Out of Alaska Psychiatric Residential Treatment Facilities Contact List					
Facility - Click on Hyperlink	**City**	**State**	**Contact**	**Alt Phone**	**Website**
ACADIANA ADDICTION CENTER LLC	SUNSET	LA	337-284-4047	844-669-0177	www.acadianatreatmentcenter.com
BENCHMARK BEHAVIORAL HEALTH	WOODS CROSS	UT	801-299-5319	801-299-5300	www.bbhsnet.com
CENTER FOR CHANGE	OREM	UT	888-224-8250	801-224-8255	www.centerforchange.com
CENTERS FOR YOUTH AND FAMILIES	LITTLE ROCK	AR	888-868-0023		www.centersforyouthandfamilies.net
COPPER HILLS TREATMENT CENTER	WEST JORDAN	UT	801-561-3377		www.copperhillsyouthcenter.com/
DEVEREUX ADVANCED BEHAVIORAL HEALTH - VIERA CAMPUS	MELBOURNE	FL	800-338-3738		https://www.devereux.org/_viera_campus
JASPER MOUNTAIN	JASPER	OR	541-747-1235		http://www.jaspermountain.org/
LAKELAND BEHAVIORAL HEALTH SYSTEM	SPRINGFIELD	MO	417-865-5581		https://www.lakelandbehavioralhealth.com/#adolescent-residential
LAKEMARY CENTER INC	PAOLA	KS	913-557-4000		http://www.lakemaryctr.org
LITTLE CREEK BEHAVIORAL HEALTH	CONWAY	AR	501-585-7698		https://www.littlecreekbehavioral.com/
MILLCREEK BEHAVIORAL HEALTH	FORDYCE	AR	870-890-4745		https://www.millcreekbehavioralhealth.com/
NEWPORT NEWS BEHAVIORAL HEALTH	NEWPORT NEWS	VA	757-888-0400		https://newportnewsbhc.com/
NORRIS ACADEMY	ANDERSONVILLE	TN	865-494-5554		https://www.norrisacademytn.com/
PINEY RIDGE TREATMENT CENTER, LLC dba YELLOW ROCK BEHAVIORAL HEALTH	FAYETTEVILLE	AR	855-900-1327		https://www.acadiahealthcare.com/locations/piney-ridge-treatment-center/
SAN MARCOS TREATMENT CENTER	SAN MARCOS	TX	800-251-0059	512-557-0034	http://www.sanmarcostc.com
SPRINGBROOK AUTISM BEHAVIORAL HEALTH	TRAVELERS REST	SC	864-834-8013	864-660-6220	https://springbrookautismbehavioral.com/adolescent-behavioral/
TEXAS NEUROREHAB CENTER/Neuro Institute of Austin	AUSTIN	TX	800-252-4835	512-444-4835	http://texasneurorehab.com/
YELLOWSTONE BOYS AND GIRLS RANCH	BILLINGS	MT	800-726-6755	406-655-2106	http://www.ybgr.org/

Acadiana Treatment Center

Residential Treatment Services PRTF Information Inventory

All Psychiatric Residential Treatment Facilities (PRTF) that contract with Alaska Medicaid are required to complete Section A. Facilities that indicate Autism Spectrum Disorder (ASD) as a specialty are also required to complete Section B. The form will be posted on a website in order to be available to families, providers and guardians who are considering placement in a PRTF for a child. If your facility has more than one Alaska Medicaid provider number, please complete one form for each. Use the tab key to move to each new section.

Section A

FACILITY INFORMATION	
Site/Cottage/Facility Name	Acadiana Treatment Center
Address	156 Choctaw Rd
Contact number	337 233 1111 x 213
Name and title of person completing this form	Travis St. Julien- Hospital Administrator

GENERAL OVERVIEW		
Accreditation Body	CARF	
Indicate which gender(s) you serve and the applicable age range and number of licensed beds below		
	Age Range	# of Licensed Beds
☒Males	12-17	45
☒Females	12 - 17	45
☐Other	Click here to type	Click here to type

Describe your client:staff ratio and how it is calculated for the following:			
	Nursing	Milieu	Comments

Acadiana Treatment Center

Residential Treatment Services PRTF Information Inventory

Day	1:15	1:4	Click here to type

Evening	1:15	1:4	Click here to type
Night	1:15	1:6	Click here to type

What safety monitoring practices are applicable during the day? At night?	Staff completes Q15, Q5, line of sight, and one to one observation on clients which is designated by physician. Facility also has 24 hour camera surveillance.
Does your facility have requirements regarding IQ? ☒ Yes ☐ No	If yes, please explain. Facility does require clients to have an IQ of 70 or above.
What is the average length of stay for the facility overall? 160 days	For AK Medicaid Recipients? Current client has been here for 300 days
Are you anticipating changes to your program? ☐ Yes ☒ No	If yes, please describe. Click here to type
Is the facility locked or unlocked?	☒ Locked ☐ Unlocked
Is the facility secure?	☒ Yes ☐ No
Please describe your facility's approach to treating children and youth with FASD. What kind of training do your staff receive (include milieu as well as clinical staff).	Medication management monitored by psychiatrist and medical physician, for therapeutic interventions, motivational interviewing, CBT, Trauma Informed Behavioral Therapy.
Please describe your facility's approach to identifying and treating children and youth with extensive trauma histories. What kind of training do your staff receive (include milieu as well as clinical). Identify your trauma treatment approach and describe the approach regarding staff training and Evidence Based Practices.	Based on IQ and level of functioning. Medication management monitored by psychiatrist and medical physician, for therapeutic interventions, motivational interviewing, CBT, Trauma Informed Behavioral Therapy

Acadiana Treatment Center

Residential Treatment Services PRTF Information Inventory

Specialty Populations	Please check all specialty populations this facility serves.	What training does staff receive for this population?
	☒ Autism Spectrum Disorders (High Functioning and Asperger's) NOTE: Facilities with this specialty must complete Section B	Oriented to Trauma Informed Care and Cognitive Disorders in DSM V and CBT

	☐ Autism Spectrum Disorders (severe/low functioning) NOTE: Facilities with this specialty must complete Section B	
	Sexualized behaviors: ☒ Sexually reactive (e.g. response to trauma) ☐ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues) ☐ Sexually offending: ☐ adjudicated/ ☐ non-adjudicated	Oriented to Trauma Informed Care and Cognitive Disorders in DSM V and CBT
	☐Eating Disorder	
	☐ Other Click here to type	Click here to type
	☐ Other Click here to type	Click here to type
Excluded Populations	Please check all populations excluded from this facility.	

☐ Sexually reactive (e.g. response to trauma)	☐ Sexually maladaptive (e.g. resulting from cognitive or neurobehavioral issues)	Sexually offending: ☒ adjudicated/ ☒ nonadjudicated
☐ Eating Disorder	☐ Psychosis	☐ Physical Aggression
☒ Autism Spectrum Disorders (severe/low functioning)	☐ Autism Spectrum Disorders (high functioning/Asperger's)	☐ Self-injurious behaviors
☐ Suicidal ideation/attempts	☐ Elopement Risk	☒ Fire setting
☐ Conduct Disorder	☐ Other: Click here to type	☐ Other: Click here to type
Comments: Click here to type		

What type of alternative communication modalities do you use? Please identify (e.g., Picture Exchange Communication System, sign language, assistive technologies, visual schedules, etc.)	Facility utilizes Language Line and our onsite teacher is Bi-lingual
What type of social skills training do you use? Please describe and/or identify the program.	Activity and Recreational therapy five times per week for one hour. Clients also attend school five days per week 365.
List types of safety monitoring used (e.g., staff observation, video cameras).	Staff completes Q15, Q5, line of sight, and one to one observation on clients which is designated by physician. Facility also has 24 hour camera surveillance.
How does the facility assure access to appropriate medical and dental care?	Medical records collected prior to admissions and follow ups are scheduled by recommendation of medical staff or when next scheduled appointment is needed based on prior medical records.

Acadiana Treatment Center

Residential Treatment Services PRTF Information Inventory

What type of behavior management program do you use? Please name the program and describe the training.	Behavioral plan and level system- training is based off of Nurtured Heart Approach and evidence based applied behavioral analysis.	
Does the facility use timeout? ☒ Yes ☐ No	When are timeouts used? Based on clients level of infraction. Timeouts consist of 15-30 minutes each and after three minor infraction clients is placed on 24-hour reset.	
Does the facility use seclusion? ☒ Yes ☐ No Does the facility use restraints? ☒ Yes ☐ No If so, what type of restraints? ☒ Physical ☐ Mechanical	When are restraints and/or seclusion used? Restraints are used when clients become physically aggressive towards themselves or others and intervention is needed to ensure safety.	
How are facility staff trained regarding seclusion and the use of restraint? Please describe initial staff training as well as the follow up training process.	Handle With Care No stress is ever placed on the developing bones and joints of children and adolescents nor the fragile bones and joints of geriatric patients. HWC technology represents the least restrictive way you can safely and effectively manage someone who is aggressive, suicidal or out of control.	
How frequently are individual and facility seclusion and restraint data reviewed, and by whom?	Individual Risk Manager and administrator	Facility Data is collected/reviewed once seclusion occurs and data is reviewed monthly in our governing board meeting.

EDUCATION SERVICES	

Acadiana Treatment Center

Residential Treatment Services PRTF Information Inventory

Please indicate what types of educational services the facility provides.	☒ On Site School ☐ Day Treatment ☐ Outpatient Services ☐ Other: Click here to type ☐ Other: Click here to type
Comments: Click here to type	
Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	Our on-site teacher communicates by monthly meetings with our school districts to ensure we maintain compliance with any changes set out for programming.
Educational Accreditation	Edgenuity Cognia
Does your program accept school credits from other schools or programs?	☒ Yes ☐ No
What structured educational models are used?	E-Learning
Does your program accept the Homeschool IEP? ☒ Yes ☐ No	Does your program create an IEP if needed? ☐ Yes ☒ No But we have a contracted Psychologist who is part of our team and our on site teacher communicates directly with clients schools.

Acadiana Treatment Center

Residential Treatment Services PRTF Information Inventory

TREATMENT PLANNING AND REVIEW	
Who participates in regular treatment team meetings? Please check each regular (at least monthly) participant in treatment review/planning.	☒ Psychiatrist ☐Pediatrician ☒Nurse ☐Pharmacist ☐ Physical Therapist ☐ Speech Therapist ☐ Occupational Therapist ☒ Education Milieu Staff ☐ Dietitian ☐ Psychologist ☒ Clinician ☐ Behavior Analyst ☐ Other Clinician (name, credentials): Click here to type
How does your program involve the family in treatment, keep them informed of their child's progress, and prepare them for step-down as part of the discharge process?	We complete family sessions every two weeks, provide ongoing family contacts with updates on progress with treatment & tentative discharge plan along with final discharge plan.
How does your program identify/assess the function of challenging behaviors?	Multi-disciplinary treatment team meetings, daily huddles on each shift with multidisciplinary staff.

Acadiana Treatment Center

Residential Treatment Services PRTF Information Inventory

How does your program measure progress on treatment plan goals and objectives (e.g., subjective report, phase/level progress/specific data points)?	Behavioral monitoring chart, Level system, treatment team meetings, and individual/family sessions.	
Does your facility employ a privilege/level/phase system? ☒ Yes ☐ No	If Yes, on what basis do recipients earn privileges or improved level status? Positive behavior If No, is there another system the program uses? Click here to type	Under what circumstances, if any, is the level system modified? Negative behavior

TREATMENT	
Does your facility employ or contract with a behavior specialist (behavioral psychologist or BCBA) on the treatment team or staff? ☐ Yes ☒ No	Name and credential(s) of behavior specialist (if the individual does not have a BCBA, please provide a description of the person's training in behavior analysis). Click here to type
For each of the following professions/licenses, please answer the questions to the right.	
	How does your facility ensure that these professionals' treatment recommendations are implemented and consistently followed?
Dietitian	Dietary consults are ordered by medical provider and licensed dietician will complete.
Occupational Therapist	Ordered by medical and psychiatric provider
Speech/Language Pathologist	Clients will attend appointments either on-site or virtually accompanied by educator/teacher and or therapist.

Other Medical (e.g., GI, Sleep)	Initial contact with medical provider upon admissions and consults designated by medical director ordered.
Dental	As ordered by medical provider or yearly check ups followed if client is currently seeking treatment.
Other	Click here to type

PSYCHOTHERAPY MODELS	
Please identify the psychotherapeutic models (e.g., CBT, DBT) used at your facility, by population	
Model	**Population**
CBT	Females ages 12-17
DBT	Females ages 12-17
R-EBT	Females ages 12-17
Cognitive Restructuring	Females ages 12-17
Motivational Interviewing	Females ages 12-17
Family Therapy What are your expectations regarding family therapy?	For families/guardians to actively engage in treatment and assist in discharge planning.
Clinical Supervision Describe how a professional provides clinical oversight to the program. How many hours/week?	LCSW on staff and on call 24/7 for supervision
Crisis Supports How does the program assure access to the appropriate care for clients in crisis situation?	Clinical Services Director, Director of Nursing, Hospital Administrator, and physician on call 24/7 along with around the clock licensed nursing

Acadiana Treatment Center

Residential Treatment Services PRTF Information Inventory

Skill Development Please describe how your facility helps recipients develop the following:	Methods/Interventions/Programs
Interpersonal skills	Through individual therapy and activity/recreational therapy
Self-Regulation	Individual Therapy
Daily Living	Nursing and ADL groups weekly
Communication	Group and individual therapy
Other	Click here to type
Please describe how your facility helps the recipient generalize these skills to their home environment.	We incorporate skills learned in family sessions to assist families in recognizing and modifying behaviors. Program is designed to be an extension of the client's home.

DAILY SCHEDULE	
Please describe the daily schedule.	Clients attend school daily, along with group therapy groups provided by the therapist daily, nursing groups, recreation groups daily, behavioral health associates groups daily, leisure time, study times, phone times, ADL's completed in the morning and evening, and clients are served three meals daily,
How are transitions (to meals, school, activities, etc.) managed?	Transitions are handled by all clinical staff such as nursing, behavioral health associates, dietary staff, teacher, and administrator.
How are meals managed (e.g., preparation, clean-up)?	Meals are managed by our dietician, behavioral health associates, and dietary staff.

Please describe the types of recreational activities available to recipients.	<u>On-Site Activities:</u> Basketball, volleyball, fishing at the pond, walking track, multiple court yards for picnics, game room, outside movie nights, painting, cooking, exercise groups, client designated gardening area, social groups, special holiday events/lunches, and student council committees.	<u>Off-Site Activities:</u> Visiting local parks, museums, zoo field trips, ice skating, roller skating, lunch outings, visiting historical parks, attending plays, aquarium visits, movie theaters, cooking classes, and visits to the horse farms.

DISCHARGE PLANNING AND POST-TREATMENT

Residential Treatment Services PRTF Information Inventory

When does discharge planning begin?	Upon admissions
Who is responsible for discharge planning at your facility?	Therapist and psychiatrist
What percentage of your recipients return to:	Therapeutic Foster Care: Varies, data is not tracked. Foster Care: Varies, data is not tracked Family: Varies, data is not tracked Group Home: Varies, data is not tracked Corrections: Varies, data is not tracked Independent Living: Varies, data is not tracked
Do you do any post-discharge surveys? ☒ Yes ☐ No	If Yes, when is it conducted? Surveys are handed to clients/families upon discharge and or mailed out within the first 7 days of discharge.

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

Section B

AUTISM SPECTRUM DISORDERS QUESTIONNAIRE

Residential Treatment Services PRTF Information Inventory

Please provide additional information regarding the characteristics of the recipients with ASD for whom you can provide specialized treatment (e.g., ASD with IQ under 70, ASD with IQ over 70, Asperger's disorder, etc.). Please be specific, especially regarding developmental age and/or IQ requirements.	Click here to type
Please check each box that corresponds with aspects of treatment at your facility that are listed below.	
Do you have screening mechanisms for ASD that includes questions about ASD and symptomatology? ☐ Yes ☒ No	If Yes, please list the tools(s) by name and/or send copies. We have a 2 psychologist contracted with our facility that allows us to send our clients for any screening/testing for ASD.
What diagnostic evaluation/assessment process do you use? Please check all that are included	☒ Family interviews ☒ Review of past records ☒Consideration of DSM-V criteria ☒History, including educational and behavioral interventions ☒ Differential diagnosis ☒ Observation ☐ Specific Tools (please identify): Click here to type
Do you do functional behavior assessments? If so, please describe your approach in the school and residential program.	Intake assessment, psychosocial assessments, psychiatric evaluation, nursing assessment, and activity therapy assessment.

Residential Treatment Services PRTF Information Inventory

For facilities that provide treatment for individuals with Asperger's Disorder or individuals with ASD who do not experience Intellectual Disabilities, please answer the following question:	
Please describe your approach to treatment and any interventions that are employed specifically for this population.	Click here to type
Please describe how the Behavior Analysis is presented in the treatment plan.	Each behavioral is identified as a specific problem area and given a respective treatment plan to each problem area and addressed with each meeting.

Please use the space below for additional comments.
Click here to type

Benchmark Behavioral Health Systems, Inc.

Residential Treatment Services PRTF Information Inventory

All Psychiatric Residential Treatment Facilities (PRTF) that contract with Alaska Medicaid are required to complete Section A. Facilities that indicate Autism Spectrum Disorder (ASD) as a specialty are also required to complete Section B. The form will be posted on a website in order to be available to families, providers and guardians who are considering placement in a PRTF for a child. If your facility has more than one Alaska Medicaid provider number, please complete one form for each. Use the tab key to move to each new section.

Section A

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

GENERAL OVERVIEW		
Accreditation Body	Utah Department of Health and Joint Commission	
Indicate which gender(s) you serve and the applicable age range and number of licensed beds below		
	Age Range	# of Licensed Beds
☒Males	13 through 18 years	84
☐Females	Click here to type	Click here to type
☐Other	Click here to type	Click here to type

Describe your client: staff ratio and how it is calculated for the following:			
	Nursing	Milieu	Comments
Day	28:1 nurse	4:1 direct care staff	This does not include teachers, therapists, and administrative personnel
Evening	28:1 nurse	4:1 direct care staff	This does not include teachers, therapists, and administrative staff
Night	28:1 nurse	12:1 direct care staff	Click here to type

Benchmark Behavioral Health Systems, Inc.

Residential Treatment Services PRTF Information Inventory

What safety monitoring practices are applicable during the day? At night?	Patients are always under staff observation with a staff to patient ration of 1:4. Video cameras are in place for additional observation and are located in patient bedrooms, classrooms, hallways, time out rooms, courtyards, gym and cafeteria. There are no cameras located in patient bathrooms.	
Does your facility have requirements regarding IQ? ☒ Yes ☐ No	If yes, please explain. Our clients must have an IQ of 50 or higher	
What is the average length of stay for the facility overall? 12 months	For AK Medicaid Recipients? 12 months	
Are you anticipating changes to your program? ☐ Yes ☒ No	If yes, please describe. N/A	
Is the facility locked or unlocked?	☒ Locked ☐ Unlocked	
Is the facility secure?	☒ Yes ☐ No	
Please describe your facility's approach to treating children and youth with FASD. What kind of training do your staff receive (include milieu as well as clinical staff).	During New Hire training, all employees are trained to recognize the signs/symptoms of patients with FASD. They also receive annual training on FASD and other disorders.	
Please describe your facility's approach to identifying and treating children and youth with extensive trauma histories. What kind of training do your staff receive (include milieu as well as clinical). Identify your trauma treatment approach and describe the approach regarding staff training and Evidence Based Practices.	Every employee undergoes annual growth and developmental training. The clinical model used in the facility is based on TFCBT and in house clinical training is based on this model. Therapists are also encouraged to seek additional trainings in this area as part of their annual licensing renewals.	
Specialty Populations	Please check all specialty populations this facility serves.	What training does staff receive for this population?
	☒ Autism Spectrum Disorders (High Functioning and Asperger's) <u>NOTE: Facilities with this specialty must complete Section B</u>	New hire employees receive 40 hours of orientation/training which includes population training. In addition, staff members receive 40 hours of ongoing training annually, which is population specific.

	☒ Autism Spectrum Disorders (severe/low functioning) NOTE: Facilities with this specialty must complete Section B		Same
	Sexualized behaviors: ☒ Sexually reactive (e.g. response to trauma) ☒ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues) ☒ Sexually offending: ☒ adjudicated/ ☒ non-adjudicated		Same
	☐ Eating Disorder		Click here to type
	☐ Other Click here to type		Click here to type
	☐ Other Click here to type		Click here to type
Excluded Populations	Please check all populations excluded from this facility.		
	☐ Sexually reactive (e.g. response to trauma)	☐ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues)	Sexually offending: ☐ adjudicated/ ☐ non-adjudicated
	☒ Eating Disorder	☐ Psychosis	☐ Physical Aggression
	☐ Autism Spectrum Disorders (severe/low functioning)	☐ Autism Spectrum Disorders (high functioning/Asperger's)	☐ Self-injurious behaviors
	☐ Suicidal ideation/attempts	☐ Elopement Risk	☐ Fire setting
	☐ Conduct Disorder	☒ Other: Diabetic	☐ Other: Click here to type
	Comments: Click here to type		

Benchmark Behavioral Health Systems, Inc.

Residential Treatment Services PRTF Information Inventory

What type of alternative communication modalities do you use? Please identify (e.g., Picture Exchange Communication System, sign language, assistive technologies, visual schedules, etc.)	We offer translation services when needed for individual or family therapy. Visual aids/assistants are used as needed.
What type of social skills training do you use? Please describe and/or identify the program.	Utah State Office of Education puts out curriculum related to Independent Living Skills as well as social skills which is taught as a course through our education program. Residents also have psycho-educational groups each day which are heavily focused on social skills which we take from several workbooks from The Change Company. Additionally, Anger Management Groups, and a specific group on Social Skills, are facilitated by a licensed therapist and are heavily geared towards social skills such as communication patterns and styles, handling conflict, and empathy development and how it relates to relationships.
List types of safety monitoring used (e.g., staff observation, video cameras).	Patients are always under staff observation with a staff to patient ration of 1:4. Video cameras are in place for additional observation and are located in patient bedrooms, classrooms, hallways, time out rooms, courtyards, gym and cafeteria. There are no cameras located in patient bathrooms.
How does the facility assure access to appropriate medical and dental care?	The facility has 18 nurses on staff with nurses on site 24 hours a day. The facility also employs two full time psychiatrists. Referrals are made to community services for eye exams, dental, or other specialized medical care.
What type of behavior management program do you use? Please name the program and describe the training.	Benchmark utilizes and trains all staff in the Crisis Prevention Institute's Non-Violent Crisis Intervention program. This training promotes verbal de-escalation as the principle intervention for acting out individuals, with standing physical restraints being used as a last resort.

Benchmark Behavioral Health Systems, Inc.

Residential Treatment Services PRTF Information Inventory

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

Benchmark Behavioral Health Systems, Inc.

Residential Treatment Services PRTF Information Inventory

How frequently are individual and facility seclusion and restraint data reviewed, and by whom?	Individual Every restraint & seclusion are discussed and reviewed daily by a multi-disciplinary treatment team to determine if there is a need for special interventions for a particular client.	Facility Every month the Performance Improvement Committee holds a meeting to discuss the number of seclusions and restraints and develop strategies to reduce them in the coming month.
EDUCATION SERVICES		
Please indicate what types of educational services the facility provides.	☒ On Site School ☐ Day Treatment ☐ Outpatient Services ☐ Other: Click here to type ☐ Other: Click here to type	
Comments: Benchmark has a fully accredited school on site with Special Education certified teachers.		
Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	As soon as the admission process for a patient is begun, their educational transcripts are requested and contact with their local school district for student records is mad. The onsite school ensures that they are following the student's IEP and that the student's home school district is involved with the IEP process. Benchmark will do any testing and/or provide any educational content that is required by that school district. When a patient is discharged, Benchmark ensures that the student's local school district receives the appropriate educational records. Benchmark is also available for participation in future IEP development or for clarification of transcripts.	
Educational Accreditation	NWAC/AdvancED	
Does your program accept school credits from other schools or programs?	☒ Yes ☐ No	
What structured educational models are used?	Utah Schools Core Curriculum and Positive Behavior Support Systems.	
Does your program accept the Homeschool IEP? ☒ Yes ☐ No	Does your program create an IEP if needed? ☒ Yes ☐ No	

Benchmark Behavioral Health Systems, Inc.

Residential Treatment Services PRTF Information Inventory

TREATMENT PLANNING AND REVIEW	
Who participates in regular treatment team meetings? Please check each regular (at least monthly) participant in treatment review/planning.	☒ Psychiatrist ☐Pediatrician ☒Nurse ☐Pharmacist ☐ Physical Therapist ☐ Speech Therapist ☐ Occupational Therapist ☒ Education Milieu Staff ☐ Dietitian ☒ Psychologist ☒ Clinician - LCSW ☐ Behavior Analyst ☒ Other Clinician (name, credentials): Recreation Therapist, Unit Manager
How does your program involve the family in treatment, keep them informed of their child's progress, and prepare them for step-down as part of the discharge process?	Weekly family therapy sessions are conducted via telephone with the patient and their therapist. The family/legal guardians are also invited to participate in the monthly treatment team meeting, and updated monthly treatment plans are sent to family members. The therapist provides additional contact with the family/legal guardians throughout the month and assists with the discharge planning process as well.
How does your program identify/assess the function of challenging behaviors?	Patients who fall into this category are identified in each month's treatment team meetings. To determine the best treatment strategies, a full review of their records is completed, special staffing meetings are held, and/or testing is done by our facility's psychologist.

Benchmark Behavioral Health Systems, Inc.

Residential Treatment Services PRTF Information Inventory

How does your program measure progress on treatment plan goals and objectives (e.g., subjective report, phase/level progress/specific data points)?	Measurable goals and objectives are placed on each patient's individual treatment plan. These plans are reviewed and adjusted on a monthly basis.	
Does your facility employ a privilege/level/phase system? ☒ Yes ☐ No	If Yes, on what basis do recipients earn privileges or improved level status? Patients are under a level system from 1-5. Patients receive greater privileges at higher levels and they achieve these levels by following program rules and expectations and by actively engaging in the treatment process. If No, is there another system the program uses? Click here to type	Under what circumstances, if any, is the level system modified? On occasion, a patient who is struggling can have a special program designed by his treatment team. This special program may include a modification of the level system with the goal of helping the patient be more successful in their long term treatment goals.

TREATMENT	
Does your facility employ or contract with a behavior specialist (behavioral psychologist or BCBA) on the treatment team or staff? ☒ Yes ☐ No	Name and credential(s) of behavior specialist (if the individual does not have a BCBA, please provide a description of the person's training in behavior analysis). David Gambles Ph.D.
For each of the following professions/licenses, please answer the questions to the right.	
	How does your facility ensure that these professionals' treatment recommendations are implemented and consistently followed?
Dietitian	Recommendations are discussed during each patient's monthly treatment team meeting.
Occupational Therapist	Click here to type

Speech/Language Pathologist	Recommendations are discussed during each patient's monthly treatment team meeting.
Other Medical (e.g., GI, Sleep)	Click here to type
Dental	Click here to type
Other	Click here to type

PSYCHOTHERAPY MODELS	
Please identify the psychotherapeutic models (e.g., CBT, DBT) used at your facility, by population	
Model	**Population**
Trauma Informed Cognitive Behavioral Therapy	All populations
Psychoeducational	Lower functioning populations
Click here to type	Click here to type
Click here to type	Click here to type
Click here to type	Click here to type

Family Therapy What are your expectations regarding family therapy?	Weekly family therapy is conducted via telephone/video conference as well as during on site visitations when possible.
Clinical Supervision Describe how a professional provides clinical oversight to the program. How many hours/week?	The Director of Clinical Services and other designated Clinical Administrators work full time and provide supervision and oversite to all clinical programs.
Crisis Supports How does the program assure access to the appropriate care for clients in crisis situation?	There is around the clock medical staff and direct care staff at the facility. The Administrative staff and therapists are also on call during non-business hours.
Skill Development Please describe how your facility helps recipients develop the following:	Methods/Interventions/Programs
Interpersonal skills	Therapeutic milieu, psychoeducational groups, recreational therapy, individual therapy, unit and school outings.
Self-Regulation	Therapeutic milieu, psychoeducational groups, recreational therapy, individual therapy, unit and school outings.

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

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

Please describe the types of recreational activities available to recipients.	<u>On-Site Activities:</u> Patients participate in Recreational Therapy on a daily basis. These activities include, but are not limited to – baking, gym time, on-site library visits, ping pong, board games, and movies. Patients are also allowed free time on the units where they have access to video games, movies, TV, board games and other recreational items.	<u>Off-Site Activities:</u> Through the Recreational Therapy department, patients may participate in outings such as movies, hiking, canoeing, ropes courses, snowboarding, equine therapy, museum visits, and eating at restaurants.

DISCHARGE PLANNING AND POST-TREATMENT	
When does discharge planning begin?	Discharge planning begins on the day the patient is admitted when an estimated length of stay is decided on. The patients discharge date is then discussed during the monthly treatment team meetings and modified as needed based on the patient's response to treatment.
Who is responsible for discharge planning at your facility?	Each patient's primary therapist works with the treatment team, parents, caseworkers, probation officers etc…, to develop a discharge plan.
What percentage of your recipients return to:	Therapeutic Foster Care: Click here to type Foster Care: Click here to type Family: Click here to type Group Home: Click here to type Corrections: Click here to type Independent Living: Click here to type

Do you do any post-discharge surveys? ☐ Yes ☒ No	If Yes, when is it conducted? Click here to type

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

Section B

AUTISM SPECTRUM DISORDERS QUESTIONNAIRE	
Please provide additional information regarding the characteristics of the recipients with ASD for whom you can provide specialized treatment (e.g., ASD with IQ under 70, ASD with IQ over 70, Asperger's disorder, etc.). Please be specific, especially regarding developmental age and/or IQ requirements.	We can provide treatment to individuals ages 13 through 18 who have an IQ of 50 or higher.
Please check each box that corresponds with aspects of treatment at your facility that are listed below.	
Do you have screening mechanisms for ASD that includes questions about ASD and symptomatology? ☒ Yes ☐ No	If Yes, please list the tools(s) by name and/or send copies. Developmental milestones, self-care, social engagement, pragmatic skills, idiosyncratic behaviors and particulars regarding diet, clothing and rituals are always assessed.
What diagnostic evaluation/assessment process do you use? Please check all that are included	☒ Family interviews ☒ Review of past records ☒Consideration of DSM-V criteria ☒History, including educational and behavioral interventions ☒ Differential diagnosis ☒ Observation ☐ Specific Tools (please identify):

Do you do functional behavior assessments? If so, please describe your approach in the school and residential program.	A monthly multi-disciplinary staffing meeting is held to discuss each patient. At this time we review the patient's behaviors, what they may mean, and discuss why he might be exhibiting them. The patient's therapist also meets with our Director of Clinical Services weekly to review their patient's current level of behavioral functioning. Additionally, when the need arises, we will conduct a "Special Staffing" meeting for a patient who is struggling. At these sessions our therapists, unit managers, nurses, teachers, and psychologist work together to gain a better understanding of that patient's behavioral presentation and discuss ideas for positive interventions.
Please describe how the Behavior Analysis is presented in the treatment plan.	There is an area in the treatment plan titled "Critical Events", in which the therapist includes the tracking system of the patient's behaviors related to their level throughout the month which is attached to their daily behaviors. Also included are any behaviors that result in Restrictive Programming along with the date that the infraction occurred as well as a detailed description of the problematic behavior. Also, each patient has target behaviors which are charted on hourly and often those target behaviors are goals in their treatment plan and this will be included in the progress as part of that goals. Finally the therapist includes a narrative in relation to each problem area which often includes a summary of their behaviors that are related to that problem area.
For facilities that provide treatment for individuals with Asperger's Disorder or individuals with ASD who do not experience Intellectual Disabilities, please answer the following question:	
Please describe your approach to treatment and any interventions that are employed specifically for this population.	Staff are trained to reduce stimulus and/or remove stimulus. Patients are given opportunities to get off the unit when stressed or over-stimulated. Patients are allowed to pick their own clothes and – within limits – food choices. We have also created a calming/sensory room for patients to go when they are feeling stressed.

Please use the space below for additional comments.
Click here to type

Center for Change

Residential Treatment Services PRTF Information Inventory

All Psychiatric Residential Treatment Facilities (PRTF) that contract with Alaska Medicaid are required to complete Section A. Facilities that indicate Autism Spectrum Disorder (ASD) as a specialty are also required to complete Section B. The form will be posted on a website in order to be available to families, providers and guardians who are considering placement in a PRTF for a child. If your facility has more than one Alaska Medicaid provider number, please complete one form for each. Use the tab key to move to each new section.

Section A

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

GENERAL OVERVIEW		
Accreditation Body	The Joint Commissions, TRICARE certified for RTC	
Indicate which gender(s) you serve and the applicable age range and number of licensed beds below		
	Age Range	# of Licensed Beds
☐Males	Click here to type	Click here to type
☒Females	13+	58
☐Other	Click here to type	Click here to type

Describe your client:staff ratio and how it is calculated for the following:			
	Nursing	Milieu	Comments
Day	1:16	1:4	Click here to type
Evening	1:16	1:4	Click here to type
Night	1:16	1:4	Click here to type

Center for Change

Residential Treatment Services PRTF Information Inventory

What safety monitoring practices are applicable during the day? At night?	Staff observation, video cameras, ongoing Q15 patient rounding at all levels of care	
Does your facility have requirements regarding IQ? ☒ Yes ☐ No	If yes, please explain. Minimum of 75 IQ	
What is the average length of stay for the facility overall? 72 days for Inpatient and RTC combined	For AK Medicaid Recipients? 72 days for Inpatient and RTC combined	
Are you anticipating changes to your program? ☐ Yes ☒ No	If yes, please describe. Click here to type	
Is the facility locked or unlocked?	☐ Locked ☒ Unlocked	
Is the facility secure?	☒ Yes ☐ No	
Please describe your facility's approach to treating children and youth with FASD. What kind of training do your staff receive (include milieu as well as clinical staff).	Center for Change is an eating disorder program, so patients must have a primary eating disorder diagnosis to be an appropriate fit. If FASD is co-occurring the admissions assessment would help to determine appropriateness for treatment at CFC (cognitive functioning, ability to participate in treatment, etc.). While we are a specialty eating disorder program, we assess for all mental illness, including developmental concerns to include FASD. Our initial clinical assessment and our psychological evaluations screen for FASD and when present, treating this condition is part of a patient's active and ongoing treatment plan. Clinical staff are masters level or PhD level, and all staff participate in monthly in-service training to address patient diagnoses and behaviors. Our staff are trained in assessment and treatment of FASD.	

Center for Change

Residential Treatment Services PRTF Information Inventory

Please describe your facility's approach to identifying and treating children and youth with extensive trauma histories. What kind of training do your staff receive (include milieu as well as clinical). Identify your trauma treatment approach and describe the approach regarding staff training and Evidence Based Practices.		Trauma can often be a contributing factor in the development of an eating disorder, so the assessment and treatment of trauma at Center for Change is of high priority. Patients are assessed for trauma as part of the admissions process, and these issues are addressed as part o the initial and ongoing treatment plan. Because this is so often a part of eating disorder treatment, clinical staff are well trained on assessing for and treating trauma. Our staff are kind and sensitive in this delicate process. All clinical, dietary, and milieu staff have ongoing training through in-service meetings to stay current on the latest in evidence based interventions, de-escalation and soothing techniques, assessment tools and resources, etc.
Specialty Populations	Please check all specialty populations this facility serves.	What training does staff receive for this population?
	☐ Autism Spectrum Disorders (High Functioning and Asperger's) NOTE: Facilities with this specialty must complete Section B	Click here to type
	☐ Autism Spectrum Disorders (severe/low functioning) NOTE: Facilities with this specialty must complete Section B	Click here to type
	Sexualized behaviors: ☐ Sexually reactive (e.g. response to trauma) ☐ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues) ☐ Sexually offending: ☐ adjudicated/ ☐ non-adjudicated	Click here to type

	☒ Eating Disorder		Ongoing internal and external training for eating disorders and co-occurring conditions.
	☐ Other Click here to type		Click here to type
	☐ Other Click here to type		Click here to type
Excluded Populations	Please check all populations excluded from this facility.		
	☐ Sexually reactive (e.g. response to trauma)	☒ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues)	Sexually offending: ☒ adjudicated/ ☒ non-adjudicated
	☐ Eating Disorder	☐ Psychosis	☒ Physical Aggression
	☒ Autism Spectrum Disorders (severe/low functioning)	☐ Autism Spectrum Disorders (high functioning/Asperger's)	☐ Self-injurious behaviors
	☐ Suicidal ideation/attempts	☐ Elopement Risk	☒ Fire setting
	☒ Conduct Disorder	☐ Other: Click here to type	☐ Other: Click here to type
	Comments: Click here to type		
What type of alternative communication modalities do you use? Please identify (e.g., Picture Exchange Communication System, sign language, assistive technologies, visual schedules, etc.)	Click here to type		
What type of social skills training do you use? Please describe and/or identify the program.	Click here to type		
List types of safety monitoring used (e.g., staff observation, video cameras).	Staff observation, video cameras, ongoing Q15 patient rounding at all levels of care		

Center for Change

Residential Treatment Services PRTF Information Inventory

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

Center for Change

Residential Treatment Services PRTF Information Inventory

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

Center for Change

Residential Treatment Services PRTF Information Inventory

TREATMENT PLANNING AND REVIEW	
Who participates in regular treatment team meetings? Please check each regular (at least monthly) participant in treatment review/planning.	☒ Psychiatrist ☐Pediatrician ☒Nurse ☐Pharmacist ☐ Physical Therapist ☐ Speech Therapist ☐ Occupational Therapist ☒ Education Milieu Staff ☒ Dietitian ☒ Psychologist ☒ Clinician ☐ Behavior Analyst ☒ Other Clinician (name, credentials): APRN's, LMFT's, education director, physician, nurse practitioner, utilization management specialist, clinical directors, CEO, recreation therapists
How does your program involve the family in treatment, keep them informed of their child's progress, and prepare them for step-down as part of the discharge process?	We require weekly family therapy for all adolescent patients with their primary therapist or another family therapist. Where possible, those family sessions are live face-to-face, or on a HIPAA compliant video conferencing system. When face-to-face is not possible, we do full-length telephone therapy sessions. We also do family contact and consultation as needed beyond therapy sessions. Monthly 5 day intensive family therapy event where parents and other family members come for education, primary family therapy, multifamily therapy groups, recreational therapeutic experiences, training on dietary issues and concerns, and discharge and aftercare preparation.

Residential Treatment Services PRTF Information Inventory

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

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

TREATMENT	
Does your facility employ or contract with a behavior specialist (behavioral psychologist or BCBA) on the treatment team or staff? ☐ Yes ☒ No	Name and credential(s) of behavior specialist (if the individual does not have a BCBA, please provide a description of the person's training in behavior analysis). Click here to type
For each of the following professions/licenses, please answer the questions to the right.	
	How does your facility ensure that these professionals' treatment recommendations are implemented and consistently followed?

Dietitian	Because we are an eating disorder treatment program, dietitians are on staff and participate fully as a treatment team member.
Occupational Therapist	Click here to type
Speech/Language Pathologist	Click here to type
Other Medical (e.g., GI, Sleep)	Click here to type
Dental	Click here to type
Other	Click here to type

PSYCHOTHERAPY MODELS	
Please identify the psychotherapeutic models (e.g., CBT, DBT) used at your facility, by population	
Model	**Population**
Trans-theoretical Model of Change	Adolescent & adult patients
CBT, DBT, ACT	Adolescent & adult patients
FBT	Adolescent patients with Anorexia & their families
Click here to type	Click here to type
Click here to type	Click here to type

Family Therapy What are your expectations regarding family therapy?	We expect families to participate regularly and consistently in weekly family therapy sessions. We strongly urge participation in at least one of our 5-day monthly intensive family therapy events.
Clinical Supervision Describe how a professional provides clinical oversight to the program. How many hours/week?	We have two fulltime RN's (DON and Assistant DON) who provide supervision for our 24-hour/day nurses. We have six supervisors over our direct care staff who provide supervision, training and oversite to our Care Tech's, who are also supervised by the RN on every shift. We have six PhD or master's level clinical supervisors who oversee the clinical work of our primary, individual, and family therapists who are all master's level or PhD prepared.
Crisis Supports How does the program assure access to the appropriate care for clients in crisis situation?	We have one primary therapist and a clinical director and a physician/nurse practitioner and the CEO and our DON who are all on call 24 hours/day, 7 days/week to deal with any crisis situations.

Center for Change

Residential Treatment Services PRTF Information Inventory

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

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

Please describe the types of recreational activities available to recipients.	<u>On-Site Activities:</u> Art, music, dance, exercise, yoga, outdoor play, low ropes course, initiative games, leisure activities	<u>Off-Site Activities:</u> High ropes course, hiking, canoeing, biking, walking, attending concerts or other arts or cultural events

DISCHARGE PLANNING AND POST-TREATMENT	
When does discharge planning begin?	At admission
Who is responsible for discharge planning at your facility?	We have one staff who is assigned as our discharge planner. She works in concert with the primary therapist to assure that the discharge plan and aftercare disposition is well planned, is carried out, and that appointments are made with aftercare providers prior to discharge from the program.
What percentage of your recipients return to:	Therapeutic Foster Care: 5% Foster Care: 5% Family: 75% Group Home: 5% Corrections: Click here to type Independent Living: Click here to type
Do you do any post-discharge surveys? ☒ Yes ☐ No	If Yes, when is it conducted? We do 2 follow up support phone calls after discharge to lend support to patients and families and encourage them as they get in the saddle with their aftercare provider team. Then we do long term outcome surveys at 3,6,9 months and at 1,2,3,4,5 years out, so that we know truly how our discharged patients are doing in the long term. Our clinical outcome research shows that 1 year following discharge from our program, 50% of our patients describe themselves as "recovered." Another 40% of our patients describe themselves as "partially recovered" or "doing much better", and 10% report that they are not doing well. These statistics are better than the average outcome from those whose data is worthy to publish in peer reviewed professional journals. 90% positive outcome is good stats on clinical and recovery outcome, not only at discharge, but after the long haul.

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

Section B

AUTISM SPECTRUM DISORDERS QUESTIONNAIRE	
Please provide additional information regarding the characteristics of the recipients with ASD for whom you can provide specialized treatment (e.g., ASD with IQ under 70, ASD with IQ over 70, Asperger's disorder, etc.). Please be specific, especially regarding developmental age and/or IQ requirements.	Click here to type
Please check each box that corresponds with aspects of treatment at your facility that are listed below.	
Do you have screening mechanisms for ASD that includes questions about ASD and symptomatology? ☐ Yes ☐ No	If Yes, please list the tools(s) by name and/or send copies. Click here to type

Residential Treatment Services PRTF Information Inventory

What diagnostic evaluation/assessment process do you use? Please check all that are included	☐ Family interviews ☐ Review of past records ☐Consideration of DSM-V criteria ☐History, including educational and behavioral interventions ☐ Differential diagnosis ☐ Observation ☐ Specific Tools (please identify): Click here to type
Do you do functional behavior assessments? If so, please describe your approach in the school and residential program.	Click here to type
Please describe how the Behavior Analysis is presented in the treatment plan.	Click here to type

For facilities that provide treatment for individuals with Asperger's Disorder or individuals with ASD who do not experience Intellectual Disabilities, please answer the following question:	
Please describe your approach to treatment and any interventions that are employed specifically for this population.	Click here to type
Please use the space below for additional comments.	
Click here to type	

Centers for Youth and Families, Inc.

Residential Treatment Services PRTF Information Inventory

Psychiatric Residential Treatment Facilities (PRTF) that contract with Alaska Medicaid are required to complete Section A. Facilities that indicate Autism Spectrum Disorder (ASD) as a specialty are also required to complete Section B. The form will be posted on a website in order to be available to families, providers and guardians who are considering placement in a PRTF for a child. If your facility has more than one Alaska Medicaid provider number, please complete one form for each. Use the tab key to move to each new section.

Section A

FACILITY INFORMATION	
Site/Cottage/Facility Name	Centers for Youth and Families, Inc.
Address	PO Box 251970, Little Rock, AR 72225-1970
Contact number	501-666-8686
Name and title of person completing this form	Heather Duran – Director of Admissions Kenleigh Bennett – Director of Residential and Clinical Services

GENERAL OVERVIEW			
Accreditation Body	Joint Commission		
Indicate which gender(s) you serve and the applicable age range and number of licensed beds below			
	Age Range		# of Licensed Beds
☒Males	5-17		108 (82 in Little Rock and 26 in Monticello)
☒Females	5-17		108 (82 in Little Rock and 26 in Monticello)
☐Other	Click here to type		Click here to type
Describe your client: staff ratio and how it is calculated for the following:			
	Nursing	Milieu	Comments
Day	15:1	6:1	Actual ratio may be less clients per staff, but these are the maximum ratios
Evening	30:1	6:1	Click here to type

Centers for Youth and Families, Inc.

Residential Treatment Services PRTF Information Inventory

Night	30:1	8:1	Click here to type
What safety monitoring practices are applicable during the day? At night?		Staff are always present. Video and audio surveillance in areas where possible.	
Does your facility have requirements regarding IQ? ☒ Yes ☐ No		If yes, please explain. 70 is typically the cutoff but may consider lower depending on functioning and ability to benefit from program	
What is the average length of stay for the facility overall? 6 months		For AK Medicaid Recipients? 4-6 months	
Are you anticipating changes to your program? ☐ Yes ☒ No		If yes, please describe.	
Is the facility locked or unlocked?		☒ Locked ☐ Unlocked	
Is the facility secure?		☒ Yes ☐ No	
Please describe your facility's approach to treating children and youth with FASD. What kind of training do your staff receive (include milieu as well as clinical staff).		No FASD specific training currently.	

Centers for Youth and Families, Inc.

Residential Treatment Services PRTF Information Inventory

Please describe your facility's approach to identifying and treating children and youth with extensive trauma histories. What kind of training do your staff receive (include milieu as well as clinical). Identify your trauma treatment approach and describe the approach regarding staff training and Evidence Based Practices.		Intake clinician conducts the ACE screening and CATS when indicated. All youth are administered the SAFE-T at admission and it may be re-administered when indicated. All staff are trained in trauma informed care and TF-CBT. Crisis Prevention and Intervention (CPI) verbal de-escalation techniques are utilized. Trauma-informed yoga, play therapy, art therapy, journaling, polyvagal therapy, and sand tray modalities are offered. Behavioral therapy is used to replace maladaptive behavior presentation. This creates outcomes that reflect success in the community, school, and home setting. The Neurosequential Model of Therapeutics is also used to address complex/developmental trauma. Clinicians are trained in trafficking awareness and related best practices. Trafficking specific support groups are conducted.
Specialty Populations	Please check all specialty populations this facility serves.	What training does staff receive for this population?
	☐ Autism Spectrum Disorders (High Functioning and Asperger's) NOTE: Facilities with this specialty must complete Section B	
	☐ Autism Spectrum Disorders (severe/low functioning) NOTE: Facilities with this specialty must complete Section B	Click here to type

	Sexualized behaviors: ☐ Sexually reactive (e.g. response to trauma) ☐ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues) ☐ Sexually offending: ☐ adjudicated/ ☐ non-adjudicated		
	☐ Eating Disorder	Click here to type	
	☒ Other Human Trafficking and Sex Trafficking Survivors	Clinicians are trained in trafficking awareness and related best practices. Staff also participate in an annual trafficking conference.	
	☐ Other Click here to type	Click here to type	
Excluded Populations	Please check all populations excluded from this facility.		
	☐ Sexually reactive (e.g. response to trauma)	☐ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues)	Sexually offending: ☒ adjudicated/ ☐ non-adjudicated
	☐ Eating Disorder	☐ Psychosis	☐ Physical Aggression
	☒ Autism Spectrum Disorders (severe/low functioning)	☐ Autism Spectrum Disorders (high functioning/Asperger's)	☐ Self-injurious behaviors
	☐ Suicidal ideation/attempts	☐ Elopement Risk	☐ Fire setting
	☐ Conduct Disorder	☐ Other: Click here to type	☐ Other: Click here to type
	Comments: Click here to type		

What type of alternative communication modalities do you use? Please identify (e.g., Picture Exchange Communication System, sign language, assistive technologies, visual schedules, etc.)	Click here to type
What type of social skills training do you use? Please describe and/or identify the program.	Groups related to hygiene, communication, conflict resolution, medication adherence conducted by paraprofessionals evenings and weekends.
List types of safety monitoring used (e.g., staff observation, video cameras).	Staff observations, video cameras, audio recording
How does the facility assure access to appropriate medical and dental care?	Refer to local PCP when pertinent. Arkansas Children's Hospital offers free mobile dental care as needed.
What type of behavior management program do you use? Please name the program and describe the training.	Crisis Prevention Institute/Intervention
Does the facility use timeout? ☒ Yes ☐ No	When are timeouts used? Timeouts are voluntary. They can be offered or suggested by staff, but should only be used so that the client can regain composure.
Does the facility use seclusion? ☐ Yes ☒ No Does the facility use restraints? ☒ Yes ☐ No If so, what type of restraints? ☒ Physical ☐ Mechanical	When are restraints and/or seclusion used? Restraints are used only when there is imminent danger to self, others, or extreme property damage.
How are facility staff trained regarding seclusion and the use of restraint? Please describe initial staff training as well as the follow up training process.	New staff are required to complete a 16 hour behavior management training. Staff are retrained every 4-6 months with an 8 hour class.

How frequently are individual and facility seclusion and restraint data reviewed, and by whom?	Individual 90% of all restraints are reviewed via video footage. This review is done by the Director of Risk Management and/or Risk Management Coordinator.	Facility Click here to type

EDUCATION SERVICES	
Please indicate what types of educational services the facility provides.	☒ On Site School ☒ Day Treatment ☐ Outpatient Services ☐ Other: Click here to type ☐ Other: Click here to type
Comments: Click here to type	
Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	Centers principal and program manager have open and ongoing communication via phone and structured meetings.
Educational Accreditation	Part of Little Rock School District and Monticello School District
Does your program accept school credits from other schools or programs?	☐ Yes ☐ No
What structured educational models are used?	IEP's presented from home school are followed.
Does your program accept the Homeschool IEP? ☐ Yes ☒ No	Does your program create an IEP if needed? ☒ Yes ☐ No

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Residential Treatment Services PRTF Information Inventory

TREATMENT PLANNING AND REVIEW	
Who participates in regular treatment team meetings? Please check each regular (at least monthly) participant in treatment review/planning.	☒ Psychiatrist ☐Pediatrician ☒Nurse ☐Pharmacist ☐ Physical Therapist ☐ Speech Therapist ☐ Occupational Therapist ☒ Education Milieu Staff ☐ Dietitian ☐ Psychologist ☒ Clinician ☐ Behavior Analyst ☒ Other Clinician (name, credentials): APRN
How does your program involve the family in treatment, keep them informed of their child's progress, and prepare them for step-down as part of the discharge process?	Family/guardians are part of the treatment team and are invited for all staffings; family therapy is scheduled at admission. We educate family about the coping skills their loved one learns in treatment to be practiced when they return home.
How does your program identify/assess the function of challenging behaviors?	Clinicians conduct the DLA-20 which helps identify needs, establish objectives and tracks progress.
How does your program measure progress on treatment plan goals and objectives (e.g., subjective report, phase/level progress/specific data points)?	Via DLA-20; Centers also uses the stage of change model to demonstrate engagement and change in treatment. Clinicians record completion of objectives.

Does your facility employ a privilege/level/phase system? ☒ Yes ☐ No	If Yes, on what basis do recipients earn privileges or improved level status? Rewards/incentives are offered to foster change/improvement in treatment. If No, is there another system the program uses? Click here to type	Under what circumstances, if any, is the level system modified? All incentives may be individualized to fit client preference.

TREATMENT	
Does your facility employ or contract with a behavior specialist (behavioral psychologist or BCBA) on the treatment team or staff? ☒ Yes ☐ No	Name and credential(s) of behavior specialist (if the individual does not have a BCBA, please provide a description of the person's training in behavior analysis). Dr. Lisa Chappell, Ph.D.
For each of the following professions/licenses, please answer the questions to the right.	
	How does your facility ensure that these professionals' treatment recommendations are implemented and consistently followed?
Dietitian	Click here to type
Occupational Therapist	Referrals are conducted based on assessment.
Speech/Language Pathologist	Referrals are conducted based on assessment
Other Medical (e.g., GI, Sleep)	Referrals are conducted based on assessment
Dental	Referrals are conducted based on assessment
Other	Click here to type

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

Centers for Youth and Families, Inc.

Residential Treatment Services PRTF Information Inventory

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

Centers for Youth and Families, Inc.

Residential Treatment Services PRTF Information Inventory

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

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

What percentage of your recipients return to:	Therapeutic Foster Care: Click here to type Foster Care: Click here to type Family: Click here to type Group Home: Click here to type Corrections: Click here to type Independent Living: Click here to type
Do you do any post-discharge surveys? ☒ Yes ☐ No	If Yes, when is it conducted? At discharge, 3 and 6 months.
Please use the space below for further comments regarding your facility.	
Click here to type	

Section B

AUTISM SPECTRUM DISORDERS QUESTIONNAIRE	
Please provide additional information regarding the characteristics of the recipients with ASD for whom you can provide specialized treatment (e.g., ASD with IQ under 70, ASD with IQ over 70, Asperger's disorder, etc.). Please be specific, especially regarding developmental age and/or IQ requirements.	Click here to type
Please check each box that corresponds with aspects of treatment at your facility that are listed below.	
Do you have screening mechanisms for ASD that includes questions about ASD and symptomatology? ☐ Yes ☐ No	If Yes, please list the tools(s) by name and/or send copies. Click here to type

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

For facilities that provide treatment for individuals with Asperger's Disorder or individuals with ASD who do not experience Intellectual Disabilities, please answer the following question:	
Please describe your approach to treatment and any interventions that are employed specifically for this population.	Click here to type

Please use the space below for additional comments.
Click here to type

Copper Hills Youth Center

Residential Treatment Services PRTF Information Inventory

All Psychiatric Residential Treatment Facilities (PRTF) that contract with Alaska Medicaid are required to complete Section A. Facilities that indicate Autism Spectrum Disorder (ASD) as a specialty are also required to complete Section B. The form will be posted on a website in order to be available to families, providers and guardians who are considering placement in a PRTF for a child. If your facility has more than one Alaska Medicaid provider number, please complete one form for each. Use the tab key to move to each new section.

Section A

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

GENERAL OVERVIEW		
Accreditation Body	Joint Commission	
Indicate which gender(s) you serve and the applicable age range and number of licensed beds below		
	Age Range	# of Licensed Beds
☒Males	12-17	50
☒Females	12-17	70
☐Other	Click here to type	Click here to type

Describe your client: staff ratio and how it is calculated for the following:			
	Nursing	Milieu	Comments
Day	1:35	1:5	Ratio is 1:5; however, we exceed this ratio all waking hours with program shift managers out of ratio each shift in the building

Evening	1:35	1:5	Ratio is 1:5; however, we exceed this ratio all waking hours with program shift managers out of ratio each shift in the building
Night	1:120	1:25	Our grave ratio is 1:25 with a minimum of 2 staff at all times. We far exceed this ratio during grave shift.
What safety monitoring practices are applicable during the day? At night?		A qualified staff includes staffs that have attended all orientation, all mandatory trainings for direct care, and are able to immediately respond to any behavioral crisis. These staff are trained on de-escalation, first aid / CPR, trauma and attachment, and Handle With Care. Copper Hills Youth Center has many qualified staff in the facility that do not count in our staffing ratios. For example, teachers, therapists, Residential Program Directors, Milieu Mangers, and Program Shift Managers (dedicated responders for behavioral health crisis intervention), recreation therapists, nursing staff etc. are all qualified but CHYC staff the unit with Mental Health Associates at a 1:5 ratio. Our patient observation policy is followed during the day and evening shifts. At night, staff make rounds every 15 minutes and complete bed checks with a flashlight to observe three respirations and concurrently document on the resident's status.	
Does your facility have requirements regarding IQ? ☒ Yes ☐ No		If yes, please explain. An IQ below 60 is not appropriate for our programming.	
What is the average length of stay for the facility overall? 8-9 months Click here to type		For AK Medicaid Recipients? 9-12 months	
Are you anticipating changes to your program? ☐ Yes ☒ No		If yes, please describe. Not at this time.	
Is the facility locked or unlocked?		☒ Locked ☐ Unlocked	
Is the facility secure?		☒ Yes ☐ No	

Copper Hills Youth Center

Residential Treatment Services PRTF Information Inventory

Please describe your facility's approach to treating children and youth with FASD. What kind of training do your staff receive (include milieu as well as clinical staff).	Youth are assessed prior to admission regarding their diagnostic history and appropriateness for our program based on the severity of the FASD symptomology. Additionally, youth will be assesses upon admission for accurate diagnosis including FASD. Youth with FASD are appropriate for developmentally delayed units. All staff receive training upon new hire as well as ongoing training throughout the year regarding diagnosis, treatment approach, and individualizing interventions for youth with FASD. Clinicians have experience in treating FASD and receive ongoing training to tailoring interventions appropriate for developmental level, diagnosis, and individual needs.

Copper Hills Youth Center

Residential Treatment Services PRTF Information Inventory

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

Copper Hills Youth Center

Residential Treatment Services PRTF Information Inventory

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

	☐ Sexually reactive (e.g. response to trauma)	☒ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues)	Sexually offending: ☒ adjudicated/ ☐ non-adjudicated
	☐ Eating Disorder	☐ Psychosis	☐ Physical Aggression
	☐ Autism Spectrum Disorders (severe/low functioning)	☐ Autism Spectrum Disorders (high functioning/Asperger's)	☐ Self-injurious behaviors
	☐ Suicidal ideation/attempts	☐ Elopement Risk	☐ Fire setting
	☐ Conduct Disorder	☐ Other: Click here to type	☐ Other: Click here to type
	Comments: Copper Hills Youth Center considers all referrals on a case by case basis. Information will be reviewed by our DCS, clinical team and also by the Director of Nursing. If a fit is not indicated referrals will be offered to programs that may be most appropriate. If CHYC does not believe the resident to be appropriate for our facility, we will make recommendations regarding a more appropriate option.		

What type of alternative communication modalities do you use? Please identify (e.g., Picture Exchange Communication System, sign language, assistive technologies, visual schedules, etc.)	Visual prompts, Visual schedules, Visual Hygiene Prompts, Social stories
What type of social skills training do you use? Please describe and/or identify the program.	Circles Curriculum: This curriculum teaches residents, about social boundaries, intimacy, and interpersonal skills.
List types of safety monitoring used (e.g., staff observation, video cameras).	Staff supervise all resident on a minimum of 15 minute visual and documented checks. Residents on heightened precautions visually alerted to staff and increased supervision. Leadership rounding occurs regularly to monitor compliance with appropriate checks and supervision. Facility has cameras throughout, with exception of bedrooms and bathrooms. Leadership and managers audit cameras extensively. Able to provide 1:1 staffing if needed for safety protocol.

Copper Hills Youth Center

Residential Treatment Services PRTF Information Inventory

How does the facility assure access to appropriate medical and dental care?	The initial nursing assessment upon admission will verify any medical, dental, and vision needs. Any outstanding issues prior to admission will generate an appointment for a local provider check up for dental/vision/and outstanding medical needs. CHYC has 24 hour nursing in the facility, 2 primary psychiatrists, 2 MD's to complete H&P's, and a Nurse Practitioner on site, as needed. Any medical issues needing outside intervention are scheduled through nursing and the transportation department. Any emergent needs are taken care of immediately by one of two hospitals close by. We utilize a local Dentist to meet the dental care needs of our residents. The facility has a Nurse Practitioner who can assist with the day-to-day medical needs of residents in-house.
What type of behavior management program do you use? Please name the program and describe the training.	Our phase system is designed to be a tool for the milieu to reinforce positive behaviors. One of the key components to reinforcing these positive behaviors is the implementation of a token economy system—a critical component to our phase system. Our phase system allows resident to earn points every hour based upon achieving individualized target behaviors, showing safety, communicating respectfully, maintaining appropriate boundaries, and participating in programming. Our phase system holds residents accountable for their behaviors, increases the amount of positive reinforcement that our residents receive, and targets the behaviors that have prevented our residents from being successful in their home environment. Our goal is to help promote behavior change so that our residents can return home and be successful after completing our program. The education department utilizes "7 Habits of Highly Effective Teens" as a standard for classroom management and reward for positive behavior during classroom time. For students who are struggling to display safe behaviors, to advance as expected, or otherwise has challenging treatment needs Copper Hill Team will conduct an Intensive Staffing. The Intensive Staffing model is comprised of multiple staff, a nurse, therapist, milieu coordinator, and a member of the clinical leadership team. These are effective at often times creating an individualized behavioral plans. We also have a Board Certified Behavior Analyst on staff that assists us with creating data-specific behavior plans for specific residents, as needed.
Does the facility use timeout? ☒ Yes ☐ No	When are timeouts used? The residents are able to utilize self-imposed time-outs throughout the day, as needed

Copper Hills Youth Center

Residential Treatment Services PRTF Information Inventory

Does the facility use seclusion? ☐ Yes ☒ No Does the facility use restraints? ☒ Yes ☐ No If so, what type of restraints? ☒ Physical ☐ Mechanical	When are restraints and/or seclusion used? Restraints are used only during behavioral emergency. The resident must be an active harm to self or others, nursing initiates the intervention, and a doctors order must approve the restraint. CHYC does not use closed door seclusions. CHYC utilizes Handle With Care (HWC) and verbal de-escaltion as a critical component of avoiding physical intervention with our residents.	
How are facility staff trained regarding seclusion and the use of restraint? Please describe initial staff training as well as the follow up training process.	All direct care staff are trained in Handle With Care (HWC) upon new hire orientation, and then twice more throughout the year. New hire orientation includes 16 hours specifically to the HWC model. Ongoing trianing on HWC includes two 4 hour blocks throughout the year, which is mandatory for all direct care staff. The facility has multiple HWC trainers in various disciplines.	
How frequently are individual and facility seclusion and restraint data reviewed, and by whom?	Individual Individual restraint data are reviewed daily by leadership in the morning report as listed by nursing. Individual restraint data is reviewed daily by primary therapist via incident report and nursing communication. Individual restraint data are also reviewed during formal monthly treatment review as well as any other addition staffing for that resident; such as during a Intensive Staffing. The Risk Manager reviews camera footage for each restraint.	Facility Facility restraint data are reviewed daily (M-F) by the leadership team in morning review. Facility restraint data are reivewed monthly during all staff meetings and shift manager council. Facility restraint data are reviewed monthly by the governing board. Faciliy restraint data is shared with the residents and the staff during our monthly Lion's Pride Ceremony.

EDUCATION SERVICES	

Copper Hills Youth Center

Residential Treatment Services PRTF Information Inventory

Please indicate what types of educational services the facility provides.	☒ On Site School ☐ Day Treatment ☐ Outpatient Services ☐ Other: Click here to type ☐ Other: Click here to type
Comments: Most teachers are special education licensed. The school day consists of rotating between classrooms within their unit groups. Students are placed in a class based on their scores of the Wide Range Achievement Test. School is year round so students may earn more credits than a traditional school. Academic improvement for students in reading and math can be grade levels during length of stay. We work with a school psychologist, speech therapist, and other services as needed and have extensive experience with utilizing Individual Education Plans.	
Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	Each student is assigned a home room teacher who coordinates anything educationally related with home school districts. Previous transcripts, immunizations, and other pertinent information are collected at admission. When the student is getting ready to transfer home the home room teacher will also coordinate with the home school district to provide transcripts, behavioral updates, and provide any other pertinent information.
Educational Accreditation	Cognia
Does your program accept school credits from other schools or programs?	☒ Yes ☐ No
What structured educational models are used?	Multiple Intelligence, Both Blooms, and Reality Town
Does your program accept the Homeschool IEP? ☐ Yes ☐ No	Does your program create an IEP if needed? ☐ Yes ☒ No

TREATMENT PLANNING AND REVIEW

Copper Hills Youth Center

Residential Treatment Services PRTF Information Inventory

Who participates in regular treatment team meetings? Please check each regular (at least monthly) participant in treatment review/planning.	☒ Psychiatrist ☐Pediatrician ☒Nurse ☐Pharmacist ☐ Physical Therapist ☐ Speech Therapist ☐ Occupational Therapist ☒ Education Milieu Staff ☐ Dietitian ☐ Psychologist ☒ Clinician ☐ Behavior Analyst ☐ Other Clinician (name, credentials): Click here to type
How does your program involve the family in treatment, keep them informed of their child's progress, and prepare them for step-down as part of the discharge process?	Family is encouarged to be invovled in all aspects of treatment. Families participate in weekly therapy with the primary therapist. This may be done over the phone, or over video conferencing. When families visit CHYC, a minimum of two on-site family therapy sessions will be provided. Any emergent incidents will be communicated by nursing staff to guardians the day of the incident. Therapists frequently make additional phone call check ins, emails, and other notifications to keep families involved. Families are encouarged to be a part of monthly treatment reviews over the phone. Treatment plans are mailed or emailed out monthly to guardians. Guardians also receive emails from the education department to keep them updated on their student's progress while in treatment.
How does your program identify/assess the function of challenging behaviors?	All behaviors are evaluated with a trauma-informed perspective. Challenging behaviors are viewed as a potentially once adaptable and understandable responses to negative events. In our SPARCS curriculum, these maladaptive behaviors are described as MUPS (coping strategies that work in the moment but in the long run "Mess You Up"). The function of the behavior may be assessed by staff, therapists, or the treatment team as a whole. Intensive Staffings are frequently used to identify and assess challenging behaviors. We have a BCBA that will complete function of behavior assessments and behavior plans as needed.

How does your program measure progress on treatment plan goals and objectives (e.g., subjective report, phase/level progress/specific data points)?	Accomplishment of treatment plan goals are measured monthly by the primary therapist, and goals are continued, revised, or discontinued as they are accomplished. Specifically with regard to treatment plan goals, progress is tracked monthly through the treatment review process. Phase advancement is considered to measure behavior progress , but clinically progress and change is determined by the therapist with input from the entire treatment team.

Does your facility employ a privilege/level/phase system? ☒ Yes ☐ No	If Yes, on what basis do recipients earn privileges or improved level status? Our phase system is designed to be a tool for the milieu to reinforce positive behaviors. One of the key components to reinforcing these positive behaviors is the implementation of a token economy system—a critical component to our phase system. Our phase system allows resident to earn points every hour based upon achieving individualized target behaviors, showing safety, communicating respectfully, maintaining appropriate boundaries, and participating in programming. Our phase system holds residents accountable for their behaviors, increases the amount of positive reinforcement that our residents receive, and targets the behaviors that have prevented our residents from being successful in their home environment. Our goal is to help promote behavior change so that our residents can return home and be successful after completing our program. As residents advance through the phase system, they have access to increasing privileges and rewards. If No, is there another system the program uses? Click here to type	Under what circumstances, if any, is the level system modified? The phase system can be modified through the Intensive Staffing process and extra incentives can be provided to assist a resident who is not progressing through the phase system as we would expect, or requires additional assistance to progress.

TREATMENT

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Does your facility employ or contract with a behavior specialist (behavioral psychologist or BCBA) on the treatment team or staff? ☒ Yes ☐ No	Name and credential(s) of behavior specialist (if the individual does not have a BCBA, please provide a description of the person's training in behavior analysis). We do have a BCBA: Our BCBA is contracted through A.G.E.S.

For each of the following professions/licenses, please answer the questions to the right.	
	How does your facility ensure that these professionals' treatment recommendations are implemented and consistently followed?
Dietitian	The dietician works closely with dietary and nursing departments via a dietary order slip to ensure that treatment recommendations are implemented and consistently followed.
Occupational Therapist	The Director of Education oversees occupational therapy and ensures that the treatment recommendations of the occupational therapists are implemented.
Speech/Language Pathologist	The Director of Education oversees the speech/language pathologist and ensures that the treatment recommendations of the pathologist are implemented.
Other Medical (e.g., GI, Sleep)	The nursing department initiates a medical consult, transport sets up appointments and ensures that the resident attends the appointment, and then the nursing department ensures that the recommendations are followed.
Dental	The nursing department initiates a dental consult, transport sets up appointments and ensures that the resident attends the appointment, and then the nursing department ensures that the recommendations are followed.
Other	Click here to type

PSYCHOTHERAPY MODELS	
Please identify the psychotherapeutic models (e.g., CBT, DBT) used at your facility, by population	
Model	**Population**
Trauma-Focused Cognitive Behavioral Therapy	All populations, as clinically recommended, ages 12-17
Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)	All populations, 12-17

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Residential Treatment Services PRTF Information Inventory

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

Copper Hills Youth Center

Residential Treatment Services PRTF Information Inventory

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

DAILY SCHEDULE

Copper Hills Youth Center

Residential Treatment Services PRTF Information Inventory

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

Please describe the types of recreational activities available to recipients.	<u>On-Site Activities:</u> Regularly scheduled basketball scrimmages and games; Free Gym and Free courtyard time for unit play daily; Special events hosted on site like guest speakers and school assemblies; CHYC special dances or performance events; Monthly Lion's Pride Ceremonies (due to COVID this has been temporarily discontinued); Yoga, Dance, Art therapy; Animal assisted Canine teams weekly: Upper Phase lounge activities like ping pong, musical instruments, Xbox, Wii games etc many times throughout the week; Library Books to check out; Unit games and toys	<u>Off-Site Activities:</u> Adventure outtings (i.e. camping, hiking, rock climbing, skiing); Community Outings (movies, dinner, arcades, parks); Service Outings (animal shelter, foodbank, etc); Co-ed outtings; Equine Therapy; Scheduled therapist outtings; School Field Trips

DISCHARGE PLANNING AND POST-TREATMENT	
When does discharge planning begin?	Discharge planning begins prior to/at the time of admission.
Who is responsible for discharge planning at your facility?	The plan for discharge begins prior to admission and is an active process throughout treatment.The entire treatment team is responsible for assisting the primary therapist help with discharge planning. Discharge planning begins prior to admission; with the admissions department asking what likely reasonable options exist for discharge and what discharge goals may be pertinent. This is captured on the initial treatment plan, which is enacted the day of admission. From that point discharge planning is updated monthly by primary therapist. Utilization and Case Management department may assist in sending information to relevant step down facilities.

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

Please use the space below for further comments regarding your facility.
None

Section B

AUTISM SPECTRUM DISORDERS QUESTIONNAIRE	
Please provide additional information regarding the characteristics of the recipients with ASD for whom you can provide specialized treatment (e.g., ASD with IQ under 70, ASD with IQ over 70, Asperger's disorder, etc.). Please be specific, especially regarding developmental age and/or IQ requirements.	ASD with IQ 60 and above; ASD and can complete ADL's
Please check each box that corresponds with aspects of treatment at your facility that are listed below.	

Copper Hills Youth Center

Residential Treatment Services PRTF Information Inventory

Do you have screening mechanisms for ASD that includes questions about ASD and symptomatology? ☒ Yes ☐ No	If Yes, please list the tools(s) by name and/or send copies. As requested, our psychologist will complete testing for ASD and symptomology. The following assessments are Gilliam Asperger's Disorder Scale (GADS); Autism Diagnostic Interview, Revised (ADI-R); Behavior Assessment System for Children, Second Edition (BASC-2)
What diagnostic evaluation/assessment process do you use? Please check all that are included	☒ Family interviews ☒ Review of past records ☒Consideration of DSM-V criteria ☒History, including educational and behavioral interventions ☒ Differential diagnosis ☒ Observation ☐ Specific Tools (please identify): Click here to type
Do you do functional behavior assessments? If so, please describe your approach in the school and residential program.	As requested, our psychologist will complete functional behavior assessments and the results will be distributed to all departments for implementation. We also have a BCBA who assists with functional behavior assessments.
Please describe how the Behavior Analysis is presented in the treatment plan.	The Behavior Analysis is presented in the milieu goal, which will reflect daily living skills, ADL, and behavioral summaries. Depending on the results of the behavior analysis, individual treatment goals may also be developed and implemented into the treatment plan.
For facilities that provide treatment for individuals with Asperger's Disorder or individuals with ASD who do not experience Intellectual Disabilities, please answer the following question:	
Please describe your approach to treatment and any interventions that are employed specifically for this population.	Cognitive Behavioral Therapy; Trauma-Focused Behavioral Therapy; principles of Applied Behavior Analyst; Resident Team Meetings to individualize treatment; Circles Curriculum for Social Skills Training; Sensory Integration; Behavior Modification with short term goals/incentives; Visual schedule and hygiene prompts; one or two step directions.
Please use the space below for additional comments.	
Click here to type	

Devereux Advanced Behavioral Health - Viera Campus

Residential Treatment Services PRTF Information Inventory

All Psychiatric Residential Treatment Facilities (PRTF) that contract with Alaska Medicaid are required to complete Section A. Facilities that indicate Autism Spectrum Disorder (ASD) as a specialty are also required to complete Section B. The form will be posted on a website in order to be available to families, providers and guardians who are considering placement in a PRTF for a child. If your facility has more than one Alaska Medicaid provider number, please complete one form for each. Use the tab key to move to each new section.

Section A

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

GENERAL OVERVIEW		
Accreditation Body	The Joint Commission	
Indicate which gender(s) you serve and the applicable age range and number of licensed beds below		
	Age Range	# of Licensed Beds
☒Males	05-17	100
☒Females	05-17	Click here to type
☐Other	Click here to type	Click here to type

Describe your client to staff ratio and how it is calculated for the following: cv			
	Nursing	Milieu	Comments
Day	1:30	1:4 while awake, 1:6 at night	Click here to type

Evening	Click here to type	1:4	Click here to type
Night	Click here to type	1:6	Click here to type
What safety monitoring practices are applicable during the day? At night?		Q-15 checks	
Does your facility have requirements regarding IQ? ☐ Yes ☒ No		If yes, please explain. Click here to type	
What is the average length of stay for the facility overall? 8-12mths depending on functioning level		For AK Medicaid Recipients? Click here to type	
Are you anticipating changes to your program? ☒ Yes ☐ No		If yes, please describe. Click here to type	
Is the facility locked or unlocked?		☒ Locked ☒ Unlocked	
Is the facility secure?		☒ Yes ☐ No Buildings are secure.	
Please describe your facility's approach to treating children and youth with FASD. What kind of training do your staff receive (include milieu as well as clinical staff).		We follow our State's requirements for Licensing for a hospital/PRTF level of care.	
Please describe your facility's approach to identifying and treating children and youth with extensive trauma histories. What kind of training do your staff receive (include milieu as well as clinical). Identify your trauma treatment approach and describe the approach regarding staff training and Evidence Based Practices.		See program description regarding clinical approaches. We do practice utilizing Trauma Informed Care. Also, we are an state approved CSEC program.	
Specialty Populations	Please check all specialty populations this facility serves.	What training does staff receive for this population?	
	☐ Autism Spectrum Disorders (High Functioning and Asperger's) <u>NOTE: Facilities with this specialty must complete Section B</u>	Click here to type	

	☒ Autism Spectrum Disorders (severe/low functioning) NOTE: Facilities with this specialty must complete Section B	Click here to type
	Sexualized behaviors: ☒ Sexually reactive (e.g. response to trauma) ☒ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues) ☐ Sexually offending: ☐ adjudicated/ ☐ non-adjudicated	Click here to type
	☐ Eating Disorder	Click here to type
	☐ Other Click here to type	Click here to type
	☐ Other Click here to type	Click here to type

Excluded Populations	Please check all populations excluded from this facility.		
	☐ Sexually reactive (e.g. response to trauma)	☐ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues)	Sexually offending: ☐ adjudicated/ ☐ non-adjudicated
	☒ Eating Disorder	☐ Psychosis	☐ Physical Aggression
	☐ Autism Spectrum Disorders (severe/low functioning)	☐ Autism Spectrum Disorders (high functioning/Asperger's)	☐ Self-injurious behaviors
	☐ Suicidal ideation/attempts	☐ Elopement Risk	☒ Fire setting- Persistent
	☐ Conduct Disorder	☐ Other: Click here to type	☐ Other: Click here to type
	Comments: Click here to type		

What type of alternative communication modalities do you use? Please identify (e.g., Picture Exchange Communication System, sign language, assistive technologies, visual schedules, etc.)	Picture Exchange Communication System, visual schedules
What type of social skills training do you use? Please describe and/or identify the program.	See program description
List types of safety monitoring used (e.g., staff observation, video cameras).	Click here to type
How does the facility assure access to appropriate medical and dental care?	All client receive upon admission dental, vision and physical check ups.
What type of behavior management program do you use? Please name the program and describe the training.	See program description
Does the facility use timeout? ☐ Yes ☒ No	When are timeouts used? Click here to type
Does the facility use seclusion? ☐ Yes ☒ No Does the facility use restraints? ☒ Yes ☐ No If so, what type of restraints? ☒ Physical ☐ Mechanical	When are restraints and/or seclusion used? Click here to type
How are facility staff trained regarding seclusion and the use of restraint? Please describe initial staff training as well as the follow up training process.	All Staff are certified in SPA by the training department prior to be in face to face contact with the individuals we serve.

How frequently are individual and facility seclusion and restraint data reviewed, and by whom?	Individual Monthly	Facility Monthly CQI

EDUCATION SERVICES	
Please indicate what types of educational services the facility provides.	☒ On Site School ☐ Day Treatment ☐ Outpatient Services ☐ Other: Click here to type ☐ Other: Click here to type
Comments: Click here to type	
Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	Teacher provide written summaries to be included in the monthly treatment summary. Report cards and IEP Progress Reports are provided quarterly. The school has a dedicated Education Coordinator who works directly with the LEA to develop/amend the IEP.
Educational Accreditation	Cognia
Does your program accept school credits from other schools or programs?	☒ Yes ☐ No
What structured educational models are used?	Educational methodology and pedagogy is determined by individual student need. Teachers are certified in Exceptional Student Education and the content areas in which they teach.
Does your program accept the Homeschool IEP? ☒ Yes ☐ No	Does your program create an IEP if needed? ☒ Yes ☐ No

TREATMENT PLANNING AND REVIEW	
Who participates in regular treatment team meetings? Please check each regular (at least monthly) participant in treatment review/planning.	☒ Psychiatrist ☐ Pediatrician ☒ Nurse ☐ Pharmacist ☐ Physical Therapist ☐ Speech Therapist ☐ Occupational Therapist ☒ Education Milieu Staff ☐ Dietitian ☐ Psychologist ☒ Clinician ☒ Behavior Analyst ☐ Other Clinician (name, credentials): Click here to type
How does your program involve the family in treatment, keep them informed of their child's progress, and prepare them for step-down as part of the discharge process?	Each individual is assigned a care coordinator who coordinates with the medical, clinical and educational team to keep case workers and guardians updated on progress.
How does your program identify/assess the function of challenging behaviors?	Behaviors are reviewed and discussed in treatment team. Data is reviewed with treatment and recommendations are made, if changes are necessary.
How does your program measure progress on treatment plan goals and objectives (e.g., subjective report, phase/level progress/specific data points)?	Click here to type

Does your facility employ a privilege/level/phase system? ☒ Yes ☐ No	If Yes, on what basis do recipients earn privileges or improved level status? PBIS If No, is there another system the program uses? Click here to type	Under what circumstances, if any, is the level system modified? Click here to type

TREATMENT	
Does your facility employ or contract with a behavior specialist (behavioral psychologist or BCBA) on the treatment team or staff? ☒ Yes ☐ No	Name and credential(s) of behavior specialist (if the individual does not have a BCBA, please provide a description of the person's training in behavior analysis). We have a team of Psychologist, Psychiatrist, and Behavioral Analyst available should the individual need additional support.
For each of the following professions/licenses, please answer the questions to the right.	
	How does your facility ensure that these professionals' treatment recommendations are implemented and consistently followed?
Dietitian	
Occupational Therapist	Principal reviews monthly and signs off.
Speech/Language Pathologist	Principal reviews monthly and signs off
Other Medical (e.g., GI, Sleep)	Reviewed monthly in treatment team
Dental	Reviewed monthly in treatment team.
Other	Click here to type

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

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

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

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

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

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

Section B

AUTISM SPECTRUM DISORDERS QUESTIONNAIRE	
Please provide additional information regarding the characteristics of the recipients with ASD for whom you can provide specialized treatment (e.g., ASD with IQ under 70, ASD with IQ over 70, Asperger's disorder, etc.). Please be specific, especially regarding developmental age and/or IQ requirements.	Click here to type
Please check each box that corresponds with aspects of treatment at your facility that are listed below.	
Do you have screening mechanisms for ASD that includes questions about ASD and symptomatology? ☒ Yes ☐ No	If Yes, please list the tools(s) by name and/or send copies. ADOS
What diagnostic evaluation/assessment process do you use? Please check all that are included	☒ Family interviews ☒ Review of past records ☒Consideration of DSM-V criteria ☒History, including educational and behavioral interventions ☒ Differential diagnosis ☒ Observation ☐ Specific Tools (please identify): Click here to type
Do you do functional behavior assessments? If so, please describe your approach in the school and residential program.	Yes,

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

For facilities that provide treatment for individuals with Asperger's Disorder or individuals with ASD who do not experience Intellectual Disabilities, please answer the following question:	
Please describe your approach to treatment and any interventions that are employed specifically for this population.	Click here to type

Please use the space below for additional comments.
Click here to type

Jasper Mountain Center

Residential Treatment Services PRTF Information Inventory

All Psychiatric Residential Treatment Facilities (PRTF) that contract with Alaska Medicaid are required to complete Section A. Facilities that indicate Autism Spectrum Disorder (ASD) as a specialty are also required to complete Section B. The form will be posted on a website in order to be available to families, providers and guardians who are considering placement in a PRTF for a child. If your facility has more than one Alaska Medicaid provider number, please complete one form for each. Use the tab key to move to each new section.

Section A

FACILITY INFORMATION			
Site/Cottage/Facility Name		Jasper Mountain Center	
Address		37875 Jasper Lowell Rd., Jasper, OR 97438	
Contact number		541-747-1235	
Name and title of person completing this form		Beau Garner, Jasper Mountain Executive Director	
GENERAL OVERVIEW			
Accreditation Body	COA		
Indicate which gender(s) you serve and the applicable age range and number of licensed beds below			
	Age Range		# of Licensed Beds
☒Males	3-13		10 (Although not specifically licensed by gender, we attempt to keep the milieu balanced)
☒Females	3-13		10 (Although not specifically licensed by gender, we attempt to keep the milieu balanced)
☒Other	3-13		We served a transgender youth this past year.
Describe your client:staff ratio and how it is calculated for the following:			
	Nursing	Milieu	Comments
Day	1:20	1:3	Click here to type
Evening	1:20	1:3	Click here to type
Night	1:20	1:6	Awake staff while children are sleeping.

Jasper Mountain Center

Residential Treatment Services PRTF Information Inventory

What safety monitoring practices are applicable during the day? At night?	Alarms in rooms, visitors screened, 1 to 3 staff to child ratio during the day, 1 to 6 at night, constant line of sight supervision
Does your facility have requirements regarding IQ? ☒ Yes ☐ No	If yes, please explain. We generally do not accept children with IQ's lower than 70 unless it appears that low IQ is the result of trauma.
What is the average length of stay for the facility overall? 12-18	For AK Medicaid Recipients? 12-18 months
Are you anticipating changes to your program? ☒ Yes ☐ No	If yes, please describe. We are adding another 15-bed facility.
Is the facility locked or unlocked?	☐ Locked ☒ Unlocked
Is the facility secure?	☒ Yes ☐ No
Please describe your facility's approach to treating children and youth with FASD. What kind of training do your staff receive (include milieu as well as clinical staff).	Children with elements of FASD/ARND are admitted if their cognitive functioning is borderline or above. Identification is often noticed before admission but if not we do a complete psychiatric and psychological assessment with as much information on early development as possible. Staff receive training within and outside of the organization on adjustments to children who are drug and alcohol affected. Most of the training is child specific due to the many other comorbid issues that are often linked to drug and alcohol impacts.
Please describe your facility's approach to identifying and treating children and youth with extensive trauma histories. What kind of training do your staff receive (include milieu as well as clinical). Identify your trauma treatment approach and describe the approach regarding staff training and Evidence Based Practices.	Most children referred are known to have had childhood trauma, however, a fuller trauma history often comes out in our programs. We do a complete trauma history, then use projective techniques as well as individual and group trauma interventions for children both within the organizations and for external training. Our expertise in trauma treatment goes back three decades and our innovative approaches are included in several published books.

Jasper Mountain Center

Residential Treatment Services PRTF Information Inventory

Specialty Populations	Please check all specialty populations this facility serves.		What training does staff receive for this population?
	☐ Autism Spectrum Disorders (High Functioning and Asperger's) NOTE: Facilities with this specialty must complete Section B		Click here to type
	☐ Autism Spectrum Disorders (severe/low functioning) NOTE: Facilities with this specialty must complete Section B		Click here to type
	Sexualized behaviors: ☒ Sexually reactive (e.g. response to trauma) ☐ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues) ☒ Sexually offending: ☒ adjudicated/ ☒ non-adjudicated		Initial and on-going mental health training, as well as, specific NRT protocol training based on individual children and behaviors.
	☐ Eating Disorder		Click here to type
	☒ Other Attachment Disorder		Initial and on-going mental health training, as well as, specific NRT protocol training based on individual children and behaviors.
	☒ Other Trauma/Abuse		Initial and on-going mental health training, as well as, specific NRT protocol training based on individual children and behaviors.
Excluded Populations	Please check all populations excluded from this facility.		
	☐ Sexually reactive (e.g. response to trauma)	☒ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues)	Sexually offending: ☐ adjudicated/ ☐ non-adjudicated

Jasper Mountain Center

Residential Treatment Services PRTF Information Inventory

	☐ Eating Disorder	☒ Psychosis	☐ Physical Aggression
	☒ Autism Spectrum Disorders (severe/low functioning)	☐ Autism Spectrum Disorders (high functioning/Asperger's)	☐ Self-injurious behaviors
	☐ Suicidal ideation/attempts	☐ Elopement Risk	☐ Fire setting
	☐ Conduct Disorder	☐ Other: Click here to type	☐ Other: Click here to type
	Comments: Our program does not automatically screen out Intellectual/Development Disabilities, Autism Spectrum Disorder, or Psychosis providing it is not the primary diagnosis.		
What type of alternative communication modalities do you use? Please identify (e.g., Picture Exchange Communication System, sign language, assistive technologies, visual schedules, etc.)	Any deemed appropriate for our client.		
What type of social skills training do you use? Please describe and/or identify the program.	All children coming to Jasper Mountain receive instruction and group work involving social skills that will be required to be successful in the future. Not all children come to us deficient in all areas but most of the children have very serious social skill deficits. Our curriculum for social skills has been developed after many years of work by our key clinical staff, supervised by our staff psychologist. The following areas are the key topics: Respect for Others – respect is the foundation of healthy connections with others. Clear Communication – learning how to let others know your thoughts and feelings. Peer Relationships – working with adults is often easier than with peers and peer relationship skills must be practiced. Healthy Relationships and Reciprocity – all healthy relationships require the give and take where neither party is either used or abused. Empathy for Others – we must all learn that our thoughts and needs are not the only important considerations when we socially interact with others.		
List types of safety monitoring used (e.g., staff observation, video cameras).	The standard of supervision is within visual sight and audio monitoring at all times unless asleep or in the restroom. At night we use laser beam monitoring with computerized sensors and a voice activated system and automatic microphones so staff are aware of all activity when the child is in bed. The level of supervision and sophistication of our monitoring allows us to admit children with the most severe aggressive and sexual risks.		

Jasper Mountain Center

Residential Treatment Services PRTF Information Inventory

How does the facility assure access to appropriate medical and dental care?	We have on site nursing and nurse's assistants who coordinate with both pediatricians and dentists who serve our children. Routine screenings and appointments are coordinated for both medical and dental needs. Complete medical evaluations are done at intake, start of the school year and annual physicals. Dental exams are provided twice a year with any needed follow-up dental work.	
What type of behavior management program do you use? Please name the program and describe the training.	Jasper Mountain uses the CPI (Crisis Prevention Institute) model of behavior management. Agency trainers go through a three-day course and have to maintain 17 hours of training per year. All program staff receive the initial CPI training which consists of 8 hours focused on crisis prevention, de-escalation, and management of assaultive behaviors. The staff are required to attend a CPI refresher course annually. We have 4 in-house certified CPI trainers.	
Does the facility use timeout? ☐ Yes ☒ No	When are timeouts used? Click here to type	
Does the facility use seclusion? ☐ Yes ☒ No Does the facility use restraints? ☒ Yes ☐ No If so, what type of restraints? ☒ Physical ☐ Mechanical	When are restraints and/or seclusion used? When a child presents as a danger to themselves or others. CPI techniques are used to keep children and staff safe.	
How are facility staff trained regarding seclusion and the use of restraint? Please describe initial staff training as well as the follow up training process.	Jasper Mountain does not use seclusion. Staff are trained in the use of restraint by the CPI model of crisis prevention and intervention techniques described above and all staff must be formally certified in physical interventions. All staff need to completed refresher course on an annual basis.	
How frequently are individual and facility seclusion and restraint data reviewed, and by whom?	Individual Individual restraint data is reviewed monthly during the child's Multi-disciplinary Review Meeting and during the monthly Quality Assurance Meeting.	Facility Facility restraint data is reviewed monthly during the monthly Quality Assurance Meeting and every 90 days by the full Board of Directors.

Jasper Mountain Center

Residential Treatment Services PRTF Information Inventory

EDUCATION SERVICES	
Please indicate what types of educational services the facility provides.	☒ On Site School ☒ Day Treatment ☒ Outpatient Services ☒ Other: Speech, OT, remedial subjects, hearing accommodations, sensory services ☐ Other: Click here to type
Comments: Click here to type	
Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	We work closely with all school districts, local and out-of-state who cooperate in the education of children from in-state and out-of-state. We share information and reports, include the districts in discharge planning and invite them to review meetings on progress.
Educational Accreditation	Registered by the Oregon Department of Education as a Private Special Education School
Does your program accept school credits from other schools or programs?	☒ Yes ☐ No
What structured educational models are used?	Jasper Mountain School includes both General Education and Special Education settings, focuses on students K-8 with Emotional Disturbance or Other Health Impairment as their primary disability. 1 to 3 staff to child ratio, IEP related services, focus on reading and math remediation, social skills training, common core curriculum, regular progress monitoring and individualized educational approaches based on the needs of each student. Year-round school, 191 instructional days per year.
Does your program accept the Homeschool IEP? ☒ Yes ☐ No	Does your program create an IEP if needed? ☒ Yes ☐ No

Jasper Mountain Center

Residential Treatment Services PRTF Information Inventory

TREATMENT PLANNING AND REVIEW	
Who participates in regular treatment team meetings? Please check each regular (at least monthly) participant in treatment review/planning.	☒ Psychiatrist ☐Pediatrician ☒Nurse ☐Pharmacist ☐ Physical Therapist ☐ Speech Therapist ☐ Occupational Therapist ☐ Education Milieu Staff ☐ Dietitian ☐ Psychologist ☒ Clinician ☒ Behavior Analyst ☒ Other Clinician (name, credentials): Therapists, School Representative, Residential Program Manager, Tribal Representative

Jasper Mountain Center

Residential Treatment Services PRTF Information Inventory

How does your program involve the family in treatment, keep them informed of their child's progress, and prepare them for step-down as part of the discharge process?	Parents assist in intake information and treatment planning and discharge criteria. Parents are involved in weekly family therapy by phone or teleconference. Parents participate in monthly full team meetings including school issues. Parents are invited to have on-site visits on a monthly basis or what works with their schedule. Parents are involved in determining length of stay. We have on-site accommodations for parents at no cost during visits to the Center.
How does your program identify/assess the function of challenging behaviors?	We track specific identified treatment issues that often include serious problem behaviors. We track physical aggression, incidents of self-harm, sexual behaviors and other issues, and depending on the treatment plan we may track disrespect, bullying, non-compliance, tantrums, and elimination issues such as enuresis.
How does your program measure progress on treatment plan goals and objectives (e.g., subjective report, phase/level progress/specific data points)?	We measure progress on multiple measures. We use daily progress on achieving treatment objectives, we monitor serious behavior issues, we use standardized measures to measure improvement in attachment, social skills, communication and daily living skills, personal stability, and dozens of other measures are monitored. We do extensive monitoring depending upon the primary issues of the child.

Does your facility employ a privilege/level/phase system? ☒ Yes ☐ No	If Yes, on what basis do recipients earn privileges or improved level status? We have a system that is very different than most level systems. Children are involved in developing individual treatment objectives. They are rated multiple times per day on their own unique issues. The children who are struggling to meet their goals are on a status focusing on improvement. This is how we make sure that every child is aware each day why they are in a treatment program and what they need to be working on. If No, is there another system the program uses? Click here to type	Under what circumstances, if any, is the level system modified? The level system is based on each child's individual treatment plan and is modified based on age, developmental level, cognitive ability and needs.

TREATMENT	
Does your facility employ or contract with a behavior specialist (behavioral psychologist or BCBA) on the treatment team or staff? ☒ Yes ☐ No	Name and credential(s) of behavior specialist (if the individual does not have a BCBA, please provide a description of the person's training in behavior analysis). We employ a number of highly trained and experienced behavior specialists: Dave Ziegler, PhD Licensed Psychologist, international behavioral expert and author of eight books, 45 years experience; Andy Tyler, Certified CPI behavioral trainer, over 20 years behavior management experience; Three other CPI certified trained trainers on behavior management.
For each of the following professions/licenses, please answer the questions to the right.	

	How does your facility ensure that these professionals' treatment recommendations are implemented and consistently followed?
Dietitian	Recommendations are carried out by the agency nurse, nurse assistance or staff designee. Updates on progress are provided in a monthly written report to each child's clinical team, with health issues also reflected in the monthly Individual Services & Support Plan, compiled by the child's therapist/clinical case manager.
Occupational Therapist	If OT recommendations are applicable to the school setting, interventions are monitored by the child's teacher/special education case manager. If OT recommendations fall outside of the school setting, the child's therapist/clinical case manager ensures and monitors that these interventions are followed. Both educational and clinical domains are reviewed monthly at the child's clinical team meeting, and noted in the child's Individual Services & Support Plan (and in the Individual Educational Plan as applicable).
Speech/Language Pathologist	Speech/Language interventions are generally carried out in the educational setting, with monitoring and reporting by the child's teacher/educational case manager. Significant developments are also reflected in the child's Individual Services & Support Plan, as well as noted in monthly contributions by the educational staff to the clinical team meetings. IEP goal progress is noted quarterly, and goals reassessed annually.
Other Medical (e.g., GI, Sleep)	Recommendations are carried out by the agency nurse, nurse assistant or staff designee. Updates on progress are provided in a monthly written report to each child's clinical team, with health issues also reflected in the monthly Individual Services & Support Plan, compiled by the child's therapist/clinical case manager.
Dental	Recommendations are carried out by the agency nurse, nurse assistant or staff designee. Updates on progress are provided in a monthly written report to each child's clinical team, with health issues also reflected in the monthly Individual Services & Support Plan, compiled by the child's therapist/clinical case manager.
Other	Click here to type

PSYCHOTHERAPY MODELS

Jasper Mountain Center

Residential Treatment Services PRTF Information Inventory

Please identify the psychotherapeutic models (e.g., CBT, DBT) used at your facility, by population	
Model	**Population**
Holistic integrated treatment including mind, body and spirit. Diet, activity, education, coordination and strength physical development, learning how to work, getting along with others, morality and values weekly groups all integrated within the treatment for every child.	All residents
Relationship based treatment to improve bonding and attachment.	All residents where this is an issue.
Intensive trauma treatment to address the impact of childhood abuse.	All residents with a trauma history (nearly all).
Equestrian program to teach children respect and care of animals	All residents.
Ten federally designated evidence based practices integrated within the program.	Based upon the individual treatment needs of the children.
Family Therapy What are your expectations regarding family therapy?	We provide weekly family therapy as well as more extended on-site family therapy when parents visit our program.
Clinical Supervision Describe how a professional provides clinical oversight to the program. How many hours/week?	We have multiple clinical supervisors. A licensed psychologist oversees all treatment. A licensed clinical social worker supervises therapists. Two licensed marriage and family therapists provide clinical supervision to other therapists. Clinical supervision is individual for an hour a week and group supervision for two hours every other week.
Crisis Supports How does the program assure access to the appropriate care for clients in crisis situation?	We have a National model Crisis Response Program where trained crisis teams are available 24/7 to respond to a child/family crisis and respond to the home and provide a crisis respite stay if needed for three days.
Skill Development Please describe how your facility helps recipients develop the following:	Methods/Interventions/Programs
Interpersonal skills	Our program specializes in improving attachment through multiple methods including assignment of personal mentors.

Jasper Mountain Center

Residential Treatment Services PRTF Information Inventory

Self-Regulation	We focus all treatment plans on building the prefrontal cortex and executive functions such as regulations.
Daily Living	We optimize involvement in daily living including peer skills, chores, animal care, and we monitor normal living skills.
Communication	We do not have TV so children improve communication with contact with peers and adults throughout their day with training to effectively communicate with others. Outcome data reflects much improved communication.
Other	We also work on neuro-integration, improve self perceptions, disconfirmation of past negative roles, building neuro-pathways through mastery and practice enabling internal change or 'changing the child from within.'
Please describe how your facility helps the recipient generalize these skills to their home environment.	We have children increasingly get experience in the larger community to generalize skills. One of the primary methods to do this is in the last phase of treatment where children are placed in trained treatment foster homes to take skills learned in the residence and apply them in a family setting before returning home.

DAILY SCHEDULE	
Please describe the daily schedule.	School days (year round school) up at 7:30 am for breakfast and morning routines, 8:15 school, lunch 12:30, afternoon transition 2:30, check in group and chores 2:45, afternoon activity period to 5:30, dinner 5:30, after dinner activities to 7:45, evening group 8:00, bedtimes depend on age and on meeting individualized personal goals for the day.
How are transitions (to meals, school, activities, etc.) managed?	Transitions are important and we have a schedule, the children are given reminders of the next step, staff oversee smooth movement to the next phase of the day. Many children are working on improving the ability to transition.
How are meals managed (e.g., preparation, clean-up)?	Meals are planned by nutrition staff with our specialized diet of no artificial ingredients or processed food, meals are prepared by support staff, children eat in family style with treatment staff, individual children have chores to assist with set up and table cleaning. Clean up is done by support staff.

Please describe the types of recreational activities available to recipients.	<u>On-Site Activities:</u> Riding and horsemanship in the on-site equestrian center. Running track for the running program, indoor courts for sports and games, therapeutic recreation, hiking and daily physical fun activities. Also arts and crafts for recreation.	<u>Off-Site Activities:</u> Winter swimming at a local aquatics center, old-growth forest hiking, community fun runs, camping at the coast and Cascade mountains, field trips to athletic events and concerts, trips to the coast, snow trips, movies, and much more.

DISCHARGE PLANNING AND POST-TREATMENT	
When does discharge planning begin?	At intake.
Who is responsible for discharge planning at your facility?	The child care team is responsible for discharge with the case manager recommending timeframes. Discharge planning begins at intake with goal setting and establishing measurable criteria for step down care.
What percentage of your recipients return to:	Therapeutic Foster Care: 30% Foster Care: 5% Family: 45% Group Home: 20% Corrections: None Independent Living: Too young
Do you do any post-discharge surveys? ☒ Yes ☐ No	If Yes, when is it conducted? According to past studies we have the most extensive and longest follow-up in the US. Results indicate children improved within the program but are much better at 6 months than at discharge and improvements on 14 or 21 success factors are strengths at 1 year, 3 years and 5 years after discharge. Only 2 of 21 success factors are a weakness overall at 5 years following discharge.

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

The program has 40 years of experience with the most challenging children in the United States, including many foreign born adopted children. We do not screen out any child due to difficult behavior and we do not discharge children due to the severity of behavior. Our pre and post outcome data on very difficult children indicates significant improvement overall and we follow up on all children for 5 years after discharge and track 21 areas of functioning. Our data on 550 children indicates significant improvement overall and we follow up on all children for 5 years after discharge reflect very strong improvement in 16 of 21 success factors overall. Jasper Mountain is the subject of a 2013 award winning documentary 'Once Upon a Mountain,' that shows the lasting impact of the program's Neurological Reparative Therapy approach on the children's positive brain change. Jasper Mountain has a proven track record of accepting the most challenging children and the children reflect remarkable progress as a group. The Program is in a beautiful section of rural Oregon in the Cascade Mountains. The view from the Children's residence spans over 50 miles of mountains and the Willamette Valley below. Many parents wonder if the Program could be as good as it sounds and most parents after treatment say it turned out even better than they hoped. Much more information and a virtual tour is available at www.jaspermountain.org.

Section B

AUTISM SPECTRUM DISORDERS QUESTIONNAIRE	
Please provide additional information regarding the characteristics of the recipients with ASD for whom you can provide specialized treatment (e.g., ASD with IQ under 70, ASD with IQ over 70, Asperger's disorder, etc.). Please be specific, especially regarding developmental age and/or IQ requirements.	Click here to type
Please check each box that corresponds with aspects of treatment at your facility that are listed below.	

Jasper Mountain Center

Residential Treatment Services PRTF Information Inventory

Do you have screening mechanisms for ASD that includes questions about ASD and symptomatology? ☐ Yes ☐ No	If Yes, please list the tools(s) by name and/or send copies. Click here to type
What diagnostic evaluation/assessment process do you use? Please check all that are included	☐ Family interviews ☐ Review of past records ☐Consideration of DSM-V criteria ☐History, including educational and behavioral interventions ☐ Differential diagnosis ☐ Observation ☐ Specific Tools (please identify): Click here to type
Do you do functional behavior assessments? If so, please describe your approach in the school and residential program.	Click here to type
Please describe how the Behavior Analysis is presented in the treatment plan.	Click here to type

For facilities that provide treatment for individuals with Asperger's Disorder or individuals with ASD who do not experience Intellectual Disabilities, please answer the following question:	
Please describe your approach to treatment and any interventions that are employed specifically for this population.	Click here to type

Lakeland Hospital Acquisition, LLC DBA

Residential Treatment Services PRTF Information Inventory

All Psychiatric Residential Treatment Facilities (PRTF) that contract with Alaska Medicaid are required to complete Section A. Facilities that indicate Autism Spectrum Disorder (ASD) as a specialty are also required to complete Section B. The form will be posted on a website in order to be available to families, providers and guardians who are considering placement in a PRTF for a child. If your facility has more than one Alaska Medicaid provider number, please complete one form for each. Use the tab key to move to each new section.

Section A

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

GENERAL OVERVIEW			
Accreditation Body	Missouri Department of Social Services Children's Division		
Indicate which gender(s) you serve and the applicable age range and number of licensed beds below			
	Age Range		# of Licensed Beds
☒Males	6-21		60
☒Females	6-21		36
☒Other	6-21		10 bed co-ed unit
Describe your client: staff ratio and how it is calculated for the following:			
	Nursing	Milieu	Comments
Day	24 hour	6:1	With additional ancillary staff, providing availability for 4:1
Evening	24 hour	6:1	With additional ancillary staff, providing availability for 4:1

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Residential Treatment Services PRTF Information Inventory

Night	24 hour	6:1	With additional ancillary staff, providing availability for 4:1
What safety monitoring practices are applicable during the day? At night?		Staff observation 24/7, chart 15-minute precautions, video monitoring of rooms and open areas.	
Does your facility have requirements regarding IQ? ☒ Yes ☐ No		If yes, please explain. >65, with consideration on an individual basis	
What is the average length of stay for the facility overall? Average is approx. 6 months for PRTF program		For AK Medicaid Recipients? 4.75 months	
Are you anticipating changes to your program? ☐ Yes ☒ No		If yes, please describe. Click here to type	
Is the facility locked or unlocked?		☒ Locked ☐ Unlocked	
Is the facility secure?		☒ Yes ☐ No	
Please describe your facility's approach to treating children and youth with FASD. What kind of training do your staff receive (include milieu as well as clinical staff).		N/A	
Please describe your facility's approach to identifying and treating children and youth with extensive trauma histories. What kind of training do your staff receive (include milieu as well as clinical). Identify your trauma treatment approach and describe the approach regarding staff training and Evidence Based Practices.		All patients are pre-screened and then receive thorough trauma assessment upon admission. All therapists have gone through Trauma-Focused Cognitive Behavioral Therapy training. All staff receive three hours of trauma training during orientation, and then are required to receive an additional eight hours annually. Training is provided by clinicians via evidence-based principles.	
Specialty Populations	Please check all specialty populations this facility serves.	What training does staff receive for this population?	
	☒ Autism Spectrum Disorders (High Functioning and Asperger's) <u>NOTE: Facilities with this specialty must complete Section B</u>	Click here to type	

	☐ Autism Spectrum Disorders (severe/low functioning) NOTE: Facilities with this specialty must complete Section B	Click here to type
	Sexualized behaviors: ☒ Sexually reactive (e.g. response to trauma) ☒ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues) ☒ Sexually offending: ☒ adjudicated/ ☒ non-adjudicated	Cognitive Behavioral Therapy, Risk Management, and Trauma Informed Care, as well as developing coping skills and interventions
	☒ Eating Disorder	In conjunction with other diagnoses; resources provided for outpatient follow-up upon discharge.
	☒ Other Substance abuse	In conjunction with other diagnoses.
	☐ Other Click here to type	Click here to type

Excluded Populations	Please check all populations excluded from this facility.		
	☐ Sexually reactive (e.g. response to trauma)	☐ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues)	Sexually offending: ☐ adjudicated/ ☐ non-adjudicated
	☐ Eating Disorder	☐ Psychosis	☐ Physical Aggression
	☒ Autism Spectrum Disorders (severe/low functioning)	☐ Autism Spectrum Disorders (high functioning/Asperger's)	☐ Self-injurious behaviors
	☐ Suicidal ideation/attempts	☐ Elopement Risk	☐ Fire setting
	☐ Conduct Disorder	☒ Other: Extreme violence or assault with weapon.	☒ Other: Sexually maladaptive 18 and older.
	Comments: The unchecked above are considered on an individual, case by case basis.		

Lakeland Hospital Acquisition, LLC DBA

Residential Treatment Services PRTF Information Inventory

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

How are facility staff trained regarding seclusion and the use of restraint? Please describe initial staff training as well as the follow up training process.	16-hrs training in de-escalation and use of restraints. 4-hr refresher every 6 months. MANDT system certification.	
How frequently are individual and facility seclusion and restraint data reviewed, and by whom?	Individual All incidents reviewed daily by administration and risk manager.	Facility Risk manager receives daily report and provides monthly report.

EDUCATION SERVICES	
Please indicate what types of educational services the facility provides.	☒ On Site School ☐ Day Treatment ☐ Outpatient Services ☒ Other: Contracted speech, physical and occupational therapy. ☐ Other: Click here to type
Comments: Click here to type	
Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	School administrators contact patients' home schools, whether public or private, including IEP and special needs (title 1 services). Individual reports are provided to and from the schools.
Educational Accreditation	Missouri Department of Elementary and Secondary Education full accreditation.
Does your program accept school credits from other schools or programs?	☒ Yes ☐ No
What structured educational models are used?	Certified teachers in classroom setting. Opportunity for GED/HYSET completion.
Does your program accept the Homeschool IEP? ☒ Yes ☐ No	Does your program create an IEP if needed? ☒ Yes ☐ No

Lakeland Hospital Acquisition, LLC DBA

Residential Treatment Services PRTF Information Inventory

TREATMENT PLANNING AND REVIEW	
Who participates in regular treatment team meetings? Please check each regular (at least monthly) participant in treatment review/planning.	☒ Psychiatrist ☐Pediatrician ☒Nurse ☐Pharmacist ☐ Physical Therapist ☐ Speech Therapist ☐ Occupational Therapist ☒ Education Milieu Staff ☐ Dietitian ☐ Psychologist ☒ Clinician ☐ Behavior Analyst ☒ Other Clinician (name, credentials): Unit manager
How does your program involve the family in treatment, keep them informed of their child's progress, and prepare them for step-down as part of the discharge process?	Family therapy is offered weekly, with telehealth option. Telephone calls with patients can be received nightly. Patients nearing discharge earn various stages of family passes and outing passes to help prepare with stepping back into home setting.
How does your program identify/assess the function of challenging behaviors?	Treatment team meetings, daily shift reports, daily administrative flash reports, and unit meetings.

Lakeland Hospital Acquisition, LLC DBA

Residential Treatment Services PRTF Information Inventory

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

TREATMENT	
Does your facility employ or contract with a behavior specialist (behavioral psychologist or BCBA) on the treatment team or staff? ☒ Yes ☐ No	Name and credential(s) of behavior specialist (if the individual does not have a BCBA, please provide a description of the person's training in behavior analysis). Our Medical Director, Richard Aiken, MD, PhD, residency and fellowship in child and adolescent psychiatry, is credentialed in behavioral management of children and adolescents, having residency and fellowship advanced training. He is on the treatment team for all patients.
For each of the following professions/licenses, please answer the questions to the right.	
	How does your facility ensure that these professionals' treatment recommendations are implemented and consistently followed?
Dietitian	Monitoring by nursing staff and dietician.
Occupational Therapist	Monitoring by Director of Rehab Services.
Speech/Language Pathologist	Monitoring by School Administrator
Other Medical (e.g., GI, Sleep)	Monitoring by Nursing Supervisor
Dental	Monitoring by Nursing Supervisor
Other	Monitoring by Nursing Supervisor

Lakeland Hospital Acquisition, LLC DBA

Residential Treatment Services PRTF Information Inventory

PSYCHOTHERAPY MODELS	
Please identify the psychotherapeutic models (e.g., CBT, DBT) used at your facility, by population	
Model	**Population**
TF CBT	All
Click here to type	Click here to type
Click here to type	Click here to type
Click here to type	Click here to type
Click here to type	Click here to type

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

Lakeland Hospital Acquisition, LLC DBA

Residential Treatment Services PRTF Information Inventory

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

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

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

Section B

AUTISM SPECTRUM DISORDERS QUESTIONNAIRE	
Please provide additional information regarding the characteristics of the recipients with ASD for whom you can provide specialized treatment (e.g., ASD with IQ under 70, ASD with IQ over 70, Asperger's disorder, etc.). Please be specific, especially regarding developmental age and/or IQ requirements.	ASD with IQ>70, must be able to perform own ADL's, to participate in group interactions and therapies, as well as to read and comprehend as well as write.
Please check each box that corresponds with aspects of treatment at your facility that are listed below.	
Do you have screening mechanisms for ASD that includes questions about ASD and symptomatology? ☐ Yes ☒ No	If Yes, please list the tools(s) by name and/or send copies.
What diagnostic evaluation/assessment process do you use? Please check all that are included	☒ Family interviews ☒ Review of past records ☒Consideration of DSM-V criteria ☒History, including educational and behavioral interventions ☒ Differential diagnosis ☒ Observation ☐ Specific Tools (please identify): Click here to type

Do you do functional behavior assessments? If so, please describe your approach in the school and residential program.	No.
Please describe how the Behavior Analysis is presented in the treatment plan.	Click here to type

For facilities that provide treatment for individuals with Asperger's Disorder or individuals with ASD who do not experience Intellectual Disabilities, please answer the following question:	
Please describe your approach to treatment and any interventions that are employed specifically for this population.	Click here to type

Please use the space below for additional comments.
Click here to type

Lakemary Center

Residential Treatment Services PRTF Information Inventory

All Psychiatric Residential Treatment Facilities (PRTF) that contract with Alaska Medicaid are required to complete Section A. Facilities that indicate Autism Spectrum Disorder (ASD) as a specialty are also required to complete Section B. The form will be posted on a website in order to be available to families, providers and guardians who are considering placement in a PRTF for a child. If your facility has more than one Alaska Medicaid provider number, please complete one form for each. Use the tab key to move to each new section.

Section A

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

GENERAL OVERVIEW			
Accreditation Body	CARF		
Indicate which gender(s) you serve and the applicable age range and number of licensed beds below			
	Age Range		# of Licensed Beds
☒Males	6-21		65 total (not gender specific)
☒Females	6-21		65 total (not gender specific)
☒Other	6-21		65 total (not gender specific)
Describe your client:staff ratio and how it is calculated for the following:			
	Nursing	Milieu	Comments
Day	One RN on campus	1:4	Lakemary now offers 24/7 nursing with onsite RN at all times.
Evening	One RN on campus	1:4	Click here to type
Night	One RN on campus	1:10	Click here to type

Lakemary Center

Residential Treatment Services PRTF Information Inventory

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

Lakemary Center

Residential Treatment Services PRTF Information Inventory

Specialty Populations	Please check all specialty populations this facility serves.		What training does staff receive for this population?
	☒ Autism Spectrum Disorders (High Functioning and Asperger's) NOTE: Facilities with this specialty must complete Section B		All staff receive training in basic diagnostic overview, basic behavioral approaches, and positive behavior interventions and supports.
	☒ Autism Spectrum Disorders (severe/low functioning) NOTE: Facilities with this specialty must complete Section B		All staff receive training in basic diagnostic overview, basic behavioral approaches, and positive behavior interventions and supports.
	Sexualized behaviors: ☒ Sexually reactive (e.g. response to trauma) ☒ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues) ☐ Sexually offending: ☐ adjudicated/ ☐ non-adjudicated		All staff receive training in basic diagnostic overview, basic behavioral approaches, trauma sensitive care, and positive behavior interventions and supports.
	☐ Eating Disorder		Click here to type
	☐ Other Click here to type		Click here to type
	☐ Other Click here to type		Click here to type
Excluded Populations	Please check all populations excluded from this facility.		
	☐ Sexually reactive (e.g. response to trauma)	☐ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues)	Sexually offending: ☒ adjudicated/ ☒ non-adjudicated
	☐ Eating Disorder	☐ Psychosis	☐ Physical Aggression
	☐ Autism Spectrum Disorders (severe/low functioning)	☐ Autism Spectrum Disorders (high functioning/Asperger's)	☐ Self-injurious behaviors
	☐ Suicidal ideation/attempts	☐ Elopement Risk	☐ Fire setting

Lakemary Center

Residential Treatment Services PRTF Information Inventory

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

Lakemary Center

Residential Treatment Services PRTF Information Inventory

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

Lakemary Center

Residential Treatment Services PRTF Information Inventory

EDUCATION SERVICES	
Please indicate what types of educational services the facility provides.	☒ On Site School ☐ Day Treatment ☐ Outpatient Services ☐ Other: Click here to type ☐ Other: Click here to type
Comments: Click here to type	
Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	All children at Lakemary Center have an IEP for special education services, so it is imperative the home district is involved with the child's education. The Admissions Coordinator communicates with school districts prior to admissions, if necessary. The child's therapist and school administrator communicate with the child's home school while the child is at Lakemary, depending on the issue. Additionally, any IEP team member may participate in this communication. The home district is always a part of the child's annual IEP meeting. Prior to discharge, the child's therapist communicates as part of the discharge planning process to share information regarding needed treatment modalities and transition.
Educational Accreditation	Lakemary School is a special purpose non-public school which is an extension of USD 368 in Kansas. The school is licensed and accredited by Kansas Department of Education.
Does your program accept school credits from other schools or programs?	☒ Yes ☐ No
What structured educational models are used?	Structured teaching, TEACCH
Does your program accept the Homeschool IEP? ☒ Yes ☐ No	Does your program create an IEP if needed? ☐ Yes ☒ No

Lakemary Center

Residential Treatment Services PRTF Information Inventory

TREATMENT PLANNING AND REVIEW	
Who participates in regular treatment team meetings? Please check each regular (at least monthly) participant in treatment review/planning.	☒ Psychiatrist ☐Pediatrician ☒Nurse ☐Pharmacist ☐ Physical Therapist ☐ Speech Therapist ☐ Occupational Therapist ☐ Education Milieu Staff ☐ Dietitian ☐ Psychologist ☒ Clinician ☐ Behavior Analyst ☐ Other Clinician (name, credentials): Click here to type
How does your program involve the family in treatment, keep them informed of their child's progress, and prepare them for step-down as part of the discharge process?	Lakemary requests that all families participate in weekly family therapy. We include them via any method that allows participation. We generally have at least weekly phone calls and/or emails. They participate bi-weekly in the child's treatment planning. They contribute to the goals and objectives developed for their child. Since discharge planning begins at admission, the family is involved in the discharge planning process from the beginning, with objectives and support needs clearly defined.
How does your program identify/assess the function of challenging behaviors?	Behavior function is discussed at each child's treatment planning process meeting. For the more difficult behavior/function discovery, our IBSP Clinical Coordinator completes a formal functional behavioral analysis (FBA) which goes back to the treatment team for consideration and development of behavior intervention plans (BIP) designed to teach alternate coping mechanisms or behavioral responses.

How does your program measure progress on treatment plan goals and objectives (e.g., subjective report, phase/level progress/specific data points)?	All treatment objectives are client-centered, observable, and measurable, making them data-driven. We monitor data through looking at decreases in challenging behaviors during two-week reporting periods, and increases in objective achievement (focused on prosocial behavior and/or coping skills) in the same time period.	
Does your facility employ a privilege/level/phase system? ☒ Yes ☐ No	If Yes, on what basis do recipients earn privileges or improved level status? Residents earn points for demonstrating STARS behavior (Be Safe/Try Your Best/Ask for Help/Be Responsible/Show Respect). They are able to save/spend their points 1-2 times weekly for tangible items and privileges. Residents do not lose points they have already earned, but lose the opportunity to earn points if engaging in negative behaviors. If No, is there another system the program uses? Click here to type	Under what circumstances, if any, is the level system modified? The token economy may be modified for a resident who needs more frequent reinforcement or who does not respond to the token economy. Changes to a child's individual system are discussed and made during weekly Children's Services Team Meeting, including representatives from all areas of children's programming.

TREATMENT	
Does your facility employ or contract with a behavior specialist (behavioral psychologist or BCBA) on the treatment team or staff? ☒ Yes ☐ No	Name and credential(s) of behavior specialist (if the individual does not have a BCBA, please provide a description of the person's training in behavior analysis). Lakemary currently employs two full-time BCBAs (Chris Delap and Tyler Re).
For each of the following professions/licenses, please answer the questions to the right.	

	How does your facility ensure that these professionals' treatment recommendations are implemented and consistently followed?
Dietitian	Recommendations are communicated to medical, clinical, and kitchen staff directly.
Occupational Therapist	Implemented per IEP
Speech/Language Pathologist	Implemented per IEP
Other Medical (e.g., GI, Sleep)	Routed through medical department for implementation
Dental	Provide onsite dental clinics on a monthly basis
Other	Click here to type

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

Lakemary Center

Residential Treatment Services PRTF Information Inventory

Crisis Supports How does the program assure access to the appropriate care for clients in crisis situation?	All staff are trained in crisis intervention and safe crisis management. Any of these individuals are available to assist in a crisis. We utilize an assistance team which is comprised of veteran staff especially skilled in de-escalating crisis situations. These professionals are available on each shift.
Skill Development Please describe how your facility helps recipients develop the following:	Methods/Interventions/Programs
Interpersonal skills	Treatment plan goals and objectives, milieu treatment/training, individual & group therapy, IEP goals, life skills & vocational programming
Self-Regulation	Treatment plan goals and objectives, milieu treatment/training, individual 7 group therapy, IEP goals, life skills & vocational programming
Daily Living	Treatment plan goals and objectives, milieu treatment/training, occupational therapy, IEP goals, life skills & vocational programming
Communication	Treatment plan goals and objectives, milieu treatment/training, speech therapy, individual & group therapy, IEP goals, life skills & vocational programming
Other	Click here to type
Please describe how your facility helps the recipient generalize these skills to their home environment.	Repetition, positive praise/positive behavioral supports, weekly individual therapy, group therapy, parent training/coaching, therapeutic home passes, follow-up contact after the child discharges from Lakemary

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

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

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

Do you do any post-discharge surveys? ☒ Yes ☐ No	If Yes, when is it conducted? Upon discharge

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

Section B

AUTISM SPECTRUM DISORDERS QUESTIONNAIRE	
Please provide additional information regarding the characteristics of the recipients with ASD for whom you can provide specialized treatment (e.g., ASD with IQ under 70, ASD with IQ over 70, Asperger's disorder, etc.). Please be specific, especially regarding developmental age and/or IQ requirements.	The majority of our residents with ASD are functioning at a lower cognitive level, typically IQ of 70 or below. However, we do consider individuals who are higher functioning on the spectrum if they demonstrate significant social skill deficits which would make them appropriate within our treatment milieu.
Please check each box that corresponds with aspects of treatment at your facility that are listed below.	
Do you have screening mechanisms for ASD that includes questions about ASD and symptomatology? ☐ Yes ☒ No	If Yes, please list the tools(s) by name and/or send copies. We review previous diagnostic assessments prior to admission. If information is outdated, we refer for psychological testing and assessment.

Lakemary Center

Residential Treatment Services PRTF Information Inventory

What diagnostic evaluation/assessment process do you use? Please check all that are included	☒ Family interviews ☒ Review of past records ☒Consideration of DSM-V criteria ☒History, including educational and behavioral interventions ☒ Differential diagnosis ☒ Observation ☒ Specific Tools (please identify): ADI-R, GADS, GARS, CARS, BASC, Conners CBRS, PDDBI, NEPSY, etc.
Do you do functional behavior assessments? If so, please describe your approach in the school and residential program.	Lakemary includes an Intensive Behavior Supports Program (IBSP), facilitated by our IBSP Clinical Coordinator, a Licensed Masters Level Psychologist who is an Autism Specialist and completing his supervision hours to become a BCBA. Our IBSP Clinical Coordinator also consults on cases to complete an FBA and develop a BIP when appropriate.
Please describe how the Behavior Analysis is presented in the treatment plan.	For residents within the IBSP, specific behavioral data is included on a 28-day basis within the "Current Treatment Progress Overview".

For facilities that provide treatment for individuals with Asperger's Disorder or individuals with ASD who do not experience Intellectual Disabilities, please answer the following question:	
Please describe your approach to treatment and any interventions that are employed specifically for this population.	We only serve children with ASD without ID only if there are significant social or other adaptive functioning deficits present. Our educational program is entirely self-contained special education and our program is built around providing positive behavior intervention and supports as well as skills training in emotional identification, emotional communication, and emotional regulation; social skills training, etc.

Please use the space below for additional comments.
Click here to type

Little Creek Behavioral Health

Residential Treatment Services PRTF Information Inventory

All Psychiatric Residential Treatment Facilities (PRTF) that contract with Alaska Medicaid are required to complete Section A. Facilities that indicate Autism Spectrum Disorder (ASD) as a specialty are also required to complete Section B. The form will be posted on a website in order to be available to families, providers and guardians who are considering placement in a PRTF for a child. If your facility has more than one Alaska Medicaid provider number, please complete one form for each. Use the tab key to move to each new section.

Section A

FACILITY INFORMATION	
Site/Cottage/Facility Name	Little Creek Behavioral Health
Address	161 Skunk Hollow Rd., Conway, AR 72032
Contact number	1-501-585-7698
Name and title of person completing this form	Misty Benham, Business Office Director

GENERAL OVERVIEW			
Accreditation Body	The Joint Commission		
Indicate which gender(s) you serve and the applicable age range and number of licensed beds below			
	Age Range		# of Licensed Beds
☒Males	Ages 6-18		32
☒Females	Ages 6-18		32
☐Other	Click here to type		Click here to type
Describe your client: staff ratio and how it is calculated for the following:			
	Nursing	Milieu	Comments
Day	1 to 32	1 to 6	Click here to type
Evening	1 to 32	1 to 6	Click here to type
Night	1 to 32	1 to 8	Click here to type

Little Creek Behavioral Health

Residential Treatment Services PRTF Information Inventory

What safety monitoring practices are applicable during the day? At night?	15 minutes checks during the day and night and patients are required to be in eye sight of the staff at all times. During the night, the staff will continue 15 minutes while a sleep	
Does your facility have requirements regarding IQ? ☒ Yes ☐ No	If yes, please explain. 70 and above	
What is the average length of stay for the facility overall? 6 months	For AK Medicaid Recipients? 6 months	
Are you anticipating changes to your program? ☐ Yes ☒ No	If yes, please describe. Click here to type	
Is the facility locked or unlocked?	☒ Locked ☐ Unlocked	
Is the facility secure?	☒ Yes ☐ No	
Please describe your facility's approach to treating children and youth with FASD. What kind of training do your staff receive (include milieu as well as clinical staff).	The staff and clinical staff are trained in Cognitive Behavioral interventions and techniques	
Please describe your facility's approach to identifying and treating children and youth with extensive trauma histories. What kind of training do your staff receive (include milieu as well as clinical). Identify your trauma treatment approach and describe the approach regarding staff training and Evidence Based Practices.	The facility identifies the children and/or youth by their psychosocial history and will develop an individualized plan of care to address the past trauma. The milieu staff receives training during their training orientation. The clinical staff have been trained and in EMDR and CBT-Trauma Focused Therapy.	
Specialty Populations	Please check all specialty populations this facility serves.	What training does staff receive for this population?
	☒ Autism Spectrum Disorders (High Functioning and Asperger's) <u>NOTE: Facilities with this specialty must complete Section B</u>	The staff receives training during orientation on how to work with children with disabilities including those who have been diagnosed with Autism Spectrum Disorders and/or Asperger's.
	☐ Autism Spectrum Disorders (severe/low functioning) <u>NOTE: Facilities with this specialty must complete Section B</u>	Click here to type

Little Creek Behavioral Health

Residential Treatment Services PRTF Information Inventory

	Sexualized behaviors: ☒ Sexually reactive (e.g. response to trauma) ☐ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues) ☐ Sexually offending: ☐ adjudicated/ ☐ non-adjudicated		CBT and EMDR
	☐ Eating Disorder		Click here to type
	☒ Other Deaf/Hard of hearing (Little Creek's Dragon Tree unit hosts the only residential unit for behavioral health in the country for deaf/hard of hearing children and adolescents.)		Staff have training in ASL (American Sign Language) and interpreters are also brought in for therapy and school, as well as on an as-needed basis.
	☐ Other Click here to type		Click here to type
Excluded Populations	Please check all populations excluded from this facility.		
	☐ Sexually reactive (e.g. response to trauma)	☒ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues)	Sexually offending: ☒ adjudicated/ ☒ non-adjudicated
	☒ Eating Disorder	☐ Psychosis	☐ Physical Aggression
	☒ Autism Spectrum Disorders (severe/low functioning)	☐ Autism Spectrum Disorders (high functioning/Asperger's)	☐ Self-injurious behaviors
	☐ Suicidal ideation/attempts	☐ Elopement Risk	☐ Fire setting
	☐ Conduct Disorder	☐ Other: Click here to type	☐ Other: Click here to type
	Comments: Click here to type		

Little Creek Behavioral Health

Residential Treatment Services PRTF Information Inventory

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

Little Creek Behavioral Health

Residential Treatment Services PRTF Information Inventory

Does the facility use seclusion? ☐ Yes ☒ No Does the facility use restraints? ☒ Yes ☐ No If so, what type of restraints? ☒ Physical ☐ Mechanical	When are restraints and/or seclusion used? Restraints (Physical and Chemical) used when youth/child are a danger to themselves and others.	
How are facility staff trained regarding seclusion and the use of restraint? Please describe initial staff training as well as the follow up training process.	The staff are trained therapeutic crisis intervention techniques (TCI) during their initial training and will have a refresher course every 6 months after their initial training. They are trained on when to use the restraints and how to properly initiate and implement the restraint and/or seclusion.	
How frequently are individual and facility seclusion and restraint data reviewed, and by whom? Director of Risk Management	Individual Weekly	Facility Monthly

EDUCATION SERVICES	
Please indicate what types of educational services the facility provides.	☒ On Site School ☐ Day Treatment ☐ Outpatient Services ☐ Other: Click here to type ☐ Other: Click here to type
Comments: Edgenuity	
Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	On admission, the teachers will contact youth/child's previous school district (home-based school) and obtain educational records (current IEP, grades, and testing). During treatment, teachers will continue to communicate during conference calls or treatment team meetings with home based school to maintain current IEP or get an updated IEP to continue to provide the services needed for the youth/child.
Educational Accreditation	Arkansas Department of Education
Does your program accept school credits from other schools or programs?	☒ Yes ☐ No

Little Creek Behavioral Health

Residential Treatment Services PRTF Information Inventory

What structured educational models are used?	Multiage Program paired with project/inquiry based learning
Does your program accept the Homeschool IEP? ☒ Yes ☐ No	Does your program create an IEP if needed? ☒ Yes ☐ No

TREATMENT PLANNING AND REVIEW	
Who participates in regular treatment team meetings? Please check each regular (at least monthly) participant in treatment review/planning.	☒ Psychiatrist ☐Pediatrician ☒Nurse ☐Pharmacist ☐ Physical Therapist ☐ Speech Therapist ☐ Occupational Therapist ☒ Education Milieu Staff ☐ Dietitian ☐ Psychologist ☒ Clinician ☐ Behavior Analyst ☒ Other Clinician (name, credentials): Teacher, Case Manager and/or Clinical Director
How does your program involve the family in treatment, keep them informed of their child's progress, and prepare them for step-down as part of the discharge process?	The program involves the family in treatment by inviting them to monthly conference calls. During those monthly conference calls, the guardian and/or family will be provided with the youth and/or child progress, behaviors, and any changes in treatment; discuss potential step-down placements and discharge process; and prepare both the youth/child and their guardian/family for discharge.

Little Creek Behavioral Health

Residential Treatment Services PRTF Information Inventory

How does your program identify/assess the function of challenging behaviors?	The program identifies and assess the function of challenging behaviors by their daily documentation sheets and observation. The program reviews their daily documentation weekly and determine how to address the youth/child's challenging behaviors.	
How does your program measure progress on treatment plan goals and objectives (e.g., subjective report, phase/level progress/specific data points)?	The program measures the youth/child's progress based a subjective report that includes how often they implement their coping strategies/skills in all settings when they are triggered and/or during a crisis; staff observation; engagement in all interventions and modalities (individual, group, and family therapy); and evaluating their daily documentation forms.	
Does your facility employ a privilege/level/phase system? ☒ Yes ☐ No	If Yes, on what basis do recipients earn privileges or improved level status? Youth/Child will earn privileges and improved level status based on their engagement in all activities, therapy including individual and group, and behaviors. If No, is there another system the program uses? Click here to type	Under what circumstances, if any, is the level system modified? No

TREATMENT	
Does your facility employ or contract with a behavior specialist (behavioral psychologist or BCBA) on the treatment team or staff? ☐ Yes ☒ No	Name and credential(s) of behavior specialist (if the individual does not have a BCBA, please provide a description of the person's training in behavior analysis). Facility employs LAC's, LPC's, LMSW's, and LCSW's
For each of the following professions/licenses, please answer the questions to the right.	

	How does your facility ensure that these professionals' treatment recommendations are implemented and consistently followed?
Dietitian	Based on the youth/child's dietary needs and recommendations from PCP, Dietitian will implement and review monthly
Occupational Therapist	Based on youth/child's needs and recommendation, facility will hire a contracted Occupational Therapist and services will be reviewed monthly to make sure services recommendations are being implemented.
Speech/Language Pathologist	Based on youth/child's needs and recommendation, facility will hire a contracted Speech/Language Pathologist and services will be reviewed monthly to make sure services recommendations are being implemented.
Other Medical (e.g., GI, Sleep)	Based on the youth/child's medical needs and recommendations from PCP/APRN, an appointment will be scheduled by nursing staff for the youth/child to see a specialist/specialists. APRN/DON will make sure all recommendations from specialist/specialists are implemented by nursing staff and review weekly.
Dental	Based on the youth/child's dental needs and recommendations from dentist. DON will make sure all recommendations from dentist are implemented by the nursing staff and reviewed by the nursing staff weekly and/or monthly.
Other	Click here to type

PSYCHOTHERAPY MODELS	
Please identify the psychotherapeutic models (e.g., CBT, DBT) used at your facility, by population	
Model	**Population**
Cognitive Behavioral Therapy	Mood Disorders, Anxiety Disorder, Oppositional Defiant Disorders, Conduct Disorder, and Major Depressive Disorder
Person Centered Therapy	All Disorders
Eye Movement Desensitization & Reprocessing Therapy	Victims of trauma and who have been diagnosed with PTSD
Cognitive Behavior Therapy-Trauma Focused Therapy	Victims of trauma and who have been diagnosed with PTSD
Click here to type	Click here to type

Little Creek Behavioral Health

Residential Treatment Services PRTF Information Inventory

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

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

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

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

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

Little Creek Behavioral Health

Residential Treatment Services PRTF Information Inventory

Section B

AUTISM SPECTRUM DISORDERS QUESTIONNAIRE	
Please provide additional information regarding the characteristics of the recipients with ASD for whom you can provide specialized treatment (e.g., ASD with IQ under 70, ASD with IQ over 70, Asperger's disorder, etc.). Please be specific, especially regarding developmental age and/or IQ requirements.	ASD with IQ over 70
Please check each box that corresponds with aspects of treatment at your facility that are listed below.	
Do you have screening mechanisms for ASD that includes questions about ASD and symptomatology? ☐ Yes ☒ No	If Yes, please list the tools(s) by name and/or send copies. Click here to type
What diagnostic evaluation/assessment process do you use? Please check all that are included	☒ Family interviews ☒ Review of past records ☒Consideration of DSM-V criteria ☒History, including educational and behavioral interventions ☐ Differential diagnosis ☒ Observation ☐ Specific Tools (please identify): Click here to type
Do you do functional behavior assessments? If so, please describe your approach in the school and residential program.	No, youth/child will be referred out for testing/assessments.

Little Creek Behavioral Health

Residential Treatment Services PRTF Information Inventory

Please describe how the Behavior Analysis is presented in the treatment plan.	N/A

For facilities that provide treatment for individuals with Asperger's Disorder or individuals with ASD who do not experience Intellectual Disabilities, please answer the following question:	
Please describe your approach to treatment and any interventions that are employed specifically for this population.	Cognitive Behavioral Therapy that includes talk therapy, role play, relaxation, and anger management. Based on the youth/child needs and recommendations, youth/child will be provided with a contracted occupational therapist.

Please use the space below for additional comments.
Click here to type

Millcreek Behavioral Health

Residential Treatment Services PRTF Information Inventory

All Psychiatric Residential Treatment Facilities (PRTF) that contract with Alaska Medicaid are required to complete Section A. Facilities that indicate Autism Spectrum Disorder (ASD) as a specialty are also required to complete Section B. The form will be posted on a website in order to be available to families, providers and guardians who are considering placement in a PRTF for a child. If your facility has more than one Alaska Medicaid provider number, please complete one form for each.

Section A

FACILITY INFORMATION	
Site/Cottage/Facility Name	Habilitation Center, LLC dba Millcreek of Arkansas
Address	1828 Industrial Drive Fordyce, AR 71742
Contact number	870 – 352 - 8203
Name and title of person completing this form	Misty Benham, Business Office Director

GENERAL OVERVIEW			
Accreditation Body	Joint Commission		
Indicate which gender(s) you serve and the applicable age range and number of licensed beds below			
	Age Range	# of Licensed Beds	
☒Males	6-18	118	
☒Females	6-18	52	
☐Other	Click here to type	Click here to type	
Describe your client:staff ratio and how it is calculated for the following:			
	Nursing	Milieu	Comments
Day	7	1:6 + supervisors	Administrative and nurses not included in ratio
Evening	4	1:6 + supervisors	Administrative and nurses not included in ratio
Night	4	1:8 +supervisors	Administrative and nurses not included in ratio

Millcreek Behavioral Health

Residential Treatment Services PRTF Information Inventory

What safety monitoring practices are applicable during the day? At night?	All patients are constantly monitored throughout the day. Completing and at a minimum every 15 minute check and documenting same. Night staff have the same requirement while patients are sleeping.	
Does your facility have requirements regarding IQ? ☒ Yes ☐ No	If yes, please explain. IQ of 60 and above	
What is the average length of stay for the facility overall? 6 – 9 months	For AK Medicaid Recipients? 6 – 9 months	
Are you anticipating changes to your program? ☐ Yes ☒ No	If yes, please describe. Click here to type	
Is the facility locked or unlocked?	☒ Locked ☐ Unlocked	
Is the facility secure?	☒ Yes ☐ No	
Please describe your facility's approach to treating children and youth with FASD. What kind of training do your staff receive (include milieu as well as clinical staff).	Administrative and nurses not included in ratio Referrals will generally give us that history of FASD. There is a 2 week training upon hire and yearly updates. Regular training with the child.	
Please describe your facility's approach to identifying and treating children and youth with extensive trauma histories. What kind of training do your staff receive (include milieu as well as clinical). Identify your trauma treatment approach and describe the approach regarding staff training and Evidence Based Practices.	Trauma Informed Care, CBT, and DBT are utilized. Treatment plans are individualized to address the presenting problems through specific, measurable, agreed upon, realistic, and time specific goals and objectives. Training is individually focused depending on the child. Clinicians participate in continuing education courses to maintain current knowledge of best practices.	
Specialty Populations	Please check all specialty populations this facility serves.	What training does staff receive for this population?
	☒ Autism Spectrum Disorders (High Functioning and Asperger's) <u>NOTE: Facilities with this specialty must complete Section B</u>	Initial training and individualized training for child

	☐ Autism Spectrum Disorders (severe/low functioning) NOTE: Facilities with this specialty must complete Section B	Click here to type	
	Sexualized behaviors: ☒ Sexually reactive (e.g. response to trauma) ☒ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues) ☐ Sexually offending: ☐ adjudicated/ ☐ non-adjudicated	initial training and individualized training for child	
	☐ Eating Disorder	Click here to type	
	☐ Other Click here to type	Click here to type	
	☐ Other Click here to type	Click here to type	
Excluded Populations	Please check all populations excluded from this facility.		
	☐ Sexually reactive (e.g. response to trauma)	☐ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues)	Sexually offending: ☒ adjudicated/ ☐ non-adjudicated
	☒ Eating Disorder	☐ Psychosis	☐ Physical Aggression
	☒ Autism Spectrum Disorders (severe/low functioning)	☐ Autism Spectrum Disorders (high functioning/Asperger's)	☐ Self-injurious behaviors
	☐ Suicidal ideation/attempts	☐ Elopement Risk	☐ Fire setting
	☐ Conduct Disorder	☐ Other: Click here to type	☐ Other: Click here to type
	Comments: Click here to type		

Millcreek Behavioral Health

Residential Treatment Services PRTF Information Inventory

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

Millcreek Behavioral Health

Residential Treatment Services PRTF Information Inventory

How frequently are individual and facility seclusion and restraint data reviewed, and by whom?	Individual Daily – Director of Nursing and Clinical Director	Facility Click here to type

EDUCATION SERVICES	
Please indicate what types of educational services the facility provides.	☒ On Site School ☐ Day Treatment ☐ Outpatient Services ☐ Other: Click here to type ☐ Other: Click here to type
Comments: Click here to type	
Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	By phone, e – mail and fax
Educational Accreditation	Credits from our school are transferable. Because we don't house kids for several years, we meet kids where their current home schools have them leveled as well as complete our own educational assessment. Therefor we don't accept other schools credits but rather do credit recovery for the home school.
Does your program accept school credits from other schools or programs?	☒ Yes ☐ No
What structured educational models are used?	Students attend a traditional school day that is structured from 8 to 2:30.
Does your program accept the Homeschool IEP? ☒ Yes ☐ No	Does your program create an IEP if needed? ☒ Yes ☐ No

Millcreek Behavioral Health

Residential Treatment Services PRTF Information Inventory

TREATMENT PLANNING AND REVIEW	
Who participates in regular treatment team meetings? Please check each regular (at least monthly) participant in treatment review/planning.	☒ Psychiatrist ☐Pediatrician ☒Nurse ☐Pharmacist ☐ Physical Therapist ☐ Speech Therapist ☐ Occupational Therapist ☒ Education Milieu Staff ☐ Dietitian ☐ Psychologist ☒ Clinician ☐ Behavior Analyst ☐ Other Clinician (name, credentials):

Millcreek Behavioral Health

Residential Treatment Services PRTF Information Inventory

How does your program involve the family in treatment, keep them informed of their child's progress, and prepare them for step-down as part of the discharge process?	Family sessions are conducted weekly telephonically. Quarterly visits for 2 family members. Nurses also contact for any injury or change in meds. Child has 4 phone calls per week, if not on restriction. If on restriction the frequency is reduced to 2 calls per week.	
How does your program identify/assess the function of challenging behaviors?	Observation and documentation	
How does your program measure progress on treatment plan goals and objectives (e.g., subjective report, phase/level progress/specific data points)?	Subjective report by team, increase in phase level	
Does your facility employ a privilege/level/phase system? ☒ Yes ☐ No	If Yes, on what basis do recipients earn privileges or improved level status? The children earn privileges throughout the week. Levels are increased or decreased based on the feedback from direct care staff. If No, is there another system the program uses? Click here to type	Under what circumstances, if any, is the level system modified? Level system is created to allow child to be individually successful. Expectations and goals are individually based and if the treatment team feels as though adjustments need to be made, the adjustments are made involving all of necessary individuals working with the child.

TREATMENT

Millcreek Behavioral Health

Residential Treatment Services PRTF Information Inventory

Does your facility employ or contract with a behavior specialist (behavioral psychologist or BCBA) on the treatment team or staff? ☐ Yes ☒ No	Name and credential(s) of behavior specialist (if the individual does not have a BCBA, please provide a description of the person's training in behavior analysis). N/A

For each of the following professions/licenses, please answer the questions to the right.	
	How does your facility ensure that these professionals' treatment recommendations are implemented and consistently followed?
Dietitian	Yes
Occupational Therapist	Yes
Speech/Language Pathologist	Yes
Other Medical (e.g., GI, Sleep)	Click here to type
Dental	Click here to type
Other	Click here to type

PSYCHOTHERAPY MODELS	
Please identify the psychotherapeutic models (e.g., CBT, DBT) used at your facility, by population	
Model	**Population**
CBT	Child and adolescents diagnosed with psychological disorders
Trauma Informed Care	We utilize trauma informed care with children and adolescents who have significant emotional problems (e.g., symptoms of posttraumatic stress disorder, fear, anxiety, or depression) related to traumatic life events.
DBT	Children and adolescents diagnosed with mood disorders, SIB, sexual abuse survivors, and personality disorders
Click here to type	Click here to type
Click here to type	Click here to type

Millcreek Behavioral Health

Residential Treatment Services PRTF Information Inventory

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

Millcreek Behavioral Health

Residential Treatment Services PRTF Information Inventory

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

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

What percentage of your recipients return to:	Therapeutic Foster Care: Unknown Foster Care: Unknown Family: Unknown Group Home: Unknown Corrections: Unknown Independent Living: Unknown
Do you do any post-discharge surveys? ☐ Yes ☒ No	If Yes, when is it conducted? Click here to type

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

Section B

AUTISM SPECTRUM DISORDERS QUESTIONNAIRE	
Please provide additional information regarding the characteristics of the recipients with ASD for whom you can provide specialized treatment (e.g., ASD with IQ under 70, ASD with IQ over 70, Asperger's disorder, etc.). Please be specific, especially regarding developmental age and/or IQ requirements.	Millcreek can provide ASD support for children who are high functioning and well as Asperger's. IQ's must be greater than 70. Millcreek does not employ an ABA therapist but makes appropriate accommodations to its programming to support the ASD child in regards to socialization, communication and external stimuli
Please check each box that corresponds with aspects of treatment at your facility that are listed below.	

Millcreek Behavioral Health

Residential Treatment Services PRTF Information Inventory

Do you have screening mechanisms for ASD that includes questions about ASD and symptomatology? ☐ Yes ☒ No	If Yes, please list the tools(s) by name and/or send copies. We utilize the current updated clinical information of a child to help determine the proper accommodations (if any) that is needed with a child on the spectrum
What diagnostic evaluation/assessment process do you use? Please check all that are included	☒ Family interviews ☒ Review of past records ☒Consideration of DSM-V criteria ☒History, including educational and behavioral interventions ☐ Differential diagnosis ☒ Observation ☐ Specific Tools (please identify): Click here to type
Do you do functional behavior assessments? If so, please describe your approach in the school and residential program.	No
Please describe how the Behavior Analysis is presented in the treatment plan.	N/A

For facilities that provide treatment for individuals with Asperger's Disorder or individuals with ASD who do not experience Intellectual Disabilities, please answer the following question:	
Please describe your approach to treatment and any interventions that are employed specifically for this population.	Treatment modalities are consistent with the modalities provided to the milieu. Behavior modification plans are implemented as needed to target specific maladaptive behaviors.

Keystone Newport News, LLC dba Newport News Behavioral Health Center

All Psychiatric Residential Treatment Facilities (PRTF) that contract with Alaska Medicaid are required to complete Section A. Facilities that indicate Autism Spectrum Disorder (ASD) as a specialty are also required to complete Section B. The form will be posted on a website in order to be available to families, providers and guardians who are considering placement in a PRTF for a child. If your facility has more than one Alaska Medicaid provider number, please complete one form for each. Use the tab key to move to each new section.

Section A

FACILITY INFORMATION	
Site/Cottage/Facility Name	Keystone Newport News, LLC dba Newport News Behavioral Health Center
Address	17579 Warwick Blvd Newport News, VA 23603
Contact number	757-888-0400
Name and title of person completing this form	Chardon Rich, PI Analyst Manager; Damian T. Tucker, Director of Clinical Services

GENERAL OVERVIEW			
Accreditation Body	The Joint Commission		
Indicate which gender(s) you serve and the applicable age range and number of licensed beds below			
	Age Range		# of Licensed Beds
☒Males	11-17		Click here to type
☒Females	11-17		Click here to type
☐Other	Click here to type		108
Describe your client: staff ratio and how it is calculated for the following:			
	Nursing	Milieu	Comments
Day	12: 1	12:2	7am to 7pm Program coordinators and lead techs are also here
Evening	Click here to type	Click here to type	Click here to type
Night	12:1	12:2	7pm to 7am
What safety monitoring practices are applicable during the day? At night?		Click here to type	

Keystone Newport News, LLC dba Newport News Behavioral Health Center

Does your facility have requirements regarding IQ? ☒ Yes ☐ No	If yes, please explain. 65 and higher	
What is the average length of stay for the facility overall? 6 to 9 months	For AK Medicaid Recipients? Click here to type	
Are you anticipating changes to your program? ☒ Yes ☐ No	If yes, please describe. Certified substance abuse program; Full D.B.T. Program	
Is the facility locked or unlocked?	☒ Locked ☐ Unlocked	
Is the facility secure?	☒ Yes ☐ No	
Please describe your facility's approach to treating children and youth with FASD. What kind of training do your staff receive (include milieu as well as clinical staff).	N/A	
Please describe your facility's approach to identifying and treating children and youth with extensive trauma histories. What kind of training do your staff receive (include milieu as well as clinical). Identify your trauma treatment approach and describe the approach regarding staff training and Evidence Based Practices.	The facility currently works with a trauma informed program (The Trauma Informed Academy - formerly known as Risking Connections) with the goal of providing all staff with trauma informed training over the course of fifty-two training modules. Clinical programming for the residents begins with an initial assessment to identify trauma specific issues that are of clinical significance. This is followed by eight separate treatment assignments that focuses on seeking safety, developing strengths, processing the trauma through a trauma narrative and various interventions, and learning how to thrive in spite of the traumatic experience. The program culminates with an exit panel which allows the youth the opportunity to present their treatment accomplishments with the treatment team and stakeholders.	
Specialty Populations	Please check all specialty populations this facility serves.	What training does staff receive for this population?
	☐ Autism Spectrum Disorders (High Functioning and Asperger's) NOTE: Facilities with this specialty must complete Section B	N/A

	☐ Autism Spectrum Disorders (severe/low functioning) NOTE: Facilities with this specialty must complete Section B	N/A
	Sexualized behaviors: ☒ Sexually reactive (e.g. response to trauma) ☒ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues) ☒ Sexually offending: ☒ adjudicated/ ☒ non-adjudicated	The therapist within this program are taking steps to become Certified Sex Offender Treatment Providers (CSOTP). Clinical oversight of the facility's Project Valor Sexually Reactive Youth Program is provided by the Medical Director. Staff working within this program are required to receive specialized training for the purpose of providing appropriate care. Additionally, staff receive bi-weekly training by the clinical staff during unit meetings.
	☐ Eating Disorder	N/A
	☐ Other Click here to type	Click here to type
	☐ Other Click here to type	Click here to type

Excluded Populations	Please check all populations excluded from this facility.		
	☐ Sexually reactive (e.g. response to trauma)	☐ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues)	Sexually offending: ☐ adjudicated/ ☐ non-adjudicated
	☒ Eating Disorder	☐ Psychosis	☐ Physical Aggression
	☒ Autism Spectrum Disorders (severe/low functioning)	☐ Autism Spectrum Disorders (high functioning/Asperger's)	☐ Self-injurious behaviors
	☐ Suicidal ideation/attempts	☐ Elopement Risk	☐ Fire setting
	☐ Conduct Disorder	☐ Other: Click here to type	☐ Other: Click here to type
	Comments: Click here to type		

What type of alternative communication modalities do you use? Please identify (e.g., Picture Exchange Communication System, sign language, assistive technologies, visual schedules, etc.)	The therapist utilizes Zoom for treatment team meetings, family sessions, and court hearings. Additionally, the facility utilizes a translation service as needed to ensure appropriate communication with residents and stakeholders.
What type of social skills training do you use? Please describe and/or identify the program.	All staff are required to become educated in verbal de-escalation techniques. This training occurs during new hire orientation and requires and ongoing refresher every six months.
List types of safety monitoring used (e.g., staff observation, video cameras).	The facility is outfitted with cameras to monitor the safety of the residents. Additionally, each resident/patient has a daily Q-15 monitoring sheet. This sheet requires staff to record their observation of the residents/patients every fifteen minutes.
How does the facility assure access to appropriate medical and dental care?	The facility assures access to appropriate medical care by providing each resident with an History & Physical within the first 24 hours of admission and medical needs are addressed. If there are outside medical appointments a consult is placed is provided to the unit nurse and an order is provided by the prescribing physician. Appointments are made through contracted facilities and transportation is provided by our staff. Appointments are made by the unit nurse if follow up visits are recommended.
What type of behavior management program do you use? Please name the program and describe the training.	The facility utilizes the Newport News Behavioral Health Center Level System. Staff receive training on the level system at various points of the employment process. The first training occurs during orientation; additional training occurs during floor training; and ongoing training is provided and tracked by the facility's milieu specialist. We also use Handle with Care and Verbal de-escaltion
Does the facility use timeout? ☐ Yes ☒ No	When are timeouts used? N/A

Does the facility use seclusion? ☐ Yes ☒ No Does the facility use restraints? ☒ Yes ☐ No If so, what type of restraints? ☒ Physical ☐ Mechanical	When are restraints and/or seclusion used? Protective holds occur when the resident is an immediate danger to self and others, and verbal de-escalation techniques are unable to maintain the safety of the resident or other residents.	
How are facility staff trained regarding seclusion and the use of restraint? Please describe initial staff training as well as the follow up training process.	All staff are trained in "Handle with Care" during the orientation process. This includes training in verbal de-escalation techniques as well as how to appropriately implement a protective hold. Follow up trainings on Handle with Care occur every six months with a Master Handle with Care Trainer.	
How frequently are individual and facility seclusion and restraint data reviewed, and by whom?	Individual Restraint/Seclusion data is reviewed monthly by the Performance Improvement Committee led by the Risk Management/Performance Improvement Director	Facility Restraint/Seclusion data is reviewed monthly by the Performance Improvement Committee led by the Risk Management/Performance Improvement Director

EDUCATION SERVICES	
Please indicate what types of educational services the facility provides.	☒ On Site School ☐ Day Treatment ☐ Outpatient Services ☐ Other: Click here to type ☐ Other: Click here to type
Comments: Click here to type	

Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	Notification of enrollment occurs in accordance with 12VAC35-46-970 at the time of placement. School districts receive notification of quarterly grades every 9 weeks and interim grade reports are created at 4.5 weeks into each quarter which are sent to education stakeholders identified at placement or through the treatment team process as participatory in each child's treatment. If the LEA for an out-of-state placed student with an identified disability who is placed by the state or has state involvement wants to conduct an IEP meeting at placement, that is possible to happen and monitoring by the LEA can take a variety of forms, including participation in the treatment team meetings for education updates. However, the burden falls upon the LEA to make those arrangements and ensure all proper releases are on file.
Educational Accreditation	VAISEF
Does your program accept school credits from other schools or programs?	☒ Yes ☐ No

What structured educational models are used?	We provide a 5.5 hour instructional day. Lunch, recess, and all therapy occurs outside of the school day. Our school is licensed by the Virginia Department of Education and we follow Virginia regulations governing nonpublic schools for students with disabilities. Our school provides a blended learning setting with emphasis on Edgenuity as a curriculum. The curriculum map and pacing guide is established within Edgenuity. Our school employs content area teachers endorsed in some or all instructional areas of their core content. Some of our teachers are also special education certified, but not all. The school does not self-contain, in the sense that classrooms include general education and special education students. However, the structure of our classrooms resembles a self-contained classroom in a typical public setting (e.g. 12 or fewer students, 1:6 ratio during school hours of staff/student, paraprofessional and teacher staffing in the classrooms, access to a quiet room when emotionally dysregulated, access to staff for emotional/behavioral support, etc.). Students complete the majority of work through Edgenuity who read at or above a 4th grade comprehension level. However, some students are not successful on, nor suited to, computers while in the school setting. Those students receive paper/pencil or book work in a traditional structure and we try to blend in as much computer based instruction as possible. Reading comprehension is incentivized through a school-wide reading program called Reading Counts!©, which is tied to our facility point system utilized for behavior management. Reading growth is measured quarterly through a lexile measured using Reading Inventory assessment, and math computation growth is similarly measured using Math Inventory. We also provide students with access to ancillary resources such as the encyclopedia, Discovery Education, Flocabulary, Khan Academy, NoRedInk, and other web based subscriptions.
Does your program accept the Homeschool IEP? ☒ Yes ☐ No	Does your program create an IEP if needed? ☐ Yes ☒ No

TREATMENT PLANNING AND REVIEW	
Who participates in regular treatment team meetings? Please check each regular (at least monthly) participant in treatment review/planning.	☒ Psychiatrist ☐Pediatrician ☒Nurse ☐Pharmacist ☐ Physical Therapist ☐ Speech Therapist ☐ Occupational Therapist ☒ Education Milieu Staff ☐ Dietitian ☐ Psychologist ☒ Clinician ☐ Behavior Analyst ☒ Other Clinician (name, credentials): Utilization & Review; Programming Staff
How does your program involve the family in treatment, keep them informed of their child's progress, and prepare them for step-down as part of the discharge process?	Upon admission to the residential program clinicians immediately communicates with families to provide information related to the treatment program, schedule family therapy dates, provide information on family therapy guidelines, and discuss goals for family therapy. Clinicians engage the family in weekly family therapy in conjunction with the resident to address family specific goals developed at the onset of treatment, as well as address any problem/focus areas that may arise. Families are also included in the treatment planning process through a collaborative effort by the treatment team. Prior to each monthly treatment team meeting the resident and family are encouraged to provide input into treatment goals and objectives for clinical, education, recreation, and nursing. Additionally, as discharge approaches the treatment team actively works with the family to identify the most appropriate setting for the youth. This considers both the youth's progress in treatment as well as continued needs following discharge.

How does your program identify/assess the function of challenging behaviors?	The facility identifies and assesses the function of challenging behaviors in several ways. Behaviors are viewed through a trauma informed lens due to the need to best understand their adaptive function. Upon admission, the therapist utilizes tools such as the Child & Adolescent Behavioral Assessment during admissions and discharge, as well as each treatment period. These assessments allow for a greater understanding of immediate behaviors that align with the problem/focus areas within the treatment plan. Taking a trauma informed approach, the clinician ensures all assessments are utilized to inform appropriate interventions as the resident traverses the treatment process. Additionally, when a resident
How does your program measure progress on treatment plan goals and objectives (e.g., subjective report, phase/level progress/specific data points)?	Upon admission, the clinician utilizes the biopsychosocial assessment, initial interviews, and historical data to identify problem/focus areas that are of clinical significance. Following the identification of the problem/focus areas the clinician develops long term goals, short term objectives, and interventions to address each. Every thirty days following the initial Master Treatment Team Meeting (occurs within the first 7-10 days of admission), the therapist and treatment team review the resident's progress towards short term objectives. Objectives and interventions are modified based upon assessment of the reporting period. Additional assessment measures utilized by the clinician include the Child & Adolescent Behavioral Assessment as well as the PHQ-9. These outcome measures allow the therapist to track across time, improvement, stagnation, or minimal to no progress in treatment. Considerations of behavior within the milieu, engagement in treatment tasks provided by therapist, therapeutic passes, and self-reporting measures, are taken to determine success or further needs within the long-term goals and objectives. Further tools utilized by the treatment team include the level system. This behavioral management system requires certain tasks to be accomplished by the resident prior to increasing in level. All level increases include feedback and approval from the clinical department, nursing department, educational department, physicians, and staff.

Does your facility employ a privilege/level/phase system? ☒ Yes ☐ No	If Yes, on what basis do recipients earn privileges or improved level status? Residents receive up to sixteen points daily, based upon their behavioral performance during specific times of the day. For residents to increase their level several milestones must be met within treatment, education, and in the milieu. The level system is designed to acknowledge a resident's hard work in treatment allowing for more trust and privileges as you progress through the program. The level system allows residents to practice new social and coping skills in a less structured and supervised manner. It promotes a positive peer culture by allowing higher level residents to show positive leadership and to function as role models. With each level increase, new challenges will be experienced, increased expectations as well as increased trust and privileges. Each resident who wishes to apply for level advancement will receive feedback from various members of the treatment team. This feedback provides the treatment team's perspective of what is being accomplished, as well as identifying areas of possible improvement. Each member of the treatment team provides input	Under what circumstances, if any, is the level system modified? The facility's goal is to maintain the fidelity of the level system. If changes are occur, it is for the purpose of streamlining the implementation process.

	into the decision for level advancement. If No, is there another system the program uses? Click here to type	

TREATMENT	
Does your facility employ or contract with a behavior specialist (behavioral psychologist or BCBA) on the treatment team or staff? ☐ Yes ☒ No	Name and credential(s) of behavior specialist (if the individual does not have a BCBA, please provide a description of the person's training in behavior analysis). Newport News Behavioral Health Center contracts with a psychologist for the purpose of completing psychological evaluations; however the facility does not employ a Behavioral Psychologist.
For each of the following professions/licenses, please answer the questions to the right.	
	How does your facility ensure that these professionals' treatment recommendations are implemented and consistently followed?
Dietitian	All residents have an initial consultation with the Dietician after admission to the facility. They are followed up by the dietician as needed based on lab results and any other dietary needs.
Occupational Therapist	Click here to type
Speech/Language Pathologist	Click here to type
Other Medical (e.g., GI, Sleep)	Click here to type
Dental	We contract with Mobile Dentistry for all routine dental needs. If additional dental care is recommended, the unit nurse schedules an outside appointment and transportation is provided by our staff.
Other	The facility assures access to appropriate medical care by providing each resident with an History & Physical within the first 24 hours of admission and medical needs are addressed. If there are outside medical appointments a consult is placed is provided to the unit nurse and an order is provided by the prescribing physician. Appointments are made through contracted facilities and transportation is provided by our staff. Appointments are made by the unit nurse if follow up visits are recommended.

PSYCHOTHERAPY MODELS	
Please identify the psychotherapeutic models (e.g., CBT, DBT) used at your facility, by population	
Model	**Population**
Cognitive Behavioral Therapy	Adolescents
Dialectical Behavioral Therapy	Adolescents
Seven Challenges Substance Use Program	Adolescents
EMDR	Adolescents
TF-CBT	Adolescents
Family Therapy What are your expectations regarding family therapy?	Family therapy begins following the admissions process. Therapists begin collaborating with the family regarding best available family therapy times, as well as family therapy goals. Based upon this collaboration the clinician will follow the family therapy days and times agreed upon at the begin of the treatment process. Family sessions occur weekly and are delivered via phone, utilizing the zoom format, or face to face.
Clinical Supervision Describe how a professional provides clinical oversight to the program. How many hours/week?	Each resident in counseling or supervisee in social work is required to obtain supervision based upon the requirements of their program. Supervision requirements generally include one hour per forty hour week with a maximum of four hours allowed per week. All documentation for residents in counseling and supervisees in social work is reviewed by a licensed therapist prior to submission. Additionally, the licensed therapists provide oversight and training for all residents in counseling and supervisees in social work in regard to all tasks outlined in their job description.
Crisis Supports How does the program assure access to the appropriate care for clients in crisis situation?	During crisis situations the facility mobilizes a team of professionals that generally includes the Mental Health Technicians, Therapist, Program Coordinator, and Nurse. The goal of the team is to meet the needs of the resident currently experiencing a crisis situation. Follow a crisis, specifically if a protective hold is involved a resident and staff debriefing occurs. The purpose is to address the situation, identify areas of success as well as errors, to ensure appropriate assistance is provided to residents during these moments.
Skill Development Please describe how your facility helps recipients develop the following:	Methods/Interventions/Programs

Interpersonal skills	The facility utilizes several DBT concepts to assist with Interpersonal and Prosocial skill development.
Self-Regulation	The facility utilizes several DBT concepts to assist with Emotional Regulation skill development.
Daily Living	Daily living skill development assistance is provided each day by the Mental Health Technician. This includes Activities of Daily Living (ADLs) such as bathing, dressing, room cleanliness, mouth hygiene, clothes washing, etc.
Communication	Residents are immersed in an environment where staff interact with each other utilizing appropriate communication. This assists with modeling the behavior for the residents. Additionally, the facility focuses on teaching staff trauma informed care techniques to include appropriate and safe communication. Residents are also provided with treatment assignments that focus on developing assertive communication skills. These interactions are tracked and positively reinforced by Mental Health Technicians, Nurses, Therapists, Teachers, and Physicians.
Other	Click here to type
Please describe how your facility helps the recipient generalize these skills to their home environment.	The facility tracks family engagement weekly. Goals are developed for family engagement that often require the resident to demonstrate appropriate command of prosocial skills. Additionally, as part of the treatment program the facility utilizes therapeutic passes and outings. These activities allow the resident the opportunity to practice the skills outside of the facility and within an environment they will likely return.

DAILY SCHEDULE

Please describe the daily schedule.	Our youth are awakened at 6 am where they are prompted to complete hygiene and morning adl's. All residents then participate in individual goal setting intervention where they describe what they are individually striving for in relation to their treatment plans. Residents then transition to the cafeteria where they meal intake is tracked and monitored. They return to the unit where they complete clinical group with therapist. Youth also with peers participate in mental health technician lead psychoeducational groups. Following group, the youth and staff clean day area and transition to school. During School hours (0930-1545) youth have lunch courtyard time and gym time. Following school our youth follow the schedule for rec therapy or any additional recreational activities that may be scheduled, this could include socials, clubs' arts and crafts. Youth then participate in another mental health technician lead psychoeducational groups. All youth transition to dinner where meals are tracked and monitored. Youth then are encouraged to work on treatment work and make therapeutic phone calls to families and supports. All youth transition to dinner where meals are tracked and monitored. Night time hygiene is then completed where youth shower and wind down for the evening completing medication pass, pm individual goal review and unit chores. Residents then relocate to their rooms and monitored throughout the night.
How are transitions (to meals, school, activities, etc.) managed?	Each unit is equipped with two mental health technicians or lead mental health technician, with nurse having direct vision over the unit. Each unit is supervised by program coordinator or lead program coordinator.
How are meals managed (e.g., preparation, clean-up)?	Cafeteria staff provide three meals a day as well as snacks.

Please describe the types of recreational activities available to recipients.	<u>On-Site Activities:</u> Our youth are able to engage in several activities planned and coordinated through the collaboration or program coordinators, recreation manager, and milieu specialist. These activities include but are not limited to special presentations, plays, talent shows, dance/cheer competitions, competitive sports competitions, paint and punch and spa sessions. These activities are few of the things that we utilize in conjunction with our behavior management to encourage and promote a positive and safe therapeutic environment.	<u>Off-Site Activities:</u> Click here to type

DISCHARGE PLANNING AND POST-TREATMENT	
When does discharge planning begin?	Discharge planning begins upon admission to ensure an appropriate transition from our level of care to a lower level of care occurs. The clinician remains in close contact with the family during the treatment process to ensure discharge is an ongoing discussion.
Who is responsible for discharge planning at your facility?	The therapist is responsible for discharge planning.
What percentage of your recipients return to:	Therapeutic Foster Care: N/A Foster Care: N/A Family: N/A Group Home: N/A Corrections: N/A Independent Living: N/A
Do you do any post-discharge surveys? ☐ Yes ☒ No	If Yes, when is it conducted? Discharge satisfaction surveys are conducted the day of discharge; however not post-discharge.

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

Section B

AUTISM SPECTRUM DISORDERS QUESTIONNAIRE	
Please provide additional information regarding the characteristics of the recipients with ASD for whom you can provide specialized treatment (e.g., ASD with IQ under 70, ASD with IQ over 70, Asperger's disorder, etc.). Please be specific, especially regarding developmental age and/or IQ requirements.	N/A
Please check each box that corresponds with aspects of treatment at your facility that are listed below.	
Do you have screening mechanisms for ASD that includes questions about ASD and symptomatology? ☐ Yes ☒ No	If Yes, please list the tools(s) by name and/or send copies. N/A
What diagnostic evaluation/assessment process do you use? Please check all that are included	☐ Family interviews ☐ Review of past records ☐Consideration of DSM-V criteria ☐History, including educational and behavioral interventions ☐ Differential diagnosis ☐ Observation ☐ Specific Tools (please identify): Click here to type

Do you do functional behavior assessments? If so, please describe your approach in the school and residential program.	N/A
Please describe how the Behavior Analysis is presented in the treatment plan.	N/A

For facilities that provide treatment for individuals with Asperger's Disorder or individuals with ASD who do not experience Intellectual Disabilities, please answer the following question:	
Please describe your approach to treatment and any interventions that are employed specifically for this population.	N/A

Please use the space below for additional comments.
N/A

Norris Academy

Residential Treatment Services PRTF Information Inventory

All Psychiatric Residential Treatment Facilities (PRTF) that contract with Alaska Medicaid are required to complete Section A. Facilities that indicate Autism Spectrum Disorder (ASD) as a specialty are also required to complete Section B. The form will be posted on a website in order to be available to families, providers and guardians who are considering placement in a PRTF for a child. If your facility has more than one Alaska Medicaid provider number, please complete one form for each. Use the tab key to move to each new section.

Section A

FACILITY INFORMATION	
Site/Cottage/Facility Name	Norris Academy
Address	101 First Quality Drive, Andersonville, TN 37705
Contact number	865-494-5554
Name and title of person completing this form	Megan Gainey, Admissions Director

GENERAL OVERVIEW			
Accreditation Body	The Joint Commission		
Indicate which gender(s) you serve and the applicable age range and number of licensed beds below			
	Age Range	# of Licensed Beds	
☒Males	6-17	Click here to type	
☒Females	6-17	Click here to type	
☐Other	Click here to type	63 Total	
Describe your client:staff ratio and how it is calculated for the following:			
	Nursing	Milieu	Comments
Day	3:63	6:1	6 clients to 1 staff during waking hours
Evening	2:63	6:1	6 clients to 1 staff during sleeping hours
Night	1:63	8:1	8 clients to 1 staff during sleeping hours

Norris Academy

Residential Treatment Services PRTF Information Inventory

What safety monitoring practices are applicable during the day? At night?	Day – we staff a 1:6 ratio during the day and conduct 15 minute checks on the children which is documented. Residents are to be in eye shot and ear shot of staff during waking hours other than in the rest room. At night – we have a 1:8 ratio. We continue to conduct 15 minute checks on the children, looking into their bedrooms with a flashlight to ensure that we see them asleep in their beds. We document this as well.	
Does your facility have requirements regarding IQ? ☒ Yes ☐ No	If yes, please explain. IQ of 75 and below	
What is the average length of stay for the facility overall? 3-6 months	For AK Medicaid Recipients? 3-6 months	
Are you anticipating changes to your program? ☐ Yes ☒ No	If yes, please describe. Click here to type	
Is the facility locked or unlocked?	☒ Locked ☐ Unlocked	
Is the facility secure?	☒ Yes ☐ No	
Please describe your facility's approach to treating children and youth with FASD. What kind of training do your staff receive (include milieu as well as clinical staff).		During orientation as well as in annual all staff trainings, all staff members receive educational information regarding FASD from the clinical director. Additionally the medical director and clinical director will find educational literature throughout the year to review with the clinicians.
Please describe your facility's approach to identifying and treating children and youth with extensive trauma histories. What kind of training do your staff receive (include milieu as well as clinical). Identify your trauma treatment approach and describe the approach regarding staff training and Evidence Based Practices.		All of our staff complete Ukeru training during orientation which is an 8 hour training focused on trauma informed care and the avoidance of restraints as they are traumatizing to both children and staff. We participate in an annual recertification in Ukeru as well. The clinicians utilize TF-CBT for children who are cognitively able to process in this manner. Several clinicians are also trained in SMART (Sensory Motor Arousal Regulation Treatment) which is a sensory based trauma therapy. The clinical director is certified in EMDR therapy and conducts this therapy as indicated.

Norris Academy

Residential Treatment Services PRTF Information Inventory

Specialty Populations	Please check all specialty populations this facility serves.	What training does staff receive for this population?
	☒ Autism Spectrum Disorders (High Functioning and Asperger's) NOTE: Facilities with this specialty must complete Section B	During orientation as well as in annual all staff trainings, all staff members receive educational information regarding ASD from the clinical director. Additionally the medical director and clinical director will find educational literature throughout the year to review with the clinicians.
	☒ Autism Spectrum Disorders (severe/low functioning) NOTE: Facilities with this specialty must complete Section B	During orientation as well as in annual all staff trainings, all staff members receive educational information regarding ASD from the clinical director. Additionally the medical director and clinical director will find educational literature throughout the year to review with the clinicians.
	Sexualized behaviors: ☐ Sexually reactive (e.g. response to trauma) ☐ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues) ☐ Sexually offending: ☐ adjudicated/ ☐ non-adjudicated	Click here to type
	☐ Eating Disorder	Click here to type
	☐ Other Click here to type	Click here to type
	☐ Other Click here to type	Click here to type
Excluded Populations	Please check all populations excluded from this facility.	

Norris Academy

Residential Treatment Services PRTF Information Inventory

	☒ Sexually reactive (e.g. response to trauma)	☒ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues)	Sexually offending: ☒ adjudicated/ ☒ non-adjudicated
	☒ Eating Disorder	☐ Psychosis	☐ Physical Aggression
	☐ Autism Spectrum Disorders (severe/low functioning)	☐ Autism Spectrum Disorders (high functioning/Asperger's)	☐ Self-injurious behaviors
	☐ Suicidal ideation/attempts	☐ Elopement Risk	☒ Fire setting
	☒ Conduct Disorder	☐ Other: Click here to type	☐ Other: Click here to type
	Comments: Click here to type		

What type of alternative communication modalities do you use? Please identify (e.g., Picture Exchange Communication System, sign language, assistive technologies, visual schedules, etc.)	If a resident admits to the program with a communication device, we utilize this device and program. We use PECS and visual schedules as needed. We have some children who know some sign language and will utilize that with them as well.
What type of social skills training do you use? Please describe and/or identify the program.	We do not have a specific program that we utilize for social skills training. We work on social skills during group therapy as well as individual therapy. The therapists will sometimes take small groups of children to work on social skills by playing a board game or engaging in some other cooperative interaction where the therapist can help navigate them through appropriate social interactions. The staff also take residents on outings and work with the children on how to interact in a public setting. The staff eat meals with the children and work with them on good table manners as well.
List types of safety monitoring used (e.g., staff observation, video cameras).	Staff observation, video cameras (everywhere except bedrooms and bathrooms)

Norris Academy

Residential Treatment Services PRTF Information Inventory

How does the facility assure access to appropriate medical and dental care?	We have a nurse practitioner and physician on staff who are able to address basic medical concerns. If there is a medical concern that is beyond our medical staff's scope of practice, we are only 30 minutes away from East TN Children's Hospital and are able to utilize their services. We also have a local dentist that we utilize who works with special needs children. We have a driver on staff who transports the resident and another staff to any outside appointments. If there is a need for a second staff to ride along, we provide this as well.
What type of behavior management program do you use? Please name the program and describe the training.	We utilize Ukeru and Handle with Care. Ukeru is a trauma informed approach to behavior management which focuses on avoidance of restraints and utilizing pads as a way to block attacks. As previously mentioned it is an 8 hour training that every staff receives at orientation and then annually. Handle with Care is the restraint modality we are trained in. There are 4 basic restraint techniques as well as 1 controlled escort technique utilized. Handle with Care is only to be used if Ukeru is attempted for a period of time and unsuccessful. Handle with Care is trained at orientation, we complete a 6 month refresher and then recertification occurs annually.
Does the facility use timeout? ☐ Yes ☒ No	When are timeouts used? Click here to type
Does the facility use seclusion? ☐ Yes ☒ No Does the facility use restraints? ☒ Yes ☐ No If so, what type of restraints? ☒ Physical ☐ Mechanical	When are restraints and/or seclusion used? They are utilized after Ukeru attempts are attempted and unsuccessful in de-escalation. Restraints will only be utilized in situations of imminent danger. Since utilizing Ukeru, we have seen a significant decrease in our restraint numbers. We had 72 restraints for 2021 and for 2022, we have only had 1 restraint.

How are facility staff trained regarding seclusion and the use of restraint? Please describe initial staff training as well as the follow up training process.	We are not licensed to utilize seclusion. During orientation, staff are trained on what constitutes a restraint, the process required to get an order for a restraint as well as the proper techniques. The staff receive a copy of the policy on restraints during orientation and this is review by our QA director. They receive an annual training regarding the use of restraints and policy. If a staff is found to be using an improper technique they are required to complete a Handle With Care refresher before working again.	
How frequently are individual and facility seclusion and restraint data reviewed, and by whom?	Individual There is no seclusion data (seclusions are not used at our program). The clinical director tracks the restraints daily and during the monthly performance improvement meetings the clinical director reviews the previous month's restraints and identifies any trends that are present.	Facility There is no seclusion data (seclusions are not used at our program). The clinical director tracks the restraints daily and during the monthly performance improvement meetings the clinical director reviews the previous month's restraints and identifies any trends that are present.

EDUCATION SERVICES	
Please indicate what types of educational services the facility provides.	☒ On Site School ☐ Day Treatment ☐ Outpatient Services ☐ Other: Click here to type ☐ Other: Click here to type
Comments: Click here to type	
Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	We communicate with districts after students are admitted to request any educational documentation that was not submitted during the application process.
Educational Accreditation	We do not have educational accreditation at this time. The accreditation process will be completed by April 29th.

Residential Treatment Services PRTF Information Inventory

Does your program accept school credits from other schools or programs?	☒ Yes ☐ No
What structured educational models are used?	Although we have students with ASD and ID diagnosis, and students with significant cognitive or language delay, our educational model is full inclusion. We also provide functional living skills for our more challenged students. Our curriculum is adapted to follow the students IEPs.
Does your program accept the Homeschool IEP? ☒ Yes ☐ No	Does your program create an IEP if needed? ☐ Yes ☒ No

TREATMENT PLANNING AND REVIEW

Norris Academy

Residential Treatment Services PRTF Information Inventory

Who participates in regular treatment team meetings? Please check each regular (at least monthly) participant in treatment review/planning.	☒ Psychiatrist ☒Pediatrician ☒Nurse ☐Pharmacist ☐ Physical Therapist ☐ Speech Therapist ☐ Occupational Therapist ☒ Education Milieu Staff ☐ Dietitian ☐ Psychologist ☒ Clinician ☒ Behavior Analyst ☐ Other Clinician (name, credentials): Click here to type

Norris Academy

Residential Treatment Services PRTF Information Inventory

How does your program involve the family in treatment, keep them informed of their child's progress, and prepare them for step-down as part of the discharge process?	Families are required to participate in weekly family therapy sessions. The therapist will conduct these sessions either by telehealth or telephone. In addition to this, therapists will call or email the families of any information they need to know about their child. The nursing department will notify parents of any medical appointments, injuries or to get consent for medication changes. The family is also expected to participate via telephone monthly in treatment team meetings which include the Resident, Therapist, Case Coordinator (responsible for setting up aftercare services), Director of Nursing, Medical Director, Clinical Director (responsible for both clinical department as well as the milieu), Psychiatric Nurse Practitioners, Teacher and Registered Behavior Technician (if they are assigned one). During treatment team, the family will receive an update on how the resident is doing from each department as well as having a chance to ask any questions they may have. If the family is in TN we would require a certain number of on-site visits, off grounds passes and weekend passes prior to discharge. When the resident is out of state, we attempt to have the family fly down for at least one weekend pass in a local hotel. We do understand that there may be circumstances that would prevent a family from doing so but we make every effort to get families here for a visit. When the resident gets closer to discharge, the care coordinators will begin setting aftercare appointments for when the resident returns home.
How does your program identify/assess the function of challenging behaviors?	We have RBT's on staff who work in conjunction with a BCBA to complete a FBA when appropriate.
How does your program measure progress on treatment plan goals and objectives (e.g., subjective report, phase/level progress/specific data points)?	The therapists complete a monthly CANS assessment as a way to denote progress or regression. In addition, if a resident has an RBT, there is a significant amount of data that is gathered which can help denote progress.

Norris Academy

Residential Treatment Services PRTF Information Inventory

Does your facility employ a privilege/level/phase system? ☐ Yes ☒ No	If Yes, on what basis do recipients earn privileges or improved level status? Click here to type If No, is there another system the program uses? With our population, we do not utilize a level system. Instead we have earned activities. When looking at earned activities, such as field day, outings and other special activities, the therapists will identify the expectation for each child on their caseload based on their developmental level.	Under what circumstances, if any, is the level system modified? Click here to type

TREATMENT	
Does your facility employ or contract with a behavior specialist (behavioral psychologist or BCBA) on the treatment team or staff? ☒ Yes ☐ No	Name and credential(s) of behavior specialist (if the individual does not have a BCBA, please provide a description of the person's training in behavior analysis). We typically have a BCBA contracted. Due to a change in our company, we no longer have the BCBA that we were previously working with and are currently looking for a new one to work with us. Once we have this person on staff, we will gladly forward this information on to you.
For each of the following professions/licenses, please answer the questions to the right.	
	How does your facility ensure that these professionals' treatment recommendations are implemented and consistently followed?
Dietitian	We have a part time dietician on staff. She will write orders for specific dietary needs. We have a binder as well as a board in the kitchen identifying all allergies as well as special dietary plans based on the child.
Occupational Therapist	If a resident has OT as part of their IEP, they will receive OT services on campus. The OT will work directly with the child as identified in the IEP. If something needs to be implemented outside of the session, the plan/information would be added to the safety plan so that the staff have access to it.
Speech/Language Pathologist	We have a part time speech/language pathologist on staff who works with our children as recommended on their IEP. Any additional work that needs to occur, she passes on to the Principal or Clinical Director and it would be added to the safety plan

Other Medical (e.g., GI, Sleep)	Medical instructions are passed on to the clinical director or therapist to be passed on to the staff in brief in/brief out as well as added to the safety plan as needed.
Dental	Same as medical
Other	Click here to type

PSYCHOTHERAPY MODELS	
Please identify the psychotherapeutic models (e.g., CBT, DBT) used at your facility, by population	
Model	**Population**
CBT	Residents who are functioning at a level where they can benefit from this
TF-CBT	Residents with trauma
EMDR	Higher functioning residents with trauma
DBT	Residents who are functioning at a level where they can benefit from this
SMART	Any resident with trauma
Family Therapy What are your expectations regarding family therapy?	Families participate in family therapy once per week either by telehealth or by phone.
Clinical Supervision Describe how a professional provides clinical oversight to the program. How many hours/week?	The clinical director provides clinical supervision weekly – 30 min – 1 hour of group supervision and 30 min – 1 hour of individual supervision for each therapist. In addition, if a therapist is seeking licensure, either the clinical director or an outside licensed therapist provides 1 hour of supervision per week towards licensure.
Crisis Supports How does the program assure access to the appropriate care for clients in crisis situation?	If it is a medical crisis and the resident needs to go to the hospital, nursing will notify the clinical director. The clinical director will identify a staff to go to the hospital with the resident and ensure coverage at the facility is still appropriate. There are other crisis situations in which the clinical director is notified. The clinical director and team leaders will come to campus as needed to help with the situation.
Skill Development Please describe how your facility helps recipients develop the following:	Methods/Interventions/Programs

Interpersonal skills	This is worked on in individual sessions, group sessions, family therapy and small group sessions. The staff and therapists will help model appropriate interactions as well as guiding them through how to respond appropriately.
Self-Regulation	The therapists work on helping the residents to develop effective coping skills. As these skills are developed, the safety plan (which includes coping skills and self-regulation strategies is update and given to the staff to review. If a staff finds a technique that works, they are encouraged to get with the therapist regarding this. Additionally, if a resident is assigned an RBT, the RBT works closely with the resident on self-regulation skills through ABA.
Daily Living	The milieu staff and RBTs (if assigned) work one on one with the children on how to conduct proper hygiene. At times this may require hand over hand until the resident feels more confident in their ability to do this.
Communication	The speech therapist works with residents on their communication skills. The staff and therapist work closely with the residents to encourage the use of language when possible. The residents are also encouraged to use their communication device rather than gesturing when applicable.
Other	Click here to type
Please describe how your facility helps the recipient generalize these skills to their home environment.	Ideally, we would have the resident practice these skills during visits, off campus passes and home passes. When out of state, we again, try to get the family here for at least one weekend visit where the resident can practice these skills. We also work on generalizing these skills whenever we take a resident off campus for an appointment or outing.

DAILY SCHEDULE

Norris Academy

Residential Treatment Services PRTF Information Inventory

Please describe the daily schedule.	During the week, the residents wake up between 6:00 and 6:30. The residents complete hygiene and get ready for the day. Between 7:00 am and 9:00 am, the residents go to breakfast and medication pass. Starting at 8:30, the residents transition to school and at 9:00 am, school begins. They do not transition to different classrooms but will be in one classroom with the same teacher. They also transition to recess, gym and lunch during the school day. At 3:00 pm all the residents transition to the gym for "Townhouse". This is where the children wrap up their school day by reviewing the Norms of Norris Academy, giving one another positives for the day and receiving acknowledgment from staff. At 3:30 the residents transition to their units. At this time, they either have group therapy, an organized activity for free time depending on the day. During free time they might be taken outside to play, watch tv on the unit or play in the activity room. From 5:00 to 6:30 the resident go to dinner and medication pass again. After dinner and medication pass, they complete hygiene and have some relaxation time. They are also allowed to watch tv until 8:30. At 8:30 it is wind down time where the residents can do quiet activities such as read or color. 9:00 is bedtime. On the weekends, the meal times are the same but we have scheduled activities such as outings, bounce house, movie time, an outdoor activity, etc.
How are transitions (to meals, school, activities, etc.) managed?	The staff know the times for transition. They line the children up ensuring that they are all accounted for. They transition to their location, stopping at each closed door for an additional head count. Depending on the number of children, there will either be the staff towards the back of the line or if there are two staff members with the group, one in the front and one towards the back.
How are meals managed (e.g., preparation, clean-up)?	We have dietary staff who prepare the food in the kitchen. The residents transition to the cafeteria by unit or classroom. The residents sit at the tables (there should be one empty seat between each resident). The kitchen staff will then prepare the trays and the staff will bring the trays to the residents to ensure that any child with a special dietary need gets the correct tray. The staff then get a tray of their own and sit with the residents to eat. After the resident has completed their tray, they will throw the tray (disposable) away and sit back down at the table. The resident will clean off their spot on the table with a cloth. Either a staff or resident will sweep up any food that has fallen on the floor. When everyone has finished eating the group will transition out of the cafeteria.

Please describe the types of recreational activities available to recipients.	<u>On-Site Activities:</u> Movie night with popcorn, Karaoke night, Bounce house, Water activities outside, Giant slip and slide, Playing on the playground, Glow in the dark parties, "cooking" activities, Various seasonal activities such as Easter crafts, etc. Basketball, Art activities, Dodgeball, Field Days	<u>Off-Site Activities:</u> Zoo Knoxville, The Little Ponderosa Zoo, The park, Local festivals geared towards children, Local events geared towards children, Drive through Christmas lights, Going to a restaurant

DISCHARGE PLANNING AND POST-TREATMENT	
When does discharge planning begin?	Minimum of 30 days prior to discharge
Who is responsible for discharge planning at your facility?	Care Coordinators, Therapists, Clinical Director
What percentage of your recipients return to:	Therapeutic Foster Care: 3% Foster Care: 9% Family: 67% Group Home: 15% Corrections: 0% Independent Living: 0%
Do you do any post-discharge surveys? ☒ Yes ☐ No	If Yes, when is it conducted? 1 month, 6 months, 1 year, 2 years

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

Section B

AUTISM SPECTRUM DISORDERS QUESTIONNAIRE	
Please provide additional information regarding the characteristics of the recipients with ASD for whom you can provide specialized treatment (e.g., ASD with IQ under 70, ASD with IQ over 70, Asperger's disorder, etc.). Please be specific, especially regarding developmental age and/or IQ requirements.	ASD with IQ under 70
Please check each box that corresponds with aspects of treatment at your facility that are listed below.	
Do you have screening mechanisms for ASD that includes questions about ASD and symptomatology? ☐ Yes ☒ No	If Yes, please list the tools(s) by name and/or send copies. Click here to type
What diagnostic evaluation/assessment process do you use? Please check all that are included	☒ Family interviews ☒ Review of past records ☒Consideration of DSM-V criteria ☒History, including educational and behavioral interventions ☒ Differential diagnosis ☒ Observation ☐ Specific Tools (please identify): Click here to type

Norris Academy

Residential Treatment Services PRTF Information Inventory

Do you do functional behavior assessments? If so, please describe your approach in the school and residential program.	The RBTs conduct the functional behavior assessments. They will do observations in the classroom and the milieu. They also get assessments completed by the teacher, therapist and a milieu staff as well.
Please describe how the Behavior Analysis is presented in the treatment plan.	There are updates based on the data in the ABA portion. Also if a resident receives ABA, this would be reflected in the interventions in the treatment plan.

For facilities that provide treatment for individuals with Asperger's Disorder or individuals with ASD who do not experience Intellectual Disabilities, please answer the following question:	
Please describe your approach to treatment and any interventions that are employed specifically for this population.	N/A

Please use the space below for additional comments.
Click here to type

Piney Ridge Treatment Center

Residential Treatment Services PRTF Information Inventory

All Psychiatric Residential Treatment Facilities (PRTF) that contract with Alaska Medicaid are required to complete Section A. Facilities that indicate Autism Spectrum Disorder (ASD) as a specialty are also required to complete Section B. The form will be posted on a website in order to be available to families, providers and guardians who are considering placement in a PRTF for a child. If your facility has more than one Alaska Medicaid provider number, please complete one form for each. Use the tab key to move to each new section.

Section A

FACILITY INFORMATION	
Site/Cottage/Facility Name	Piney Ridge Treatment Center
Address	2805 E. Zion Road Fayetteville, AR 72703
Contact number	479-587-1408
Name and title of person completing this form	Anna Sewell MS, LPC, CRC-Director of Clinical Services

GENERAL OVERVIEW			
Accreditation Body	Joint Commission		
Indicate which gender(s) you serve and the applicable age range and number of licensed beds below			
	Age Range		# of Licensed Beds
☒Males	5-18		Vary by census
☒Females	5-18		Vary by census
☐Other	Click here to type		Click here to type
Describe your client:staff ratio and how it is calculated for the following:			
	Nursing	Milieu	Comments
Day	1:35	1 to 6	Click here to type
Evening	1:35	1 to 6	Click here to type
Night	1:55	1 to 8	Click here to type

Piney Ridge Treatment Center

Residential Treatment Services PRTF Information Inventory

What safety monitoring practices are applicable during the day? At night?	BHA's complete observation documentation every 15 minutes on each resident. Residents are not left alone without direct care staff observation and guidance. During sleeping hours, bedroom doors are open with direct care staff observing from the doorway of bedrooms. There is an observation light in each bedroom that is on during sleeping hours.	
Does your facility have requirements regarding IQ? ☒ Yes ☐ No	If yes, please explain. IQ of below 70 are considered on an individual basis	
What is the average length of stay for the facility overall? 9 to 12 months	For AK Medicaid Recipients? 9 to 12 months	
Are you anticipating changes to your program? ☒ Yes ☐ No	If yes, please describe. PRTC is currently finishing construction/remodeling of an additional building which will add additional square footage, not additional beds, for the residents' living quarters. Residents who have progressed to levels 3 & 4 will have the ability to petition to move to this additional unit for the remainder of their treatment.	
Is the facility locked or unlocked?	☒ Locked ☐ Unlocked	
Is the facility secure?	☒ Yes ☐ No	
Please describe your facility's approach to treating children and youth with FASD. What kind of training do your staff receive (include milieu as well as clinical staff).		We do not have a program specific to youth with FASD. Residents are seen by a psychiatrist at the time of admission for diagnostic evaluation. A treatment plan is developed by the treatment team and would identify all problem areas and develop interventions and to address these areas. Both clinical and milieu staff are trained on working with a variety of clinical concerns in orientation. This includes working with behavioral problems, impulse control, intellectual disabilities, and social skills deficits.

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Please describe your facility's approach to identifying and treating children and youth with extensive trauma histories. What kind of training do your staff receive (include milieu as well as clinical). Identify your trauma treatment approach and describe the approach regarding staff training and Evidence Based Practices.		Our program screens for a trauma history in the psychosocial/psychosexual assessment process. Trauma focused treatment is identified in the Master Treatment Plan when indicated. Clinical therapists are trained in and provide Trauma Focused Cognitive Behavioral Therapy, an evidence based model for trauma treatment. Milieu staff receive training on Trauma Informed Care during orientation and as ongoing training.
Specialty Populations	Please check all specialty populations this facility serves.	What training does staff receive for this population?
	☐ Autism Spectrum Disorders (High Functioning and Asperger's) NOTE: Facilities with this specialty must complete Section B	Click here to type
	☐ Autism Spectrum Disorders (severe/low functioning) NOTE: Facilities with this specialty must complete Section B	Click here to type
	Sexualized behaviors: ☒ Sexually reactive (e.g. response to trauma) ☒ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues) ☒ Sexually offending: ☒ adjudicated/ ☒ non-adjudicated	All staff receive 6 hours of training during orientation and annually thereafter on children and adolescents with sexual behavior problems. All therapists are members of National ATSA (associate for the treatment of sexual abusers) and receive ongoing training and continuing education in working effectively with these behaviors.
	☐ Eating Disorder	Click here to type
	☐ Other Click here to type	Click here to type
	☐ Other Click here to type	Click here to type
Excluded Populations	Please check all populations excluded from this facility.	

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	☐ Sexually reactive (e.g. response to trauma)	☐ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues)	Sexually offending: ☐ adjudicated/ ☐ non-adjudicated
	☐ Eating Disorder	☐ Psychosis	☐ Physical Aggression
	☒ Autism Spectrum Disorders (severe/low functioning)	☐ Autism Spectrum Disorders (high functioning/Asperger's)	☐ Self-injurious behaviors
	☐ Suicidal ideation/attempts	☐ Elopement Risk	☐ Fire setting
	☐ Conduct Disorder	☐ Other: Click here to type	☐ Other: Click here to type
	Comments: Registered Sex Offenders would be excluded from the program.		

What type of alternative communication modalities do you use? Please identify (e.g., Picture Exchange Communication System, sign language, assistive technologies, visual schedules, etc.)	For family therapy sessions, the therapists utilize V-See. Meetings with caseworkers and other team members, meetings with JPO's, staffings, CFT's, and virtual court hearings, Zoom and Microsoft Teams are utilized.
What type of social skills training do you use? Please describe and/or identify the program.	All residents participate in recreational therapy groups 6 days a week, during which they learn various life, social, and communication skills in a therapeutic setting.
List types of safety monitoring used (e.g., staff observation, video cameras).	Residents are in direct staff observation during waking and sleeping hours.
How does the facility assure access to appropriate medical and dental care?	All residents receive a physical examination by a physician or APRN within 48 hours of admission and are provided with routine dental care and follow ups as medically indicated.
What type of behavior management program do you use? Please name the program and describe the training.	Behavior management is provided by behavioral health technicians in conjunction with nurses and therapists. We utilize an internally created level and point system that is tied into behavioral infraction reports. Residents may be assigned interventions based on the severity and frequency of the problem behaviors.

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Does the facility use timeout? ☒ Yes ☐ No	When are timeouts used? Residents may volunteer. Residents are provided access to a designated location for a timeout	
Does the facility use seclusion? ☒ Yes ☐ No Does the facility use restraints? ☒ Yes ☐ No If so, what type of restraints? ☒ Physical ☐ Mechanical	When are restraints and/or seclusion used? Seclusion - When the resident is an imminent harm to himself or others. May be initiated by a nurse under the order of a physician. A debriefing is conducted with all parties within 24 hours of seclusion. Restraints - When the resident is an imminent harm to himself others a restraint may be initiated by a CPI trained behavioral health technician. A debriefing is conducted with all parties within 24 hours of a restraint.	
How are facility staff trained regarding seclusion and the use of restraint? Please describe initial staff training as well as the follow up training process.	All staff working directly with youth receives a course in CPI (Crisis Prevention Institute) training upon hire. This includes principles of verbal de-escalation and physical restraint techniques. The staff are provided a refresher course in CPI every six months and will complete an annual recertification so long as they are employed.	
How frequently are individual and facility seclusion and restraint data reviewed, and by whom?	Individual Individual restraints are reviewed by the Director or Assistant Director of Nursing, and shared with the clinical team in daily meetings on weekdays. The senior management team also reviews individual restraints in a daily meeting on weekdays.	Facility Facility data is reported on in monthly Performance Improvement Meeting. The Risk Loss Prevention Committee reviews aggregate data and makes recommendations for performance improvement plans.

EDUCATION SERVICES	
Please indicate what types of educational services the facility provides.	☒ On Site School ☐ Day Treatment ☐ Outpatient Services ☐ Other: Click here to type ☐ Other: Click here to type
Comments: Click here to type	

Piney Ridge Treatment Center

Residential Treatment Services PRTF Information Inventory

Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	When a student is admitted to PRTC, we send a release that the guardian has signed to the student's home school so they are aware the student is here. We obtain the student's report cards or transcript to ensure that we have them in the correct grade and courses. We also request their Special Education records (if identified as Special Education) in order to make sure they are getting the appropriate services for their needs. Also, we need for the school district to drop them from their roll because we will be entering them in the Springdale Public Schools. Unless the sending district wishes to maintain their enrollment.
Educational Accreditation	Arkansas Department of Education approves our program as a Non Traditional Classroom Program.
Does your program accept school credits from other schools or programs?	☒ Yes ☐ No
What structured educational models are used?	Our program provides direct instruction through certified teachers as well as online programs that follow the Arkansas Standards.
Does your program accept the Homeschool IEP? ☒ Yes ☐ No	Does your program create an IEP if needed? ☒ Yes ☐ No

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TREATMENT PLANNING AND REVIEW	
Who participates in regular treatment team meetings? Please check each regular (at least monthly) participant in treatment review/planning.	☒ Psychiatrist ☐Pediatrician ☒Nurse ☐Pharmacist ☐ Physical Therapist ☐ Speech Therapist ☐ Occupational Therapist ☐ Education Milieu Staff ☐ Dietitian ☐ Psychologist ☒ Clinician: LAC/LPC or LMSW/LCSW ☐ Behavior Analyst ☐ Other Clinician (name, credentials): Click here to type
How does your program involve the family in treatment, keep them informed of their child's progress, and prepare them for step-down as part of the discharge process?	Families are involved in the development of the initial treatment plan and each subsequent treatment plan review. Families are provided with updates progress in treatment via family therapy and collateral phone calls. Families are provided with an opportunity to write any feedback they have regarding the treatment plan and reviews and on the guardian review signature page. Discharge planning is discussed at the time of admission and throughout the treatment program. The youth may have off grounds passes with the family as they progress in the program in anticipation of reunification to the home. Recommendations for aftercare and safety planning are provided to the family.
How does your program identify/assess the function of challenging behaviors?	A special treatment team meeting can be held to address any challenging behaviors that have trended.

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Residential Treatment Services PRTF Information Inventory

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

TREATMENT	
Does your facility employ or contract with a behavior specialist (behavioral psychologist or BCBA) on the treatment team or staff? ☐ Yes ☒ No	Name and credential(s) of behavior specialist (if the individual does not have a BCBA, please provide a description of the person's training in behavior analysis). Click here to type
For each of the following professions/licenses, please answer the questions to the right.	
	How does your facility ensure that these professionals' treatment recommendations are implemented and consistently followed?

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

PSYCHOTHERAPY MODELS	
Please identify the psychotherapeutic models (e.g., CBT, DBT) used at your facility, by population	
Model	**Population**
Cognitive Behavior Therapy	Children and Adolescents
Client Centered Therapy	Children and Adolescents
Play Therapy	Children and Adolescents
Click here to type	Click here to type
Click here to type	Click here to type

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Family Therapy What are your expectations regarding family therapy?	Families are expected to participate in family therapy as indicated by their state's requirements and as stated in the treatment plan. In-person sessions have traditionally been encouraged and available, however, due to COVID-19 restrictions, the majority of family therapy has been done via V-See, or telephone if the family does not have access to or the means for video conferencing.
Clinical Supervision Describe how a professional provides clinical oversight to the program. How many hours/week?	Clinical oversight is provided by daily clinical briefings (15-30 minutes)with the clinical team and individual supervision sessions (15-30 minutes) with therapists bi weekly. The Director of Clinical Services attends the weekly Master Treatment Plan and Master Treatment Plan Review meetings to provide oversight (6 hours). Clinical supervisors and Nursing supervisors attend cross discipline meetings (30 minutes weekly) to provide additional coordination of care and supervision.
Crisis Supports How does the program assure access to the appropriate care for clients in crisis situation?	Twenty-four hour nursing coverage is available for residents. In the event urgent care is needed outside the scope of our internal abilities, we utilize an emergency room and/or ambulance services.
Skill Development Please describe how your facility helps recipients develop the following:	Methods/Interventions/Programs
Interpersonal skills	Social skills groups are provided weekly
Self-Regulation	Anger management groups are provided weekly
Daily Living	Daily living skills and health groups are provided weekly
Communication	Therapeutic Communication groups are provided weekly
Other	Discharge Planning Groups are provided weekly
Please describe how your facility helps the recipient generalize these skills to their home environment.	Rehabilitation groups are led by Behavioral Health Technicians and reinforce concepts provided in individual, group and family therapy. Emphasis is placed on applying new skills to the home environment. Discharge planning groups specifically focus on reintegration issues.

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Residential Treatment Services PRTF Information Inventory

DAILY SCHEDULE		
Please describe the daily schedule.	The daily scheduled provides a routine for each day from wake up time to bedtime. Activities are identified on the schedule that provides the location and timeframe for each event. Activities include morning hygiene, breakfast, goal setting, medication pass, school, group therapy, morning snack, recreational therapy, lunch, afternoon medication pass, structured free time, dinner, rehabilitation group, recreation time, television time, evening medication pass, evening snack, evening hygiene, and bedtime. The order of activity may vary by day and by unit.	
How are transitions (to meals, school, activities, etc.) managed?	Transitions to each activity are supervised by behavioral health technicians.	
How are meals managed (e.g., preparation, clean-up)?	Meals are prepared by a contracted service provider. All meals, snacks, and clean up are provided as part of our contracted services agreement.	
Please describe the types of recreational activities available to recipients.	<u>On-Site Activities:</u> PRTC has an indoor gymnasium with a basketball court and additional space for other recreation. There is an outdoor play area with a basketball court, jungle gym, and other recreation space for soccer and football. We also have an honors room with various activities, such as video games and musical instruments, for residents who have progressed to level 2 and above.	<u>Off-Site Activities:</u> Residents may earn privileges to attend off site activities to include ice skating, local parks, local sporting events, and eating at restaurants in the community

DISCHARGE PLANNING AND POST-TREATMENT	
When does discharge planning begin?	Discharge planning begins at the time of admission and is an ongoing process for each resident.

Residential Treatment Services PRTF Information Inventory

Who is responsible for discharge planning at your facility?	The treatment team reviews the discharge plan and the primary point of contact for discharge planning is the Primary Therapist
What percentage of your recipients return to:	Therapeutic Foster Care: 3% Foster Care: 5% Family: 70% Group Home: 10% Corrections: 12% Independent Living: Click here to type
Do you do any post-discharge surveys? ☒ Yes ☐ No	If Yes, when is it conducted? We do post discharge follow up calls for any resident who leaves prematurely, against medical advice, or otherwise with an elevated risk. The purpose is to ensure care is established after leaving the facility. In addition, patient satisfaction surveys are completed prior to the resident being discharged from the program, unless not clinically indicated.

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

Section B

AUTISM SPECTRUM DISORDERS QUESTIONNAIRE

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Please provide additional information regarding the characteristics of the recipients with ASD for whom you can provide specialized treatment (e.g., ASD with IQ under 70, ASD with IQ over 70, Asperger's disorder, etc.). Please be specific, especially regarding developmental age and/or IQ requirements.	Click here to type
Please check each box that corresponds with aspects of treatment at your facility that are listed below.	
Do you have screening mechanisms for ASD that includes questions about ASD and symptomatology? ☐ Yes ☐ No	If Yes, please list the tools(s) by name and/or send copies. Click here to type
What diagnostic evaluation/assessment process do you use? Please check all that are included	☐ Family interviews ☐ Review of past records ☐Consideration of DSM-V criteria ☐History, including educational and behavioral interventions ☐ Differential diagnosis ☐ Observation ☐ Specific Tools (please identify): Click here to type
Do you do functional behavior assessments? If so, please describe your approach in the school and residential program.	Click here to type
Please describe how the Behavior Analysis is presented in the treatment plan.	Click here to type

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For facilities that provide treatment for individuals with Asperger's Disorder or individuals with ASD who do not experience Intellectual Disabilities, please answer the following question:	
Please describe your approach to treatment and any interventions that are employed specifically for this population.	Click here to type

Please use the space below for additional comments.
Click here to type

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All Psychiatric Residential Treatment Facilities (PRTF) that contract with Alaska Medicaid are required to complete Section A. Facilities that indicate Autism Spectrum Disorder (ASD) as a specialty are also required to complete Section B. The form will be posted on a website in order to be available to families, providers and guardians who are considering placement in a PRTF for a child. If your facility has more than one Alaska Medicaid provider number, please complete one form for each. Use the tab key to move to each new section.

Section A

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

GENERAL OVERVIEW		
Accreditation Body	Joint Commission	
Indicate which gender(s) you serve and the applicable age range and number of licensed beds below		
	Age Range	# of Licensed Beds
☒Males	6-17	134
☒Females	6-17	78
☐Other	Click here to type	Click here to type

Describe your client:staff ratio and how it is calculated for the following:			
	Nursing	Milieu	Comments
Day	1 to 20	1:5	Administrative staff are not included in the ratio. For emergency purposes, nurses may count as part of coverage.

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Evening	1 to 20	1 to 5	Administrative staff are not included in the ratio. For emergency purposes, nurses may count as part of coverage.
Night	1 to 30	1 to 15	
What safety monitoring practices are applicable during the day? At night?		15-minute checks are done visually on patients throughout the day. Video reviews in real time as well as Proxiguard RFID scanning are completed on overnight shifts and reported to management team daily.	
Does your facility have requirements regarding IQ? ☒ Yes ☐ No		If yes, please explain. IQ 50 and above	
What is the average length of stay for the facility overall? 227 days		For AK Medicaid Recipients? 225 days	
Are you anticipating changes to your program? ☐ Yes ☒ No		If yes, please describe. Click here to type	
Is the facility locked or unlocked?		☒ Locked ☐ Unlocked	Doors to units and other buildings are locked
Is the facility secure?		☐ Yes ☒ No	No outside fence around facility or grounds.
Please describe your facility's approach to treating children and youth with FASD. What kind of training do your staff receive (include milieu as well as clinical staff).		We comprehensively review referral materials prior to admission and screen for FASD symptoms during the admission assessment. If indicated by the screen, a complete assessment is done by the treating therapist. Specific FASD training is included in orientation to all staff. Monthly clinical training of evidence-based practices is provided by the Director of Clinical Services for clinical therapists.	
Please describe your facility's approach to identifying and treating children and youth with extensive trauma histories. What kind of training do your staff receive (include milieu as well as clinical). Identify your trauma treatment approach and describe the approach regarding staff training and Evidence Based Practices.		We comprehensively review referral materials prior to admission and screen for trauma symptoms during the admission assessment. If indicated by the screen, a complete assessment is done by the treating therapist. Specific trauma training is included in orientation to all staff. Bi-monthly clinical training of evidence-based practices is provided by the Director of Clinical Services for clinical therapists.	
Specialty Populations	Please check all specialty populations this facility serves.		What training does staff receive for this population?

	☒ Autism Spectrum Disorders (High Functioning and Asperger's) NOTE: Facilities with this specialty must complete Section B		Staff receive 40 hours initial training, 50 hours required annually and additional training as required for clinical licensure. Training regarding ASD is conducted during the initial training and in team meetings.
	☐ Autism Spectrum Disorders (severe/low functioning) NOTE: Facilities with this specialty must complete Section B		Click here to type
	Sexualized behaviors: ☒ Sexually reactive (e.g. response to trauma) ☒ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues) ☒ Sexually offending: ☒ adjudicated/ ☒ non-adjudicated		See above
	☐ Eating Disorder		Click here to type
	☒ Other Neuropsychiatric		See above
	☒ Other FASD		See above
Excluded Populations	Please check all populations excluded from this facility.		
	☐ Sexually reactive (e.g. response to trauma)	☐ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues)	Sexually offending: ☐ adjudicated/ ☐ non-adjudicated
	☒ Eating Disorder **(Primary DX)**	☒ Psychosis	☐ Physical Aggression
	☒ Autism Spectrum Disorders (severe/low functioning)	☐ Autism Spectrum Disorders (high functioning/Asperger's)	☐ Self-injurious behaviors
	☐ Suicidal ideation/attempts **(not acute)**	☐ Elopement Risk	☐ Fire setting

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	☒ Conduct Disorder(Primary DX)	☒ Other: Excessive criminal and gang activity	☐ Other: Click here to type
	Comments: All referrals are reviewed on an individual basis.		
What type of alternative communication modalities do you use? Please identify (e.g., Picture Exchange Communication System, sign language, assistive technologies, visual schedules, etc.)	Visual schedules, picture exchange, Speech and Language groups, Nova-chat communication system when needed.		
What type of social skills training do you use? Please describe and/or identify the program.	Social skills are a prominent part of all modalities including formats such as Group therapy, Individual therapy, Community groups, structured activities, and ROPES. Forward Focus model which includes a specialized social skills curriculum is used for our Sexual Behavior Problem Unit.		
List types of safety monitoring used (e.g., staff observation, video cameras).	Q15 staff checks/staff observation, 235 video cameras. Locations for video cameras include all common areas, hallways, cafeteria, school yard, classrooms, nurses' stations and outside areas.		
How does the facility assure access to appropriate medical and dental care?	Units are staffed with nurses. The facility has an on-campus clinic staffed with a FNP for primary care and ongoing medical issues. Referrals are made to any necessary specialists and a dentist in the community.		

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

How are facility staff trained regarding seclusion and the use of restraint? Please describe initial staff training as well as the follow up training process.	CPI training is provided in orientation and an annual refresher. Emergency Behavioral Intervention is taught in orientation, at 6 months and yearly thereafter, alternating with the CPI refresher.	
How frequently are individual and facility seclusion and restraint data reviewed, and by whom?	Individual Restraints are reviewed daily by management team	Facility Restraint data is reviewed monthly by management team and Performance Improvement Committee.

EDUCATION SERVICES	
Please indicate what types of educational services the facility provides.	☒ On Site School ☐ Day Treatment ☐ Outpatient Services ☒ Other: Public charter school ☐ Other: Click here to type
Comments:	
Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	Ki Charter employs a registrar that works with patients' home school districts at both admission and discharge to assure proper class placement, credit recovery and ability to meet graduation requirements. ARD meetings and IEP development are conducted in accordance with State and Federal guidelines.
Educational Accreditation	Texas Education Agency
Does your program accept school credits from other schools or programs?	☒ Yes ☐ No

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What structured educational models are used?	Ki Charter utilizes a multi-modal curriculum delivery; the full integration of visual, auditory, and kinesthetic learning strategies and aids; the presentation of vocabulary words in context; and the hands-on representations of conceptual elements. To provide social and emotion learning (SEL) and character building, Ki Charter designed the Ki Individual Development (KID) and is embedded throughout the classes to provide a well-rounded education. SEL programming is based on the understanding that the best learning emerges in the context of supportive relationships that make learning challenging, engaging, and meaningful. Ki Charter utilizes the PITSCO elementary, middle and high school Science, Technology, Engineering, Math (STEM) curriculum. The PITSCO math and science based labs are not separate courses for students at Ki Charter, rather a supplement to their math and science curriculum. Many of our students are kinesthetic, manipulative, and tactile learners. The students receive portion in the classroom, and then translate their learning to practice in the lab. Students understand and recognize the true importance of learning, by putting into practice. The STEM lab will provide exploration into jobs such as engineering, biology, mathematics technology. Students use the skills in such a way that they can apply them in other situations outside of the curriculum experience. Ki Charter also provides a vocational and Career and Technical Education (CTE) program that designed to introduce students to technical careers and provide students with employability skills. Whether students are putting the finishing touches on their resumes or obtaining job-related certifications, such as Occupational Safety and Health Administration/OSHA or Food Handling Certifications, they are continually preparing themselves for their individual real-world experiences.
Does your program accept the Homeschool IEP? ☒ Yes ☐ No	Does your program create an IEP if needed? ☒ Yes ☐ No

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TREATMENT PLANNING AND REVIEW	
Who participates in regular treatment team meetings? Please check each regular (at least monthly) participant in treatment review/planning.	☒ Psychiatrist ☐Pediatrician ☒Nurse ☐Pharmacist ☐ Physical Therapist ☐ Speech Therapist ☐ Occupational Therapist ☒ Education Milieu Staff ☐ Dietitian ☐ Psychologist ☒ Clinician ☐ Behavior Analyst ☒ Other Clinician (name, credentials): Primary therapist, Recreational therapist, School Homeroom teacher, to discuss educational progress, Unit Manager, to report milieu concerns and progress, and Mental Health Associates.
How does your program involve the family in treatment, keep them informed of their child's progress, and prepare them for step-down as part of the discharge process?	Family sessions occur weekly unless otherwise specifically ordered. They include a review of Treatment Plan/Updates, identifying patterns of communication and interactions that perpetuate symptoms, relapse prevention and aftercare plans. Family therapy is conducted face-to-face as often as possible.
How does your program identify/assess the function of challenging behaviors?	Review of psychological and neuropsychological tools, staff training tools customized to individual patient, trigger cards, case reviews, etc. Entry and exit crisis plans is a patient driven tool to alert caregivers what to do in crisis situations.
How does your program measure progress on treatment plan goals and objectives (e.g., subjective report, phase/level progress/specific data points)?	Daily calculation of data from the Behavior Enhancement cards - measures from a baseline of affective, behavioral and critical manifestations - compared each month for progress, maintenance or regression. In addition to sustained advance in the Behavior Enhancement Program and consistent desired response to in vivo stressors.

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Does your facility employ a privilege/level/phase system? ☒ Yes ☐ No	If Yes, on what basis do recipients earn privileges or improved level status? The Behavior Enhancement System cards are based on incremental improvements and varying schedules of reinforcement, coaching and contact-based on patient ability and need. If No, is there another system the program uses? Click here to type	Under what circumstances, if any, is the level system modified? The Behavior Enhancement System can be modified based on several factors including a patient's functioning level or chronic inability to progress through the system.

TREATMENT	
Does your facility employ or contract with a behavior specialist (behavioral psychologist or BCBA) on the treatment team or staff? ☒ Yes ☐ No	Name and credential(s) of behavior specialist (if the individual does not have a BCBA, please provide a description of the person's training in behavior analysis). Roberto C. Rodriguez, MA, LCCA is our facility Behavior Analyst in training.
For each of the following professions/licenses, please answer the questions to the right.	
	How does your facility ensure that these professionals' treatment recommendations are implemented and consistently followed?
Dietitian	Recommendations are included in the treatment plan through assessment by these professionals.
Occupational Therapist	If OT is recommended through a student's IEP, Ki Charter will follow through with a consultation and occupational therapy.
Speech/Language Pathologist	Same as above through an IEP with Ki Charter. The facility also contracts with a Speech/Language specialists to conduct groups with those patients that have been assessed and determined to have a need for speech therapy. It is also listed in the treatment plan.
Other Medical (e.g., GI, Sleep)	Through our clinic, the FNP will recommend an appointment for a specialist. This is followed through with the doctor's order.

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

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

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

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

Please describe the types of recreational activities available to recipients.	<u>On-Site Activities:</u> Gyms, swimming pools, sports court, ROPES course, sweat lodge, canteen recreational area, cooking area for activities, arts and crafts, theme decoration contests, etc.	<u>Off-Site Activities:</u> Bowling, movies, community sporting events (basketball, football, etc.), eating at restaurants, Indigenous Peoples Pow Wow, Santa's Ranch (seasonal), Snake Farm, minature golf, etc.

DISCHARGE PLANNING AND POST-TREATMENT	
When does discharge planning begin?	Discharge planning begins at the time of admission with the identification of plans for potential placement options and possible providers depending on the anticipated needs of child and family.
Who is responsible for discharge planning at your facility?	Clinical therapists and the treatment team are responsible for discharge planning.
What percentage of your recipients return to:	Therapeutic Foster Care: 10% Foster Care: 0% Family: 70% Group Home: 15% (Includes both those going to a therapeutic group home and those going to a lower level RTC. Corrections: 3% Independent Living: 2%
Do you do any post-discharge surveys? ☒ Yes ☐ No	If Yes, when is it conducted? Child and Adolescent Behavior Assessment are completed at admission, every 28 days coinciding with review of the Master Treatment Plan and at discharge, with a followup of the Child and Adolescent Behavior Assessment 45 days post-discharge. The followup is completed by Mental Health Outcomes, an outside vendor.

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

Section B

AUTISM SPECTRUM DISORDERS QUESTIONNAIRE	
Please provide additional information regarding the characteristics of the recipients with ASD for whom you can provide specialized treatment (e.g., ASD with IQ under 70, ASD with IQ over 70, Asperger's disorder, etc.). Please be specific, especially regarding developmental age and/or IQ requirements.	ASD with IQ's of 50 and above. Patients with ASD are placed on units based on physical size, functioning level and age.
Please check each box that corresponds with aspects of treatment at your facility that are listed below.	
Do you have screening mechanisms for ASD that includes questions about ASD and symptomatology? ☒ Yes ☐ No	If Yes, please list the tools(s) by name and/or send copies. Initial Screenings, Vineland, GADS
What diagnostic evaluation/assessment process do you use? Please check all that are included	☒ Family interviews ☒ Review of past records ☒Consideration of DSM-V criteria ☒History, including educational and behavioral interventions ☒ Differential diagnosis ☒ Observation ☐ Specific Tools (please identify): Click here to type
Do you do functional behavior assessments? If so, please describe your approach in the school and residential program.	We use functional behavior assessments to assist in creating individualized behavior plans for some of more challenging patients. Our approach involves directly observing patients in a variety of settings to gather data and determine function of behavior. Practical and proactive interventions are then created (based on function) that include instructions on how to introduce and teach prosocial replacement behaviors in the milieu.

Please describe how the Behavior Analysis is presented in the treatment plan.	Using the functional behavior assessment, an individualized Behavior Intervention Plan is developed and added to the treatment plan to determine a reasonable plan. The treatment team uses the aggregate data with regard to affective, behavioral and critical manifestations. These are used daily for children and weekly for adolescents but the system can be modified for those patients needing increased reinforcers. This data is used as a measure of success or regression.

For facilities that provide treatment for individuals with Asperger's Disorder or individuals with ASD who do not experience Intellectual Disabilities, please answer the following question:	
Please describe your approach to treatment and any interventions that are employed specifically for this population.	High functioning patients with Asperger Disorder or individuals with ASD are placed on units with other patients with similar functioning levels. Behavior Intervention Plans are developed with results from the Functional Assessment and implemented via the treatment team and direct care staff. The Behavior Enhancement System can be modified to individualized interventions. Evidence based practices are individualized for focus on repetition, concrete objective and in vivo rehearsal.

Please use the space below for additional comments.

Springbrook Autism Behavioral Health System

Residential Treatment Services PRTF Information Inventory

All Psychiatric Residential Treatment Facilities (PRTF) that contract with Alaska Medicaid are required to complete Section A. Facilities that indicate Autism Spectrum Disorder (ASD) as a specialty are also required to complete Section B. The form will be posted on a website in order to be available to families, providers and guardians who are considering placement in a PRTF for a child. If your facility has more than one Alaska Medicaid provider number, please complete one form for each. Use the tab key to move to each new section.

Section A

FACILITY INFORMATION	
Site/Cottage/Facility Name	Chestnut Hill Mental Health Center DBA Springbrook Autism Behavioral Health System
Address	1 Havenwood Lane, Travelers Rest, SC 29690
Contact number	(864) 834-8013
Name and title of person completing this form	Katy Snipes, LMSW, Director of Admissions, (864) 660-6220; Bart Bennett, Chief Financial Officer (864) 660-6207; Brandon Clark, PhD, BCBA Director of Clinical Services (864) 600-1162

GENERAL OVERVIEW		
Accreditation Body	The Joint Commission; South Carolina Department of Health and Environmental Control (DHEC)	
Indicate which gender(s) you serve and the applicable age range and number of licensed beds below		
	Age Range	# of Licensed Beds
☒Males	5-21 (must have legal guardian after age 18)	73 total
☒Females	5-21 (must have legal guardian after age 18)	73 total
☐Other	Click here to type	Click here to type

Describe your client: staff ratio and how it is calculated for the following:			
	Nursing	Milieu	Comments

Springbrook Autism Behavioral Health System

Residential Treatment Services PRTF Information Inventory

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

Springbrook Autism Behavioral Health System

Residential Treatment Services PRTF Information Inventory

Is the facility secure?	☒ Yes ☐ No	
Please describe your facility's approach to treating children and youth with FASD. What kind of training do your staff receive (include milieu as well as clinical staff).	We do not specialize in this type of treatment. However, our program is designed to accommodate developmental disabilities and delays which is relevant in the care of FASD. Care of developmental disabilities and delays is addressed in orientation, refreshers, and RBT training.	
Please describe your facility's approach to identifying and treating children and youth with extensive trauma histories. What kind of training do your staff receive (include milieu as well as clinical). Identify your trauma treatment approach and describe the approach regarding staff training and Evidence Based Practices.	Patients are prescreened for trauma history as well as assessed during admission and throughout their stay. Staff receives an overview of trauma treatment upon hire and yearly refreshers. Therapists are trauma informed through Master's level education and ongoing continuing education. Lead Therapist is TF-CBT trained through Project Best and available for consultation with all Therapists and staff members. Documentation in the patient folder/book used by direct care staff, addresses trauma history with suggested modifications in treatment or initiation of an emergency intervention if applicable..	
Specialty Populations	Please check all specialty populations this facility serves.	What training does staff receive for this population?
	☒ Autism Spectrum Disorders (High Functioning and Asperger's) NOTE: Facilities with this specialty must complete Section B	Specialized autism training by BCBA provided during orientation and refreshers. Additional training provided at staff meetings throughout the year.
	☒ Autism Spectrum Disorders (severe/low functioning) NOTE: Facilities with this specialty must complete Section B	Specialized autism training by BCBA provided during orientation. RBT's (Registered Behavioral Technicians) on lower functioning units. Springbrook puts a priority on hiring staff with ABA experience. There is also 40 hours of on-line training on Autism that staff is incentivized with pay raises to complete.

Springbrook Autism Behavioral Health System

Residential Treatment Services PRTF Information Inventory

	Sexualized behaviors: ☐ Sexually reactive (e.g. response to trauma) ☐ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues) ☐ Sexually offending: ☐ adjudicated/ ☐ non-adjudicated		Click here to type
	☐ Eating Disorder		Click here to type
	☐ Other Click here to type		Click here to type
	☐ Other Click here to type		Click here to type
Excluded Populations	Please check all populations excluded from this facility.		
	☐ Sexually reactive (e.g. response to trauma)	☐ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues)	Sexually offending: ☒ adjudicated/ ☒ non-adjudicated
	☒ Eating Disorder	☐ Psychosis	☐ Physical Aggression
	☐ Autism Spectrum Disorders (severe/low functioning)	☐ Autism Spectrum Disorders (high functioning/Asperger's)	☐ Self-injurious behaviors
	☐ Suicidal ideation/attempts	☐ Elopement Risk	☐ Fire setting
	☐ Conduct Disorder	☒ Other: primary substance use disorder	☐ Other: Click here to type
	Comments: Click here to type		

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

Springbrook Autism Behavioral Health System

Residential Treatment Services PRTF Information Inventory

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

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

Springbrook Autism Behavioral Health System

Residential Treatment Services PRTF Information Inventory

Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	Our Educational Coordinator communicates with whoever has been providing education for the client. Upon admission, we request records and IEPs from the client's previous school or homeschool. Testing is done with the WRA T and MAPP at Springbrook. Educational progress is reviewed monthly during treatment team. Progress notes can be sent on an as needed basis or regularly.
Educational Accreditation	Einstein Academy - National Association of Private School & The South Carolina Independent School Association
Does your program accept school credits from other schools or programs?	☒ Yes ☐ No
What structured educational models are used?	The school is an extended day, year around program. Students participate in every subject each day. The school uses the Errorless teaching model with the Abeka Curriculum, Spectrum, Sonday System, Orton-Gillingham, and the VB Map program. Curriculum depends on the functioning level and presence of a learning disability. Tutor style self-paced individualized and multisensory teaching is provided by credentialed special education teachers with low student to teacher ratios. Discrete Trail Training is used to teach functional skills in lower functioning units. Mental Health Associates are trained as teacher aides to assist with comprehension. Students are given extra time on assignment, tests, and projects when needed. Students are given any accommodations they may requires such as calculators, manipulatives, study guides, choices between projects and tests etc. The private accredited school at the facility is able to teach high school curriculum with Carnegie credits for high school students on college track. Work is also done toward Vocational or GED prep if this is what the IEP recommends.

Does your program accept the Homeschool IEP? ☐ Yes ☒ No	Does your program create an IEP if needed? ☐ Yes ☒ No – As a private school the document created is an ISP (individualized service plan) with goals and assessments similar to an IEP. The IEP, if present on admission is used to help create the ISP. Present levels from Special Education, Speech, and Occupational therapy can be sent to the home school district to contribute totheir IEP during treatment or on discharge, when needed.

TREATMENT PLANNING AND REVIEW	
Who participates in regular treatment team meetings? Please check each regular (at least monthly) participant in treatment review/planning.	☒ Psychiatrist ☐ Pediatrician ☒ Nurse ☐ Pharmacist ☐ Physical Therapist ☒ Speech Therapist ☒ Occupational Therapist ☒ Education Milieu Staff ☐ Dietitian ☐ Psychologist ☒ Clinician ☒ Behavior Analyst ☒ Other Clinician (name, credentials): Utilization Review staff (RN), Recreational Therapy Staff, Milieu management, Pharmacist is consulted on an as needed basis.

How does your program involve the family in treatment, keep them informed of their child's progress, and prepare them for step-down as part of the discharge process?	Family receives three weekly updates – one from the child's individual therapist, one from the child's assigned nurse, and one from the milieu manager (unit director) or lead staff. Family is invited to participate in monthly treatment team either in person or via phone. Family therapy is provided at a minimum monthly and can be more often as needed. We also have the capacity to do video chats with families who are not able to physically come to the facility very often. Typically, families take clients on a TLOA (therapeutic leave of absence) for graduated amounts of time prior to discharge. We provide monthly family education groups that coincide with visitation days. We are also just starting an 11-module family curriculum to teach them how to effectively deal with behaviors in autism which will include "homework" for parents/guardians who are interested in participating.

How does your program identify/assess the function of challenging behaviors?	On staff BCBA's use a variety of assessments to identify functions of behaviors. Examples include collecting data through scatterplots, ABC forms, and functional analyses.	
How does your program measure progress on treatment plan goals and objectives (e.g., subjective report, phase/level progress/specific data points)?	We use a PCP (Person Centered Plan) as our treatment plan. The PCP has goals and objectives which are reviewed and updated each treatment team. There is also re-evaluation using the FISH curriculum to assess gains on all domains, ADT= Adaptive behavior, AFF= Affective or behavioral skills, COG= Cognitive abilities such as basic school/education skills, SEN= Sensorimotor abilities, SOC= Socialization, S&L= Communication, related to speech and language, and VOC= Pre-vocational or beginning job skill. The is reassessed every quarter and on discharge.	
Does your facility employ a privilege/level/phase system? ☒ Yes ☐ No	If Yes, on what basis do recipients earn privileges or improved level status? Springbrook has a "levels" system for the RTF clients, that is based on behaviors. This system is calculated every four hours for the clients. Their levels will reset every four hours to give them the opportunity to restart. The levels range from one to five with five being the highest. This system is only used on our higher functioning units. Clients can earn special outings, special meals, and other incentives when they are higher levels. The level system is in place to encourage positive behaviors from the clients. If No, is there another system the program uses? Click here to type	Under what circumstances, if any, is the level system modified? We ensure that the levels system is positive and not negative to the clients. This system is not used on our low-functioning units due to the lack of understanding by the clients. The reward systems for the low functioning clients are more immediate but can build on a token system for some clients who are able to understand working toward a highly desired item or outings.

Springbrook Autism Behavioral Health System

Residential Treatment Services PRTF Information Inventory

TREATMENT	
Does your facility employ or contract with a behavior specialist (behavioral psychologist or BCBA) on the treatment team or staff? ☒ Yes ☐ No	Name and credential(s) of behavior specialist (if the individual does not have a BCBA, please provide a description of the person's training in behavior analysis). Four on staff BCBAS: Dr. William Killion, BCBA, PhD (supervisor); Kevin Loeb, BCBA; Jordynn Frollo, BCBA, Brandon Clark, BCBA. All four of the BCBAs have supervisor credentials enabling them to train and supervise BCaBAs and RBTs
For each of the following professions/licenses, please answer the questions to the right.	
	How does your facility ensure that these professionals' treatment recommendations are implemented and consistently followed?
Dietitian	On staff dietitian addresses any referrals from the treatment team, physician, or nurses. This includes documentation and follow-up as needed. The dietitian also monitors weekly weights and proactively intervenes when undesirable trends are noted. Any significant changes are reported to dietitian through nursing staff. The dietitian does visit the units to follow-up and is present at some mealtimes to ensure that recommendations are followed.
Occupational Therapist	On staff occupational therapists and COTA screen all patients on admission to develop goals. They are actively engaged in client's care throughout treatment. Occupational therapists teach and model positive behavior supports and zones of regulation to staff. OTs design and monitor implementation of OT programming used by direct care staff to ensure compliance. OTs provides training on any sensory modulating techniques and equipment which they deem necessary for clients to help sensory modulation. OTs also designs therapeutic physical activity and aquatic therapy, the use of weighted blankets, aroma therapy, and calming sensory spaces and assists staff in proper usage for clients.

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

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

Springbrook Autism Behavioral Health System

Residential Treatment Services PRTF Information Inventory

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

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

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

Please describe the types of recreational activities available to recipients.	<u>On-Site Activities:</u> On site pool and gymnasium. Recreational therapists coordinate various activities such as coloring, playing games, and physical activities. Teaching staff and occupational therapist plan fun learning activities such as cooking classes. There is a student council that does charitable activities and helps teach aspects of leadership.	<u>Off-Site Activities:</u> Dependent upon children's behaviors – examples include visit to trampoline park, apple orchard, restaurants, sporting events, movies, library, etc.. Our clients participate in a special needs baseball league in a spring and fall leagues.

DISCHARGE PLANNING AND POST-TREATMENT	
When does discharge planning begin?	At time of admission
Who is responsible for discharge planning at your facility?	Utilization Review Department – each child has an assigned UM staff member who partner with the state providers and parent/guardians to ensure that all are working toward an acceptable discharge plan.
What percentage of your recipients return to:	Therapeutic Foster Care: 25% Foster Care: 0% Family: 60% Group Home: 12% Corrections: 1% Independent Living: 2%
Do you do any post-discharge surveys? ☒ Yes ☐ No	If Yes, when is it conducted? It is sent out three times post discharge at three months, six months, 12 months, and 18 months. Click here to type

Please use the space below for further comments regarding your facility.
Mathew Fisher, MD our full time physician is a Child and Adolescent Psychiatrist who specializes in Autism and believes in minimal medications and slow progressions of increasing, decreasing, or adding new medications. Assessments are made to rule out seizure disorders, and other medical co-morbidities that may be the underlying cause for increased anxiety or behaviors. When dealing with ASD, there is a focus on treating the underlying anxiety symptoms that exist concurrently with the ASD. Medications frequently ordered are SSRIs such as Zoloft, Celexa, Luvox, and Wellbutrin. If absolutely necessary, atypical antipsychotics such as Risperdal and Abilify will be used. Dr. William Killion, PhD Developmental Disabilities, BCBA with supervisory credentials. He wrote the Functional Skills Independent Skills Handbook (FISH) that is used throughout the US, Canada, and is in 83 countries. This is a functional assessment with stepped ABA plans for addressing functional skills and behaviors. All clients are assessed with the FISH and reassessed every three months to note their progress. As our staff member, we are fortunate to have the author of the book writing individualized developmental & behavioral plans at Springbrook. He also wrote the ABCs of Autism.

Section B

AUTISM SPECTRUM DISORDERS QUESTIONNAIRE	
Please provide additional information regarding the characteristics of the recipients with ASD for whom you can provide specialized treatment (e.g., ASD with IQ under 70, ASD with IQ over 70, Asperger's disorder, etc.). Please be specific, especially regarding developmental age and/or IQ requirements.	We do not have a specific IQ requirement as the team feels IQ scores do not always provide an accurate representation a child's functional status.
Please check each box that corresponds with aspects of treatment at your facility that are listed below.	

Springbrook Autism Behavioral Health System

Residential Treatment Services PRTF Information Inventory

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

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

For facilities that provide treatment for individuals with Asperger's Disorder or individuals with ASD who do not experience Intellectual Disabilities, please answer the following question:	
Please describe your approach to treatment and any interventions that are employed specifically for this population.	See table entitled "Treatment Specific for ASD Clients"

Please use the space below for additional comments.

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

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

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

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

Springbrook Autism Behavioral Health is committed to providing as much information as possible to the community at large to help prevent residential placement when possible. This is done through an annual Converge Autism Summit http://www.convergeautism.com which this year featured the renowned autism expert, Temple Grandin. This conference focuses

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

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

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

Texas NeuroRehab Center

Residential Treatment Services PRTF Information Inventory

All Psychiatric Residential Treatment Facilities (PRTF) that contract with Alaska Medicaid are required to complete Section A. Facilities that indicate Autism Spectrum Disorder (ASD) as a specialty are also required to complete Section B. The form will be posted on a website in order to be available to families, providers and guardians who are considering placement in a PRTF for a child. If your facility has more than one Alaska Medicaid provider number, please complete one form for each. Use the tab key to move to each new section.

Section A

FACILITY INFORMATION	
Site/Cottage/Facility Name	Texas NeuroRehab Center
Address	1106 W. Dittmar Road
Contact number	512-444-4835
Name and title of person completing this form	Carol German, M.Ed. Director of Admissions

GENERAL OVERVIEW			
Accreditation Body	Joint Commission		
Indicate which gender(s) you serve and the applicable age range and number of licensed beds below			
	Age Range		# of Licensed Beds
☒Males	8-17		3 coed treatment units, with 16 beds each
☒Females	8-17		3 coed treatment units, with 16 beds each plus 16 bed male RTC unit
☒Other	Evaluated on individual needs and milieu		Click here to type
Describe your client: staff ratio and how it is calculated for the following:			
	Nursing	Milieu	Comments
Day	1 nurse on each unit, around the clock, regardless of census	1:3 subacute; 1:5 PRTF	none

Evening	1 nurse on each unit, around the clock, regardless of census	1:3 subacute; 1:5 PRTF	none
Night	1 nurse on each unit, around the clock, regardless of census	1 rehab tech on each unit, around the clock, regardless of census	none
What safety monitoring practices are applicable during the day? At night?		Staff observation through Q15 minute checks day and night.	
Does your facility have requirements regarding IQ? ☒ Yes ☐ No		If yes, please explain. All of our patients have IQ's that fall between 50-80.	
What is the average length of stay for the facility overall? 9-12 months		For AK Medicaid Recipients? 9-12 months	
Are you anticipating changes to your program? ☐ Yes ☒ No		If yes, please describe. Click here to type	
Is the facility locked or unlocked?		☒ Locked ☐ Unlocked	
Is the facility secure?		☒ Yes ☐ No	
Please describe your facility's approach to treating children and youth with FASD. What kind of training do your staff receive (include milieu as well as clinical staff).		FASD is identified through case history, neurological testing, initial psychiatric evaluation and psychosocial assessment. We treat children based on their behaviors and presenting problems and what prevents them from living at a lesser level of care. We used FASD techniques identified by the CDC as the most appropriate. These include, but are not limited to: parent training, friendship training, executive function training, and parent-child interaction therapy and parent behavior management training. The facility has over 30 years experience in treating FASD and FASD associated behaviors. All therapists and case managers have additional training on FASD - includes identification and treatment methods for patients with FASD.	

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Please describe your facility's approach to identifying and treating children and youth with extensive trauma histories. What kind of training do your staff receive (include milieu as well as clinical). Identify your trauma treatment approach and describe the approach regarding staff training and Evidence Based Practices.		Trauma histories are identified through case history, initial psychiatric evaluation, and psychosocial assessment. When relevant, trauma histories are also discussed weekly in patient patient rounds, monthly staffings and Clinical Case Review. Trauma informed care is part of basic staff training and is the framework for the individual's treatment plan. From there, the individual's therapy, group and family therapy are designed and conducted by a licensed professional. All therapists and case managers have additional required CEU training for TF-CBT. Team meeting trainings related to Trauma Informed Care are provided regularly on the unit for direct care staff.
Specialty Populations	Please check all specialty populations this facility serves.	What training does staff receive for this population?
	☒ Autism Spectrum Disorders (High Functioning and Asperger's) NOTE: Facilities with this specialty must complete Section B	Training upon hire related to child/adolescent development, clinical in-services provided through team meetings that are clinically / diagnosis specific. Trauma Informed Care training annually. Access to outside training and resources as needed.
	☒ Autism Spectrum Disorders (severe/low functioning) NOTE: Facilities with this specialty must complete Section B	Training upon hire related to child/adolescent development, clinical in-services provided through team meetings that are clinically / diagnosis specific. Trauma Informed Care training annually. Access to outside training and resources as needed.
	Sexualized behaviors: ☐ Sexually reactive (e.g. response to trauma) ☐ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues) ☐ Sexually offending: ☐ adjudicated/ ☐ non-adjudicated	
	☐ Eating Disorder	Click here to type

	☒ Other Intellectual Disabilities, Traumatic Brain Injury, Seizure D/O, Genetic D/O		Training upon hire related to child/adolescent development, clinical in-services provided through team meetings that are clinically / diagnosis specific. Trauma Informed Care training annually. Access to outside training and resources as needed.
	☐ Other Click here to type		Click here to type
Excluded Populations	Please check all populations excluded from this facility.		
	☒ Sexually reactive (e.g. response to trauma)	☒ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues)	Sexually offending: ☒ adjudicated/ ☒ non-adjudicated
	☒ Eating Disorder	☐ Psychosis	☐ Physical Aggression
	☐ Autism Spectrum Disorders (severe/low functioning)	☐ Autism Spectrum Disorders (high functioning/Asperger's)	☐ Self-injurious behaviors
	☐ Suicidal ideation/attempts	☐ Elopement Risk	☐ Fire setting
	☒ Conduct Disorder	☐ Other: Click here to type	☐ Other: Click here to type
	Comments: Sexually reactive and maladaptive behaviors are evaluated on an individual basis to determine appropriate fit for the patient and the milieu.		

What type of alternative communication modalities do you use? Please identify (e.g., Picture Exchange Communication System, sign language, assistive technologies, visual schedules, etc.)	Picture Exchange Communication System, sign language, assistive technologies, visual schedules
What type of social skills training do you use? Please describe and/or identify the program.	Social skills are addressed in all areas of service. A licensed professional leads a social skills focused group once weekly for each unit. Additional groups are offered through ancillary therapy services as well as daily skills reinforced through daily activities with nursing and rehab techs.
List types of safety monitoring used (e.g., staff observation, video cameras).	Staff observation through Q15 minute checks.

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

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EDUCATION SERVICES	
Please indicate what types of educational services the facility provides.	☒ On Site School ☐ Day Treatment ☐ Outpatient Services ☐ Other: Click here to type ☐ Other: Click here to type
Comments: Students attend an on-site public school program offered through The University of Texas Charter School. The school provides small classroom settings with a special education teacher, teacher's aide and direct care staff. They provide the maximum amount of individual instruction at the student's pace. The school and pre-vocational program include a reading lab, computer lab, library, wood shop, pre-vocational training area, kitchen and multiple classrooms equipped with the latest technology.	
Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	The education staff have releases from the guardian to correspond with the home school to obtain prior education records as well as a release to the receving school upon discharge to ensure exchange of information and coordination of academic needs occurs. The staff are willing to participate in meetings with theses school districts as appropriate for the child's needs.
Educational Accreditation	Texas Education Agency
Does your program accept school credits from other schools or programs?	☒ Yes ☐ No
What structured educational models are used?	The teachers use direct teach and one on one.

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Does your program accept the Homeschool IEP? ☐ Yes ☐ No It will depend on if it address all of the federal/state guidelines. It will have to be on a case by case basis. It will also depend on if there has been an evaluation completed that establishes eligibility.	Does your program create an IEP if needed? ☒ Yes ☐ No If needed students are referred to special education for an evaluation to determine eligibility. If the student meet eligibility criteria then an IEP meeting is held to discuss the need for services. However, approximately 95%-98% of our students receive services prior to enrolling with our school.

TREATMENT PLANNING AND REVIEW	
Who participates in regular treatment team meetings? Please check each regular (at least monthly) participant in treatment review/planning.	☒ Psychiatrist ☐Pediatrician ☒Nurse ☐Pharmacist ☒ Physical Therapist ☒ Speech Therapist ☒ Occupational Therapist ☒ Education Milieu Staff ☐ Dietitian ☒ Psychologist ☒ Clinician ☐ Behavior Analyst ☐ Other Clinician (name, credentials): Click here to type

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

TREATMENT	
Does your facility employ or contract with a behavior specialist (behavioral psychologist or BCBA) on the treatment team or staff? ☒ Yes ☐ No	Name and credential(s) of behavior specialist (if the individual does not have a BCBA, please provide a description of the person's training in behavior analysis). Behavioral psychologists - We have student psychologists who perform psychological testing. Oversight is provided by PhD Psychologists. (Oversight – Daniel Garrison, PhD., Ed Prettyman, PsyD,)The University Charter School utilizes FBA's when appropriate.
For each of the following professions/licenses, please answer the questions to the right.	

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

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

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

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

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

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Do you do any post-discharge surveys? ☐ Yes ☐ No	If Yes, when is it conducted? Click here to type

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

Section B

AUTISM SPECTRUM DISORDERS QUESTIONNAIRE	
Please provide additional information regarding the characteristics of the recipients with ASD for whom you can provide specialized treatment (e.g., ASD with IQ under 70, ASD with IQ over 70, Asperger's disorder, etc.). Please be specific, especially regarding developmental age and/or IQ requirements.	Treatment is available for boys and girls ages 8-17, with IQ's that fall between 50-80. These children may have a variety of diagnosis including the wide range of Autism Spectrum Disorders and are facing a combination of medical, behavior, social and learning difficulties.

Texas NeuroRehab Center

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

Texas NeuroRehab Center

Residential Treatment Services PRTF Information Inventory

For facilities that provide treatment for individuals with Asperger's Disorder or individuals with ASD who do not experience Intellectual Disabilities, please answer the following question:	
Please describe your approach to treatment and any interventions that are employed specifically for this population.	All of our patients have IQ's that fall between 50-80. While they may or may not have a diagnosis in the category of Intellectual Disability, our patients struggle with activities of daily living, social and coping skills and tolerance of transitions.

Please use the space below for additional comments.
Texas NeuroRehab Center is a specialized residential treatment facility. Treatment is available for boys and girls ages 8-17, with IQ's that fall as low as 50. These children may be facing a combination of medical, behavior, social and learning difficulties. The cognitive behavioral approach used by Texas NeuroRehab Center has been formed from over 40 years of experience working with the developmentally delayed population. Best practices from all treatment modalities are combined to make up the individualized treatment plan for each patient. Routine, predictability, and consistency create the groundwork for the improvement of coping skills, activities of daily living and tolerance of transition. The primary goal of the program is to help the patient function more effectively in a variety of environments. The second goal is to master basic functional routines that will lead to increased self-care an independent living. Specific areas on our Mesa living unit correspond with skill acquisition: sensory activity room, functional routines area, round-up area, solo workstations and a gathering area. Color-coded walls and furniture identify each area.

Yellowstone Boys and Girls Ranch

Residential Treatment Services PRTF Information Inventory

All Psychiatric Residential Treatment Facilities (PRTF) that contract with Alaska Medicaid are required to complete Section A. Facilities that indicate Autism Spectrum Disorder (ASD) as a specialty are also required to complete Section B. The form will be posted on a website in order to be available to families, providers and guardians who are considering placement in a PRTF for a child. If your facility has more than one Alaska Medicaid provider number, please complete one form for each. Use the tab key to move to each new section.

Section A

FACILITY INFORMATION			
Site/Cottage/Facility Name	Yellowstone Boys and Girls Ranch		
Address	1732 S 72nd St W, Billings, MT 59106		
Contact number	406-606-4060		
Name and title of person completing this form	Taylor Mayer, Executive Director of Clinical Operations		
GENERAL OVERVIEW			
Accreditation Body	COA		
Indicate which gender(s) you serve and the applicable age range and number of licensed beds below			
	Age Range	# of Licensed Beds	
☒Males	11-18	21	
☒Females	11-18	67	
☒Other	11-18	10	
Describe your client: staff ratio and how it is calculated for the following:			
	Nursing	Milieu	Comments
Day	1:40	1:6	Between 3-12 Emergency Support Team members are available 24/7 for additional support on campus. 24/7 on-call provider is available. Additional milieu staff may be scheduled above normal ratio if needed.
Evening	1:40	1:6	Same as above
Night	1:80	1:11	Same as above

Yellowstone Boys and Girls Ranch

Residential Treatment Services PRTF Information Inventory

What safety monitoring practices are applicable during the day? At night?	During the day, youth are closely monitored by staff. The lodge's weekly schedule provides highly structured and well-planned activities that increase the ability to maintain close supervision of the youth. YBGR has additional safety precautions ordered by a provider. These include Close Watch, Suicide Precautions, and Constant Observation. Youth placed on close watch are observed in 10-minute intervals with appropriate documentation. Suicide precautions require that a youth is continuously monitored with appropriate documentation and to sleep in the milieu where this level of supervision may be maintained throughout the night. Constant observation requires constant visual observation when the youth is in proximity to other peers and are required to sleep in a single room or the milieu at night. Youth not on ordered precautions are checked at night every 15 minutes between the hours of 8:00pm-6:30am with appropriate documentation.
Does your facility have requirements regarding IQ? ☒ Yes ☐ No	If yes, please explain. We ask for IQ testing for placement consideration, with significant focus on Verbal IQ Index scores (we do not have capacity and resources to adequately meet treatment needs of children with Verbal IQ less than 80).
What is the average length of stay for the facility overall? 6-9 months	For AK Medicaid Recipients? 9-12 months
Are you anticipating changes to your program? ☒ Yes ☐ No	If yes, please describe. Additional trainings for Clinical Program Therapists Internal Family Systems (IFS), Attachment-Based Family Therapy (ABFT) to complement the existing ARC model, Eye-Movement Desensitization and Reprocessing (EMDR), and Sensory Motor Arousal Regulation Treatment (SMART). We are also adding Safe and Sound Protocol (SSP) support training for all YBGR staff.
Is the facility locked or unlocked?	☒ Locked ☐ Unlocked
Is the facility secure?	☐ Yes ☒ No

Yellowstone Boys and Girls Ranch

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Please describe your facility's approach to treating children and youth with FASD. What kind of training do your staff receive (include milieu as well as clinical staff).		YBGR utilizes evidenced based treatment approaches that include CBT, trauma-informed care, DBT, EMDR, Occupational Therapy, ARC, EMDR and motivational interviewing. Clinical supervision is done weekly with our Clinical staff. Lodge staff receive initial orientation on the treatment model and ongoing review weekly during team meetings.
Please describe your facility's approach to identifying and treating children and youth with extensive trauma histories. What kind of training do your staff receive (include milieu as well as clinical). Identify your trauma treatment approach and describe the approach regarding staff training and Evidence Based Practices.		YBGR's approach to treating children and youth with extensive trauma histories stems from our overarching framework of ARC. All staff receive onboarding training regarding ARC, and are provided with ongoing smaller training points throughout their time here on a weekly, monthly, and yearly basis. Our clinical approach includes a comprehensive review and case-by-case individualization for what is determined to be best clinic fit for the youth. This could include Cognitive Behavioral Therapy (CBT), EMDR, Equine Assisted-EMDR, DBT, or incorporating EAGALA into the treatment plan. Clinicians at YBGR are offered ongoing opportunities for formal training for modalities that are evidenced based practices in nature. In addition, the Director of Psychiatric Residential Treatment provides ongoing training points during clinical individual and group supervisions.
Specialty Populations	Please check all specialty populations this facility serves.	What training does staff receive for this population?
	☒ Autism Spectrum Disorders (High Functioning and Asperger's) NOTE: Facilities with this specialty must complete Section B	There are trainings in available to our staff, the YBGR OT consults with treatment teams about meeting needs for Neurodiverse kids, and we have a committee to identify and mobilize support to Neurodiverse kids.
	☐ Autism Spectrum Disorders (severe/low functioning) NOTE: Facilities with this specialty must complete Section B	Click here to type

	Sexualized behaviors: ☒ Sexually reactive (e.g. response to trauma) ☐ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues) ☐ Sexually offending: ☐ adjudicated/ ☐ non-adjudicated	YBGR PRTF staff receive training in ARC, which is the foundational trauma informed model of programming. CPTs are trained in EMDR.
	☐ Eating Disorder	Click here to type
	☒ Other Self-Injurious behaviors	YBGR works with youth who have a history of or ongoing self-injurious behaviors. YBGR operates in working with these youth from a trauma-informed perspective (ARC) that begins with asking "why does this behavior make sense" or "what is the underlying reason behind the behavior". Treatment teams explore with the youth through therapy, psychoeducational groups, individual talking or processing, and other interactions why this behavior has been happening. When looking to determine possible reasons, additional help is provided in the form of modalities that can be effective with this in therapy (CBT, EMDR, etc.), alternative to this behavior in the milieu (body markers, sensory items, etc.), and preventative action and communication with adult caregivers. YBGR is able to individualize the approach with youth with self-injurious behaviors through a multi-disciplinary comprehensive approach.
	☐ Other Click here to type	Click here to type
Excluded Populations	Please check all populations excluded from this facility.	

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	☐ Sexually reactive (e.g. response to trauma)	☒ Sexually maladaptive (e.g. resulting from cognitive or neuro-behavioral issues)	Sexually offending: ☒ adjudicated/ ☐ non-adjudicated
	☐ Eating Disorder	☐ Psychosis	☐ Physical Aggression
	☒ Autism Spectrum Disorders (severe/low functioning)	☐ Autism Spectrum Disorders (high functioning/Asperger's)	☐ Self-injurious behaviors
	☐ Suicidal ideation/attempts	☐ Elopement Risk	☐ Fire setting
	☐ Conduct Disorder	☐ Other: Click here to type	☐ Other: Click here to type
	Comments: Click here to type		
What type of alternative communication modalities do you use? Please identify (e.g., Picture Exchange Communication System, sign language, assistive technologies, visual schedules, etc.)	Visual schedules are used at YBGR as an alternative communication modality.		
What type of social skills training do you use? Please describe and/or identify the program.	Social skills training regularly happens during milieu programming, during group therapy, and during individual or family therapy sessions. Youth in our care are addressed directly during opportune moments, followed up with individually, and taught skills during group activities. Recreational therapy and animal assisted therapy also provide other opportunities for youth to learn about group dynamics, their individual contributions to the group dynamic, and positive choices.		

List types of safety monitoring used (e.g., staff observation, video cameras).	Staff observation is used for safety monitoring. When additional monitoring is determined to be needed, such as in the case of the youth being an increased risk to self, the youth may be restricted the unit under constant visual observation until a licensed staff member (in this case, Therapist or Nurse) can be contacted to perform a High Risk Assessment to evaluate. Nursing staff is on site 24 hours a day and available to call when needed. This may result in a suicide precaution initiation (constant visual observation by staff of youth) or close watch precautions (10 minute checks). Individual Watch Plans (IWP) may also be instituted by the treatment team in the event the youth poses a danger in other ways. This may include constant watch (when there is a risk of physical boundaries of others at risk), run risk (youth has endorsed or attempted elopement from facility), aggression (when the youth endorses or has attempted assault of peers). Evaluation for the run risk and aggression is performed every 24 hours to evaluate for the need for continued IWP. YBGR also utilizes group safety plans that address an increased risk of aggression or high risk behaviors with the group as a whole. Youth placed on these precautions receive additional monitoring and program structure as well as therapeutic journaling and processing. A program manager or clinical program therapist may approve the discontinuation of IWPs and GSP's based on the youth's safety and compliance In specific instances, youth on observation that cannot be out of staff sight-baby camera monitoring (live video, no recording) is used during sleeping hours to ensure that the youth is still monitored while staff check in on other sleeping youth.
How does the facility assure access to appropriate medical and dental care?	YBGR follows the guidelines established in the EPSDT program. All youth receive a full nursing medical evaluation by a YBGR RN within 24 hours of admission. This includes screenings for medical, dental, vision, hearing and nutritional concerns/needs. Youth are able to fill out a medical concern sheet at any time. This is then reviewed by our nursing department and clinic staff to assess if further care or appointments are needed. If it is determined more is needed, our admin assistant schedules appointments with local providers for care.

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What type of behavior management program do you use? Please name the program and describe the training.	Violence Intervention and Prevention (VIP). The main focus of VIP is always on preventing and de-escalating aggression and violence before it becomes physical while at the same time, exploring the psychology and physiology of the escalation cycle. This includes viewing the behaviors and challenges the youth is experiencing from a trauma-informed lens and asking where the behavior comes from and why it makes sense. Staff review how to reintegrate youth into programming following a crisis cycle, and different strategies are modeled and practiced during the training for working with dysregulated youth. Staff are taught an awareness of how their own personal goals, values, and beliefs affect their ability to respond effectively to youth in crisis. Over time, the youth need fewer supports as they begin to hone their own self-regulation skills.
Does the facility use timeout? ☒ Yes ☐ No	When are timeouts used? Timeouts are used if the youth self-places into the room as an advocation for needing a place to decompress or get away from a minute. While youth are in there after self-placing, staff continue to perform checks on the youth to ensure safety. They may also be used if the youth becomes a danger to themselves or others, verbal deescalation is no longer effective and a behavior is significantly disrupting the milieu or directed to utilize the room to take time and space while staff monitor and provide help to the youth.
Does the facility use seclusion? ☒ Yes ☐ No Does the facility use restraints? ☒ Yes ☐ No If so, what type of restraints? ☒ Physical ☐ Mechanical	When are restraints and/or seclusion used? Restraints and/or seclusions are used if the youth is an imminent danger to themselves or others, as outlined in the federal regulations. Also as outlined in the federal regulations-the time out room is visually checked prior to the placement, all seclusions require a physician order, a debriefing within 24 hours, recommended changes to the treatment plan, face-to face nursing assessment as soon as possible but no longer than one hour with a follow up post procedure, and notification of the parents and guardians. A youth must be constantly monitored as outlined in federal regulations.
How are facility staff trained regarding seclusion and the use of restraint? Please describe initial staff training as well as the follow up training process.	All facility staff are trained in Violence Intervention and Prevention (VIP) during their first week of training. This training takes course over 3 days. Facility staff are also recertified every 6 months on VIP during a half day training. Both the initial training and the recertification process include a competency assessment and proficiency test.

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How frequently are individual and facility seclusion and restraint data reviewed, and by whom?	Individual This data is reviewed daily, sent out in an email from our nursing department. The data is also reviewed weekly with the PM, CPT, and Psychiatric provider for each youth. The data is also reviewed every 28 days at each youth's Monthly Treatment Plan Review, as well as monthly during the Monthly Outcomes Meeting.	Facility This data is reviewed daily, with information sent out in an email from our nursing department. The data is also reviewed at the monthly Outcomes Meeting to take note of any patterns or risk factors.

EDUCATION SERVICES	
Please indicate what types of educational services the facility provides.	☒ On Site School ☐ Day Treatment ☐ Outpatient Services ☐ Other: Click here to type ☐ Other: Click here to type
Comments: Yellowstone Academy is Montana fully acrredited K-12 school on campus where residents receive education. YA has comprehensive services for both general and special education students. We have a superintendent, principal, school psychologist, and school conselor on staff. Licensed teachers offer rotational classrooms, self-contained classrooms, and online learning opportunities. Academic features include: individual education plan support, credit recovery options, state testing administration, off-site ACT testing, vocational and fine arts courses, and career exploration and development.	
Please describe how you communicate with school districts. How do you ensure communication with home-based schools?	Our school staff members contact the home school district for the youth immediately after placement at YBGR. This includes a records request and a credit audit. YA completes all required and requested IEP meetings, as well as any other related school meetings.
Educational Accreditation	Yellowstone Academy is accredited by Montana Office of Public Instruction (K-8) and Cognia (8-12).
Does your program accept school credits from other schools or programs?	☒ Yes ☐ No
What structured educational models are used?	Self-Contained SPED, Self-paced Regular Education, Online education and Traditional content specific middle school and high school

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Does your program accept the Homeschool IEP? ☒ Yes ☐ No	Does your program create an IEP if needed? ☐ Yes ☒ No

TREATMENT PLANNING AND REVIEW	
Who participates in regular treatment team meetings? Please check each regular (at least monthly) participant in treatment review/planning.	☒ Psychiatrist ☐Pediatrician ☒Nurse ☐Pharmacist ☐ Physical Therapist ☐ Speech Therapist ☒ Occupational Therapist ☒ Education Milieu Staff ☐ Dietitian ☐ Psychologist ☒ Clinician ☐ Behavior Analyst ☐ Other Clinician (name, credentials): Click here to type

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How does your program involve the family in treatment, keep them informed of their child's progress, and prepare them for step-down as part of the discharge process?	Family is involved in treatment on a daily basis. Family members on the youth's contact record are able to call in and speak with the youth in care. Direct care staff assigned as a youth's primary point of contact provide weekly updates to parents/legal guardians. Weekly family therapy is an expected part of programming when applicable. Legal guardians are also invited to each month's treatment plan review meeting and are provided an update for the month regarding school, milieu, therapy, and progress in each area. Family/legal guardian is involved in the step-down or discharge process during family therapy for creation of safety plan with the clinician, in identifying where the youth will be going or residing after discharge, and what the wrap around supports will be at home (if applicable). If an incident occurs in which staff have to document the incident in the youth's EHR, legal guardians are contacted and provided a summary of the incident within 24 hours.
How does your program identify/assess the function of challenging behaviors?	The program operates from a trauma informed lens of ARC when looking at challenging behaviors. This involves asking the question "why do the behaviors make sense", identifying possible reasons, and addressing the underlying issue that is prompting the challenging behavior. These things are taken into consideration as soon as admission, where a Self-Regulation Plan is created for each youth, and updated monthly. In addition, several other assessments are conducted at admissions by the treatment coordinator (TC) including the ACE assessment, CRAFFT, and identifying a list of triggers and coping skills.
How does your program measure progress on treatment plan goals and objectives (e.g., subjective report, phase/level progress/specific data points)?	Treatment plan goals are measured in a variety of ways. This includes data points that are rated on a percentage for each goal each shift and input into the shift note subjective report with an open text box in shift notes with space for staff to provide evidence and examples of progress or lack thereof toward each goal. These are then averaged within the system and percentages are input into a summary and reviewed at the monthly treatment plan meeting every 28 days. Therapist report that may include assessment measurements for symptoms, as well as subjective report and summaries. Level progress is reviewed every two weeks with objective points reviewed for each level.

Does your facility employ a privilege/level/phase system? ☒ Yes ☐ No	If yes, on what basis do recipients earn privileges or improved level status? Our level system, Summiting to Success, is reviewed for each youth every two weeks. Each level has different responsibilities the youth is achieving such as identifying goals and engaging in various aspects of treatment. This is reviewed on an individual basis to ensure that each youth's development and level of functioning is taken into consideration. The multi-tiered system includes levels of Base Camp 1, Base Camp 2, Slope 1, Slope 2, Slope 3, and Summit. If No, is there another system the program uses? Click here to type	Under what circumstances, if any, is the level system modified? The level system may be modified for how each youth is achieving each goal, and the youth's level of functioning.

TREATMENT	
Does your facility employ or contract with a behavior specialist (behavioral psychologist or BCBA) on the treatment team or staff? ☐ Yes ☒ No	Name and credential(s) of behavior specialist (if the individual does not have a BCBA, please provide a description of the person's training in behavior analysis). Click here to type
For each of the following professions/licenses, please answer the questions to the right.	
	How does your facility ensure that these professionals' treatment recommendations are implemented and consistently followed?
Dietitian	If ordered by the provider, the appropriate appointments are made.

Occupational Therapist	An assessment is done after a provider recommendation, if youth is found to need OT, then they are enrolled in the program.
Speech/Language Pathologist	If ordered by the provider, then appropriate appointments are made
Other Medical (e.g., GI, Sleep)	If a provider recommends a medical procedure or an outside provider recommends a medical procedure, our clinic makes the appropriate appointments
Dental	If it is deemed that a youth needs to see a dentist our clinic makes the appropriate appointments
Other	Vision tests are administered at intake and vision can be checked throughout the youth's stay, if needed youth appropriate appointments are made to get youth the glasses they need.

PSYCHOTHERAPY MODELS	
Please identify the psychotherapeutic models (e.g., CBT, DBT) used at your facility, by population	
Model	**Population**
CBT	Used with youth where this would be recommended (behavioral disorders, mood disorders, anxiety disorders) or find more success in verbal processing.
EMDR & Equine Assisted-EMDR	Used with youth where this would be recommended (trauma history or complex trauma), or who may struggle with processing verbally.
SMART	Used with youth where this would be recommended or that may struggle with motor regulation and identifying internal state changes and hyperactivity.
DBT	Youth identified as demonstrating personality disorder traits
Trauma-Informed Care	Organizational and training approach to help staff provide effective health care
Attachment, Regulation, and Competency (ARC)	Children and adolescents who have experienced complex trauma
<u>Family Therapy</u> What are your expectations regarding family therapy?	Family therapy is held once weekly (when applicable). Families are expected to engage in the process, as are youth for the hourly session each week.

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Clinical Supervision Describe how a professional provides clinical oversight to the program. How many hours/week?	Clinical oversight is provided to all therapists. A one-hour weekly group supervision meeting is held. Candidate licensed therapists are provided with an additional 1 hour a week supervision, fully licensed therapists are provided with an additional 1-hour monthly supervision, with the ability to request more if needed.
Crisis Supports How does the program assure access to the appropriate care for clients in crisis situation?	All facility staff are trained in deescalation techniques to help during crisis situations. The facility also has an Emergency Support Team (EST) to respond to crises in a short timeframe. Supervisors/program managers (PMs) of direct care staff are also present throughout the day to provide support in times of crisis. Nursing staff are present to assess youth and provide help in crisis situations. EST, PMs, and nursing department are also present to help determine if the crisis requires more support or a more intensive evaluation.
Skill Development Please describe how your facility helps recipients develop the following:	Methods/Interventions/Programs
Interpersonal skills	Individual therapy, psychoeducational groups, group therapy, recreation therapy, individual goal work.
Self-Regulation	Individual therapy, psychoeducational groups, group therapy, recreation therapy, individual goal work.
Daily Living	Individual therapy, psychoeducational groups, group therapy, recreation therapy, individual goal work, direct care staff providing instruction, feedback, and clarification.
Communication	Individual therapy, psychoeducational groups, group therapy, recreation therapy, individual goal work.
Other	YBGR employs a variety of experiential opportunities in order to enhance the skills-learning process, including animal-assisted therapy, recreational activities, art and expression, and spirituality. Additionally youth participate in off campus passes and community service in the Billings and Laurel communities to practice skills learned in PRTF in a public setting.

Please describe how your facility helps the recipient generalize these skills to their home environment.	This is done through family therapy in reviewing past incidents and how it could have gone differently with the skills they now know, as well as looking to the future when they reside at home and how they would implement the skills. When possible, passes on campus, off campus, overnight, and at home are done to practice these skills.

DAILY SCHEDULE		
Please describe the daily schedule.	The schedule is created daily and/or weekly with the assistance of youth and posted in the milieu. During times when youth aren't in school there is a balance between psychoeducational groups, recreation, social skills development, lifeskills, and leisure	
How are transitions (to meals, school, activities, etc.) managed?	The schedule allows kids to have predictability and motivation. Depending on the developmental level of youth transitions can occur in several different ways. Some youth are able to transition between activities with very little encouragement or prompting while other youth require advance notice and a slower transition between activities. For some youth we sit down and review expectations for the upcoming activity so they are prepared to move on.	
How are meals managed (e.g., preparation, clean-up)?	Meals are provided by Sodexo. Youth gather in the dining hall or in their units for meals. YBGR youth eat family style with the mental health workers and are encouraged to eat a nutritionally balanced meal and exhibit socially appropriate behaviors.	
Please describe the types of recreational activities available to recipients.	<u>On-Site Activities:</u> Swimming, full-size gymnasium, two workout areas with weights and cardio equipment, bowling alley, game room with pool, air hockey, XBox 360 Kinect, softball field, soccer field, horseshoes, miniature golf course, walking trails, bicycles, a riding arena with horses, ropes course, spiritual development, Native American population specialized groups and activities, Native American cultural events for all, Co-ed art and craft events, our recreational center offers daily recreational opportunities for all youth	<u>Off-Site Activities:</u> Cross country skiing, hiking, camping, ice skating, community service projects, attend local rodeo, fishing, canoeing, museums, historic sites, Native American population specialized activities

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DISCHARGE PLANNING AND POST-TREATMENT	
When does discharge planning begin?	Discharge planning begins at the time of admission
Who is responsible for discharge planning at your facility?	At YBGR, Treatment Coordinators begin working with guardians at the time of admission and coordinate youth's aftercare plan unit after discharge. With our Native American population, our Native American Services Coordinator works with the youth and Treatment Coordinators on after care planning.
What percentage of your recipients return to:	Therapeutic Foster Care: 1% Foster Care: 1% Family: 80% Group Home: 16% Corrections: 1% Independent Living: 1%
Do you do any post-discharge surveys? ☒ Yes ☐ No	If Yes, when is it conducted? Aftercare survey is done just before discharge.

Please use the space below for further comments regarding your facility.
YBGR has a robust Native American Services program. Our Native American Services Coordinator provides various services and activities. This includes Mustang Nation, a club for indigenous/first nations/native American youth to get together, play traditional Native American games and engage in other culturally appropriate activities. Within this program, youth can also attend pow-wows and wear regalia, make ribbon skirts, and compete in different dancing competitions at local pow-wows. The NAS program has also reviewed and implemented Wellbriety a sobriety focused program that incorporates Native American beliefs and culture.

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Section B

AUTISM SPECTRUM DISORDERS QUESTIONNAIRE	
Please provide additional information regarding the characteristics of the recipients with ASD for whom you can provide specialized treatment (e.g., ASD with IQ under 70, ASD with IQ over 70, Asperger's disorder, etc.). Please be specific, especially regarding developmental age and/or IQ requirements.	We are unable to provide PRTF services to youth with Verbal IQ Index scores less than 80.
Please check each box that corresponds with aspects of treatment at your facility that are listed below.	
Do you have screening mechanisms for ASD that includes questions about ASD and symptomatology? ☒ Yes ☐ No	If Yes, please list the tools(s) by name and/or send copies. Gilliam Autism Rating Scale – 3rd edition (GARS 3).
What diagnostic evaluation/assessment process do you use? Please check all that are included	☐ Family interviews ☒ Review of past records ☒Consideration of DSM-V criteria ☒History, including educational and behavioral interventions ☒ Differential diagnosis ☒ Observation ☐ Specific Tools (please identify): Click here to type
Do you do functional behavior assessments? If so, please describe your approach in the school and residential program.	Functional behavior assessment is completed for children referred to the on-campus YBGR PRTF OT clinic.

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Please describe how the Behavior Analysis is presented in the treatment plan.	Behavioral analysis of the OT Assessment is incorporated in the OT treatment plan in regard to frequency and duration of OT sessions, and prescriptively to address OT interventions to improve adaptive behavior.

For facilities that provide treatment for individuals with Asperger's Disorder or individuals with ASD who do not experience Intellectual Disabilities, please answer the following question:	
Please describe your approach to treatment and any interventions that are employed specifically for this population.	Treatment will be guided with the consultation of the OT. Weighted blankets, vests, noise reducing headphones, and other adaptive equipment are used prescriptively. Utilization of Equine Therapy, animal therapy, and specialized programming to accommodate needs are utilized.

Please use the space below for additional comments.