Steve Sisolak

Governor



Richard Whitley

Director

#### State of Nevada

# Department of Health and Human Services

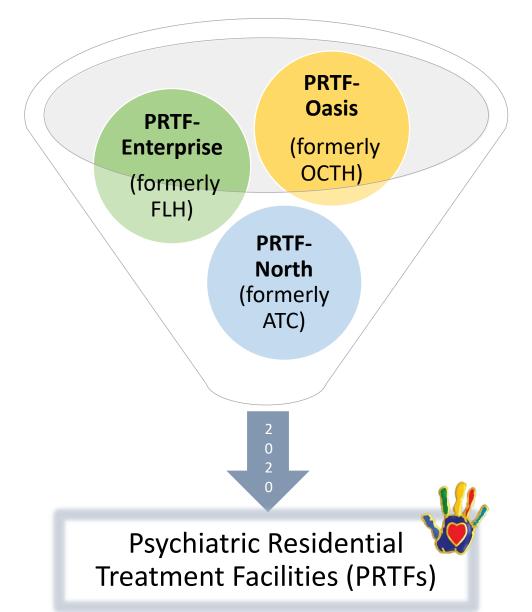
DCFS Planning and Evaluation Unit (PEU) – 2020-2021 Psychiatric Residential Treatment Facilities (PRTFs)

Division of Child & Family Services

Susie Miller, Deputy Administrator, Residential Services

Helping people. It's who we are and what we do.

# PRTFs' History





#### Transition to PRTFs

Change of License

Licensed as Health
Care Facilities
under Health Care
Quality and
Compliance
(HCQC)

Change of Medicaid Provider Type

Changed from
Provider Type 14
(billing individual
PSR and BST) to
Provider Type 63
with a bundle rate
to provide all
services in-house.

Accreditation

Required to be licensed as a PRTF for Medicaid and HCQC.

### **CARF** Timeline





### **Program Descriptions**

 All three PRTF programs are CARF accredited and licensed through HCQC.

**Enter-**North **Oasis** prise Staff secure Staff secure Staff secure 12 beds 16 beds 18 beds Males & Males & Males & **Females Females Females** Ages 12-17 Ages 6-17 Ages 6-17

#### Who Do We Serve?



- We are part of the Nevada System of Care (SOC) continuum.
- We serve:
  - Youth with Severe Emotional Disturbances (SED).
  - Youth no longer appropriate for acute level of care, or
  - Youth who cannot effectively respond to services from a less restrictive setting.
  - Youth meeting medical necessity and admission criteria, as defined by Medicaid.



### Referral Process

Referral Received

Youth Staffed in Residential Admissions Committee (RAC) Youth Accepted (pending approval)/
Waitlisted/
Denied



#### Data Collection and Usage

#### **Purpose**

- Ensure youth and families' goals are being met.
- Assist managers, administrators, and stakeholders in determining effectiveness of the PRTF programming.
- PEU Planning & Evaluation Unit

 Informs ongoing Performance Improvement Outcome Measures.



#### **Data Collection**

- Through the PRTFs' ongoing quality improvement program.
- Through DCFS-Planning and Evaluation Unit (PEU)
- This presentation = data from FY2020-FY2021.





#### Average Population by Fiscal Year

	Oasis		Enterprise		North	
	Capacity	Average	Capacity Average C		Capacity	Average
FY 2020	26	13	18	10	16	12
FY 2021	12	8	18	7	16	9

#### **Population Factors:**

- Acuity & Individual Needs of the Youth
- Staffing
- COVID-19
- Rooms/Homes Identified for Single Use
- Facility Capacity (Oasis Transition)



### Average Length of Stay

	Oasis	Enterprise	North
FY 2020	3.39 Months	4 Months	4 Months
FY 2021	6.11 Months	3 Months	2.85 Months

<sup>\*</sup>These averages include youth whose length of stay ranged from 1 day to 2 years.

#### Average for youth successfully completing the program:

	Oasis	Enterprise	North
FY 2020	3.29 Months	4 Months	4 Months
FY 2021	6.40 Months	3.56 Months	3.75 Months



### Type of Discharge

	Oasis FY20	Oasis FY21	Enterprise FY20	Enterprise FY21	North FY20	North FY21
Successfully Completed Program	34%	26%	49%	44%	45%	76%
Discharged to Higher Level of Care	22%	32%	10%	33%	18%	14%
Discharged to Lower Level of Care	25%	11%	13%	4%	3%	0%
Other	39%	32%	28%	19%	33%	10%



### Youth Custody Status at Admission

FY2020

FY2021

	Oasis	North	Enterprise
CC Custody	23%	0%	3%
WC Custody	0%	13%	27%
State Custody	14%	0%	6%
Parental Custody	48%	85%	61%
Youth Parole	16%	3%	0%

	Oasis	North	Enterprise
CC Custody	50%	7%	17%
WC Custody	4%	14%	13%
State Custody	0%	17%	13%
Parental Custody	46%	59%	58%
Youth Parole	0%	3%	0%



#### JJ Involvement at Admission

Total percentage across all 3 PRTFs:

	FY2020	FY2021
Probation	33%	35%
Parole	9%	3%
No JJ Involvement	58%	62%



# Most Frequent Primary Diagnoses at Admission: FY20-FY21

- Across all three facilities (from highest to lowest):
  - 1) Major Depression/Unspecified Depression-35%
  - 2) Disruptive Mood Dysregulation Disorder-24%
  - 3) Bipolar Disorder-17%
  - 4) Post Traumatic Stress Disorder (PTSD)-10%
  - 5) Attention Deficit Hyperactivity Disorder (ADHD)-4%
  - 6) Autism-2%
  - 7) Schizophrenia, unspecified-2%
  - 8) Schizoaffective Disorder-2%
  - 9) Conduct Disorder-1%
  - 10) Unspecified Disruptive Impulse control Disorder-1%



## Family Involvement

- Parent Training
  - o Individualized Effective Parent Support
  - Parent Observation
  - Skills Reinforcement
  - o Therapeutic Pass Pre-Teaching and Debrief with youth and family
- Family Activities
  - o Onsite events, e.g. theme nights
  - Include family in program's offsite outings when possible
  - o On-call support for family home visits
- Day and Overnight Passes
  - Day passes supported throughout treatment in program
  - Overnight passes incorporated as youth prepares to go home
- Building Bridges Initiative (BBI)
  - Family integration/participation
- COVID Impact
  - o In-person visitation restrictions, utilizing virtual family visits



#### PRTF Youth Education

- Attend Clark County schools
- Offsite education
- Distance learning when schools are closed

**Oasis** 



- Attend Washoe County schools
- Offsite education
- Distance learning when schools are closed

**Enterprise** 



- Attend Washoe County schools
- Onsite education
- Distance learning when schools are closed

North





## Assessments/Screenings

	At Intake	Every 90 Days	Annually	At Discharge	As Needed
Person Centered One-Page Profiles	<b>√</b>				
Columbia Screening Tool Suicide Risk Assessment	<b>√</b>				<b>√</b>
Psychiatric Advanced Directive Personal Safety Plan	<b>√</b>				✓
Youth & Family-Centered Strength-based Treatment Plan	✓	✓		<b>√</b>	$\checkmark$
CANS-Child and Adolescent Needs and Strengths	<b>√</b>	<b>√</b>		✓	
CASII-Child and Adolescent Service Intensity Instrument	✓	✓		✓	
CUMHA-Comprehensive Uniform Mental Health Assessment	✓		✓		
Child and Family Team Meetings	Every 30	days			

#### Example of One-Page Profile

#### Susie

Age: 10

Occupation: Student and Future Nail Designer!



# What people appreciate about me

- I am Kind and Respectful!
- I make a lot of Friends!
- I care about other people.
- I am Funny and Silly!

# What is important to me

- My Family!
- My Friends!
- My doggos!
- I looove Gum and dessert!
- Being Healthy!!

# How to support

- Giving me Help.
- Giving me space when I am frustrated
- I want people to do what they say they will do.



#### Mental Health Services Provided at PRTFs

## The following services are included in the PRTF service delivery:

Individual and Family Therapy

**Psychiatric Services** 

**Medication Management** 

**Psychological Services** 

Therapeutic and Behavioral Modification Services

Aggression Replacement Training (ART)

Recreation and Milieu Therapies

Case Management

Psychosocial Rehabilitation Services

**Psychoeducational Services** 

**Psychiatric Oversight** 



# Multi-disciplinary Team

- Child and Family Teams (CFTs) include:
  - OYouth
  - oFamily/ guardians
  - PRTF staff, including Therapist, Youth's staff
  - Other: Parole/Probation Officers, WIN Worker,
     CASA, CAP, and other formal/informal supports
  - Facility Psychiatrist: sees PRTF youth for medication management, provides information to CFT



## PRTF Staffing

#### PRTF Staff include:

- Medical Director
- Clinical Program Manager II
- Clinical Program Manager I
- Program Officer II
- Mental Health Counselors / Clinical Social Workers
- Nurses
- Psychiatric Case Worker (Intake and Family Engagement)
- Direct Care Staff:
  - Treatment Home Supervisors
  - Treatment Home Providers
  - Mental Health Technicians



# **Staff Training**

• Outlined by CARF, HCQC, Medicaid, NRS/NAC statutes, and Divisional requirements.

As Required By	Training (at orientation & annually)
NRS 433b.175	<ul> <li>CPI/CPAR: use of seclusion and restraint</li> <li>Suicide Prevention and Response</li> <li>Supporting LGBTQ+ Youth</li> <li>Youth Rights</li> <li>PEM, PBIS, ART, others: controlling youth's behavior</li> <li>Medication Administration: Med techs-additional training, all staff-basic training</li> <li>Policies and Procedures for Program Operations</li> <li>Mandated Reporter - Child Abuse and Neglect (UNR)</li> </ul>
NRS 433.279	<ul> <li>Mental Health and Developmental Disabilities (MHDD) – for MHTs only. Examples of classes:         <ul> <li>Role of the Technician</li> <li>Introduction to Therapeutic Interventions</li> <li>Advanced Therapeutic Interventions</li> <li>Positive Behavioral Supports</li> <li>Teaching Life Skills</li> <li>Understanding Mental Illness</li> </ul> </li> </ul>

# Staff Training – cont'd

 Outlined by CARF, HCQC, Medicaid, NRS/NAC statutes, and Divisional requirements.

As Required By	Training (at orientation & annually)
HCQC	Cultural Competency: 9 hours (NRS 449)
USDA & HCQC	<ul> <li>Food Safety, Civil Rights, Wellness and Nutrition: 6 hours</li> <li>ServSafe Food Handlers Certification</li> <li>HACCP</li> <li>Wellness, Obesity and Physical Activity (UNR)</li> <li>Health and Safety:         <ul> <li>Signs and Symptoms of Illness &amp; Bloodborne Pathogens(UNR)</li> <li>Emergency Preparedness and Emergency Procedures</li> </ul> </li> </ul>
DCFS	Other training as needed to comply with mandates or meet program operation needs.

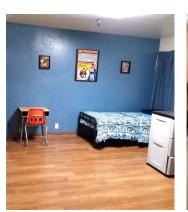








# PRTF-Enterprise













### **Inside Enterprise**









# PRTF-North



#### **Inside North**

















## **PRTF-Oasis**









### **Inside Oasis**



# **Looking Forward**

**Technical Assistance Program** 

 to bring in positive Behavioral Interventions and Supports (PBIS)

**PBIS Exploration Phase** 

underway now

3-6 month process

Program Reviews & Staff Training

• will follow in 2022

PBIS Implementation

 will add a layer of support and data-informed performance measures

Oasis Realignment to DWTC

- Oasis staff transferring to DWTC to increase capacity
- Provider will offer PRTF level of care at Oasis campus

Parent Training Curriculum

- exploring
- will select evidence-based

**Operating Procedures** 

- reexamining and standardizing
- align with functions of PRTFs

**Additional Training** 

- ongoing identification and implementation
- e.g. SPARCS





# Questions?



#### Additional Resources

- PRTFs: <u>Residential and Day Treatment Services</u> (nv.gov)
- PRTF Referral Form
- CANS: <a href="https://praedfoundation.org/tcom/tcom-tools/the-child-and-adolescent-needs-and-strengths-cans/">https://praedfoundation.org/tcom/tcom-tools/the-child-and-adolescent-needs-and-strengths-cans/</a>
- Positive Behavioral Interventions & Supports (PBIS): <u>Center on PBIS</u>



#### **Contact Information**

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# Acronyms

Health Assessment

• PEM

• ADHD	Attention Deficit Hyperactivity Disorder	• DCFS	Division of Child and Family Services	• PEU	Planning & Evaluation Unit
• ART	Aggression Replacement Training	• DWTC	Desert Willow Treatment	• PRTF	Psychiatric Residential Treatment
• BBI	Building Bridges Initiative		Center		Facility
• BST	Basic Skills Training	• FLH	Family Learning Homes	• PSR	Psycho-Social Rehabilitation
• CANS	Child and Adolescent Needs and	• FY	Fiscal Year	• PTSD	Post Traumatic Stress Disorder
	Strengths	• HCQC	Health Care Quality and Compliance	• RAC	Residential Admissions Committee
• CARF	Council for Accreditation	• 11	Juvenile Justice	• SED	Serious Emotional Disturbance
	of Residential Facilities	• LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer	• SOC	System of Care
• CASII	Child and Adolescent Service Intensity	• MHT	Mental Health Technician	• SPARCS	Structured Psychotherapy for
	Instrument	• MHDD	Mental Health and Developmental		Adolescents Responding to Chronic Stress
• CC	Clark County		Disabilities	• UNR	University of Nevada, Reno
• CFT	Child & Family Team	• NRS	Nevada Revised Statute	• USDA	United States Department of Agriculture
• CPAR	Crisis Prevention and Response	• OCTH	On-Campus Treatment Homes	• WC	Washoe County
• CPI	Crisis Prevention Institute	• PBIS	Positive Behavioral Interventions &	• WIN	Wraparound In Nevada
• CUMHA	Children's Uniform Mental		Supports		

Psycho-Educational Model