items (Wite Out, glue, etc.) must be kept behind the staff station and out of possible reach of clients.

Staff who smoke should not do so within sight of clients. They must be cautious about leaving burning cigarettes in the outside ash trays. Cigarettes that are not completely smoked should be broken so that a client can not retrieve and relight it.

Infection Control

It is very important that we provide a safe and clean environment for our clients and staff in all Youth Focus facilities. As a result we have developed some fairly simple rules for you to follow. Most of these rules are just common sense and probably close to what your mother taught you at home!

TWO KEY RULES:

1. Keep the facility clean.
2. Wash your hands a lot.

So what do we mean by a clean facility?

First and foremost keep the kitchen and bathrooms extra clean. Disinfect commodes, sinks, bathtubs, showers and floors at least weekly. Keep the garbage can in the kitchen covered at all times. Clean up spills right after they occur. Most spills can be cleaned with plain water or warm soapy water. For more serious spills of bodily fluids - more to come later. Wipe the dining room table/kitchen table after each use and counter-tops as needed.

Why is washing your hands so important?

This is the single most important infection control procedure you can use. You should wash your hands when you come on duty, before and after physical contact with clients, after contact with any infectious material, before serving food, before and after administering medication, after bathroom use, before eating and after coughing or sneezing.

Good hand washing requires lots of warm water, soap, and one to three minutes to complete. Also, encourage clients to wash their hands too, but as always avoid power struggles!

Sick Client or Staff: If a client to be admitted to the school is sick or has a highly contagious disease we may want to delay their admission until they are feeling better or no longer contagious. Some sick clients may need to be isolated from other clients – for both of these issues consult with your supervisor who will get a medical opinion. If you or another staff member is sick and/or has a contagious disease it is probably better that you do not come to work until you are better.

Bodily Fluid Spills: Any body fluid that you have to clean up or dispose should be treated as if it has seriously bad germs, viruses, etc. in it. You just never know. So any body fluid – blood, urine, feces, etc. should be treated as if they are contaminated and you should use Universal Precautions, which means you assume the spill is dangerous and act accordingly:

i. Wear latex gloves when cleaning up spills.
ii. All bandages, paper tissues and other disposable items that are contaminated should be discarded carefully – placed in an impervious (plastic) bag and disposed of in the trash.
iii. Any spill should be cleaned with a bleach and water solution or other approved cleanser (4 oz. of Clorox to one gallon of bleach).

Food Preparation and Storage: Improper food storage and cooking can make people sick as well. Again, keep the kitchen extra clean. Do not leave cooked food out too long – remember the adage: “Two hours too long”. Food left out longer than that can spoil. Be careful when handling raw meat and eggs, especially poultry. Wash all surfaces after cutting chicken and other meats with a weak bleach solution.

If you want more information on infection control please refer to our Policies and Procedures Manual.

Community Cleanliness

Staff and clients must work together to maintain the cleanliness standard for the school, particularly in the common areas. Staff should ensure that cleaning materials and trash bags are not wasted or "misplaced." It should not be necessary for staff to retrieve any items from the storage shed, as these items are distributed regularly by maintenance personnel. If there are spots on carpets or other areas that need special attention, these should be pointed out to the janitor. Trash should be taken to the outdoor dumpsters rather than placing trash bags inside the facility overnight. Green trash bags are placed in waste baskets at various locations and are only used for recyclable items.

Staff members are responsible for ensuring that the Mell-Burton School bus is kept clean. Clients should remove their trash from the bus after outings. The exterior of the bus should be kept clean also.

Food items should be labeled with a name and date when placed in the staff refrigerator, and all food should be removed before the foods spoils. Staff should properly dispose of the remains of food they bring in and wash and put away dishes, cups, or utensils before the end of the day. Food should never be left open on counters at the end of the day.

Facilities and Community Property

Windows in the classrooms should not be opened, as this adversely affects the operation of the heating and air conditioning system. Staff should check the windows regularly since it is not easy to tell from the inside of the building that a window may be open. Thermostat settings may not be changed by staff. The Mell-Burton School Program Manager or Youth Focus Assistant Director should be notified if the temperature on the unit becomes too uncomfortable.

Staff should immediately address any problems with toilets continuing to run, as this can cause a tremendously increased water bill. The shut off values should be used until the problem can be rectified.

It is not permissible to use transparent tape (scotch) on the painted walls on the unit. Posters may be placed on doors with transparent tape.

As items - including food, dishes, snacks, and fruit - have disappeared from the kitchen and storage areas in the past, general staff are not to have access to these supplies. Staff members are expected to show adult responsibility at all times, and are not to take items that do not belong to them or allow clients to do the same. Staff should report inappropriate actions of coworkers if they observe items that belong to the Mell-Burton School being removed. Similarly, clients are not allowed to share or borrow personal items because this usually results in conflicts, misunderstandings, and accusations.

Kitchen and Food Services

Only dietary staff, the Mell-Burton School administrative personnel, the consulting dietitian, and other personnel as needed to conduct infection control audits are allowed to enter the Eastside Campus kitchen on a regular basis. All other staff members are not permitted into the kitchen except when dietary staff is unavailable to provide meals.

Diet orders are located in the admission notebook and completed as part of the admission procedure for each new client. These forms should be turned in to food service staff immediately or taped to the kitchen window if no one is in the kitchen. A new form should be completed whenever there is need for a change in a client's diet.

Extra portions of food generally are given only when the psychiatrist has approved a high calorie diet. Kitchen staff is responsible for the determining how to respond to client requests for more food. The Food Service Manager makes a dedicated effort to accommodate food preferences of the clients but cannot cater to likes and dislikes. Consideration will be given to clients who are allergic to specific foods but if they don't like a particular menu item they should eat more of the other items offered.

MHT's should let the kitchen staff know when clients are on passes. Clients who miss mealtimes here while on passes should be provided meals before returning to the Mell-Burton School.

Clients cannot give food on their trays to other clients or to staff. Even though a client is not going to eat part of their meal or snack, they cannot give it to someone else. The menus are planned for balanced nutrition and adjusted according to the needs of individual clients, therefore, sharing food is not permitted. Staff may not eat food or fruit given food or fruit served to a client.

If an emergency makes it impossible for kitchen staff to be here to prepare a meal, staff will be notified of alternatives. If inclement weather is anticipated, the refrigerators and freezers will be left unlocked so that school staff may obtain food for meals and snacks if kitchen staff cannot get to work because of dangerous road conditions.

Our plastic utensils are semi-permanent and should not be thrown away after meals.

The kitchen is off limits to all staff except management unless there is an emergency which necessitates staff going into the kitchen.

The ice chest is provided for staff use. For sanitation reasons, staff must get ice from the chest if it is needed for the clients. Water fountains are available for the clients.

Staff may purchase a $3.00 meal ticket from the Eastside Campus secretary to eat meals in the dining room. Kitchen staff should be given advance notice and may decline if there is not sufficient food available. The menu will be the same as for the clients. It is posted in the secretary's office and on the kitchen window.

System of Care and Strength Based Practice

North Carolina has adopted a System of Care model to provide child and adolescent mental health services. This model nationwide is considered to be "best practice". The System of Care model has six main principles:

- Community-based;
- Comprehensive, coordinated, and collaborative across agencies and systems;
- Involve families and youth as full partners;
- Culturally competent with respect to racial, ethnic and linguistic differences;
- Individualized, flexible, coordinated and designed to fit each child; and family and
- Strength based.

These materials focus on how to provide services using a strength based approach. Many times our clients and their families resist change feeling that we are judging them, being critical of them and telling them that they need to change. Using a strength based approach defuses many of those issues and instead helps our clients and their families feel that we respect them and accept them as they are and provides a way for them to make progress and move forward.

What Do Clients Want?

According to clients, the best workers:

- Listened
- Cared about them
- Respected them
- Noticed their strengths
- Trusted them

- Didn't give up on them

The Strengths Perspective

At the very least, the strengths perspective obligates workers to understand that, however down-trodden or sick, individuals have survived (and in some cases thrived). They have taken steps, summoned up resources, and coped. We need to know what they have done, how they have done it, what they have learned from doing it, what resources (inner and outer) were available in their struggle to surmount their troubles. People are always working on their situations, even if just deciding to be resigned to them; as helpers we must tap into that work, elucidate it, find and build on its possibilities.

Principles of Partnership

1. Everyone deserves respect.
2. Everyone needs to be heard.
3. Everyone has strengths.
4. Judgments can wait.
5. Partnership is always possible.
6. Partnership is a process.

Questions for Eliciting Strengths from Parents

- We have been talking about some very serious matters. To give me a more balanced picture, can you tell me some of the things that you feel are good about this family?
- If you were describing yourself to others, what sorts of things would you say you are good at?
- What do you like about being a parent? What have you learned from the experience?
- Can you tell me what you like about your dad? What sorts of things do you like doing together?
- What do you like about your son? What would you say he's good at?
- How do you usually solve family problems? Who does what?
- What do you do to cope in times of stress?
- Who do you turn to for help in dealing with problems? How do they help you?
- Who could best support you in dealing with problems? How could they help?
- What do you do to help yourself deal with the pressures of raising children?
- Clearly, things have been really difficult for you. How have you coped with these pressures? What's kept you going?
- How is it that, even though you are faced with all this, you have determined to do the best you can for your children?
- Can you tell me about the times when you got on well with your partner/child? What do you like about those times?

- What do you consider is good and what do you like about your family?
- What is good about your relationship with your child/mom/dad/sibling?
- What do you think they would say is good about their relationship with you?

Assessments

Strengths Assessment	Problems Assessment
What the person wants, desires, aspires to, dreams of. Information gathered about person's talents, skills, and knowledge. A holistic portrait.	Defines diagnosis as the problem. Questions are pursued related to problems. Needs, deficits, symptoms.
Gather information from the standpoint of the consumer's view of their situation. Ethnographic.	The problem assessment searches for the nature of patient/client's problem from the perspective of the professional. Analytical.
Is conversational and purposive.	Is an interrogative interview.
The focus is on the here and now, leading to a discussion of the future/past - asking how they have survived so far.	The focus is on diagnosis assessment procedures to determine the level of functioning.
Persons are viewed as unique human beings who will determine their wants within self and environment.	The client/patient is viewed as lacking in sight regarding behavior or in denial regarding scope of problem or illness.
Is ongoing and never complete with the relationship primary to the process. Encouragement, coaching, and validation is essential to the process.	Done at set time (often at intake) and largely viewed as complete at that time.
Strengths assessment is specific and detailed, individualizes person.	The intent of the problem assessment is to place the person in diagnostic or problem category. Often written in generic, homogenous language.
In conducting a SA, behavior is considered A desire to communicate.	In a PA, behavior is seen as symptamology, attributed to disorder.
Consumer authority and ownership.	Is controlled by the professional.

Two Techniques for Helping Families Develop Their Vision and Goals

1. Where would you like to be? What would it look like if things were better?

- Sometimes helping families develop their vision and goals is as simple as asking directly what they would like to see happen. You could ask someone who wants to have a job but doesn't know where to start, "What would you like to be doing in 10 years?"
- It helps to take a long view because that allows time for whatever education, job training, or experience it would take to get there, and lets them think bigger than would be realistic for the next week.
- Then affirm the vision, and follow-up with a discussion of what it might take to get there. What both of you can do to gather information about resources that might help to make it happen, or people in that line of work could be contacted and advice sought.

2. The Miracle Question

- Sometimes it can feel to families like it would be a miracle for things to be better, so start there. You might ask:

"Suppose while you were sleeping tonight a miracle happens. The miracle is that the problem that has you here talking with me is somehow solved. Only you don't know that because you are asleep. What will you notice different tomorrow morning that will tell you that a miracle has happened?"

- Follow-up with specific questions designed to take attention away from the problem that has you here talking with me is somehow solved:
  - What is the very first thing you will notice after the miracle happens?
  - What might people notice about you the would give them the idea that things are better for you?
  - When someone notices that, what might he/she do differently?
  - When they do that, what would you do?
  - And when you do that, what will be different in your life (or around your house, job)?
- What are you trying to do is to help this person think, in detail, about what will be different in his/her life when this miracle happens.
- As he/she works to describe these differences, he/she may begin to develop an idea that things could change and a sense of the goals he/she wants to set to move things in that direction.

- You will use the follow-up questions to help him/her develop clear, concrete goals that reflect the presence of something, not just the absence of a problem. If he/she says, "I wouldn't be lonely," you could say, "What would you be doing instead?" "What would it look like?"

Questions for Helping Families Think and Talk About Strengths

1. Coping Questions
   You can help family members think about their strengths and resources by asking them
   how they are able to cope with the difficulties they are facing.

- For example, you might paraphrase what a family member has told you about their situation, and say, "I can see that you are dealing with a lot. How have you managed to cope with all this and keep going?"
- She may say at first, "I don't know," and you can repeat your thought, "I'm serious. How do you do it all and keep going?"
- You may get an answer like, "I have to, for my kinds," which you can respond to by affirming that she must care a lot about them, and ask her to tell you more about them and how she takes care of the. This affirms her strengths and uncovers her motivation to cope.

2. Exception Finding Questions
   Another way to move to a strengths-based discussion is by asking exception finding
   questions.

- If a single mother has told you how hard it is to keep a job while raising two children, you might ask her to tell you about times when it has worked out, and how she's done it.
- Focusing on the who, what, when, and where of exception times can help her focus on her strengths and resources and be motivated to create her own solutions.

3. What's Better Questions
   One way to begin sessions, after the initial assessment you have done together, is to ask,
   "What's better?" or, "What progress can you see?"

- This is similar to the exceptions question in that it helps family members think about positive movement toward their goals.
- This can work better than starting out with a question like, "So how's it been going since our last meeting?" Such a broad question may bring up and focus the conversation on problems and set-backs, with a discouraging effect.

4. Scaling Questions
As you do ongoing assessment, you can help the family recognize their strengths by having
them look at where they are on accomplishing their goals compared to where they started.

- One technique is to use scaling questions. You say, “Let’s think about this on a scale of
0 – 10. If 0 is where you were when we started working together on this and 10 is when
you’ve reached your goal, where are you right now?”
- When they respond with a number greater than zero, you can follow up with questions that uncover and affirm strengths, for example, what’s different that tells you you’re getting closer to where you want to be?

Questions to Assess/Discover
OTHER FAMILY STRENGTHS

- What were you like as a kid?
- What were you good at doing as a kid?
- What kind of student were you? Did you like school?
- Tell me about your favorite teacher.
- If you could say one good thing about yourself, what would you say?
- What would other people say? Your family?
- How are decisions made in your family?
- The last time a problem arose in your family, how was it handled?
- Describe the positive interactions in your family.
- What are some of the most important things that have happened to or in your family?
- What are the most important issues that you are dealing with at this time?
- What was different when things were better for your child and the family?
- What was different when things were worse?
- What are the best things about each of your children?
- What are your dreams of your family’s future?
- How did you and ____________ meet?
- How long have you lived in your neighborhood?
- What are two good things about your neighborhood?
- How do you picture your family five years from now?
- What progress do you see your family making towards your goals?
- If you could meet one goal over the next year, what would it be?

Questions to Assess Strengths of
PARENTAL ATTITUDES AND VALUES

- What do you think your parents thought was most important for you to learn as you grew up?
- What would you like your children to learn?
- What are some of your family traditions? (holiday celebrations, etc.)
- Do you still celebrate them now?
- How would you like to hear someone describe your family?
- Say a few things about family loyalty as it relates to your family.
- Picture your family as you would like it to be. What is each person doing? What roles are they playing in the family?
- On a scale of 1 to 10, where are you now?
- What have you done to get this far?
- What are your family's greatest accomplishments?
- What are you most proud of about your family?
- What qualities do you use to help family in times of stress or hardship?

Questions to Assess Strengths of the EXISTING FORMAL SUPPORT SYSTEM

- What services are you receiving at this time?
- Which ones do you think are helping your child and family?
- Which ones are you most comfortable with?
- Are people available when you need them?
- Of all the services that you are receiving, who is the person that you find most helpful and dependable?
- Do you feel comfortable with the frequency of contact that you have with the various agencies/services?
- Have you ever had a crisis in your family? Do you know who to call? Did they respond promptly and in a helpful manner?
- Do you think the service providers are working together?

Questions to Assess Strengths of the EXISTING INFORMAL SUPPORT SYSTEM

- Are you involved in community activities? (church, clubs, sports, scouts, lessons)
- Who is the first person (the child) calls when he/she needs help?
- Who does the family turn to in times of need?
- Do you have family who lives nearby? Do you see much of them? How are they involved with your child and family?
- Who is the first person you call when you need help?
- Who comes to your family's celebrations? (holidays, graduations, reunions, etc.)

Questions to Assess POTENTIAL FORMAL AND INFORMAL SUPPORT SYSTEMS

- Does your child have interests or abilities that he/she would like to use or learn about in the community?
- Are there things that your family would like to do together?
- What programs and/or activities are available in your community that you would like to be involved with, if you could be?
- Is there anyone in your community that you or your child are interested in getting to know?
- Are there community programs that you know about that you have considered being involved with in the past, but, for some reason changed your mind or weren't able to become involved?

SERVICE DEFINITION TRAINING – PLEASE READ THE ATTACHED SERVICE DEFINITION

Child and Adolescent Day Treatment (MHSA): Medicaid and NCHC Billable Service

Service Definition and Required Components

Day Treatment is a structured treatment service in a licensed facility for children or adolescents and their families that builds on strengths and addresses identified needs. This medically necessary service directly addresses the beneficiary's diagnostic and clinical needs, which are evidenced by the presence of a diagnosable mental, behavioral, or emotional disturbance (as defined by the DSM-IV-TR and its successors), with symptoms and effects documented in a comprehensive clinical assessment and the PCP.

This service is designed to serve children who, as a result of their mental health or substance abuse treatment needs, are unable to benefit from participation in academic or vocational services at a developmentally appropriate level in a traditional school or work setting. The provider implements therapeutic interventions that are coordinated with the beneficiary's academic or vocational services available through enrollment in an educational setting. A Memorandum of Agreement (MOA) between the Day Treatment provider, the Local Management Entity, the Local Education Agency (or private or charter school) is highly encouraged. The purpose of an MOA is to ensure that all relevant parties (LEA, LME-MCO, provider) understand and support the primary purpose of the day treatment service definition which is to serve children who, as a result of their mental health or substance abuse treatment needs, are unable to benefit from participation in academic or vocational services at a developmentally appropriate level in a traditional school or work setting.

These interventions are designed to reduce symptoms, improve behavioral functioning, increase the individual's ability to cope with and relate to others, promote recovery, and enhance the beneficiary's capacity to function in an educational setting, or to be maintained in community based services. It is available for children 5 to 17 years of age (20 or younger for those who are eligible for Medicaid and age 6-18 for those eligible for NCHC). Day Treatment must address the age, behavior, and developmental functioning of each beneficiary to ensure safety, health and appropriate treatment interventions within the program milieu.

Day Treatment provides mental health or substance abuse interventions in the context of a therapeutic treatment milieu. This service is focused on providing clinical interventions and service to support the beneficiary in achieving functional gains that support the beneficiary's integration in educational or vocational settings, is developmentally appropriate, is culturally relevant and sensitive, and is child and family centered. Each Child and Adolescent Day Treatment provider must follow a clearly identified clinical model(s) or evidence-based treatment(s) consistent with best practice. The selected model(s) must be specified and described in the provider's program description. The clinical model(s) or Evidence-Based Practices (EBPs) should be expected to produce positive outcomes for this population.

The selected clinical model(s) or EBP(s) must address the clinical needs of each beneficiary, and those needs shall be identified in the comprehensive clinical assessment and documented in the PCP. All criteria (program, staffing, clinical and other) for the Day Treatment service definition and all criteria for the chosen clinical model(s) or EBP(s) must be followed. Where there is any incongruence between the service definition and the clinical model(s) or EBP(s), the more stringent requirements must be met.

Providers of Day Treatment must have completed the required certification or licensure of the selected model(s) (as required by the developer of the clinical model or EBP) and must document ongoing supervision and compliance within the terms of the clinical model(s) or EBP(s) to assure model fidelity.

All staff participating in the delivery of the clinical model(s) or EBP(s) shall complete the training requirements of that practice within the first 30 days of each staff member's date of employment to provide this service. This is in addition to the 20 hours of staff training that are minimally required for the delivery of the Day Treatment. All follow up training or ongoing continuing education requirements for fidelity of the clinical model(s) or EBP(s) must be followed.

Intensive services are designed to reduce symptoms and improve level of social, emotional, or behavioral functioning including but not limited to:

- Functioning in an appropriate educational setting;
- Maintaining residence with a family or community based non-institutional setting (foster home, Therapeutic Family Services); and
- Maintaining appropriate role functioning in community settings.

Day Treatment implements developmentally appropriate direct preventive and therapeutic interventions to accomplish the goals of the PCP, as related to the mental health or substance abuse diagnosis. These interventions include, but are not limited to, the following:

- Development of skills and replacement behaviors which can be practiced, applied, and continually addressed with treatment staff in a therapeutic and educational environment;
- Monitoring of psychiatric symptoms in coordination with the appropriate medical care provider;
- Identification and self-management of symptoms or behaviors;
- Development or improvement of social and relational skills;
- Enhancement of communication and problem-solving skills;
- Relapse prevention and disease management strategies;
- Individual, group and family counseling;
- Provision of strengths-based positive behavior supports; and
- Psycho-education, and training of family, unpaid caregivers, or others who have a legitimate role in addressing the needs identified in the PCP.

Note: Psycho-education services and training furnished to family members or caregivers must be provided to, or directed exclusively toward the treatment of, the eligible beneficiary. Psycho-education imparts information to children, families, caregivers, or other individuals involved with the beneficiary's care about the beneficiary's diagnosis, condition, and treatment for the express purpose of fostering developmentally appropriate coping skills. These skills will support recovery and encourage problem solving strategies for managing issues posed by the beneficiary's condition. Psycho-educational activities are performed for the direct benefit of the Medicaid or NCHC beneficiary and help the beneficiary develop increasingly developmentally appropriate coping skills for handling problems resulting from their condition. The goal of psycho-education is to reduce symptoms, improve functioning, and meet the goals outlined in the PCP.

In partnership with the beneficiary, the beneficiary's family, the legally responsible person (as applicable), and other service providers, a Child and Adolescent Day Treatment QP is responsible for convening the Child and Family Team, which is the vehicle for the person-centered planning process. The Child and Family Team comprises those persons relevant to the beneficiary's successful achievement of service goals including, but not limited to, family members, mentors, school personnel, primary medical care provider, and members of the community who may provide support, structure, and services for the beneficiary. The Day Treatment provider works with other behavioral health service providers, as well as with identified medical (including primary care and psychiatric) and non-medical providers (for example, the county department of social services, school, the Department of Juvenile Justice and Delinquency Prevention), engages community and natural supports, and includes their input in the person-centered planning process. A Day Treatment QP is responsible for developing, implementing, and monitoring the PCP, which shall include a crisis plan. The Day Treatment provider is also responsible for documenting the status of the beneficiary's progress and the effectiveness of the strategies and interventions outlined in the PCP.

As part of the crisis plan of the PCP, the Day Treatment provider shall coordinate with the Local Management Entity and beneficiary to assign and ensure "first responder" coverage and crisis response, as indicated in the PCP, 24 hours a day, 7 days a week, 365 days a year to beneficiaries of this service.

Day Treatment provides case management services including, but not limited to, the following:

- Assessing the beneficiary's needs for comprehensive services
- Convening Child and Family Team meetings to coordinate the provision of multiple services and the development of and revisions to the PCP
- Developing and implementing the PCP
- Linking the beneficiary or family to needed services and supports (such as medical or psychiatric consultations)
- Monitoring the provision of services and supports
- Assessing the outcomes of services and supports
- Collaborating with other medical and treatment providers.

For Medicaid or NCHC funded Day Treatment services, a signed service order shall be completed by a physician, licensed psychologist, physician assistant, or nurse practitioner according to his or her scope of practice and shall be accompanied by other required documentation as outlined elsewhere in this policy (DMA Clinical Coverage Policy 8A, *Enhanced Mental Health and Substance Abuse Services*). Each service order shall be signed and dated by the authorizing professional and shall indicate the date on which the service was ordered. A service order shall be in place prior to or on the day that the service is initially provided in order to bill Medicaid or NCHC for the service. The service order shall be based on a comprehensive clinical assessment of the beneficiary's needs.

Provider Requirements

Day Treatment services shall be delivered by practitioners employed by mental health or substance abuse provider organizations that

- meet the provider qualification policies, procedures, and standards established by the DMA;
- meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS);
- fulfill the requirements of 10A NCAC 27G; and
- are currently certified as a Critical Access Behavioral Healthcare Agency (CABHA) according to 10A NCAC 22P.

These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations shall demonstrate that they meet these standards by being credentialed by the Local Management Entity (LME-MCO). Additionally, within one year of enrollment as a provider with DMA, the organization shall achieve national accreditation with at least one of the designated accrediting agencies. (Providers who were enrolled prior to July 1, 2008, shall have achieved national accreditation within three years of their enrollment date.) The organization shall be established as a legally constituted entity capable of meeting all of the requirements of the Provider Endorsement, Medicaid Enrollment Agreement, Medicaid Bulletins, and service implementation standards.

For Medicaid or NCHC services, the organization is responsible for obtaining authorization from DMA's designated contractor or LME-MCO for medically necessary services identified in the PCP. The Day Treatment provider organization shall comply with all applicable federal and state requirements. This includes but is not limited to North Carolina Department of Health and Human Services (DHHS) statutes, rules, policies, and Implementation Updates; Medicaid Bulletins; and other published instruction.

A facility providing Day Treatment services shall be licensed under 10A NCAC 27G .1400 or 10A NCAC 27G .3700.

Staffing Requirements
All staff working in a Day Treatment Program must have the knowledge, skills and abilities required by the population and age to be served.

This service is delivered by the following staff:

1. One (1) full time program director who meets the requirements specified for a QP (preferably Master's level or a licensed professional) and has a minimum of two years experience in child and adolescent mental health or substance abuse treatment services who must be actively involved in program development, implementation, and service delivery. This individual may serve as one of the QPs in the Day Treatment Program staffing ratio.

2. A minimum of one (1) FTE QP, per six children, who has the knowledge, skills, and abilities required by the population and age to be served, who must be actively involved in service delivery (for example, a program with four beneficiaries needs one FTE QP, a program with seven beneficiaries needs two FTE QPs), and a program with 19 beneficiaries needs 4 FTE QPs).

3. A minimum of one (1) additional FTE (QP, AP, or Paraprofessional) for every 18 enrolled beneficiaries beginning with the 18th enrolled beneficiary (for example, a program with 17 beneficiaries does not need the additional FTE; a program with 21 beneficiaries needs one additional FTE; and a program with 36 beneficiaries needs two additional FTEs) .

4. A minimum of a .5 of a full time dedicated Licensed Professional for every 18 enrolled beneficiaries. This individual must be actively involved in service delivery. An Associate Level Licensed Professional who fills this position must be fully licensed within 30 months from the effective date of this policy. For Associate Level Licensed Professionals hired after the effective date of this policy, the 30-month timeline begins at date of hire.. For substance abuse focused programs, the Licensed Professional must be an LCAS (For example, a program with 10 beneficiaries needs one .5 LP; a program with 19 beneficiaries needs one full time LP).

Although the Licensed Professional is in addition to the program's QP to beneficiary ratio, he or she may serve, as needed, as one of the two staff when children are present.

A minimum ratio of one QP to every six (6) children is required to be present, with a minimum of two (2) staff present with children at all times. The exception is when only one beneficiary is in the program, in which case only one (1) staff member is required to be present. The staffing configuration must be adequate to anticipate and meet the needs of the beneficiaries receiving this service.

If, for additional staffing purposes, the program includes persons who meet the requirements specified for AP or Paraprofessional status according to 10A NCAC 27G .0104, supervision must be provided according to supervision requirements specified in 10A NCAC 27G .0204 and according to licensure requirements of the appropriate discipline.

Staff Training

Within 30 calendar days of hire to provide Day Treatment service all staff shall complete the following training requirements:

- 3 hours of training in the Day Treatment service definition required components
- 3 hours of crisis response training
- 11 hours Introduction to System of Care (SOC) training
- Required training specific to the selected clinical model(s) or evidence-based treatment(s)
- 3 hours of PCP Instructional Elements (required for only Day Treatment QP staff responsible for the PCP) training

Within **90 calendar days** of hire to provide this service, **or** by **June 30, 2011** for staff who were currently working as a Day Treatment staff member as of January 1, 2011 all Day Treatment staff shall complete the following training requirements:

- 12 hours of Person Centered Thinking [PCT] training from a Learning Community for Person Centered Practices certified PCT trainer.
  - All new hires to Day Treatment must complete the full 12 hour training
  - Staff who previously worked in Day Treatment for another agency and had six (6) hours of PCT training under the old requirement will have to meet the 12 hour requirement when moving to a new company.
  - The 12 hour PCT training will be portable if an employee changes jobs any time after completing the 12 hour requirement, as long as there is documentation of such training in the new employer's personnel records.
  - Staff who previously worked in Day Treatment within the same agency and had six (6) hours of PCT training under the old requirement may complete the additional six (6) hour PCT or Recovery training curriculum if not, then the full 12 hour training must be completed.

Time Frame	Training Required	Who	Total Minimum Hours Required
Effective April 1, 2010:			
Within **30 days** of hire to provide service	▪ 3 hours Day Treatment service definition required components ▪ 3 hours of crisis response ▪ 11 hours Introduction to SOC* ▪ 6 hours of Person Centered Thinking	▪ All Day Treatment Staff	23 hours
	▪ Required training specific to the selected clinical model(s) or evidence-based treatment(s)**	▪ All Day Treatment Staff	To be determined by model selected**
	▪ 3 hours of PCP Instructional Elements	▪ Day Treatment QP staff responsible for PCP	3 hours
*****Effective January 1, 2011:**			
Within **90 days** of hire to provide this service, **or** by **June 30, 2011** for staff members of existing providers	▪ 12 hours of Person Centered Thinking	▪ All Day Treatment Staff	12 hours

* Day Treatment staff who have documentation of having received the required number of Introduction to SOC training hours within the past three years dating back to January 1, 2007, will be deemed to have met this requirement.

** The training hours for the selected clinical model(s) or evidence-based treatment(s) must be based on the requirements of the selected clinical model(s) or evidence-based treatment(s).

***All staff will be required to complete the new 12 hours of Person Centered Thinking training addressed in Implementation Update # 73.

Total hours of training for the Day Treatment staff (as of 4/1/10):

- Day Treatment Staff other than the QPs responsible for PCPs – **23 hours plus the additional training hours on the selected clinical model(s) or evidence-based treatment(s)**
- QPs responsible for the PCP – **26 hours plus the additional training hours on the selected clinical model(s) or evidence-based treatment(s)**

Service Type and Setting

A facility providing Day Treatment services shall be licensed under 10A NCAC 27G .1400 or 10A NCAC 27G .3700.

This is a day or night service that shall be available year round for a minimum of three hours a day during all days of operation. During the school year, the Day Treatment Program must operate each day that the schools in the local education agency, private or charter school, are in operation, and the Day Treatment operating hours shall cover at least the range of hours that the LEAs, private or charter schools operate. Day treatment programs may **not** operate as simply after-school programs.

Day Treatment may include time spent off site in places that are related to achieving service goals such as normalizing community activities that facilitate transition or integration with their school setting, visiting a local place of business to file an application for part time employment.

As part of the crisis plan of the PCP, the Day Treatment provider shall coordinate with the Local Management Entity and beneficiary to assign and ensure "first responder" coverage and crisis response, as indicated in the PCP, 24 hours a day, 7 days a week, 365 days a year to beneficiaries of this service.

Day Treatment shall be provided in a licensed facility separate from the beneficiary's residence.

This is a facility based service and is provided in a licensed and structured program setting appropriate for the developmental age of children and adolescents. No more than 25% of treatment services for an individual per agency work week may take place outside of the licensed facility. This shall be documented and tracked by the provider for each beneficiary.

Program Requirements

Each Child and Adolescent Day Treatment provider must follow a clearly identified clinical model consistent with best practice. This model must be specified and described in the provider's program description. This clinical model should be expected to produce positive outcomes for this population.

The Day Treatment Program staff collaborates with the school and other service providers prior to admission and throughout service duration. The roles of Day Treatment staff and educational or academic staff are established through the MOA (if applicable) among the Day Treatment provider, the Local Management Entity, and the Local Education Agency (or private or charter school as applicable). If no MOA exists, providers must establish written policy which defines these roles. Designation of educational instruction and treatment interventions is determined based on staff function, credentials of staff, the beneficiary's PCP, and the IEP or 504 plan. Educational instruction is not billable as Day Treatment. The therapeutic milieu should reflect integrated rehabilitative treatment and educational instruction.

Day Treatment is time limited and services are titrated based on the transition plan in the PCP. Transition and discharge planning begins at admission and must be documented in the PCP.

While Day Treatment addresses the mental health or substance symptoms related to functioning in an educational setting, family involvement and partnership is a critical component of treatment as clinically indicated.

Eligibility Criteria
Children five through 17 (17 or younger for those who are eligible for Medicaid and age 6-17 for those eligible for NCHC) are eligible for this service when all of the following criteria are met:

A. There is an Axis I or II MHSA diagnosis (as defined by the DSM-IV-TR or its successors), other than a sole diagnosis of a intellectual and developmental disability.
B. For children with a substance abuse diagnosis, the American Society of Addiction Medicine Patient Placement Criteria (ASAM-PPC) are met for Level II.1.
C. Both of the following shall apply:
   1. Evidence that less restrictive MHSA rehabilitative services in the educational setting have been unsuccessful as evidenced by documentation from the school (e.g., Functional Behavioral Assessment, Functional Behavioral Plan, Individual Education Plan, 504 Plan, behavior plans).
   2. The beneficiary exhibits behavior resulting in significant school disruption or significant social withdrawal.
D. The beneficiary is experiencing mental health or substance abuse symptoms (not solely those related to an individual's diagnosis of intellectual and developmental disability) related to his or her diagnosis that severely impair functional ability in an educational setting which may include vocational education.
E. There is no evidence to support that alternative interventions would be equally or more effective, based on North Carolina community practice standards (Best Practice Guidelines of the American Academy of Child and Adolescent Psychiatry, American Psychiatric Association, American Society of Addiction Medicine).

Entrance Process
A comprehensive clinical assessment that demonstrates medical necessity shall be completed prior to provision of this service. If a substantially equivalent assessment is available, reflects the current level of functioning, and contains all the required elements as outlined in community practice standards as well as in all applicable federal and state requirements, it may be used as part of the current comprehensive clinical assessment. Relevant diagnostic information shall be obtained and included in the PCP.

For Medicaid or NCHC funded Day Treatment services, a signed service order shall be completed by a physician, licensed psychologist, physician assistant, or nurse practitioner according to his or her scope of practice and shall be accompanied by other required documentation as outlined elsewhere in this policy (DMA Clinical Coverage Policy 8A, *Enhanced Mental Health and Substance Abuse Services*). Each service order shall be signed and dated by the authorizing professional and shall indicate the date on which the service was ordered. A service order shall be in place prior to or on the date that the service is initially provided in order to bill Medicaid or NCHC for the service. The service order shall be based on a comprehensive clinical assessment of the beneficiary's needs.

Prior authorization is required prior to or on the first date of this service.

For Medicaid or NCHC funded Day Treatment services, prior authorization by DMA's designated contractor or LME-MCO is required. To request the initial authorization, the Day Treatment provider must submit the PCP with signatures and the required authorization request form to the Medicaid or NCHC approved vendor.

Medicaid or NCHC may cover up to 60 days for the initial authorization period, based on medical necessity documented in the beneficiary's PCP, the authorization request form, and supporting documentation. Requests for reauthorization may be submitted by the Day Treatment Program provider.

In partnership with the beneficiary, the beneficiary's family, the legally responsible person (as applicable), and other service providers, a Child and Adolescent Day Treatment QP is responsible for convening the Child and Family Team monthly.

Continued Service Criteria
The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the beneficiary's PCP; or the beneficiary continues to be unable to function in an appropriate educational setting, based on ongoing assessments, history, and the tenuous nature of the functional gains.

AND

One of the following applies:

A. The beneficiary has achieved current PCP goals, and additional goals are indicated as evidenced by documented symptoms.
B. The beneficiary is making satisfactory progress toward meeting goals and there is documentation that supports that continuation of this service will be effective in addressing the goals outlined in the PCP.
C. The beneficiary is making some progress, but the specific interventions in the PCP need to be modified so that greater gains, which are consistent with the beneficiary's pre-morbid level of functioning, are possible.
D. The beneficiary fails to make progress, or demonstrates regression, in meeting goals through the interventions outlined in the PCP. The beneficiary's diagnosis should be reassessed to identify any unrecognized co-occurring disorders, and interventions or treatment recommendations should be revised based on the findings. This includes consideration of alternative or additional services.

Discharge Criteria
ANY one of the following applies:

A. The beneficiary has achieved goals and is no longer in need of Day Treatment services.
B. The beneficiary's level of functioning has improved with respect to the goals outlined in the PCP, inclusive of a plan to transition to a lower level of care or appropriate educational setting.
C. The beneficiary is not making progress or is regressing, and all reasonable strategies and interventions have been exhausted, indicating a need for more intensive services.
D. The beneficiary or legally responsible person no longer wishes to receive Day Treatment services.
E. The beneficiary, based on presentation and failure to show improvement despite modifications in the PCP, requires a more appropriate best practice treatment modality based on North Carolina community practice standards (for example, National Institute of Drug Abuse, American Psychiatric Association).

In addition, a completed LME-MCO Consumer Admission and Discharge Form must be submitted to the LME-MCO.

Note: Any denial, reduction, suspension, or termination of service requires notification to the beneficiary or legally responsible person about their appeal rights in accordance with the Department's beneficiary notices procedure.