

TITLE: CLASSIFICATION, ASSESSMENTS, TREATMENT PLANNING, PROGRAM REVIEWS, PROGRESS NOTES & REPORTS	POLICY #: 27
Department: Program/Services	Effective Date: 06/25/01
	Applicable Standards: 3-JCRF-5A-10; 5B-01, 02, 03, 04, 05 3-JCRF-5B-07 through 10
Revisions: 7-30-03; 10-30-03; 12-28-07; 12-31-12; 12-9-13; 10-19-21	

Policy: McCrossan Boys Ranch will place residents into living units and make room assignments based on the resident's characteristics, behaviors, and/or needs. The Ranch will conduct and review assessments and collaborate with the resident, the placing agent, and the parent/guardian (if applicable) to determine the resident's needs and develop a person-centered treatment plan. Treatment plans will be reviewed and revised and progress on the treatment plan goals and services provided will be documented throughout the resident's time at the facility.

Definitions: N/A

Procedures:

Classification

1. Resident classification criteria for living unit and room assignment will include consideration of at least the following factors: vulnerability assessment category (see sexual misconduct policy), age, developmental level, gender, physical aggressiveness, delinquent sophistication, and run risk. (MN 2960.0170 Subpart 1)
2. The program provides individual sleeping quarters or separated based on age, gender identity, developmental needs/functioning levels, active sexual behaviors, history of abuse, and other considerations. (CARF 2A37)
3. A resident's classification will be monitored during the resident's stay and changes to living unit and room assignments will be made as needed.

Assessments

4. Assessments, including but not limited to educational, chemical dependency, psychological, and psychiatric assessments will be completed as soon as possible, according to the needs of the resident.
5. For group care residents, the case manager or designee will complete a resident needs assessment with the resident within seven days of admission.
6. Residents in the Independent Living Preparation Program (ILPP) will complete an assessment of life skills prior to or at the time of admission.

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7. The case manager will discuss the resident's needs with the placing agent and parent/guardian (if applicable).
8. An assessment of the resident's needs, strengths, and trauma will be completed by a mental health professional.

Treatment Planning

9. The collaboration/interpretive summary and the treatment plan goals will be written by the case manager after reviewing all assessments completed prior to and during the admission process and with input from the resident, parents/guardians (if applicable), placing agent, and Ranch staff. Treatment goals will be written in the words of the resident. The case manager is responsible for coordinating the development of the treatment plan with all parties.
10. A tentative discharge date will be determined upon admission and included in the resident's treatment plan.
11. Treatment plans will be completed under the supervision of the Program Director, Clinical Supervisor, or designee. The Associate Director will provide oversight of all treatment plans including implementation of the ongoing documentation and evaluation of each resident's progress.
12. For group care residents, the treatment plan will be completed within three weeks of admission. For ILPP residents, the treatment plan will be completed within 14 days of admission. For residents placed by the state of MN, the treatment plan will be started within 10 days of admission. (MN 2960.0180 Subpart 2B)
13. The initial treatment plan will be reviewed with the resident within three weeks of admission.
14. If the resident is unable to understand their treatment plan or any programming due to a literacy problem or a language barrier, staff will provide assistance. Translations will be made available when necessary. Interpreters will be hired as needed and will meet with the resident under the supervision of a staff member.
15. At a minimum, the resident, a case manager, and the Program Director, Clinical Supervisor, or designee will sign the initial treatment plan.

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Treatment Plan Review and Program Conferences

16. A program conference will be held within 30 days of admission to review the initial treatment plan. The resident, parents/guardians (if applicable), the placing agent, and other relevant individuals will be invited to participate in the initial program conference.
17. Treatment plans will be reviewed and revised as needed while the resident is under the facility's care. At any time, residents may request a program conference to review their treatment plan by notifying their case manager in writing. If needed, the treatment plan will be revised at this program conference.
18. At least quarterly, a program conference will be held and the treatment plan will be reviewed with the resident, parents/guardians (if applicable), and placing agent and revised if needed.
19. Treatment plan reviews and revisions are dated and signed by the resident, case manager, placing agent, and parents/guardians (if applicable).
17. Discharge planning will be a topic of discussion at all programming conferences.
18. Prior to completion of the program, a program conference will be held with the resident, placing agent, parents/guardians (if applicable), and other relevant individuals to discuss discharge.
19. When a resident is being transferred to another program, he has the right to request a programming conference if he does not agree with the transfer.
20. Each resident's progress will be documented to determine if the care being provided is effective and if treatment plan goals are being met as a means to determine if discharge criteria are satisfied.

Safety Plan

21. A safety plan will be created for a resident when a behavioral or mental health need indicates the necessity for one. The safety plan will be completed as soon as possible. The resident, the clinical supervisor or designee, and a supervisory staff will sign and date the safety plan. (CARF 2C3)

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22. The safety plan includes:
 - trauma history & triggers
 - current coping skills
 - warning signs
 - actions to be taken to respond to identified risks
 - preferred interventions necessary for personal safety and public safety (CARF 2C3)
23. The safety plan can be revised or removed based on a change in the resident's behavioral or mental health needs at any time while the resident is under the facility's care.
24. If a resident has a safety plan, it will be documented in the treatment plan and reviewed at the resident's program conference.

Progress & Evaluation, Biweekly Reviews, & Progress Reports

25. Once admitted, all group care residents are placed on a point and level system. Their level will be determined by their behavior, and privileges are determined by what level the resident has attained.
26. Direct care staff will evaluate residents daily and complete a daily note on the social skills and daily progress of each group care resident.
27. For all residents placed by the state of MN and for all ILPP residents, the resident's progress in the program and the program services provided for the resident are reviewed by the resident's case manager or designee, and the outcome of the review is documented at least every two weeks.
28. A written report on the resident's progress, including progress towards discharge, will be sent to placing agents and parents/guardians (if applicable). At a minimum, the reports will be sent monthly for all group care residents and for ILPP residents from Minnesota and quarterly for all other ILPP residents. The contents of the progress report will also be made available to the resident.