

	DIVISION OF CHILD AND FAMILY SERVICES Children's Mental Health
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SUPERSEDES:	OCTH Admission Policy, FLH Admission Policy, ATC Admission Policy, DWTC Admission Policy
APPROVED BY:	Commission on Mental Health and Developmental Services
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REFERENCES:	<p>CODE OF FEDERAL REGULATIONS Title VI and VII Civil Rights Act of 1964 as amended Section 508 and § 504 Rehabilitation Act 1973 ADA (The Americans with Disabilities Act of 1990) 45 CFR 80.6, Compliance Information Privacy Act of 1974, 5 U.S.C. 552a Health Insurance Portability & Accountability Act (HIPAA)</p> <p>NEVADA REVISED STATUTES NRS 424 Foster Homes for Children; NRS 432 Public Services for Children; NRS 432A Services and Facilities for Care of Children NRS 433 and NRS 433B, inclusive NRS 449.710, § 715, § 720, § 730 Medical and Other Related Facilities</p> <p>DCFS Children's Mental Health Policy DCFS Client Rights and Consent to Treat Policy DCFS Reporting Suspected Abuse and Neglect of Clients Policy DCFS Performance and Quality Improvement Policy DCFS Patient/Client Medical Records Policy DCFS Progress Note Documentation Policy DCFS Psychiatric Services Policy DCFS Child and Family Teams Policy DCFS Incident Reporting Policy</p>

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	DCFS Intake Policy MEDICAID SERVICES MANUAL (MSM) Chapter 100, Medicaid Program Chapter 400, Mental Health and Alcohol/Substance Abuse Services Chapter 2500, Case Management Chapter 3600, Program Integrity THE JOINT COMMISSION STANDARDS <u>Care, Treatment, and Services</u> <u>Information Management</u> <u>Record of Care, Treatment, and Services</u>
ATTACHMENTS:	Attachment A: Educational Release of Information

I. POLICY:

It is the policy of the Division of Child and Family Services (DCFS) that children who may have a need for residential mental health program services are evaluated for these services timely and are provided care in the least restrictive setting when residential placement is determined to be appropriate.

II. PURPOSE

The purpose of this policy is to establish a uniform admission procedure for assessment and treatment of children and youth (i.e., clients/patients) who have been determined to be Severely Emotionally Disturbed (SED) and require DCFS residential program services. These residential services may be at the treatment home level of care, the residential treatment center level of care, or the acute psychiatric hospital level of care.

III. DEFINITIONS

- A. Avatar/Clinical Record: The collection of interdisciplinary data relating to a client’s treatment and the Health Insurance Accountability Act (HIPAA) electronic billing software that supports the mental health services provided by DCFS programs.
- B. Client: Client means a child who seeks, on his own or another’s initiative, and can benefit from care and treatment by DCFS.
- C. DCFS or Division: Division of Child and Family Services.
- D. DCFS Residential Programs: Oasis On–Campus Treatment Homes (OCTH), Family Learning Homes (FLH), and Adolescent Treatment Center (ATC) which provide residential treatment home care, also includes Desert Willow Treatment Center (DWTC) which provides acute psychiatric care as well as residential treatment care.
- E. Hospital: Means an establishment for the diagnosis, care, and treatment of human illness, including care available 24 hours each day from persons licensed to practice professional nursing who are under the direction of a physician, services

of a medical laboratory and medical, radiological, dietary, and pharmaceutical services (NRS 449.012).

- F. Informed Consent: The process by which a client/patient or the legally responsible person is informed and learns about the purpose, benefits, and potential risks of a medical, surgical or mental health intervention, including clinical trials and then agrees to receive the treatment or participate in the trial. Informed consent generally requires the client/patient or legally responsible person to sign a statement confirming that they understand the risks and benefits of the procedure or treatment.
- G. Legally Responsible Person: Persons responsible for child's welfare. A person is responsible for a child's welfare under 432B.130 if the person is the child's parent, guardian, a stepparent with whom the child lives, an adult person continually or regularly found in the same household as the child, or a person directly responsible or serving as a volunteer for or employed in a public or private home, institution or facility where the child actually resides or is receiving child care outside of the home for a portion of the day (NRS 432B.130). (See the definition for Person Legally Responsible for the Psychiatric Care of the Child – Letter U.)
- H. Medical Assessment: A medical evaluation to determine if a client has any medical conditions impacting his or her psychiatric presentation or any medical concerns or communicable diseases that need to be addressed. Procedures for obtaining this medical assessment differ according to specific program guidelines as follows:
- Timelines for DCFS residential treatment home programs are within 30 days of admission.
 - Timelines for DWTC psychiatric hospital are within 24 hours of admission.
 - Timelines for DWTC RTC are within 7 days of admission.
- I. Medical Director/Medical Supervisor: Medical Director means the chief medical officer of any division mental health or mental retardation program (NRS 433.134). A physician licensed to practice in the State of Nevada with at least two years experience in a mental health treatment setting who has the competency to oversee and evaluate a comprehensive mental health treatment program including rehabilitation services and medication management to individuals who are diagnosed as having a severe emotional disturbance or serious mental illness.
- J. Medical Facility: Includes...§ (9) a psychiatric hospital (NRS 449.0151).
- K. Medication: A drug prescribed only for the purpose of controlling or preventing a specific condition or symptom.
- L. Mental Status Examination: A structured way of observing and describing a client's current state of mind, under the domains of appearance, attitude, behavior, mood and affect, speech, thought process, thought content, perception, cognition, insight and judgment (Trzepacz and Baker, 1993).
- M. Patient: Means a person who is admitted to a medical facility for the purpose of treatment; resides in a medical facility; or, receives treatment from a provider of health care (NRS 439.810).

- N. Person Legally Responsible for the Psychiatric Care of the Child: A person, appointed by the court, who is legally responsible for the psychiatric care of a child who is in the custody of an agency that provides child welfare services and is responsible for the procurement and oversight of all psychiatric care for the child and shall make decisions relating to the psychiatric care and related treatment of the child, including, without limitation, the approval of all psychiatric services, psychiatric treatment, and psychotropic medication that may be administered to the child (NRS 432B Sec.4.1). (See the definition of Legally Responsible Person – Letter J.)
- O. Provider of Healthcare: Means a physician, nurse or physician assistant, licensed in accordance with state law (NRS 441A.334).
- P. Psychiatric Hospital: Means a hospital for the diagnosis, care, and treatment of mental illness which provides 24 hour residential care (NRS 449.0165).
- Q. Psychotropic Medication: Medication, the prescribed intent of which is to affect or alter thought processes, mood, or behavior, including, but not limited to, antipsychotic, antidepressant, anxiolytic, and mood stabilizing medications. The classification of a medication depends on the causes of illness or symptoms.
- R. Qualified Mental Health Professional (QMHP):
A mental health practitioner as defined by MSM Chapter 400, Section 403.3 Provider Qualifications – Outpatient Mental Health Services.
- S. Residential Admission Committee (RAC):
All DCFS Residential Programs shall have a RAC which convenes to review referrals, evaluations, and recommendations for children that may be in need of the specific residential program services to which the child/youth has been referred. The RAC is responsible for participating in a collaborative process with which to determine the child and family needs and whether DCFS Residential Programs may be capable of meeting those needs and providing effective care and services. At a minimum, the RAC is comprised of the QMHP who conducts and documents the placement assessment and evaluation as noted in this Policy at Section IV., B, and the respective Clinical Program Managers I and II, as applicable. The Medical Director shall participate in the RAC when reviewing children for placement in DCFS treatment homes when available; however, without exception the Medical Director or his/her designee shall always participate in the RAC for any placement considerations to DWTC.

IV. PROCEDURES AND PRACTICE GUIDELINES

- A. Referral to DCFS Residential Programs
Referrals to DCFS Residential Programs may be made by family members, school personnel, county and DCFS child welfare staff, community mental health providers, health care professionals, and other concerned community stakeholders.
In those cases in which the referring source is someone other than the legally responsible person, the referring source will be requested to have the legally responsible person contact the residential program directly in order to make the

referral on behalf of the child/youth. Typically referrals to DCFS residential programs are screened pursuant to the DCFS intake and referral procedures.

B. Evaluation for acceptance to DCFS Residential Programs

Each DCFS Residential Program shall have a review and evaluation process which will include the review of all pertinent clinical and other client related documentation. In some circumstances, based on the initial review and evaluation, DCFS reserves the right to conduct a face-to-face clinical assessment for children and youth in order to ensure appropriate acceptance into the DCFS Residential Program.

The review and evaluation for acceptance to any DCFS residential program shall be documented and shall include, at a minimum, the following: Note: The DWTC Acute Psychiatric Unit obtains psychosocial 72 hours after admission.

1. Client's/Patient's full legal name;
2. Client's/Patient's date of birth, age, and gender;
3. Client's/Patient's race and/or ethnicity;
4. Social Summary Information which shall include:
 - a. Members of the client's/patient's family, including siblings and fictive kin, if applicable;
 - b. Current family functioning information especially as it relates to the family's ability to support and participate in the client's/patient's treatment planning;
 - c. The client's/patient's mental health services history, including both outpatient and residential services as well as course of treatment, including the use of psychotropic medications and mental health therapies;
 - d. Any involvement the client/patient and/or family has had with the child welfare system and/or the juvenile justice system and the reasons for this involvement;
 - e. The Client's/Patient's legal custody status including who or what entity has custody, including contact information;
 - f. The Client's/Patient's academic status, school placement, and any special education services or needs;
 - g. The Client's/Patient's current and past medical history, including medications used for routine childhood ailments or chronic conditions, if known;
 - h. The Client's/Patient's and family's strengths and needs to the extent they will be able to participate and benefit from services and treatment;
 - i. The Client's/Patient's temperament and behavior history including any history of aggression towards others, risk of self harm, sexualized behaviors, and any behavioral antecedents which have been identified as indicators of behavioral escalation and risks to self, others and property;
 - j. A review of the Client's/Patient's prior services provided by DCFS children's mental health programs (if applicable) and child welfare

services, including a review of the Avatar clinical record and a review of UNITY case notes and Placement History Report, as applicable.

5. Recommendations for acceptance to the program as well as any individualized treatment recommendations from which the child and family will benefit in the treatment setting (e.g., maintaining visitation with siblings or other important people in the child's life, developing crisis plans for AWOL behaviors, developing safety plans for children who have a history of self harming behaviors, etc.)
6. Any denial for acceptance of any youth into any DCFS Residential shall be provided in writing to the referral source and will include recommendations made by the RAC for alternative placement and treatment.

C. Admission Criteria

DCFS residential programs include treatment home services provided by Oasis On-Campus Treatment Homes (OCTH) in Las Vegas, Family Learning Homes (FLH) in Reno, and the Adolescent Treatment Center (ATC) in Sparks. Desert Willow Treatment Center (DWTC) is located in Las Vegas and provides both acute psychiatric hospital care and residential treatment care.

Hereinafter, the term client and/or patient shall be used to refer to children and youth served in any DCFS residential program, including those served by DWTC.

DCFS residential programs follow a System of Care philosophy that is client centered and family driven. Whenever possible, family participation in the child's treatment planning and implementation is expected. DCFS will make it a priority to invite family participation whenever possible and if such participation is determined to be appropriate by the Child and Family Team.

Each DCFS residential program shall have a Residential Admission Committee (RAC) which is, at a minimum, composed of the DCFS QMHP who completed the written assessment and evaluation for placement as noted in Section IV.B, 1-5 (if applicable), the assigned Clinical Program Manager(s) I and II, and the Medical Director, if s/he is available. Without exception, the Medical Director or attending physician shall participate in the RAC for all youth being considered for admission to DWTC acute or DWTC residential units.

The admission criteria for treatment home services offered by OCTH, FLH, ATC, DWTC Residential Treatment, and DWTC Acute Psychiatric Hospital are as follows:

1. ATC Admission Criteria

Clients may be accepted into ATC based upon the comprehensive review and evaluation presented to the Residential Admission Committee as noted in Section IV. B of this policy which results in a DCFS determination that the client's current treatment needs may be met effectively by the program.

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In addition, the DCFS decision to accept a client into the ATC program will include a determination that a less restrictive form of treatment is either not feasible and/or not sufficiently protective of the client due to the level of supervision required by the client's needs.

- a. Age
ATC provides residential mental health treatment services to clients from 13 years of age to 18 years of age.
- b. Gender
ATC serves both male and female clients however the availability of services for either gender will be dependent upon the current census at ATC at the time of the request for services as well as the availability of beds.
- c. Custody Status
Clients must have an identified legally responsible person who is able and willing to support and participate in treatment planning.
- d. Mental Health Status
 - (1.) Clients must have a recent (i.e., within the last 6 months) mental health evaluation/assessment, including a DSM IV Axis I diagnosis.
 - (2.) Clients must have a determination of Severely Emotionally Disturbed (SED) as defined by MSM Chapter 400, Section 403.4 a., 8. Outpatient Mental Health Services.
- e. Medical Status
 - (1) Documentation of current immunizations must be provided for admission consideration.
 - (2) A Medical Assessment must be provided as noted in Section III, G. of this policy.
- f. Educational Status
If a client is to be considered for admission into ATC and that client is receiving special education services through the local school district, the legally responsible person shall provide a copy of the client's current IEP and/or 504 Plan to ATC as part of the program's evaluation process for admission of the client into the program.
If the client is accepted into the program, the legally responsible person is expected to provide a signed Educational Release of Information (Attachment A) to allow the school district to communicate with ATC and release necessary academic records to ATC timely and as needed.
- g. Children with Special Health Care Needs
Children with Special Health Care needs, including children who may be considered "medically fragile" will be considered for admission to ATC on a case by case basis and will be accepted into the program only after the RAC has determined the program and ATC staff is able to meet the child's specialized needs safely.
- h. A client's admission to ATC will generally be denied if the client has a history of extreme assaultive behaviors and/or crimes against persons such as rape, murder, sexual assault, armed robbery, etc.

- i. Youth with sexual behaviors will be considered on a case by case basis, with consideration given to the specific behaviors and any safety issues they present, any current and past sex offender specific treatment, and the outcome of this treatment.
- j. Prior to admission, the ATC Clinical Program Manager in collaboration with the RAC shall take into consideration any behaviors of the child/youth being admitted which may affect the care, safety, and treatment of the client being admitted as well as any other client(s) currently in the program. Admission may be delayed until a time the treatment milieu is able to meet the needs of every client.

2. OCTH and FLH Admission Criteria

Clients may be accepted into either OCTH or FLH based upon the comprehensive review and evaluation conducted by a DCFS QMHP as noted in Section IV. B of this policy which results in a DCFS determination that the client's current treatment needs may be met effectively by the program. In addition, the DCFS decision to accept a client into either the OCTH or the FLH program will include a determination that a less restrictive form of treatment is either not feasible and/or not sufficiently protective of the client due to the level of supervision required by the client's needs.

- a. Age
OCTH and FLH provide residential mental health treatment services to clients from 6 years of age to 18 years of age.
- b. Gender
OCTH and FLH serves both male and female clients however the availability of services for either gender will be dependent upon the current census at either OCTH and/or FLH at the time of the request for services as well as the availability of beds.
- c. Custody Status
Clients must have an identified legally responsible person who is able and willing to support and participate in treatment planning.
- d. Mental Health Status
 - (1) Clients must have a recent mental health evaluation/assessment, including a DSM IV Axis I diagnosis.
 - (2) Clients must have a determination of Severely Emotionally Disturbed (SED) as defined by MSM Chapter 400, Section 403.4 a., 8. Outpatient Mental Health Services.
- e. Medical Status
 - (1) Documentation of current immunizations must be provided for admission consideration.
 - (2) A Medical Assessment must be provided as noted in Section III, G. of this policy.
- f. Educational Status

If a client is to be considered for admission into either OCTH or FLH and that client is receiving special education services through the local school district, the legally responsible person shall provide a copy of the client's current IEP and/or 504 Plan to OCTH or FLH as part of the program's evaluation process for admission of the client into the program.

If the client is accepted into the program, the legally responsible person is expected to provide a signed Educational Release of Information (Attachment A) to allow the school district to communicate with OCTH or FLH and release necessary academic records to OCLH or FLH timely and as needed.

- g. Youth with sexual behaviors will be considered on a case by case basis, with consideration given to the specific behaviors and any safety issues they present, any current and past sex offender specific treatment, and the outcome of this treatment.
- h. Youth with substance abuse disorders will be considered on a case by case basis. Youth under the influence of drugs or alcohol will not be admitted. Youth abusing substances may be referred for a substance abuse evaluation prior to consideration for placement.
- i. Children with Special Health Care Needs
Children with Special Health Care needs, including children who may be considered "medically fragile" will be considered for admission to FLH or OCTH on a case by case basis and will be accepted into the program only after the RAC has determined the program and FLH and/or OCTH staff are able to meet the child's specialized needs safely.
- j. A client's admission to OCTH or FLH will generally be denied if the client has a history of extreme assaultive behaviors and/or crimes against persons such as rape, murder, sexual assault, armed robbery, etc.
- k. Prior to admission, FLH or OCTH, the Clinical Program Manager in collaboration with the RAC shall take into consideration any behaviors of the child/youth being admitted which may affect the care, safety, and treatment of the client being admitted as well as any other client(s) currently living in the same home or cottage. Admission may be delayed until a time the treatment milieu is able to meet the needs of every client.

3. DWTC Residential Treatment Admission Criteria

Patients may be accepted into DWTC Residential Treatment Unit based upon the comprehensive review and evaluation conducted by a QMHP as noted in Section IV. B of this policy (Attachment A) which results in a DCFS determination that the patient's current treatment needs may be met effectively by the program.

In addition, the DCFS decision to accept a patient into any DWTC Residential Treatment Unit will include a determination that a less restrictive form of treatment is either not feasible and/or not sufficiently protective of the patient due to the level of supervision required by the patient's needs.

- a. Age

For admission into the DWTC Residential Treatment Unit Adolescent Unit, children must be between 12 years and 17 years of age.

- b. Gender
There are 3 Residential Treatment Units at DWTC. Two of the units are co-ed. The third unit is a specialized unit for males only.
- c. Custody Status
Patients must have an identified legally responsible person who is able and willing to support and participate in treatment planning.
- d. Mental Health Status
 - (1) Patients must have a recent mental health evaluation/assessment, including a DSM IV Axis I diagnosis.
 - (2) Patients must have a determination of Severely Emotionally Disturbed (SED) as defined by MSM Chapter 400, Section 403.4 a., 8. Outpatient Mental Health Services.
 - (3) Patient must require comprehensive mental health services provided in a secure facility.
 - (4) Patient must have a history of endangering self / others due to a mental disorder.
- e. Medical Status
 - (1.) Documentation of current immunizations and birth certificate must be provided for admission consideration.
 - (2.) A Medical Assessment must be provided as noted in Section III, G. of this policy.
 - (3.) Patient must be medically stable at the time of admission.
- f. Educational Status
If a patient is to be considered for admission into DWTC Residential Treatment and that patient is receiving special education services through the local school district, the legally responsible person shall provide a copy of the patient's current IEP and/or 504 Plan to DWTC. If the patient is accepted into the program, the legally responsible person is expected to provide a signed Educational Release of Information (Attachment A) to allow the school district to communicate with DWTC and release necessary academic records to DWTC timely and as needed.
- g. Children with Special Health Care Needs
Children with Special Health Care needs, including children who may be considered "medically fragile" will be considered for admission to DWTC Residential Treatment on a case by case basis and will be accepted into the program only after the RAC has determined the program and DWTC Residential Treatment unit staff is able to meet the child's specialized needs safely.
- h. A patient's admission to the DWTC Residential Treatment program may be denied if the patient has a history of extreme assaultive behaviors and/or crimes against persons. Patients with this type of history will be considered for admission to DWTC Residential Treatment on a case by case basis. In addition, the patient may not be under the influence of drugs

or alcohol, substance abuse may not be the primary problem for which admission is sought, and clients who are developmentally disabled with an IQ of less than 70 cannot be accepted into residential treatment at DWTC.

- i. Admission criteria for the Specialized Adolescent Treatment Program (SATP) will also include being a mild to moderate sexual offender and require a Specialized Sexual Offender Evaluation. SATP exclusion criteria includes high risk sexual offenders.

4. DWTC Acute Psychiatric Hospital Admission Criteria

- a. Age
For admission into the Acute Adolescent Unit, children must be between 12 years and 17 years of age.
For admission into the Acute Children's Unit, children must be between the ages of 6 years and 11 years of age.
- b. Gender
Both units are co-ed.
- c. Custody Status
Patients must have an identified legally responsible person who is able and willing to support and participate in treatment planning.
- d. Mental Health Status
 - (1.) Patients must have a recent mental health evaluation/assessment, including a DSM IV Axis I diagnosis and in need of acute psychiatric hospital care.
 - (2.) Patients must have a determination of Severely Emotionally Disturbed (SED) as defined by MSM Chapter 400, Section 403.4 a., 8. Outpatient Mental Health Services.
 - (3.) Patients must require comprehensive mental health services provided in a secure facility.
 - (4.) Patients must be a danger to self / others due to a mental disorder.
- e. Medical Status
 - (1.) Documentation of current immunizations and birth certificate is requested at time of admission.
 - (2.) A Medical Assessment must be provided as noted in Section III, G. of this policy.
 - (3.) Patient must be medically stable at the time of admission.
- f. Educational Status
If a patient is to be considered for admission into the DWTC Acute Psychiatric Hospital and that patient is receiving special education services through the local school district, the legally responsible person shall provide a copy of the patient's current IEP and/or 504 Plan to DWTC. If the patient is accepted into the program, the legally responsible person is expected to provide a signed Educational Release of Information (Attachment A) to allow the school district to communicate with DWTC and release necessary academic records to DWTC timely and as needed.
- g. Children with Special Health Care Needs

Children with Special Health Care needs, including children who may be considered “medically fragile” will be considered for admission to the DWTC Acute Psychiatric Hospital on a case by case basis and will be accepted into the program only after the RAC has determined the program and DWTC Residential Treatment unit staff are able to meet the child’s specialized needs safely.

- h. Substance abuse may not be the primary problem for which admission is sought.