



LAKEMARY
CENTER

PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY

Clinical Procedural Manual

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Lakemary Center, Inc.*

LAKEMARY CARES VALUES

COMMUNITY

- Strive to better the Lakemary community.
- Speak about others and Lakemary in a positive manner.
- Seek opportunities to collaborate with other team members and departments.
- Effectively communicate information between staff members in a timely manner.

ADAPT

- Modify how the job is implemented depending on the needs of the organization, department, and those we support.
- Remain flexible by being open to new ideas and ways of doing things.
- Ask for help from peers when needed.
- Promote positivity in times of change.

RESPECT

- Foster growth among our peers and those we support.
- Remain open and receptive to the input of others.
- Promote a judgement-free atmosphere.
- Maintain confidentiality of those we support.

EMPOWER

- Maintain a strengths-based perspective focus on abilities.
- Lead by example.
- Promote independence for those we support.
- Always look for opportunities to make a difference.

SUPPORT

- Give people tools to succeed.
- Support people when they're succeeding and struggling.
- Help your peers, even if it is with something outside of our assigned job duties.
- Aid in daily tasks like cleaning, paperwork, communication, etc.

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BEHAVIOR MANAGEMENT SYSTEM

Lakemary follows the principles of Positive Behavior Interventions and Supports (PBIS) when approaching behavior management. PBIS focuses on giving expectations, providing limits, and reinforcing appropriate behavior as it occurs. Essentially, we want to teach the expectations for acceptable and appropriate behavior prior to a crisis and reinforce that appropriate behavior when it occurs so the child will be more likely to repeat that behavior in the future.

Lakemary has the same behavior expectations in school and residence. These are referred to as our STARS behavior:

1. Be **S**afe
2. **T**ry Your Best
3. **A**sk For Help
4. Be **R**esponsible
5. **S**how Respect

When a child engages in appropriate, STARS behavior, he/she will have the opportunity to earn points. These points may be spent weekly at our STARS store. If a child engages in any inappropriate behavior, then he/she will lose the opportunity to earn STARS at that time.

The most important piece of any behavior management system is teaching. Lakemary's system focus on the following:

1. Teach the skill.
2. Demonstrate the skill.
3. Provide practice opportunities.
4. Provide feedback.

Our token economy system is only a small part of PBIS – providing feedback. The vast majority of PBIS is focused on teaching and demonstrating skills and expectations.

THERAPIST ROLES AND RESPONSIBILITIES

Licensed Mental Health Therapists – Day Program

Day Program Therapists have a caseload averaging 6-8 children in residential care. Responsibilities include providing individual, group, and family therapy, individualized treatment plan development, internal and external team collaboration, and case consultation as needed.

Day Program Therapist hours are generally normal business hours, Monday – Friday, with the expectation of flexibility as needed. Therapists can adjust their schedules to fit the needs of their individual caseloads. Therapists set their own schedules within these hours.

Individual therapy primarily occurs during school hours (8:30 AM – 3:00 PM), working around mealtimes, other therapies (e.g., Art, Music, OT, Speech) and specials activities with limited offerings (e.g., PE, BEST, vocational education, outings/field trips, etc.).

Group therapy occurs weekly during school hours. Therapists work with teachers to facilitate a classroom group.

Family therapy is encouraged to occur during normal business hours so that Program Therapists can facilitate. If parents are unable to accommodate this schedule due to their work hours or due to time differences, then the Residential Therapists will work with Program Therapist to provide this service. Therapy occurs weekly unless contraindicated by team. Ideally family therapy occurs in person but due to various restrictions (time, distance, money) it will often occur virtually.

Residential Therapy Team

The Residential Therapy Team includes two mental health therapists, one recreational therapist and one Certified Occupational Therapy Assistant (COTA) who are responsible for conducting group therapy in their respective disciplines and for coordinating active treatment. The mental health therapists carry a small caseload but primarily focus on facilitating groups in the Playfactory and throughout the residences. The Residential Therapy Team also provides modeling of behavior support plans and assists residential staff in crisis de-escalation.

Residential Mental Health Therapists

The residential mental health therapists work closely with both the clinical team and residential staff. They are critical in providing the teamwork that links these two departments together.

Specific tasks include the following:

- Provide weekly Playfactory groups during the transition from school to residence.
- Provide weekly therapy groups with a rotating schedule which ensures all children receive group therapy.
- Provide monthly special meal activity with children and staff in their designated house.
- Help plan monthly outings for designated house.
- Create visual schedules to ensure active treatment is always occurring.
- Maintain activity closets and provide supplies needed for activities.
- Model for BHTs positive therapeutic interactions with children and provide a presence in the residences.
- Assist Ignite Mentors and PRTF Case Managers in making sure the Zone Books are kept up to date.

The Residential Mental Health Therapist schedules are split as either Sunday – Thursday or Tuesday – Saturday. Hours during weekdays are 6:00 or 7:00 PM. Hours on Saturday and Sunday are flexible, as long as 8 hours are obtained in the workday.

The Recreational Therapist

The recreational therapist utilizes recreation and other activity-based interventions to teach and enhance leisure skills. This is accomplished typically through group activities either on or off campus. The Recreational Therapist helps with the planning, preparation, and implementation of activities at the direction of the Recreational Therapist.

The Recreational Therapist works closely with entire clinical team to plan daily on-campus activities and will typically schedule at least one outing per week. This position also oversees the scheduling of campus activity centers, including the playgrounds, gym, Discovery Center, Therapeutic Ranch, fishing pond (seasonal), and swimming pool (seasonal).

The Recreational Therapist also coordinates and manages Special Olympics activities and other off ground special events.

The Recreational Therapist's goal is to improve a child's functional abilities through a variety of leisure related programs and providing opportunities for leisure related skills and knowledge to be utilized in the facility and community.

Investigating and selecting program components: translating goals into programs, ensuring goals are addressed, statement of purpose, resources available for programming, knowledge of possible program structures, prioritizing goals according to client need, considering multiple ways of achieving goal, serious consideration of all goals

	Functional Intervention	Leisure Education	Recreation Participation
One-to-One	X	X	
Small Group Class	X	X	X
Competition		X	X
Special Events/Mass Activity			X
Interest Group		X	X

Program Components

- **Leisure Awareness:** To provide services that improve clients' awareness of leisure and its significance
 - Importance of leisure, leisure barriers, personal responsibility, leisure satisfaction, balancing leisure
- **Social Interaction Skills:** To provide structured activities that increase client's social interaction skills
 - Friendship development, conversational skills, etiquette/manners, listening skills, hygiene
- **Decision-Making/Planning Skills:** To provide clients with exposure to new leisure skill areas and opportunities for creative and self-directed leisure involvement
 - Physical leisure activities, solo or dual activities, relaxation, expressive activities, long-term coping strategies, responsibility for choices
- **Functional Intervention:** To provide an environment for the improvement and integration of diverse physical, mental, social, and emotional skills
 - Physical fitness, emotional control, social tolerance, appropriate anger expression

The Certified Occupational Therapy Assistant (COTA)

The COTA is a member of the Residential Therapy Team whose duties include:

- Providing group therapy focused on self-care and independent living skills in the residential environment.
- Being part of the residential therapist team to support both children and staff.

- Coordinating with school COTA team and meeting monthly with Director of OT for guidance on occupational therapy skills.
- Assisting the school COTA team with developing sensory programming and individualized sensory supports for continuity across school and residential settings
- Teaching staff how to help children become more independent with their activities of daily living.
- Monitor and update our sensory space in the residential environment.
- Willingness to provide day-to-day instruction /support to students with special needs.

Case Managers

Lakemary PRTF Case Managers work with the Program Therapists to provide case management services for all the children at Lakemary. Each case manager generally has a caseload of 2 ½ program therapists (roughly 17 residents). Specific tasks include the following:

VISITS

- Send out visit information.
- Schedule /track COVID tests for visitors to approve or not approve upcoming visits.
- Update/send out covid test tracker.
- Fill out covid test information for weekend covid tests (KDHE form).
- Facilitate visits with families and workers.
- Facilitate travel for visits, discharges, parents, and clients.
- Review and distribute visit forms.
- Facilitate ICPC visits.
- Facilitate hair appointments.
- Set up DCF visits.
- Schedule psych evaluations

DOCUMENTATION

- Enter Star points (when Children's Administrative Assistant is out).
- Collect date for team meetings.
- Collect data and fill our report forms for Alaska residents (Alaska restraint reports).
- Update child collateral lists in MyEvolv.
- Send out plan updates to appropriate parties.
- Send out restrictions to appropriate parties.
- Update photo/video consents.
- Maintain treatment team schedules.
- Maintain case manager caseload information.
- Gather necessary documentations for parents, team members, and therapists (e.g., consents, medical information, ROI, etc.).

BEHAVIOR MODIFICATION

- Communicate with school, PRTF, and clinical teams about rewards for kids.
- Weekly Walmart trips for rewards and other therapy materials.
- Sort and distribute tally sheets.

- Create hygiene, chore, and reward charts.
- Maintain reward inventory.
- Build social stories per therapist guidelines.

STAR STORE

- Star Store order (monthly).
- Manage Star Store for education and residence.
- Stock Star Store.
- Maintain Star Store budget.

FAMILY/WORKER CONTACT

- Keep parents updated on any moves or updates regarding LMC protocols/policies.
- Open communication with parents about concerns they have with their child or care of their child.
- Advocate for the children on their caseload.
- Facilitate video and/or phone calls with families and workers.
- Keep regular communication with outside team members.
- Keep parents informed on child needs (e.g., personal hygiene products, clothing, personal snacks, etc.).

MEETINGS

- Participate in clinical team and CTSM and LSIT meetings.
- Provide coverage for BSP meetings when therapist is unavailable.

OTHER DUTIES

- Transportation fill-ins.
- Assist with doctor and hospital visits upon request.
- Send and receive mail for therapists and residents.
- Track packages for children.

- Monitor and distribute packages.
- Order items for residents who have available spending money funds.
- Work with OT on protective gear that is best for each resident.
- Complete ICPS-100B.
- Purchase client birthday gifts.
- Monitor protective gear to make sure it is kept clean.
- Assist with iPad and communication device care.
- Complete residents' discharge pictures.
- Coordinate and track Halloween costumes and Christmas gifts.
- Schedule Parent SCM Training.

Individual Therapy

Each child should receive at least one individual therapy session per week, generally for 30-45 minutes.

To meet the needs of all developmental and cognitive levels, several different therapy options are available:

- **Office:** Therapists may choose to conduct individual therapy in their offices. This can provide the greatest flexibility and works well for therapists incorporating personal resources or computer activities.
- **Play Therapy Room:** The play therapy room provides an array of toys and games suitable for both directive and non-directive play therapy. This room is also large enough to accommodate family therapy sessions.
- **Dole Center Therapy Rooms:** These rooms are ideal for parent training, family therapy, or small group therapy sessions. They can also be utilized for individual therapy when a less stimulating environment (as opposed to the playroom) is indicated. An observation room is available so that session can be observed, or parents can monitor behavior plans being implemented without disrupting the interaction. Some art and crafts materials and therapeutic board games will be available in supply closets outside the room. The Dole Center rooms need to be reserved through the Outlook Rooms Calendar. Room 1 is generally reserved for visits and Room 2 for therapy.
- **Residential Setting:** Some therapists choose to meet with children after school hours in their residential environment. This is always an option but please be cognizant of group therapy times and avoid interfering with these therapeutic opportunities.

Sometimes a child may be having a challenging behavior during their scheduled therapy time. It is important to follow their established behavior plan in these situations. If necessary, the child may need to be seen at a different date/time for that week. If other conflicts occur with the regularly scheduled time, please provide notice to the classroom teacher and the student if possible.

Each individual therapy session needs to have a progress note. Please see the Documentation section for further information.

Documents to assist in determining individual therapy schedules include the Class List Spreadsheet and Support Service Schedule, both available on the S: drive.

Family Therapy

Family therapy is required to be offered at least weekly unless the child is in state custody without family involvement. If a family refuses weekly therapy, this needs to be documented in the record.

Ideally, family therapy would occur in person, but this is generally not an option for many families. Video sessions are provided through HIPAA compliant video call systems, as needed. During these sessions, the child is in the therapy room with the therapist and the identified family member(s) participates via phone or video service. Therapists will discuss the limitations of families participating remotely as well as expectations with participation (e.g., ensuring adequate internet/phone signal, privacy of remote location, etc.)

Weekly family therapy is an expectation for PRTF residents for continuous movement towards children returning to their home communities. Families are informed of this expectation upon admission, and therapists work with families to set up a mutually agreeable schedule. During this discussion, the various family therapy options are considered. In-person family therapy is always preferred and encouraged. When this is not feasible families can participate in video or phone sessions depending on the technology available to them. Therapists will send a link invite prior to sessions for all video therapy. If family therapy can not occur during regularly scheduled work hours

due to parents' work schedule or time differences, then a Residential Therapist will provide family therapy weekly during evening or weekend hours.

When technology issues occur causing video calls to not be an option then therapists will provide therapy over the phone. If parents prefer to reschedule to the following week this will be documented.

For lower functioning children family therapy will often be done in the form of parent training instead of traditional family therapy.

Group Therapy

Groups are offered daily throughout the residential and school environments. While topics do rotate, common standing groups include: PlayFactory, Theraplay, Zones of Regulation Groups, Healthy Relationship Groups, Yoga/Mindfulness Groups, Feeling Identification Groups, Social Skill Groups, Coping Skill Groups, and Recreational Groups (see Recreational Therapy). During school hours Art Therapy Groups, Music Therapy Groups, Occupational Therapy Groups, Speech Therapy Groups, and Ranch Groups are also provided.

Residential Therapists will be providing a variety of therapeutic groups during residential programming. Program therapists provide a weekly classroom group during educational hours. Program Therapists need to work closely with Residential Therapists to make sure the necessary therapeutic group goals are being addressed.

To address the different needs of each house, group offerings vary for each environment.

- **Enhanced Zones:** Theraplay groups or sensory groups are provided twice a week. All residential therapists will provide this group on a rotating basis to the enhanced zones. At times, it may be beneficial to bring over a child of similar functioning level from a different zone to participate in the Theraplay group. This is to be done at the discretion of the Residential Therapist in conjunction with the child's Program Therapist.
- **All other zones:** All residents in these houses receive three groups weekly. Each Residential Therapist will lead a specific topic throughout environments (e.g., self-esteem, feelings expression, social skills, anger management, etc.), though the group structure and activities will need to adapt to the age, functioning level, and overall presenting concerns/related goals in each zone. Groups are typically offered per zone, but residents may be split into two groups in larger zones (i.e., Brotherton).

Lakemary is proud to offer animal-assisted therapies. The animal-assisted therapist conducts individual and group therapy at the Lakemary Ranch which incorporates the ranch animals into therapy. The Residential Therapist will need to work with the Clinical Director and/or the Animal-Assisted Therapist to determine appropriate activities and address any training needs.

It is expected BHTs will participate in group therapy activities along with the residents. This will help enhance learning through modeling appropriate behavior (e.g., active listening) and providing direct assistance if needed (e.g., writing an answer for a child). BHTs are also expected to assist in redirection and take the lead with behavioral issues during group so the therapist can continue facilitating the group. It is important for the Residential Therapist to communicate expectations with BHTs prior to the start of group so both are on the same page.

Recreational Therapy

Recreational therapy and related activities are available to all residents and includes activities on and off campus, as appropriate.

All children on campus are provided recreational therapy groups on a rotating basis. Three houses per week participate in this activity.

Off-grounds activities are scheduled weekly and include a variety of outings and experiences.

Crisis Counseling

At times, a child may have a crisis and need to meet with their therapist outside of their scheduled time. Availability is up to each therapist, but it is important to remain consistent with the child's behavior plan and previously established limits. Some situations may necessitate a more immediate response, but at times it can be beneficial to encourage the child to demonstrate safety, use their coping skills, or otherwise follow directions prior to meeting with them.

In the residential setting, Residential Therapists are available to assist in crisis situations when necessary. This may include deescalating a situation with a dysregulated child or supporting the other children in the area to keep them calm and on task.

REQUIRED MEETINGS

Children's Services Team Meeting

The Children's Services Team consists of team members from all areas of PRTF programming, including clinical, medical, educational, residential, and administrative representatives. This team will discuss any questions or concerns regarding children and make plans for coordinating treatment across program areas. This meeting should be a priority to attend weekly.

Residential House Meetings

Team meetings occur biweekly to improve communication between residential and clinical staff. Key items reviewed include house needs, children's concerns, staff support needs, and upcoming events. There is a rotating schedule for various staff to ensure each residential team member has input on how things are going with the children and the residences in general. Therapists work together to take notes and provide information to clinical team, campus coaches and administration.

Internal Treatment Team/BSP Meetings

Team meetings occur monthly to review treatment plans and behavior support plans with residential and educational staff. Each child is reviewed monthly on a rotating basis. Day Program Therapists attend meetings for children on their caseload. Residential Therapists try to attend all meetings during their normal work week. Therapists work together to take notes that are available to residential and educational staff for review and discussion.

Clinical Team Meeting

The weekly clinical meeting allows the opportunity to communicate information specific to the therapists working with the children as well as provide a forum to discuss questions, difficult situations, and brainstorm for therapy ideas. Both Residential and Day Program Therapists attend. Regularly scheduled training/information is included in these meetings.

External Treatment Team Meetings

Day Program Therapists will develop, monitor, and update the treatment plan for each child on their caseload. This is done in conjunction with the multidisciplinary team at Lakemary, the child, the child's family/guardian, and other community stakeholders. Reviews occur at minimum every two weeks and include the parent/guardian and all community stakeholders (e.g., case managers, mental health centers, insurance, state agencies, school districts, developmental disability agencies, etc.).

Treatment team meetings occur for all residents, regardless of home state or funding source.

Invites to the next community team meeting are to be sent to the entire team. Meeting requests via Outlook or RingCentral need to be HIPAA compliant and not include PHI. Meeting requests should be done immediately following the meeting – this will ensure everyone knows about the next meeting (not just the people that attended the current meeting) and can plan on attending.

Treatment plans need to be updated every 2 weeks and reviewed with the community team every 2 weeks.

Supervision with Clinical Director

Day Program and Residential Therapists will attend weekly and/or biweekly clinical supervision with the Clinical Director. Therapists will complete and email the Clinical Supervision Form prior to each supervision session.

Supervision Topic Addressed:

- Treatment Appropriateness/ Service Intervention
- Treatment and Services Effectiveness
- Cultural Competency Issues
- Clinical Documentation
- Issues of Professional Value/Ethics; Boundaries; Legal Aspect of Practice; Professional Standards
- Systems Issues
- Risk Factors for Suicide/ Other Dangerous Behaviors
- Model Fidelity when Implementing Evidenced Based Practice
- Accuracy of Assessment and Referral Skills
- Other Issues

Core Learner Specific Team Meeting

The Director of Behavioral Services provides a monthly campus wide behavioral analysis that provides a summary of the Positive Behavioral Intervention and Supports (PBIS) behavioral data based on tier bands of General Behavioral Incidents (GBI), Emergency Safety Interventions (ESI), and tallies that establishes the monthly tier level for each individual learner for the month. Based on the monthly data analysis there are certain criteria that determines whether the first steps of the multidisciplinary preventative supports of the CLSTM is implemented; 1) a learner has had 2 or more consecutive months of meeting the criteria of a tier II; 2) consecutive months of fluctuations between tier levels I and tier II; 3) criteria for a tier III has been met; 4) criteria for a tier II or tier III within the first two months of admissions.

If a learner meets the listed criteria above, they will be recommended for the Core Learner Specific Team Meeting (CLSTM). The CLSTM is comprised of the assigned therapist, teacher, residential Board-Certified Behavior Analyst (BCBA), school BCBA. The CLSTM will review the previous four weeks of behavioral data the residential and school BCBA compile. Based on the behavioral data and the team discussions will determine whether further evaluation and assessment is required.

If further evaluation is determined to be necessary based on the above analysis, the residential and school BCBA's will provide Behavioral Skills Training (BST) of the learner's Behavioral Support Plan (BSP) and PBIS universal strategies for the Behavioral Health Technician's (BHT) that work with the identified learner. The team will schedule a follow-up meeting two weeks following the completed BST. The residential and school BCBA will complete fidelity checks over the implementation of the designated strategies to ensure fidelity of plan implementation during the two week data collection period following the BST.

BCBA's will compile the two weeks of behavioral data for residence and school separately so both environments are able to be analyzed individually. There will be a minimum of four behavioral incidents that a analyzed specifically for the identified Antecedents-Behavior-Consequences (ABC's) via the Lakemary Center ABC data sheets. Fidelity checks data forms will be completed and included with the two-week behavioral data to verify fidelity of staff implementation of designated behavioral strategies.

The two-week CLSTM meeting includes the full CLSTM team that reviews and discusses the two week data from residence and school settings. Based on the behavioral data, fidelity check, and anecdotal observations from staff, therapist, and teacher, the team will determine if any progress (reduction in frequency and/or severity of targeted challenging behaviors), no change (targeted challenging behaviors remain consistent in frequency and/or severity), or lack of progress (increase in frequency and/or severity of targeted challenging behaviors) has occurred in the residential and school settings. Based on the above criteria will determine if the learner is referred on to the Lakemary Student Intervention Team (LSIT) for further multidisciplinary

preventative supports or if the learner is able to continue with the identified behavioral strategies without any further additional preventative supports.

In the event a CLSTM meeting is warranted, the assigned therapist will schedule a meeting with the appropriate team members to begin the process and continue review as needed based on recommendations. The assigned therapist will utilize the document titled “Core Learner Specific Team Meeting”, which is saved in the K:// drive, Therapists folder, and CLSTM LSIT folder.

Lakemary Student Intervention Team Meeting

The Lakemary Student Intervention Team (LSIT) process follows the CLSTM process listed above when the CLSTM determines further support and multidisciplinary collaboration is needed. The LSIT team includes school principal, nurse practitioner, director of behavioral services, vice president of children services, clinical director, residential supervisors, and IGNITE Mentors in addition to the CLSTM members for the learner.

The goal of the LSIT process is to provide opportunities for the learner to manage their behaviors through implementing the new learned functionally equivalent replacement behaviors of Lakemary Center’s PBIS S.T.A.R.S. curriculum along with additional therapeutic resources in the school and residential settings. The LSIT process reviews medication updates, six months of behavioral data leading up to the initial LSIT meeting, therapeutic updates, and any updates and/or changes in the residential and school settings. The team will look at increasing services and support for the learner in one or both settings based on the learners current PBIS tier level and recommendations of the LSIT team. The LSIT team will meet either every two to four weeks to review behavioral data in both settings to determine efficacy of the additional services and supports. As the learner’s behaviors decrease in frequency and intensity, the LSIT team begins to fade out the additional services and supports to aid the learner in being successful with the universal strategies implemented at Lakemary Center that will generalize more easily to the learner’s home community, family, and school.

In the event that an LSIT is warranted, the assigned therapist will complete and submit the form titled “LSIT Referral Form” to the Director of Behavioral Services. The LSIT Referral Form is saved in the K:// drive, Therapists folder, CLSTM LSIT folder.

Ohio Scales

At admission, the Admissions Coordinator will complete the Ohio Scales with the guardian and will complete the Ohio Scale record form. This will be passed on to the Day Program Therapist. The Day Program Therapist will need to assist the child in completing the child Ohio Scales child form and will complete the worker form directly. These need to be turned into Medical Records when completed. It is best practice to keep a copy for yourself in case things get misplaced.

DEADLINE: *Completed and turned in within one week of admission.*

At discharge, the Day Program Therapist is responsible for completing the worker form, assisting the resident to complete the child form. The Case Manager will obtain a completed parent form from the parent/guardian. It is standard for the parent/guardian to complete this form on the date of discharge, but they may complete the form up to 1-2 weeks prior to discharge. Guardians typically complete this form when they arrive while you are getting the child and all items.

DEADLINE: *Completed and turned in (Medical Records) by the date of discharge.*

Treatment Plans

When a resident is admitted to Lakemary an Initial Treatment Plan is created and completed at admission. This is completed by the Day Program Therapist. This document will outline basic treatment goals. Within 14 days the Day Program Therapist will write a more comprehensive treatment plan individualized to the child.

In addition to individual, family, and group therapy objectives there will need to be a minimum of one objective that will focus on environmental goals. These goals will need to be written in the words of the person supported. The goal and objectives should focus on community, education, and residential needs. These will be the goal/objectives that residential and educational staff will be tracking.

The treatment plan will also detail diagnoses and discharge planning. A summary of records provided during admission (all records will be shared with therapist and entered in to MyEvolv) helps the therapist develop goals. Treatment goals are developed based on records, stakeholders' input, and the input of the child.

After the initial treatment plans, internal treatment reviews occur every 14 days. Therapists are expected to contact stakeholders as well to review goals and progress with the community team and with the child.

DEADLINE: *Completed and submitted for approval no more than 14 days from the previous plan.*

To navigate to treatment plans in MyEvolv, go to: Client > Case Management > Plan Development > Planning

NOTE: Make sure you have a client selected or the page will be blank.

To update treatment plans in MyEvolv:

1. The most recently approved treatment plan will be at the top of the displayed list. Select the review icon (pair of glasses) to review this plan.
2. An initial screen asking to remove any goals/objectives that should be discontinued will be displayed. Complete this as appropriate and then click ok.
3. The plan can now be updated as needed – save after each time you work on it. It will show as a draft and be editable until it is submitted for approval.
4. When completed, go to routing actions and route to Clinical Director. This will timestamp with your electronic signature and lock the report for editing.

Risk Assessments

An initial risk assessment is completed upon admission for all residents by the Program Therapist.

Risk Assessments are updated every 14 days by the program therapists in conjunction with treatment plan updates.

Risk Assessments are reviewed at every internal treatment team meeting.

DEADLINE: *Completed and submitted for approval no more than 14 days from previous assessment but may be updated sooner as needed.*

Behavior Support Plans/Behavior Intervention Plans

Every resident will have a behavior support plan created by their therapist within 14 days of admission.

Initially this BSP can reflect the general interventions that Lakemary implements for all residents, but with input from residential staff, educational staff, and community stakeholders, this plan should become more refined and individualized over time.

Children with behaviors that put them in the Tier III level will have a BIP created that will include the additional supports and specialized plans to meet this child's needs.

There cannot be any time limits in the BSP/BIP regarding restraints (e.g., keep resident in restraint for minimum of 5 minutes).

All BSP's/ BIP's must be in the shared network drive: K:\PRTF\Behavior Support Plans. Teachers can access the BSP's and will create classroom BSP books for all staff use.

Residential staff and Medical Records will need a copy of plan emailed to them to place in their residential books on the units.

Progress/Narrative Notes

Progress notes are to be completed for each individual, family, and/or group therapy session that occurs.

Narrative notes are completed for any team meetings (e.g., treatment reviews, discharge planning meetings, and parent/guardian contact). Narrative notes are also completed for any guardian contact (phone or in person) that it is important to document. At minimum, one narrative note for each resident must be completed weekly if weekly family therapy is not occurring.

DEADLINE: *It is preferred that notes are completed by the end of day, but no later than 72 hours from service.*

To create a new note in MyEvolv:

1. In the Client Module, select your client and navigate to: Client > Case Management > Service Management > Service Entry.
2. On the top right-hand side in red lettering will be enter new service. Select this button and scroll down to correct note (PRTF: Progress Note – Individual Therapy; PRTF: Progress Note – Family Therapy; PRTF: Narrative Note).
1. Group notes are entered in the Groups Module. In this module, navigate to: Groups > Service Management > Service Management > Activities.
2. Select the appropriate group, then select “Enter New Service” (PRTF: Progress Note – Group Therapy).

3. The first screen will require entering the date/time of service, duration, primary service location, group type, and session summary, and plan for next session. This is a general group note attached to all involved residents' records and should not contain PHI.
4. After completing the general information, select "Get Attendees". This will pull up a list of residents who may have attended this group. Only select "Present?" for residents who were present/participated in group or residents who were present and refused. Do not document "No Show?". If a resident is, for example, gone on a visit, they will not be documented in this group.
5. After selecting who was present, select "View Service" on the individual resident's line. This will allow an individualized progress note to be entered for that resident. This can be individualized and contain PHI.
6. If the resident refused group, make sure all goals/objectives are marked as "Not Achieved".

On-Call Orders and Reviews

Every Day Program Therapist will take turns being the weekly on-call therapist. The week starts on a Thursday and ends on a Wednesday. Therapists do receive on-call pay and must turn in the on-call timesheet by the end of the pay period of which they were on-call to the Clinical Director.

The nurse will call the therapist to inform them of any restraints and obtain the order for restraint. **The nurse must receive this verbal order within one hour of the restraint, so it is imperative that the on-call therapist keeps his/her phone available and returns call promptly.**

The therapist is responsible for documenting in the incident report that they approved the restraint and consulted with the team physician. The therapist will document any recommended changes to the treatment plan from this consultation.

DEADLINE: *Complete review of incident within 24 hours and physician consultation as soon as both parties are able (by the end of the following business day).*

The restraint report must go through several routing steps before displaying in the therapist workgroup. If the report is not in your routed tasks, locate the report through the Incidents module and save your information. The report can be electronically signed once it makes it through to the therapist workgroup.

To electronically sign, route to Incident Approval for final review. QA will send back to anyone in the routing process for any necessary corrections.

Emails and Alerts

Emails are utilized for both internal and external communication. It is expected that all clinical staff read their emails regularly throughout the workday and respond in a timely manner.

If communicating PHI outside of Lakemary, all HIPAA procedures must be followed, and information must be sent via secure email. This is done by simply adding the word SECURE to the subject line prior to sending or by selecting "Encrypt Message" from the icon heading at the top of an email. Medical Records needs to be cc'd.

MyEvolv Alerts is a secure messaging feature within Lakemary's EMR system. Alerts can only be sent internally within the system. Almost any event or form can be sent as an Alert, which is a quick and easy way to inform staff of any changes (e.g., new contacts added, updated BSP, medication discontinued, etc.).

All documentation requests made by family and/or external organizations but be submitted to Medical Records for approval. Medical Records will send out the requested documents.

DEADLINE: *Emails and Alerts are checked throughout the shift and responded to in a timely manner, preferably by end of day.*

Child Rights Form

Upon admission, Day Program Therapists, review the Child Rights Form with each child, encouraging the child to sign and date the form after review. Program Therapists will review the Child Rights Form with each child and gaining their signature on a yearly basis, with reviews occurring in January and July of each year. After Program Therapist completes the review of the form and gains the child's signature, they submit this completed form to the Medical Records department.

Restrictions Procedure

At various points during a child's treatment, a Day Program Therapist may determine that a restriction needs to be issued to ensure safety and to promote positive behaviors in the event of an unsafe incident. These restrictions include but are not limited to the following areas: use of the swimming pool, use of computers, use of technology items, use of specific writing utensils, use of the therapeutic ranch, interactions with facility dogs, potentially swallowable items, etc. The Day Program Therapist assesses history and current behaviors of a child and collaborates with the child's teacher, education staff, and residential staff prior to issuing a restriction. The Day Program Therapist also determines the specifications of the restriction, including how the restriction can be lifted, duration of the restriction, etc. In some instances, a restriction is necessary without removal due to significant safety risks. When a restriction is issued, the Day Program Therapist then discusses the restriction with the child, reviewing rationale, duration of restriction, and expectations needing to be met in order for a restriction to be discontinued. Day Program Therapists review and discuss BSP's during monthly BSP Meetings with residential staff to determine if any changes need to be made.

The list of children who have been issued restrictions are maintained in a document titled "Restrictions List". This document is stored on the K:// drive in the folder titled "Therapists". The assigned Case Manager will modify this list following Program Therapist updates and notifies all relevant parties when changes occur.

Specialized Therapy Referrals

In the event that Day Program Therapists feel that additional therapies would benefit a child's treatment they may make referrals to other internal Lakemary LMHP's for specialized therapies. Day Program Therapists may make these referrals by completing the appropriate referral form. Specialized Therapy Referral Forms are stored on the K:// drive in the Therapists folder within the folder titled "Specialized Therapy Referral Forms". Completed Specialized Therapy Referral Forms will be submitted to the Clinical Director for review and for distribution to the appropriate specialized therapists. Day Program Therapists and those providing specialized therapies will consult to determine length of specialized therapy treatment. The following specialized therapies are offered:

- Animal Assisted Therapy
- Art Therapy
- EMDR
- Music Therapy
- Play Therapy
- Yoga Calm

Psychiatric Evaluation Referrals

Day Program Therapists may determine that a psychiatric evaluation needs to be completed with consultation from the internal Lakemary treatment team and community stakeholder teams. In the event that a psychiatric evaluation is to be completed, Day Program Therapists will complete the referral form located in the K:// drive, Therapists folder, and within the Psychiatric Testing Forms folder. After completion of the referral form, Program Therapists will submit that to the Clinical Director who will then submit the appropriate documentation and referral form to the psychologist completing psychiatric testing. Please confirm with Clinical Director which levels are covered and whether the client is out-of-state.

REPORTS

Reports in MyEvolv can help summarize and provide quick access to multiple pieces of information. To run a report and/or set up a saved report query, navigate to the Reports module. Specific report instructions are provided below.

To save a report query (allowing you to run the same parameters without reentering every time), select “Save Query” after all setups have been completed. You can name the report (e.g., John Doe Incidents) and can run the report directly from your homepage upon login.

Incidents Report

The Incidents Report will include information on challenging behaviors and/or injuries in all environments. These need to be reviewed daily. This report will allow you to view all incident reports for a specified timeframe and client.

1. Navigate to: Reports > Incidents > General > Listing.
2. Enter the dates for the reporting period.
3. Select “Report Selection”, then “Order by: Nature/Preparer”.
4. Under “Parameters”, click on the ellipsis (...) and choose “Participants-File Report”.
5. Select the ellipsis under “Value” and select a resident on your caseload.
6. Repeat steps 4-5 to add the rest of your caseload or save the query individually for each resident.
 - a. *NOTE: If a resident has not been involved in any incidents, his/her name will not be available for selection.*
7. Select “Preview” in the top task bar above the date section. This will pull a report of incidents grouped by type of behavior. You may click on the hyperlink (control case number) to read more information about the incident.

Restraints Report

The Restraints Report is included on the Incidents Report, but this report will allow you to view only incidents in which the child was restrained. Please note that when parents/guardians are notified of restraint incidents by Nursing, they are only provided minimal information and encouraged to follow up with the Day Program Therapist for full details. It is important to read the restraint reports to provide timely and accurate feedback to families and stakeholders.

1. Navigate to: Reports > Incidents > General > Restraints.
2. Enter the dates for the reporting period.
3. Select “Report Selection”, then “Staff/Restrained Person/Restrained Used”.
4. Under “Parameters”, click on the ellipsis (...) and choose “Restrained Individual”.
5. Select the ellipsis under “Value” and select a resident on your caseload.
6. Repeat steps 4-5 to add the rest of your caseload or save the query individually for each resident.
7. Select “Preview” in the top task bar above the date section. This will pull a report of only restraint incidents grouped by the staff involved, then the type of restraint used. You may click on the hyperlink (control case number) to read more information about the incident.

Service Entry Report

Service entries will include all service events and specific communication logs in place for a resident (e.g., residential daily shift summary, overnight sleep log, food log, toileting log, etc.). Service entries are to be reviewed daily for each child to respond to issues/concerns in a timely manner and assist in treatment planning, adjusting behavior support plans, and/or preparing for therapy sessions. The Service Entry report will allow you to view specific service entries for specified client(s) in a defined date range.

1. Navigate to: Reports > Clients > Services & Treatment > Service Entries.

2. Enter the dates for the reporting period.
3. Select “Report Selection”, then “Ordered by Client/Program”.
4. Under “Parameters”, click on the ellipsis (...) and choose “Client”.
5. Select the ellipsis under “Value” and select a resident on your caseload. An additional parameter can be set for specific service types (e.g., individual therapy notes)
6. Repeat steps 4-5 to add the rest of your caseload or save the query individually for each resident.
7. Select “Preview” in the top task bar above the date section. This will pull a report of services entered by resident. You may click on the hyperlink (date) to read more information about the service.

Percentages for Group and Environmental Goals/Objectives

1. Navigate to: Reports > Clients > Services & Treatment > Assessment Results
2. Enter the dates for the reporting period.
3. Select “Report Selection”, then “Details by Test and Domain”.
4. Under “Parameters”, click on the ellipsis (...) and choose “Client”.
5. Select the ellipsis under “Value” and select a resident on your caseload.
6. Select “Preview” in the top task bar above the date section. This will pull a report the percentage of time each goal/objective has been achieved/not achieved.

Tallies

1. Navigate to: Reports > NX Custom Reporting > NX Custom Reporting
2. Go to page 2 and select “2022 Tallies”.
3. Select the client and the date range, then run report.
4. Can split between “PRTF: Tallies” and “School Tallies”

SPECIFIC STATE REPORTING REQUIREMENTS

Alaska

Alaska considers each incident of seclusion/restraint to be a serious occurrence. A serious occurrence should typically be reported within 24 hours, but Alaska DHHS has offered for seclusion/restraint reports to be sent twice a week on Mondays and Thursdays if there are no injuries or other serious occurrence categories involved.

For each Alaska resident, the case manager will complete Alaska's "Out of State DHHS Children's Residential Incident Report".

The areas for completion on the form are highlighted:

- Yellow: Can complete and save as a template for each child.
- Orange: Needs to be completed with each incident.

Case Manager will complete these forms weekly and send to Alaska DHHS. The Case Manager will coordinate any Alaska travel for clients and staff.

If a restraint results in injury or other serious occurrence, the Director of Quality Initiatives and/or Clinical Director need to be immediately notified to meet the 24-hour reporting requirements.

UPDATING AND MAINTAINING CONTACT INFORMATION

Day Program Therapists and PRTF Case Managers are responsible for maintaining contact with the child's guardian (parents and/or agencies). The therapist typically initiates treatment reviews, discharge planning meetings, etc. These meetings take priority over most other responsibilities except for Children's Services Team Meetings on Wednesdays.

Lakemary currently serves children from all over the country. All general and contact information (i.e., name, date of birth, current residence, guardian contact information, etc.) can be in our EMR system, MyEvolv (Client > Client information > Relationships > Collaterals).

Each Day Program Therapist/Case Manager is responsible for keeping this information current. Information provided at admission will be entered by the admission coordinator. Additional contacts will need to be added and the information updated by the child's Case Manager, as necessary.

Included in the collaterals is the **primary** contact (person to contact in cases of emergencies and to notify of the use of restraints), legal/educational decision makers, and persons and agencies that should be receiving treatment plans.

When adding/editing contacts:

- Select Client > Client information > Relationships > Collaterals
 - To edit a current contact, select the + sign which will expand the contact, then select the edit symbol (piece of paper and pencil icon).
 - To add a new contact, select "New Manual Event" in the top left corner. Enter the necessary information for the contact and save.
- Send an alert to the PRTF workgroup to communicate the changes.
- Send an email to Medical Records, Campus Coaches, and Ignite Mentors provide updated Contact Sheet.

Visit Notification

Case Managers are responsible for coordinating visits with family members, agency workers, and other involved parties. Visit Notifications need to be sent out for all visits (on grounds and off grounds) and added to MyEvolv. Visit notices should be sent at least 24 hours in advance and include the following information:

- Name of child.
- Date/time leaving and returning.
- Individuals picking up and returning child.
- Items to be sent (Always medication if applicable; Typically, suitcase for overnight visits).

Prior to scheduling an on-grounds visit, make sure a room is available and reserve the room during that timeslot.

Send as an alert in MyEvolv to the workgroup “Visit Notification Group” to alert necessary residential and education staff.

Attach a Visit Form and Behavior Support Plan with the visit notice.

There is a Shared Outlook Calendar that includes all off-site visits.

Visit Form

Program Therapists will create the visit form and safety plan when completing the first review treatment plan (within 14 days of admission). The Community Mental Health Center should be part of the crisis plan.

A Behavior Support Plan (BSP) is to be included with each visit form. An initial BSP should be created by the first review treatment plan. This should include:

- Identifying and defining behaviors of concern.
- Providing prevention strategies.
- Providing de-escalation strategies.
- Identifying positive behavior supports.
- Providing a crisis plan.

Therapist will review the visit form/safety plan/BSP with the family prior to the visit. This review is to be documented in the session’s progress note. Therapist will update the visit goal as needed for each visit and reference the goal and progress in the family session progress note before and after the visit.

The goal should be something specific the family needs to work on during the visit. It does not need to be a goal on the treatment plan.

Case Managers will send out a Visit Notification Email prior to each visit and will attach the current visit form/safety plan/BSP. The Visit Notification Email will need to be sent Paola Front Desk, School, Children’s Residential, and Children’s Nursing email groups.

The Lead Med Tech will ensure the visit forms are printed and sent with each child’s visit packet. The forms will be printed on yellow paper for ease of identification for staff and families.

All visits (on or off grounds) will have the nurse or med tech do a wellness check.

- For on-grounds visits, only the Visit Form will be provided.

- For off-grounds visits, the pass packet will include the Visit Form, BSP, and current list of medications.

A lock box is placed on the front desk for the return forms. Residential staff will direct parents to put completed forms in the Visit Form box.

The Front Desk will check daily and route the Visit Forms to the Case Managers.

The Case Managers will upload the visit form into MyEvolv under the Visit Notification found in the Service Entries of the person supported profile.

Therapists will review information and then send to medical records to be scanned.

Deadline: All visit forms will be uploaded into service entries no later than the end of the business week following the visit.

Dole Center

Families have the option to stay free of charge in the Bob Dole Family Center on Lakemary grounds. This is a “first come, first serve” privilege so encourage families that are interested to make plans early.

Make sure room is available and reserve room through Outlook calendar.

Notify Maintenance and Housekeeping of the visit as they make sure room is clean, supplies available and heating/cooling is appropriate.

Front Desk has the key to the room – get key and make sure there is a designated contact person to give this to family. This should generally be either the front desk person or a campus coach.

The key will open the closets to all the linens in the room. The roll away bed is in the 2nd room closet and is available for use.

Send PDF instructions (see appendix) prior to visit if possible. Or give to family at time of visit and have them sign. Make sure the family understands the boundaries and expectations of the Dole Center visit.

Families can check into the Dole Center at 2:00 PM on the day of check in. They must check out by 10:00 AM on the day they are leaving. This gives housekeeping time to clean the room and do laundry before the next family arrives.

Families are allowed a maximum of 7 days per month in the Dole Center so that it can be utilized by all families.

The maximum length of stay is 7 consecutive days.

Kansas

Each child from Kansas will have an authorized period for PRTF placement. This can vary with each child and will depend on the MCO. All children require treatment plan reviews every 14 days with the parents/guardians, MCO's, and other involved agencies (e.g., CDDO, Mental Health Center, School District, etc.). It is each therapist's responsibility to keep all community stakeholders involved and informed on the child's progress in treatment and recommend whether the child requires an extension for additional treatment or is ready for discharge.

The three MCO's are currently Sunflower, United Health Care/Optum and Aetna. The Utilization Review Specialist currently completes utilization reviews with these or other insurance companies for about 50% of residents.

Other States

Lakemary is currently credentialed with the following additional states to provide medically necessary PRTF services: Alaska, Colorado, Illinois, Iowa, Louisiana, Minnesota, Nebraska, Oklahoma, Pennsylvania, Tennessee, Washington. As a Medicaid-funded service, the review process is often like Kansas Medicaid, but there are distinct differences between each states' processes. In conjunction with the Utilization Review Specialist, Program Therapists are responsible for ensuring reviews are completed in the timeframe necessary and submitted correctly according to the specific state's guidelines.

Requirements for All Residents Funded by Insurance

If a resident has a primary insurance in addition to Medicaid, it is critical that either clinical authorization or documentation of service denial is received before Medicaid can provide payment. Please work with the UR Specialist to understand this process.

Therapists must work with the UR Specialist to keep her informed of the resident's progress and to make sure recommendations for discharge or extended treatment are clear.

It is critical that progress notes (individual, group, family therapy) and narrative notes are done in a timely manner as the UR specialist uses these to provide her information for the utilization reviews.

Treatment plans must also be kept up-to-date and the "Stakeholders" section, current treatment section and discharge planning sections need to be updated every two weeks as this provides most of the needed information. If reviews are occurring weekly, the UR Specialist may request additional information prior to the treatment plan's next update. This typically includes estimated date of discharge, update since last review, barriers to discharge, update on home visits. These must be answered and returned the day prior to the utilization review. Funding, accountability, and least restrictive environment are the driving factors for this system of review.

FUNDING AND APPROVAL: PRIVATE PLACEMENTS

Many placements, particularly from out-of-state, are privately placed and funded through various contracts with state departments, school districts, or families. While these placements do not require the same type of review process as those funded by insurance plans, the contractual obligations are often very similar.

Per state regulation, therapists still need to offer treatment team reviews with community stakeholders every two weeks. Therapists will still need to offer all therapy services weekly and document these services in a timely manner. Therapists will also need to work with families, case managers, and other community stakeholders to understand the resources available and assist with discharge planning in the home state.

DISCHARGE PLANNING

Planning for discharge starts at admission with identifying the focus of treatment (i.e., what changes allow the resident to discharge to a less restrictive setting) and identifying the plans/goals for where the child will discharge. The therapist and treatment team work closely to monitor each resident's progress and continued needs.

As the resident begins to show behavioral progress, the team will be discussing when appropriate discharge will occur and the supports in the community which may be available to help ensure that progress is continued after discharge. There will be several meetings to specifically discuss discharge and support needs. Lakemary recommends including all relevant community stakeholders in these treatment review meetings. This may include individuals such as case managers, school personnel, and any other providers involved in the resident's care.

Lakemary therapists serve as advocates for the child when communicating with family/agencies, particularly during discharge planning. As Lakemary serves a specialized population with unique needs, not all agencies understand the resources that will need to be in place to best meet the child's needs. Advocacy includes describing strengths and needs, areas of improvement and those which need continued focus, what services will be necessary for success, and ensuring educational, medical, developmental, and mental health supports are in place prior to discharge.

Therapists work closely with guardians to try and put in place the necessary structures and supports for a successful discharge. Ideally, when a period of sustained behavioral stabilization is established and all the needed community supports are in place, the team will set a date for discharge.

DISCHARGE PAPERWORK

See discharge checklist (appendix) for list of full responsibilities and assigned parties for discharge.

Discharge Notice

This internal notice is to inform all relevant program and administrative departments of a resident's upcoming discharge. Included departments are: Residential, Nursing, Education, Food Services/Kitchen, and Accounting.

The following information should be included in the notice:

- Date/time of discharge.
- Individual picking up resident at time of discharge.
- Discharge setting and services in place.

Unless an emergency/unplanned discharged, the Discharge Notice should be sent out 7-10 days prior to discharge.

See Appendix for a sample discharge notice.

Discharge Summary

The discharge summary may be completed once a discharge date is confirmed and recommended services/appointments are scheduled. The discharge summary includes input from the Nursing Department and is approved by the Clinical Director and Medical Director.

A discharge signature page must be printed and signed by the Program Therapist and Clinical Director. This form is turned in to Medical Records. Medical Records will obtain the physician signature.

Satisfaction Survey

The parent and child have an opportunity to complete a satisfaction survey at the time of discharge. Once a discharge notice is received, Medical Records will send a child survey for completion.

Ohio Scales

See "Documentation" section of this manual.

Psychiatric Clinic

Psychiatric Clinic with the Medical Director and/or PRTF Nurse Practitioner occurs generally three times per month. Each child is seen at minimum once every 30 days.

Each clinician is assigned one day per month in which all their children are seen.

Each therapist will need to email the Nurse Practitioner and Clinic Nurse within 24-hours of client's scheduled clinic day to provide an update on each child that will be seen. Each therapist is provided the opportunity to meet with the Medical Director and/or Nurse Practitioner during clinic on that day.

Every clinic day has an open time slot for any therapist to meet with the Medical Director and/or Nurse Practitioner so that they do not have to wait a month to address something urgent.

Therapists are required to attend clinic on their scheduled day and time. If there is an unavoidable conflict, they must email the Medical Director/or Nurse Practitioner and Clinic Nurse.

Communication of Medical Information

Upon Admission and as needed parents/guardians will be informed of the following medical notification process:

1. Nursing will continue to manage routine appointments (KBH, eye exams, dental appointments, etc.) for each child. Parents/guardians will NOT be notified of routine appointments unless there are changes/recommendations. The exception to this will be those families identified as needing a higher level of communication. Please communicate to the Nursing Department those identified families as they are recognized.
2. Nursing will notify parents/guardians of any known injuries to a child following a safety assist.
3. Nursing will notify parents/guardians of all medication changes made by any physician.
4. Nursing will notify parents/guardians of any injuries/illnesses that require specific nursing care, physician care, or ER visits.

STUDENT ACCOUNTS

Students may receive money from their families or through their vocational job. All student account deposits should be made payable to Lakemary Center. The Accounting Department will maintain records of the student account, including all deposits and withdrawals.

Case Managers will submit a check request for any clients with a student account after they discharge from Lakemary Center.

Please refer to the Accounting Department for current procedures on withdrawing and/or depositing funds.

OUTINGS

At times Therapists may want to take children out in the community. This can be a reinforcement activity or a social skill building activity. When taking a child out in the community, the therapist will need to reserve a car with transportation (Eric Clary) and request a credit card from accounting (if needed). The Clinical Director, Lead Therapist or an Executive Team member may sign off on credit card requests.

See PRTF Procedure Manual for full Outing Procedure.

PARTNERSHIPS WITH OUTSIDE ORGANIZATIONS

Lakemary strives to provide quality treatment through a variety of means. To achieve that end, Lakemary often partners with outside organizations/programs to provide unique therapeutic opportunities for our residents. These are ongoing partnerships currently in place.

New Horizons Ranch Equine Therapy

Lakemary partners with New Horizons to provide equine therapy groups several times a year and an equine therapy camp in the summer for many of our children. All groups are provided at New Horizons Ranch and are closed groups for each rotation. Program Therapists and Milieu Therapists work together to determine group participants for each rotation. Residential therapists will provide transportation, support the group, and document the group on a rotating basis.

Pet Partners

Lakemary's partnership with Pet Partners expands opportunities for animal-assisted therapy interventions on-campus. Pet Partners currently brings therapy dogs and/or miniature horses on campus 2-4 times per year. All residents will be given the opportunity to interact with these animals. Scheduling of dates will be coordinated by the Recreational Therapist. Milieu Therapists will help support interactions by providing support for the children while the Pet Partners volunteers take care of the animals.

Special Olympics

Lakemary residents can participate in a variety of local Special Olympics events. The Recreational Therapist is the primary point of contact and maintains staff training and other requirements for Special Olympics participation. Current events offered include: Track & Field, Bowling, and Swimming.