



## MINNESOTA CTSS DAY TREATMENT PROCEDURE

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<b>Procedure Name:</b>	PROGRAM INTRODUCTION
<b>Procedure Number:</b>	001
<b>Domain:</b>	Minnesota Day Treatment/Children's Therapeutic Services and Supports (CTSS)
<b>Approved By:</b>	Leah Morken, Director of MN Programs
<b>Created/Written By:</b>	LeahMorken, Director of MN Programs
<b>Effective Date:</b>	1/1/2017
<b>Date(s) of Revision:</b>	
<b>References:</b>	

## STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set perimeters for covered service components for Children's Therapeutic Services and Supports (CTSS). Staff must follow the steps set forth in this procedure for determining covered service components of CTSS.

## AREAS OF RESPONSIBILITY

All Minnesota Day Treatment staff have the responsibility for aspects of daily control and coordination of the procedure. The Coordinator of the CTSS programs is responsible for maintaining the covered service components within the program.

## PROCEDURE

The Minnesota Department of Human Services (DHS) determines that medical assistance will cover necessary Children's Therapeutic Services and Supports (CTSS) as determined by the state of Minnesota.

The following services are covered under Medical Assistance:

- Patient psychotherapy and/or family psychotherapy, psychotherapy for crisis and group psychotherapy
- Individual, family or group skills training provided by a mental health practitioner or a mental health professional
- Crisis Assistance
- Mental health behavioral aide services
- Direction of a mental health behavioral aide
- Mental health services plan development
- Children's day treatment

## GETTING HELP

The Community Services Coordinator of the Minnesota Day Treatment should be contacted for help if there are questions concerning the covered services components of CTSS in Minnesota.



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<b>Procedure Name:</b>	SERVICE ENVIRONMENT, CULTURE, SAFETY & SECURITY
<b>Procedure Number:</b>	002
<b>Domain:</b>	Minnesota Day Treatment/Children's Therapeutic Services and Supports (CTSS)
<b>Approved By:</b>	Leah Morken, Director of Minnesota Programs
<b>Created/Written By:</b>	Leah Morken, Director of Minnesota Programs; Alicia Hengel, Coordinator of Community Services
<b>Effective Date:</b>	8/15/2017
<b>Date(s) of Revision:</b>	
<b>References:</b>	

## STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set guidelines for the service environment and culture within Children's Therapeutic Services and Supports (CTSS) day treatment programs to foster personal growth, rehabilitation, and positive behavior. Additionally, this policy outlines ways in which the organization may maintain a safe and secure environment where clients, staff, and community members are protected from harm.

## AREAS OF RESPONSIBILITY

All Minnesota Day Treatment staff have the responsibility for aspects of daily control and coordination of the procedure.

## PROCEDURE

### PROGRAM ENVIRONMENT & CULTURE

Family & Children's Center works to provide a program setting that is welcoming, supportive, and sensitive to the client's age, developmental level, language, gender, culture, race, ethnicity, religion, sexual orientation, and past experiences of trauma. This includes providing program space, materials, and services which take into account the factors identified above. Within CTSS day treatment services, program rules and expectations are clearly conveyed to clients and their parent/guardian upon intake and on the client's first day of services. At the initial intake-meeting program staff facilitating the meeting are required to review, the (F244-1026) Day Treatment Rules & Regulations form with the client and his/her parent or guardian, as well as obtain parent's signature acknowledging receipt of these rules/regulations. Program staff are responsible for knowing and enforcing rules per Minnesota CTSS Day Treatment Statues and agency policies. Rules are to be enforced in a fair and consistent manner. Family & Children's Center staff maintain a supportive culture that encourages positive, respectful, and cooperative interactions and relationships. Personnel strive to foster these relationships between themselves and the client, as well as between the youth and their peers. This includes, but is not limited to,



making efforts to anticipate, manage, and reduce the incidence of bullying or other potentially unsafe or negative peer interactions. Program staff are responsible for modeling pro-social behaviors and attitudes in daily interactions with clients.

At times day treatment programming may occur over meal periods. Clients will receive nutritious snacks and/or meals, as appropriate to programming times. Program staff make efforts to identify any dietary restrictions or allergies and make accommodations whenever possible. Program staff will utilize the (F244-1500) Day Treatment Emergency/Medical Authorization form to identify any medical concerns or allergies. CTSS Programming will operate year round. An accurate schedule of services, along with scheduled days when services are not provided/offered, is to be made available to the client and their parent/guardian. Program Case Manager will coordinate with the child's school in order to identify scheduling conflicts and coordinate services appropriately. In the event of weather related issues, CTSS day treatment programs follow local school districts policies in regards to school closures (e.g., Winona programs follow Winona Public School closures). Program Case Manager is responsible for communicating program cancellations to the client's parent/guardian within a timely manner. FCC staff reserve the right to cancel programming due to inclement weather and/or road conditions which may pose a risk to the safety of clients and staff.

### **FACILITY SAFETY & SECURITY**

Family & Children's Center implements a number of practices to maintain a safe environment for clients. Safety procedures are implemented through a behavior management approach in order to prevent the need for restrictive interventions. The CTSS Minnesota Day Treatment programs follow Family & Children's Center procedures regarding Behavior Support and Management to uphold safety for clients, personnel, and community members. Programs will maintain a safe staff-to-client ratio based on the needs of the clients, and additional personnel will be utilized in case of emergencies. To promote the safety and security of clients and program personnel, staff regulate the entry into and exit from the facility. Program Case Manager and Program Therapist will monitor the child/adolescent's attendance in programming and will follow up with the client's parent/guardian and members of the multidisciplinary team (e.g. school staff) when youth are unexpectedly absent. At times, program services may occur off-site. When youth have opportunities to participate in off-site activities, FCC staff will evaluate clients on an individual basis to determine eligibility and appropriateness for the child to engage in the off-site activity. Additionally, sufficient staff support and supervision will be arranged for off-site activities. Weapons are prohibited within the facility, and armed law enforcement officers are responsible for the weapons that they bring into the facility. Law enforcement officers are only contacted in the case of an emergency and Family & Children's Center staff are present with the law enforcement officer while they are onsite.



## **SEARCHES**

Clients may be searched daily upon arrival. Clients suspected of possessing any drugs, alcohol, drug paraphernalia, tobacco products, matches, lighters, or weapons will automatically be searched by staff. Any illegal objects or materials will be turned over to police. Female staff search female clients and male staff search male clients. At no time does a staff person require that a student remove clothing, show staff any private areas, or touch any private areas. (Private areas include the breasts, genitals, and buttocks.) The searches completed by staff are non-invasive and can be a "No-Touch Search" or a "Pat-Down Search." These searches are defined in the (F244-1026) Day Treatment Rules & Regulations form as follows:

- “No-Touch Search” includes asking the child to pull out pockets, remove shoes, pull up pant legs to see sock line, shake baggy pants, give zipped up sweatshirts that are over a shirt to a staff to feel the pockets and lining, and girls are asked to pull their bra under-wire forward (under their shirt).
- The “Pat Down Search” includes the “No-Touch Search” requirements with an addition of staff placing hands on the outside of the child’s clothing; patting the client’s arms, sides, and legs starting from the mid-thigh point and down to the ankle. These searches will be performed by two staff; one staff doing a search and one staff being a witness to the search.

## **PHYSICAL INTERVENTION/SECLUSION PROCEDURES**

Day Treatment Program staff may physically restrain a child/youth that is a harm to themselves or others only after exhausting all other interventions to stop unsafe behavior. Physical interventions or seclusions will only be used when necessary, will be incorporated into the client’s Crisis Plan, and will be reviewed every 60-90 days. Program staff are trained annually by certified instructors in Nonviolent Crisis Intervention procedures, which involves identifying the levels of crisis development and responding appropriately. Parental consent for use of seclusion and restraint procedures must be obtained when a child begins receiving services. Program staff shall notify the child's parent or guardian of the use of a restrictive procedure on the same day the procedure is used, unless the parent or guardian notifies the provider that the parent or guardian does not want to receive notification or the parent or guardian requests a different notification schedule. Clinical Supervisors must be notified within 30 minutes of the use of a hold or seclusion. Situations that present extreme safety concerns may include police involvement.

## **ALCOHOL**

Family & Children's Center's main concern is safety for all clients and staff involved in the program. Due to such safety concerns, a Preliminary Breath Test may be administered if it is



suspected a child is currently under the influence of alcohol. Program staff may also immediately call the police to administer the test. If program staff administer the test, all staff are properly trained in how to administer and read the results of a Preliminary Breath Test. A child with negative test results may be allowed to re-enter the classroom. If staff continues to notice abnormal behaviors in the child, the parents/guardians will be notified and possibly recommended to bring child to a licensed physician. A child with positive test results will not be allowed to return to programming or engage in activities with other clients. The program staff will notify the parents/guardians as well as other members of the treatment team. The parents will be required to take the child home for the rest of the day. The police department may be notified to retest or intervene with a client if necessary.

### **TRANSPORTATION**

Program staff will transport clients to and from day treatment, the FCC building, and/or other excursion/field trip. If safety is an issue, parents or law enforcement will be contacted to transport the client home. Clients are expected to abide by state and federal safety laws including, but not limited to the use of a safety belt.

### **DOCUMENTATION**

Special incidents are to be documented via the (F244-1031) Day Treatment MN- Behavioral Incident/Injury Report within 24 hours of the event. Special incidents may include, but are not limited to: verbal aggression/threats; physical aggression; destruction of property; noncompliance; unsafe behaviors in programming or on transport; self-injurious behaviors or statements; running away; or sexual actions/statements. All program staff are required to document, review, and report any serious/special behavioral incidents and documentation. Behavioral incidents/injuries are reported to the client's parent/guardian, probation officer, community providers, school, or other members of the multidisciplinary team, as appropriate.

### **GETTING HELP**

The Program Coordinator or Director of Minnesota Services should be contacted for help if there are questions or concerns about service environment, culture, safety, or security.

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<b>Procedure Name:</b>	CLIENT ELIGIBILITY
<b>Procedure Number:</b>	101
<b>Domain:</b>	Minnesota Day Treatment/Children's Therapeutic Services and Supports (CTSS)
<b>Approved By:</b>	Leah Morken, Director of MN Programs
<b>Created/Written By:</b>	Leah Morken, Director of MN Programs
<b>Effective Date:</b>	1/1/2017
<b>Date(s) of Revision:</b>	
<b>References:</b>	

## STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for client eligibility for Children's Therapeutic Services and Supports (CTSS). Staff must follow the steps set forth in this procedure for determining client eligibility for CTSS.

## AREAS OF RESPONSIBILITY

All Minnesota Day Treatment staff have the responsibility for aspects of daily control and coordination of the procedure. The Program Supervisor of the CTSS program is responsible for maintaining the client eligibility components within the program.

## PROCEDURE

The Minnesota Department of Human Services (DHS) determines that a client's eligibility for CTSS services will be determined by a diagnostic assessment.

The following are the requirements of the diagnostic assessment:

- It must be completed by a mental health professional or a mental health practitioner who meets the requirements of a clinical trainee.
- An existing diagnostic assessment can be utilized if it was completed within one year of the initial start date for the child.
- It must include current diagnoses as specified in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association, or if the child is under the age of five as specified in the current edition of the Diagnostic Classification of Mental Health Disorders of Infancy and Early Childhood.
- Determine whether or not a child under the age of 18 has the diagnosis of an emotional disturbance or between the ages of 18 and 21 whether the person has a mental illness.
- Documentation that CTSS are medically necessary services that address an identified disability, functional impairment, and the individual client's needs.
- It will be used to develop and individualized treatment plan.



- It will be completed annually until the child turns 18.

## **GETTING HELP**

The Program Supervisor of the Minnesota Day Treatment program should be contacted for help if there are questions concerning client eligibility of CTSS in Minnesota.

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<b>Procedure Name:</b>	PROVIDER ENTITY CERTIFICATION
<b>Procedure Number:</b>	102
<b>Domain:</b>	Minnesota Day Treatment/Children's Therapeutic Services and Supports (CTSS)
<b>Approved By:</b>	Leah Morken, Director of MN Programs
<b>Created/Written By:</b>	Leah Morken, Director of MN Programs
<b>Effective Date:</b>	1/1/2017
<b>Date(s) of Revision:</b>	
<b>References:</b>	

## STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for provider entity Certification for Children's Therapeutic Services and Supports (CTSS). Staff must follow the steps set forth in this procedure for provider entity certification.

## AREAS OF RESPONSIBILITY

All Minnesota Day Treatment staff have the responsibility for aspects of daily control and coordination of the procedure. The Community Services Coordinator and Director of Minnesota Programs are responsible for provider entity certification of CTSS.

## PROCEDURE

The Minnesota Department of Human Services (DHS) determines that a provider must have certain structures in place for certification and recertification of a provider entity.

The following are the requirements of the provider:

- The provider must be certified for three core rehabilitation services including psychotherapy, skills training, and crisis assistance.
- Recertification will happen every three years.
- Decertification will require corrective actions, medical assistance repayment, or decertification of the provider if the provider no longer meets the requirements, if it fails to meet the clinical quality standards, or the administrative standards.
- Family & Children's center is a non-county entity certified by the State of Minnesota.

## GETTING HELP

The Program Director and Coordinator of the Minnesota Day Treatment program should be contacted for help if there are questions concerning provider entity certification of CTSS in Minnesota.



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<b>Procedure Name:</b>	MENTAL HEALTH PRACTITIONER CERTIFICATION
<b>Procedure Number:</b>	103
<b>Domain:</b>	Minnesota Day Treatment/Children's Therapeutic Services and Supports (CTSS)
<b>Approved By:</b>	Leah Morken, Director of Minnesota Programs
<b>Created/Written By:</b>	Alicia Hengel, Coordinator of Community Services
<b>Effective Date:</b>	7/10/17
<b>Date(s) of Revision:</b>	7/10/17
<b>References:</b>	Minnesota Rules 9505.0371; 245.4871, Subd. 26

## STATEMENT OF PURPOSE

The following Mental Health Practitioner Procedure has been developed in compliance with Minnesota Department of Human Services mental health provider requirements as defined in Minnesota Statute 9505.0371. The following procedures apply to Minnesota Children's Therapeutic Services and Supports (CTSS) Day Treatment service providers.

## AREAS OF RESPONSIBILITY

Clinical Supervisors and Program Coordinators are responsible for advising employees about this procedure as individual development discussions take place, and for advising Human Resources in the event that an employee may meet criteria to become a mental health practitioner. Program Coordinator and Program Director are responsible for evaluating program need and providing approval of an employee's mental health practitioner status within the agency. Clinical Supervisors are responsible for providing clinical supervision to mental health practitioners and maintaining documentation of supervision to meet MN DHS requirements.

## PROCEDURE

In order for an employee working in Minnesota CTSS Day Treatment programs (Bridges, Elementary, Midlevel, Adolescent, or Youth Night Campus) to be qualified as a Mental Health Practitioner, the individual must meet at least one of the following criteria:

1. Holds a bachelor's degree in a behavioral science or a related field, including, but not limited to, social work, psychology, sociology, community counseling, family social science, child development/child psychology, community mental health, addiction counseling, counseling/guidance, and special education from an accredited college or university and meets either a or b:
  - a. Has at least 2,000 hours of supervised experience in the delivery of mental health services to recipients with mental illness (except that a practitioner working in a day treatment setting may be exempt from the 2,000-hour supervised experience requirement



- if the day treatment provider delivers 40 hours of training to the practitioner within six months of employment and the practitioner receives weekly clinical supervision from a mental health professional until the practitioner meets the 2,000 hours of experience.)
- b. Is fluent in a non-English language of a cultural group to which at least 50% of the practitioners recipients belong, completes 40 hours of training in the delivery of services to recipients with mental illness, and receives clinical supervision from a mental health professional at least once a week until the requirements of 2,000 hours are met
2. Has at least 6,000 hours of supervised experience in the delivery of mental health services to recipients with mental illness. Hours worked as a mental health behavioral aide I or II under [Children's Therapeutic Services and Supports](#) (CTSS) may be included in the 6,000 hours of experience for child recipients.
  3. Is a graduate student in one of the mental health professional disciplines and an accredited college or university formally assigns the student to an agency or facility for clinical training.
  4. Holds a masters or other graduate degree in one of the mental health professional disciplines from an accredited college or university.
  5. Is a tribally certified mental health practitioner who is serving a federally recognized Indian Tribe.

An employee requesting a position of Mental Health Practitioner is to begin the process by discussing it with his or her Program Coordinator and Program Director. These parties will work together to determine practitioner status based on employee qualifications, program need, and availability of clinical supervision. If mental health practitioner status is approved, Program Coordinator will complete appropriate forms including Mental Health Practitioner Position Description and Payroll Change Form (as needed). Program Director and Program Coordinator will be responsible for arranging clinical supervision for the Mental Health Practitioner internally. This arrangement will be documented via supervision contract (see below).

### **CLINICAL SUPERVISION**

Per Minnesota Statute 9505.0371 Mental health practitioners, providing services for the treatment of mental illness must be under clinical supervision of a mental health professional. Clinical supervision of a mental health practitioner will be normally provided by existing agency staff with the proper credentials. Supervision will be provided at no cost to the employee and will take place a minimum of 1 hour/week. Clinical supervision may occur individually, in a group setting, or a combination of both as determined appropriate by the employee's supervisor.



Group supervision is defined as one clinical supervisor and two to six supervisees. The employee and Clinical Supervisor will complete a supervision contract within 30 days of employment and update this contract annually. This document is to include: the name and qualifications of the supervisee and the name of the agency in which the supervisee is being supervised; the name, licensure, and qualifications of the supervisor; the number of hours of individual and group supervision to be completed including the method of supervision (e.g. in-person); the procedure and method the supervisee must use to contact the clinical supervisor during service provision; procedures the supervisee must use to respond to client emergencies; and authorized scope of practice (description of supervisee's service responsibilities; description of client population; and treatment methods and modalities). Clinical supervision must be recorded in the supervisee's supervision record. The documentation must include: date and duration of supervision; identification of supervision type (individual or group); name of clinical supervisor; subsequent actions the supervisee must take; and date and signature of the clinical supervisor. Employees are responsible for maintaining a record of hours providing services for the treatment of mental illness in children/adolescents and upon completion of required hours are to submit a completed Mental Health Practitioner Verification Form. If the employee holds status as a Mental Health Practitioner under criteria 1 (a) above they will be required to fill out the Mental Health Practitioner Verification form upon employment.

## **TRAINING**

Mental Health Practitioners are required to receive 40 hours of mental health training within the first 6 months of employment. See outline below for training requirements. Required hours can be acquired by completing online seminars through RELIAS, attending community presentations, or by attending conferences and workshops. The Clinical Supervisor can suggest/recommend areas of training to the employee. All in-service hours must be pre-approved by the supervisor and be directly related to current principles and methods of treatment for children with mental illness. The employee is required to submit verification of training completed (via certificate, documentation of reading materials, etc.) to his or her Clinical Supervisor, who will submit verification to HR director. The Clinical Supervisor will maintain a record of the employee's supervision contract, supervision notes (individual and group), and training verification. Throughout the 6-month period, the Clinical Supervisor will periodically review training requirements with the employee to ensure compliance.

### **Table of Contents of Training Curricula**

- Abuse/Mandated Reporting (1 hr)
- Trauma Informed Care (3 hrs)
- FCC Crisis Prevention Institute Non-violent Crisis Intervention Training (8 hours)
- Mental Health First Aid- Youth Focused Employees (6 hours)



- Developmental Repair- *reading manual and 15 min. discussions with supervisor/chapter* (10 hours)
- Child/Adolescent Developmental Stages (3 hrs)
- Understanding Mental Health Diagnoses (No less than 4 hours)
- Diversity (3.5 hrs)
- Attachment (2 hours)
- Person and Family-Centered Approaches to Mental Health Services (1 hr)

## GETTING HELP

Employees with questions about mental health practitioner qualifications/certification should consult their immediate supervisor first. Additional resources include your Program Coordinator, Program Director, and Supervising Mental Health Professional.

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<b>Procedure Name:</b>	GENERAL GUIDELINES: ADMINISTRATIVE INFRASTRUCTURE
<b>Procedure Number:</b>	201
<b>Domain:</b>	Minnesota Day Treatment/Children's Therapeutic Services and Supports (CTSS)
<b>Approved By:</b>	Leah Morken, Director of MN Programs
<b>Created/Written By:</b>	Leah Morken, Director of MN Programs
<b>Effective Date:</b>	1/1/2017
<b>Date(s) of Revision:</b>	
<b>References:</b>	

## STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for provider entity administrative infrastructure for Children's Therapeutic Services and Supports (CTSS). Staff must follow the steps set forth in this procedure for administrative infrastructure of the provider.

## AREAS OF RESPONSIBILITY

All Minnesota Day Treatment staff have the responsibility for aspects of daily control and coordination of the procedure. The Program Coordinator and Director of the CTSS program are responsible for maintaining the administrative infrastructure components within the program.

## PROCEDURE

The Minnesota Department of Human Services (DHS) determines that a provider must have certain administrative infrastructure requirements in place to be certified to provide CTSS services.

The following are the requirements of the provider:

- It must establish authority and accountability for decision-making and oversight of functions including finances, personnel, system management, clinical practice and individual treatment outcomes.
- It must have at least one backup mental health professional in the event of the primary mental health professional's absence.
- It must have written procedures that are reviewed every three years and these procedures are distributed to staff initially and upon each update.
- These procedures must include 202-215

## GETTING HELP

The Program Director and Coordinator of the Minnesota Day Treatment program should be contacted for help if there are questions concerning provider entity administrative infrastructure requirements of CTSS in Minnesota.

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<b>Procedure Name:</b>	RECRUITMENT, HIRING, ORIENTATION, TRAINING, AND RETAINING STAFF
<b>Procedure Number:</b>	202
<b>Domain:</b>	Minnesota Day Treatment/Children’s Therapeutic Services and Supports (CTSS)
<b>Approved By:</b>	Leah Morken, Director of MN Programs
<b>Created/Written By:</b>	Leah Morken, Director of MN Programs
<b>Effective Date:</b>	1/1/2017
<b>Date(s) of Revision:</b>	
<b>References:</b>	HR Procedures: <a href="#">Staff Training and Development</a> and <a href="#">Recruiting and Retention Incentives</a>

## STATEMENT OF PURPOSE

Family & Children’s Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for recruitment, hiring, orientation, training, and retaining staff for Children’s Therapeutic Services and Supports (CTSS). Staff must follow the steps set forth in this procedure for administrative infrastructure of the provider.

## AREAS OF RESPONSIBILITY

All Minnesota Day Treatment staff have the responsibility for aspects of daily control and coordination of the procedure. The Human Resources department is responsible for maintaining the procedures for the recruitment, hiring, orientation, and training of staff.

## PROCEDURE

The CTSS Minnesota Day Treatment programs follow Family & Children’s Center procedures regarding the following sections:

- **Recruiting Staff**
- **Hiring Staff**
- **Orientation and Training Staff**
- **Retaining Staff**

Please refer to Family & Children’s Center’s HR Procedure manual for full descriptions of these procedures. You can find the HR Procedure manual on the Depot.

Staff should follow these guidelines for training. As well as any other state requirements, that may evolve:

1. Agency Orientation Part 1(one time-NEW EMPLOYEES)
2. Agency Orientation Part 2(one time-NEW EMPLOYEES)
3. Mental Health First Aid Youth (one time-NEW EMPLOYEES)
4. Introduction to Trauma Informed Care (Relias-one time-NEW EMPLOYEES)
5. No Hit Zone (one time-NEW EMPLOYEES)
6. Welcome to Relias (one time-NEW EMPLOYEES)
7. Defensive Driving (Relias-one time-NEW EMPLOYEES)



8. CPI-Initial during first year of hire-NEW EMPLOYEES
9. Crisis Intervention-Refresher annually thereafter
10. CPR & First Aid (required every other year)
11. Blood-borne Pathogens (REL-ALL-0-BBPATH)
12. FCC Exposure Control Plan (FCC-ECP)- One time- NEW EMPLOYEES
13. CMS Fraud, Waste and Abuse Compliance Training (FCC-CMS-FWA-COMP)
14. Medication Management (REL-HHS-0-MMCS)
15. Documentation/Communication
16. Diversity Training
17. Minimum of 1-hour Wellness/Self-Care event/presentation/training
18. Beginning second calendar year of employment & annually thereafter-Trauma Informed Care Training (min. 1 hour)

#### **New Employees- First Day:**

1. Agency Orientation which includes: Agency Overview, Human Resources Information, Privacy & Confidentiality, Ethics & Boundaries, Mandated Reporting, Computer Security, Training & Education Overview, and Relias Learning Management System
2. Welcome to Relias (REL-HR-0-WRLMS)
3. Defensive Driving (EL-DD-COMP-0)
4. Blood-borne Pathogens (REL-ALL-0-BBPATH)
5. FCC Exposure Control Plan (FCC-ECP)- One time- NEW EMPLOYEES

#### **Within 2-3 months after hire:**

1. Attend Agency Orientation Part 2 – topics to be revealed at a later date

#### **Within 3 months of hire:**

1. CMS Fraud, Waste and Abuse Compliance Training (FCC-CMS-FWA-COMP)
2. No Hit Zone (FCC-NOHITZONE)

#### **Within 3 months of hire (FT) or within 6 months of hire (PT):**

1. Mental Health First Aid-Youth (FCC-YMHFA)
2. Introduction to Trauma Informed Care (EL-TIC-BH-0)

## **GETTING HELP**

The Program Director and/or Coordinator of the Minnesota Day Treatment program should be contacted for help if there are questions concerning recruiting, hiring, orientation, training or retention of staff.

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<b>Procedure Name:</b>	BACKGROUND STUDIES FOR STAFF
<b>Procedure Number:</b>	203
<b>Domain:</b>	Minnesota Day Treatment/Children's Therapeutic Services and Supports (CTSS)
<b>Approved By:</b>	Leah Morken, Director of MN Programs
<b>Created/Written By:</b>	Leah Morken, Director of MN Programs
<b>Effective Date:</b>	1/1/2017
<b>Date(s) of Revision:</b>	
<b>References:</b>	HR Procedure: <a href="#">Background Checks</a>

## STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for background studies for staff for Children's Therapeutic Services and Supports (CTSS) Minnesota Day Treatment. Staff must follow the steps set forth in this procedure for background checks for staff.

## AREAS OF RESPONSIBILITY

All CTSS Minnesota Day Treatment staff have the responsibility for aspects of daily control and coordination of the procedure. The program coordinator and program director have the responsibility of ensuring the background studies procedure is followed

## PROCEDURE

The CTSS Minnesota Day Treatment programs will perform background studies on all direct care staff. The procedure is as follows:

- An applicant will sign the Family & Children's Center Waiver Agreement & Privacy Statement
- The Office Services Administrator at the Winona location will input the information into the NETstudy portal
- The Office Services Administrator will communicate with the applicant where to go for fingerprinting and give them the Fingerprint and photo Authorization Form. The applicant will need to bring a photo ID and the Fingerprint and Photo Authorization Form to the fingerprint and photo location.
- Once fingerprinting and photo is complete, the Office Services Administrator will follow up in the NETstudy portal for the determination of the background study.
- The Offices Services Administrator will forward a copy of the results to the Human Resources department, which will be kept in the applicant's personnel file.
- For more detail regarding background checks, please see the [HR Procedure: Background Checks](#) on the FCC Depot.



## GETTING HELP

The Program Director and/or Coordinator of the Minnesota Day Treatment program should be contacted for help if there are questions concerning the background studies of direct care staff.

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<b>Procedure Name:</b>	ETHICAL CONDUCT
<b>Procedure Number:</b>	204
<b>Domain:</b>	Minnesota Day Treatment/Children's Therapeutic Services and Supports (CTSS)
<b>Approved By:</b>	Leah Morken, Director of MN Programs
<b>Created/Written By:</b>	Leah Morken, Director of MN Programs
<b>Effective Date:</b>	1/1/2017
<b>Date(s) of Revision:</b>	
<b>References:</b>	HR Procedure: <a href="#">Ethical Conduct</a>

## STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for ethical conduct for staff for Children's Therapeutic Services and Supports (CTSS) Minnesota Day Treatment.

## AREAS OF RESPONSIBILITY

All CTSS Minnesota Day Treatment staff have the responsibility for aspects of daily control and coordination of the procedure.

## PROCEDURE

The CTSS Minnesota Day Treatment programs follow the Family & Children's Center procedure on ethical conduct.

- [Ethical Conduct Procedure](#)

Program staff have the responsibility to know and follow the code of ethics of their respective professions, and of the organization, as applicable.

## GETTING HELP

The Program Director and/or Coordinator of the Minnesota Day Treatment program should be contacted for help if there are questions concerning ethical conduct.

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<b>Procedure Name:</b>	DATA PRIVACY
<b>Procedure Number:</b>	205
<b>Domain:</b>	Minnesota Day Treatment/Children's Therapeutic Services and Supports (CTSS)
<b>Approved By:</b>	Leah Morken, Director of MN Programs
<b>Created/Written By:</b>	Leah Morken, Director of MN Programs
<b>Effective Date:</b>	1/1/2017
<b>Date(s) of Revision:</b>	
<b>References:</b>	HR Procedure: <a href="#">Confidentiality</a> RPM Procedure: <a href="#">Data Security</a> Client Rights Procedure: <a href="#">Client Confidentiality</a>

## STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for data privacy for staff for Children's Therapeutic Services and Supports (CTSS) Minnesota Day Treatment. Staff must follow the steps set forth in this procedure for ensuring data privacy.

## AREAS OF RESPONSIBILITY

All CTSS Minnesota Day Treatment staff have the responsibility for aspects of daily control and coordination of the procedure.

## PROCEDURE

The CTSS Minnesota Day Treatment programs follow the Family & Children's Center procedure on data privacy/confidentiality.

- [Confidentiality](#)
- [Data Security](#)
- [Client Confidentiality](#)

## GETTING HELP

The Program Director and/or Coordinator of the Minnesota Day Treatment program should be contacted for help if there are questions concerning data privacy.

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<b>Procedure Name:</b>	USE OF VOLUNTEERS
<b>Procedure Number:</b>	206
<b>Domain:</b>	Human Resources:113
<b>Approved By:</b>	Tita Yutuc, President/CEO; Board of Directors
<b>Created/Written By:</b>	Rich Petro HR Director
<b>Effective Date:</b>	12/7/2017
<b>Date(s) of Revision:</b>	
<b>References:</b>	<a href="#">Job Requisition Procedure</a> , <a href="#">Background Checks</a>

## STATEMENT OF PURPOSE

This policy covers the guidelines that must be met if volunteers are used in direct care roles. Volunteers utilized within Family & Children's Center must have signed role descriptions so that expectations are clear.

## AREAS OF RESPONSIBILITY

Human Resources is responsible for disseminating, enforcing and updating this policy.

## PROCEDURE

Programs requesting the use of a volunteer in a direct care role must complete a job requisition according to the Job Requisition Procedure. Attached to the Job Requisition form should be a description of the roles and responsibilities the volunteer is expected to carry out.

Volunteers must be vetted in the same fashion as a regular employee including reference checks and background checks as required by the program where the volunteer will be assigned.

Volunteers must complete a program orientation in the same fashion as a regular employee, including reviewing and signing a job description.

Volunteers may NOT operate agency vehicles or personal vehicles on agency business

## GETTING HELP

Questions regarding the use of volunteers in direct care roles should be directed to the Human Resources Director at (608) 785-0001.

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<b>Procedure Name:</b>	PROVIDER QUALIFICATIONS
<b>Procedure Number:</b>	207
<b>Domain:</b>	Minnesota Day Treatment/Children's Therapeutic Services and Supports (CTSS)
<b>Approved By:</b>	Leah Morken, Director of MN Programs
<b>Created/Written By:</b>	Leah Morken Director of MN Programs
<b>Effective Date:</b>	1/1/2017
<b>Date(s) of Revision:</b>	
<b>References:</b>	

## STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for documenting the qualifications for mental health professionals and mental health practitioners for Children's Therapeutic Services and Supports (CTSS) Minnesota Day Treatment. Staff must follow the steps set forth in this procedure for ensuring provider qualifications.

## AREAS OF RESPONSIBILITY

All CTSS Minnesota Day Treatment staff have the responsibility for aspects of daily control and coordination of the procedure. The Program Coordinator has responsibility to ensure that the documentation of provider qualifications is complete.

## PROCEDURE

The CTSS Minnesota Day Treatment programs will ensure that provider qualifications are documented and contained within the individual's personnel file.

### For a Mental Health Professional:

- The person is enrolled to provide medical assistance services
- For clinical social work the person must be a licensed independent clinical social worker by the Minnesota board of social work
- For psychology the person must be licensed by the Minnesota Board of Psychology and has stated to the board competencies in the diagnosis and treatment of mental illness
- For psychiatry the person must be a licensed physician who is certified by the American Board of Psychiatry and Neurology or is eligible for board certification
- For Marriage and Family therapy the person must be a licensed as a marriage and family therapist by the Minnesota Board of Marriage and Family Therapy
- For professional counseling the person must be a licensed professional clinical counselor by the Minnesota Board of Behavioral Health and Therapy.
- For psychiatric nursing the person needs to be a registered nurse who is certified as a clinical nurse specialist or for children is a certified nurse practitioner in child or



adolescent or family psychiatric and mental health nursing by a national nurse certification organization or for adults is certified as a nurse practitioner in adult or family psychiatric and mental health nursing by a national nurse certification organization.

**For a Mental Health Practitioner:**

- A mental health practitioner working with children must have training working with children
- A mental health practitioner working with adults must have training working with adults.
- The person needs to hold a bachelor's degree in one of the behavioral sciences or related fields from an accredited college or university and have at least 2000 hours of supervised experience in the delivery of mental health services to clients with mental illness.
- OR the person has at least 6000 hours of supervised experience in the delivery of mental health services to client with mental illness.
- OR the person is a graduate student in one of the mental health professional disciplines and is assigned by an accredited college or university to the agency for clinical training.
- OR the person holds a Master's degree or other graduate degree in one of the mental health professional disciplines from an accredited college or university

**For a Clinical Trainee:**

- Medical assistance will pay for diagnostic assessment, explanation of findings, and psychotherapy performed by a clinical trainee why the person is complying with requirements for licensure or board certification as a mental health professional, which includes supervised practice in the delivery of mental health services for the treatment of mental illness.
- OR the person is a student for a field placement or internship under a program leading to completion of the requirements for licensure as a mental health professional and the clinical supervision experience is helping the clinical trainee gain knowledge necessary to practice effectively and independently. Direct practice, treatment team collaboration, professional learning and job management are all part of the supervision process.

**For a Clinical Supervisor:**

- The person must be a mental health professional
- The person must hold a license without restrictions that has been in good standing for at least one year while having performed 1000 hours of clinical practice.
- The person must be approved or certified as a qualified clinical supervisor by the person's professional licensing board.
- The person must be competent which is demonstrated by experience and graduate level training in the area of practice and the activities that he/she supervises.



- The person cannot be the blood relative, cohabitate, or a legal relative of the supervisee.
- The person cannot have provided therapy for the supervisee in the past two years.
- The person must have experience and skills that have been practiced during advanced training and years of experience including providing services that incorporate best practices, ability to recognize and evaluate competencies in supervisees, can review assessments and treatment plans for accuracy and appropriateness, give clear direction and guidance to staff to help with a client who is struggling with recovery, and has the ability to teach, coach and practices skills with supervisees.
- The person will accept full professional liability for the supervisee's direction of mental health services.
- The person will instruct the supervisee's work and oversee the quality and outcome.
- The person will review, approve, and sign the diagnostic assessment, individualized treatment plan, and treatment plan reviews of the clients under the supervisee.
- The person will review and approve the progress notes of the clients under the supervisee.
- The person will apply evidence-based practices and research informed models to treat clients.
- The person will be employed or under contract with the same agency as the supervisee.
- The person will develop a supervision plan for each supervisee.
- The person will ensure that the supervisee receives guidance and support in all the areas the supervisee practices.
- The person will formally evaluate the performance of each supervisee.
- The person will document clinical supervision of supervisee and maintain the documentation record.

### **All Staff Requirements**

All staff will be competent in the following areas:

- Child Development
- How to communicate effectively and respectfully with clients
- Understanding of client's rights and responsibilities
- Assessing risk and safety
- Recognizing and responding to the needs of the clients
- Crisis intervention and de-escalation techniques (CPI Non-violent crisis intervention required training)
- Culturally competent services
- Collaborating with other providers





Any staff providing care and supervision of the youth needs to have either 2 years of college in a Human Services field or a high school diploma with at least 2 years experience working with youth.

## **GETTING HELP**

The Program Director and/or Coordinator of the Minnesota Day Treatment program should be contacted for help if there are questions concerning qualified providers.

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<b>Procedure Name:</b>	FISCAL CONTROL PRACTICES
<b>Procedure Number:</b>	208
<b>Domain:</b>	Minnesota Day Treatment/Children's Therapeutic Services and Supports (CTSS)
<b>Approved By:</b>	Leah Morken, Director of MN Programs
<b>Created/Written By:</b>	Leah Morken, Director of MN Programs
<b>Effective Date:</b>	1/1/2017
<b>Date(s) of Revision:</b>	
<b>References:</b>	

## STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for fiscal control practices for Children's Therapeutic Services and Supports (CTSS) Minnesota Day Treatment. Staff must follow the steps set forth in this procedure fiscal control practices.

## AREAS OF RESPONSIBILITY

All CTSS Minnesota Day Treatment staff have the responsibility for aspects of daily control and coordination of the procedure. The financial department has the responsibility to maintain the fiscal control practices.

## PROCEDURE

The CTSS Minnesota Day Treatment programs follow the Family & Children's Center procedure on fiscal control practices.

- See the FCC Finance Procedure Manual

## GETTING HELP

The Program Director of the Minnesota Day Treatment program should be contacted for help if there are questions concerning fiscal control practices.

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<b>Procedure Name:</b>	COLLECTING REVENUE
<b>Procedure Number:</b>	209
<b>Domain:</b>	Minnesota Day Treatment/Children's Therapeutic Services and Supports (CTSS)
<b>Approved By:</b>	Leah Morken, Director of MN Programs
<b>Created/Written By:</b>	Leah Morken, Director of MN Programs
<b>Effective Date:</b>	1/1/2017
<b>Date(s) of Revision:</b>	
<b>References:</b>	

## STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for collecting revenue for Children's Therapeutic Services and Supports (CTSS) Minnesota Day Treatment. Staff must follow the steps set forth in this procedure collecting revenue.

## AREAS OF RESPONSIBILITY

All CTSS Minnesota Day Treatment staff have the responsibility for aspects of daily control and coordination of the procedure. The financial department has the responsibility of maintaining the collecting revenue procedure.

## PROCEDURE

The CTSS Minnesota Day Treatment programs follow the Family & Children's Center procedure on collecting revenue.

- See the FCC Revenue Cycle Procedure Manual

## GETTING HELP

The Program Director of the Minnesota Day Treatment program should be contacted for help if there are questions concerning collecting revenue.

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<b>Procedure Name:</b>	TREATMENT OUTCOME MEASUREMENT SYSTEM
<b>Procedure Number:</b>	210
<b>Domain:</b>	Minnesota Day Treatment/Children's Therapeutic Services and Supports (CTSS)
<b>Approved By:</b>	Leah Morken, Director of MN Programs
<b>Created/Written By:</b>	Leah Morken, Director of MN Programs
<b>Effective Date:</b>	1/1/2017
<b>Date(s) of Revision:</b>	
<b>References:</b>	<a href="#">Quality Improvement Procedure Manual</a>

## STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for treatment outcome measurements for Children's Therapeutic Services and Supports (CTSS) Minnesota Day Treatment. Staff must follow the steps set forth in this procedure for treatment outcome measurement.

## AREAS OF RESPONSIBILITY

All CTSS Minnesota Day Treatment staff have the responsibility for aspects of daily control and coordination of the procedure. The program quality improvement department has the responsibility to maintain the treatment outcome measurement procedure.

## PROCEDURE

The CTSS Minnesota Day Treatment programs follow the Family & Children's Center procedure on outcome measurement.

- Please see the [Quality Improvement Procedure Manual](#)

## GETTING HELP

The Program Director of the Minnesota Day Treatment program should be contacted for help if there are questions concerning treatment outcome measurement.

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<b>Procedure Name:</b>	CLIENT RECORDS
<b>Procedure Number:</b>	211
<b>Domain:</b>	Minnesota Day Treatment/Children's Therapeutic Services and Supports (CTSS)
<b>Approved By:</b>	Leah Morken, Director of MN Programs
<b>Created/Written By:</b>	Leah Morken, Director of MN Programs
<b>Effective Date:</b>	1/1/2017
<b>Date(s) of Revision:</b>	
<b>References:</b>	

## STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for establishing and maintaining client records for Children's Therapeutic Services and Supports (CTSS) Minnesota Day Treatment. Staff must follow the steps set forth in this procedure for establishing and maintaining client records.

## AREAS OF RESPONSIBILITY

All CTSS Minnesota Day Treatment staff have the responsibility for aspects of daily control and coordination of the procedure. The Office Services Assistant has the responsibility of putting initial client information into the Electronic Health Records system. The revenue cycle department is responsible for the insurance information. The program staff are responsible for various documentation requirements.

## PROCEDURE

The CTSS Minnesota Day Treatment programs will follow this procedure to establish and maintain a client record.

- A client is referred to one of the CTSS Minnesota Day Treatment programs and program supervisor receives the referral form.
- The program supervisor then gives the referral form to the Office Services Administrator to input the client's personal information into their record.
- The program supervisor then has the client and/or guardian sign all the necessary forms.
- The program therapist is responsible to write a diagnostic assessment and add to the client record
- The program therapist and the program supervisor are responsible to write the individualized treatment plan
- The program therapist, program supervisor, and the program aides are responsible for documentation of service delivery including dailies, weeklies, and progress notes.
- The program therapist, program supervisor, and program aides document any collateral contacts that they have concerning the client



- The program therapist and the program supervisor form a discharge plan and add that to the client record.
- All program personnel are responsible to ensure that any updates, results of test, or collateral information received about the client is uploaded into their record.

## GETTING HELP

The Program Coordinator and/or Program Supervisor of the Minnesota Day Treatment program should be contacted for help if there are questions concerning client records.

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<b>Procedure Name:</b>	RESTRICTIVE PROCEDURES
<b>Procedure Number:</b>	212
<b>Domain:</b>	Minnesota Day Treatment/Children's Therapeutic Services and Supports (CTSS)
<b>Approved By:</b>	Leah Morken, Director of MN Programs
<b>Created/Written By:</b>	Leah Morken, Director of MN Programs
<b>Effective Date:</b>	1/1/2017
<b>Date(s) of Revision:</b>	
<b>References:</b>	Restrictive Procedure Plan

## STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for restrictive procedures for Children's Therapeutic Services and Supports (CTSS) Minnesota Day Treatment. Staff must follow the steps set forth in this procedure for restrictive procedures.

## AREAS OF RESPONSIBILITY

All CTSS Minnesota Day Treatment staff have the responsibility for aspects of daily control and coordination of the procedure. The program staff have the responsibility of receiving training before utilizing restrictive procedures. The Community Services Coordinator has the responsibility of maintaining a report of all restrictive procedures used throughout the year. The Community Services Coordinator and the Clinical Supervisor have the responsibility to review each restrictive procedure that was used and train staff in alternate ways to deescalate situations.

## PROCEDURE

The CTSS Minnesota Day Treatment programs will follow this procedure for restrictive procedures:

- When direct care program staff are hired at Family & Children's Center, they will receive Nonviolent Crisis Intervention Training from trainers that are certified through the Crisis Prevention Institute.
- The list of approved restrictive procedures are the following: seclusion, CPI Standing Position Hold, CPI Team Control Position, CPI Sitting Position Hold, and CPI Children's Control Position
- Anytime that a restrictive procedure is used a Behavioral Incident Report will be filled out by the staff member involved.
- The Program Clinical Supervisor and the Community Services Coordinator are required to sign the Behavioral Incident Report within 24 hours of the incident.
- After signing the Behavioral Incident Report, the Community Services Coordinator and the Program Clinical Supervisor will debrief with staff.



- As part of the documentation on the Behavioral Incident Report, the staff involved will follow up with the client to ensure that an injury received during the restrictive procedure receives treatment.
- The mental health professional and the mental health practitioner under the supervision of a mental health professional are the only staff that can permit use of a restrictive procedure.
- Parental consent for the use of seclusion and restraint must be obtained prior to the child starting the program and reviewed quarterly. The staff must notify the parent on the same day as the restrictive procedure if one occurs unless otherwise designated by the parent.
- The Community Services Coordinators of the CTSS Minnesota Day Treatment programs will submit a yearly report to the Director of Minnesota programs detailing the restrictive procedures that were used throughout the year. A report will then be submitted to the commissioner stating the number and types of restrictive procedures that were performed throughout the year.

### **Restrictive Procedure Plan**

The Minnesota Day Treatments operated by Family & Children's Center shall meet all agency and program expectations regarding restrictive interventions used with youth described in this procedure.

#### **Restrictive Procedures:**

- Restrictive procedures include the CPI Standing Position Hold, CPI Team Control Position, CPI Sitting Position Hold, and CPI Children's Control Position, and seclusion.

#### **Training Requirements:**

All staff members must complete an initial training in Crisis Prevention Intervention (CPI) within two months of hire, and complete refresher training yearly throughout employment. Until staff members are able to participate and pass the CPI course, staff are prohibited from utilizing or participating in restrictive procedures of youth. The restrictive procedures trained by CPI include: CPI Standing Position Hold, CPI Team Control Position, CPI Sitting Position Hold, and CPI Children's Control Position. CPI provides training in de-escalation strategies, avoiding power struggles, recognizing trauma and precipitating factors, as well as methods of engaging youth and providing support to prevent the need for restrictive procedures.

Staff members are trained within the first week of hire regarding the correct documentation of restrictive procedures and removal of a child from an activity for a break. A break includes a youth being removed to another setting away from the group for individual intervention with 1-2 staff members. A staff member remains with the child in the same room or in close proximity with an unlocked door open. The door may be closed, the child held in seclusion, only when the





child becomes a physical danger to the staff member or other peers close to the room. Staff must remain in direct sight of the youth at all times during seclusion or other restrictive procedures.

### **Documentation Requirements**

All documentation involving a restrictive procedure must be completed and reviewed by the supervisor before the end of the workday. The staff member(s) observing the restrictive procedure is documenting the observation of the client every one minute. The documentation of a restrictive procedure is reviewed by the Clinical Supervisor and Community Services Coordinator within 24 hours of completion. Once the documents have been approved, the documents will be filed in the client file. The Winona Services Coordinator will document all of the restrictive procedures utilized and create an annual report to be submitted to the Commissioner of Human Services by January 15<sup>th</sup> the following year.

### **Notifications and Oversight**

The parent/legal guardian will be notified of any restrictive procedures the same day as the intervention. The Clinical Supervisor must be notified of a restrictive procedure immediately upon completion, within no more than 30 minutes.

Upon completion of a restrictive procedure, a staff member will ask the client if they are “Okay” and review any areas the client reports as a potential injury and is willing to show staff. All staff members are trained and certified in CPR/First Aide within 6 months of hire. If a child experiences pain, staff will utilize first aide responses and notify the parent/legal guardian about the injury and encourage medical attention if needed. If emergency medical attention is needed, staff will call 911 and notify the parent/legal guardian immediately. If the parent/legal guardian is not available, staff will contact the emergency contact. Restrictive procedures will only be utilized as an absolute last resort and if a child is being a danger to themselves or others.

All program staff members meet weekly and staff the youth in programming. A case consultation log is completed monthly and a plan for continuing treatment is created. During the case consultation, with the clinical supervisor, the safety and appropriateness of the use of restrictive procedures is determined for each individual youth.

The restrictive procedures are discussed thoroughly with the parent/legal guardian at the intake meeting and every year throughout treatment. The Crisis Plan is reviewed with the treatment team, including parent/legal guardian, on the use of any restrictive procedures used at the treatment plan review meetings, every 60-90 days.

An internal investigation will be completed by the Clinical Supervisor and Winona Services Coordinator if there are concerns about the frequency or safety of the restrictive interventions.



Further training may be provided to specific teams or staff members of concerns arise from the investigation. Disciplinary action, including possible termination, will occur if a staff member has incidents of using restrictive procedures inappropriately.

### **GETTING HELP**

The Community Services Coordinator and/or Director of Minnesota Programs should be contacted for help if there are questions concerning restrictive procedures.

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<b>Procedure name:</b>	PHILOSOPHY & INTERVENTIONS
<b>Procedure Number:</b>	301
<b>Domain:</b>	CTSS Day Treatment
<b>Approved By:</b>	Leah Morken, Director of Minnesota Programs
<b>Created/Written By:</b>	Alicia Hengel, Coordinator of Community Services
<b>Effective Date:</b>	6/28/2017
<b>Date(s) of Revision:</b>	9/5/2017
<b>References:</b>	

## STATEMENT OF PURPOSE

Family & Children's Center promotes Children's Therapeutic Service Supports (CTSS) interventions that respect diversity and promote individual wellbeing.

## AREAS OF RESPONSIBILITY

Providers and staff work together to ensure effective interventions and continuity of care. Program staff provide appropriate care and supervision based on the developmental and clinical needs of clients enrolled in services. Client to staff ratio may vary based on individual client needs, emergency/crisis situations, and any additional special needs identified.

## Philosophy of Care

Family & Children's Center CTSS day treatment focuses on personalized treatment for children and families seeking support in order to strengthen families and improve their well-being. We provide services and care that incorporates skills work and psychotherapy to meet the individual needs of the client. Day treatment programs offer an alternative to more restrictive care. Our Philosophy of Care is grounded in several key components that are embedded in our work and our agency operations.

- Respecting and affirming diversity
- Trauma informed care
- The use of harm reduction principles when appropriate
- Strength based and person centered models of relationship building to promote community and family stability
- Systems approach addressing unique individual needs of the client in a collection of diverse relationships and experiences.

## PROCEDURE

### Modalities

CTSS Day Treatment Programs consist of therapeutic services in a group and/or individual setting based on the needs of the client. Services utilize a variety of therapeutic activities including; group psychotherapy, social skills, recreational skills, anger management, independent living, and corrective thinking skills. Individual and family psychotherapy and skills services are offered as part of the program. Therapeutic services are offered three hours per day and programs



run Monday-Friday. Our emphasis is twofold. One is to assist the child and family in identifying and developing areas of skill and strength. The second goal is to support and assist children and families in applying those skills and strengths in a targeted therapeutic manner to address and alleviate not only current issues but to set the groundwork for their being able to successfully address future difficulties as they arise. Program staff provide advocacy and outreach to ensure a multidisciplinary team approach to services. This includes developing and expanding informal support systems (e.g. friends, familial supports, community members, religious/spiritual supports, etc.) for both the individual and their family. Program staff work to connect individuals with support services such as medical care, substance use treatment, childcare, educational services, respite, among others.

### **Diagnostic and Treatment Planning Services:**

Clinical staff are available to provide the following diagnostic and treatment planning services.

- Diagnostic Assessment (Brief, Standard, or Extended as determined by client need)
- DC 0-5 Assessment
- Individual Treatment Plan
- Crisis Plan

If additional assessments are deemed medically necessary, program staff will provide referral information and aide in the referral process, with consent from client and their parent/guardian. These may include, but are not limited to psychological evaluation, educational assessments, neurological, medical, or substance use evaluations.

### **Treatment Services**

Program staff deliver a range of services to meet individual client needs, as determined by assessment and individualized treatment planning. Individual treatment planning takes into consideration both group and individual characteristics including; age and developmental level; emotional stability; personality; skills; and gender. Day treatment services may include:

- Individual Psychotherapy
- Group Psychotherapy
- Family Psychotherapy
- Multi-Family Group Therapy
- Individual Skills Training



- Group Skills Training
- Family Skills Training
- Recreational Skills
- Independent living skills and pre-vocational training
- Crisis Planning
- Therapeutic Recreation
- Community Support/Case Management
- Educational Support and Monitoring

**CTSS DAY TREATMENT PROGRAM  
SAMPLE DAILY SCHEDULE**

<b>Hour</b>	<b><u>Group</u></b>
Hour 1	Group Psychotherapy
Hour 2	Group Skills Training
Hour 3	Recreational Leisure Skills or Independent Living Skills

*\*This is a sample schedule and may be subject to change in order to meet individual client needs.*

**Recreational Skills**

Upon intake, individuals referred into services are evaluated for their ability to participate in athletic or therapeutic recreation activities. Program staff obtain written, signed permission from the client's parent/legal guardian for the individual to participate in recreational skills. Program staff utilize the (F244-1500) Day Treatment Emergency/Medical Authorization form to identify medical concerns that may impact or limit the child's ability to participate in recreational skills. The client and parent/legal guardian may additionally sign the form (F244-1000) Authorization for Use & Disclosure of Health Information for current and past medical providers in order to request the child's medical records and ensure coordination of care.

**Culturally and Linguistically Appropriate Treatment**

Our staff will focus on respecting and affirming diversity with clients. For our clients that may need interpretation services, CTSS day treatment staff will contract with Project Fine, a non-



profit interpreter service based out of Winona, to ensure our services are both culturally and linguistically appropriate for all clients.

### **Non Standard Treatment**

When non-traditional or unconventional practices are recommended/used, Family & Children's Center must obtain the informed consent of the client, or, in the case of a minor, of the client's family/legal guardian. The case must also be reviewed at the PQI quarterly meeting.

If non-traditional or unconventional interventions are permitted providers should:

- a. explain the risks and benefits
- b. explain treatment alternatives
- c. ensure proper qualification or certifications have been met to provider service
- d. monitor and document use and effectiveness.

### **Discontinuation of interventions**

Any intervention should be discontinued if it produces adverse side effects or is deemed unacceptable according to prevailing professional standards.

### **Prohibited Interventions**

Providers are prohibited from using the following in any capacity of their practice:

1. corporal punishment
2. aversive stimuli
3. interventions that involve withholding nutrition or hydration or that inflict physical or psychological pain
4. demeaning, shaming or degrading language or activities
5. forced physical exercise to eliminate behaviors
6. unwarranted use of invasive procedures or activities of disciplinary action
7. punitive work assignments
8. punishment by peers
9. group punishment or discipline for individual behaviors

## **GETTING HELP**

Support for services provided can be obtained by connecting with your Clinical or Administrative Supervisor.

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<b>Procedure Name:</b>	DAY TREATMENT ADMISSIONS PROCESS
<b>Procedure Number:</b>	302
<b>Domain:</b>	Minnesota Day Treatment/Children's Therapeutic Services and Supports (CTSS)
<b>Approved By:</b>	Leah Morken, Director of Minnesota Services
<b>Created/Written By:</b>	Leah Morken, Director of Minnesota Services
<b>Effective Date:</b>	7/13/2017
<b>Date(s) of Revision:</b>	7/17/2017
<b>References:</b>	F244-1024 Day Treatment Informed Consent and Client Rights, F244-1026 Day Treatment Rules and Regulations, F245-1029 Payment Agreement, F244-1500 Day Treatment Emergency Medical Authorization, F244-1033 Permission for Communication, F244-1013 Post Discharge Research Consent, F244-1033 Permission for Communication, F244-1000 Authorization for Use & Disclosure of Health Information

## STATEMENT OF PURPOSE

Family & Children's Center serves children and adolescents in the CTSS Day Treatment program. Clients are referred by an outside agent (parent, school, etc.) The admission criteria procedure details the protocol for CTSS day treatment admission and outlines steps to refer clients to alternative services when needed.

## AREAS OF RESPONSIBILITY

Director of Minnesota Programs, Coordinators of Community Services and Program Case Managers maintain positive relationships to ensure that all clients, referral sources, and staff are receiving the highest quality services in a manner consistent with FCC's mission, vision, and values.

Administrative Assistants are responsible to client files by obtaining, recording and updating personal and financial information in accordance with agency policies and governing standards. They must adhere to all laws of client rights, confidentiality and privacy as governed by HIPPA, governing standards, and FCC.

## PROCEDURE

### I. Initial Contact

- a. It is necessary to determine the type of service a client is seeking and with which provider to schedule.
- b. Have the referral source fill out a Winona Services Open Enrollment Referral form with necessary demographic information. If the referral Source is admitted through the Special Education Department of the Winona Area Public School district have the referral Source fill out the IEP referral form.
- c. Once the referral form is received by the Director of Minnesota Services a copy will be placed in the Program Case Manager the Program Coordinator and the Program Therapist mailbox



- d. The Coordinator will send the referral form to the revenue cycle team and the revenue cycle team will verify insurance benefits including client deductible, coinsurance, out-of-pocket maximum, and prior authorization requirements.
  - e. The revenue cycle team will check Procentive to see if client is already in the system.
    - i. If client is in Procentive and has a past due balance, it is necessary to get payment in full or set up a payment plan prior to client resuming services.
    - ii. If client is not in Procentive, the revenue cycle department will enter their information in the system.
  - f. The Program Case Manager will contact the referral source about the client
- II. Scheduling
- a. After insurance verification is complete, the client needs to be contacted to schedule an intake appointment.
    - i. The intake appointment is scheduled by the Case Manager who needs to call the parent within one week of receiving the referral.
  - b. Prior to the client coming into appointment, verify that all intake documents have been entered into Procentive. The following list of documents need to be signed at intake:
    - i. F244-1024 Informed consent and client rights (If client is 16 years or older they must sign along with their parents.)
    - ii. F244-1026 Rules and Regulations
    - iii. F244- 1029 Payment agreement (click the appropriate provider, add insurance number)
    - iv. F244-1500 Emergency medical authorization (fill out with parent to get medical information)
    - v. Cancellation Policy/Out of Session Policy(this is a paper form)
    - vi. Drug and Alcohol Policy (as needed per program-paper form)
    - vii. F244-1033 Permission for communication (select preferred method)
    - viii. F244-1013 Post-Discharge Research Consent
    - ix. F244-1033 Permission for Communication
    - x. F244-1000 Authorization for Use & Disclosure of Health Information (fill out appropriate boxes prior to intake)
    - xi. Provide a hard copy of the HIPPA privacy packet
    - xii. F244-1001 Notice of privacy practices of written acknowledgement receipt
    - xiii. SDQ – parent and student forms (any child 11 and up needs to fill out the student form)





- xiv. Give parent the pre-diagnostic assessment packets to complete for DA session

### III. Intake Appointments

- a. Review required intake forms (listed above) with client and have them sign electronically or complete paper forms then scan into client's Procentive account.
- b. Get a copy of the front and back of the client's insurance card and scan into their Procentive account.
- c. Verify insurance and demographic information provided by client to ensure information is entered correctly into Procentive.

### IV. Diagnostic Assessment

- a. The Program Therapist completes the Master Medication and Allergy Log prior to the Diagnostic Assessment
- b. The Program Therapist completes Diagnostic Assessment Interview and write-up.
- c. The Program Therapist completes the CASII.
- d. The Program Therapist starts the Individual Treatment Plan after the Diagnostic Assessment is completed and signed. The Program Therapist will then ticket the Individual Treatment Plan to the Program Case Manager.
- e. The Individual Treatment Plan needs to be signed by the client's parents and client prior to an individual starting programming.
- f. The Program Case Manager starts the Crisis Plan and then tickets the Program Therapist in Procentive.

### V. Prior to the first day of programming

- a. The Program Case Manager completes the daily point sheet, mailing labels and adds the new contacts to the list for weekly documentation.

### VI. Referral

- a. Clients that do not meet the admission criteria or cannot be served promptly are referred or connected to appropriate providers. The Director of Minnesota Programs maintains the referral list.
- b. Several agencies on the referral list include:  
Winona Health, Hiawatha Valley Mental Health Center, Common Ground, Legacies, Winona Counseling services, Winona County Human Services or other appropriate mental health service.

## GETTING HELP

For questions or further clarifications regarding the Admissions Process Procedure, please contact the Director of Minnesota programs or the Coordinator of Community Services.

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<b>Procedure Name:</b>	GENERAL GUIDELINES: CLINICAL INFRASTRUCTURE REQUIREMENTS
<b>Procedure Number:</b>	303
<b>Domain:</b>	Minnesota Day Treatment/Children's Therapeutic Services and Supports (CTSS)
<b>Approved By:</b>	Leah Morken, Director of MN Programs
<b>Created/Written By:</b>	Leah Morken, Director of MN Programs
<b>Effective Date:</b>	1/1/2017
<b>Date(s) of Revision:</b>	
<b>References:</b>	

## STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters Clinical Infrastructure Requirements for Children's Therapeutic Services and Supports (CTSS). These are the Clinical Infrastructure Requirements.

## AREAS OF RESPONSIBILITY

All Minnesota Day Treatment staff have the responsibility for aspects of daily control and coordination of the procedure. The Community Services Coordinator and Program Clinical Supervisor have the responsibility to maintain the aspects of the Clinical Infrastructure requirements.

## PROCEDURE

The Minnesota Department of Human Services (DHS) determines that a provider must have a certain clinical infrastructure to be CTSS certified.

The following are the requirements of the provider:

- The provider must use a diagnostic assessment, individualized treatment plan, service delivery, and individual treatment plan review.
- Clinical documentation must be culturally competent, child-centered, and family-driven.
- Clinical procedures must be updated at least every three years.
- Clinical procedures must be distributed to staff initially, at the time of every update, and staff must be trained accordingly.

## GETTING HELP

The Community Services Coordinator and Program Clinical Coordinator of the CTSS Minnesota Day Treatment program should be contacted for help if there are questions Clinical Infrastructure requirements of CTSS in Minnesota.

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<b>Procedure Name:</b>	DIAGNOSTIC ASSESSMENT
<b>Procedure Number:</b>	304
<b>Domain:</b>	Minnesota Day Treatment/Children's Therapeutic Services and Supports (CTSS)
<b>Approved By:</b>	Leah Morken, Director of MN Programs
<b>Created/Written By:</b>	Leah Morken, Director of MN Programs, Alicia Hengel, Coordinator of Community Services
<b>Effective Date:</b>	1/1/2017
<b>Date(s) of Revision:</b>	8/1/2017
<b>References:</b>	

## STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for the diagnostic assessment for Children's Therapeutic Services and Supports (CTSS). Diagnostic Assessments must be individualized, strengths-based, comprehensive, and culturally responsive in order to facilitate clinically sound treatment planning and provision.

## AREAS OF RESPONSIBILITY

All Minnesota Day Treatment staff have the responsibility for aspects of daily control and coordination of the procedure. The program therapist, clinical trainee and the clinical supervisor have the responsibility to maintain the aspects of the diagnostic assessment.

## PROCEDURE

### QUALIFIED STAFF:

A diagnostic assessment (DA) is a written report that documents the clinical and functional face-to-face evaluation of a recipient's mental health. A DA is necessary to determine a child's eligibility for mental health day treatment services. Agency staff who conduct assessments are qualified by training, skill, experience, and ongoing supervision/consultation. The following mental health professionals may render a diagnostic assessment:

- Clinical Nurse Specialist (CNS)
- Licensed Independent Clinical Social Worker (LICSW)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Professional Clinical Counselor (LPCC)
- Licensed Psychologist (LP)
- Psychiatric Nurse Practitioner (NP)
- Psychiatrist

In addition, the following individuals may render a diagnostic assessment:

- Mental health practitioners who qualify as a clinical trainees (overseen by a Clinical Supervisor)



- An individual certified by a tribal council as a mental health professional, serving a federally recognized tribe

#### **DIAGNOSTIC ASSESSMENT PROVISION:**

The Minnesota Department of Human Services (DHS) determines that a provider must have a policy/procedure in place for providing or obtaining a diagnostic assessment.

The following are the requirements of the provider:

- The diagnostic assessment must identify acute and chronic clinical disorders, co-occurring medical conditions, and sources of psychological and environmental problems.
- The diagnostic assessment must include baselines and a functional assessment.
- The functional assessment portion of the diagnostic assessment must include a summary of the client's individual strengths and needs.
- When a baseline measure cannot be obtained in a one-session standard diagnostic assessment or are not provided by an outside or independent assessment, the provider must determine the missing information within 30 days and amend the child's DA.
- OR the baselines could also be incorporated into the child's individual treatment plan.

#### **FACTORS EVALUATED IN DIAGNOSTIC ASSESSMENT:**

The diagnostic assessment is a written evaluation of the client's:

- Current life situation and sources of stress, including reasons for referral;
- History of the person's current mental health problem, including important developmental incidents, strengths, and vulnerabilities;
- Current functioning, symptoms, and developmental level;
- Social, emotional, physical/medical, educational, and psychological functioning, needs, strengths, and goals
- Cultural factors such as the individual's religious/spiritual practices and beliefs, racial and ethnic background, and sexual orientation.
- Diagnosis including whether or not the person has a serious and persistent mental illness or severe emotional disturbance; and
- Needed mental health services.

Information gathered in a diagnostic assessment is comprehensive and focused on concerns identified by the client, family, and referrals source upon intake. Clinical staff including Therapist, Clinical Trainee, and/or Clinical Supervisor will determine the appropriate diagnostic assessment format based on the client's presenting concerns, age, developmental level, and service needs. Various forms of diagnostic assessments include: Brief, Standard, Extended, and DC 0-5 (children 0-5 years of age). See Diagnostic Assessment section of Minnesota Department of Human Services website (<http://www.dhs.state.mn.us>) for full description of DA required



components. All assessments will be completed and reviewed by Clinical Supervisors (as appropriate) within two weeks of clinical interview completion. Deviations to this timeframe will be determined on a case by case basis. Diagnostic assessments for children are to be updated every 12 months.

#### **EXPLANATION OF FINDINGS:**

Following completion of the diagnostic assessment, the service provider will meet with the child, parent/guardian, or other responsible persons to discuss the explanation of findings. During this meeting, the clinical staff will discuss the analysis and explanation of the diagnostic assessment, psychological test(s), treatment recommendations/plan, consultation with special mental health consultants, or other accumulated data and recommendations.

#### **DIAGNOSTIC TOOLS/ASSESSMENT MEASURES:**

When applicable, collateral contact with treatment team members/referral sources, review of records, and additional assessment materials will be incorporated into the assessment process. All Minnesota Day Treatments are required to complete specific assessment tools for all youth enrolled in programming. Upon intake, the client, family, and school teacher complete a Strengths and Difficulties Questionnaire (SDQ) for all clients 4-17 years old. The program clinician is responsible for completing the Child and Adolescent Service Intensity Instrument (CASII) for all clients 5- 17 years old. The program clinician is responsible for completing the Early Childhood Services Intensity Instrument (ECSII) for youth 0-5 years old. These tools are completed and scored prior to beginning services, every 6 months through out treatment, and at completion of the program.

#### **GETTING HELP**

The Clinical Supervisor of the CTSS Minnesota Day Treatment program should be contacted for help if there are questions about the diagnostic assessment requirements of CTSS in Minnesota.

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<b>Procedure Name:</b>	INDIVIDUAL TREATMENT PLAN
<b>Procedure Number:</b>	305
<b>Domain:</b>	Minnesota Day Treatment/Children's Therapeutic Services and Supports (CTSS)
<b>Approved By:</b>	Leah Morken, Director of MN Programs
<b>Created/Written By:</b>	Leah Morken, Director of MN Programs; Alicia Hengel, Coordinator of Community Services
<b>Effective Date:</b>	1/1/2017
<b>Date(s) of Revision:</b>	8/15/2017
<b>References:</b>	

## STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for the individual treatment plan for Children's Therapeutic Services and Supports (CTSS).

## AREAS OF RESPONSIBILITY

All Minnesota Day Treatment staff have the responsibility for aspects of daily control and coordination of the procedure. The program therapist, clinical trainee, program case manager and the clinical supervisor have the responsibility to maintain the aspects of the individual treatment plan.

## PROCEDURE

An individual treatment plan will be generated for each client based on the information and outcome of the diagnostic assessment. Additional information will be gathered, as needed, from the child/adolescent, parent/guardian, referral source, and other treatment team members to aide in the development of the treatment plan. Treatment plans will be completed within 7 days following the completion of the diagnostic assessment. This timeline may be expedited when crisis or urgent need is identified. The Minnesota Department of Human Services (DHS) determines that a provider must have a policy/procedure in place for developing an individual treatment plan.

The following are the requirements of the provider:

- The individual treatment plan is based on the information in the child's diagnostic assessment including the baseline information. Treatment plans address a range of client needs including but not limited to psychological and emotional needs, educational/vocational functioning, social functioning, and cultural needs. Treatment plans will identify ways to address substance use treatment needs and physical health needs as appropriate to provider scope of practice.
- The individual treatment plan must have identified goals and objectives of treatment, treatment strategy, schedule for accomplishing treatment goals and objectives, and the individuals responsible for providing treatment services and supports.



- The individual treatment plan is developed after the completion of the diagnostic assessment and before the start of CTSS.
- The individual treatment plan is developed through child-centered, family-driven and culturally appropriate planning process. This includes allowing parents and guardians to observe or participate in individual and family treatment services, assessment, and treatment planning.
- The individual treatment plan must be reviewed within the first 30-60 days and needs to be reviewed at least once every 90 days thereafter, and revised, if necessary, to document treatment progress for each goal or objective. If progress is not documented there needs to be documentation on the changes in treatment. Program Case Manager schedules and facilitates treatment plan review meetings, which include client, parent/guardian, treatment team members, and informal client supports (with the consent of the individual/parent).
- The individual treatment plan needs to be signed by the clinical supervisor and by the client or the client's parent or other person authorized by statute to consent to mental health services for the client prior to onset of services and at regularly scheduled reviews. Prior to signing the individual treatment plan program Therapist and/or Case Manager will explain various aspects of the treatment plan, including service options; how services can support achievement of goals/objectives; and benefits, alternatives, and consequences of planned services. The client's parent may approve the client's individual treatment plan by secure electronic signature or by documented oral approval that is later followed by a written signature.
- Additional information in the treatment plan will include client strengths/supports; cultural factors; a plan for case coordination; treatment team members (internal and external providers); medication information; referrals made during treatment or for aftercare; and description of discharge plan.

## GETTING HELP

The Clinical Supervisor of the CTSS Minnesota Day Treatment program should be contacted for help if there are questions about the individual treatment plan requirements of CTSS in Minnesota.

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<b>Procedure Name:</b>	CLINICAL SUPERVISION PLANS
<b>Procedure Number:</b>	306
<b>Domain:</b>	Minnesota Day Treatment/Children's Therapeutic Services and Supports (CTSS)
<b>Approved By:</b>	Leah Morken, Director of MN Programs
<b>Created/Written By:</b>	Leah Morken, Director of MN Programs
<b>Effective Date:</b>	1/1/2017
<b>Date(s) of Revision:</b>	7/11/2017
<b>References:</b>	

## STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for the clinical supervision plans for mental health practitioners working in Children's Therapeutic Services and Supports (CTSS).

## AREAS OF RESPONSIBILITY

All Minnesota Day Treatment staff have the responsibility for aspects of daily control and coordination of the procedure. The mental health practitioner and the clinical supervisor have responsibility for ensuring the clinical supervision plans are in place.

## PROCEDURE

The Minnesota Department of Human Services (DHS) determines that a provider must have a procedure in place for providing clinical supervision plans.

The following are the requirements of the provider:

- A mental health professional must document supervision that the professional provides by cosigning individual treatment plans and making entries in the client's record on supervisory activities.
- The clinical supervisor also shall document supervisee-specific supervision information in the supervisee's personnel file.
- Clinical supervision does not include the authority to make or terminate court-ordered placements of the child.
- A clinical supervisor must be available for urgent consultation as required by the client.
- Clinical supervision can occur individually or in a small group, that discusses treatment and review clients' progress towards their treatment goals.
- The focus of the supervision needs to be the client's treatment needs and the mental health practitioner's ability to provide services.
- Medical assistance will reimburse for the services provided by the mental health practitioner who is delivering services that fall into the scope of the practitioners practice





and is supervised by a mental health professional who accepts full professional responsibility.

- The mental health professional must be present at the site of delivery of the service of the mental health professional and observe as clinically appropriate when the mental health practitioner is providing CTSS services.

## GETTING HELP

The Clinical Supervisor of the CTSS Minnesota Day Treatment program should be contacted for help if there are questions about the clinical supervision plan requirements of CTSS in Minnesota.

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<b>Procedure Name:</b>	PROGRAM CLINICAL SUPERVISION
<b>Procedure Number:</b>	307
<b>Domain:</b>	Minnesota Day Treatment/Children's Therapeutic Services and Supports (CTSS)
<b>Approved By:</b>	Leah Morken, Director of MN Programs
<b>Created/Written By:</b>	Leah Morken, Director of MN Programs; Alicia Hengel, Coordinator of Community Services
<b>Effective Date:</b>	1/1/2017
<b>Date(s) of Revision:</b>	
<b>References:</b>	

## STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for the clinical supervision of Children's Therapeutic Services and Supports (CTSS) programs based on Minnesota Department of Human Services standards.

## AREAS OF RESPONSIBILITY

All Minnesota Day Treatment staff have the responsibility for aspects of daily control and coordination of the procedure. Clinical supervisor has the responsibility to ensure that the procedure for clinical supervision of programs is followed.

## PROCEDURE

The Minnesota Department of Human Services (DHS) determines that a provider must have a policy/procedure in place for providing clinical supervision to CTSS program. The Clinical Supervisor is responsible for proper clinical functioning of the Day Treatment Program. Clinical Supervisor must be a licensed mental health professional enrolled as a provider of Minnesota Health Care Programs. The following are the requirements of the clinical supervisor:

- The clinical supervisor must be present and available on the premises more than 50 percent of the time in a provider's standard working week during which the supervisee is providing a mental health service.
- The clinical supervisor must review, approve, and sign the diagnostic assessment and the individual treatment plan or a change in diagnosis or individual treatment plan.
- Every 30 days the clinical supervisor must review and sign a record indicating the supervisor has reviewed the client's care for all activities in the preceding 30-day period.

The Clinical Supervisor will provide group supervision during weekly staff meetings. One-on-one supervision will be provided through review of work and verbal feedback regarding suggested improvements and staff development. Additionally, FCC has other resource persons that will be available for consultation on an as-needed basis. These people include psychologists, psychiatrists, and local "experts" on a variety of topics.



## GETTING HELP

The Clinical Supervisor of the CTSS Minnesota Day Treatment program should be contacted for help if there are questions about the clinical supervision requirements of CTSS in Minnesota.

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<b>Procedure Name:</b>	SERVICE DELIVERY CRITERIA
<b>Procedure Number:</b>	308
<b>Domain:</b>	Minnesota Day Treatment/Children's Therapeutic Services and Supports (CTSS)
<b>Approved By:</b>	Leah Morken, Director of MN Programs
<b>Created/Written By:</b>	Leah Morken, Director of MN Programs
<b>Effective Date:</b>	1/1/2017
<b>Date(s) of Revision:</b>	7/11/2017
<b>References:</b>	

## STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for the service delivery criteria of Children's Therapeutic Services and Supports (CTSS) programs.

## AREAS OF RESPONSIBILITY

All Minnesota Day Treatment staff have the responsibility for aspects of daily control and coordination of the procedure. The clinical supervisor and community services coordinator have the responsibility to ensure that the procedure for service delivery of programs is followed.

## PROCEDURE

The Minnesota Department of Human Services (DHS) determines that a provider must have a procedure in place for service delivery of a CTSS program.

The following are the requirements of service delivery:

## GENERAL REQUIREMENTS

- Each provider must have a caseload size that permits the provider to provide services to clients with severe and complex needs and clients with less intensive needs. The case load size should allow the provider time to be active in the service planning, monitoring, and delivery of services to meet both the needs of the client and the client's family, which is specified in the individual's treatment plan.
- The staffing and facility must ensure that client's health, safety, and protection of rights along with being able to implement programming to help the client reach the objectives on their individualized treatment plan.
- A day treatment program is provided to a group of individuals by a team of mental health providers under the supervision of a mental health professional.
  - Group Psychotherapy services must be provided by a mental health professional or clinical trainee under clinical supervision of a mental



health professional at the ratio of one mental health professional for 3-8 recipients and two mental health professionals for 9-12 recipients.

- Group Skills will be staffed as follows. One professional or one clinical trainee or one practitioner under clinical supervision of a licensed mental health professional must work with a group of three to eight recipients. Two professionals or two clinical trainees or two practitioners under clinical supervision of a licensed mental health professional, or one professional or one clinical trainee plus one practitioner must work with a group of nine to 12 recipients.
- The day treatment program must be in a community mental health center that meets the requirements under section 245.62 of Minnesota Statutes.
  - The day treatment program must stabilize the client's mental health status and improve the client's independent and socialization skills.
  - The goal of the day treatment program is to reduce or relieve the effects of mental illness and enable the client to be successful in the community.
  - The program must be available year round for at least three to five days per week, two or three hours per day, unless the normal five day school week is shortened by a holiday, weather related cancellation, or district wide reduction in the school week.
  - Day treatment programs are not a part of residential or inpatient programs.
  - When a day treatment group temporarily falls below the minimum group size requirement because of a member's absence medical assistance covers the group session conducted for the group in attendance.
  - To be eligible for CTSS medical assistance payment Family & Children's Center must:
  - Provide individual, family, or group psychotherapy to address the child's underlying mental health disorder that is documented as part of the child's ongoing treatment.
  - The provider must provide medically necessary psychotherapy unless the child's parent or caregiver chooses not to receive it. If the provider deems that it is not medically necessary for the child to receive psychotherapy for a period of 90 days or longer, the provider entity must document the medical reasons as to why psychotherapy is not necessary. If psychotherapy can no longer be provided because of a shortage of licensed mental health professionals in the child's community, the lack of access needs to be documented in the child's medical record.
  - Crisis assistance for the child and child's family needs to include a written plan that anticipates the particular factors specific to the child that may precipitate a psychiatric crisis for the child in the near future. The written plan needs to document the actions that the family should be prepared to take to resolve or stabilize a crisis. These actions should include advance arrangements for direct intervention and support services for the child



and child's family. Crisis assistance also includes preparing resources to address changes in the functioning of the child or the child's family when a sudden change in behavior or loss of coping mechanisms is observed or if the child begins to present as a danger to themselves or others.

### **SKILLS TRAINING SERVICE COMPONENTS**

- Provide individual, family, or group skills training that is provided by a mental health professional or a mental health practitioner who is delivering skills that fall within the scope of the practitioner's practice and is supervised by a mental health professional who accepts full responsibility for the training. Skills training has the following requirements:
- A mental health professional, a clinical trainee, or a mental health practitioner can provide skills training.
- Skills training provided to the individual or family must be targeted to the specific deficits of the child's mental health disorder and must be prescribed in the child's individual treatment plan.
- The mental health professional supervising the delivery of skills training must document the underlying psychiatric condition and document how skills training is being used in conjunction with psychotherapy.
- Skills training that is delivered to the child's family must teach skills needed by parents to enhance the child's skill development, to help the child use daily life skills, and to develop or maintain a home environment that supports the child to use their skills.
- Group skills training may be provided to multiple recipients show because of the nature of their emotional, behavioral, or social dysfunction can all benefit from the interactions in a group setting.

### **SERVICE DELIVERY FOR TRANSITIONING CLIENTS**

- A child that is transitioning into or out of day treatment must receive a minimum of one day per week for a two-hour time block of programming. This two-hour time block must include at least one hour of patient, family, and/or group psychotherapy. The remainder of the treatment program may include patient, family, and/or group psychotherapy, and individual and/or group skills if included in the client's individual treatment plan.
- The day treatment program may provide fewer than the minimally required hours for a child during a billing period if the child is transitioning into or out of the program.

### **GETTING HELP**

The Clinical Supervisor of the CTSS Minnesota Day Treatment program should be contacted for help if there are questions about the clinical supervision plan requirements of CTSS in Minnesota.

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<b>Procedure Name:</b>	CTSS DAY TREATMENT DISCHARGE PROCEDURE
<b>Procedure Number:</b>	309
<b>Domain:</b>	CTSS Day Treatment- Winona
<b>Approved By:</b>	Leah Morken, Director of Minnesota Services
<b>Created/Written By:</b>	Alicia Hengel, Coordinator of Community Services
<b>Effective Date:</b>	7/5/2017
<b>Date(s) of Revision:</b>	8/1/2017
<b>References:</b>	Post-Discharge Survey, Strengths and Difficulties Questionnaire (SDQ), Child Adolescent Service Intensity Instrument (CASII)

## STATEMENT OF PURPOSE

Case closing, discharge, and aftercare planning shall be part of the treatment plan review process. Discharge planning will include detailed information regarding requirements and schedule of a client's transition out of programming, necessary aftercare services, and plans for implementation. Upon discharge, appropriate documentation is to be completed by program staff.

## AREAS OF RESPONSIBILITY

Case Managers and Program Therapists are responsible for ongoing discharge planning with clients, parents/guardians, and treatment team members. They are to complete appropriate documentation upon client termination.

Clinical Supervisors and Program Coordinators are responsible for reviewing discharge, termination, and aftercare plans and documentation prior to and following implementation.

Administrative Assistant is responsible for assisting with Post-Discharge Satisfaction Surveys and scanning of discharge documents into electronic health records as described below.

## PROCEDURE

Upon intake into day treatment programming individualized treatment planning is completed including the development of long-term and short-term goals. Individual treatment goals are discussed with the child, parent, and members of the treatment team, including a discharge plan for when goals are obtained. Upon goal attainment, including a reported improvement in functioning across multiple domains (home, school, community, etc.) a discharge plan will be discussed with the client, the client's parent/guardian, and his/her treatment team. Discharge planning will include client expectations and timeline for transition, recommended aftercare services, and plans for implementation. Aftercare plan will identify services needed or desired by the client and his/her parent/guardian. This plan will specify steps for obtaining these services and program Case Manager/Therapist will follow up on the aftercare plan, as appropriate, when



possible, and with the permission of the service recipient. Program staff will provide clients with contact information for appropriate aftercare service providers.

Case managers will work collaboratively with families, schools, and community support agencies to address transition issues including: referral, consulting, advocacy, participation in IEP meetings, development of community crisis plans etc.

Termination of day treatment services prior to treatment goal attainment shall occur only through consensus between the client, social worker, treatment staff, and court (as appropriate). The decision to terminate treatment will be guided by the following parameters:

1. Client has met treatment goals.
2. Further participation is unlikely to provide any reasonable benefit to the client.
3. More restrictive placement is necessary.
4. Out of home placement outside of service area has occurred and has or is likely to last an extended period of time (more than 30 days).
5. The client's behavior or condition is such that there is a serious risk of harm to others.

All involved parties, including but not limited to client, parent/legal guardian, referral source, and treatment team members, will be given a minimum of seven days notice regarding termination of services. An exception to this policy will be made for cases of imminent danger.

When a child's third-party benefits/payments end, program staff including Clinical Supervisor, Coordinator, and/or Director will determine appropriate actions, including but not limited to providing services until appropriate arrangements are made and working with the person/family to identify other service options. Appropriate actions will be determined on a case-by-case basis based on the individual client's needs.

## **DOCUMENTATION**

Upon discharge from CTSS day treatment programming, program Case Manager(s) and Therapist(s) will complete discharge documentation including final treatment plan to review treatment progress and discharge summary. Program Therapist will complete a discharge Child Adolescent Service Intensity Instrument (CASII). Program Case Manager will have the appropriate individuals complete the child, parent/guardian, and/or teacher forms of the follow-up Strengths and Difficulties Questionnaire (SDQ). Upon completion, Case Manager will give copies of completed SDQ forms to Administrative Assistant and Program Director.

Administrative Assistant will scan a copy of the SDQ into the client's electronic health record.





Program Director will input CASII and SDQ scores into MN-ITS system. Discharge documentation will be completed within 30 days of the discharge date and are to be sent to the Clinical Supervisor and Program Coordinator for review. Clinical Supervisor and Program Coordinator are responsible for training Case Managers and Therapists on proper completion of these documents.

Program Case Manager is responsible for notifying the Administrative Assistant of a client's discharge via completion of the Satisfaction Survey Request form. The Administrative Assistant is responsible for sending Post-Discharge Satisfaction Surveys to the client's parent/guardian and the referral source. Post-Discharge Satisfaction surveys are to be sent out within 30 days of discharge. Administrative Assistant will maintain a record of when surveys were sent out and if/when, surveys were returned by utilizing the Satisfaction Survey Request form. See Post-Discharge Survey policy for further details.

Discharge treatment plan and discharge summary may be provided to the court or other public agency with jurisdiction over the youth, upon request and in compliance with parent/guardian consent. This assessment identifies unmet needs, degree to which goals were achieved or not achieved, and reasons for discontinuation of services.

## **GETTING HELP**

For assistance contact Program Coordinator, Clinical Supervisor, or Program Director.

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<b>Procedure Name:</b>	CRISIS ASSISTANCE
<b>Procedure Number:</b>	310
<b>Domain:</b>	Minnesota Day Treatment/Children's Therapeutic Services and Supports (CTSS)
<b>Approved By:</b>	Leah Morken, Director of MN Programs
<b>Created/Written By:</b>	Alicia Hengel, Coordinator of Community Services
<b>Effective Date:</b>	8/4/2017
<b>Date(s) of Revision:</b>	
<b>References:</b>	

## STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for crisis assistance and crisis planning for clients enrolled in Children's Therapeutic Services and Supports (CTSS).

## AREAS OF RESPONSIBILITY

Program Therapist, Clinical Trainee, Program Case Manager and the Clinical Supervisor have responsibility over creating and reviewing individual crisis plans. All program staff have responsibility over following individual crisis assistance plans.

## PROCEDURE

Per CTSS Day Treatment requirements, program staff will create an individualized crisis plan to utilize during times crisis assistance is required. Crisis assistance is for the child, the child's family and all providers of services in order to: recognize factors precipitating a mental health crisis; identify behaviors related to the crisis; be informed of available resources (individual and family) to resolve the crisis. Crisis assistance requires the development of a written plan that addresses prevention and intervention strategies in a potential crisis, including plans for:

- Actions the family should be prepared to take to resolve or stabilize a crisis
- Arranging admission to acute care hospital inpatient treatment/Crisis placement
- Community resources for follow-up
- Emotional support to the family during crisis

Crisis plans will be created and signed by Case Manager, Therapist, Clinical Supervisor, client, and his/her parent or guardian prior to entry into the program. Crisis plans will be reviewed and amended as needed by program staff, with input from the client, parent/guardian, and members of the treatment team 30 days following initial crisis plan approval and every 60 days thereafter.

## GETTING HELP

The Clinical Supervisor of the CTSS Minnesota Day Treatment program should be contacted for help if there are questions about crisis planning/assistance. [Back to Table of Contents](#)



<b>Procedure Name:</b>	SERVICE PLANNING AND MONITORING
<b>Procedure Number:</b>	311
<b>Domain:</b>	Minnesota Day Treatment/Children's Therapeutic Services and Supports (CTSS)
<b>Approved By:</b>	Leah Morken, Director of Minnesota Programs
<b>Created/Written By:</b>	Alicia Hengel, Coordinator of Community Services
<b>Effective Date:</b>	1/1/2017
<b>Date(s) of Revision:</b>	8/15/2017
<b>References:</b>	

## STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for service monitoring and community agency collaboration for Children's Therapeutic Services and Supports (CTSS).

## AREAS OF RESPONSIBILITY

All Minnesota Day Treatment staff have the responsibility for aspects of daily control and coordination of the procedure. The program therapist, clinical trainee, program case manager and the clinical supervisor have responsibility over community collaboration and service monitoring.

## PROCEDURE

### REVIEW OF CASE PROGRESS

A Weekly Progress Report will be written by program staff and reviewed by the Case Manager and Therapist to report on client progress. The progress report will include specific information related to the client's treatment goals. Treatment plan reviews, or staffings, will include a meeting to bring together the multidisciplinary team for discussion of client progress. The treatment plan review/staffing is documented in the form of a Treatment Plan Review. This documentation will include the number of days of service delivered, client attendance data, client progress, or lack of progress, toward treatment goals, suggested changes to the treatment plan, any suggested referrals to community programs or services, and reports from collateral sources. Cases will be reviewed by the multi-disciplinary team 30 days following initial treatment plan approval and every 60 days thereafter.

Progress in treatment will be discussed and evaluated monthly during a staff team meeting with the Clinical Supervisor present. Client progress, including changes in the child's life, strengths, areas for improvement, and plan of action will be discussed and documented through a monthly Case Consultation note. Case Consultations will be done at a minimum of one hour consultation per 30 calendar days. Clinical Supervisor recommendations and changes to the treatment plan are documented in the Case Consultation form. Program Case Manager, Therapist, Coordinator, direct care staff, and Clinical Supervisor will sign Case Consultation report.



## **COMMUNITY AGENCY COLLABORATION**

Program Staff will assist in working with schools, as academic programs are adjusted to accommodate day treatment programming service times. Children attend a local school for the morning and Family & Children's Center works with the school to ensure there is transportation to and from programming. School related issues will be incorporated into treatment planning through case management services. Case management will serve to facilitate collaboration and monitoring of client progress between all other involved community service providers such as Schools, County DHS, Medical Clinics, Ongoing Mental Health Services, Foster Homes, Alternative Placement Agencies.

The multidisciplinary team meets within the first 30 days of admission and at least every 60 days thereafter (or sooner as determined by the team) to review progress, establish/review treatment goals, identify any changes or additional levels of care that might be needed within day treatment program or any community supports that would be supportive, discusses initial transition/aftercare plans at this time to set the stage for a successful transition. Written reports are generated from these meetings and are routed to all members of the multidisciplinary team.

## **GETTING HELP**

The Clinical Supervisor of the CTSS Minnesota Day Treatment program should be contacted for help if there are questions about service monitoring and community agency collaboration.

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<b>Procedure Name:</b>	SERVICES FOR FAMILIES/FAMILY INVOLVEMENT
<b>Procedure Number:</b>	312
<b>Domain:</b>	Minnesota Day Treatment/Children's Therapeutic Services and Supports (CTSS)
<b>Approved By:</b>	Leah Morken, Director of MN Programs
<b>Created/Written By:</b>	Alicia Hengel, Coordinator of Community Services
<b>Effective Date:</b>	8/15/2017
<b>Date(s) of Revision:</b>	
<b>References:</b>	

## STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients and their families. This procedure is intended to set parameters for involvement of the individual client's family members in assessment, treatment planning, and service provision in Children's Therapeutic Services & Supports day treatment programs.

## AREAS OF RESPONSIBILITY

All Minnesota Day Treatment staff have the responsibility for aspects of daily control and coordination of the procedure. The program therapist, clinical trainee, program case manager, and the clinical supervisor have the responsibility over communication of and follow through with expectations for family involvement in day treatment services.

## PROCEDURE

### FAMILY SERVICES

Families are offered services in the form of family psychotherapy, family skills, family psycho-education, as well as referral/connection to community support services. Appropriateness of services is determined on an individual basis through completion of a diagnostic assessment. These services are available as a means of furthering support and strengthening family systems. Parents and/or guardians will be provided options based on family need and desire. Appropriate referrals will be made to outpatient family psychotherapy services, if applicable. Coordination of care will take place between program staff (case manager(s), therapist, clinical trainee, and clinical supervisor) and any outpatient therapy provider with the family's consent.

### INVOLVEMENT OF FAMILIES

Families will be involved and supported in their child's day treatment experience through case management contact. We support a variety of communication avenues such as face-to-face contact, phone, email, and written. When starting the program every family is provided with contact information for program staff including program case manager, therapist/clinical trainee, coordinator, and clinical supervisor in order to provide the opportunity for daily contact with the staff related to supporting their child's success in the program. Issues that arise at home, school, and in programming are communicated daily. Upon intake, program staff discuss the importance



of frequent and ongoing communication between parent/caregiver and day treatment staff in order to provide support, consistency, and clarification regarding the child's needs. Program Case Manager is responsible for providing notification of upcoming events, treatment plan review meetings, or changes via phone contact, email, and/or by mail per parent/guardian's preference. Parents are encouraged to share their child's success and staff may structure a home sheet to support the strengthening of targeted parenting skills. If barriers arise to involvement of family members, program staff will attempt to re-establish contact and positive interactions with family members and identify/build/enhance the family's social support system, while respecting the wishes of the individual. All attempts to engage family members in treatment will be done in a flexible, confidential, non-threatening manner with respect for client/family willingness to participate in treatment.

### **TREATMENT PLANNING**

A family centered treatment team planning approach is utilized from referral to aftercare and is supported through the development of a multidisciplinary treatment team. The family is supported by day treatment team, and a wide range of other community agencies including, but not limited to school, county department of human services, counseling services, medical agencies, religious entities, mentoring agencies, parent advocacy groups, county department of corrections, and placement agencies. We believe maximum benefits come from all parties' participation in the successful planning and implementation of community supports. Our emphasis is two fold. One is to assist the child and family in identifying and developing areas of skill and strength. The second goal is that as part of the multidisciplinary team we support and assist children and families in applying those skills and strengths in a targeted therapeutic manner to address and alleviate not only current issues but to set the groundwork for their being able to successfully address future difficulties as they arise beyond their involvement in the day treatment program.

### **GETTING HELP**

The Program Coordinator and Clinical Supervisor of the CTSS Minnesota Day Treatment program should be contacted for help if there are questions about family involvement and family services for CTSS day treatment programs.

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<b>Procedure Name:</b>	EDUCATION SERVICES & COORDINATION
<b>Procedure Number:</b>	313
<b>Domain:</b>	Minnesota Day Treatment/Children's Therapeutic Services and Supports (CTSS)
<b>Approved By:</b>	Leah Morken, Director of Minnesota Programs
<b>Created/Written By:</b>	Alicia Hengel, Coordinator of Community Services
<b>Effective Date:</b>	8/15/2017
<b>Date(s) of Revision:</b>	
<b>References:</b>	

## STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for care coordination with education services for clients enrolled in Children's Therapeutic Services & Supports day treatment programs.

## AREAS OF RESPONSIBILITY

Program staff, including therapist, program Case Manager, Coordinator, and Clinical Supervisor have the responsibility over coordination of services with educational providers.

## PROCEDURE

Program Staff will assist in working with schools as academic programs are adjusted to accommodate day treatment programming. Children attend a local school for the morning and are transported to Family & Children's Center for CTSS day treatment services. Transportation to and from programming is determined on a case-by-case basis and is determined by referral/funding sources. FCC is able to provide transportation to and from programming, with alternative transportation provided through school bussing or private transportation companies. School related issues will be incorporated into treatment planning through case management services. Case management will serve to facilitate collaboration between all other involved community service providers such as county human services, department of corrections, medical providers, ongoing mental health services, foster homes, and alternative placement agencies.

Case managers will work with the schools, as needed, to hold team meetings at the schools to facilitate attendance of a range of educational perspectives and personnel. These meetings will also include the child's family members/ legal guardian(s). Program staff (case manager and therapist) are, at times, asked to participate in individual education program (IEP) meetings and the development of behavioral intervention planning. Program staff work to transfer specific emotional and behavioral management techniques/interventions into the classroom by providing materials and coaching of the intervention approach to educational staff. Advocacy services are



offered through case management, including referral to community programs such as tutoring, college preparation, vocational opportunities, and diverse educational options.

## **GETTING HELP**

The Program Coordinator and Clinical Supervisor of the CTSS Minnesota Day Treatment program should be contacted for help if there are questions about educational services/involvement for CTSS day treatment programs.

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<b>Procedure Name:</b>	MEDICATION MONITORING
<b>Procedure Number:</b>	314
<b>Domain:</b>	CTSS Day Treatment MN
<b>Approved By:</b>	Tita Yutuc, President/ CEO
<b>Created/Written By:</b>	Alicia Hengel, Coordinator of Community Services and Emily Ebbers, Coordinator of Community Services
<b>Effective Date:</b>	6/1/2018
<b>Date(s) of Revision:</b>	6/15/2018
<b>References:</b>	

### STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set protocols and controls for Medication Monitoring. Staff must meet the qualifications set forth in this procedure for medication monitoring in CTSS Day Treatment programs.

### AREAS OF RESPONSIBILITY

All Day Treatment staff have responsibility for aspects of daily control and coordination of the procedure.

All staff responsible for administering medications receive the following training as part of their orientation prior to distributing any medications. The following information outlines required training for Day Treatment staff in the Administration and Monitoring of Medications.

1. Within 6 months of hire date, the following courses need to be completed on Relias:
  - ✓ MM1-CS: Medication Management for Children's Services Paraprofessionals Part
2. Upon completing certification to monitor self-administration of medications, each employee must observe an experienced staff member dispensing medications a minimum of three times.
3. After three observations, staff will self-monitor dispensing of medications. This will be observed by dispensing medications while monitored by an experienced staff member a minimum of two times.

### PROCEDURE

#### **Medication Authorization and Storage:**

1. Upon intake, program Case Manager and/or Therapist will obtain information regarding current prescribed and over the counter medications and will document these in the F244-1500 Day Treatment Emergency/Medical Authorization form.
2. Should a client require the administration of prescribed medications during Day Treatment service hours, parent/legal guardian must have the prescribing physician fill out and return the Medication Request Form.
3. The completed Medication Request Form will be signed and dated by the parent/legal guardian and the prescribing physician. The Medication Request Form and medication(s) will be given to program Case Manager, in Rochester it will be given to



the Lead Staff or Clinical Supervisor. Medication must be maintained in original packaging and labeled with the name of person served, medication name, dosage, prescribing physician name, and number or code identifying the written order.

4. Medications will be stored in a locked box in the respective program offices. Keys to the lock boxes will be kept by the program Case Manager. In Rochester, Medications will be stored in a locked box in the respective program office. Keys to the lock box will be kept by the program Lead Staff, Case Manager and Clinical Supervisor.
5. Medication boxes are to be locked at all times when the office is unattended. The office is also locked when unattended.
6. Clients are not allowed to be in any of the staff offices. In Rochester, Clients are not allowed to be in the office that houses the Medication box.

### **Medication Administration Procedure**

1. Staff members will administer medications for clients at appropriate medication times. Check F244-1084 Medication Administration Record - Basic to determine time and dosage of medication. In Rochester, a copy of the Medication Request Form will be kept in the client's individual medication box. Staff members will administer medications for clients at appropriate medication times. Check F244-1084 Medication Administration Record - Basic to determine time and dosage of medication. Do not give without checking as medications and dosages change!
2. Double check medication in regard to name, dose, and time;
3. Triple check before giving to youth to be certain the proper medication and dose are given to the appropriate youth utilizing the right route of administration;
4. Give medication with a full glass of water. In Rochester, offer the client use of the drinking fountain.
5. Check mouth to assure swallowing;
6. Document medication administration in Medication Administration Record found in client's EHR. Each staff member will initial and sign a signature page each month. In Rochester, document medication administration in Medication Administration Record paper copy found in client's individual medication box. In Rochester, each staff member administering medication will initial after each administration and will sign a signature page each month.
7. Re-lock medication box and return key to Case Manager.
8. At any time, a child may choose to refuse prescribed medication without consequences. In this instance, the Day Treatment program staff will notify the Therapist and/or Case Manager. The Therapist and/or Case Manager will speak with the client and discuss the reason for the medication and elicit the client's concerns/reasons for refusal. The client, as appropriate for his age and cognitive abilities, will be further



informed about the purpose of the medication, anticipated concerns concerning medication refusal, and so forth. If the client continues to refuse the medication, the prescribing psychiatrist and county will be informed. In Rochester, if the client continues to refuse the medication, the parent will be informed. Documentation of every refusal will be noted in the client's Medication Administration Record.

9. Continuous monitoring of side effects, drug interactions, and benefits/risks will take place through weekly medication education groups and as client need dictates. In Rochester, continuous monitoring of side effects and drug interactions will take place through daily observation of the client. Rochester staff will notify the Clinical Supervisor of any concerns immediately. Parent will be notified of any concerns noted.
10. The Case Manager and Program Therapist will update medication changes, including dosages, as ordered by the physician, including any new side effects. This will be documented in the F244-1504 Master Medication and Allergy Log in the client's HER. In Rochester, a new Medication Administration Record will be produced and placed into the clients individual medication box.

#### **Disposal of Expired or Unused Medication:**

Family & Children's Center disposes of expired and/or unused medications, syringes, medical waste by returning unused and/or expired medication to an approved location, Genoa Pharmacy, located at 1707 Main Street in La Crosse, WI. In Rochester, expired and/or unused medications, will be returned to the parent or to the approved location for disposal: The Olmsted County Sheriff's Office has a permanent Prescription Drug Collection Box at the Olmsted County Government Center. The collection box has been placed in the vestibule of the Adult Detention Center. The box located in the vestibule will be accessible 24 hours a day, 365 days a year.

#### **Over The Counter Medications**

- A small number of Over the Counter Medications (OTC) may be supplied within the CTSS Day Treatment setting. Parents/legal guardians are given the option to consent to or decline the administration of the following over the counter medications on an as needed basis. This will be documented in the Day Treatment Emergency/Medical Authorization form in the client's electronic health record.
- Approved medications include:
  - Tylenol/Acetaminophen
  - Ibuprofen
- OTC medications shall be used on a short term basis prior to contact with their physician, nurse or prescriber



### **In the Case of a Medication Error**

Notify the Coordinator of Community Services and Clinical Supervisor immediately, and then Program Therapist and Case Manager. Contact will be made with the prescribing physician or calling the Emergency Room at Winona Health Services in order to obtain appropriate guidance and course of action. In the event that a client appears to be experiencing a medical emergency, take the client to Winona health Emergency Room for evaluation. In Rochester, Notify the Clinical Supervisor immediately. If needed, contact will be made with the prescribing physician or calling the Emergency Room at Saint Mary's Hospital in order to obtain appropriate guidance and course of action. In the event that a client appears to be experiencing an immediate medical emergency, Rochester staff will call 911 for assistance.

- Fill out **F244-1057 Medication Error** form found in the Electronic Health Record system and send to program coordinator/clinical supervisor.
- Corrective action/re-training will occur, as appropriate.

### **GETTING HELP**

The Day Treatment Services Coordinators should be contacted for help completing forms or carrying out this procedure.

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<b>Procedure Name:</b>	WINONA COMMUNITY HUB REFERRALS
<b>Procedure Number:</b>	315
<b>Domain:</b>	Minnesota Programs
<b>Approved By:</b>	Tita Yutuc, President/ CEO
<b>Created/Written By:</b>	Vanessa Southworth, Director of Minnesota Programs
<b>Effective Date:</b>	2/17/2020
<b>Date(s) of Revision:</b>	
<b>References:</b>	<a href="#">Memorandum of Understanding (MOU); Referral Criteria for Winona Community HUB</a> ; <a href="#">Children's Watch, Hunger Vital Sign</a> ; <a href="#">How To Make a Referral to Winona Community HUB</a>

## STATEMENT OF PURPOSE

This procedure outlines the process for collaboration and referrals to Winona Community HUB.

## AREAS OF RESPONSIBILITY

The Director of Minnesota Programs is responsible for ensuring all program staff are familiar with the Winona Community HUB and how to make referrals. Coordinators and Supervisors are responsible for reinforcing collaboration with Winona Community HUB by reminding their staff of the referral process. Individual direct service staff are responsible for screening clients for food insecurity by using the Hunger Vital Sign and making referrals directly to the Winona Community HUB as appropriate.

## PROCEDURE

The Winona Wellbeing Collaborative (WWC) is a collective of multiple service and non-service providing agencies that have assembled to address social determinants of health impacting residents of Winona. The WWC also serves as governance body for the Winona Community HUB, which resides under Live Well Winona, a department of Winona Health.

The Winona Community HUB aims to coordinate care for high-risk residents of Winona across agencies. The Winona Community HUB will receive referrals of high-risk families that meet defined criteria, then assign these families to a Community Health Worker that supports the family in addressing their risk factors. The Winona Community HUB will use a platform called Care Coordination Systems (CCS) to receive referrals and document case progress.

Winona Health, on behalf of Live Well Winona, agrees to receive, assess eligibility and assign clients to a Community Health Worker (CHW) (if eligible) in a timely manner (2 business days). Live Well Winona will monitor and support the progress of the CHW in closing risk-factor “pathways” in a timely manner (9 months to all pathway closure or if client is pregnant, 18 months). Live Well Winona agrees to communicate updates and final outcomes of the referred



client back to the referring agency as permitted under the client's Release of Information

Family & Children's Center (FCC) agrees to engage in an agency determined screening process to confirm adherence to HUB referral criteria. FCC agrees to use the CCS tool for referral, and will not incur any additional cost other than in-kind time to use this system. FCC acknowledges that not all referred clients may be ultimately deemed eligible for HUB services. Additionally, if a covered entity under the Health Insurance Portability and Accountability Act (HIPAA), FCC must abide by HIPAA privacy rules.

Attached is the WWC Hub Referral Policy and instructions for the use through CCS.

Winona FCC User name is: FCHILDRENSCENTER

The password is: FCCWNhub1

Your security answer is: main (you lived on Main Street in the 3rd grade)

Review the documents in the References section above for more details about FCC's collaboration with Winona Community HUB and how to make a referral.

Staff responsible for enrolling clients in programs will screen new referrals for food insecurity by using the Hunger Vital Sign (Hager, E. R., Quigg, A. M., Black, M. M., Coleman, S. M., Heeren, T., Rose-Jacobs, R., Cook, J. T., Ettinger de Cuba, S. E., Casey, P. H., Chilton, M., Cutts, D. B., Meyers A. F., Frank, D. A. (2010). Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity. *Pediatrics*, 126(1), 26-32. doi:10.1542/peds.2009-3146.).

The Hunger Vital Sign™ identifies households as being at risk for food insecurity if they answer that either or both of the following two statements is 'often true' or 'sometimes true' (vs. 'never true'):

“Within the past 12 months we worried whether our food would run out before we got money to buy more.”

“Within the past 12 months the food we bought just didn't last and we didn't have money to get more.”

## GETTING HELP

For questions about the Winona Community HUB and the related referral process, please contact the Director of Minnesota Programs, your Coordinator or your Supervisor.

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<b>Procedure Name:</b>	TELEHEALTH SERVICES
<b>Procedure Number:</b>	103
<b>Domain:</b>	Client Rights All FCC Programs
<b>Approved By:</b>	Leah Morken, Clinical Director
<b>Created/Written By:</b>	Mary Jacobson, Director of Programs Vanessa Southworth, Director of Programs
<b>Effective Date:</b>	6/15/2020
<b>Date(s) of Revision:</b>	
<b>References:</b>	<a href="#">APA Telehealth Training</a> <a href="#">Informed Consent for Telehealth Services form</a> <a href="#">Procedure 407: Case Record Overview</a> <a href="#">Revenue Cycle Homepage</a> <a href="#">Provider Assurance Statement for Telemedicine</a> <a href="#">Telephonic Telemedicine Provider Assurance Statement</a>

## STATEMENT OF PURPOSE

Telehealth services have been approved through the end of the State of Emergency related to COVID-19. The agency anticipates that telehealth will remain an important method of service delivery throughout the COVID-19 pandemic and beyond. As such, we will stay abreast of rules and regulations regarding telehealth and update this procedure accordingly. This procedure outlines the roles, responsibilities and processes related to providing telehealth services.

## AREAS OF RESPONSIBILITY

All staff providing telehealth services are responsible for knowing and understanding the information in this procedure. All staff providing telehealth services must participate in the online APA telehealth training or other telehealth training approved by the Clinical Director.

## PROCEDURE

Telehealth is the practice of health care delivery of services, diagnosis, consultation, or treatment of medical data by means of audio, visual, or data communication. Telehealth services must be provided through a 2-way, real-time, interactive method of communication. This excludes voicemails, texting, emailing, faxing, and chat rooms.

Telehealth is not a “check-in”. It is a purposeful and intentional service that is medically needed as determined by a licensed medical professional or mental health professional. Services must be clinically appropriate for the consumer’s needs.

### Methods of Telehealth:



Providers are expected to use HIPAA compatible modalities to protect consumer rights. Family & Children's Center complies with established state and federal regulations for telehealth.

Family & Children's Center prefers the use of doxy.me for secure telehealth services and has provided a select number of accounts for providers in need of a secure platform that allows for screen sharing capabilities. Providers are responsible for ensuring the platform they are using is an approved platform by confirming with the Clinical Director. Approved platforms may vary with time based on regulations.

FCC expects all providers to adhere to the requirements of Health Insurance Portability and Accountability Act (HIPAA). This requires taking necessary steps to protect the privacy of clients and the confidentiality of information related to providing services via telehealth. Providers should refer to agency procedures related to HIPAA as well as the APA telehealth training or other approved training if they have questions. For additional help, they should contact the Clinical Director.

### **Telehealth Process:**

Prior to providing any telehealth services, providers must obtain consent from clients via the Informed Consent for Telehealth Services form. Signed and written consumer consent is preferred; however, if written consent is unable to be obtained, then verbal consent is allowable while documenting the efforts to obtain written consent. This can be done via email or regular mail. If verbal consent is utilized, it must be obtained at the start of every session after the risks of telehealth to privacy are discussed.

Providers must adequately address client safety before, during, and after the telehealth service is rendered. This may include but is not limited to a review of client records to identify history of safety risks, creation of a safety plan and protocol for staff members, on-going assessment of client's symptoms and potential safety risks via question and aftercare referral and submission of the created safety plan to the next provider.

The following information must be communicated and discussed with the client at the start of every session:

- An understanding that others may hear the conversation in the background
- Staff's location and environment (ex: working from home with dogs that may bark in the background)
- An understanding that the platform used may not be confidential (e.g., if the platform is not HIPAA compatible, such as Skype, data storage, 3<sup>rd</sup> party recordings, internet





security breaches, etc.)

- An understanding that the consumer has the right to refuse or stop the session at any time
- An understanding that the provider may end the session if the connection is poor or for other reasons that should be explained to the client

### **Requirements for Documentation:**

Staff documentation expectations remain in effect, including the use of the SIRP method of documentation. However, additional requirements must be clearly documented in every case note. This information includes:

- Method/mode of transmission used for session (e.g., Skype, telephone call, etc.)
- A description of the provider's basis for determining that telehealth is an appropriate and effective means for delivering service to the client (e.g., due to COVID-19, due to Safe at Home Order, due to client being unable to come into the office, due to client not having internet connection—in the case of a telephone session, etc.)
- Type of service provided (e.g., outpatient counseling session, supervised visit, etc.)
- Location of consumer (as confirmed by provider) and location of provider (e.g., “Due to consumer self-quarantine, writer called from office to consumer in their home”, etc.). This is also known as the location of the originating and the distant site.
- That risks were reviewed and provider received consent for telehealth (Ex: “Current signed consent for telehealth”, “Verbally reviewed risks and received verbal consent to conduct session via telehealth”, etc.)
  - Ask and document assurance that the client is in a place with privacy, and if they are not, who else is present?
  - Ask and document that the client moved their camera around so you can see the physical setting of the room they are in.
  - Review and document the procedures for disconnection (sign back into the telehealth platform, and if that does not work what number to call by telephone to reconnect with the client) and your safety plan for emergency contact if needed.
- Time the service began and ended, with a.m. and p.m. designations



### **Addressing How and When to Discontinue Telehealth Services:**

The following criteria should be utilized to address how and when telehealth services should end:

- Evaluation of service (intervention used and client's response): Daily review of progress notes
- Evaluation of on-going needs of the client: Clinical consultation of client cases either weekly, monthly, or as needed depending on circumstances
- Evaluation of scope of practice and client's needs: Clinical consultation of client cases either weekly, monthly, or as needed depending on circumstances
- If it is determined a client is not a fit for telehealth services, then an option may be to initiate in person services.

Process for discontinuation:

Context

- Client demonstrates deterioration or a need for higher level of care
- Client has on-going missed appointments or cancellations over a 3-week period
- Client decides to discontinue services
- Client's additional community providers report concern due to client's deterioration in functioning

Protocol

- Staff will consult with Clinical Supervisor
- Staff will consult with outside providers (e.g., County Case Manager)
- Staff will make 3 attempts to discuss potential discharge with client
- Staff will complete a discharge summary
- Staff will provide a referral for aftercare and follow-up

### **Billing Requirements:**

There are no changes to service note billing requirements. However, invoices must add an indicator for telehealth services. For information on how to bill for telehealth services by payer, please go to the Revenue Cycle Homepage on the Depot. This can be accessed by going to Directory > By Department > Revenue Cycle Management > Click here to visit the Revenue Cycle Homepage!

In Minnesota, billable providers must complete the Provider Assurance Statement for Telemedicine, which is submitted to Medicaid and other payers as required, by the Revenue Cycle Department. Also, in Minnesota if any provider offers telephonic services, they must complete the Telephonic Telemedicine Provider Assurance Statement.

## **GETTING HELP**

If you have questions regarding this procedure, please contact your Program Supervisor,



Coordinator, Director or Clinical Director.

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