



LAKEMARY
CENTER

Psychiatric Residential Treatment for Children with Intellectual and/or Developmental Disabilities

Program Description

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HISTORY

Lakemary is a not-for-profit agency that has operated a children's residential program since 1969. Licensed by Kansas Department of Aging and Disability Services, Lakemary provides residential care for up to 65 children.

During the early years of operation, Lakemary served children solely with intellectual disabilities. As community supports for these children improved over the years, the mission shifted to serving children who have multiple challenges in areas of developmental disability, emotional disturbances, and behavioral difficulties. The common denominator for these children is that they have been unable to sustain successful adjustment in community settings.

Lakemary began building a team to serve children with dual diagnoses in 1992, and now provides a complete array of specialists to provide support for the specific needs of this population. At present, Lakemary is one of the only residential treatment programs in the country providing treatment exclusively for this population.

Lakemary is incorporated and operates under the guidance of a board of directors. Overall administration is provided by the President/CEO. The Vice President of Children's Services is responsible for the daily administration of the children's residential treatment program which includes ensuring that the program meets all regulatory requirements (Federal, State, County and any others that apply).

MISSION

Lakemary Center's mission is to empower children and adults with intellectual and developmental disabilities to achieve their individual potential.

PHILOSOPHY OF TREATMENT

Lakemary provides treatment, residential care, and educational services for children who have developmental disabilities and concurrent psychiatric disorders or severe behavioral challenges. The focus of treatment is to relieve distress, reduce challenging behavior, enhance resilience, and develop skills needed for more successful community adjustment.

The following key principles represent the essential elements of the philosophy of treatment for the Residential Treatment Program:

- We rely on positive reinforcement as the primary means for effecting behavior change. Gains made through positive reinforcement are more likely to be sustained and more likely to improve self-esteem, confidence, and independent decision making.
- We do not use any behavior management procedures which may cause pain or discomfort of any kind.

- We focus our energy and resources on treatment strategies which have a base of empirical evidence suggesting efficacy and safety.
- We evaluate the effectiveness of our individual treatment efforts and overall program efficacy through empirical evidence using data that is reliable and relevant to treatment/program goals.
- We are sensitive to each child’s unique needs and circumstances and are sensitive to considerations due to age, developmental level, gender expression, ethnicity, culture, religious beliefs, sexual orientation, socioeconomic status, and other factors. While these factors are important to consider in treatment, Lakemary does not discriminate based on any of these or other minority statuses.
- We make an ambitious effort to meet each child’s needs while remaining mindful of our capacities and the limitations of this level of care.
- We communicate openly and honestly with children, their families, other stakeholders, and oversight agencies. We recognize excellence can only be obtained through transparency in practices and openness to constructive criticism.
- We actively seek input from each child, their family, and other important stakeholders involved in their treatment into their care and goals. We believe inclusion in the treatment process is the best way to achieve desired outcomes.
- We acknowledge each child’s efforts for mastery and control of their environment. We pick our “battles” only when necessary for issues related to health, safety, and the well-being of the children and staff. We avoid power struggles whenever we can.
- We treat children, families, other stakeholders, and each other with courtesy and respect. We sustain this attitude even in response to challenging behavior from others.
- We make every effort to make the most efficient use of our resources. We use our time, energy, and financial support to provide the most help and support to as many children as possible.

POPULATION SERVED

The Residential Treatment Program serves children who have both developmental disabilities and concurrent psychiatric or behavioral challenges. Children served in this program have been unable to maintain stability in other less structured community settings and may have had multiple placements and/or psychiatric hospitalizations prior to Lakemary. Many children in the program have experienced abuse, neglect, exploitation, and/or other trauma in their lives.

Lakemary provides residential treatment services from ages 6 through 18 years and can provide through the age of 21 years if the individual is still receiving educational services. All of the children at Lakemary have Individualized Educational Plans (IEP), which are implemented fully

at our on-grounds school. In 2006, Lakemary became a CARF (Council on Accreditation of Rehabilitation Facilities) accredited Psychiatric Residential Treatment Facility (PRTF) in the State of Kansas. Lakemary is also contracted to provide treatment services with multiple other states.

PURPOSE

The purpose of the residential program is to provide each child and family the skills necessary for the child to live in the least restrictive community setting possible.

TREATMENT SERVICES

Children at Lakemary need a wide variety of support services for successful treatment. Integration of special education, behavior management, psychotherapy, healthcare, and life skills training is typically required, but the specific services needed by each child vary a great deal. Essential elements of effective treatment for these children appear to include the following:

Security

For many of our children, it is important to establish a firm sense that their needs for food, clothing, shelter, and nurturance will be met. Particularly for children who have experienced multiple placement disruptions, it is important for them to develop confidence in the staff's ability and willingness to provide them with the support they need. Many Lakemary children have described the residential program as the first place they have been in their lives where they felt safe.

Support

Children's need for support also vary a great deal. For some children, peer support is more important, while for others, support from adults is preferred. Children develop a sense that staff will be available to them when they need assistance. Staff also recognizes that peer supports are essential for social development and work to facilitate the establishment of appropriate peer relationships.

Structure

Through individual Behavior Support Plans and the Positive Behavior Intervention and Supports program, children experience consistent support for the development of emergent skills and predictable consequences for both appropriate and inappropriate behavior choices. Under the direction of a doctorate level Psychologist, consistent therapeutic treatment is provided. Master's level clinicians review each behavior report on a daily basis to ensure that therapeutic supports are implemented consistently. Weekly Children's Services Team Meetings are held to discuss strategies for appropriate response to new behaviors and needs for support. Treatment plans are reviewed and updated every two weeks with community stakeholders to ensure the child is on track for achieving their established goals and objectives, and to change these goals when necessary.

Effective Problem Solving

Most children need a great deal of assistance learning to cope with frustration and disappointments. Children are encouraged to use relaxation strategies and to maintain focus on

future goals when they experience periods of distress. Residential staff and clinical staff frequently coach residents for problem solving and conflict resolution strategies.

PLANNED ACTIVITIES

A wide variety of activities take place on campus and in the community in both residence and school environments. The purpose of these activities is to provide opportunities for development of social skills, community skills, and recreational/leisure activities. A minimum staff to student ratio of 1:4 is maintained for all community outings.

Community-Based Instruction

Children complete small group or individual outings in the community, with staff support, for the specific purpose of developing discrete skills. The ability to engage in daily community tasks such as grocery shopping, using the post office, or ordering a meal in a restaurant are targeted for mastery.

Vocational Education

With the assistance of Lakemary School, many children receive vocational education through either on-campus or off-campus employment opportunities. With direct supervision of a job coach, students develop vocational skills working in restaurants, stores, motels, and a number of other businesses in the local community.

Recreational Outings

Children participate in a wide array of recreational activities on campus and in the community throughout the year. Field trips and sporting events are always a highlight. A full-time recreational therapist provides well-rounded recreational activities for children of all ages.

PROGRAM GOALS

1. Reduce the frequency of the specific challenging behaviors and/or psychiatric symptoms which resulted in the need for residential treatment.
2. Increase the frequency of social behaviors which will more successfully meet the child's needs and increase the chances for successful adjustment following return to the community.
3. Identify and communicate specific supports which may be used to sustain progress following discharge.
4. Provide each child with an array of successful experiences in multiple areas to build a base for expecting future success.
5. Develop individual relationships for support with each child to enhance their ability to accept support from adults.

REFERRAL, ADMISSION, AND DISCHARGE

Referrals for admission are directed toward Lakemary's Admissions Department. Referral information is assessed by the Admissions Review Team, which consists of representation from the clinical, educational, and medical areas of programming. This team is necessary to ensure that each child can be supported effectively and safely during their treatment at Lakemary Center. This team is committed to ensuring that each child's circumstance is given thoughtful and concentrated consideration and that services are developed that meet each child's specific needs, consistent with the agency's mission.

It is expected that individuals will continue to be served at Lakemary until such a time that this level of care is no longer needed and alternative community supports can be secured. Children who admit before the age of 21 can receive residential treatment at Lakemary until their 22nd birthday, their graduation, or until they no longer have a need for PRTF level services – whichever comes first. Lakemary cannot accept individuals who have already reached their 21st birthday.

SCREENING AND DIAGNOSIS

Screening for concurrent psychiatric disorders begins during the application process when records from previous service providers are carefully reviewed. If a child is in need of an updated psychiatric evaluation or other diagnostic evaluation, Lakemary's team of professionals will complete the needed evaluation and incorporate findings into the child's treatment planning process. Lakemary's Medical Director and the child's treatment team review these findings at least every 14 days.

TEAM-BASED SERVICES

All services are coordinated through an interdisciplinary team process. The core team consists of the child and his/her family/legal guardian, Medical Director, Clinical Director, assigned Program Therapist, and others as required and/or appropriate. Consultation is routinely obtained from other staff at Lakemary, including BCBA (board Certified Behavior Analyst), school and residential personnel, behavioral health technicians, and others as appropriate. The team also includes other community stakeholders as appropriate for that child. The team is responsible for developing, implementing and providing oversight of each child's ongoing treatment.

EMERGENCY SERVICES

Lakemary has a nurse available onsite 24 hours a day, along with an on-call therapist. All staff within the PRTF are certified in Safe Crisis Management (SCM) for de-escalation and physical management (if necessary) in a behavioral crisis. All staff are also certified in CPR/First Aid and can provide basic emergency care until medical personnel arrive on the scene. The Lakemary PRTF Procedure Manual contains procedures for staff to follow to protect the children from any immediate danger associated with their behaviors and medical conditions (e.g., seizures). This includes procedures for the use of physical restraint as related to immediate danger to self or others.

THERAPY SERVICES

Group and individual therapy is provided at Lakemary for every child. Family therapy is offered and recommended for every child with family involvement. Therapy will be provided either by a masters-level clinician or a master's level intern under direct supervision of a clinician with the appropriate licensure and experience for clinical supervision.

In addition to the more traditional therapy modalities, each child will be assessed for therapies more specific to his/her individual developmental and treatment needs. This could include applied behavioral analysis, play therapy, EMDR, animal-assisted therapy, etc. Within Lakemary School, all students also receive music therapy and art therapy. Occupational therapy and speech therapy are offered based on IEP recommended services. Lakemary also contracts for dietary consultations as needed.

INDEPENDENT LIVING AND SKILLS TRAINING

An individual treatment plan is developed for each child that addresses a multitude of support needs, including specific training to enhance independent living skills. The child's therapist facilitates the planning process to ensure all strategies are consistent with the child's psychiatric condition/treatment. This plan may range from assisting with care, to completing tasks with prompts, to working on community skills more independently with support.

JOB PREPARATION SERVICES

Whenever appropriate, children receive individual vocational training to enhance their future readiness for employment in a workshop or in the community. This training is provided through Lakemary School.

PSYCHIATRIC CONSULTATION

Because many individuals with dual diagnoses require psychotropic medication as a part of their treatment, ongoing psychiatric consultation is an essential component of the treatment program. Lakemary's Psychiatric Nurse Practitioner in collaboration with Lakemary's Medical Director will review medications at least once every 30 days, and more frequently if needed. Lakemary staff will provide assistance for development and implementation of special monitoring procedures to evaluate response to treatment. Lakemary's Psychiatric Nurse Practitioner in collaboration with our Medical Director will monitor for changes in behavior and mental status and make recommendations for medication adjustments as necessary.

LEVEL OF SUPERVISION

Lakemary utilizes a graduated ratio system to provide the greatest support and supervision to those children with the most intense needs. This can range from 1:1 staff-to-child ratio to 1:5 staff-to-child ratio during waking hours, depending on the child's needs and where they are in their treatment program. During sleep, the ratio ranges from 1:4 to 1:10. Additionally, all staff members are awake 24/7. More intensive supervision may be provided on a temporary basis

pending determination of need for alternate supports (i.e. short-term hospitalization, revised behavior therapy intervention, etc.). Regardless of ratio, all children are maintained within staff's sight and/or sound at all times.

SPECIALIZED EDUCATION SERVICES

Lakemary provides special education services to all children in Lakemary's PRTF. Lakemary Education Staff includes certified master's-level special education teachers and classroom support staff to ensure classroom sizes are small enough to meet the students' individual needs for support.

DOCUMENTATION

Therapists are responsible for facilitating and documenting the team-developed individualized treatment plan. The treatment plan will include goals, specific treatment objectives toward meeting the goals, and an integrated program of therapies and activities to meet the objectives. The therapists review data and revise this plan of care every 14 days. This includes data on the specific behaviors which resulted in the need for placement in this level of care and all other relevant or required objectives. The treatment plan describes ongoing services, treatment changes, and overall response to treatment. At this time, specific goals are evaluated and revised and need for continued treatment is evaluated. An estimated length of stay is also established. The therapists also provide progress note documentation for all sessions of individual, group, or family therapy.

The Nurse Practitioner is responsible for creating a nursing plan of care for any medical conditions and providing documentation of this to be included in the child's record. The nursing department employs RNs or LPNs onsite 24/7 who will also document any treatment and/or follow up for discovered illnesses/injuries.

The direct care staff will provide daily documentation of the child's progress toward treatment goals, overall engagement in active treatment, and participation in and completion of activities of daily living. Additionally, any staff involved in a behavioral incident with a child will create an incident report to provide documentation of any occurrences of behaviors of concern and/or any incident which requires physical restraint.

All documentation included in the child's record must be legible, without alteration, and signed/initialed and dated as appropriate.

CONTINUATION OF SERVICE

Specialized dual diagnoses services shall continue throughout the time of residential placement unless psychiatric consultation determines that the concurrent psychiatric disorder is no longer present or that additional dual diagnoses services are no longer necessary.

CENSUS AND VISITATION

A child shall be considered present at the facility for an entire day if the child is present at 11:59 P.M. Census and attendance are documented daily by residential staff.

An approved visitation plan (frequency, duration and location of the visits) will be documented in the child's treatment plan. Typically, the maximum time for visits away from the facility will be six consecutive nights. Failure to adhere to the approved visitation plan could result in a child's discharge from the program.

DISCHARGE PLANNING

Lakemary therapists work with families, community service providers, foster care contract agencies, schools, healthcare providers, and other community resources to help develop a plan of support for return to the community. Discharge planning begins at the time of admission to the program. The results of this planning are summarized in a discharge summary which accompanies each child on the day of discharge. This summary also includes information on the child's course of treatment, strengths/needs/abilities/preferences, current medication, behavior and crisis support plan, and contact information for scheduled appointments.

CONSULTATION SUPPORT FOLLOWING DISCHARGE

The treatment team remains available to other agencies and family for information and support following discharge. This availability of support will be conveyed to care providers at the time of discharge and in the discharge summary.

UTILIZATION REVIEW

Lakemary conducts internal utilization reviews of random charts on a weekly basis to evaluate the documentation of necessity and appropriateness of PRTF services, the plan of care, length of stay, and discharge plans.

Lakemary also cooperates with external utilization review efforts from insurance companies and other payor sources. This process begins prior to admission with the verification of primary and secondary insurance coverage for PRTF services. Initial reviews are typically completed either prior to or the day of admission. Initial and concurrent reviews are tracked and facilitated by the Director of Quality Initiatives department.