	DIVISION OF CHILD AND FAMILY SERVICES STATEWIDE POLICY
SUBJECT:	**Division of Child and Family Services, Outpatient Services - Individualized Treatment, Discharge and Aftercare Planning**
POLICY NUMBER:	
EFFECTIVE DATE:	
APPROVED BY: **DATE:**	
SUPERSEDES:	
APPROVED BY: **DATE:**	
REFERENCES:	**ACCREDITATION STANDARDS** The Joint Commission Standards Commission on Accreditation of Rehabilitation Facilities Standards **LEGISLATIVE COUNCIL BUREAU** Review of Governmental and Private Facilities for Youth **DCFS GLOSSARY OF TERMS:**
REFERENCED FORMS:	**All Referenced Forms for PRTF's and Desert Willow Treatment Center are available on site or by request. Contact the Agency directly for the most current forms.**

I. POLICY

It is the policy of the Division of Child and Family Services (DCFS) Children's Mental Health Programs to provide quality care in individualized treatment, discharge and aftercare planning that ensures compliance with statutory requirements, youth safety, and improved child and family outcomes.

II. PURPOSE

This policy ensures that DCFS Children's Mental Health Program staff receive guidance directives and training in administration and management for all individualized treatment, discharge and aftercare planning.

III. PROCEDURES AND PRACTICE GUIDELINES

A. Treatment Planning

a. Presenting Problem/Targeted Behaviors List

i. Upon intake, a presenting problem list is formulated based on the intake assessment.
ii. Medical and clinical/psychiatric professionals are responsible for assessing, identifying, and modifying the presenting problems list.
iii. The presenting problems list becomes the framework for developing the individualized treatment plan, which is generated directly from the presenting problem list.
iv. Identify presenting problem list dates of identification and resolution.
v. Problems on the list must correspond with the Individualized Treatment Plan.

b. Preliminary Treatment Plan

i. Focuses on youth safety and will be completed at the time of intake to the individualized level of care. The parent/legal custodian and youth shall sign and date the preliminary treatment plan.
ii. The parent/legal custodian and youth will participate in the treatment planning process and shall be informed that other identified problems for treatment will be included in the Individualized Treatment Plan.

c. Individualized Treatment Plan

Timelines

A comprehensive Individualized Treatment Plan must be developed by the clinician, with the assistance of the youth and input from the parent/legal custodian within five business days. The treatment plan must be signed by the parent/legal custodian and the youth.

The Individualized Treatment Plan is considered final when marked "Final" in Avatar. However, completion of treatment plans and their specific timelines may differ and are dependent upon the program/ program type.

Critical Elements

The following must be included in the plan.

i. Youth's full name;
ii. The intensity of needs determination;
iii. Severe Emotional Disturbance (SED) or Serious Mental Illness (SMI) determination (over 18 years of age);
iv. Date of determination for SED or SMI (over 18 years of age);
v. The name and credentials of the provider who completed the determination;
vi. Goals and Objectives

1. The individualized treatment plan must demonstrate an improvement of the youth's medical, behavioral, social, and emotional well-being of the effectiveness of all requested behavioral health services that are recommended in meeting the

plan's stated rehabilitative goals and objectives documenting the effectiveness at each reevaluation.

vii. Requested Services

1. **Services:** Identify the specific behavioral health service(s) (i.e., family therapy, individual therapy, medication management, basic skills training, day treatment) to be provided;
2. **Scope of Services and Duration:** Identify the daily amount, service duration and therapeutic area for each service to be provided;
3. **Providers:** Identify the provider or providers who are responsible for the implementation of each of the plan's goals, interventions, and services;
4. **Rehabilitative Services:** Document that the services have been determined to be rehabilitative services consistent with the regulatory definition;
5. **Care Coordination:** When multiple providers are involved, the plan must identify and designate a primary care coordinator. The primary care coordinator develops the care coordination plan between the specified behavioral health services and integration of other supportive services involved with a youth's services;
6. **Strength-Based Care:** Collaboratively establish a treatment plan of care involving the strengths of the youth and family (when applicable);
7. **Declined Services:** If the youth declines recommended service(s), this act must be documented within the treatment plan.

viii. The Discharge/Aftercare Plan must identify:

1. The planned duration of the overall services to be provided under the Treatment Plan;
2. Discharge criteria;
3. Recommended aftercare services for goals that were both achieved and not achieved during the duration of the Treatment Plan;
4. Identify available agency(ies) and independent provider(s) to provide aftercare services (i.e., community-based services, community organizations, nonprofit agencies, county organization(s) and other institutions) and the purpose of each for the youth's identified needs under the Treatment Plan to ensure the youth has access to supportive aftercare.

ix. The Standard Reasons for Discharge:

1. The youth has reached maximum benefit from the program.
2. Parent or legal guardian rejects further treatment.
3. The family moves out of the area.
4. The youth dies.
5. The treatment plan discharge criteria is met, the CFT team agrees that treatment is successful and complete.
6. The CFT team acknowledges that the youth has made sufficient progress and can gain equal benefits in a less restrictive setting.
7. The CFT team acknowledges that the program is not meeting the needs of the youth.
8. A higher or lower level of care has been identified as being necessary. (i.e., secure RTC, - JJ facility, or community-based care)

9. The youth is not participating in the program requirements, following their treatment plan and is assessed to not likely benefit from further services thus, the youth has been deemed to have maximized treatment gains in the current program.
10. Program disruption notice can be issued by the facility if it is determined that the youth's needs cannot be met in the program, or the safety of other youth and staff cannot be maintained.

xii. Required Signatures and Identified Credentials

1. The clinical supervisor and their credentials;
2. The youth, youth's family or their legal representative (in the case of legal minors and when appropriate for an adult);
3. Parole and/or Probation officers as applicable.
4. The individual DCFS Staff/QMHP responsible for developing and prescribing the plan within the scope of their licensure.
5. Any additional care providers that have specific treatment goals for which they are responsible in assisting the youth in achieving.

d. Quality of Treatment Plan

Presenting problems should be clearly specified. Goals must relate to the presenting problems and objectives and reflect the plan for measurable improvement in functioning. As such, goals should be S.M.A.R.T. (Specific, Measurable, Achievable, Relevant, and Time-Bound).

In the development of the treatment plan, the DCFS staff shall review intake assessment/evaluations from medical staff in addition to referral sources (if applicable).

Once final, the treatment plan shall be made available and accessible on the chart and at the treatment team meeting and any DCFS agency disciplines identified in the plan as persons responsible for interventions shall sign the treatment plan.

e. Review of Treatment Plan

For youth receiving treatment in a DCFS Outpatient facility, the treatment plan must be reviewed with the youth and parent/legal custodian at least every 90 days after initial development. The youth and the parent/legal custodian must re-sign the treatment plan. Reviews should be documented in the case file/Avatar. Every attempt will be made to contact the parent/legal custodian for a review of the Treatment Plan. Contact attempts will be noted in the case file/Avatar. The Treatment Plan shall also be reviewed with the youth and parent/legal custodian upon revision.

For inpatient/residential facilities, treatment plan reviews will occur every 90 days after the initial plan is created. The updated treatment plan will be reviewed with the youth, parents/guardians, and other providers that are responsible for treatment goals on the youth's treatment plan. If goal modifications are identified prior to the 90-day review period, the treatment plan may be updated accordingly and reviewed with the youth and guardian.

f. Treatment Plan Revision

The Treatment Plan is reviewed with youth weekly by their assigned clinician to discuss progress towards treatment goals. The treatment plan is also reviewed with the a multidisciplinary team (MDT), and parents/legal custodian during the scheduled CFT meetings. Is it reviewed with the youth weekly. Revisions are made as needed based on the reassessment of the individual's current clinical problems, needs, and responses to treatment. We should add that the therapist reviews the treatment plan weekly with the youth.

B. Discharge Planning

a. Aftercare and discharge planning begins at the intake phase. Such activities include the identification of the youth's placement at discharge and identification of participants to be included in the youth's care and treatment. A DCFS staff will provide discharge planning for each youth, and such planning will begin upon intake.

b. DCFS staff will develop the Aftercare Plan with input from the youth, parent/legal custodian, treatment team members, physician (as applicable) and psychiatrist. The plan will address placement at discharge, medication, counseling, school, referrals made to additional support services, and any medical appointments the youth may have.

c. The Aftercare plan for inpatient and/or residential treatment facilities will contain continuum of care appointment(s) date(s) and time(s) for psychiatry and psychotherapy. Ideally, psychiatry appointments are scheduled to occur within 30 days of discharge and psychotherapy appointments are scheduled to occur within seven days of discharge.

d. Discharge planning will consider unit performance, observation of behaviors, and results from therapies conducted by DCFS staff and will address the youth's ability to function in the family, community, and school settings to which he/she is to return. The psychiatrist must concur with the treatment team's recommendation concerning the youth's ability to function in a less restrictive setting.

e. A discharge planning progress note must be entered weekly in the youth's case file/Avatar by DCFS staff.

f. For youths under supervision of the court, a DCFS designated staff will work directly with the youth's agency caseworker to ensure proper notification and/or filings are made with the court to provide notification of the intended discharge date.

g. Referrals to other supportive services including but not limited to Wrap Around in Nevada (WIN), Mobile Crisis Intensive Stepdown Unit (MCRT-ISD), and Nevada PEP may be made at least 30 days prior to the intended discharge date as applicable. The assigned DCFS Staff will ensure such referrals are made and documented within the youth's case file/Avatar and on the Aftercare Plan.

h. For youths approaching the age of majority (18 years of age) a referral for ongoing services will be made to Southern Nevada Adult Mental Health Services (SNAMHS) and/or Northern Nevada Adult Mental Health Services (NNAMHS). Referrals may also be made to a provider who provides an array of adult services. All youth approaching the age of majority might not be discharging to Southern NV and might be returning to Northern NV or out of state. Therefore, this is too prescriptive. We might be returning the youth to Reno and NNAMHS would be the provider or a rural county.

i. Should a referral to SNAMHS or NNAMHS be deemed necessary, such referral shall be submitted by the DCFS staff at least 90 days prior to the youth's birthday (new youths who are within 90 days of their 18th birthday shall be referred immediately if ongoing services are needed). The DCFS staff shall do this in coordination of efforts with the youth's parent/legal guardian and/or caseworker as applicable.

j. SNAMHS/NNAMHS representatives may be invited to the youth's multidisciplinary treatment team meetings to receive updates regarding youth progress and response to treatment. Any additional supporting documentation will be provided upon request per the signed release of information approval by the parent/legal guardian.

k. DCFS will coordinate intra-agency staffing to facilitate the referral and coordination of services.

l. SNAMHS OR NNAMHS will assess the referral from DCFS and determine the type and level of services needed.

C. Aftercare Plan

a. It is the policy of DCFS that all youths receive aftercare planning prior to discharge by the youth's Child and Family Team. The completed Aftercare Plan is reviewed with the parent/legal guardian and youth at discharge. The DCFS staff will ensure all signatures are obtained on the Aftercare Plan.

b. The DCFS staff will facilitate the scheduling of aftercare resources as necessary in accordance with treatment team recommendations.

c. The DCFS staff will complete the brief treatment summary and update the diagnosis made by the psychiatrist in the youth's case file/Avatar.

d. The assigned Nurse will personally facilitate a review of the youth's medications at discharge, administration of the medication, and a review of potential side effects with the parent/legal guardian and youth during the discharge meeting.

e. The DCFS Staff will place the Aftercare Plan in the youth's case file/Avatar and provide a copy to the youth and legal guardian upon discharge.

f. All disciplines will write a discharge note and include it in the youth's case file/Avatar.

g. A discharge note must be completed by DCFS staff and shall include any specific psychiatrist's orders and medication prescribed if any.

h. A discharge summary will be completed by the psychiatrist within thirty (30) days of youth discharge (for routine discharges) or 45 days after an administrative or AMA discharge.

REFERENCES:

The Joint Commission, Rights and Responsibilities of the Individual (RI), Care, Treatment, and Services (CTS), Medicaid Services Manual 400