

**Joe Lombardo**  
*Governor*



**Richard Whitley**  
*Director*

# State of Nevada Department of Health and Human Services

## **Desert Willow Treatment Center (DWTC)**

Division of Child & Family Services

**Gwendolyn Greene, DBH, MS, LMFT, Hospital Administrator**

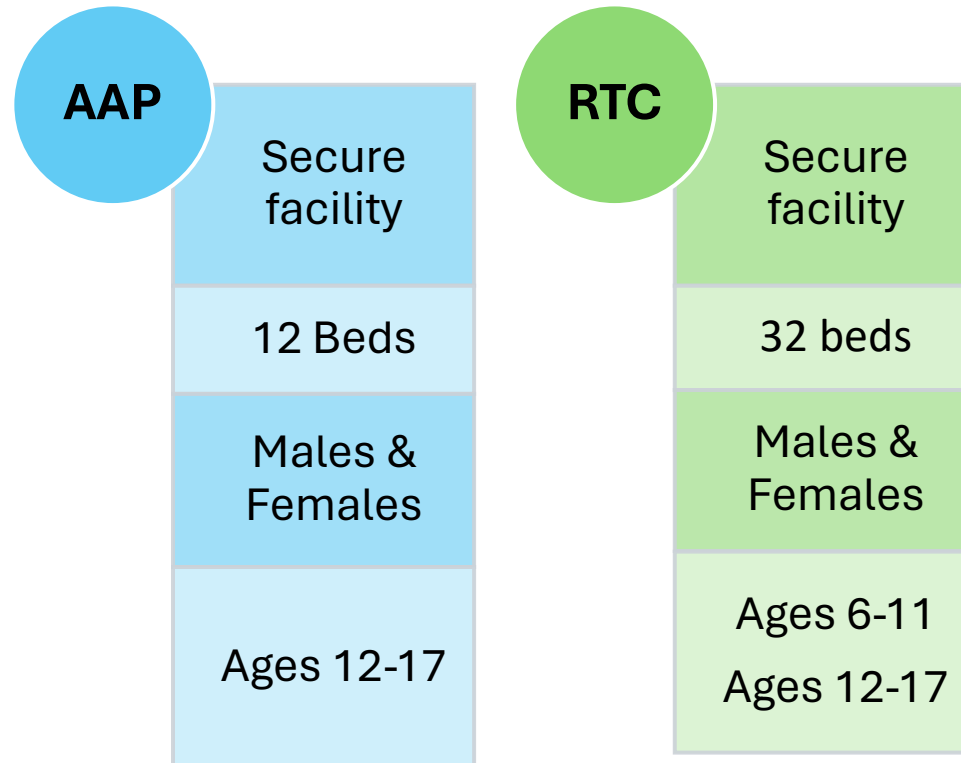


# Who Do We Serve?

- We serve youth:
  - With Severe Emotional Disturbances (SED).
  - Who are acute and/or meet RTC level of care.
  - Who cannot effectively respond to services from a less restrictive setting.
  - Meeting medical necessity and admission criteria, as defined by Medicaid.

# Program Descriptions

- All DWTC programs are TJC (The Joint Commission) accredited and licensed through the Bureau of Health Care Quality and Compliance (HCQC), Div. of Public & Behavioral Health, DHHS.



\*DWTC was first accredited by the Joint Commission in June of 1999 and has continued to maintain its accreditation status.

# Mental Health Services Provided at DWTC

The following services are included in the DWTC service delivery:

Trauma Focused Cognitive Behavioral Therapy

Dialectical Behavioral Therapy

Motivational Interviewing

Psychiatric Evaluation & Treatment

Medication Management

Psychiatric nursing services

Psychological Assessment, testing and treatment planning

Therapeutic and Behavioral Modification Services

Therapeutic Recreation and Milieu Therapies

Care Coordination-Discharge and Aftercare Planning

Social and skills training groups

Psychoeducational Services

Psychiatric Oversight

# Family Involvement

- **Family therapy**

- Weekly family sessions for youth admitted to Acute unit.
- Bi-weekly family sessions for youth admitted to RTC.
- Parents/Family/Guardians are invited to all weekly treatment team/child and family team meetings.

- **Multidisciplinary Treatment Team Meeting**

- Parents and/or guardians participate in the patient's weekly treatment team meeting.

- **Parent/Family Visitations**

- Tuesday and Thursday 6pm-7pm.
- Weekends & Holidays 12pm-1pm and 6pm-7pm.
- Special arrangements can be made to accommodate individual needs.

- **Therapeutic Home Day and Overnight Passes**

- Overnight passes home are granted (if appropriate) as youth prepares to discharge from RTC.

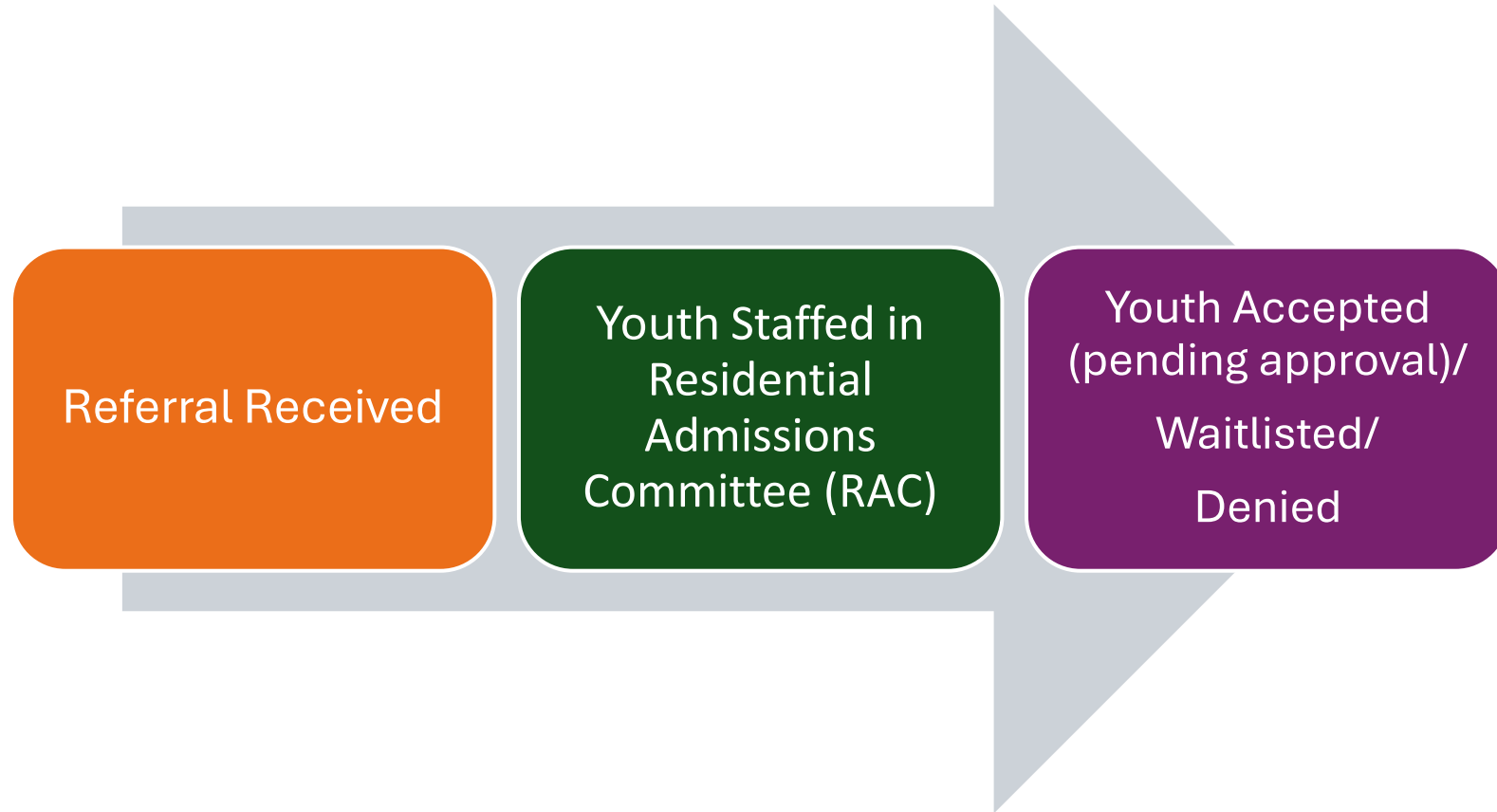
# Admissions: RTC

- All patients participating in care at DWTC are identified by way of a referral.
- Referrals may be received from psychiatric hospitals, other PRTF or RTC programs, child welfare agencies (DFS, WCHSA, DCFS), juvenile justice (parole/probation), or community partners.
- All referrals are reviewed by the DWTC Residential Admissions Committee (RAC) to determine if the patient meets diagnostic criteria for a residential admission.
- DWTC's Residential Admissions Committee consists of:
  - DWTC Medical Director
  - Attending Psychiatrist
  - Senior Psychologist
  - Clinical Program Manager
  - Pediatric Physician (as necessary)

# Admissions: Acute

- Referrals for acute admissions are generally received from:
  - Hospital ER/ED's
  - Mobile Crisis Response Team (MCRT)
  - Juvenile Justice Programs (Summit View Youth Center, Nevada Youth Training Center, Caliente Youth Center, Jan Evans/Washoe County Juvenile Services, Clark County Juvenile Detention Center/DFS)

# Referral Process

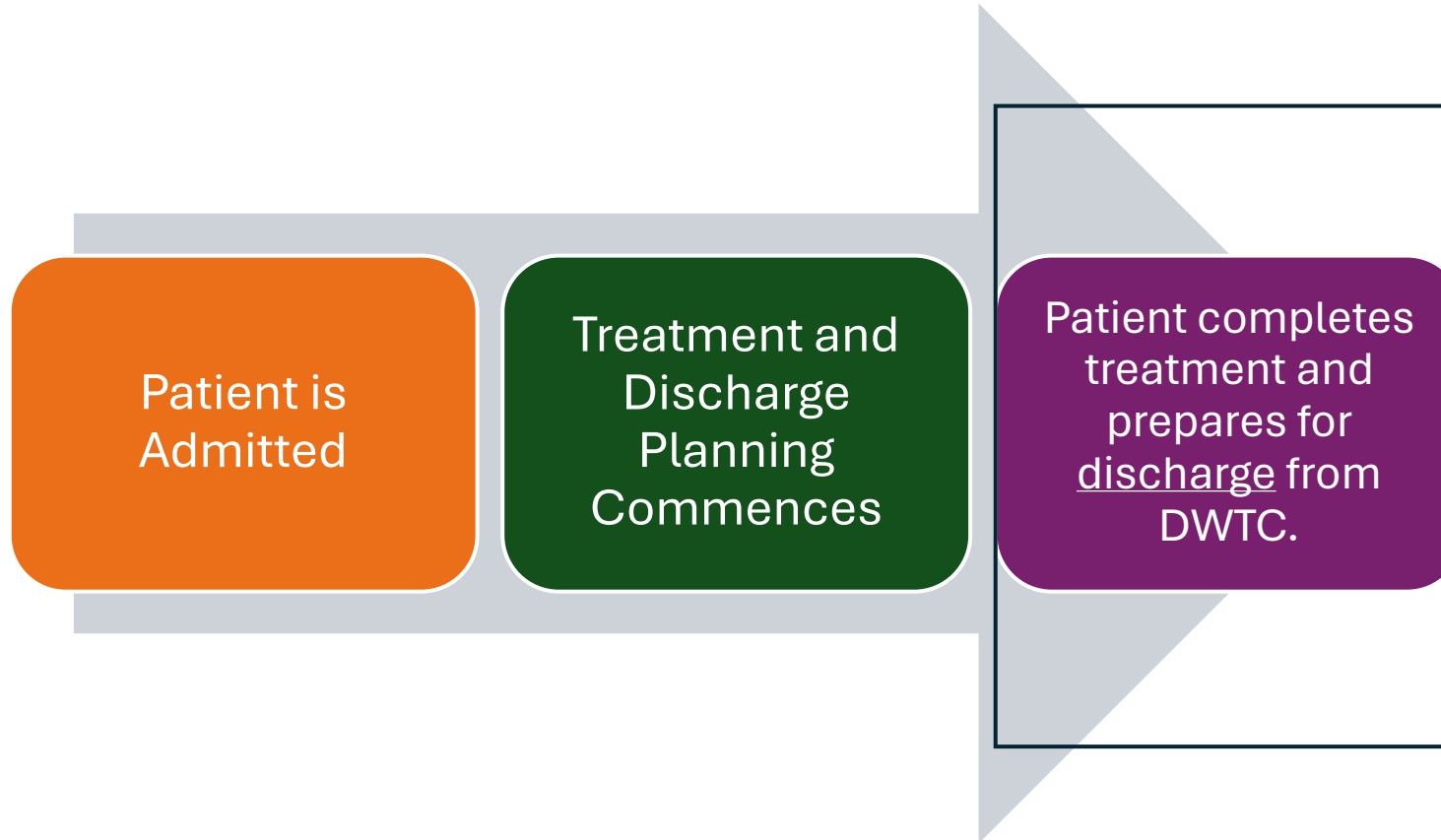




# Admission

- Upon acceptance into acute or RTC treatment, the DWTC Psychiatric Caseworker prepares the admission documentation working closely with the guardian and/or support team to obtain consents to treat and other critical components relative to support the patient while in treatment.
- The Psychiatric Caseworker will also compile a list of participants in the patient care that will participate in the weekly treatment team meetings.

# Treatment Process



# Discharge

- The success of any treatment relies upon the discharge planning, discharge activity, and family involvement.
- Discharge signifies the completion of treatment at DWTC and is the release of a patient from inpatient psychiatric care and facilitation of a successful transition to the familial home, lower level of care, community, and/or group home/foster care setting.

# Discharge Planning

- Discharge planning begins at admission.
- The DWTC Residential Admissions Committee (RAC) work closely with the referent of the patient to our program to understand the patient's placement at discharge.
- Understanding the patient's planned placement at discharge assists in identifying and arranging for appropriate supports and continuum of care post discharge to ensure optimal treatment outcomes are sustained thus reducing the likelihood for secondary readmissions.
- Discharge planning is discussed at the patient's weekly treatment team meetings.

# Discharge Planning: Considerations

- Patient and/or family choice;
- Level of Care recommended post-discharge;
- Patient placement at discharge;
- Availability of resources;
- Early engagement of resources during the treatment process;
- Identification of other treatment necessary at discharge.

# Documenting Continuum of Care Services

- DWTC utilizes its Aftercare Plan document and Discharge Summary document to capture treatment results and continuum of care services arranged for the patient at discharge.

# The AFTERCARE PLAN

- The Aftercare Plan is a comprehensive treatment document that is provided to the patient and patient caregiver at or around discharge.
- The Aftercare Plan is the product of collaboration between DWTC, the patient, and the patient caregiver(s).
- It is compiled by the DWTC Psychiatric Caseworker assigned to the patient.
- Services added to the Aftercare Plan are discussed with the Patient, the caregivers (i.e., parents, fictive kin, foster parents, child welfare, family members, etc.), and the patients support team (i.e., CAP Attorney, CASA, Case Workers, Clinical team members, etc.)

# The AFTERCARE PLAN Format

- The Aftercare Plan consists of three distinct sections:
  - Follow-up Appointments
  - Medications
  - Treatment



# Follow-up Appointments

- DWTC works to ensure that all follow-up appointments are arranged and scheduled in advance of the patients anticipated discharge date:
  - Psychiatry: 30 days of discharge
  - Psychotherapy: 7 days of discharge
- Pediatric care appointments such as gynecological exams, dental appointments, comprehensive psychological testing (neuropsychological testing), assessments for partial hospitalization programs (PHP), other appointments for care not obtained while in treatment are also reflected on the Aftercare Plan.

# Follow-up Appointments Cont'd

- Referrals:
  - Referrals made on behalf of the patient and/or patient caregiver for continuum of care services are also documented in this section:
    - Wraparound In Nevada (WIN)
    - Nevada PEP
    - Connect Nevada
    - Mobile Crisis Response Team (ICT/ISD)
    - The Embracing Project (support for Commercially Sexually Exploited Children [CSEC])

# Discharge Medications

- The Discharge Medications section of the Aftercare Plan lists all medications that will be provided to the patient at discharge.
- Patients are discharged with a 30-day supply of medications. The medication(s), purpose, and route/method of administration is reviewed with the caregiver at discharge. This review is completed by the unit charge nurse.
- The caregiver is provided information to obtain refills through the State pharmacy as necessary (Note: the patient will be able to obtain refills at their follow-up psychiatry that is scheduled to occur within 30-days)

# Treatment

- The Treatment section of the Aftercare Plan provides information regarding any noted medical condition(s), physical problems identified and treated while in RTC and/or acute care, special instructions regarding treatment , a brief clinical treatment summary, diagnosis at discharge, and a summary of the patient's condition at discharge.
- The completed Plan is reviewed with the patient and caregiver and signed by the patient, caregiver, DWTC Nursing and the Psychiatric Caseworker.

# Delivery Timeframe

- The Aftercare Plan is generally completed within 7 days of the patient's planned discharge date.
- A draft of this document can be provided to the caregiver for Court submission, etc. in cases that require the review and/or verification of continuum of care services prior to discharge.

# The DISCHARGE SUMMARY

- The Discharge Summary:
  - Is the summarization of the patient's progress at completion of treatment;
  - Is completed by the patient's Attending Psychiatrist at DWTC
  - Is available within 30 days of discharge (for a routine discharge) and 45 days of discharge (for an AMA [against medical advice] discharge). ***\* in accordance with guidelines per Medicaid Service Manual Chapter 400***
- Follows the format of the initial psychiatric evaluation and includes the admission psychiatric evaluation, patients MSE (mental status exam) at discharge, diagnosis at discharge, medication at discharge, and discharge plan.

# In Closing.....

The patient's care team at DWTC works diligently with the patient, the patient's family, support team, guardians, and community support partners to ensure the identification of appropriate continuum of care resources and follow-up appointments to such are scheduled to ensure optimal treatment outcomes for both the patient and family post discharge.

# Additional Resources

- The Joint Commission: <https://jointcommision.org/>
- Medicaid: <https://medicaid.nv.gov/> ;  
<https://dhcftp.nv.gov/resources/adminsupport/manuals/msm/msmhome/>
- For RTC referrals, please contact DWTC at 702.486.8900



# Contact Information

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Questions???

