

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-857	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/25/2019
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NAME OF PROVIDER OR SUPPLIER FRESH START HOME FOR CHILDREN	STREET ADDRESS, CITY, STATE, ZIP CODE 1929 MURRYHILL ROAD GREENSBORO, NC 27403
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS A complaint and follow up survey were completed on 11/25/19. The complaint was substantiated (Intake # NC00157611). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents	V 000	DHSR - Mental Health JAN 13 2020 Lic. & Cert. Section	
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10 A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures	V 109	Administrator was misquoted. The Licensee did not tell the state investigator that staff was only to restrain clients in extreme emergencies if someone is coming after them to kill someone. The investigator was told that staff was to be only restraint in an emergency, ie: if they were harming themselves, a staff or another consumer. These examples were given. The investigator was also told that we were looking into other alternatives to NCI. The policy was given to the investigator also. During a previous visit, the investigator asked the previous QP what was the plans for the summer? The QP told her camp. The investigator told staff that we needed at least 1 staff at camp. The QP and AP could not remember the name of the state staff but they remembered that she had a pirate tattoo because she went to ECU. AP/QP was not aware that you had to get written documentation from a state representative. A new QP and AP has been hired to manage the day to day operation of the facility. The QP has 13 years experience with the population served. The L/QP/ED is the owner of the facility but does not make the day to day decisions regarding operations of the facility.	12/4/2019

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Paul Martin, Dianne Duke

1-9-20

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

FRESH START HOME FOR CHILDREN

**1929 MURRYHILL ROAD
GREENSBORO, NC 27403**

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V 109

Continued From page 1

for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period as specified in Rule .0104 of this Subchapter.

This Rule is not met as evidenced by:
Based on record reviews and interviews 1 of 2 qualified professionals (the Licensee/Qualified Professional/Executive Director (L/QP/ED)) failed to demonstrate the knowledge skills and abilities required by the population served. The findings are:

Review on 11/18/19 of the L/QP/ED record revealed:

- Hire Date: 12/30/07
- Position: Qualified Professional (QP)/Executive Director
- Based on review of the record, the L/QP/ED meets the qualifications of a Qualified Professional.
- Trainings:
 - On 4/13/19 completed "Residential Treatment-Level III Understanding Service Delivery"
 - On 2/27/19 completed "National Crisis Intervention Plus (NCI +)"
 - On 2/7/19 completed "Crisis Prevention and Intervention and Behavioral Management Techniques"
 - On 3/6/18 completed "Abuse/Neglect/Exploitation/Mistreatment"

Interview on 11/19/19 with the L/QP/ED revealed:

- After an 8/23/19 survey was completed and it

V 109

All staff have been trained in NCI techniques. Staff understand that we are not a "Hands off facility". Staff have been instructed to use NCI techniques when required which includes when a client is a danger to themselves or others. QP will monitor staff to ensure that all staff demonstrate competency in implementing NCI techniques when needed per NCI/State guidelines.

Clients will no longer attend Summer Camp. The facility will continue as always to follow state rules pertaining to staff/client ratio. All questions answered from the state will be followed up by an email to ensure that JMJ Enterprises, LLC have a good understanding to questions answered by the state employee. This will eliminate confusion and misunderstanding. Each client can be transported by one staff to all appointments and educational settings. This decision will be made by the individual CFT members and will be assessed at each team meeting and as needed based on client's behavior and treatment needs.

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V 109	<p>Continued From page 2</p> <p>was learned Former Client (FC) #6 had been improperly restrained, she instructed staff to: not touch clients, only do block type restraints and under extreme emergencies do a therapeutic hold.</p> <ul style="list-style-type: none"> - The clients attended summer camp. She was aware that during part of the summer, only one group home staff was at summer camp supervising the clients. - She did not update treatment plans for Former Client (FC) #4, FC #5, and FC #7 after they were involved with physical altercations at summer camp (refer to V112). - She failed to provide adequate staffing when the clients were at summer camp (refer to V296). - "We have not touched any client since [FC #6]. We are looking into doing another type of program (to teach alternatives to restrictive interventions and seclusion, physical restraint and isolation time out)." - "We do not touch anybody. We are hands off. We only do blocks if they are going to hit staff . If they try to bust the wall, I said to call the police. If they are going to hit a client, we block them first and other staff call the police. Only in an extreme emergency if someone is coming after them to kill someone, we will do a block for the other client to get away, then we do a therapeutic hold and call the police. " <p>Interview on 11/19/19 and 11/25/19 with staff #2 revealed:</p> <ul style="list-style-type: none"> - She had been instructed by the AP (Associate Professional) not to restrain after 9/25/19. - "We are not supposed to touch them. We are not allowed to restrain them (clients) ...If they get upset, we can talk to them, go on a walk, ask them if they want to listen to the radio or call their therapist." - "We can stand in between clients but we can't 	V 109		

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V 109	<p>Continued From page 3</p> <p>touch them."</p> <p>Review on 11/19/19 of staff #2's record revealed:</p> <ul style="list-style-type: none"> - Hire Date: 5/20/17 - Position: Paraprofessional - Trainings: "National Crisis Intervention Plus (NCI +)"- expires 2/26/20 <p>Interview on 11/19/19 with staff #4 revealed:</p> <ul style="list-style-type: none"> - She had been instructed in a meeting after 8/23/19 to not restrain clients. - "We have gone more hands off. They told us in a group meeting we are hands off now and if anything happens between two girls, we call 911 and if they take off, we follow them. We were told no restraints; we were told if two girls are involved in a physical altercation to try to remove one and separate the two. It was [the former QP] who told us hands off and I think the AP was at the meeting." <p>Review on 11/19/19 of staff #4's record revealed:</p> <ul style="list-style-type: none"> - Hire Date: 10/16/18 - Position: Paraprofessional - Trainings: "National Crisis Intervention Plus (NCI +)"- expired 10/12/19 <p>Interview on 11/22/19 with the Former QP revealed:</p> <ul style="list-style-type: none"> - Due to an 8/23/19 survey where it was learned that FC #6 was improperly restrained there was a staff meeting held. - She had been told by L/QP/ED to convey to the staff in the meeting, "we are hands off unless there are immediate dangers." <p>Interview on 11/22/19 with the Associate Professional revealed:</p> <ul style="list-style-type: none"> - It was the L/QP/ED's idea to allow all the clients to attend camp during the summer of 2019. 	V 109		

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V 109	<p>Continued From page 4</p> <ul style="list-style-type: none"> - Someone from the state had told the former QP that only one staff member had to be present at camp. This information was conveyed to her by the former QP. - She could not provide any documentation to corroborate this information. <p>This deficiency is cross referenced into 10 A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 109		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. 	V 110	<p>Staff were told to be inside with the clients during camp. Licensee office was only 15 minutes away from the campsite, passed camp several times on a daily basis; only saw staff outside on one occasion, Licensee called the QP/AP immediately and told them about staff being outside and that this needed to be corrected immediately. Licensee told the QP that staff needed to be inside the camp building with the clients at all times. That conversation took place around the beginning of July 2019. From that point on the Licensee never saw any staff outside the camp facility nor was she informed by anyone that staff was not inside the camp facility.</p> <p>Each staff hired will receive the necessary training required. Staff will have an individual supervision plan.</p> <p>The QP/AP will meet with each staff twice a month as well as one group supervision monthly. QP will observe staff as they work with clients monthly and meet with staff to discuss observations.</p>	11/25/2019

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V 110	<p>Continued From page 5</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 6 current paraprofessional staff (staff #4) failed to demonstrate the knowledge skills and abilities required by the population served. The findings are:</p> <p>Review on 11/19/19 of staff #4's record revealed: - Hire Date: 10/16/18 - Position: Paraprofessional - Met the qualifications of a paraprofessional.</p> <p>Finding #1</p> <p>Interview on 11/19/19 with staff #4 revealed: - On 7/5/19 she was the only group home staff present at camp with the facility clients. - She was outside when a fight occurred between (Former Clients) FC#4 and FC #7. - "I couldn't tell you exactly (how long I had been outside)." - "From what I heard something really quick happened between them (FC#4 and FC#7). [FC#7] did not like the whole camp staff. [FC#7] got the fire extinguisher and was blowing it everywhere. I took [FC #7] to the side of the building and talked to [FC#7]. - "From what I understand [FC #7] was irritated that day. [FC #7] and [FC #4] were in a little</p>	V 110		

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V 110	<p>Continued From page 6</p> <p>room and I think something verbal happened between them and they started to get into a physical fight. [FC #7] backed off of it and went for the fire extinguisher and started spraying it everywhere."</p> <p>Interview on 11/21/19 with FC #7 revealed:</p> <ul style="list-style-type: none"> - She and FC #4 had a fight at camp on 7/5/19. - While FC #4 banged her head on the wall, banged her head on the floor and punched her face inside the camp building, staff #4 was outside. - "They, the kids at the camp from the group home and the lady who owned the camp, had to go outside and tell [staff #4] to come in. [Staff #4] came in late and no one stopped the fight until [FC #4] was tired." <p>Interview on 11/15/19 with FC #4 revealed:</p> <ul style="list-style-type: none"> - She and FC #7 had a physical altercation at camp on 7/5/19. - While she banged FC #7's head on the floor, staff #4 was outside in the van. - "[FC #7] kept following me while I was trying to go outside and get [staff #4]." <p>Interview on 11/14/19 with FC #5 revealed:</p> <ul style="list-style-type: none"> - There was a fight between FC #4 and FC #7 at camp sometime in July 2019. - Staff #4 was the only group home staff present at camp when the fight occurred. - "[Staff #4] was in the car. They (FC #4 and FC #7) broke it up themselves. [Staff #4] was in the car the whole time and never came in. " <p>Finding #2</p> <p>Interview on 11/19/19 with staff #4 revealed:</p> <ul style="list-style-type: none"> - When FC #4 and FC #5 had a fight at camp on 7/30/19 she was not present. FC #4 and FC #5 	V 110		

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V 110	<p>Continued From page 7</p> <p>had a fight inside the camp building, and she was outside.</p> <ul style="list-style-type: none"> - She was the only group home staff at camp on 7/30/19 with the group home clients. - "I had been out to the car where my lunch box was (when the fight occurred)." - "[Client #3] had ran out to get me." <p>Interview on 11/15/19 with FC #4 revealed:</p> <ul style="list-style-type: none"> - On 7/30/19 she and FC #5 got into a fight at camp. - Staff #4 was the only staff present at camp on 7/30/19. - While FC #5 punched her closed fist in the face and broke her nose, staff #4 was outside in the van. - "[Staff #4] was there and was outside in the van. We (she and FC #5) were fighting for a good five minutes and [staff #4] was still outside. [Staff #4] was not aware we were fighting. [Client #3] went and told [staff #4] we were fighting but by the time she came in we stopped fighting." <p>Interview on 11/12/19 and 11/15/19 with client #3 revealed:</p> <ul style="list-style-type: none"> - FC #4 and FC #5 had a fight at camp sometime at the end of July 2019 or beginning of August 2019. She did not recall the exact date. - Staff #4 was the only staff at camp the day that FC #5 and FC #4 had a fight . - FC #5 punched FC #4 in the nose and broke her nose. - "[Staff #4] was outside and I had to go out and get her." <p>Interview on 11/14/19 with FC #5 revealed:</p> <ul style="list-style-type: none"> - When she and FC #4 got into a fight on 7/30/19 at camp, staff #4 was the only group home staff present. - "[Staff #4] was there and she was outside in the 	V 110		

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V 110	Continued From page 8 van asleep when the fight happened." This deficiency is cross referenced into 10 A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 110		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112	The L/QP/ED is the owner of the facility but does not make the day to day decisions regarding operations of the facility. L/QP/ED cannot update consumers treatment plans, because they do not interact with the consumers on a day to day basis. Investigator was informed of this on several occasions. This was explained to the state investigator and her response was to 'address that at the informal hearing.'" per the conversation that I had with her on 12/17/2019. The investigator was incorrect in their statement about the treatment plan being updated. Treatment plan was updated and is in written form on the CFT meeting form. (I have attached a copy with this POC) This can also be found on the Consumer's clinical information upload in provider direct. Each client's treatment plan will continue to be assessed and reviewed monthly or as needed. Former QP noted assessment and updates on the facility's treatment plan which is found on the facility's CFT meeting form. All updates will be reflected on the CFT meeting form as well as the PCP. The crisis plan will be updated monthly or as needed based on crisis that may occur during each month. All updates will be shared with the CFT members and assessed for any changes that may need to be made to the crisis plan. 12/4/2019. Owner asked new QP to have forthcoming consumer treatment plans updates that are on the CFT form, to be included in the consumer's PCP also in the "where I'm I at section."	12/4/2019

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V 112	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility staff failed to develop and implement strategies in the treatment/habilitation plans to address 1 of 3 current clients (#3) and 3 of 5 former clients' needs (FC #4, FC #5 and FC #7). The findings are:</p> <p>Review on 11/13/19 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Admission Date: 7/24/19 - Diagnoses: Oppositional Defiant Disorder (D/O); Cannabis Dependence, uncomplicated - Age: 15 years-old - Review of client #3's goals in the Person-Centered Profile (PCP) updated 9/19/19 revealed: <ul style="list-style-type: none"> - "...will receive Residential Level III services and supports and learn how to verbalize feelings of frustrations, disagreement, and anger in a controlled assertive and positive manner." - "...will learn and develop positive coping skills ..." - "...will demonstrate improved ability to show respect to authority figures and peers ..." - "An assessment was completed on 6/12/19 due to the client needing a higher level of care ...During that time there was an increase in inappropriate behaviors that included that skipping classes, refusing to go to school, running away, suspension from school, suspicion of stealing from her peers, suspected substance use ..." - Review of client #3's Support/Intervention on page 4 of the PCP revealed: <ul style="list-style-type: none"> - "Client can be transported one on one by staff to community outings, medical appointment and school events." - There were no treatment goals or strategies that specifically stated she would benefit from 	V 112		

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V 112	<p>Continued From page 10</p> <p>attending summer camp or the required level of supervision to meet the individualized needs.</p> <p>Review on 11/12/19 of FC #4's record revealed:</p> <ul style="list-style-type: none"> - Admission Date: 12/13/18 - Discharge Date: 10/25/19 - Diagnoses: Post Traumatic Stress D/O; Disruptive Mood Dysregulation D/O; Attention-Deficit/Hyperactivity D/O - Age: 17 years-old - Review of FC #4's goals in the PCP dated 10/9/19 revealed: "...will receive Residential Level III services and supports and learn how to verbalize feelings of frustrations, disagreement, and anger in a controlled and positive manner." "...will maintain compliance with rules and regulations in the home, school, and community ..." "...will utilize healthy coping strategies ..." - Review of FC #4's Crisis Prevention and Intervention Plan in the PCP dated 10/9/19 revealed: - "Always Keep your eyes on her at all times when she is upset. This will prevent attempts of self-injury." - "CFT (Child Family Team) has to agreed that [FC #4] may be transported by one staff to and from her scheduled appointments and any other extra-curricular activities in her school or community." - There were no treatment goals or strategies that specifically stated she would benefit from attending summer camp or the required level of supervision to meet the individualized needs. - There were no updates to her treatment plan following multiple altercations. <p>Review on 11/12/19 of FC #5's record revealed:</p> <ul style="list-style-type: none"> - Admission Date: 6/7/19 	V 112		

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V 112	<p>Continued From page 11</p> <ul style="list-style-type: none"> - Discharge Date: 10/7/19 - Diagnoses: Bipolar II; Oppositional Defiant D/O; Borderline Intellectual Functioning; Post Traumatic Stress D/O - Age: 15 years-old - Review of FC #5's goals in the PCP dated 9/17/19 revealed: <ul style="list-style-type: none"> - "...will reduce her defiant behaviors and increase her ability to follow rules and directives ..." - "...will decrease her aggressive behaviors by refraining from verbal and physical confrontations with authority figures and peers." - Review of page 3 of FC #5's PCP revealed: <ul style="list-style-type: none"> - "12/20/18 ...When school started, [FC #5] began to display more defiance towards authority figures at home and school and struggled more getting along with peers. She was suspended for three days for horseplay with peers and defiance when asked to stop. Her second suspension was for ten days for cursing the Principal and noncompliance with the school uniform policy ...She had an argument with her foster mother and threatened to hit her foster mother before walking out of the home. [FC #5] continues to struggle with compliance with rules in her home and at school as well as anger management." - There were no treatment goals or strategies that specifically stated she would benefit from attending summer camp or the required level of supervision to meet the individualized needs. - There were no updates to her treatment plan following multiple altercations. <p>Review on 11/19/19 of FC #7's record revealed:</p> <ul style="list-style-type: none"> - Admission Date: 6/12/19 - Discharge Date: 7/18/19 - Diagnoses: Intellectual Developmental Disability, Mild; Oppositional Defiant D/O; Delusional D/O 	V 112		

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V 112	<p>Continued From page 12</p> <ul style="list-style-type: none"> - Age: 17 years-old - Review of FC #7's goals in the PCP updated 7/11/19 revealed: <ul style="list-style-type: none"> - "...will demonstrate positive coping skills ..." - "Develop and implement effective coping skills to carry out normal responsibilities, participate constructively in relationships." - "Verbalize an understanding of how thoughts, physical feelings and behavioral actions contribute to anxiety and its treatment." - "Identify, challenge and replace fearful self-talk ..." - "...will learn to improve decision making skills by examining benefits and consequences of her actions." - Review of page 2 of FC #7's PCP revealed: <ul style="list-style-type: none"> - "1/18/19: According CCA (Comprehensive Clinical Assessment) on 1/2/19 "[FC #7] has ongoing mood fluctuation. She primarily engages in high risk behaviors as she internalizes and fails to communicate feelings effectively to her support network. [FC #7] engages in a lot of negative behaviors to cope with ongoing mood symptoms. She has been aggressive and defiant with no identifiable stressor or trigger. Her moods tend to fluctuate more towards being irritable and angry. She has a history of being manipulative and lying. Can be very physically and verbally aggressive. She engages in fighting and self-defeating behaviors...[FC #7] has indicated to peers and adults that she has a baby, but this is confirmed to be untrue despite [FC #7's] elaborate detailed story and her attempts to ensure that this story could endure by telling people that her mother would deny the baby's existence." - Review of page 17 of FC #7's Crisis Plan in her PCP revealed: <ul style="list-style-type: none"> - "Refrain from getting into a power struggle with [FC #7]." 	V 112		
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V 112	<p>Continued From page 13</p> <ul style="list-style-type: none"> - There were no treatment goals or strategies that specifically stated she would benefit from attending summer camp or the required level of supervision to meet the individualized needs. - There were no updates to her treatment plan following multiple altercations. <p>Interview on 11/20/19 with FC #5's legal guardian revealed:</p> <ul style="list-style-type: none"> - During a visit to the group home, she had been told FC #5 would attend camp during the summer. - She did not know there was going to be one staff supervising the clients at summer camp. - "The camp was presented as something to help with the clients to not get bored during the summer." <p>Interview on 11/20/19 with FC #4's legal guardian revealed:</p> <ul style="list-style-type: none"> - Summer camp for FC #4 had been discussed during a treatment team meeting. - She did not know there was going to be one staff supervising the clients at summer camp. - "There was a discussion in treatment team about camp because [FC #4] was supposed to work at their day care and then [FC #4] was enrolled in the camp." <p>Interview on 11/19/19 with the Licensee/Qualified Professional/Executive Director (L/QP/ED) revealed:</p> <ul style="list-style-type: none"> - The clients' PCPs did not have goals that addressed camp. - The clients' attending summer camp was addressed in their PCPs. Summer Camp was addressed in their PCPs where it stated clients can be transported by one staff to activities and medical appointments. 	V 112		

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V 112	Continued From page 14 This deficiency is cross referenced into 10 A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 112		
V 293	27G .1701 ResidentialTx. Child/Adolescents - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: (1) removal from home to a community-based residential setting in order to facilitate treatment; and (2) treatment in a staff secure setting. (e) Services shall be designed to: (1) include individualized supervision and structure of daily living; (2) minimize the occurrence of behaviors related to functional deficits; (3) ensure safety and deescalate out of control behaviors including frequent crisis	V 293		

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V 293	<p>Continued From page 15</p> <p>management with or without physical restraint; (4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and (5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting. (f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to 1) ensure continuous and individualized supervision, 2) minimize the occurrence of behaviors and 3) ensure safety and deescalate out of control behaviors affecting 1 of 3 current clients (#3) and 3 of 5 former clients (FC #4, #5 and #7). The findings are:</p> <p>Cross reference: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109). Based on record reviews and interviews 1 of 2 qualified professionals (Licensee/Qualified Professional/Executive Director (L/QP/ED)) failed to demonstrate the knowledge skills and abilities required by the population served.</p> <p>Cross reference: 10A NCAC 27G .0204</p>	V 293	<p>Each of the consumer's treatment and recovery from crisis was handled on an individual basis. Each consumer's therapist, and the group homes LPC were informed of the consumers' behaviors and asked for ways to deescalate and decrease consumers out of control behaviors through interventions and other ways to assist the consumer in decreasing aggressive behaviors. It was observed in consumer #5 the behaviors decreased from daily aggression to less than once a month.</p> <p>Consumer 7 was referred to a higher level of care after assessing their noncompliance and safety issues.</p> <p>During staff supervision meeting the QP will address and train in ways to deescalate consumers (noncompliance issues, peer staff interactions and safety) these topics will be covered and address during every monthly team meeting.</p> <p>QP will be responsible for making sure that supervision will occur monthly on these topics</p>	12/4/2019

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V 293	<p>Continued From page 16</p> <p>Competencies and Supervision of Paraprofessionals (V110). Based on record reviews and interviews, 1 of 6 current paraprofessional staff (staff #4) failed to demonstrate the knowledge skills and abilities required by the population served.</p> <p>Cross reference: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112). Based on record reviews and interviews, the facility staff failed to implement strategies in the treatment/habilitation plans to address 1 of 3 current clients (#3) and 3 of 5 former clients' needs (FC #4, FC #5 and FC #7).</p> <p>Cross reference: 10A NCAC 27G .1704 Minimum Staffing Requirements (V296). Based on record reviews and interviews, the facility failed to have two direct care staff present while the clients were awake or asleep for one, two, three or four clients affecting 1 of 3 current clients (#3) and 3 of 5 former clients (FC #4, FC #5 and FC #7).</p> <p>Finding #1</p> <p>Review on 11/19/19 of "Behavioral Incident Reporting Level 1" dated 7/5/19 revealed: - "Description of event (What triggered the event?): [FC #4] and [FC #7] had a conversation about an incident that happened at a previous placement. [FC #7] became upset and threw a bottle at [FC #4]. After that the two got into a verbal altercation. The camp owner (the Camp Director) and staff then guided each consumer to another room. [FC #7] then ran out the room and pushed [FC #4] and [FC #4] pushed her back. After the owner (the Camp Director) and staff separated the two consumers once more and [FC #7] then grabbed the fire extinguisher and</p>	V 293	<p>Licensee, arranged for Fresh Start Staff to enroll and complete Online training provided through Angela Seabrook Power- Zone Program on the following topics:</p> <p>Common Mental health Disorders Crisis Planning and Response Therapeutic Intervention and Documentation</p>	12/31/2019

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V 293	<p>Continued From page 17</p> <p>sprayed the camp site."</p> <ul style="list-style-type: none"> - "What de-escalation techniques were used? Staff and the owner (the Camp Director) attempted to talk each client down and they also separated the two consumers." - The 7/5/19 incident was signed by the Associate Professional [AP]. <p>Review on 11/20/19 of FC #7's medical record dated 7/6/19 revealed:</p> <ul style="list-style-type: none"> - "17 yo (year old) female with history of PTSD (Post-Traumatic Stress Disorder) and per patient anxiety, depression and asthma presenting with concern for SI (suicidal ideation). Per police escort from her group home patient was in a physical altercation yesterday where her head was hit against tile flooring. Patient today complaining of neck pain She denies headache currently but states earlier today she had pain at her hairline." <p>Interview on 11/21/19 with FC #7 revealed:</p> <ul style="list-style-type: none"> - She and FC #4 had a fight at a previous Psychiatric Residential Treatment Facility placement. - On 7/5/19 while at camp she told FC #4 to not talk about FC #8 who was hospitalized. - FC #4 told her "don't make me beat you up again." - As she walked away from FC #4, FC #4 came up behind her and started hitting her. - She told the AP about the fight afterwards. She asked staff #4 and the AP to go to the hospital on 7/5/19 because her face was sore afterwards, but they would not take her to the hospital. She denied any visible injuries on 7/5/19. - "[FC #4] grabbed me and banged my head against the wall and banged my head on the floor and was punching me in my face. No one was helping me. I got upset and I knew the only thing 	V 293		

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V 293	<p>Continued From page 18</p> <p>to do was to pull the fire extinguisher and I sprayed it all over the place. [Staff #4] was still outside when I sprayed the fire extinguisher." - "By the time [staff #4] came in there I was on the floor trying to kill myself by inhaling the fire extinguisher spray." - "I already had a knot on my left upper eyelid from the human trafficking and where they (perpetrators of human trafficking) beat me up and it was more swollen and getting bigger the next day (7/6/19)." - "(After the fight) it felt like it (she could have been injured) where she banged my head. All [staff #4] said was to not go to sleep. [The AP] only said you should not have pulled that fire extinguisher." - "They needed more (group home) staff at camp and staff could have been more supportive . I felt a therapist should have come out and talked to me that day (7/5/19). All that happened that day was my name was put on the board and I was on restriction. Do you know how bad that was that I could not defend myself without getting in trouble?"</p> <p>Interview on 11/15/19 with FC #4 revealed: - There was a fight between her and FC #7 at camp sometime in July 2019. - She told FC #7 she did not want FC #8, who had been hospitalized, to come back to the group home. FC #7 told her not to say that about FC #8. She told FC #7 it was her mouth and she could say what she wanted to say. - The Camp Director stood in front of FC #7 because she was trying to get to her. FC #7 pushed the Camp Director to get to her. - FC #7 started following her as she went outside to get staff #4. - She told FC #7 "forget it, meet me outside." - The Camp Director told them "no, no, stop, stop,</p>	V 293		

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V 293	<p>Continued From page 19</p> <p>stop."</p> <ul style="list-style-type: none"> - FC #7 then ran up to her and started punching her. - While staff #4 was still in the van she "...took [FC #7's] head and banged it on the floor." - FC #7 ran into the camp kitchen. - "We thought [FC #7] was going to go into the kitchen to get a knife but there was no knives and she got a fire extinguisher. She went in every room and sprayed the fire extinguisher. Everyone went outside to tell [staff #4] that [FC #7] was spraying the fire extinguisher. [Staff #4] ran in to get [FC #7]. I was trying to calm down two kids that were crying. [Staff #4] wrapped her arms around [FC #7's] waist and pulled her back because [FC #7] was trying to get at me. [The Camp Director] called [the AP] and [the L/QP/ED]. [FC #7] was told she could not come back." - "They could have had more staff there to help out at the camp (to prevent the fight)." - The AP took her later to file a police report and file charges against FC #7 but "the system was down." <p>Interview on 11/14/19 with FC #5 revealed:</p> <ul style="list-style-type: none"> - There was a fight between FC #4 and FC #7 at camp sometime in July 2019. - FC #7 threw a bottle "like you put coffee in" at FC #4. - FC #4 pushed FC #7 up against the wall and started hitting FC #7. - FC #4 took the fire extinguisher off the wall and hit FC #7 with it. - FC #7 started spraying the fire extinguisher throughout the building. - FC #7 and FC #4 had no visible injuries. - Staff #4 was the only group home staff present at camp when the fight occurred. - FC #7 walked away from the camp and the police were called. 	V 293		

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V 293	<p>Continued From page 20</p> <ul style="list-style-type: none"> - The police located FC #7 and took her to the hospital. - FC #7 went to the hospital because "she said she wanted to kill herself." - "[Staff #4] was in the car. They (FC #4 and FC #7) broke it (the fight) up themselves. [Staff #4] was in the car the whole time and never came in (while the fight took place)." - "[Staff #4] came and asked everyone about what happened and then [Staff #4] called [the AP]. [The AP] then came over to the camp." <p>Interview on 11/19/19 with staff #4 revealed:</p> <ul style="list-style-type: none"> - On 7/5/19 she was the only group home staff present at camp. - She was outside when the fight occurred between FC #4 and FC #7. - "I couldn't tell you exactly (how long I had been outside)." - "From what I hear something really quick happened between them (FC #4 and FC #7) and [FC #7] got the fire extinguisher. [FC #7] did not like the whole camp staff. She got the fire extinguisher and was blowing it everywhere. I took her outside. I took her to the side of the building and talked to her." - "From what I understand [FC #7] was irritated that day. [FC #7] and [FC #4] were in a little room and I think something verbal happened between them and they started to get into a physical fight and [FC #7] backed off of it (the fight) and went for the fire extinguisher and started spraying it everywhere." <p>Interview on 11/14/19 with the Camp Director revealed:</p> <ul style="list-style-type: none"> - There was a fight between FC #4 and FC #7 sometime in the middle of July 2019. - Staff #4 was the only group home staff present and she was not in the room when the fight 	V 293		
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V 293	<p>Continued From page 21</p> <p>occurred.</p> <p>- "It was only [staff #4] there. [Staff #4] was in the TV room (not in the same room as clients). We were getting ready to go outside and I don't know what [staff #4] was doing maybe plugging up her phone. The clients were in the hallway and that's where [FC #7] pushed [FC #4] and [FC #4] knocked [FC #7] to the floor. [Staff #4] talked to [FC #7] outside. [Staff #4] went back inside the building and grabbed the fire extinguisher. [FC #7] set the fire extinguisher off. Then the other kids went outside because of the fire extinguisher (being sprayed)."</p> <p>Interview on 11/19/19 with the L/QP/ED revealed:</p> <p>- "The only thing I know (about 7/5/19 incident) it is kind of hazy. [FC #7] had just gotten out of the hospital. I know she took the fire extinguisher and sprayed it all over the camp."</p> <p>- "At the camp we only had to have one (staff) there that day. I called the state and that's what they said (that only one staff was required to be present at camp)."</p> <p>Finding #2</p> <p>Review on 11/14/19 of Incident Response Improvement System (IRIS) report dated 7/11/19 revealed:</p> <p>- "On the afternoon of 7/10/19 [FC #7] was discharged from [local hospital] after a 4 day stay. Once back at the program for less than two hours the client was instructed by staff to take her nighttime shower. The client stated that she was not taking a shower because she had already taken one before leaving the hospital. Staff talked in private to [FC #7] about her giving off a body odor. [FC #7] then went into the kitchen to grab a fork and ran to the bathroom and barricaded herself in there with the fork. Once</p>	V 293		

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staff was able

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V 293	<p>Continued From page 22</p> <p>to get in the bathroom [FC #7] was laying on the floor yelling she will cut herself. At that time the police were called. Staff was able to take the fork out [FC #7's] hand. [FC #7] came out the bathroom and went to her room where she took off her bloody pad and throw it at staff, but it missed and almost hit another client. [FC #7] has a STD (sexually transmitted disease) and the throwing of the pad could have been very danger if it made contact with them. Then [FC #7] cleared the dinner table with all the other client's dinner was on it fell to the floor. The police arrived and [FC #7] info [FC #7]ed them that she wanted to die, and she would kill herself one way or another. The police transported [FC #7] to the hospital at [local hospital] where is still is at currently. Once at the hospital she told them she wanted to kill herself."</p> <p>Review on 11/20/19 of FC #7's medical record dated 7/10/19 revealed:</p> <ul style="list-style-type: none"> - "Patient was recently discharged from the emergency department earlier today. Patient states when she returned to the group home, they were threatening to 'put me in the shower.' Patient then endorsed feeling suicidal and states, 'I am going to kill myself if anyone tried to put hands on me' and told the RN (registered nurse) that she was going to 'stab herself with a fork.' Patient is currently calm and quiet, cooperative. States she does not want to go back to the group home and that she will 'kill herself' if she has to." <p>Interview on 11/21/19 with FC #7 revealed:</p> <ul style="list-style-type: none"> - She was discharged from the hospital on 7/10/19. Staff #1 and staff #3 picked her up from the hospital. - Staff #1 told her to take a shower whenthey returned to the group home. - She told staff #1 she had already taken a 	V 293		
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V 293	<p>Continued From page 23</p> <p>shower at the hospital and did not want to take another shower.</p> <ul style="list-style-type: none"> - The other clients started eating and she asked if she could eat. Staff #1 told her she could not eat until she took a shower. - "(I) got upset and started going crazy ...started doing stupid stuff." - She picked up a broom and threw it at the client's plates. - FC #4 got upset and started hitting her. - Staff did not intervene and did not restrain FC #4. - FC #5 held FC #4 by her arms to stop FC #4 from hitting her. - She had a fork in her hand and went to the bathroom. - She told staff #1 and staff #3 she was going to stab herself if she was made to take a shower. - She was told by staff if she gave them the fork she could go to the hospital. - The police came and took her back to the hospital. - "They are afraid of [FC #4]. She is too big for them to hold her down." - "They could have just taken my word about I had already taken a shower." <p>Interview on 11/24/19 with FC #5 revealed:</p> <ul style="list-style-type: none"> - When FC #7 returned to the group home after being discharged from the hospital (7/10/19), FC #7 did not want to take a shower that day. - FC #7 wanted to change her sanitary napkin and staff #1 told her she had to take a shower first. - FC #7 went into the hallway past the kitchen and took her used sanitary napkin and threw it down the hallway towards the kitchen. - Staff #1 had seen that FC #7 had a fork and "were wrestling because [FC #7] had a fork and was trying to hurt herself." 	V 293		
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V 293	<p>Continued From page 24</p> <ul style="list-style-type: none"> - FC #7 had a broom and knocked her food off the table. - FC #4 tried to get the broom away from FC #7. FC #4 started hitting FC #7. - The staff did not attempt to restrain FC #4. - "[FC #4] was hitting [FC #7] in the head." - "[FC #4] was a big girl so no one would restrain her." <p>Interview on 11/24/19 with FC #4 revealed:</p> <ul style="list-style-type: none"> - Attempted to interview her on this date but was unable to get in contact with her. <p>Interview on 11/22/19 with staff #1 revealed:</p> <ul style="list-style-type: none"> - She told FC #7 to take a shower when she came home from the hospital on 7/10/19. - FC #7 stated she had already taken a shower at the hospital and refused to take another shower on 7/10/19. - She told FC #7 "you still have to take one (shower) because that's the policy." - FC #7 went into the bathroom. - She heard the water running in the bathroom and opened the bathroom door to see if FC #7 was taking a shower. - She found FC #7 in the bathroom sitting on the bathroom floor. - She asked her why she had not taken a shower and she said again she did not want to take a shower. - FC #7 had her hands behind her back with a fork in her hand. FC #7 said she would kill herself if she touched her. - She told FC #7 if she handed her the fork, FC #7 could go back to the hospital. - FC #7 handed her the fork and she took it back to the kitchen. - She told FC #7 for the third time to take a shower and FC #7 told her she did not want to take shower again. 	V 293		

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V 293	<p>Continued From page 25</p> <ul style="list-style-type: none"> - FC #7 asked her for a sanitary napkin. She told her "in order for her (FC #7) to get a pad you have to take a shower." - FC #7 told her for the fourth time she was not taking a shower and had a sanitary napkin in her room. She walked to her room. - FC #7 came out of her room and told hershe was going to change her sanitary napkin in the hall. - She told FC #7 not to change her pad in the hallway and tried to grab the sanitary napkin FC #7 had in her hand. - FC #7 ran down the hallway. FC #7 took her sanitary napkin off and she threw her used sanitary napkin in the hallway near the kitchen. The sanitary napkin landed on the floor near the table. FC #4, FC #5 and FC #8 ran out of the kitchen. - FC #5 got mad because FC #7 took a broom and knocked FC # 5's food off the table. - FC #7 told her she would continue to act out every time she came back from the hospital because she did not want to be there. - The police were called, and the police took FC #7 to the hospital. - She denied FC #4 tried to hit FC #7. <p>Interview on 11/22/19 with staff #3 revealed:</p> <ul style="list-style-type: none"> - She and staff #1 along with the clients picked up FC #7 from the hospital on 7/10/19. - She and staff #1 asked FC #7 to take a shower when they returned to the group home and FC #7 refused. - The other clients were eating at thekitchen table. - FC #7 was upset. FC #7 took her bloody underwear and threw it at another client's food on the kitchen table. - FC #7 stated she wanted to go to her room, and she had a fork in her hand. 	V 293		
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V 293	<p>Continued From page 26</p> <ul style="list-style-type: none"> - FC #7 stated she wanted to go back to the hospital. She and staff #1 told her she could not go back to the hospital until she gave them the fork. - The police were called. - She was not in the kitchen but knew that FC #4 and FC #7 started arguing in the kitchen. - She was unsure if there was a physical altercation between FC #4 and FC #7 because she was outside with one of the clients waiting on the police to arrive. - The police took FC #7 back to the hospital. <p>Finding #3</p> <p>Review on 11/18/19 of "Behavioral Incident Reporting Level 1" dated 7/30/19 revealed:</p> <ul style="list-style-type: none"> - "Description of event (What triggered the event?): [FC #5] was at camp and participating in bible study. [FC #5] spoke about her experience at church and the other client (FC #4) made a harsh remark towards [FC #5]. [FC #5] then became verbally aggressive towards [FC #4]. Staff attempted to talk [FC #5] down but she ran toward [FC #4] and punched her in the face. Staff interceded and separated the two. Once the physical altercation ended, staff took [FC #4] to the doctor. Results indicated [FC #5] broke her (FC #4's) nose. - "What de-escalation techniques were used? Took client for a walk, contacted parent, and went for a ride around the neighborhood to talk it out." <p>Review on 11/25/19 of FC #4's medical record dated 7/30/19 revealed:</p> <ul style="list-style-type: none"> - "She (FC #4) was in an altercation earlier today and took a punch to the nose with subsequent right nose bleeding and swelling. Head hurts a little bit." - "Findings: There is a mildly inferiorly angulated 	V 293		

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V 293	<p>Continued From page 27</p> <p>fracture of the nasal bone."</p> <p>Interview on 11/15/19 with FC #4 revealed:</p> <ul style="list-style-type: none"> - On 7/30/19 she had a physical altercation with FC #5 at camp which resulted in her nose being broken. - The only group home staff at camp was staff #4 and she was out in the van when the fight occurred. - "... (At camp on 7/30/19) [FC #5] said, 'that's why your mom doesn't want you.' I said, 'obviously God is not in your life if that's how you treat people.' [FC #5] got mad. I was sitting in a chair beside the door. [FC #5] was leaving out the door and said, 'I will beat you're a*s.' I said, 'you can say whatever you want to say.' I felt her hit me in the head from behind. I got up and we started fighting. She took a tree trunk (a decorative thing) and she tried to hit me in the head with it and I grabbed it. We were in the art room. I tripped over a chair. I fell on top of the table and broke the table. The table hit the wall and put a hole in the wall. That's when she (FC #5) got on top of me and she was punching me in my face with closed fist. She was hitting my whole face." - "We were fighting for a good five minutes and [staff #4] was still outside. [Staff #4] was not aware we were fighting. [Client #3] went and told [staff #4] we were fighting but by the time she came in we stopped fighting." - "I went and looked at it in a mirror and my nose was dislocated. [The AP] took me to the hospital and they said it was too swollen and could not see anything. I went the next day to another doctor. They said it was broken and dislocated. I then went to another hospital where they did surgery." - "Staff should have been in there and there should have been two staff there." 	V 293		

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V 293	<p>Continued From page 28</p> <p>Interview on 11/14/19 with FC #5 revealed:</p> <ul style="list-style-type: none"> - On 7/30/19 there was a fight between her and FC #4 during camp. - She broke FC #4's nose and she went to the hospital. - The only group home staff at camp was staff #4 and she was out in the van when the fight occurred. - After the fight was over, she locked herself in the facility van and later came out of the van. - The police were not called. - Prior to the 7/30/19 physical altercation, it was known by staff that she and FC #4 did not get along. <p>"[Staff #4] was not there, and she was outside in the van asleep when the fight first happened."</p> <ul style="list-style-type: none"> - "I was talking about what happened at church that past Sunday. I hate for people to question my religion. [FC #4] said you are the d**n devil you haven't let God in yet. That made me mad. I was walking out and [FC #4] was sitting at the door. I said 'yall better get her' because she kept saying stuff. [FC #4] said that's what I thought b***h and she was testing me. I had walked past her out the door and came right back when she said, 'that's what I thought b***h.'" I hit her one time. I hit her closed fist on the side of her head. I punched her on her temple. I walked into the art room to calm down." - "[FC #4] came in (to the art room) 15 seconds later and said what's up and she spit on me. We squared up and I grabbed her by her shirt. I was jerking her, and she fell on the table and broke table. She was between a table and a chair. She fell on both the table and chair that was under the table. The chair broke too. She fell on her face. I don't know why they say I broke her nose. She was on the floor face down and I kept hitting her on head. [The Camp Director's] son grabbed me 	V 293		

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V 293	<p>Continued From page 29</p> <p>by my shirt and told me to go outside. I went and locked myself in the van." - "They (staff) could have been monitoring us more. They needed to have more responsible staff with us."</p> <p>Interview on 11/12/19 and 11/15/19 with client #3 revealed: - There was a fight between FC #4 and FC #5 at camp "either the end of July or beginning of August (2019)." - When the fight ended FC #4's nose was broken. - "[FC #5] was walking out of a room and then [FC #5] hit [FC #4] as she was going out the door. Then ...they started fighting. [FC #5] was punching [FC #4] in her face and that was how her nose got broken. [Staff #4] was outside and I had to go out and get her. [The Camp Director] didn't want to get in the middle of it and was telling them to stop."</p> <p>Interview on 11/13/19 with the Camp Director revealed: - On 7/30/19 there was a fight between FC #4 and FC #5 at camp. - Staff #4 was the only group home staff at camp on 7/30/19. Staff #4 was not present during the fight. - FC #4 and FC #5 ended the fight on their own. - Prior to 7/30/19 FC #4 and FC #5 "had words with each other" 3 times at camp. - "[FC #5] had said she felt like the minister that past Sunday talked to her and impacted her life. That's when [FC #4] had said 'I can't tell that anything had transpired in [FC #5's] life'." - "[FC #5] was walking out of the room ...she (walked) past [FC #4]. [FC #4] stood up as [FC #5] passed by. I could not tell you who hit first. They were punching each other, and I had to think about the other 17 kids who were there. I</p>	V 293		

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V 293	<p>Continued From page 30</p> <p>am screaming [FC #4] stop and [FC #5] stop. I had my staff go outside and get [staff #4]. Then [the AP] came to take [FC #4] to the hospital. I could look at her (FC #4's) face and tell her nose was out of socket. You could tell the punch had moved her nose."</p> <p>Interview on 11/19/19 with staff #4 revealed:</p> <ul style="list-style-type: none"> - She was the only group home staff at camp on 7/30/19 - She was outside when the fight occurred. - Client #3 came outside and told her about the fight. - She took FC #4 to the local hospital while another staff member came to the camp and picked up the other clients. - "When I had [FC #4] sat down it was obvious her nose was broken." - "[FC #4] and [FC #5] did not get along. [FC #5] really does have a short fuse and has no patience ...[FC #5] could be fine one minute and explode the next and we would not know what triggered it." <p>Interview on 11/19/19 with the L/QP/ED revealed:</p> <ul style="list-style-type: none"> - She was not present on 7/30/19 when FC #4 and FC #5 had a physical altercation. - "That happened it camp. My understanding is that [FC #4] talks a lot. We did not know they (FC #4 and FC #5) went to the same PRTE. [FC #4] said something smart and [FC #5] got up and punched [FC #4] in the nose or something like that." <p>Interview 11/19/19 with the Associate Professional revealed:</p> <ul style="list-style-type: none"> - On 7/30/19 there was a fight between FC #4 and FC #5. She was not at the camp on 7/30/19. - She later learned on 7/30/19 they were having a Bible discussion at camp. FC #4 and FC #5 	V 293		
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V 293	<p>Continued From page 31</p> <p>started fighting. FC #4 went to the hospital to see if her nose was broken. It was dislocated and FC #4 had surgery.</p> <p>- After the fight she told the staff "to keep a close watch on both of them [FC #4 and FC #5]."</p> <p>"They (FC #4 and FC #5) had random incidents and then they would be friends. Whenever [FC #5] gets upset with her family she would take her anger out on [FC #4]. We would never know when things would go wrong with her family because [FC #5] is a ticking time bomb. When something was really bothering [FC #5] you would never know."</p> <p>Finding #4</p> <p>Review on 11/12/19 of IRIS report dated 10/7/19 revealed:</p> <p>- "Sunday (October 6, 2019), [FC #5] made her a phone call to her mother and staff asked the other consumer (FC #4) to leave out the room. The other consumer (FC #4) left and talked to staff outside. While [FC #5] was on her phone call, she then assumed that the other consumer was talking about her and instantly ran outside to hit the other consumer. They then got in a physical altercation. Staff intervened and separated both clients. After that, [FC #5] grabbed the mop and hit the other consumer (FC #4) in the head with the metal piece causing a big laceration on her forehead."</p> <p>- "The other consumer (FC #4) then ran to the facility van and attempted to lock all the door but [FC #5] opened the doors. [FC #5] then wrapped the seat belt around the client neck, spat in her face several times, pulled consumer hair, punched the other consumer in the face, and then stated that she was going to kill the consumer. Staff intervened once more and got [FC #5] off the other consumer."</p>	V 293		

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NAME OF PROVIDER OR SUPPLIER FRESH START HOME FOR CHILDREN	STREET ADDRESS, CITY, STATE, ZIP CODE 1929 MURRYHILL ROAD GREENSBORO, NC 27403
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 293	<p>Continued From page 32</p> <p>- " After that, [FC #5] quickly ran inside the home and locked the staff and the other consumer (FC #4) outside. During that time, she called her mother and sister to come to the facility. [FC #5] opened the door and staff were pushed out the way and [FC #5] attacked the other consumer with a metal ab roller multiple times until she bled even more. The other consumer (FC #4) was then sent to the hospital and had to receive several stitches."</p> <p>- "During this time the police were notified. The police could not take her due to her age and her not being on juvenile probation. However, they will be contact juvenile justice office to proceed with criminal charges. The magistrate office would not accept our requested for involuntary commitment due to her actions being more criminal than mental health."</p> <p>Review on 11/25/19 of the police record dated 10/6/19 revealed:</p> <p>- "On October 6, 2019 at approximately 1453 hours I was dispatched to [group home address] in reference to assault between two group home members. Upon my arrival, I spoke with [FC #4] ..., who stated that she had been assaulted by [FC #5].....It should be noted [FC #4] was being treated by [ambulance service] and [city] Fire Department and was not able to provide further. I spoke with [FS #8], who is a staff member of the group home, who stated that both parties involved had been fighting and then it escalated into objects being used to fight.</p> <p>- [FS #8] stated that [FC #4] and [FC #5] began arguing and then [FC #4] stepped outside. [FS #8] then stated that [FC #5] followed outside and began to assault [FC #4] by punching her. [FS #8] stated that [FC #4] and [FC #5] stopped fighting for a</p>	V 293		

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V 293	<p>Continued From page 33</p> <p>moment and during that time [FC #4] got into the red vehicle in the driveway. [FS #8] then stated that [FC #5] again went to assault [FC #4] and could not be stopped by staff. [FS #8] stated that [FC #5] then assaulted [FC #4] in the front seat of the van. [FS #8] then stated that the parties split up again and [FC #5] then went inside. [FS #8] stated it was at that time [FC #5] locked both staff members and [FC #4] outside of the home. [FS #8] stated that after [FC #4] kicking the door several times, [FC #5] opened the door, armed with an ab roller. [FS #8] stated that [FC #5] swung the ab roller and hit [FC #4] in the head and then punched [FC #4] several more times.</p> <p>- I briefly spoke with [staff #2] ..., a group home staff member, who stated that she was trying to get the two separated with the help of [FS #8]. [Staff #2] stated that she was contacting the group homeowner for police to speak with her. While I spoke with [FC #4] and [FS #8], [the police officer] spoke with [FC #5], who stated that [FC #4] hit her in the head with stick of a mop. [FC #5] stated that the argument started the previous night, 10/05/2019, over a comment [FC #4] made. [FC #5] then stated that the two got into a fight and [FC #4] used the mop stick to hit her so she then hit [FC #4] with the ab roller. [FC #5] did not state to [the police officer] who started that assault.</p> <p>- I then spoke [the L/QP/ED], the group homeowner, who stated that this was not the first time [FC #5] and [FC #4] had been in a physical altercation. [The L/QP/ED] stated approximately two months ago, [FC #5] and [FC #4] had been in a physical altercation resulting in [FC #4] getting a broken nose and needed surgery. [The L/QP/ED] stated that the group home is working toward getting new placement for [FC #5] but have been</p>	V 293		

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V 293	<p>Continued From page 34</p> <p>unsuccessful thus far. It was brought to my attention that the group home cameras and [the L/QP/ED] was the only person who had access. [the L/QP/ED] stated that I could review the camera footage to observe what occurred during the incident.</p> <p>- During view of the camera footage, I observed [FC #4] walk outside and [FC #5] get off the couch and follow her outside. I then observed [FC #5] assault [FC #4] first and [FC #4] then began to hit back. It appeared the two staff members then got in between [FC #4] and [FC #5] to break up the altercation. I then observed [FC #5] go into the house and [FC #4] walk over to the vehicle and get inside the front passenger side. I observed [FC #5] come back outside pushing through staff members to get to [FC #4] in the vehicle where the altercation began again. I observed staff quickly get the two separated . I observed [FC #5] grab the mop from the front porch and strike [FC #4] multiple times in the head with the mop stick. I observed staff attempt to stop [FC #5] before she approached [FC #4] with the mop but were not successful.</p> <p>- I then observed the staff members break the two up again and [FC #5] returns inside. I then observed [FC #5] lock the door with both staff members and [FC #4] outside. I then observed [FC #5] grab the ab roller and begin to say things through the door to [FC #4]. I observed [FC #4] push a staff member away from the door and begin kicking the door multiple times. I observed [FC #4] then bend over to do something and then she grabbed the mop. I observed [FC #5] then open the front the door and strike [FC #4] multiple times in the head with the ab roller and then struck her with a closed fist. I then observed staff members get the two parties separated and keep them separated until emergency personnel could arrive on scene ...</p>	V 293		

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V 293	<p>Continued From page 35</p> <p>- I observed [FC #4] to have a laceration to the forehead just before the hair line, that was approximately 2 inches. I observed [FC #4] to have multiple scratches to the face and to the arms. I observed [FC #4] to have a swollen lip and blood in her mouth. I then observed there to be blood in multiple locations from where [FC #4] had been during the incident and just after the incident. I did not observe [FC #5] to have any signs of injury.</p> <p>- [FC #4] was transported to [local hospital] by [ambulance service] for further evaluation. After speaking with a staff member, [FC #4] needed approximately 5 stitches to the head laceration. A juvenile petition has been completed for [FC #5].</p> <p>- On 10/06/2019 at 1510 hours, I was dispatched by (County metro 911) to [group home address], in reference to an assault.</p> <p>- I observed ...At the end of the sidewalk were stairs leading to a landing in front of the front door to the residence. There were red droplets on the sidewalk, stairs and landing. There were also red droplets on the exterior siding next to the front door in the grass front yard. To the left (East) of the sidewalk, was a wooden- handled mop and a blue ab roller with block handles. Both items had red stains on them.</p> <p>- I then changed my location to [local hospital] ...she (FC #4) had a liner cut on her forehead, specifically across her hairline. There was also a cut on her left cheek, directly below her left eye. She had what appeared to be dried blood on her forehead, both cheeks, and her chest."</p> <p>Review on 11/20/19 of FC #4's medical record dated 10/6/19 revealed:</p> <p>- "[FC #4] ...presents after being assaulted by another group home member. Patient (FC #4) states the other group home member took the wood part of a broom stick, a plastic ab roller,</p>	V 293		
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V 293	<p>Continued From page 36</p> <p>and used her fist to punch and hit patient's face and head. Group home staff member states that pt (patient) had a brief episode of LOC (loss of consciousness)."</p> <p>- "Head is with abrasion, with contusion, with laceration approx. (approximately) 3 cm (centimeters) lac (laceration) to center of forehead that goes into scalp and hair line) and with left periorbital erythema."</p> <p>Interview on 11/15/19 with FC #4 revealed:</p> <p>- On 10/6/19 she had been outside the group home and tried to talk to FS #8 who was on the phone. She came back inside to ask staff #2 if she could use the phone to talk to the AP. She wanted to let the AP know she was not getting along with FC #5. Staff #2 was on the phone and she could not ask staff #2 to call the AP. Aftershe realized she could not talk to staff #2 and ask to call the AP for help, she went backoutside.</p> <p>- She cracked the front screen door andasked staff #2 if she could let her know when FC #5's five minutes were up on the phone so that she could make a call to the AP.</p> <p>- She heard FC #5 tell the person on the phone she would call her back.</p> <p>- FC #5 ran out the front door to where she was in the yard. Staff #2 was on the phone inside. FS #8 called for staff #2 to come outside.</p> <p>- By the time staff #2 came outside she andFC #5 were already fighting.</p> <p>- "I was so p****d at [staff #2]. She was not using any force to get [FC #5] away from me. [FC #5] was trying to pull me onto the ground and I started punching her in the face."</p> <p>- "I started walking to the van and locked myself in the van ...[FC #5] grabs the mop off the stairs and [FC #5] hits me with the mop while I was walking to the van and the mop hits me in the head. The second time she hits me with the mop</p>	V 293		

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V 293	<p>Continued From page 37</p> <p>I grab it and snatch it from her. I dropped the mop and ran to the van. I try to lock the doors (to the van)."</p> <p>- "The door behind me did not lock (and FC #5 got into the van). [FC #5] started spitting and I started spitting back. [Staff #2] walked to the door behind the driver's side. [FS #8] was on the door where [FC #5] was.</p> <p>- "[FC #5] got on top of me and started punching me. I was trying to cover myself. [Staff #2] is telling me to open the doors. [FS #8] gets inside and unlocks the door and tries to pull [FC #5] off of me. [Staff #2] gets into the car and tries to get [FC #5] off me.</p> <p>- "[FC #5] continued to punch me closed fist in the face. This time when she punches me, she has long nails she is scratching my face and trying to scratch my eyeballs outs. After she scratches my face the staff say, 'get off her' and [FC #5] says, 'no I am going to kill this b****h.' This is when [FC #5] takes the seat belt and wraps it around my neck and pulled on the seat belt. I could breathe but I could tell I was starting not to be able to breathe."</p> <p>- "[FC #5] runs into the group home and slams the door with [client #3] inside there. I am banging on the door ...I proceed to walk away from the door. [FC #5] said she was going to kill me. [FC #5] opens the door and I am trying to get off the porch and she hits me with the ab roller . I don't know what happened after that because I started losing consciousness and I was bleeding a whole lot."</p> <p>- "I feel [staff #2] could have put some force into stopping the fight and I feel like my safety didn't matter to [staff #2]. [Staff #2] yelled to [client #3] to come and help when we were in the van."</p> <p>Interview on 11/14/19 with FC #5 revealed: - On 10/6/19 the group home staffs (staff #2 and</p>	V 293		
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V 293	<p>Continued From page 38</p> <p>FS #8) and clients (client #3, FC #4, and FC #5] had returned on an outing.</p> <ul style="list-style-type: none"> - FC #4 had argued with her the whole way home. - FC #4 had tried to call the AP and she wanted to call her sister. - She called her sister and while on the phone FC #5 reminded FS #8, that FC #5 was only supposed to be on the phone 5 minutes. - She went outside, and FC #4 pulled her hair. She and FC #4 started fighting. - FC #4 would not let go of her hair and kept hitting her face. She went inside the group home to find the keys to unlock the closet to get a knife to stab FC #4. Staff #2 came in the house and told her to calm down. She told staff #2 to get out of her face. - She got the mop off the front porch and hit FC #4 with the mop. FC #4 grabbed the mop. FC #4 then got in the van and locked the doors. She went inside the van and FC #4 spit on her and she started hitting FC #4. - FC #4 tried to strangle her with the seatbelt and she "tried to poke [FC #4's] eyeballs out." - She ran in the house and locked the door with client #3 in the house. - She ran out of the house with an ab roller and "hit [FC #4] in the head at least four times." - "[FC #4] was bleeding and she chilled out. I walked to my room." - "They called the police when they couldn't stop her from bleeding." - "I feel like they (staff #2 and FS #8) could have done a lot that day. I asked [staff #2] to walk with me. I asked her to do that before I called my sister. [Staff #2] made excuses why she could not walk with me. [FS #8] could have took [FC #4] to the park. They could have separated us." <p>Interview on 11/15/19 with client #3 revealed:</p> <ul style="list-style-type: none"> - She witnessed a fight between FC #4 and FC 	V 293		

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V 293	<p>Continued From page 39</p> <p>#5 sometime in October 2019.</p> <ul style="list-style-type: none"> - The staff who were working when the fight occurred was staff #2 and former staff (FS)#8. - FC #5 had been mad because of something said by FC #4. - FC #5 went outside the group home and yelled at FC #4. FC #5 then punched FC #4 in the face. Staff #2 and FS #8 did not restrain the clients but did get the clients away from each other. - Then FC #5 was mad and grabbed a mop that was on the front porch. FC #5 hit FC #4 on her head with the mop. - FC #4 grabbed the mop away from FC #5. - FC #4 then ran to the facility van and attempted to lock herself in the van. - FC #5 was able to get into the van and climbed on top of FC #4. - While FC #5 was in the van, she started hitting FC #4 in the face. - FC #5 tried to use the seat belt to strangle FC #4. FC #5 said, "I am going to kill this b****h" - FC #4 had scratches all over her face because FC #5 "was trying to scratch her eyeballs out." - FS #8 and staff #2 were inside the van "only talking to [FC #5] and didn't restrain her." - FC #5 then locked herself inside the group home with her. - She went to her bedroom but heard the door open. - FC #5 had an ab roller and hit FC #4 in the head "multiple times." - She did not feel staff did everything they could to stop the fight. - "I had a nightmare about it. I was scared for [FC #4] but not for me. There was so much blood from [FC #4's] head. It was all over her face and all over her hair, neck and shirt. It was on the porch and sidewalk." - "No, they might say they (staff) can't restraint us but I am pretty sure if we try to self-harm or harm 	V 293		

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V 293	<p>Continued From page 40</p> <p>someone else, they can restrain us. They did not try to restrain [FC #5] when she was beating up [FC #4] at all."</p> <p>Interview on 11/19/19 and 11/25/19 with staff #2 revealed:</p> <ul style="list-style-type: none"> - On 10/6/19 she, FS #8 along with client #3, FC #4 and FC #5 had just returned from church. - She was inside with FC #5 who was on the phone with her sister. FC #4 had been outside talking to FS #8. - FC #5 got off the phone because she thought FC #4 had talked about her mother. - FC #5 ran outside and started a fight with FC #4. - She stood in the middle of FC #5 and FC #4. FS #8 is trying to calm FC #5 and FC #4 down by talking to them. - FC #5 swings a mop at FC #4. - FC #4 gets into the van and FC #4 thought she locked all the doors. - FC #5 gets into the van and climbs on top of FC #4. FC #5 started punching FC #4. - FC #5 tried to strangle FC #4 with the seat belt. - "[FC #4] could not breathe. You know how when you choke a person they are gasping for air (that is what FC #4 was doing). Then [FC #5] got out of the car and found the ab roller outside and hit [FC #4] in the head. She hit her more than two times in the head. I want to say it was like 7-8 times in the head." - "They know we are not allowed to put hands on them. [FC #5] did know we were not allowed to pull them or put hands on them period. I don't know who told them we are not allowed to touch them but [FC #5] knew that we are not allowed to put hands on them and we could get in trouble for putting hands on them." <p>Interview on 11/19/19 and 11/22/19 with the</p>	V 293		

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V 293	<p>Continued From page 41</p> <p>L/QP/ED revealed:</p> <ul style="list-style-type: none"> - She was not present on 10/6/19 when the fight occurred between FC #4 and FC #5. - She did review the video footage from the group home cameras. She no longer had a copy of the footage. - "[FC #5] is very aggressive. We were looking to move [FC #5]." - "[FC #5] was on the phone and it happened like that. It was a surprise element. The staff did everything they could do." - "They (staff #2 and FS #8) could not restrain [FC #5]. [FC #5] is a big girl and my staff are much smaller." <p>Interview 11/19/19 with the Associate Professional revealed:</p> <ul style="list-style-type: none"> - She was not present on 10/6/19 when the fight occurred FC #4 and FC #5. - She attempted to do an involuntary commitment for FC #5, but it was denied by the magistrate. <p>"It (the fight on 10/6/19) was unexpected. [FC #5] is a ticking time bomb. [FC #5] was on the phone with her sister. [FC #4] had been outside with the other staff. [FC #5] told her sister to hold on and started fighting [FC #4]."</p> <ul style="list-style-type: none"> - "Prior to incident the staff had been told verbally eyes on supervision of [FC #5] and [FC #4] at all times." <p>Review on 11/22/19 of the Plan of Protection dated 11/22/19 written by the L/QP/ED revealed:</p> <p>"Plan of Protection 10A NCAC 27G.205 Assessment and Treatment/ Habilitation or Service Plan (V112) 0A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) 10ANCAC27G.1701 Scope(V293) 10ANCAC27G.1704 Minimum Staffing</p>	V 293		

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V 293	<p>Continued From page 42</p> <p>Requirements (v296) 10A NCAC27G.0604 INCIDENT REPORTING Requirements (V367)</p> <p>What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? The course of action taken on 11/22/2019. All incidents were addressed and reported. All staff will be notifying and instructed again that when a client or staff in risk of being harm, the first action would be to try to separate the clients the clients from the situation. and talk them down. If the client's aggression is still persistent and if need be the staff is required to place the client in the proper NCI (North Carolina Interventions) restraints to prevent any injury to staff or client or any property damage. If they feel they(staff) can't control the client call 911.</p> <p>There will always be 2 staff present as required by the rule. Clients will no longer go to camp All statements from the state regarding anything, Management staff will be asked to put their directions or answers in writing.</p> <p>2. Describe your plans to make sure the above happens. This was done on 11/22/2019 The QP (Qualified Professional) will facilitated the staff memo reviewing the Peron Centered Plan and Crisis Plan for each client and meet with [therapist] following his assessment of each client to determine if additional interventions need to be addressed in current client PCP (Person Centered Plan) and crisis plan. The QP will have a listing of each staff that has received a copy of the memo. Staff will have a copy of the review so that it can be reviewed at any time. JMJ Enterprises, LLC do not agree with the finding."</p> <p>The facility served three former female clients and one current female client ages 15-17 with</p>	V 293		

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NAME OF PROVIDER OR SUPPLIER FRESH START HOME FOR CHILDREN	STREET ADDRESS, CITY, STATE, ZIP CODE 1929 MURRYHILL ROAD GREENSBORO, NC 27403
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V 293	<p>Continued From page 43</p> <p>various diagnoses not limited to: Oppositional Defiant Disorder (D/O); Cannabis Dependence; Post Traumatic Stress D/O; Disruptive Mood Dysregulation D/O; Attention-Deficit/Hyperactivity D/O; Bipolar II; Borderline Intellectual Functioning; Intellectual Developmental Disability, Mild; and Delusional D/O. Some of the clients' behavioral history include but are not limited to: refusing to go to school, running away, suspension from school, stealing, anger management, defiance towards authority figures, struggles with getting along with peers, compliance with rules, failure to communicate feelings, mood fluctuation, manipulative, dishonesty, defiant, physically and verbally aggressive. During the month of July 2019 there were 3 incidents: a fight between FC #4 and FC #7 on 7/5/19 and then a second fight between FC #4 and FC #5 on 7/30/19 at camp. Former client #4 sustained a broken nose on 7/30/19 which required surgery. During both fights staff #4 was the only group home staff at camp but she was outside when the fights occurred. During a third incident on 7/10/19 staff #1 insisted four times that FC #7 take a shower after FC #7 told staff #1 she had a shower that day prior to being discharged from the hospital. The staff withheld a clean sanitary napkin from FC #7 for not wanting to take a shower. A fight also occurred on 7/10/19 between FC #4 and FC #7 and staff did not restrain the clients. On October 6, 2019, a fourth incident occurred at the group home between the same clients (FC #4 and FC #5) who fought at the camp. On 10/6/19, FC #4, who had already sustained a broken nose on 7/30/19, sustained a head injury and loss of consciousness on 10/6/19 after FC #5 hit her in the head with a mop, hit her multiple times in the head with a metal ab roller and attempted to strangle her with a seat belt. The staff had been told by administration to not</p>	V 293		
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V 293	Continued From page 44 restrain and the clients knew the staff could not restrain. The L/QP/ED made this decision to not allow staff to restrain unless the clients were going to "kill someone" after being cited for an improper restraint of a client on 8/23/19. The L/QP/ED did not update treatments plans after the altercations occurred. This deficiency constitutes a Type A1 rule violation for serious neglect and harm and must be corrected within 23 days. An administrative penalty of \$2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 293	This was addressed and taken care of 11/22/2019 in the plan POP The course of action taken on 11/22/2019. All incidents were addressed and reported. All staff will be notified and instructed again that when a client or staff is at risk of being harmed the first action would be to try to separate the clients from the situation and talk them down. If the client's aggression is still persistent and if need be the staff is required to place the client in the proper NCI restraints to prevent any injury to staff/ client or any property damage. If staff feel they can't control the client call 911. There will always be 2 staff present as required by the rule. Clients will no longer go to camp All statements from the state regarding anything management staff will be asked to put their directions or answers in writing.	P 11/22/2019
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as	V 296	2. Describe your plans to make sure the above happens. This was done on 11/22/2019 The QP will compose a staff memo reviewing the Person-Centered Plan and Crisis Plan for each client and meet with Mr. Doby following his assessment of each client to determine if additional interventions need to be addressed in current client PCP and crisis plan. The QP will have a listing of each staff that has received a copy of the memo. Staff will have a copy of the review so that it can be reviewed at any time. This was answered in v109 This has already been addressed, Fresh Start Staff always meet the minimum staffing requirements.	

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V 296	<p>Continued From page 45</p> <p>follows:</p> <p>(1) two direct care staff shall be present, and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present, and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to have two direct care staff present while the clients were awake or asleep for one, two, three or four clients affecting 1 of 3 current clients (#3) and 3 of 5 former clients (FC #4, FC #5 and FC #7). The findings are:</p> <p>Review on 11/13/19 of client #3's record revealed: - Admission Date: 7/24/19 - Diagnoses: Oppositional Defiant Disorder (D/O);</p>	V 296	<p>This was addressed in the POP and in section V 109</p> <p>The course of action taken on 11/22/2019. All incidents were addressed and reported. All staff will be notified and instructed again that when a client or staff is at risk of being harmed the first action would be to try to separate the clients from the situation and talk them down.</p> <p>If the client's aggression is still persistent and if need be the staff is required to place the client in the proper NCI restraints to prevent any injury to staff/ client or any property damage. If staff feel they can't control the client call 911.</p> <p>There will always be 2 staff present as required by the rule. Clients will no longer go to camp</p> <p>All statements from the state regarding anything management staff will be asked to put their directions or answers in writing.</p> <p>2. Describe your plans to make sure the above happens. This was done on 11/22/2019</p> <p>The QP will compose a staff memo reviewing the Person-Centered Plan and Crisis Plan for each client and meet with Mr. Doby following his assessment of each client to determine if additional interventions need to be addressed in current client PCP and crisis plan. The QP will have a listing of each staff that has received a copy of the memo. Staff will have a copy of the review so that it can be reviewed at any time.</p>	

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V 296	<p>Continued From page 46</p> <p>Cannabis Dependence, uncomplicated</p> <ul style="list-style-type: none"> - Age: 15 years-old - Review of client #3's goals in the Person-Centered Profile (PCP) updated 9/19/19 revealed: <ul style="list-style-type: none"> - "...will receive Residential Level III services and supports and learn how to verbalize feelings of frustrations, disagreement, and anger in a controlled assertive and positive manner." - "...will learn and develop positive coping skills ..." - "...will demonstrate improved ability to show respect to authority figures and peers ..." - Review of page 2 of client #3's PCP revealed: <ul style="list-style-type: none"> - "An assessment was completed on 6/12/19 due to the client needed a higher level of care ...During that time there was an increase in inappropriate behaviors that included that skipping classes, refusing to go to school, running away, suspension from school, suspicion of stealing from her peers, suspected substance use ..." - Review of client #3's Support/Intervention on page 4 of the PCP revealed: <ul style="list-style-type: none"> - "Client can be transported one on one by staff to community outings, medical appointment and school events." - here were no treatment goals or strategies that specifically stated she would benefit from attending summer camp or the required level of supervision to meet the individualized needs. <p>Review on 11/12/19 of Former Client (FC) #4's record revealed:</p> <ul style="list-style-type: none"> - Admission Date: 12/13/18 - Discharge Date: 10/25/19 - Diagnoses: Post Traumatic Stress D/O; Disruptive Mood Dysregulation D/O; Attention-Deficit/Hyperactivity D/O - Age: 17 years-old 	V 296		

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V 296	<p>Continued From page 47</p> <ul style="list-style-type: none"> - Review of FC #4's goals in the PCP dated 10/9/19 revealed: "...will receive Residential Level III services and supports and learn how verbalize feelings of frustrations, disagreement, and anger in a controlled and positive manner." "...will maintain compliance with rules and regulations in the home, school, and community ..." - "...will utilize healthy coping strategies ..." - Review of FC #4's Crisis Prevention and Intervention Plan in the PCP dated 10/9/19 revealed: - "Always Keep your eyes on her at all times when she is upset. This will prevent attempts of self-injury." - Review of page 9 of FC #4's PCP revealed: - "CFT (Child Family Team) has to agreed that [FC #4] may be transported by one staff to and from her scheduled appointments and any other extra-curricular activities in her school or community." - There were no treatment goals or strategies that specifically stated she would benefit from attending summer camp or the required level of supervision to meet the individualized needs. - There were no updates to her treatment plan following multiple altercations. <p>Review on 11/12/19 of FC #5's record revealed:</p> <ul style="list-style-type: none"> - Admission Date: 6/7/19 - Discharge Date: 10/7/19 - Diagnoses: Bipolar II; Oppositional Defiant D/O; Borderline Intellectual Functioning; Post Traumatic Stress D/O - Age: 15 years-old - Review of FC #5's goals in the PCP dated 9/17/19 revealed: - "...will reduce her defiant behaviors and increase her ability to follow rules and directives 	V 296		

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V 296	<p>Continued From page 48</p> <p>..."</p> <p>- "...will decrease her aggressive behaviors by refraining from verbal and physical confrontations with authority figures and peers."</p> <p>- Review of page 3 of FC #5's PCP revealed:</p> <p>- "12/20/18 ...When school started, [FC #5] began to display more defiance towards authority figures at home and school and struggled more getting along with peers. She was suspended for three days for horseplay with peers and defiance when asked to stop. Her second suspension was for ten days for cursing the Principal and noncompliance with the school uniform policy ...She had an argument with her foster mother and threatened to hit her foster mother before walking out of the home. [FC #5] continues to struggle with compliance with rules in her home and at school as well as anger management."</p> <p>- There were no treatment goals or strategies that specifically stated she would benefit from attending summer camp or the required level of supervision to meet the individualized needs.</p> <p>- There were no updates to her treatment plan following multiple altercations.</p> <p>Review on 11/19/19 of FC #7's record revealed:</p> <p>- Admission Date: 6/12/19</p> <p>- Discharge Date: 7/18/19</p> <p>- Diagnoses: Intellectual Developmental Disability, Mild; Oppositional Defiant D/O; Delusional D/O</p> <p>- Age: 17 years-old</p> <p>- Review of FC #7's goals in the PCP updated 7/11/19 revealed:</p> <p>- "...will demonstrate positive coping skills ..."</p> <p>- "Develop and implement effective coping skills to carry out normal responsibilities, participate constructively in relationships."</p> <p>- "Verbalize an understanding of how thoughts, physical feelings and behavioral actions</p>	V 296		

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V 296	<p>Continued From page 49</p> <p>contribute to anxiety and its treatment." - "Identify, challenge and replace fearful self-talk ..." - "...will learn to improve decision making skills by examining benefits and consequences of her actions." - Review of page 2 of FC #7's PCP revealed: - "1/18/19: According CCA (Comprehensive Clinical Assessment) on 1/2/19 "[FC #7] has ongoing mood fluctuation. She primarily engages in high risk behaviors as she internalizes and fails to communicate feelings effectively to hersupport network. [FC #7] engages in a lot of negative behaviors to cope with ongoing mood symptoms. She has been aggressive and defiant with no identifiable stressor or trigger. Her moods tend to fluctuate more towards being irritable and angry. She has a history of being manipulative and lying. Can be very physically and verbally aggressive. She engages in fighting and self-defeating behaviors...[FC #7] has indicated to peers and adults that she has a baby, but this is confirmed to be untrue despite [FC #7's] elaborate detailed story and her attempts to ensure that this story could endure by telling people that her mother would deny the baby's existence." - Review of page 17 of FC #7's Crisis Plan in her PCP revealed: - "Refrain from getting into a power struggle with [FC #7]." - There were no treatment goals or strategies that specifically stated she would benefit from attending summer camp or the required level of supervision to meet the individualized needs. - There were no updates to her treatment plan following multiple altercations.</p> <p>Finding #1</p>	V 296		
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V 296	<p>Continued From page 50</p> <p>Interview on 11/21/19 with FC #7 revealed:</p> <ul style="list-style-type: none"> - She attended summer camp with FC# 4 and FC #5. Summer camp started 6/29/19 and operated Monday-Friday. - She and FC #4 had a fight at camp on 7/5/19. - While FC #4 banged her head on the wall, banged her head on the floor and punched her face inside the camp building, staff #4 was outside. - "They, the kids at the camp from the group home and the lady who owned the camp, had to go outside and tell [staff #4] to come in. [Staff #4] came in late and no one stopped the fight until [FC #4] was tired." <p>Interview on 11/15/19 with FC #4 revealed:</p> <ul style="list-style-type: none"> - She attended summer camp with FC# 5 and FC #7. When client #3 was admitted on 7/24/19, she attended summer camp as well. Summer camp started 6/29/19 and operated Monday-Friday. - While she banged FC #7's head on the floor, staff #4 was outside in the van. - "[FC #7] kept following me while I was trying to go outside and get [staff #4]." <p>Interview on 11/14/19 with FC #5 revealed:</p> <ul style="list-style-type: none"> - She attended summer camp with FC #4 and FC #7. When client #3 was admitted on 7/24/19, she attended summer camp as well. Summer camp started 6/29/19 and operated Monday-Friday. - There was a fight between FC #4 and FC #7 at camp sometime in July 2019. - Staff #4 was the only group home staff present at camp when the fight occurred. - "[Staff #4] was in the car. They (FC #4 and FC #7) broke it up themselves. [Staff #4] was in the car the whole time and never came in. " <p>Interview on 11/19/19 with staff #4 revealed:</p> <ul style="list-style-type: none"> - On 7/5/19 she was the only group home staff 	V 296		

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V 296	<p>Continued From page 51</p> <p>present at camp.</p> <ul style="list-style-type: none"> - She was outside when the fight occurred between FC #4 and FC #7. - "I couldn't tell you exactly (how long I had been outside)." <p>Interview on 11/14/19 with the Camp Director revealed:</p> <ul style="list-style-type: none"> - She had worked with the group home clients in the past and knew the Licensee/the Qualified Professional/the Executive Director (L/QP/ED) for several summers. - There was a fight between FC #4 and FC #7 sometime in the middle of July 2019. - Staff #4 was the only group home staff present and she was not in the room when the fight occurred. - "I don't know what [staff #4] was doing. Maybe plugging up her phone." <p>Finding #2</p> <p>Interview on 11/15/19 with FC #4 revealed:</p> <ul style="list-style-type: none"> - On 7/30/19 she and FC #5 got into a fight at camp. - Staff #4 was the only staff present at camp on 7/30/19. - While FC #5 punched her closed fist in the face and broke her nose, staff #4 was outside in the van. <p>Interview on 11/12/19 and 11/15/19 with client #3 revealed:</p> <ul style="list-style-type: none"> - FC #4 and FC #5 had a fight at camp sometime at the end of July 2019 or beginning of August 2019. She did not recall the exact date. - Staff #4 was the only staff at camp the day that FC #5 and FC #4 had a fight. - "[Staff #4] was outside and I had to go out and get her." 	V 296		
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V 296	<p>Continued From page 52</p> <p>Interview on 11/14/19 with FC #5 revealed: - When she and FC #4 got into a fight on 7/30/19 at camp, staff #4 was the only group home staff present. - "[Staff #4] was there and she was outside in the van asleep when the fight happened."</p> <p>Interview on 11/13/19 with the Camp Director revealed: - FC #4 and FC #5 had a fight at campon 7/30/19. - The only group home staff at campon 7/30/19 was staff #4. - "It was only my (camp) staff there and [staff#4] there. I was there. "</p> <p>Interview on 11/19/19 with staff #4 revealed: - When FC #4 and FC #5 had a fight at camp on 7/30/19 she was not present. FC #4 and FC #5 had a fight inside the camp building, and she was outside. - She was the only group home staff at camp on 7/30/19. - "I had been out to the car where my lunch box was (when the fight occurred)." - "[Client #3] had ran out to get me."</p> <p>This deficiency is cross referenced into 10 A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 296		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

December 13, 2019

DHSR - Mental Health

Ms. Traci Martin, Licensee/Qualified Professional/Executive Director
JMJ Enterprises, LLC
2020 Textile Drive
Greensboro, NC 27405

JAN 13 2020

Lic. & Cert. Section

Re: Complaint and Follow up Survey completed November 25, 2019
Fresh Start Home for Children, 1929 Murryhill Road, Greensboro, NC 27403
MHL # 041-857
E-mail Address: ~~tracilee41@gmail.com~~ *tmartin@jmenterprise.net*
Intake # NC00157611

Dear Ms. Martin:

Thank you for the cooperation and courtesy extended during the complaint and follow up survey completed November 25, 2019. The complaint was substantiated.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Type A1 rule violation is cited for 10A NCAC 27G .1701 Scope (V293)

Time Frames for Compliance

- Type A1 violations and all cross referenced citations must be **corrected** within 23 days from the exit date of the survey, which is December 18, 2019. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed Type A1 violation by the 23rd day from the date of the survey may result in the assessment of an administrative penalty of \$500.00 (Five Hundred) against JMJ Enterprises, LLC for each day the deficiency remains out of compliance.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

December 13, 2019
Ms. Traci Martin
JMJ Enterprises, LLC

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Barbara Perdue at (336) 861-6283.



Sincerely,
Angela C. Medlin, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: qmemail@cardinalinnovations.org
Pam Pridgen, Administrative Assistant



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA CERTIFIED MAIL

December 13, 2019

Traci Martin, Licensee/Qualified Professional/Executive Director
JMJ Enterprises, LLC
2020 Textile Drive
Greensboro, North Carolina 27405

RE: Suspension of Admissions
Fresh Start Home for Children, 1929 Murryhill Road, Greensboro, NC 27403
MHL # 041-857
E-mail Address: tmartin@jnjenterprise.net

Dear Ms. Martin:

Based on the findings of this agency during a survey completed November 25, 2019, we find that JMJ Enterprises, LLC has operated Fresh Start Home for Children in violation of North Carolina General Statute N.C.G.S. § 122C, Article 2, the licensing rules for Mental Health, Developmental Disabilities and Substance Abuse Services. After a review of the findings, this office is taking the following action:

Suspension of Admissions –The documented violations indicate that conditions in the facility are found to be detrimental to the health and safety of the clients. Therefore, pursuant to North Carolina General Statute § 122C-23, the Division of Health Service Regulation, Department of Health and Human Services, is hereby ordering you to suspend all admissions to the facility effective immediately. The Suspension of Admissions is to continue until conditions are documented to meet approved inspection status. The facts upon which the suspensions of admissions are based are set out in the attached Statement of Deficiencies which is incorporated by reference as though fully set out herein.

The rule citations include:

- 10A NCAC 27G .1701 Scope (V293), 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109), 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110), 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) and 10A NCAC 27G .1704 Minimum Staffing Requirements (V296).

Appeal Notice – You have the right to contest the above action by filing a petition for a contested case hearing with the Office of Administrative Hearings within twenty (20) days of mailing of this letter. *Please write the facility's Mental Health License (MHL) number at the top of your petition.* For complete instructions on the filing of petitions, please contact the Office of

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

December 13, 2019
Traci Martin
JMJ Enterprises, LLC

Administrative Hearings at (919) 431-3000. The mailing address for the Office of Administrative Hearings is as follows:

Office of Administrative Hearings
6714 Mail Service Center
Raleigh, NC 27699-6714

North Carolina General Statute § 150B-23 provides that you must also serve a copy of the petition on all other parties, which includes the Department of Health and Human Services. The Department's representative for such actions is Ms. Lisa G. Corbett, General Counsel. This person may receive service of process by mail at the following address:

Ms. Lisa G. Corbett, General Counsel
Department of Health and Human Services
Office of Legal Affairs
Adams Building
2001 Mail Service Center
Raleigh, NC 27699-2001

If you do not file a petition within the twenty (20) day period, you lose your right to appeal. *Please note that each appealable action has a separate, distinct appeal process and the proper procedures must be completed for each appealable action*

In addition to your right to file a petition for a contested case hearing, N.C.G.S. § 150B-22 encourages the settlement of disputes through informal procedures. The Division of Health Service Regulation is available at the provider's request for discussion or consultation that might resolve this matter. To arrange for an informal meeting, you must contact DHSR at 336-861-7342. Please note that the use of informal procedures does not extend the 20 days allowed to file for a contested case hearing as explained above.

Should you have any questions regarding any aspect of this letter, please do not hesitate to contact us at the Department of Health and Human Services, Division of Health Service Regulation, Mental Health Licensure and Certification Section, 2718 Mail Service Center, Raleigh, NC 27699-2718 or call Robin Sulfridge, Western Branch Manager at 336-861-7342.

Sincerely,

Stephanie Gilliam

Stephanie Gilliam, Chief
Mental Health Licensure & Certification Section

Cc: dhsrreports@dhhs.nc.gov, DMH/DD/SAS
ncdma.dhsrnotice@lists.ncmail.net, DMA
gmemail@cardinalinnovations.org
Cindy Koempel, MH Program Manager
Candice W. Moore, NCDPS
Pam Pridgen



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA CERTIFIED MAIL

December 13, 2019

Traci Martin, Licensee/Qualified Professional/Executive Director
JMJ Enterprises, LLC
2020 Textile Drive
Greensboro, North Carolina 27405

RE: Type A1 Administrative Penalty
Fresh Start Home for Children, 1929 Murryhill Road, Greensboro, NC 27403
MHL # 041-857
E-mail Address: tmartin@jmjenterprise.net

Dear Ms. Martin:

Based on the findings of this agency from a survey completed on November 25, 2019, we find that JMJ Enterprises, LLC has operated Fresh Start Home for Children in violation of North Carolina General Statute (N.C.G.S.) § 122C, Article 2, the licensing rules for Mental Health, Developmental Disabilities, and Substance Abuse Services. After a review of the findings, this agency is taking the following action:

Administrative Penalty – Pursuant to N.C.G.S. § 122C-24.1, the Division of Health Service Regulation, Department of Health and Human Services (DHHS), is hereby assessing a Type A1 administrative penalty of \$2,000.00 against JMJ Enterprises, LLC for violation of 10A NCAC 27G .1701 Scope (V293). Payment of the penalty is to be made to the Division of Health Service Regulation and mailed to the Mental Health Licensure and Certification Section, 2718 Mail Service Center, Raleigh, North Carolina 27699-2718. If the penalty is not paid within sixty (60) days of this notification, a 5% penalty plus accrued interest will be added to the initial penalty amount as per N.C.G.S. § 147-86.23. In addition, the Department has the right to initiate judicial actions to recover the amount of the administrative penalty. The facts upon which the administrative penalty is based and the statutes and rules which were violated are set out in the attached Statement of Deficiencies which are incorporated by reference as though fully set out herein.

Appeal Notice – You have the right to contest the above action by filing a petition for a contested case hearing with the Office of Administrative Hearings within thirty (30) days of mailing of this letter. *Please write the facility's Mental Health License (MHL) number at the top of your petition.* For complete instructions on the filing of petitions, please contact the Office of Administrative Hearings at (919) 431-3000. The mailing address for the Office of Administrative Hearings is as follows:

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

December 13, 2019
Traci Martin
JMJ Enterprises, LLC

Office of Administrative Hearings
6714 Mail Service Center
Raleigh, NC 27699-6714

North Carolina General Statute § 150B-23 provides that you must also serve a copy of the petition on all other parties, which includes the Department of Health and Human Services. The Department's representative for such actions is Ms. Lisa G. Corbett, General Counsel. This person may receive service of process by mail at the following address:

Ms. Lisa G. Corbett, General Counsel
Department of Health and Human Services
Office of Legal Affairs
Adams Building
2001 Mail Service Center
Raleigh, NC 27699-2001

If you do not file a petition within the thirty (30) day period, you lose your right to appeal and the action explained in this letter will become effective as described above. *Please note that each appealable action has a separate, distinct appeal process and the proper procedures must be completed for each appealable action*

In addition to your right to file a petition for a contested case hearing, N.C.G.S. § 150B-22 encourages the settlement of disputes through informal procedures. The Division of Health Service Regulation is available at the provider's request for discussion or consultation that might resolve this matter. To arrange for an informal meeting, you must contact DHSR at 336-861-7342. Please note that the use of informal procedures does not extend the 30 days allowed to file for a contested case hearing as explained above.

Should you have any questions regarding any aspect of this letter, please do not hesitate to contact us at the Department of Health and Human Services, Division of Health Service Regulation, Mental Health Licensure and Certification Section, 2718 Mail Service Center, Raleigh, NC 27699-2718 or call Robin Sulfridge, Western Branch Manager at 336-861-7342.

Sincerely,

Stephanie Gilliam

Stephanie Gilliam, Chief
Mental Health Licensure & Certification Section

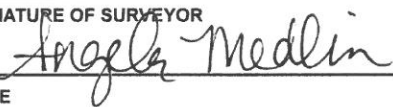
Cc: dhsrreports@dhhs.nc.gov, DMH/DD/SAS
ncdma.dhsrnotice@lists.ncmail.net. DMA
qmemail@cardinalinnovations.org
Heather Skeens, Director, Guilford County DSS
Cindy Koempel, MH Program Manager DSOHF
Candice W. Moore, NCDPS
Pam Pridgen

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL041-857	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/25/2019
NAME OF FACILITY FRESH START HOME FOR CHILDREN		STREET ADDRESS, CITY, STATE, ZIP CODE 1929 MURRYHILL ROAD GREENSBORO, NC 27403

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix <u>V0132</u>	<u>Correction</u>	ID Prefix <u>V0367</u>	<u>Correction</u>	ID Prefix <u>V0500</u>	<u>Correction</u>
Reg. # <u>G.S. 131E-256(G)</u>	<u>Completed</u>	Reg. # <u>27G .0604</u>	<u>Completed</u>	Reg. # <u>27D .0101(a-e)</u>	<u>Completed</u>
LSC _____	<u>11/25/2019</u>	LSC _____	<u>11/25/2019</u>	LSC _____	<u>11/25/2019</u>
ID Prefix <u>V0512</u>	<u>Correction</u>	ID Prefix <u>V0736</u>	<u>Correction</u>	ID Prefix _____	<u>Correction</u>
Reg. # <u>27D .0304</u>	<u>Completed</u>	Reg. # <u>27G .0303(c)</u>	<u>Completed</u>	Reg. # _____	<u>Completed</u>
LSC _____	<u>09/25/2019</u>	LSC _____	<u>11/25/2019</u>	LSC _____	
ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>
Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>
LSC _____		LSC _____		LSC _____	
ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>
Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>
LSC _____		LSC _____		LSC _____	
ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>
Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR 	DATE 11/25/19
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 8/23/2019	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL041-857	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/25/2019
NAME OF FACILITY FRESH START HOME FOR CHILDREN		STREET ADDRESS, CITY, STATE, ZIP CODE 1929 MURRYHILL ROAD GREENSBORO, NC 27403

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0118	Correction	ID Prefix V0367	Correction	ID Prefix	Correction
Reg. # 27G .0209 (C)	Completed	Reg. # 27G .0604	Completed	Reg. #	Completed
LSC	11/25/2019	LSC	11/25/2019	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 6/19/2019		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO 		

Plan of Protection

10A NCAC 27G.205 Assessment and Treatment/ Habilitation or Service Plan (V112)

0A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109)

10ANCAC27G.1701 Scope(V293)

10ANCAC27G.1704 Minimum Staffing Requirements (v296)

10A NCAC27G.0604 INCIDENT REPORTING Requirements (V367)

What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm?

The course of action taken on 11/22/2019. All incidents were addressed and reported.

All staff will be notifying and instructed again that when a client or staff in risk of being harm, the first action would be to try to separate the clients the clients from the situation. and talk them down.

If the client's aggression is still persistent and if need be the staff is required to place the client in the proper NCI restraints to prevent any injury to staff or client or any property damage. If they feel they(staff) can't control the client call 911.

There will always be 2 staff present as required by the rule. Clients will no longer go to camp

All statements from the state regarding anything, Management staff will be asked put their directions or answers in writing.

2. Describe your plans to make sure the above happens.

This was done on 11/22/2019

The QP will facilitated the staff memo reviewing the Peron Centered Plan and Crisis Plan for each client and meet with Mr. Doby following his assessment of each client to determine if additional interventions need to be addressed in current client PCP and crisis plan. The QP will have a listing of each staff that has received a copy of the memo. Staff will have a copy of the review so that it can be reviewed at any time.

- JMJ Enterprises, LLC do not agree with the finding .



**PCP / Updated PCP
Face Sheet**

Initial Annual Plan Update Updated PCP Effective Date 12/20/18

PCP Year: 2018-2019

Boys & Girls Home of NC
Clinical Home Agency / Name & Contact Number

(DSM* Code)	(Diagnosis Description)	(Diagnosis Date)
F31.81	Bipolar II Disorder	9/5/2017
F91.3	Oppositional Defiant Disorder	9/5/2017
R41.83	Borderline Intellectual Functioning	9/5/2017
		/ /
		/ /

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]



[REDACTED] PERSON-CENTERED PROFILE

Name: [REDACTED]	DOB: [REDACTED]	Medicaid ID: [REDACTED]	Record #: [REDACTED]
(Non - CAP-MR/DD Plans ONLY) PCP Completed on: 12/20/2018	(CAP-MR/DD Plans ONLY) Plan Meeting Date: / /		Effective Date: / /

WHAT PEOPLE LIKE AND ADMIRE ABOUT....

I'm nice, and I'm helpful.
I'm loyal and I care about my family

WHAT'S IMPORTANT TO....

My mom and little brother
My goals for my life
Music

HOW BEST TO SUPPORT....

[REDACTED] is best supported by allowing her space in a quiet, safe, place to calm herself and gather her thoughts. When she is calm, [REDACTED] needs to be able to express her feelings appropriately and must be spoken to in a calm nurturing voice.

ADD WHAT'S WORKING / WHAT'S NOT WORKING

What's Working:
My new foster home
Medication
Therapy

WHAT'S NOT WORKING
School suspensions
Bad attitude
Anger/mood swings

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

ACTION PLAN

The Action Plan should be based on information and recommendations from: **the Comprehensive Clinical Assessment (CCA), the One Page Profile, Characteristics/Observations/ Justifications for Goals, and any other supporting documentation.**

Long Range Outcome: (Ensure that this is an outcome desired by the individual, and not a goal belonging to others).

"I want to graduate high school and go to college. I would like to study in the medical field and become a pediatrician."

Where am I now in the process of achieving this outcome? (Include progress on goals over the past years, as applicable).

12/20/18: [REDACTED] is a fourteen-year-old African-American who is in the custody of Person County DSS. She has been in foster care for almost two years. Briana was placed in PCDSS custody due to neglect. She had been placed in at least two group homes prior to her placement in a therapeutic foster home. [REDACTED] has a history of defiance, absconding, self-harm, and verbal and physical aggression towards peers and authority figures. She was detained and placed on probation at one time for assaulting a peer. Additionally, [REDACTED] has had one hospitalization for self-harm and suicidal ideation prior to placement in a therapeutic foster home. [REDACTED] was placed in a therapeutic foster home after she was discharged from American Children's Home abruptly, June 2018. Initially, [REDACTED] acclimated well to her foster family. There were a few incidents of noncompliance and difficulty getting along with peers. When school started, [REDACTED] began to display more defiance towards authority figures at home and school and struggled more getting along with peers. She was suspended for three days for horseplay with peers and defiance when asked to stop. Her second suspension was for ten days for cursing the Principal and noncompliance with the school uniform policy. Her suspension was reduced to five days after she apologized for her behavior. [REDACTED] was moved to a new therapeutic foster home on November 9, 2018 due to verbal aggression, and noncompliance with household rules and expectations. She had an argument with her foster mother and threatened to hit her foster mother before walking out of the home. [REDACTED] continues to struggle with compliance with rules in her home and at school as well as anger management. [REDACTED] had to change schools when she moved to her new foster home. She attended school for a month before she received a ten-day suspension for cursing the Principal, Vice Principal, and her teacher, before walking out of the school. While in her previous therapeutic foster home, [REDACTED] was diagnosed with hypothyroidism and a pre-diabetic state. She had many symptoms of diabetes and was told by her physician that this condition could be reversed if she would consume fluids that did not contain sugar.

Discharge/Transition Plan: The clinical recommendation for [REDACTED] at this time is to receive therapeutic foster care, weekly individual therapy, and medication management. [REDACTED] is in need of a safe environment, which can provide support, structure, and consistency. Team members will reevaluate [REDACTED] behavior and current therapeutic placement in the next six months. Once [REDACTED] successfully completes her treatment goals, she will then be transitioned from therapeutic foster care to family foster care & bi-weekly outpatient therapy and medication management.

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: *Member has been diagnosed with F91.3 Oppositional Defiant Disorder. Member struggles with following rules in all settings including the home, school, and community. She engages in negative behaviors such as being disrespectful, verbal aggression, and refusing to follow directives.*

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
-------------------------	--------------------	---------------------

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #: [REDACTED]

<p>Briauna will reduce her defiant behaviors and increase her ability to follow rules and directives as evidenced by the following: --following directives/rules with 3 or less prompts -active listening -being truthful and not blaming others -being respectful to others and not trying to control or dominate all time and attention -gaining attention through healthy means versus negative or manipulative means The above will be monitored and reported by of TFP, TFCC, Therapist, Teachers, and other School personnel.</p>	Client	Daily
	Natural and Community Supports	Daily
	Level II TFC Provider/Boys and Girls Homes of NC	Level II Family Type Therapeutic Foster Care – 1 unit per day
	Case Manager/Boys and Girls Homes of NC	
	TFC Respite/Boys and Girls Homes of NC	Therapeutic leave 15 days per quarter no more than 45 days per year
Psychiatrist	Medication Management, monthly	
Outpatient Therapist	Individual Therapy, weekly	

HOW (Support/Intervention)
Boys and Girls Homes of North Carolina Therapeutic Foster Care Program will :

- Facilitate Person Centered Planning process to include Treatment Team Meetings.
- Develop and oversee ongoing revision of the PCP.
- Coordinate and oversee ongoing assessments.
- Identify and barriers that impede client's development of skills for independent functioning in the community
- Link client to clinically appropriate services.
- Coordinate any natural and community supports for client

BGHNC's therapeutic foster consultant, therapeutic foster parent, and client will utilize The Sanctuary Model of Care. The Sanctuary Model of Care incorporates The Seven Sanctuary Commitments to assist in decreasing or eliminating trauma reactive behaviors. These commitments include: **Commitment to Nonviolence: building and modeling safety skills, Commitment to Emotional Intelligence: teaching and modeling affect management skills, Commitment to Inquiry & Social Learning: building and modeling cognitive skills, Commitment to Democracy: creating and modeling civic skills of self-control, self-discipline, and administration of healthy authority, Commitment to Open Communication: overcoming barriers to healthy communication, reduce acting-out, enhance self-protective and self-correcting skills, teach healthy boundaries, Commitment to Social Responsibility: rebuilding social connection skills, establish healthy attachment relationships, and Commitment to Growth and Change: restoring hope, meaning, and purpose. All team members will integrate The Sanctuary Model's four framework components for treatment planning, team meetings, safety plans, clinical interventions, and our overall trauma informed culture. These components include **Safety :physical, psychological, social and moral, Emotion Management: for both adults and clients, Loss: abuse, neglect, separation, Future: how can things be better.****

Residential Level II Therapeutic Foster Care will:

- Monitor behaviors and communication
- Provide behavioral management with interventions that promote problem solving and decision making
- Model family relationships, modeling respect for each other, boundaries, and coping techniques to coping with stressors and triggers
- Implement consequences as a result of any noncompliance and outburst
- Participate in planning, person centered plan updates, linking to needed resources

Therapeutic Foster Care QP will:

- Teach more effective communication skills such as tone of voice, making eye contact, excusing self before interrupting, asking permission, etc
- Discuss, teach, model, role-play regarding boundaries, and explain the importance's of respecting the boundaries of others and self.
- Redirect client as needed
- Explore strong feelings and emotions and they arise
- Discuss and teach new coping skills such as communicating in a positive manner, following directions, asking permission, accepting consequences, accepting no, showing respect for self/others/property, emotional/implies control, cooperating with others and accepting responsibility for client's actions.

Client and natural/community supports will:

- Identify triggers
- Actively participate in therapy

- Learn to diffuse escalated situations with no more than two prompts each incident.
- Use coping skills
- Discuss with foster parents, family, teachers and TFC staff when strong feelings or emotions arise.
- Participate in activities that promote healthy ways to release strong emotions such as anger, sadness, etc
- Follow rules and directives with no more than 2 prompts

Therapist will:

- Provide Individual therapy (weekly, biweekly, etc)
- Practice modalities specific to the client's needs
- Collaborate with team members as appropriate (caregivers, social workers, guardian ad litem, consultant, psychiatrist, medical provider)
- Discuss past traumas as appropriate
- Discuss behavioral interventions
- Participate with planning and treatment recommendations.

Psychiatric services will:

- Provide medication management
- Inform caregivers on side effects of medication
- Monitor response to medication and make changes as needed
- Provide psychiatric evaluations as needed
- Participate with planning and treatment recommendations.

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
12/18/19		N	New goal for PCP in a new therapeutic foster home.
/ /	/ /		
/ /	/ /		

Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: *Member has been diagnosed with Bipolar Disorder. Member has difficulty managing her anger. She has a history of getting into fights with her peers and displaying verbal aggression.*

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
<p>[REDACTED] will decrease her aggressive behaviors by refraining from verbal and physical confrontations with authority figures and peers. This will be evident of her expressing her anger in a controlled and respectful manner on a consistent basis.</p> <ul style="list-style-type: none"> • Identify situations, thoughts and feelings that trigger angry feelings, problem behaviors, and the targets of those actions. • Recognize and verbalize how thoughts and feelings are connected to misbehavior. • Increase the number of statements that reflect the acceptance of responsibility for misbehavior. • Agree to learn alternative ways to think about and manage anger and misbehavior. 	<p>Client - [REDACTED]</p> <p>Natural and Community Supports</p> <p>TFC Provider / Boys and Girls Home of NC</p> <p>Case Manager/Boys and Girls Homes of NC</p> <p>TFC Respite/Boys and Girls Homes of NC</p> <p>Psychiatrist</p> <p>Outpatient Therapist</p>	<p>Daily</p> <p>Daily</p> <p>Level II Family Type Therapeutic Foster Care, one unit per day</p> <p>Therapeutic leave 15 days per quarter no more than 45 days per year</p> <p>Medication Management, monthly</p> <p>Individual Therapy, weekly</p>

- Learn and implement calming strategies as part of a new way to manage reactions to frustrations.

HOW (Support/Intervention)

Boys and Girls Homes of North Carolina Therapeutic Foster Care Program will :

- Facilitate Person Centered Planning process to include Treatment Team Meetings.
- Develop and oversee ongoing revision of the PCP.
- Coordinate and oversee ongoing assessments.
- Identify and barriers that impede client's development of skills for independent functioning in the community
- Link client to clinically appropriate services.
- Coordinate any natural and community supports for client

BGHNC's therapeutic foster consultant, therapeutic foster parent, and client will utilize The Sanctuary Model of Care. The Sanctuary Model of Care incorporates The Seven Sanctuary Commitments to assist in decreasing or eliminating trauma reactive behaviors. These commitments include: **Commitment to Nonviolence: building and modeling safety skills, Commitment to Emotional Intelligence: teaching and modeling affect management skills, Commitment to Inquiry & Social Learning: building and modeling cognitive skills, Commitment to Democracy: creating and modeling civic skills of self-control, self-discipline, and administration of healthy authority, Commitment to Open Communication: overcoming barriers to healthy communication, reduce acting-out, enhance self-protective and self-correcting skills, teach healthy boundaries, Commitment to Social Responsibility: rebuilding social connection skills, establish healthy attachment relationships, and Commitment to Growth and Change: restoring hope, meaning, and purpose.** All team members will integrate The Sanctuary Model's four framework components for treatment planning, team meetings, safety plans, clinical interventions, and our overall trauma informed culture. These components include **Safety: physical, psychological, social and moral, Emotion Management: for both adults and clients, Loss: abuse, neglect, separation, Future: how can things be better.**

Residential Level II Therapeutic Foster Care will:

- Monitor behaviors and communication
- Provide behavioral management with interventions that promote problem solving and decision making
- Model family relationships, modeling respect for each other, boundaries, and coping techniques to coping with stressors and triggers
- Implement consequences as a result of any noncompliance and outburst
- Participate in planning, person centered plan updates, linking to needed resources

Therapeutic Foster Care QP will:

- Teach more effective communication skills such as tone of voice, making eye contact, excusing self before interrupting, asking permission, etc
- Discuss, teach, model, role-play regarding boundaries, and explain the importance's of respecting the boundaries of others and self.
- Redirect client as needed
- Explore strong feelings and emotions and they arise
- Discuss and teach new coping skills such as communicating in a positive manner, following directions, asking permission, accepting consequences, accepting no, showing respect for self/others/property, emotional/implies control, cooperating with others and accepting responsibility for client's actions.

Client and natural/community supports will:

- Identify triggers
- Actively participate in therapy
- Learn to diffuse escalated situations with no more than two prompts each incident.
- Use coping skills
- Discuss with foster parents, family, teachers and TFC staff when strong feelings or emotions arise.
- Participate in activities that promote healthy ways to release strong emotions such as anger, sadness ,etc
- Follow rules and directives with no more than 2 prompts

Therapist will:

- Provide Individual therapy (weekly, biweekly, etc)
- Practice modalities specific to the client's needs
- Collaborate with team members as appropriate (caregivers, social workers, guardian ad litem, consultant, psychiatrist, medical provider)
- Discuss past traumas as appropriate
- Discuss behavioral interventions
- Participate with planning and treatment recommendations.

Psychiatric services will:

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

- Provide medication management
- Inform caregivers on side effects of medication
- Monitor response to medication and make changes as needed
- Provide psychiatric evaluations as needed
- Participate with planning and treatment recommendations.

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
12/18/19		N	New goal for PCP in a new therapeutic foster home.
/ /	/ /		
/ /	/ /		

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #: [REDACTED]

PCP (UPDATE/REVISION)

(For use **ONLY** if a new service or a new goal is added to the PCP during the plan year.)

Name:	DOB:	Medicaid ID:	Record#:
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Update/Revision Date	5/30/2019		

ACTION PLAN

The Action Plan should be based on information and recommendations from: **the Comprehensive Clinical Assessment (CCA), the One Page Profile, Characteristics/Observations/Justifications for Goals, and any other supporting documentation.**

Long Range Outcome: (Ensure that this is an outcome desired by the individual, and not a goal belonging to others).

"I want to graduate high school and go to college. I would like to study in the medical field and become a pediatrician."

12/20/18: [REDACTED] is a fourteen-year-old African-American who is in the custody of Person County DSS. She has been in foster care for almost two years. [REDACTED] was placed in PCDSS custody due to neglect. She had been placed in at least two group homes prior to her placement in a therapeutic foster home. [REDACTED] has a history of defiance, absconding, self-harm, and verbal and physical aggression towards peers and authority figures. She was detained and placed on probation at one time for assaulting a peer. Additionally, [REDACTED] has had one hospitalization for self-harm and suicidal ideation prior to placement in a therapeutic foster home. [REDACTED] was placed in a therapeutic foster home after she was discharged from American Children's Home abruptly, June 2018.

Initially, [REDACTED] acclimated well to her foster family. There were a few incidents of noncompliance and difficulty getting along with peers. When school started, [REDACTED] began to display more defiance towards authority figures at home and school and struggled more getting along with peers. She was suspended for three days for horseplay with peers and defiance when asked to stop. Her second suspension was for ten days for cursing the Principal and noncompliance with the school uniform policy. Her suspension was reduced to five days after she apologized for her behavior. [REDACTED] was moved to a new therapeutic foster home on November 9, 2018 due to verbal aggression, and noncompliance with household rules and expectations. She had an argument with her foster mother and threatened to hit her foster mother before walking out of the home. [REDACTED] continues to struggle with compliance with rules in her home and at school as well as anger management. [REDACTED] had to change schools when she moved to her new foster home. She attended school for a month before she received a ten-day suspension for cursing the Principal, Vice Principal, and her teacher, before walking out of the school. While in her previous therapeutic foster home [REDACTED] was diagnosed with hypothyroidism and a pre-diabetic state. She had many symptoms of diabetes and was told by her physician that this condition could be reversed if she would consume fluids that did not contain sugar.

Discharge/Transition Plan: The clinical recommendation for [REDACTED] at this time is to receive therapeutic foster care, weekly individual therapy, and medication management. [REDACTED] is in need of a safe environment, which can provide support, structure, and consistency. Team members will reevaluate [REDACTED] behavior and current therapeutic placement in the next six months. Once [REDACTED] successfully completes her treatment goals, she will then be transitioned from therapeutic foster care to family foster care &

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

bi-weekly outpatient therapy and medication management.

Updated information as of 2/27/2019: [REDACTED] school behaviors have deteriorated since she began school at West Columbus High School (August 2018) before, disrupting her therapeutic foster care placement and having to move homes and attend South Columbus High School (November 2018). During her time at West Columbus High School [REDACTED] grades were above average; however, she was suspended twice. Suspension record at West Columbus: 10/16/18 for 3 days out of school suspension for confrontational fussing (arguing and cursing with peer); 10/26/18 10 days out of school suspension for disrespect to staff (disrespect and defiance) for not being in school uniform clothes. Since attending South Columbus High starting mid-November 2018, [REDACTED] has undergone 3 suspensions: 12/5/18 10 day suspension for horse playing and disrespect, 1/24/19 for 5 days for fighting; 2/5/19 10 day suspension for not being in school uniform, defiance to principal and verbal aggression towards principal and assistant principal. After the suspension on 2/5/19, South Columbus High School Principal decided to not allow [REDACTED] to return to school, due to behaviors and multiple suspensions in school and out of school and decided to provide [REDACTED] with an alternative to school without expelling her from school. South Columbus enrolled [REDACTED] in online classes that she is required to do from home as she is no longer allowed to attend school on campus for the remainder of the school year. Therapeutic Foster Parent has had to utilize on-call crisis number on 2/5/2019 at about 11:45 pm, due to [REDACTED] being non-compliant with directive, unwillingness to sleep reporting she is going to pack her clothes and leave the foster home. At the time, as the Crisis on call consultant attempted to inform her if she left the home that law enforcement would have to be called if she was adamant about leaving the foster home. [REDACTED] had not taken her medication that night as well as this was the same day that she received 10 days of an out of school suspension. Consultant was able

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #: [REDACTED]

to inform foster parent and [REDACTED] of the next steps if [REDACTED] would not comply with foster parent and if she was to leave the home. Current symptoms and behavioral concerns include increased defiance with authority figures and rules, difficulty getting along with peers, verbal aggression, argumentative, lack of impulse control, easily angered and difficulty managing her anger. [REDACTED] has had two incidents one in December 18, 2018 in which she walked away from foster parents home threatening to leave and [REDACTED] is currently attending school online since being removed from the traditional setting. Therapeutic Foster Parent [REDACTED] currently work full-time and does not have a caregiver to be responsible for [REDACTED] since she is unable to attend school on campus for the remainder of the school year. The other on 2/5/2019 as mentioned above.

Updated information as of 5/30/2019: Since her placement at Serenity group home, member continues to have difficulty with managing her anger, non-compliance, and difficulty with getting along with her peers. Member got upset at her peers in the group home, so she threw an object across the room and punched a wall to the point of leaving a hole in it. The staff took her allowance to cover the damage. One of member's coping skills is to remove herself from the situation to have a 'cool down' period. This has become an issue in the current setting because she goes outside the group home and it has been viewed as her leaving the group home without permission. There was an incident where member was suspended off the bus for being disrespectful to the bus driver and trying to fight another student. Member shared that she is often triggered by her peers for calling her fat. Member has been able to complete her chores as instructed and has been able to earn her weekly allowance most times. On last week, the group home staff contacted DSS to inquire about when member can be moved to a Level III group home setting because her behaviors were becoming too much for them to handle. It was reported that member was being defiant and talking back to staff. Member has a history of several mental health services that include inpatient hospitalizations, outpatient therapy, Intensive In-Home services, medication management, and Therapeutic Foster Care. [REDACTED] would benefit from continued medication management to continue to assist with alleviating some of [REDACTED] symptoms. She would also benefit from continued outpatient therapy that includes individual and family therapy components. It is recommended that [REDACTED] receives Trauma Focused Cognitive Behavioral Therapy to address her past trauma. Due to [REDACTED] deficits in ability to manage personal health, welfare, and safety without intense support and supervision it is recommend that [REDACTED] be place in a Level III Group home.

Discharge/Transition Plan: The clinical recommendation for [REDACTED] at this time is to receive Level III residential treatment, weekly individual therapy, and medication management. [REDACTED] is in need of a safe environment, which can provide support, structure, and consistency. Team members will reevaluate [REDACTED] behavior and current therapeutic placement in the next six months. Once [REDACTED] successfully completes her treatment goals, she will then be transitioned from Level III residential treatment to therapeutic foster care & bi-weekly outpatient therapy and medication management.

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: Member has been diagnosed with F91.3 Oppositional Defiant Disorder. Member struggles with following rules in all settings including the home, school, and community. She engages in negative behaviors such as being disrespectful, verbal aggression, and refusing to follow directives.

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
<p>[REDACTED] will reduce her defiant behaviors and increase her ability to follow rules and directives as evidenced by the following:</p> <ul style="list-style-type: none"> • following directives/rules with 3 or less prompts • active listening • being truthful and not blaming others • being respectful to others and not trying to control or dominate all time and attention • gaining attention through healthy means versus negative or manipulative means <p>The above will be monitored and reported by group home staff, Therapist, Teachers, and other School personnel.</p>	<p>Client- [REDACTED]</p> <p>Natural and Community Supports</p> <p>JMJ Enterprise-Fresh Start Home for Children Residential Level III Staff</p> <p>Psychiatrist Outpatient</p> <p>Therapist</p>	<p>Daily</p> <p>Daily</p> <p>Residential Treatment Level III - 1 unit/day: Therapeutic leave 15 days per quarter no more than 45 days per year</p> <p>Medication Management, monthly</p> <p>Individual Therapy, weekly</p>

HOW (Support/Intervention)
Level III Group Home will:

- Encourage [REDACTED] to participate in all aspects of treatment.
- Teach, model, and coach coping tools to manage [REDACTED] anger and verbal aggression.
- Encourage, motivate, listen, intervene, praise and assist [REDACTED] in the implementation of appropriate coping strategies.
- Process, discuss and explore social experiences with [REDACTED] so that she becomes more familiar with verbalizing frustration in an appropriate manner
- Hold [REDACTED] accountable/responsible for her choices and/or behavior.

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

- Provide supportive counseling to address the diagnostic and clinical needs of [REDACTED]
- Assist with therapeutic interventions to rehabilitate; functional skills; daily and community living skills; adaptation; socialization, and coping skill; behavior management skills; self-management of symptoms; therapeutic mentoring/skill building that directly increases the acquisition of skills needed to accomplish the goals of the Person-centered plan
- Provide direct preventative and therapeutic interventions to assist with skill building, relapse prevention and disease management strategies, ongoing symptom monitoring and management
- Complete psychiatric assessment for medication management services
- Make recommendation for higher and/or lower level of care if needed

Client and natural/community supports will:

- Identify triggers
- Actively participate in therapy
- Learn to diffuse escalated situations with no more than two prompts each incident.
- Use coping skills
- Discuss with foster parents, family, teachers and TFC staff when strong feelings or emotions arise.
- Participate in activities that promote healthy ways to release strong emotions such as anger, sadness. etc
- Follow rules and directives with no more than 2 prompts

Therapist will:

- Provide Individual therapy (weekly, biweekly, etc)
- Practice modalities specific to the client's needs
- Collaborate with team members as appropriate (caregivers, social workers, guardian ad litem, consultant, psychiatrist, medical provider)
- Discuss past traumas as appropriate
- Discuss behavioral interventions
- Participate with planning and treatment recommendations.

Psychiatric services will:

- Provide medication management
- Inform caregivers on side effects of medication
- Monitor response to medication and make changes as needed
- Provide psychiatric evaluations as needed
- Participate with planning and treatment recommendations.

Target Date(Not to exceed 12 months)	Date Goal was reviewed	status Code	Progress toward goal and Justification for continuation or discontinuation of goal.
12/18/2019	2/17/2019	R	Member has not been able to make progress toward this goal. Goal has been revised to reflect the change of recommended level of care. Member has been recommended for a Level III residential placement due to more supports needed to address member's behaviors.
12/18/2019	5/30/2019	O	[REDACTED] as not made progress toward this goal in her current temporary setting. This goal is ongoing to allow member to work on this goal upon transition to the Level III group home setting.
12/18/2019	07/08/2019	O	[REDACTED] was at camp and participating in bible stud. [REDACTED] spoke about her experience at church and the other client made a harsh remark towards [REDACTED] about her experience. [REDACTED] then became verbally aggressive towards [REDACTED]. Results indicated that [REDACTED] broke the other client nose
12/18/19	8/20/19	O	[REDACTED] became verbally aggressive with staff because she was upset that she could not participate in the camp outing due to her being on restriction for the fighting incident. She then threatened to bust out the facility van windows out. then stated that she was going to run away.
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID [REDACTED]

Record #: [REDACTED]

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: Member has been diagnosed with Bipolar Disorder. Member has difficulty managing her anger. She has a history of getting into fight with her peers and displaying verbal aggression.

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
<p>[REDACTED] will decrease her aggressive behaviors by refraining from verbal and physical confrontations with authority figures and peers. This will be evident of her expressing her anger in a controlled and respectful manner on a consistent basis.</p> <ul style="list-style-type: none"> Identify situations, thoughts and feelings that trigger angry feelings, problem behaviors, and the targets of those actions. 	<p>Client- [REDACTED] Natural and Community Supports JMJ Enterprise-Fresh Start Home for Children Residential</p>	<p>Daily Daily Residential Treatment Level III - 1 unit/day:</p>
<ul style="list-style-type: none"> Recognize and verbalize how thoughts and feelings are connected to misbehavior. Increase the number of statements that reflect the acceptance of responsibility for misbehavior. Agree to learn alternative ways to think about and manage anger and misbehavior. Learn and implement calming strategies as part of a new way to manage reactions to frustrations. 	<p>Level III Staff Psychiatrist Outpatient Therapist</p>	<p>Therapeutic leave 15 days per quarter no more than 45 days per year Medication Management, monthly Individual Therapy, weekly</p>

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

HOW (Support/Intervention)

Level III Group Home will:

- Encourage [REDACTED] to participate in all aspects of treatment.
- Teach, model, and coach coping tools to manage [REDACTED] anger and verbal aggression.
- Encourage, motivate, listen, intervene, praise and assist [REDACTED] in the implementation of appropriate coping strategies.
- Process, discuss and explore social experiences with [REDACTED] so that she becomes more familiar with verbalizing frustrations in an appropriate manner
- Hold [REDACTED] accountable/responsible for her choices and/or behavior.
- Provide supportive counseling to address the diagnostic and clinical needs of [REDACTED]
- Assist with therapeutic interventions to rehabilitate; functional skills; daily and community living skills; adaptation; socialization, and coping skill; behavior management skills; self-management of symptoms; therapeutic mentoring/skill building that directly increases the acquisition of skills needed to accomplish the goals of the Person-centered plan
- Provide direct preventative and therapeutic interventions to assist with skill building, relapse prevention and disease management strategies, ongoing symptom monitoring and management.
- Complete psychiatric assessment for medication management services
- Make recommendation for higher and/or lower level of care if needed

Client and natural/community supports will:

- Identify triggers
- Actively participate in therapy
- Learn to diffuse escalated situations with no more than two prompts each incident.
- Use coping skills
- Discuss with foster parents, family, teachers and TFC staff when strong feelings or emotions arise.
- Participate in activities that promote healthy ways to release strong emotions such as anger, sadness. etc
- Follow rules and directives with no more than 2 prompts

Therapist will:

- Provide Individual therapy (weekly, biweekly, etc)
- Practice modalities specific to the client's needs
- Collaborate with team members as appropriate (caregivers, social workers, guardian ad litem, consultant, psychiatrist, medical provider)
- Discuss past traumas as appropriate
- Discuss behavioral interventions
- Participate with planning and treatment recommendations.

Psychiatric services will:

- Provide medication management
- Inform caregivers on side effects of medication
- Monitor response to medication and make changes as needed
- Provide psychiatric evaluations as needed
- Participate with planning and treatment recommendations.

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and Justification for continuation or discontinuation of goal.
12/18/2019	2/27/2019	R	Member has not been able to make progress toward this goal. Goal has been revised to reflect the change of recommended level of care. Member has been recommended for a Level III residential placement due to more support needed to address member's behaviors.
12/18/2019	5/30/2019	O	[REDACTED] has not made progress toward this goal in her current temporary setting. This goal is ongoing to allow member to work on this goal upon transition to the level III group home setting.
12/12/2019	07/08/2019	O	Staff attempted to get [REDACTED] to participate in a group session. [REDACTED] went back to her room and started destroying property and then jumped out of her bedroom window.
12/12/19	8/20/19	O	[REDACTED] tore down the white erase board and then broke it in half and walked back out of the facility.

Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID [REDACTED]

Record #: [REDACTED]

CRISIS PREVENTION AND INTERVENTION PLAN

Date of Initial Crisis Plan (mm/dd/yyyy): 12/18/18		Date of Last Revision (mm/dd/yyyy):		Medicaid ID #: [REDACTED]	Record #: [REDACTED]
Name: [REDACTED]				Date of Birth (mm/dd/yyyy): [REDACTED]	
Address: [REDACTED]				Telephone Number: [REDACTED]	
Clinical Home/First Responder: Fresh Start for Children		Emergency Phone #: 336-271-6882		Alternate Phone #: 336-509-8211	
LME/MCO: Cardinal Innovations Healthcare		LME-MCO Phone #: 1-800-939-5911		County: Columbus	
Living Situation					
Living Situation (Stable, Unstable): Stable			If "Unstable" Describe:		
In a crisis, assistance will be needed in the following areas (if not applicable, leave blank):					
Children (if yes, indicate ages):		Pets (Yes/Blank):	Transportation (Yes/Blank):		Other (type of assistance needed):
Explain what help will be needed:					
Employment (In a crisis, assistance will be needed to contact my employer)					
Assistance will be needed (Yes/No): No		Contact Name:		Contact Phone #:	
Please inform them:					
Communication			Preferred Language		
Method (Nonverbal, Picture System, Gestures, Sound/Gestures, Other Device): Verbal			Preferred Language (English, Spanish, Sign Language, Other): English		If "Other", specify:
Legally Responsible Person					
Guardian Appointed (Yes/No): Yes		Legally Responsible Person Name: Person County DSS-Kristin Beavers		Contact Phone #: 336-503-1120	
Insurance					
Type of Insurance: Medicaid		Name of Company or Payer (If Type is Private or Other): Cardinal Innovations Healthcare		Policy Number/Member ID: [REDACTED]	
Diagnoses					
DSM Code:		Diagnosis:		Diagnosis Date (mm/dd/yyyy):	
F31.81		Bipolar II Disorder		09/05/2017	
F91.3		Oppositional Defiant Disorder		09/05/2017	
R41.83		Borderline Intellectual Functioning		09/05/2017	
Current Medications (Update/revise anytime there is a change)					
Medication Name:	Dose:	Frequency:	Reason for Change:	Date:	Prescribing Physician/Pharmacy:
Lamictal	25mg	2x Daily	Anxiety/mood swings	12/20/18	Beth Deaton, NP/Walgreens
Cetirizine HCL	10mg	Daily	Seasonal allergies		Dr. Elizabeth Deloieuse
Escitalopram	10mg	Daily	Depression		Beth Deaton, NP
Fluticasone Propionate	50mcg	1x daily each nostril	Seasonal allergies	11/20/18	Dr. Elizabeth Delousie
Latuda	80mg	1x nightly	Depression and Anxiety	12/20/18	Beth Deaton, NP
Propranolol					Beth Deaton, NP
Levothyroxine	10mg	PRN	Use when becoming agitated	12/20/18	
	75mg	1x daily	Hypothyroidism	11/12/18	Nunlee Clinic
True Allergies (Medication(s) and reaction – Update/revise anytime there is a change)					

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #: [REDACTED]

None Reported

Poorly tolerated medications (Medication(s) and reaction – Update/revise anytime there is a change)

None Reported

Medical/Dental Concerns (important details for Axis III diagnosis)

Seasonal Allergies hypothyroidism and a pre-diabetic state

Supports For The Individual

Notification							
List the individuals that should be called in the event of a crisis, indicate the calling order, provide contact information, and indicate if consent to release information to that person exists.							
Calling Order	Who	Agency	Name	Address	Phone #		Is there a valid consent to release (Yes/No)?
1	Guardian/Legally Responsible Person	Person County DSS	Kristin Beavers	PO Box 770 Roxboro, NC	336-503-1120		
	Family Contact 1						
	Family Contact 2						
	Family Contact 3						
3	Service Provider	JMJENTERPRISES Fresh Start for Children	Jennifer Taylor Program Director	1929 Murrayhill RD Greensboro NC 27403	336-271-6882		
2	Residential Program	JMJENTERPRISES Fresh Start for Children	Jennifer Taylor Program Director	1929 Murrayhill RD Greensboro NC 27403	336-271-6882		
6	Care Coordinator	Cardinal Innovations Healthcare	Shanika Ragland MA, LPC, LCAS-A		704-785-5167		
	Primary Therapist	Journeys Counseling	Dale Slaughter LPC	Greensboro, NC	336-294-1349		
5	Primary Care Physician	Palladium Primary Care		Greensboro, NC	336-841-8500		
4	Psychiatrist	Evens Blount		Greensboro, NC	336-641-2100		
	Other Physician						
	Peer Support Specialist						
	Other Support						
	Other Support						
Crisis Follow Up Planning (Include contact number(s) if not provided above)							
	Who is the primary contact to coordinate care if the individual requires inpatient or other specialized care?			Name	Contact #	Contact #	
				Fresh Start for children group home Person County DSS-Kristin Beavers	336-271-6882	336-503-1120	

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #: [REDACTED]

	Who will visit the individual while hospitalized? (This information should come from the individual and reflect the individual's preference)	Person County DSS-Kristin Beavers	336-503- 1120	
	Who will lead a review/debriefing following a crisis? Within what timeframe?	Name Boys & Girls Homes of NC	Timeframe Within 24 hours	

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

Additional Planning Documents

(Indicate if the individual has any of the following documents. If "Yes", attach the document to the Crisis Plan)

Yes/No

Individual Behavior Plan	No
Suicide Prevention and Intervention Plan	No
WRAP Plan	No
Futures Plan (Youth in Transition/young adult)	No
Advanced Directives	No
Living Will	No

General Characteristics/Preferences

What I am like when I am feeling well. Describe what a good day looks like for me and provide examples of how I feel when I have a sense of overall wellness and wellbeing. Describe how I interact, appear, and behave.

[REDACTED] likes when she able to sleep in when she does not go to school. When she is feeling well, she interacts with her peers and authority figures in a positive manner. She smiles more and follows through with what is asked of her.

What are some events or situations that have caused me trouble in the past? Outline significant events that may create or increase stress and trigger the onset of a crisis (Examples include: anniversaries, holidays, noise, change in routine, inability to express medical problems or to get needs met, out of medication, being isolated, etc.)

Loud noises ("intentional loud noises started by someone"), March 13th is when [REDACTED] brother was shot. July 22 is [REDACTED] brother was born and she missed the delivery of her brother because she was in foster care. When someone talks about her or her family members.

What are the early warning signs that I am not doing well? What will others notice about my behavior, speech, and actions when I am not doing well? Describe what others observe when s/he is entering a crisis episode. Include lessons learned from previous crisis events. (Examples include not keeping appointments, isolating himself, loud or hyper-verbal speech, not sleeping well, eating too much, etc.)

When [REDACTED] goes into crisis, she will put her arms in her sleeves and her head down into her shirt and become silent.

How can others help me and what can I do to help myself to address a crisis early on? Who is best able to assist me? Describe prevention and intervention strategies that have been effective in reducing stress, problem solving, and keeping the person from needing higher levels of care such as a trip to an emergency department or crisis center or inpatient hospitalization. (Examples include breathing exercised, journaling, taking a walk, listening to music, calling a friend or family member or provider, etc.)

Remove [REDACTED] from the room and allow her time to talk about what is bothering her. [REDACTED] stated she is able to identify Her triggers if you allow her a moment to speak about it before things escalate more. Allow [REDACTED] time to speak with her mother over the phone if possible. [REDACTED] mother [REDACTED] is her main support. She also likes to speak with her sister [REDACTED] and a friend from her previous group home [REDACTED] would like to speak with her social worker Kristin Beavers. [REDACTED] likes to color, listen to music (Hip-Hop and R&B), and doing hair to de-escalate herself.

If I am in crisis, what are ways that others can help me and how can I help myself? What strategies do not work well for me? List everything that has worked well for the person in the past. Focus first on the least restrictive steps including natural and community supports. Describe how crisis staff should interact with the person in crisis. Describe preferred and non-preferred medication, treatment facilities, and options for respite. Include the person's preferred process for obtaining backup in case of emergency. (Examples include; I like music, I like to go for a walk, I like to be talked to, call my sponsor, remind me

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

of my PRN meds, I don't like to be talked to, I don't like to be touched, I prefer ABC hospital over XYZ hospital, etc.)

Give [REDACTED] few minutes before asking questions. If there is a possibility of contacting her mother, [REDACTED] feels this would calm her down. [REDACTED] said she also quickly improves when she is told her mother will be notified about her behavior. In case of emergency, Boys & Girls Homes of NC's crisis line should be called (910-770-0083), if needed, call 911 o transport her to the nearest Emergency Department.

Consumer Name [REDACTED]

Service Record # [REDACTED]

Date the Child and Family Team met to develop this discharge/transition plan: 7/8/19

Division of MH/DD/SAS
Division of Medical Assistance

Child/Adolescent Discharge/Transition Plan

This document must be submitted with the completed ITR, the required PCP (i.e. introductory, complete or update) and any other supporting documentation justifying the request for authorization and reauthorization of Residential Levels III and IV. In addition, for reauthorization of Residential Level III and IV, a new comprehensive clinical assessment by a psychiatrist (independent of the residential provider and its provider organization) that includes clinical justification for continued stay at that level of care is required to be submitted. An incomplete ITR, PCP or lack of Discharge/Transition Plan and a new comprehensive clinical assessment (when applicable) will result in a request being "unable to process".

I. The recipient's expected discharge date from the following service is:
 Residential Level III
 Residential Level IV
 Expected Discharge Date: 8/13/19
 Expected Discharge Date:

II. At time of discharge the recipient will transition and/or continue with the following services. Please indicate both the planned date of admission to each applicable service and the anticipated provider. (Provide details in Section III.)

<input checked="" type="checkbox"/> Natural and Community Supports	<u>6/18/19</u>	Provider: <u>Journey Counseling, Mr Dale, LPC</u>
<input checked="" type="checkbox"/> Outpatient individual Therapy	<u>6/19/18</u>	Provider: <u>SMS Enterprises, Jord Doby, LCSW</u>
<input type="checkbox"/> Outpatient Family Therapy	<u>8/8/19</u>	Provider: <u>Eileen Blount next appointment</u>
<input checked="" type="checkbox"/> Outpatient Group Therapy	<u> </u>	Provider: <u> </u>
<input checked="" type="checkbox"/> Medication Management	<u> </u>	Provider: <u> </u>
<input type="checkbox"/> Respite	<u> </u>	Provider: <u> </u>
<input type="checkbox"/> Intensive In-Home	<u> </u>	Provider: <u> </u>
<input type="checkbox"/> Multisystemic Therapy	<u> </u>	Provider: <u> </u>
<input type="checkbox"/> Substance Abuse Intensive Outpatient	<u> </u>	Provider: <u> </u>
<input type="checkbox"/> Day Treatment	<u> </u>	Provider: <u> </u>
<input type="checkbox"/> Level II Program Type	<u> </u>	Provider: <u> </u>
<input type="checkbox"/> Therapeutic Foster Care	<u> </u>	Provider: <u> </u>
<input type="checkbox"/> PRTF	<u> </u>	Provider: <u> </u>
<input type="checkbox"/> Other	<u> </u>	Provider: <u> </u>
<input type="checkbox"/> Other	<u> </u>	Provider: <u> </u>
<input type="checkbox"/> Other	<u> </u>	Provider: <u> </u>

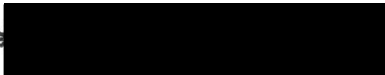
III. The Child and Family Team has engaged the following natural and community supports to both build on the strengths of the recipient and his/her family and meet the identified needs.

Name/Agency	Role	Date
<u>Sister</u>	<u>Natural Support</u>	<u>on-going</u>
Name/Agency	Role	Date
Name/Agency	Role	Date
Name/Agency	Role	Date

IV. Input into the Person-Centered Plan developed by the Child and Family Team was received from the following (Check all that apply):

<input checked="" type="checkbox"/> Recipient	<input type="checkbox"/> MH/SA TCM Provider
<input checked="" type="checkbox"/> Family/Caregivers	<input type="checkbox"/> Court Counselor
<input type="checkbox"/> Natural Supports	<input type="checkbox"/> School (all those involved)
<input type="checkbox"/> Community Supports (e.g. civic & faith based organizations)	<input type="checkbox"/> Social Services
<input checked="" type="checkbox"/> Local Management Entity	<input type="checkbox"/> Medical provider
<input checked="" type="checkbox"/> Residential Provider	<input type="checkbox"/> Other

Consumer Name



Service Record #



Other _____

V. Please explain your plan for transition to new services and supports (i.e. engaging natural and community supports, identification of new providers, visits home or to new residence, transition meetings with new providers, etc.) Who will do what by when?

Activity	Responsible Party	Implementation Date
Family Visits	Family	Current
School Registration	Social Worker, Group home	week of 7/18/19

VII-VI. The Child and Family Team updated the Crisis Plan as part of the PCP Revision to include issues of safety at home, at school and in the community.

Yes No

Please explain: Plan is updated as needed and/or during CFT meeting

VIII-VII. For recipients identified as high risk for dangerous or self injurious behaviors the discharge/transition plan includes admission to the appropriate level of care.

Yes No

Please explain: Client is in the appropriate level of care

IX-VIII. The Child and Family Team has identified and addressed the following potential barriers to success of the discharge/transition plan.

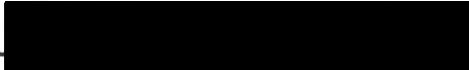
Family discord	non-compliance
medication monitoring	
fighting	

X-IX. The Child and Family Team will meet again on 8/16/19 in order to follow-up on the discharge/transition plan and address potential barriers.

@ 12 noon. 8/20/19 @ 11am

XI-X. Required Signatures

Recipient



Date 7/18/19

Legally Responsible Person

K. Beavers

Date 7/18/19

Qualified Professional

[Signature], MSQP

Date 7/18/19

(Person responsible for the PCP)

I agree with the Child and Family Team recommendation.

I do not agree with the Child and Family Team recommendation.

(*Please note signature below is required by SOC regardless of agreement with recommendation. Signature does not indicate agreement or disagreement of Child and Family Team recommendation, merely review of discharge plan.)

LME SOC/Representative

(Required for residential requests only)

Date ___/___/___

Consumer Name: [Redacted]

Service Record #: [Redacted]

Date the Child and Family Team met to develop this discharge/transition plan: 9/17/19

Division of MH/DD/SAS
Division of Medical Assistance

Child/Adolescent Discharge/Transition Plan

This document must be submitted with the completed ITR, the required PCP (i.e. introductory, complete or update) and any other supporting documentation justifying the request for authorization and reauthorization of Residential Levels III and IV. In addition, for reauthorization of Residential Level III and IV, a new comprehensive clinical assessment by a psychiatrist (Independent of the residential provider and its provider organization) that includes clinical justification for continued stay at that level of care is required to be submitted. An incomplete ITR, PCP or lack of Discharge/Transition Plan and a new comprehensive clinical assessment (when applicable) will result in a request being "unable to process".

I. The recipient's expected discharge date from the following service is:

Expected Discharge Date: 12/31/19
Expected Discharge Date:

II. At time of discharge the recipient will transition and/or continue with the following services. Please indicate both the planned date of admission to each applicable service and the anticipated provider. (Provide details in Section III.)

- Natural and Community Supports
 - Outpatient Individual Therapy
 - Outpatient Family Therapy
 - Outpatient Group Therapy
 - Medication Management
 - Respite
 - Intensive In-Home
 - Multisystemic Therapy
 - Substance Abuse Intensive Outpatient
 - Day Treatment
 - Level II Program Type
 - Therapeutic Foster Care
 - PRTF
 - Other
 - Other
 - Other
- | | |
|----------------|---|
| <u>6/18/19</u> | Provider: <u>Journey Counseling Mt. Laurel PC</u> |
| <u>6/19/18</u> | Provider: <u>JMS Entropisk, Tara Dohy LCSW</u> |
| <u>9/5/19</u> | Provider: <u>Evans Blount</u> |
| <u> </u> | Provider: <u> </u> |
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| <u> </u> | Provider: <u> </u> |

III. The Child and Family Team has engaged the following natural and community supports to both build on the strengths of the recipient and his/her family and meet the identified needs.

Name/Agency	Role	Date:
<u>Sister</u>	<u>Natural Support</u>	<u>On-going</u>
Name/Agency	Role	Date:
Name/Agency	Role	Date:
Name/Agency	Role	Date:

IV. Input into the Person-Centered Plan developed by the Child and Family Team was received from the following (Check all that apply):

- Recipient
- Family/Caregivers
- Natural Supports
- Community Supports (e.g. civic & faith based organizations)
- Local Management Entity
- Residential Provider
- MH/SA TCM Provider
- Court Counselor
- School (all those involved)
- Social Services
- Medical provider
- Other

Consumer Name [redacted] Service Record # [redacted]

V. Please explain your plan for transition to new services and supports (i.e. engaging natural and community supports, identification of new providers, visits home or to new residence, transition meetings with new providers, etc.) Who will do what by when?

Activity	Responsible Party	Implementation Date
Family Visit Off Site	Main Client, Group home	9/21/19
Grades Smith H.S	Client, Group home	9/19/19

VI. The Child and Family Team updated the Crisis Plan as part of the PCP Revision to include issues of safety at home, at school and in the community.

Yes No

Please explain: Crisis Plan is updated as needed / and / or during CFT meeting.

VII. For recipients identified as high risk for dangerous or self injurious behaviors the discharge/transition plan includes admission to the appropriate level of care.

Yes No

Please explain: Client is in the appropriate level of care

VIII. The Child and Family Team has identified and addressed the following potential barriers to success of the discharge/transition plan.

Peer peer relationships

Fighting

Family discord

Making threats to other clients

IX. The Child and Family Team will meet again on 10/15/19 in order to follow-up on the discharge/transition plan and address potential barriers. @ 3p

X. Required Signatures

Recipient [redacted] Date 9/17/19

Legally Responsible Person [Signature] Date 9/17/19

Qualified Professional [Signature], MSQP Date 9/17/19
(Person responsible for the PCP)

I agree with the Child and Family Team recommendation.

I do not agree with the Child and Family Team recommendation.

(*Please note signature below is required by SOC regardless of agreement with recommendation. Signature does not indicate agreement or disagreement of Child and Family Team recommendation, merely review of discharge plan.)

LME SOC/Representative _____ Date 1/1
(Required for residential requests only)

Treatment Authorization Request (TAR)#: [REDACTED] Submit Date: 8/6/2019 Original Submit Date: 8/6/2019

Submitting Provider:
JMJ Enterprises, LLC

Retroactive = Yes Expedited = No

Contact Name:
Traci Martin

Contact Phone:
3369881552

Contact Email:
tmartin@jmjenterprise.net

Client Information:

First Name: [REDACTED] M.I.: [REDACTED] Last Name: [REDACTED] SSN: [REDACTED] Date Of Birth: [REDACTED] Client ID: [REDACTED]

ADDRESS: [REDACTED]

Client Specialty: MH

Request Type: Reauthorization

Service Request Type: Enhanced

Self Direction: AWC (Agency with Choice)

Diagnosis Information:

Class	Dx. Code	Axis	Effective Date	End Date
Primary	ICD-10 - F31.81 - Bipolar II disorder		2/24/2019	
Additional	ICD-10 - F43.10 - Post-traumatic stress disorder, unspecified		2/24/2019	
Additional	ICD-10 - F91.3 - Oppositional defiant disorder		2/24/2019	
Primary	ICD-10 - R41.83 - Borderline intellectual functioning		2/24/2019	

Psychosocial Stressors

- 004.1 - Problems with Primary Support Group
- 004.2 - Problems Related to the Social Environment

Axis 5 GAF:

Services

Diagnosis	Start Date / End Date:	Service/ Units	Provider
F31.81 - Bipolar II disorder	8/6/2019 9/4/2019	RESIDENTIAL TREATMENT - H0019 HQ LTR III, 1-4 Bed Units: 1 Per: Day Total: 30	JMJ Enterprises, LLC / JMJ ENTERPRISE - FRESH START HOME FOR CHILDREN
F31.81 - Bipolar II disorder	8/6/2019 9/6/2019	RESIDENTIAL TREATMENT THERAPEUTIC LEAVE - 0183 Therap. Leave Units: 5 Per: Month Total: 5	JMJ Enterprises, LLC / JMJ ENTERPRISE - FRESH START HOME FOR CHILDREN

Treatment		
Is the Consumer currently receiving any treatment	Yes	
Has the Treating/Clinical Home Provider been notified	Yes	
Are the Treating/Clinical Home Providers Participating in Discharge Planning	Yes	
Treatment	Comment	
Mental Health Inpatient	Safety Concerns: July 2019- fighting, communicating threats, running away, and property destruction.	
Has Consumer received Treatment in the past	Yes	
Treatment	When	Outcome
Mental Health Inpatient	1 year to 5 years	No Progress
Medication		
Medication Name	Mg	Regimen
lamictal	25mg	take 2x a day
cetirizines	10mg	daily
escitalopram	10mg	daily
latuda	80mg	daily
propranolol	10mg	prn
levothyroxine	75mg	daily
Additional Information		
Primary Care Physician	Palladium Primary Care	
Signed Release(To Physician)	Yes	
Medically Compliant	Yes	
Allergies	unknown at this time	
Has Primary Care Physician been contacted?	Yes	
Why Not?		
When was the Consumers last Appointment with his/her Primary Care Physician?		
Has the Primary Care Physician been informed about the current Treatment Episode?	Yes	
Why Not?		
Relevant Medical Issues		
Medical Comments		
CaLocus	Values	
I. Risk of Harm	4	
II. Functional Status	3	
III. Co-Morbidity	3	
IV A. Recovery Environment - Stress	4	
IV B. Recovery Environment - Support	4	
V. Resiliency and Treatment History	3	

VI-A. Acceptance and Engagement (Child/Adolescent)	2
VI-B. Acceptance and Engagement (Parent/Pri Caretaker)	5
Non-Secure 24-hour Services with Psych Mon.	26

Supplemental Clinical Questions

Question	Response
What are the current presenting symptoms and their frequency? Be specific.	<p>█████ was at camp and participating in bible study. █████ spoke about her experience at church and the other client made a harsh remark towards █████ about her experience. █████ then became verbally aggressive towards █████ Staff attempted to talk █████ down but she then ran towards the other client and punched her in the face. Staff interfered and separated each client. Once the physical altercation ended, staff took the other client to the hospital. Results indicated that █████ broke the other client nose.</p>
Comments on progress towards goals, and for areas where progress is not occurring, what changes in strategies/interventions are being made. Please also comment on alternative services being discussed as appropriate.	<p>staff attempted to get █████ to participate in a group session with one other the clients (the one she got in a fight with). She agreed and came to the living room with the other client. Before, staff started the session █████ back went to her room and started destroying property and then jumped out of her bedroom window. Staff went behind her and talked her down and got her to returned back to the facility</p>
Additional comments on progress towards goals.	N/A
Are there any cultural consideration?	There are no cultural consideration
What are the family, social, or other Supports?	<p>Ms. Beavers (social worker) added two more people to her phone list. █████ stays in touch with a former group home staff member named █████ █████ keeps in touch with her mother and sister on the daily basis █████ had her first on-site visit with her sister on 7/8 and had another one on 7/13. She also had offsite visit with her mother on July 27th. They went to Wet n Wild for her little brother birthday party.</p>
Any identified barriers to treatment?	N/A
Other Relevant Information.	N/A
What is the measurable realistic criteria for discharge?	<p>Social worker discussed that █████ mother had several court ordered things to complete in order for her to return home. █████ stated that she doesnt want to step down to foster care, but she rather steps down to a level two group home. However, her social worker suggested for her to think more about her options before she makes a final decision. █████ has to work more not shutting down during therapy. █████ has been enrolled in school at Ben L. Smith high school. She will be attending open house on August 19 and will start on her first day on August 26.</p>
Additional comments on the measurable realistic criteria for discharge.	N/A
How is coordination occurring with the agency that will provide the step down care?	<p>Social worker discussed that █████ mother had several things to complete in order for her to return home. █████ stated that she doesnt want to step down to foster care, but she rather steps down to a level two group home. However, her social worker suggested for her to think more about her options before she makes a final decision. Social worker has mentioned that █████ tend to have behaviors after she comes back on visits from mom. █████ takes part in group therapy twice a week at the group home with therapist Jared Doby, LCSW the dates are 6/9,6/13,6/18,6/20,6/25,6/27,7/2,7/5,7/9,7/11,7/16,7/18,7/23,7/25,7/30. █████ keeps questioning her social worker on why she was placed in DSS custody</p>
Additional comments on how the coordination is occurring with the agency that will provide step down care.	N/A
What is the anticipated discharge date (this should be individualized based on the consumer)?	12/31/19

Notes		Submitter
Copy of TAR [REDACTED]		Provider
There were no treatment goals added during this review current goals are still ongoing. [REDACTED] became verbally aggressive towards social worker because she was upset about her family situation. She also threatened to create more property damage to the facility and run away. [REDACTED] became verbally aggressive with staff because she was upset that she could not participate in the camp outing due to her being on restriction for the fighting incident. She then threatened to bust out the facility van windows out. Then stated that she was going to run away. [REDACTED] is attending trauma focus therapy at Journey Counseling Center. She attended her first session on 6/18/19 with her therapist (Dale Slaughter, MA, LPC). As of now, Mr. Dale and [REDACTED] are currently working on understanding the concepts of trauma. She attended therapy on 6/18, 6/25, 7/2, 7/9, 7/16, 7/23, 7/30.		Provider
Decision: Level III Program and Therapeutic Leave are authorized for 8/6/2019 - 9/6/2019 on 8/16/2019.		MCO
Provider recommendations: <ul style="list-style-type: none"> • Please collaborate with school supports to start the process for an IEP for this member. • -Please ensure that member is referred for a trauma assessment and subsequent evidence based trauma treatment. • -Please ensure that a safety plan is developed with member and that school and facility are both utilizing this plan. • -Please ensure that member is involved in prosocial activities that she enjoys. • -Please be sure that member's medical needs continued to be addressed at this time. Please ensure that medication management continues to be ongoing at this time.		

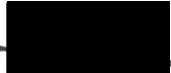
DISCHARGE

Discharge Reason	
Did Guardian Agree?	NO,
Ongoing Treatment	
Follow Up Appointment	

Consumer Name



Service Record #



Date the Child and Family Team met to develop this discharge/transition plan: 7/8/19

**Division of MH/DD/SAS
Division of Medical Assistance**

Child/Adolescent Discharge/Transition Plan

This document must be submitted with the completed ITR, the required PCP (i.e. introductory, complete or update) and any other supporting documentation justifying the request for authorization and reauthorization of Residential Levels III and IV. In addition, for reauthorization of Residential Level III and IV, a new comprehensive clinical assessment by a psychiatrist (independent of the residential provider and its provider organization) that includes clinical justification for continued stay at that level of care is required to be submitted. An incomplete ITR, PCP or lack of Discharge/Transition Plan and a new comprehensive clinical assessment (when applicable) will result in a request being "unable to process".

I. The recipient's expected discharge date from the following service is:

- Residential Level III
- Residential Level IV

Expected Discharge Date: 8/13/19
Expected Discharge Date:

II. At time of discharge the recipient will transition and/or continue with the following services. Please indicate both the planned date of admission to each applicable service and the anticipated provider. (Provide details in Section III.)

- Natural and Community Supports
- Outpatient individual Therapy
- Outpatient Family Therapy
- Outpatient Group Therapy
- Medication Management
- Respite
- Intensive In-Home
- Multisystemic Therapy
- Substance Abuse Intensive Outpatient
- Day Treatment
- Level II Program Type
- Therapeutic Foster Care
- PRTF
- Other _____
- Other _____
- Other _____

<u>6/18/19</u>	Provider: <u>Journey Counseling, Mr Dale, LPC</u>
<u>6/19/18</u>	Provider: <u>SMS Enterprises, Jona Dady, LCSW</u>
<u>8/8/19</u>	Provider: <u>Eileen Blount next appointment</u>
<u> </u>	Provider: _____
<u> </u>	Provider: _____
<u> </u>	Provider: _____
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<u> </u>	Provider: _____
<u> </u>	Provider: _____
<u> </u>	Provider: _____
<u> </u>	Provider: _____
<u> </u>	Provider: _____

III. The Child and Family Team has engaged the following natural and community supports to both build on the strengths of the recipient and his/her family and meet the identified needs.

Name/Agency	<u>Sister</u>	Role	<u>Natural Support</u>	Date:	<u>on-going</u>
Name/Agency	_____	Role	_____	Date:	_____
Name/Agency	_____	Role	_____	Date:	_____
Name/Agency	_____	Role	_____	Date:	_____

IV. Input into the Person-Centered Plan developed by the Child and Family Team was received from the following (Check all that apply):

- Recipient
- Family/Caregivers
- Natural Supports
- Community Supports (e.g. civic & faith based organizations)
- Local Management Entity
- Residential Provider
- MH/SA TCM Provider
- Court Counselor
- School (all those involved)
- Social Services
- Medical provider
- Other _____

Consumer Name: [Redacted]

Service Record #: [Redacted]

Other _____

V. Please explain your plan for transition to new services and supports (i.e. engaging natural and community supports, identification of new providers, visits home or to new residence, transition meetings with new providers, etc.) Who will do what by when?

Activity	Responsible Party	Implementation Date
Family Visits	Family, Social Worker	Group home
School Registration	Group home	Current week of 7/8/19

VII-VI. The Child and Family Team updated the Crisis Plan as part of the PCP Revision to include issues of safety at home, at school and in the community.

Yes No

Please explain: Plan is updated as needed and/or during CFT meeting

VIII-VII. For recipients identified as high risk for dangerous or self injurious behaviors the discharge/transition plan includes admission to the appropriate level of care.

Yes No

Please explain: Client is in the appropriate level of care

IX-VIII. The Child and Family Team has identified and addressed the following potential barriers to success of the discharge/transition plan.

Family discord
Medication Monitoring
Fighting
Non-Compliance

X-IX. The Child and Family Team will meet again on 8/6/19 in order to follow-up on the discharge/transition plan and address potential barriers.

@ 12 noon. 8/20/19 @ 11am

XI-X. Required Signatures

Recipient: [Redacted]

Date 7/8/19

Legally Responsible Person: [Signature]

Date 7/8/19

Qualified Professional: [Signature], MSQP

Date 7/8/19

I agree with the Child and Family Team recommendation.
 I do not agree with the Child and Family Team recommendation.
(*Please note signature below is required by SOC regardless of agreement with recommendation. Signature does not indicate agreement or disagreement of Child and Family Team recommendation, merely review of discharge plan.)

LME SOC/Representative _____ Date ___/___/___
(Required for residential requests only)

Consumer: [REDACTED]

Record#: [REDACTED]

Date: September 2019

Child and Family Team Meeting Note

Please indicate consumer's participation level in each for the past 30 days. Please elaborate on fair or poor responses*.

Comments:

Education	<input type="checkbox"/> Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	September 2019- [REDACTED] is doing well in all of her classes August 2019- [REDACTED] will be attending Smith high school for the fall. July 2019- School is out. [REDACTED] will be registered with Smith High school start date is Aug 26, 2019
Group Sessions	<input type="checkbox"/> Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	80% of participation
Exercise Program	<input type="checkbox"/> Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	85% of participation- [REDACTED] enjoys going swimming with her peers.
Personal Hygiene	<input checked="" type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	100% of completion

Information Sharing (Address progress in therapy, progress towards PCP goals, revisions or additions to PCP, behavioral issues observed {i.e. challenges}, next steps):

CURRENT PCP GOALS:

Goal #1

[REDACTED] will reduce her defiant behaviors and increase her ability to follow rules and directives as evidenced by the following: following directives/rules with 3 or less prompts active listening being truthful and not blaming others being respectful to others and not trying to control or dominate all time and attention gaining attention through healthy means versus negative or manipulative means The above will be monitored and reported by group home staff, Therapist, Teachers, and other School personnel.

Encourage [REDACTED] to participate in all aspects of treatment. Teach, model, and coach coping tools to manage [REDACTED] anger and verbal aggression. Encourage, motivate, listen, intervene, praise and assist [REDACTED] in the implementation of appropriate coping strategies. Process, discuss and explore social experiences with [REDACTED] so that she becomes more familiar with verbalizing frustrations in an appropriate manner Hold [REDACTED] accountable/responsible for her choices and/or behavior

Provide supportive counseling to address the diagnostic and clinical needs of [REDACTED] Assist with therapeutic interventions to rehabilitate; functional skills; daily and community living skills; adaptation; socialization, and coping skill; behavior management skills; self-management of symptoms; therapeutic mentoring/skill building that directly increases the acquisition of skills needed to accomplish the goals of the Person-centered plan Provide direct preventative and therapeutic interventions to assist with skill building, relapse prevention and disease management strategies, ongoing symptom monitoring and management. Complete psychiatric assessment for medication management services Make recommendation for higher and/or lower level of care if needed

Client and natural/community supports will: Identify triggers Actively participate in therapy Learn to diffuse escalated situations with no more than two prompts each incident. Use coping skills Discuss with foster parents, family, teachers and TFC staff when strong feelings or emotions arise. Participate in activities that promote healthy ways to release strong emotions such as anger, sadness .Follow rules and directives with no more than 2 prompts

Therapist will: Provide Individual therapy (weekly, biweekly, etc) Practice modalities specific to the client's needs Collaborate with team members as appropriate (caregivers, social workers, guardian ad litem, consultant, psychiatrist, medical provider) Discuss past traumas as appropriate Discuss behavioral interventions Participate with planning and treatment recommendations.

Psychiatric services will: Provide medication management Inform caregivers on side effects of medication Monitor response to medication and make changes as needed Provide psychiatric evaluations as needed Participate with planning and treatment recommendations.

Recommendation Goal 1: Ongoing

Goal #2

██████████ will decrease her aggressive behaviors by refraining from verbal and physical confrontations with authority figures and peers. This will be evident of her expressing her anger in a controlled and respectful manner on a consistent basis.

Identify situations, thoughts and feelings that trigger angry feelings, problem behaviors, and the targets of those actions.

Recognize and verbalize how thoughts and feelings are connected to misbehavior.

Increase the number of statements that reflect the acceptance of responsibility for misbehavior.

Agree to learn alternative ways to think about and manage anger and misbehavior.

Learn and implement calming strategies as part of a new way to manage reactions to frustrations.

Level III Group Home will: Encourage ██████████ to participate in all aspects of treatment. Teach, model, and coach coping tools to manage ██████████ anger and verbal aggression. Encourage, motivate, listen, intervene, praise and assist ██████████ in the implementation of appropriate coping strategies. Process, discuss and explore social experiences with ██████████ so that she becomes more familiar with verbalizing frustrations in an appropriate manner Hold ██████████ accountable/responsible for her choices and/or behavior. Provide supportive counseling to address the diagnostic and clinical needs of ██████████ Assist with therapeutic interventions to rehabilitate; functional skills; daily and community living skills; adaptation; socialization, and coping skill; behavior management skills; self-management of symptoms; therapeutic mentoring/skill building that directly increases the acquisition of skills needed to accomplish the goals of the Person-centered plan Provide direct preventative and therapeutic interventions to assist with skill building, relapse prevention and disease management strategies, ongoing symptom monitoring and management. Complete psychiatric assessment for medication management services Make recommendation for higher and/or lower level of care if needed.

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Therapist will: Provide Individual therapy (weekly, biweekly, etc) Practice modalities specific to the client's needs Collaborate with team members as appropriate (caregivers, social workers, guardian ad litem, consultant, psychiatrist, medical provider) Discuss past traumas as appropriate Discuss behavioral interventions Participate with planning and treatment recommendations.

Psychiatric services will: Provide medication management Inform caregivers on side effects of medication Monitor response to medication and make changes as needed Provide psychiatric evaluations as needed Participate with planning and treatment recommendations.

Recommendation Goal 2: Ongoing

Family/guardian involvement in treatment in the last 30 days. Indicate WHO was involved and to what extent*. (If there has been none, please indicate attempts by GH staff to include family/guardian in treatment.)

Mother
Sister

Other agency involvement with the consumer's treatment in the past 30 days*. (Include GH attempts to coordinate services between agencies such as **DSS, DJJ**, case managers, court counselors, etc...)

Cardinal MCO care coordinator- Shanika Ragand as needed
Kristin Beavers- Person county social worker

Pending legal issues?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes. Describe*:
Currently on Probation?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes. Supervised <input type="checkbox"/> Unsupervised <input type="checkbox"/> Date probation set to end:
Outings/home visits in the past 30 days?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes. Describe with whom, where, and outcome*: Onsite visit with sister on 8/8 Outing with mother on 7/27 to Wet n Wild for brother birthday party. 9/17 visit with sister supervised by social worker, 9/21 mother visit off site day visit

*Additional space provided on next page if necessary.

Date of last PCP on file: 12/18/19 last update (If annual PCP is due within 1 month, please describe all attempts and progress made to ensure completion below :) There were no treatment goals added during this review current goals are still ongoing.

Please indicate current discharge plan/comments: Team is concerning a higher level of care due to the increase violent behaviors and threats.

Social worker discussed that [redacted] mother had several things to complete in order for her to return home. [redacted] stated that she doesn't want to step down to foster care, but she rather steps down to a level two group home. However, her social worker suggested for her to think more about her options before she makes a final decision.

Barriers to Discharge:	<input type="checkbox"/> D/C treatment setting unavailable	<input type="checkbox"/> Legal Mandate	<input type="checkbox"/> Adequate housing or residence	<input type="checkbox"/> Lack of community supports	<input checked="" type="checkbox"/> Treatment non-compliance	<input type="checkbox"/> Other: Describe in comments section above.
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Is family therapy indicated?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes. Date scheduled and with whom:
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Diagnoses:

- DSM-V 296.89 - Bipolar II disorder
- DSM-V V62.89 – Borderline intellectual functioning
- DSM-V 313.81 – Oppositional defiant disorder
- DSM-V 309.81 – Posttraumatic stress disorder

MEDICATIONS:

Vitamin D-3 2000 IU- take two pills once a day in the morning.
Latuda 80mg (Lurasidone HCL)- take one tablet by mouth with breakfast. D/C on 8/9/19

Escitalopram (Escitalopram Oxalate) 10mg- take 1 tablet by mouth once daily.
 Propranolol 10mg (Propranolol HCL)- take one tablet by mouth twice daily as needed for agitation.
 Lamotrigine 25mg- take 1 tablet by mouth twice daily.
 Cetirizine 10mg (Zyrtec)- take 1 tablet by mouth at bedtime.

Levothyroxine 75mg (Levothyroxine Sodium or Tirosint)- take 1 tablet by mouth once daily.
 Proventil HFA AET MER (Albuterol Sulfate)- Inhale 4 puffs by mouth every 4 hours as needed for wheezing.
 Trazodone 50mg (Desyrel)- take one tablet by mouth at night. May repeat 1 tab if wakes at night.
 Aripiprazole 10mg (Abilify)- take one tablet by mouth at bedtime.
 Penicillin VK 500- take one tablet by mouth four times a day until finished
 Hydrocodone- Acetamin 5-325mg- take one tablet by mouth every 6 hours as needed for pain.
 Ibuprofen 600mg- take one tablet by mouth every 6 hours, do not exceed 3200mg per day.
 Chlorhexidine 0.12% rinse- rinse mouth with 15ml for 30 seconds am & pm after brushing. Expectorate after rinsing do not swallow.
 Cephalexin 500mg- take one capsule by mouth four times a day for 10 days.

Physical completed on 6/13/19
 Dental Appointment on 7/15/19 (cleaning) at Silva & Silva
 Wisdom Teeth surgery on 8/13/19- surgery went well. Doctor extracted three wisdom teeth.
 Orthodontist- 8/28/19- consultation for braces (Alison J McMillian) 9/18/19 intake, 9/25/19 Get braces , 10/31/19 check up
 Dermatologist: 9/19/19 & 10/21/19 (Bethany medical center)

Comments: September 2019: [REDACTED] has been doing very good with her medication. She can now see the medication doctor every three months.

Social worker has found a sponsor for a clothing voucher for [REDACTED] Social worker has also mention that [REDACTED] will be given an allowance as a reward for good behavior and good grades.

-Social worker has given [REDACTED] permission to switch her form of birth control to the pill contraceptive.

[REDACTED] will be going to see a dermatologist for treatments for her boils. She has been prescribed antibiotics as apart of treating them. She has an appointment at Bethany Medical Center on 9/19/2019.

Social worker has mentioned that [REDACTED] tend to have behaviors after she comes back on visits from mom.

Safety Concerns: September 2019- communicating threats, property destruction, and eloping.
 August 2019- communicating threats, lying, and property destruction.
 July 2019- fighting, communicating threats, running away, and property destruction.

DATE/TIME NEXT TREATMENT TEAM MEETING: 10/15/19 @ 3pm

Additional information/Recommendations:

LME Care Coordinator /Case Manager Present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Cancelled	<input type="checkbox"/> No Show	<input type="checkbox"/> Unavailable	<input type="checkbox"/> Other:
Available by teleconference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Parent/Guardian present?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Cancelled	<input type="checkbox"/> No Show	<input type="checkbox"/> Unavailable	<input type="checkbox"/> Other:
Available by teleconference?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No				

Behaviors/Incident: September 2019- [REDACTED] has had a rough month. There's been a significant increase in her verbal aggression. [REDACTED] has become "the bully" of the home. [REDACTED] tends to target her aggression towards one her peers whenever situations with her family doesn't work out. [REDACTED] has communicated several physical threats towards one of her peers in

the home to the point where her peer has felt unsafe. A health and safety risk assessment has been completed by our residential LCSW which indicated that she was moderately a risk to herself. New behaviors have arisen this month. [REDACTED] had sneaked a railroad spike to the home and started self-harming.

9/30/19- Client became upset with social worker because she wouldn't answer her phone. She then told staff that she was going to stab her social worker in her neck with a pencil. She stated that she didn't want to no longer be at this group home.

9/30/19- Client became upset with staff because she was asked to get off the phone after her time was up. She then became verbally aggressive towards staff and went to her room and broke the facility radio.

9/21/19- [REDACTED] had onsite visit with her mother, but her mother had to leave the visit early due to her little brother. She became upset but did not bring it to anyone attention. [REDACTED] then came to the facility and then became upset with staff after telling her to take her shower. Client then became verbally aggressive towards staff and AP. She then ripped down the board, ripped out the computer chords, tore down the screen door, and broke the railing on the porch. She then threatens to have her sister come shoot the AP.

9/9/19- Health and safety risk assessment was completed on [REDACTED] admitted to her therapist that she was self-harming with a railroad spike and she willingly gave the object to our residential LCSW.

9/7/19- [REDACTED] went to the fair, due to her sister arriving late to the fair she became upset with her peer because it was time for them to leave. [REDACTED] then became verbally aggressive towards her peer, telling her that she was going to kill her in her sleep.

8/21/19- [REDACTED] became verbally aggressive towards another client because she came and started another inappropriate conversation with [REDACTED] then got up and walked out the house.

8/19/19- On 8/19, [REDACTED] became upset with a client because the other client had inappropriate conversation at the table while she was eating. [REDACTED] then became verbally aggressive towards the other client and threw her plate in the sink (broke the plate) and stormed out the house.

8/10/19- On Saturday, [REDACTED] became upset because she heard another client talking to staff about her. She then walked out the facility and walked down the street. Staff followed her in the van and attempted to talk her down, but [REDACTED] refused to listen. After 10 mins of staff attempting to talk her down, staff contacted AP and AP advised her to contact the police due to how far she was from the facility. Once the police arrived, they talked her and brought her back to the facility. When returning, she asked to talk to Ms. D to help her calm down. She contacted her and became very upset with her and she tore down the white erase board and then broke it in half and walked back out of the facility. Another staff member followed her and was able to calm her down and bring her back to the facility. During their walk she had suggested some new coping skills to help her calm down whenever she's in crisis mode.

On 8/2/19, [REDACTED] became verbally aggressive with staff because she was upset that she could not participate in the camp outing due to her being on restriction for the fighting incident. She then threatened to bust out the facility van windows out. Then stated that she was going to run away.

On 8/1/19, [REDACTED] became verbally aggressive towards social worker because she was upset about her family situation. [REDACTED] kept questioning her social worker on why she was placed in DSS custody. She also threatened to create more property damage to the facility and run away.

On 7/31/19, staff attempted to get [REDACTED] to participate in a group session with one other the clients (the one she got in a fight with). She agreed and came to the living room with the other client. Before, staff started the session [REDACTED] back went to her room and started destroying property and then jumped out of her bedroom window. Staff went behind her and talked her down and got her to returned back to the facility.

On 7/30/19, [REDACTED] was at camp and participating in bible study. [REDACTED] spoke about her experience at church and the other client made a harsh remark towards [REDACTED] about her experience. [REDACTED] then became verbally aggressive towards [REDACTED]. Staff attempted to talk [REDACTED] down, but she then ran towards the other client and punched her in the face. Staff interfered and separated each client. Once the physical altercation ended, staff took the other client to the hospital. Results indicated that [REDACTED] broke the other client nose.

Education: September 2019- [REDACTED] is doing well in all her classes. [REDACTED] has also been attending all of her classes. [REDACTED] reported that she is doing well in all her classes except for math. [REDACTED] was reminded to take advantage of tutoring twice a week. [REDACTED] stated that she has made a few friends at school but not too many cause the kids like to start too much drama. Grades to come out on 9/19/19.

August 2019- [REDACTED] attended her open house on 8/19. She walked around the school and met all of her teachers for the semester.

[REDACTED] has been enrolled in school at Ben L. Smith high school. She will be attending open house on August 19 and will start on her first day on August 26.

Therapy: September 2019: [REDACTED] continues to attend her weekly sessions with Mr. Slaughter MALPC. The appointment dates are 9/3,9/10,9/17,9/24. He has been providing her homework assignments on understanding her thoughts and feelings. The therapist speaks greatly on how [REDACTED] does well with daily check in with staff to release some of her stress. [REDACTED] also takes part in therapy with the residential therapist Jared Doby, LCSW. [REDACTED] uses that time very effectively. Dates of therapy are 9/3,9/5,9/10,9/12,9/17,9/19,9/24,9/26

August 2019- [REDACTED] continues to participate in her weekly therapy sessions with Mr. Slaughter. Her therapist mentioned that we would be seeing an increase in behavior due them discussing her past trauma during their sessions. Mr. Slaughter has discussed that she has not worked on her trauma in several years. Therefore, he encourages her utilize her coping more often and also for her to talk to certain staff whenever she gets in crisis mode. She attended her outpatient therapy on 8/6, 8/13, 8/22. She participated in her in-home therapy on 8/6, 8/8, 8/13, 8/15, 8/19, 8/22, and 8/27.

June 2019- [REDACTED] is attending trauma focus therapy at Journey Counseling Center. She attended her first session on 6/18/19 with her therapist (Dale Slaughter, MALPC). As of now, Mr. Dale and [REDACTED] are currently working on understanding the concepts of trauma. She attended therapy on 6/18, 6/25, 7/2, 7/9, 7/16, 7/23, 7/30.

Family: September 2019- [REDACTED] stays in contact with her mother and sister on the daily basis. Behavior patterns then to display whenever things don't go as plan. Found out that 2 of her cousins attend the school with her, but she does not interact with them. [REDACTED] has a sister visit on 9/17/19. During the visit [REDACTED] and her sister had a major disagreement which lead to yelling in the mall. [REDACTED] stated that she wants to take a time out from visits and phone calls. [REDACTED] asked for approval to have a visit with her mother on 9/21. The social worker stated that she can have a visit long as its set up with the group home.

August 2019- [REDACTED] continues to keep in contact with her mother and sister on the daily basis. She has had a few onsite visits with her sister. [REDACTED] is hoping for an offsite visit with her mother on 8/24. Social worker ran a background check on [REDACTED] (cousin) to see if she could potential stay with them once she discharges from the home. [REDACTED] didn't pass the background check. Social worker told member that she received a letter from her biological father. Her father is interested in developing a relationship with her. However, [REDACTED] doesn't want anything to do with him.

June 2019- Ms. Beavers (social worker) added two more people to her phone list. [REDACTED] stays in touch with a former group home staff member named Ms. [REDACTED] keeps in touch with her mother and sister on the daily basis. [REDACTED] had her first on-site visit with her sister on 7/8 and had another one on 7/13. She also had offsite visit with her mother on July 27th. They went to Wet n Wild for her little brother birthday party.

Jennifer Taylor, MSQP 9/2019

Consumer: [REDACTED]

Record#: [REDACTED]

Date: August 2019

Child and Family Team Meeting Note

Please indicate consumer's participation level in each for the past 30 days. Please elaborate on fair or poor responses*.

	<input type="checkbox"/> Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Comments:
Education	<input type="checkbox"/> Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	August 2019- [REDACTED] will be attending Smith high school for the fall. July 2019- School is out. [REDACTED] will be registered with Smith High school start date is Aug 26, 2019
Group Sessions	<input type="checkbox"/> Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	80% of participation
Exercise Program	<input type="checkbox"/> Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	85% of participation- [REDACTED] enjoys going for a walk with staff and peers.
Personal Hygiene	<input checked="" type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	100% of completion

Information Sharing (Address progress in therapy, progress towards PCP goals, revisions or additions to PCP, behavioral issues observed {i.e. challenges}, next steps):

CURRENT PCP GOALS:

Goal #1

[REDACTED] will reduce her defiant behaviors and increase her ability to follow rules and directives as evidenced by the following: following directives/rules with 3 or less prompts active listening being truthful and not blaming others being respectful to others and not trying to control or dominate all time and attention gaining attention through healthy means versus negative or manipulative means The above will be monitored and reported by group home staff, Therapist, Teachers, and other School personnel.

Encourage [REDACTED] to participate in all aspects of treatment. Teach, model, and coach coping tools to manage [REDACTED] anger and verbal aggression. Encourage, motivate, listen, intervene, praise and assist [REDACTED] in the implementation of appropriate coping strategies. Process, discuss and explore social experiences with [REDACTED] so that she becomes more familiar with verbalizing frustrations in an appropriate manner Hold [REDACTED] accountable/responsible for her choices and/or behavior

Provide supportive counseling to address the diagnostic and clinical needs of [REDACTED] Assist with therapeutic interventions to rehabilitate; functional skills; daily and community living skills; adaptation; socialization, and coping skill; behavior management skills; self-management of symptoms; therapeutic mentoring/skill building that directly increases the acquisition of skills needed to accomplish the goals of the Person-centered plan Provide direct preventative and therapeutic interventions to assist with skill building, relapse prevention and disease management strategies, ongoing symptom monitoring and management. Complete psychiatric assessment for medication management services Make recommendation for higher and/or lower level of care if needed

Client and natural/community supports will: Identify triggers Actively participate in therapy Learn to diffuse escalated situations with no more than two prompts each incident. Use coping skills Discuss with foster parents, family, teachers and TFC staff when strong feelings or emotions arise. Participate in activities that promote healthy ways to release strong emotions such as anger, sadness .Follow rules and directives with no more than 2 prompts

Therapist will: Provide Individual therapy (weekly, biweekly, etc) Practice modalities specific to the client's needs Collaborate with team members as appropriate (caregivers, social workers, guardian ad litem, consultant, psychiatrist,

medical provider) Discuss past traumas as appropriate Discuss behavioral interventions Participate with planning and treatment recommendations.

Psychiatric services will: Provide medication management Inform caregivers on side effects of medication Monitor response to medication and make changes as needed Provide psychiatric evaluations as needed Participate with planning and treatment recommendations.

Recommendation Goal 1: Ongoing

Goal #2

██████████ will decrease her aggressive behaviors by refraining from verbal and physical confrontations with authority figures and peers. This will be evident of her expressing her anger in a controlled and respectful manner on a consistent basis.

Identify situations, thoughts and feelings that trigger angry feelings, problem behaviors, and the targets of those actions.

Recognize and verbalize how thoughts and feelings are connected to misbehavior.

Increase the number of statements that reflect the acceptance of responsibility for misbehavior.

Agree to learn alternative ways to think about and manage anger and misbehavior.

Learn and implement calming strategies as part of a new way to manage reactions to frustrations.

Level III Group Home will: Encourage ██████████ to participate in all aspects of treatment. Teach, model, and coach coping tools to manage ██████████ anger and verbal aggression. Encourage, motivate, listen, intervene, praise and assist ██████████ in the implementation of appropriate coping strategies. Process, discuss and explore social experiences with ██████████ so that she becomes more familiar with verbalizing frustrations in an appropriate manner Hold ██████████ accountable/responsible for her choices and/or behavior. Provide supportive counseling to address the diagnostic and clinical needs of ██████████ Assist with therapeutic interventions to rehabilitate; functional skills; daily and community living skills; adaptation; socialization, and coping skill; behavior management skills; self-management of symptoms; therapeutic mentoring/skill building that directly increases the acquisition of skills needed to accomplish the goals of the Person-centered plan Provide direct preventative and therapeutic interventions to assist with skill building, relapse prevention and disease management strategies, ongoing symptom monitoring and management. Complete psychiatric assessment for medication management services Make recommendation for higher and/or lower level of care if needed.

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Recommendation Goal 2: Ongoing

Family/guardian involvement in treatment in the last 30 days. Indicate WHO was involved and to what extent*. (If there has been none, please indicate attempts by GH staff to include family/guardian in treatment.)

Mother is ordered by court and social services to engage in her own treatment for reunification to be an option

Other agency involvement with the consumer's treatment in the past 30 days*. (Include GH attempts to coordinate services between agencies such as DSS, DJJ, case managers, court counselors, etc...)

Cardinal MCO care coordinator- Shanika Ragand as needed
Kristin Beavers- Person county social worker

Pending legal issues?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes. Describe*:
Currently on Probation?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes. Supervised <input type="checkbox"/> Unsupervised <input type="checkbox"/> Date probation set to end:
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*Additional space provided on next page if necessary.

Date of last PCP on file: 12/20/2018 last update (If annual PCP is due within 1 month, please describe all attempts and progress made to ensure completion below :) There were no treatment goals added during this review current goals are still ongoing.

Please indicate current discharge plan/comments: Social worker discussed that [redacted] mother had several things to complete in order for her to return home. [redacted] stated that she doesn't want to step down to foster care, but she rather steps down to a level two group home. However, her social worker suggested for her to think more about her options before she makes a final decision.

Barriers to Discharge:	<input type="checkbox"/> D/C treatment setting unavailable	<input type="checkbox"/> Legal Mandate	<input type="checkbox"/> Adequate housing or residence	<input type="checkbox"/> Lack of community supports	<input checked="" type="checkbox"/> Treatment non-compliance	<input type="checkbox"/> Other: Describe in comments section above.
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Is family therapy indicated?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes. Date scheduled and with whom:
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Diagnoses:

- DSM-V 296.89 - Bipolar II disorder
- DSM-V V62.89 - Borderline intellectual functioning
- DSM-V 313.81 - Oppositional defiant disorder
- DSM-V 309.81 - Posttraumatic stress disorder

MEDICATIONS:

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- Latuda 80mg (Lurasidone HCL)- take one tablet by mouth with breakfast. D/C on 8/9/19
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Physical completed on 6/13/19

Dental Appointment on 7/15/19 (cleaning) at Silva & Silva

Wisdom Teeth surgery on 8/13/19- surgery went well. Doctor extracted three wisdom teeth.

Orthodontist- 8/28/19- consultation for braces (Alison J McMillian)

Dermatologist: 9/19/19 (Bethany medical center)

Comments: Social worker has found a sponsor for a clothing voucher for [REDACTED] Social worker has also mention that [REDACTED] will be given an allowance as a reward for good behavior and good grades.

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Social worker has mentioned that [REDACTED] tend to have behaviors after she comes back on visits from mom.

Safety Concerns: August 2019- communicating threats, lying, and property destruction.

July 2019- fighting, communicating threats, running away, and property destruction.

DATE/TIME NEXT TREATMENT TEAM MEETING: September 2019

Additional information/Recommendations:

LME Care Coordinator /Case Manager Present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Cancelled	<input type="checkbox"/> No Show	<input type="checkbox"/> Unavailable	<input type="checkbox"/> Other:
Available by teleconference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Parent/Guardian present?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Cancelled	<input type="checkbox"/> No Show	<input type="checkbox"/> Unavailable	<input type="checkbox"/> Other:
Available by teleconference?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No				

Behaviors/Incident:

8/10/19- On Saturday, [REDACTED] became upset because she heard another client talking to staff about her. She then walked out the facility and walked down the street. Staff followed her in the van and attempted to talk her down, but [REDACTED] refused to listen. After 10 mins of staff attempting to talk her down, staff contacted AP and AP advised her to contact the police due to how far she was from the facility. Once the police arrived, they talked her and brought her back to the facility. When returning, she asked to talk to Ms. D to help her calm down. She contacted her and became very upset with her and she tore down the white erase board and then broke it in half and walked back out of the facility. Another staff member followed her and was able to calm her down and bring her back to the facility. During their walk she had suggested some new coping skills to help her calm down whenever she's in crisis mode.

On 8/2/19, [REDACTED] became verbally aggressive with staff because she was upset that she could not participate in the camp outing due to her being on restriction for the fighting incident. She then threatened to bust out the facility van windows out. Then stated that she was going to run away.

On 8/1/19, [REDACTED] became verbally aggressive towards social worker because she was upset about her family situation. [REDACTED] kept questioning her social worker on why she was placed in DSS custody. She also threatened to create more property damage to the facility and run away.

On 7/31/19, staff attempted to get [REDACTED] to participate in a group session with one other the clients (the one she got in a fight with). She agreed and came to the living room with the other client. Before, staff started the session [REDACTED] back went to her room and started destroying property and then jumped out of her bedroom window. Staff went behind her and talked her down and got her to returned back to the facility.

On 7/30/19, [REDACTED] was at camp and participating in bible study. [REDACTED] spoke about her experience at church and the other client made a harsh remark towards [REDACTED] about her experience. [REDACTED] then became verbally aggressive towards [REDACTED]. Staff attempted to talk [REDACTED] down, but she then ran towards the other client and punched her in the face. Staff interfered and separated each client. Once the physical altercation ended, staff took the other client to the hospital. Results indicated that [REDACTED] broke the other client nose.

Education: August 2019- [REDACTED] attended her open house on 8/19. She walked around the school and met all of her teachers for the semester. School starts 8/26/19 [REDACTED] will be starting the 10th grade.

[REDACTED] has been enrolled in school at Ben L. Smith high school. She will be attending open house on August 19 and will start on her first day on August 26.

Therapy: August 2019- [REDACTED] continues to participate in her weekly therapy sessions with Mr. Dale Slaughter MA, LPC. Her therapist mentioned that we would be seeing an increase in behavior due them discussing her past trauma during their sessions. Mr. Slaughter has discussed that she has not worked on her trauma in several years. Therefore, he encourages her utilize her coping more often and also for her to talk to certain staff whenever she gets in crisis. She attended her outpatient therapy on 8/6, 8/13, 8/22. She participated in her in-home therapy with Mr. Jaren Doby LCSW on 8/6, 8/8, 8/13, 8/15, 8/19, 8/22, and 8/27.

June 2019- [REDACTED] is attending trauma focus therapy at Journey Counseling Center. She attended her first session on 6/18/19 with her therapist (Dale Slaughter, MALPC). As of now, Mr. Dale and [REDACTED] are currently working on understanding the concepts of trauma. She attended therapy on 6/18, 6/25, 7/2, 7/9, 7/16, 7/23, 7/30.

Family: August 2019- [REDACTED] continues to keep in contact with her mother and sister on the daily basis. She has had a few onsite visits with her sister. [REDACTED] is hoping for an offsite visit with her mother on 8/24. Social worker ran a background check on [REDACTED] (cousin) to see if she could potential stay with them once she discharges from the home. [REDACTED] didn't pass the background check. Social worker told member that she received a letter from her biological father. Her father is interested in developing a relationship with her. However, [REDACTED] doesn't want anything to do with him.

June 2019- Ms. Beavers (social worker) added two more people to her phone list. [REDACTED] stays in touch with a former group home staff member named Ms. [REDACTED] keeps in touch with her mother and sister on the daily basis. [REDACTED] had her first on-site visit with her sister on 7/8 and had another one on 7/13. She also had offsite visit with her mother on July 27th. They went to Wet n Wild for her little brother birthday party.

Jennifer Taylor, MSQP 8/2019

Consumer: [REDACTED]

Record#: [REDACTED]

Date: July 2019

Child and Family Team Meeting Note

Please indicate consumer's participation level in each for the past 30 days. Please elaborate on fair or poor responses*.

Comments:

Education	<input type="checkbox"/> Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	July 2019- School is out [REDACTED] will be registered with Smith High school start date is Aug 26, 2019
Group Sessions	<input type="checkbox"/> Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	80% of participation
Exercise Program	<input type="checkbox"/> Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	85% of participation- [REDACTED] enjoys going swimming and running.
Personal Hygiene	<input checked="" type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	100% of completion

Information Sharing (Address progress in therapy, progress towards PCP goals, revisions or additions to PCP, behavioral issues observed {i.e. challenges}, next steps):

CURRENT PCP GOALS:

Goal #1

[REDACTED] will reduce her defiant behaviors and increase her ability to follow rules and directives as evidenced by the following: following directives/rules with 3 or less prompts active listening being truthful and not blaming others being respectful to others and not trying to control or dominate all time and attention gaining attention through healthy means versus negative or manipulative means The above will be monitored and reported by group home staff, Therapist, Teachers, and other School personnel.

Encourage [REDACTED] to participate in all aspects of treatment. Teach, model, and coach coping tools to manage [REDACTED] anger and verbal aggression. Encourage, motivate, listen, intervene, praise and assist [REDACTED] in the implementation of appropriate coping strategies. Process, discuss and explore social experiences with [REDACTED] so that she becomes more familiar with verbalizing frustrations in an appropriate manner Hold [REDACTED] accountable/responsible for her choices and/or behavior

Provide supportive counseling to address the diagnostic and clinical needs of [REDACTED] Assist with therapeutic interventions to rehabilitate; functional skills; daily and community living skills; adaptation; socialization, and coping skill; behavior management skills; self-management of symptoms; therapeutic mentoring/skill building that directly increases the acquisition of skills needed to accomplish the goals of the Person-centered plan Provide direct preventative and therapeutic interventions to assist with skill building, relapse prevention and disease management strategies, ongoing symptom monitoring and management. Complete psychiatric assessment for medication management services Make recommendation for higher and/or lower level of care if needed
Client and natural/community supports will: Identify triggers Actively participate in therapy Learn to diffuse escalated situations with no more than two prompts each incident. Use coping skills Discuss with foster parents, family, teachers and TFC staff when strong feelings or emotions arise. Participate in activities that promote healthy ways to release strong emotions such as anger, sadness .Follow rules and directives with no more than 2 prompts

Therapist will: Provide Individual therapy (weekly, biweekly, etc) Practice modalities specific to the client's needs Collaborate with team members as appropriate (caregivers, social workers, guardian ad litem, consultant, psychiatrist,

medical provider) Discuss past traumas as appropriate Discuss behavioral interventions Participate with planning and treatment recommendations.

Psychiatric services will: Provide medication management Inform caregivers on side effects of medication Monitor response to medication and make changes as needed Provide psychiatric evaluations as needed Participate with planning and treatment recommendations.

Recommendation Goal 1: Ongoing

Goal #2

██████████ will decrease her aggressive behaviors by refraining from verbal and physical confrontations with authority figures and peers. This will be evident of her expressing her anger in a controlled and respectful manner on a consistent basis.

Identify situations, thoughts and feelings that trigger angry feelings, problem behaviors, and the targets of those actions.

Recognize and verbalize how thoughts and feelings are connected to misbehavior.

Increase the number of statements that reflect the acceptance of responsibility for misbehavior.

Agree to learn alternative ways to think about and manage anger and misbehavior.

Learn and implement calming strategies as part of a new way to manage reactions to frustrations.

Level III Group Home will: Encourage ██████████ to participate in all aspects of treatment. Teach, model, and coach coping tools to manage ██████████ anger and verbal aggression. Encourage, motivate, listen, intervene, praise and assist ██████████ in the implementation of appropriate coping strategies. Process, discuss and explore social experiences with ██████████ so that she becomes more familiar with verbalizing frustrations in an appropriate manner Hold ██████████ accountable/responsible for her choices and/or behavior. Provide supportive counseling to address the diagnostic and clinical needs of ██████████ Assist with therapeutic interventions to rehabilitate; functional skills; daily and community living skills; adaptation; socialization, and coping skill; behavior management skills; self-management of symptoms; therapeutic mentoring/skill building that directly increases the acquisition of skills needed to accomplish the goals of the Person-centered plan Provide direct preventative and therapeutic interventions to assist with skill building, relapse prevention and disease management strategies, ongoing symptom monitoring and management. Complete psychiatric assessment for medication management services Make recommendation for higher and/or lower level of care if needed.

Client and natural/community supports will: Identify triggers Actively participate in therapy Learn to diffuse escalated situations with no more than two prompts each incident. Use coping skills Discuss with foster parents, family, teachers and TFC staff when strong feelings or emotions arise. Participate in activities that promote healthy ways to release strong emotions such as anger, sadness, etc Follow rules and directives with no more than 2 prompts.

Therapist will: Provide Individual therapy (weekly, biweekly, etc) Practice modalities specific to the client's needs Collaborate with team members as appropriate (caregivers, social workers, guardian ad litem, consultant, psychiatrist, medical provider) Discuss past traumas as appropriate Discuss behavioral interventions Participate with planning and treatment recommendations.

Psychiatric services will: Provide medication management ☐ Inform caregivers on side effects of medication Monitor response to medication and make changes as needed Provide psychiatric evaluations as needed Participate with planning and treatment recommendations.

Recommendation Goal 2: Ongoing

Family/guardian involvement in treatment in the last 30 days. Indicate WHO was involved and to what extent*. (If there has been none, please indicate attempts by GH staff to include family/guardian in treatment.)

Other agency involvement with the consumer's treatment in the past 30 days*. (Include GH attempts to coordinate services between agencies such as **DSS, DJJ**, case managers, court counselors, etc...)

Cardinal MCO care coordinator- Shanika Ragand
 Kristin Beavers- Person county social worker

Pending legal issues?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes. Describe*:
Currently on Probation?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes. Supervised <input type="checkbox"/> Unsupervised <input type="checkbox"/> Date probation set to end:
Outings/home visits in the past 30 days?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes. Describe with whom, where, and outcome*: Outing with mother on 7/27 to Wet n Wild for brother birthday party.

*Additional space provided on next page if necessary.

Date of last PCP on file: 12/18/19 last update (If annual PCP is due within 1 month, please describe all attempts and progress made to ensure completion below :)There were no treatment goals added during this review current goals are still ongoing.

Please indicate current discharge plan/comments: Social worker discussed that [redacted] mother had several things to complete in order for her to return home [redacted] stated that she doesn't want to step down to foster care, but she rather steps down to a level two group home. However, her social worker suggested for her to think more about her options before she makes a final decision.

Barriers to Discharge:	<input type="checkbox"/> D/C treatment setting unavailable	<input type="checkbox"/> Legal Mandate	<input type="checkbox"/> Adequate housing or residence	<input type="checkbox"/> Lack of community supports	<input checked="" type="checkbox"/> Treatment non-compliance	<input type="checkbox"/> Other: Describe in comments section above.
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Is family therapy indicated?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes. Date scheduled and with whom:
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- Diagnoses:**
 DSM-V 296.89 - Bipolar II disorder
 DSM-V V62.89 – Borderline intellectual functioning
 DSM-V 313.81 – Oppositional defiant disorder
 DSM-V 309.81 – Posttraumatic stress disorder

- MEDICATIONS:**
 Vitamin D-3 2000 IU- take two pills once a day in the morning.
 Latuda 80mg (Lurasidone HCL)- take one tablet by mouth with breakfast.
 Escitalopram (Escitalopram Oxalate) 10mg- take 1 tablet by mouth once daily.
 Propranolol 10mg (Propranolol HCL)- take one tablet by mouth twice daily as needed for agitation.
 Lamotrigine 25mg- take 1 tablet by mouth twice daily.
 Cetirizine 10mg (Zyrtec)- take 1 tablet by mouth at bedtime.
 Levothyroxine 75mg (Levothyroxine Sodium or Tirosint)- take 1 tablet by mouth once daily.

Proventil HFA AET MER (Albuterol Sulfate)- Inhale 4 puffs by mouth every 4 hours as needed for wheezing.
Trazodone 50mg (Desyrel)- take one tablet by mouth at night. May repeat 1 tab if wakes at night.

Physical completed on 6/13/19

Dental Appointment on 7/15/19 (cleaning) at Silver & Silva

Wisdom Teeth surgery on 8/6/19

Comments: Social worker has found a sponsor for a clothing voucher for [REDACTED]
Social worker has mentioned that [REDACTED] tend to have behaviors after she comes back on visits from mom.

Safety Concerns: July 2019- fighting, communicating threats, running away, and property destruction.

DATE/TIME NEXT TREATMENT TEAM MEETING: August 6, 2019 at 12pm

Additional information/Recommendations:

LME Care Coordinator /Case Manager Present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Cancelled	<input type="checkbox"/> No Show	<input type="checkbox"/> Unavailable	<input type="checkbox"/> Other:
Available by teleconference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Parent/Guardian present?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Cancelled	<input type="checkbox"/> No Show	<input type="checkbox"/> Unavailable	<input type="checkbox"/> Other:
Available by teleconference?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No				

Behaviors/Incident:

On 8/2/19, [REDACTED] became verbally aggressive with staff because she was upset that she could not participate in the camp outing due to her being on restriction for the fighting incident. She then threatened to bust out the facility van windows out. Then stated that she was going to run away.

On 8/1/19, [REDACTED] became verbally aggressive towards social worker because she was upset about her family situation. [REDACTED] kept questioning her social worker on why she was placed in DSS custody. She also threatened to create more property damage to the facility and run away.

On 7/31/19, staff attempted to get [REDACTED] to participate in a group session with one other the clients (the one she got in a fight with). She agreed and came to the living room with the other client. Before, staff started the session [REDACTED] back went to her room and started destroying property and then jumped out of her bedroom window. Staff went behind her and talked her down and got her to returned back to the facility.

On 7/30/19, [REDACTED] was at camp and participating in bible study. [REDACTED] spoke about her experience at church and the other client made a harsh remark towards [REDACTED] about her experience. [REDACTED] then became verbally aggressive towards [REDACTED]. Staff attempted to talk [REDACTED] down but she then ran towards the other client and punched her in the face. Staff interfered and separated each client. Once the physical altercation ended, staff took the other client to the hospital. Results indicated that [REDACTED] broke the other client nose.

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Therapy: [REDACTED] is attending trauma focus therapy at Journey Counseling Center. She attended her first session on 6/18/19 with her therapist (Dale Slaughter, MALPC). As of now, Mr. Dale and [REDACTED] are currently working on understanding the concepts of trauma. She attended therapy on 6/18, 6/25, 7/2, 7/9, 7/16, 7/23, 7/30.

Family: Ms. Beavers (social worker) added two more people to her phone list. ■ stays in touch with a former group home staff member named Ms. ■ keeps in touch with her mother and sister on the daily basis. ■ had her first on-site visit with her sister on 7/8 and had another one on 7/13. She also had offsite visit with her mother on July 27th. They went to Wet n Wild for her little brother birthday party.

Jennifer Taylor, MSQP 7/2019

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]



PERSON-CENTERED PROFILE

Name: [REDACTED]	DOB: [REDACTED]	Medicaid ID: [REDACTED]	Record #: [REDACTED]
(Non - CAP-MR/DD Plans ONLY) PCP Completed on 11/4/2018; 12/16/2018; 4/18/2019,7/11/19		(CAP-MR/DD Plans ONLY) Plan Meeting Date: / / Effective Date: / /	

WHAT PEOPLE LIKE AND ADMIRE ABOUT....

Client: I'm smart, I'm talented, I can write.

WHAT'S IMPORTANT TO....

Client: My family, that I'm still alive.

HOW BEST TO SUPPORT....

Client: By staying on my side and helping. They can listen to me.

ADD WHAT'S WORKING / WHAT'S NOT WORKING

Client: Working for me: "My meds, being able to wake up in the morning, exercising." Not working: "Understanding the meaning of things."

Name [REDACTED]

DOB: [REDACTED]

Medicaid ID [REDACTED]

Record [REDACTED]

ACTION PLAN

The Action Plan should be based on information and recommendations from: **the Comprehensive Clinical Assessment (CCA), the One Page Profile, Characteristics/Observations/Justifications for Goals, and any other supporting documentation.**

Long Range Outcome: (Ensure that this is an outcome desired by the individual, and not a goal belonging to others).

I want to go to school, get an education, and live a normal life. I want to work with children who have gone through things like me

Where am I now in the process of achieving this outcome? (Include progress on goals over the past years, as applicable).

1/18/2019: According to CCA on 1/2/2019 [REDACTED] has ongoing mood fluctuation. She primarily engages in high risk behaviors as she internalizes and fails to communicate feelings effectively to her support network. [REDACTED] engages in a lot of negative behaviors to cope with ongoing mood symptoms. She has been aggressive and defiant with no identifiable stressor or trigger. Her moods tend to fluctuate more towards being irritable and angry. She has a history of being manipulative and lying. Can be very physically and verbally aggressive. She engages in fighting and other self-defeating behaviors. [REDACTED] has an extensive history of placements and she often quickly disrupts. It is noted that she is being admitted to this facility with signs of mental health instability. [REDACTED] has indicated to peers & adults that she has a baby, but this is confirmed to be untrue despite [REDACTED] elaborate detailed story & her attempts to ensure that this story could endure by telling people that her mother would deny the baby's existence. This is not a new behavior for [REDACTED] as she has done this at previous treatment facilities. The baby she is pictured with is her godbrother & it has been reported that the baby is in DSS custody presently. [REDACTED] also presents with a history of substance use in the form of marijuana. Cardinal Innovations (MCO) referred her to this facility with this information hidden in the clinical documentation, however [REDACTED] endorsed this during her interview. The use reported does not meet the standards for a diagnosis, but it is a behavior that can be addressed in therapy as marijuana use is concerning in conjunction with the symptoms of psychosis that were documented beginning around the age of 9 and the resulting Delusional Disorder diagnosis. There is no documented history of trauma & none reported by Mom or [REDACTED] (it is documented that prior to placement in residential treatment that Random has run away, had sex with various males of potential varying ages and has a history of a resolved STI and [REDACTED] acknowledges this pattern of behavior) but she has presented with a PTSD diagnosis within her clinical documentation. No evidence of PTSD sx are noted and therefore, this clinician will not be assigning this diagnosis. Client's guardian had requested for [REDACTED] to return home with FCT & Day Treatment services in place during her last CFT on 12/18/2018. Treatment Team did express concerns for safety factors; however, in honor of the guardian's autonomy, the treatment team and guardian set a discharge date for 1/21/2019. Guardian called and stated she was coming to discharge client prematurely from NOVA PRTF on 1/2/19. Team expressed concerns for an early discharge due to [REDACTED] not having services set up for her once she returns home, guardian stated they still wanted her to return home. Treatment Team recommends for [REDACTED] to receive medication management, FCT services, Wrap Around Services, and Day Treatment Services. Client's guardian had requested for [REDACTED] to return home with FCT & Day Treatment services in place during her last CFT on 12/18/2018. Treatment Team did express concerns for safety factors; however, in honor of the guardian's autonomy, the treatment team and guardian set a discharge date for 1/21/2019. Guardian called and stated she was coming to discharge client prematurely from NOVA PRTF on 1/2/19. Team expressed concerns for an early discharge due to [REDACTED] not having services set up for her once she returns home, guardian stated they

Name: [REDACTED] DOB [REDACTED] Medicaid ID: [REDACTED] Record [REDACTED]

still wanted her to return home. Treatment Team recommends for Raven to receive medication management, FCT services, Wrap Around Services, and Day Treatment Services. 2/19/2019- Recently [REDACTED] participated in self-harming behaviors which has led to her be hospitalized. After reviewing with treatment [REDACTED] would benefit from Specialized Level II placement which will begin once FCT discharge. [REDACTED] is a 17-year-old African American female. Most recently [REDACTED] has participated in self-harming behaviors which has led to her being hospitalized since 2/6. [REDACTED] and her family have not received the necessary dosage of Family Center Treatment to address problems and treatment goals and remain in the Joining phase. After reviewing with treatment team [REDACTED] would benefit from Specialized Level II placement which will begin once FCT discharge. 3/29/2019- Currently client is hospitalized due to eloping from her residence on 2/27. [REDACTED] and her family have not received the necessary dosage of Family Center Treatment to address problems and treatment goals and remain in the Joining phase. 4/1/2019- Client has been discharge from hospital and taken in DSS custody. Client was reported to reside at The Relatives however, client elope and now reside with family member 4/18/2019 – Client has experienced a tremendous amount of instability since discharging from PRTF in Jan 2019. Client is now in Department of Social Services custody as a result of familial abandonment effect Mar 2019. Client has been in Behavioral Health Charlotte (BHC) Emergency Department since April 3, 2019. Due to unstable home environment, risky behaviors, and elopement, [REDACTED] has not received the required dosage of Family Centered Treatment and has made no progress since discharge from PRTF [REDACTED] is unable to utilize appropriate coping skills and continues to use poor judgement which result in unsafe and risky behaviors. [REDACTED] reports her level of depression is a 7 on a scale of 1-10. [REDACTED] has exhibited aggressive behaviors while at BHC, has an increase in depression and anxiety, and needs frequent redirection. After collaborating with treatment team, [REDACTED] would benefit from Level III Residential to utilize a lesser restrictive placement which will begin once FCT discharge.

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: [REDACTED] currently displays aggressive behaviors due to poor coping

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
1. [REDACTED] will demonstrate positive coping skills as evidenced by exploring 3 triggers to her behaviors. 2. Develop and implement effective coping skills to carry out normal responsibilities, participate constructively in relationships	Client Client's Family SPARC Services and Programs Primary Care Physician Medication Provider School DJJ Court Counselor B3 Respite Therapy – Family Solutions Start (9/29/16)	Daily FCT at 1 unit per month PRN Medication Management at least 1 time per month Behavior and academic reports daily, while in session DJJ Court Services Respite-up to 120 units per month to be titrated as clinically appropriate.

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record: [REDACTED]

HOW (Support/Intervention)

Client will:

- participate in FCT sessions at least 2 times per week
- will participate in individual and family sessions
- utilize the strategies provided to manage behaviors and stabilize moods
- share feelings with family and others to address needs.
- use solution cards, and further develop and use coping skills that meet needs.
- will identify/understand her triggers • build communication with the family/ natural supports

Client and the family will:

- will participate in individual and family sessions
- participate in developing their house rules with incentives and consequences for when they have been able to comply with these rules. work together to them implement these rules and practice compliance daily.
- develop a system that works for their family to participate in daily household chores and responsibilities.
- will identify the behaviors that will lead to outside law enforcement involvement and future out of home placement.
- work though his barriers that are currently stopping her from following the current rules that are in place.
- monitor, enforce, and adjust the house rules and responsibilities.
- provide feedback on goal progress. • give in the moment feedback and praise when using solution card.
- follow-up on community links to address needs.
- work with the FCT clinician to learn effective strategies to manage Client's behavior.

DSS will collaborate with The SPARC Network clinician to ensure that Client's safety needs and mental health issues are addressed throughout treatment.

The FCT Clinician will:

- SPARC Network's evidence-based model, Family Centered Treatment (FCT), has four phases of treatment: (1) Joining and Assessment, (2) Restructuring, (3) Valuing Change, and (4) Generalization.
- During Joining and Assessment, the primary goals are to develop trust/rapport with the family, uncover problematic behavioral patterns, to redefine the "child's" problem as a family problem, begin establishment of a sense of ownership for changes made during treatment, and to set goals for treatment.

This will be accomplished by the family and the FCT clinician completing the following:

- o Solution Cards
- o Ecomaps
- o Family Life Cycle
- o Structured Family Assessment
- o Family Centered Evaluation
- o Transitional Indicator: Making Changes)
- o CANS (and update as required)

Restructuring is a highly directive phase in which the family is guided to change specific behaviors in order to "restructure" the unwanted and/or ineffective behavioral patterns. This process includes techniques to modify the crisis cycle to more effective and adaptive patterns of family functioning.

This will be accomplished by the family and FCT clinician completing the following:

- o Enactments-Systemic experiential activities directed at changing maladaptive family and individual patterns.
- o Working through emotional blocks (possible identified traumas)
- o MIGS: Maps, Issues, Goals and Strategies
- o FCT Session Planning
- o Transitional Indicator: Making Changes we Choose

The Valuing Change phase will focus on the family owning the changes made in treatment. The family will be supported in integrating new behaviors into the family's value system, leading to sustained treatment gains, as opposed to short-term behavioral compliance imposed by an external person or entity.

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record # [REDACTED]

This will be accomplished by the family and FCT clinician by completing the following:

- o Enactments
- o Working through emotional blocks and returning to Restructuring as needed
- o MIGS: Maps, Issues, Goals and Strategies
- o FCT Session Planning
- o Family Giving Project
- o Transitional Indicator: We Did it on our Own

Generalization phase will focus on coaching the family to expand their new behaviors to new situations both within and outside the family.

- This will be accomplished by the family and FCT clinician by completing the following:
- o MIGS: Maps, Issues, Goals and Strategies
 - o FCT Session Planning
 - o Generalization Sessions to expand and continue skill practice
 - o Securing natural and therapeutic supports for discharge
 - o Client Satisfaction Survey
 - o Transitional Indicator: Our Plan for Difficult Times

Throughout treatment, the FCT clinician will provide 24/7 crisis support, psychoeducation on diagnoses and client specific interventions and copings skills training. The clinician will provide individual and family therapy sessions. FCT sessions will be provided in the home and community as appropriate and will be experientially based in nature. FCT clinician will provide Client and the family in the moment feedback so that they can further increase their skill level with learning and practicing new behaviors.

Case Management activities as part of FCT service to include

- identifying natural support and other team members and convening a CFT
- Coordinate with service providers on services needed for Client
- Provide 24/7 crisis support for caregivers and school staff when Client behaviors becomes difficult for Client to manage in the home, school, and community setting.
- Link Client and family with the appropriate services as needed for treatment of Client and inform them of resources and services available.
- Conduct Child and Family Team meetings to develop, revise and update PCP as well as to monitor Client's progress in the home, school, and community settings.
- Advocating continuation of needed services for Client as needed for treatment and recommended by stakeholders.
- Assess Client need for current or other services and progress on current goals on PCP.
- Oversee implementation of current services that Client is currently getting

Medical Provider will identify and treat medical needs as needed.

Medical Practitioner will prescribe, monitor and adjust medications as needed.

Client's School will monitor and provide feedback in CFT and other settings to support goal progress. B3 Respite will provide support services out of the home for up to 120 units per month to be titrated as clinically appropriate to avoid out of home placements and to allow time apart for the parent and child when experiencing crisis or the family is need of strategic breaks to in order for the parents to regroup and have time away to deescalate.

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
1/17/2020	4/18/2019	O	Goal was revised to include level 3 residential services for client.
1/17/2020	7/11/19	O	on 7/5/19 While at Camp RM became upset with on her peers because they were talking about a find they had in Nova PRTF. RM became upset and throw a can at the other client they has a brief fight, then she proceeds to take the fire extinguisher off the wall and spray all the rooms in the camp

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #: [REDACTED]

Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: Enhance ability to effectively cope with the full variety of life's anxieties.

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
1. Verbalize an understanding of how thoughts, physical feelings, and behavioral actions contribute to anxiety and its treatment 2. Identify, challenge, and replace fearful self -talk with positive, realistic, and empowering self -talk	Client Client's family DSS Guardian SPARC Staff Medical Management Day Treatment B3 Respite Provider Level III Residential Therapeutic Leave	Daily Daily FCT at 1 unit per month PRN Medication Management at least 1 time per month Behavior and academic reports daily, while in session Respite-up to 120 units per month to be titrated as clinically appropriate 1 unit per day (level III service begins once FCT ends) Therapeutic Leave up to 45 units per year

HOW (Support/Intervention)
 Client will:

- participate in FCT sessions at least 2 times per week
- will participate in individual and family sessions
- utilize the strategies provided to manage behaviors and stabilize moods
- share feelings with family and others to address needs.
- use solution cards, and further develop and use coping skills that meet needs.
- will identify/understand her triggers • build communication with the family/ natural supports

Client and the family will:

- will participate in individual and family sessions
- participate in developing their house rules with incentives and consequences for when they have been able to comply with these rules. work together to them implement these rules and practice compliance daily.
- develop a system that works for their family to participate in daily household chores and responsibilities.

Name: [REDACTED]

DOB [REDACTED]

Medicaid ID: [REDACTED]

Record [REDACTED]

- will identify the behaviors that will lead to outside law enforcement involvement and future out of home placement.
- work through his barriers that are currently stopping her from following the current rules that are in place.
- monitor, enforce, and adjust the house rules and responsibilities.
- provide feedback on goal progress.
- give in the moment feedback and praise when using solution card.
- follow-up on community links to address needs.
- work with the FCT clinician to learn effective strategies to manage Client's behavior.

DSS will collaborate with The SPARC Network clinician to ensure that Client's safety needs and mental health issues are addressed throughout treatment.

The FCT Clinician will:

- SPARC Network's evidence-based model, Family Centered Treatment (FCT), has four phases of treatment: (1) Joining and Assessment, (2) Restructuring, (3) Valuing Change, and (4) Generalization.
- During Joining and Assessment, the primary goals are to develop trust/rapport with the family, uncover problematic behavioral patterns, to redefine the "child's" problem as a family problem, begin establishment of a sense of ownership for changes made during treatment, and to set goals for treatment.

This will be accomplished by the family and the FCT clinician completing the following:

- o Solution Cards
- o Ecomaps
- o Family Life Cycle
- o Structured Family Assessment
- o Family Centered Evaluation
- o Transitional Indicator: Making Changes
- o CANS (and update as required)

Restructuring is a highly directive phase in which the family is guided to change specific behaviors in order to "restructure" the unwanted and/or ineffective behavioral patterns. This process includes techniques to modify the crisis cycle to more effective and adaptive patterns of family functioning.

This will be accomplished by the family and FCT clinician completing the following:

- o Enactments-Systemic experiential activities directed at changing maladaptive family and individual patterns.
- o Working through emotional blocks (possible identified traumas)
- o MIGS: Maps, Issues, Goals and Strategies
- o FCT Session Planning
- o Transitional Indicator: Making Changes we Choose

The Valuing Change phase will focus on the family owning the changes made in treatment. The family will be supported in integrating new behaviors into the family's value system, leading to sustained treatment gains, as opposed to short-term behavioral compliance imposed by an external person or entity.

This will be accomplished by the family and FCT clinician by completing the following:

- o Enactments
- o Working through emotional blocks and returning to Restructuring as needed
- o MIGS: Maps, Issues, Goals and Strategies
- o FCT Session Planning
- o Family Giving Project
- o Transitional Indicator: We Did it on our Own

Generalization phase will focus on coaching the family to expand their new behaviors to new situations both within and outside the family. This will be accomplished by the family and FCT clinician by completing the following:

- o MIGS: Maps, Issues, Goals and Strategies
- o FCT Session Planning
- o Generalization Sessions to expand and continue skill practice

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #: [REDACTED]

- o Securing natural and therapeutic supports for discharge
- o Client Satisfaction Survey
- o Transitional Indicator: Our Plan for Difficult Times

Throughout treatment, the FCT clinician will provide 24/7 crisis support, psychoeducation on diagnoses and client specific interventions and copings skills training. The clinician will provide individual and family therapy sessions. FCT sessions will be provided in the home and community as appropriate and will be experientially based in nature. FCT clinician will provide Client and the family in the moment feedback so that they can further increase their skill level with learning and practicing new behaviors.

Case Management activities as part of FCT service to include

- identifying natural support and other team members and convening a CFT
- Coordinate with service providers on services needed for Client
- Provide 24/7 crisis support for caregivers and school staff when Client behaviors becomes difficult for Client to manage in the home, school, and community setting.
- Link Client and family with the appropriate services as needed for treatment of Client and inform them of resources and services available.
- Conduct Child and Family Team meetings to develop, revise and update PCP as well as to monitor Client's progress in the home, school, and community settings.
- Advocating continuation of needed services for Client as needed for treatment and recommended by stakeholders.
- Assess Client need for current or other services and progress on current goals on PCP.
- Oversee implementation of current services that Client is currently getting.

Medical Practitioner will prescribe, monitor and adjust medications as needed. B3 Respite will provide support services out of the home for up to 120 units per month to be titrated as clinically appropriate to avoid out of home placements and to allow time apart for the parent and child when experiencing crisis or the family is need of strategic breaks to in order for the parents to regroup and have time away to deescalate.

Level III: - Utilize interventions as outlined in the detailed group home treatment plan to help consumer achieve goals - Ensure Member receives individual therapy at a minimum of 4x per month - Ensure access to psychiatric services as needed to address mental health needs of consumer and stabilize symptoms - Communicate with the family/guardian and community team members around active discharge planning from admission based on individualized criteria for consumer. - Adjust treatment interventions and programming if consumer is not actively progressing towards goals. Psychiatrist will: - Monitor effectiveness of medications for the member. - Prescribe medications as needed for the member. - Provide treatment recommendations as needed for the member. Therapist will: - Provide [REDACTED] therapy to address diagnosis for member - Provider evidence-based therapy to address symptoms, assist in coping skills development, and engage member/legal guardian in preparation for step down to alternate level of care. - Provide group therapy as needed.

Therapeutic leave to occur no more than 5 days a month, 15 days a quarter and no more than 45 days a year dependent upon progress.

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
1/17/2020	4/18/2019	O	Goal was revised to include level 3 residential services for client.
1/17/2020	7/11/19	O	On 7/6/19 [REDACTED] ran out the program and the police had to be contacted due to staff not being able to locate her. While the police where in the group home a call came in about a girl knocking on people doors saying she had head trauma and been attacked which was not true. The police and staff went to the area where [REDACTED] was, and the EMS was already there. She informed the EMS and police that she wanted to kill herself, so they transported her to the hospital

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record: [REDACTED]

Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: Raven exhibits poor decision-making skills.

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
<p>[REDACTED] will learn to improve decision making skills by examining benefits and consequences of her actions.</p>	<p>Client Client's family DSS Guardian SPARC Staff Medical Management Day Treatment B3 Respite Provider Level III Residential Therapeutic Leave</p>	<p>Daily Daily Daily FCT at 1 unit per month PRN Medication Management at least 1 time per month Behavior and academic reports daily, while in session Respite-up to 120 units per month to be titrated as clinically appropriate 1 unit per day (level III service begins once FCT ends) Therapeutic Leave up to 45 units per year</p>

HOW (Support/Intervention)

- Client will:
- participate in FCT sessions at least 2 times per week
 - will participate in individual and family sessions
 - utilize the strategies provided to manage behaviors and stabilize moods
 - share feelings with family and others to address needs.
 - use solution cards, and further develop and use coping skills that meet needs.
 - will identify/understand her triggers • build communication with the family/ natural supports

- Client and the family will:
- will participate in individual and family sessions

Name: [REDACTED]

DOB [REDACTED]

Medicaid ID [REDACTED]

Record # [REDACTED]

- participate in developing their house rules with incentives and consequences for when they have been able to comply with these rules. work together to them implement these rules and practice compliance daily.
- develop a system that works for their family to participate in daily household chores and responsibilities.
- will identify the behaviors that will lead to outside law enforcement involvement and future out of home placement.
- work though his barriers that are currently stopping her from following the current rules that are in place.
- monitor, enforce, and adjust the house rules and responsibilities.
- provide feedback on goal progress.
- give in the moment feedback and praise when using solution card.
- follow-up on community links to address needs.
- work with the FCT clinician to learn effective strategies to manage Client's behavior.

DSS will collaborate with The SPARC Network clinician to ensure that Client's safety needs and mental health issues are addressed throughout treatment.

The FCT Clinician will:

- SPARC Network's evidence-based model, Family Centered Treatment (FCT), has four phases of treatment: (1) Joining and Assessment, (2) Restructuring, (3) Valuing Change, and (4) Generalization.
- During Joining and Assessment, the primary goals are to develop trust/rapport with the family, uncover problematic behavioral patterns, to redefine the "child's" problem as a family problem, begin establishment of a sense of ownership for changes made during treatment, and to set goals for treatment.

This will be accomplished by the family and the FCT clinician completing the following:

- o Solution Cards
- o Ecomaps
- o Family Life Cycle
- o Structured Family Assessment
- o Family Centered Evaluation
- o Transitional Indicator: Making Changes
- o CANS (and update as required)

Restructuring is a highly directive phase in which the family is guided to change specific behaviors in order to "restructure" the unwanted and/or ineffective behavioral patterns. This process includes techniques to modify the crisis cycle to more effective and adaptive patterns of family functioning.

This will be accomplished by the family and FCT clinician completing the following:

- o Enactments-Systemic experiential activities directed at changing maladaptive family and individual patterns.
- o Working through emotional blocks (possible identified traumas)
- o MIGS: Maps, Issues, Goals and Strategies
- o FCT Session Planning
- o Transitional Indicator: Making Changes we Choose

The Valuing Change phase will focus on the family owning the changes made in treatment. The family will be supported in integrating new behaviors into the family's value system, leading to sustained treatment gains, as opposed to short-term behavioral compliance imposed by an external person or entity.

This will be accomplished by the family and FCT clinician by completing the following:

- o Enactments
- o Working through emotional blocks and returning to Restructuring as needed
- o MIGS: Maps, Issues, Goals and Strategies
- o FCT Session Planning
- o Family Giving Project
- o Transitional Indicator: We Did it on our Own

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

Generalization phase will focus on coaching the family to expand their new behaviors to new situations both within and outside the family. This will be accomplished by the family and FCT clinician by completing the following:

- o MIGS: Maps, Issues, Goals and Strategies o FCT Session Planning
- o Generalization Sessions to expand and continue skill practice
- o Securing natural and therapeutic supports for discharge
- o Client Satisfaction Survey
- o Transitional Indicator: Our Plan for Difficult Times

Throughout treatment, the FCT clinician will provide 24/7 crisis support, psychoeducation on diagnoses and client specific interventions and copings skills training. The clinician will provide individual and family therapy sessions. FCT sessions will be provided in the home and community as appropriate and will be experientially based in nature. FCT clinician will provide Client and the family in the moment feedback so that they can further increase their skill level with learning and practicing new behaviors.

Case Management activities as part of FCT service to include

- identifying natural support and other team members and convening a CFT
- Coordinate with service providers on services needed for Client
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- Link Client and family with the appropriate services as needed for treatment of Client and inform them of resources and services available.
- Conduct Child and Family Team meetings to develop, revise and update PCP as well as to monitor Client's progress in the home, school, and community settings.
- Advocating continuation of needed services for Client as needed for treatment and recommended by stakeholders.
- Assess Client need for current or other services and progress on current goals on PCP.
- Oversee implementation of current services that Client is currently getting.

Medical Practitioner will prescribe, monitor and adjust medications as needed. B3 Respite will provide support services out of the home for up to 120 units per month to be titrated as clinically appropriate to avoid out of home placements and to allow time apart for the parent and child when experiencing crisis or the family is need of strategic breaks to in order for the parents to regroup and have time away to deescalate.

Level III: - Utilize interventions as outlined in the detailed group home treatment plan to help consumer achieve goals - Ensure Member receives individual therapy at a minimum of 4x per month - Ensure access to psychiatric services as needed to address mental health needs of consumer and stabilize symptoms - Communicate with the family/guardian and community team members around active discharge planning from admission based on individualized criteria for consumer. - Adjust treatment interventions and programming if consumer is not actively progressing towards goals. Psychiatrist will: - Monitor effectiveness of medications for the member. - Prescribe medications as needed for the member. - Provide treatment recommendations as needed for the member. Therapist will: - Provide [REDACTED] therapy to address diagnosis for member - Provider evidence-based therapy to address symptoms, assist in coping skills development, and engage member/legal guardian in preparation for step down to alternate level of care. - Provide group therapy as needed.

Therapeutic leave to occur no more than 5 days a month, 15 days a quarter and no more than 45 days a year dependent upon progress.

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
1/17/2020	4/18/2019	O	Goal was revised to include level 3 residential services for client.
1/17/2020	7/11/19	O	On 6/25/19 [REDACTED] wanted to leave camp before the scheduled time. [REDACTED] became verbally aggressive towards the group home staff that was at the camp and the camp staff. [REDACTED] then pushed the group home staff and camp staff out the way to go out the building. Staff followed her but [REDACTED]

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #: [REDACTED]

			was not open to following there direction. The police were contacted and escorted her back to the camp site.

Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued

CRISIS PREVENTION AND INTERVENTION PLAN

Date of Initial Crisis Plan (mm/dd/yyyy): 7.11.19		Date of Last Revision (mm/dd/yyyy):		Medicaid ID #: [REDACTED]	Record #:
Name:	[REDACTED]			Date of Birth (mm/dd/yyyy): [REDACTED]	
Address:	[REDACTED]			Telephone Number: [REDACTED]	
Clinical Home/First Responder: Fresh Start for Children /JMJENTERPRISE		Emergency Phone #: 336.271.6882		Alternate Phone #: Jennifer Taylor – 336.509.8211	
LME-MCO:	Cardinal Innovations	LME-MCO Phone #:	800-939-5911	County:	Guilford
Living Situation					
Living Situation (Stable, Unstable):		Unstable	If "Unstable" Describe:	Jennifer will reside living in level 3 group home	
In a crisis, assistance will be needed in the following areas (if not applicable, leave blank)					

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record: [REDACTED]

Children (if yes, indicate ages):	Pets (Yes/Blank):	Transportation(Yes/Blank):	Other (Describe the type of assistance needed):
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Explain what help will be needed:

Employment (In a crisis, assistance will be needed to contact my employer)

Assistance will be needed (Yes/No):	Contact Name:	Contact Phone #:
NO		

Please inform them:

Communication		Preferred Language	
Method (Nonverbal, Picture System, Gestures, Sound/Gestures, Other Device):	Preferred Language (English, Spanish, Sign Language, Other):	If "Other", specify:	
	English		

Legally Responsible Person

Guardian Appointed (Yes/No):	Legally Responsible Person Name:	Contact Phone #:
Yes	[REDACTED]	[REDACTED]

Insurance

Type of Insurance:	Name of Company or Payer (If Type is Private or Other):	Policy Number/Member ID:
NC Medicaid		[REDACTED]

Diagnoses

DSM Code:	Diagnosis:	Diagnosis Date (mm/dd/yyyy):
F31.9	Unspecified Bipolar Disorder	4/23/19
F91.3	Oppositional Defiant	4/23/19
F22	Delusional Disorder	4/23/19
F70	Mild ADD	4/23/19

Current Medications (Update/revision anytime there is a change)

Medication Name:	Dose:	Frequency:	Reason for Change:	Date:	Prescribing Physician/Pharmacy:
Bupiron	15mg	daily		6/12/19	Atrium Health

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #: [REDACTED]

Risperidone	1mg	2x's daily		6/19/19	Moses cone
Gabapentin	100mg	2x's daily		6/19/19	Moses cone
Tivicay	50mg	Daily		6/12/19	Atrium Health
Vitamin D2	1.25mg	Once weekly		6/19/19	Atrium Health
Truvada	200-300mg	Daily		6/12/19	Atrium Health

True Allergies (Medication(s) and reaction – Update/revise anytime there is a change)

[REDACTED]

Poorly Tolerated Medications (Medication(s) and reaction – Update/revise anytime there is a change)

None

Medical/Dental Concerns (important details for Axis III diagnosis)

None

(Note: The fields above should auto-fill with data you entered on Page 1. If they do not auto-fill, please enter by hand.)

Supports For The Individual

Notification

List the individuals that should be called in the event of a crisis, indicate the calling order, provide contact information, and indicate if a consent to release information to that person exists.

Calling Order	Who	Agency	Name	Address	Phone #	Is there a valid consent to release (Yes/No)?
2	Guardian/Legally Responsible Person	Parent	[REDACTED]	[REDACTED]	[REDACTED]	
	Family Contact 1					

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record: [REDACTED]

	Service Provider					
1	Residential Program	Fresh Start for Children /JMJENTERPRISE	Jennifer Taylor MSQP Tyler Martin AP	1929 Murrayhill Road Greensboro, NC 27403	336.271.6882	
	Care Coordinator	Cardinal Innovations	Gretchen Anthony		336.575.6782	
3	Primary Therapist	Journeys counseling Therapist	Ashley Griffin, LCSW-A		336.294.1349	
	Primary Care Physician	Palladium Primary Care	Ashley Vanstory	2510 W. Gate City Blvd . Greensboro, NC 27403	336.841.8500	
	Psychiatrist	Evans Blount Community Center	Dr. Ahluwalia	2031 Martin Luther King Jr. Dr Greensboro, NC 27406	336.641.2100	
	Other Physician					
	Peer Support Specialist					
	Other Support					
5	Other Support	Fresh Start for Children /JMJENTERPRISE	Tyler Martin	1929 Murrayhill Road Greensboro, NC 27403	336.609.2669	
4	Other Support	Facility Therapist	Jared Doby, LCSW	1929 Murrayhill Road Greensboro, NC 27403	336.327.3491	

Crisis Follow Up Planning

(Include contact number(s) if not provided above)

	Name	Contact #	Contact #
Who is the primary contact to coordinate care if the individual requires inpatient or other specialized care?	Traci Martin / Jennifer Taylor	336.988.1552	336.509.8211
Who will visit the individual while hospitalized? (This information should come from the individual and reflect the individual's preference)	Jennifer Taylor / Tyler Martin	336.509.8211	336.609.2669

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #: [REDACTED]

Name Timeframe

Who will lead a review/debriefing following a crisis? Within what timeframe?	Clinician	Within 24 hours
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Additional Planning Documents
(Indicate if the individual has any of the following documents. If "Yes", attach the document to the Crisis Plan)

Yes/No	
Individual Behavior Plan	No
Suicide Prevention and Intervention Plan	No
WRAP Plan	No
Futures Plan (youth in transition/young adult)	No
Advanced Directives	No
Living Will	No

(Note: The fields above should auto-fill with data you entered on Page 1. If they do not auto-fill, please enter by hand.)

General Characteristics/Preferences

What I am like when I am feeling well. Describe what a good day looks like for me and provide examples of how I feel when I have a sense of overall wellness and wellbeing. Describe how I interact, appear, and behave.

Client: I like laughing and hanging out with my friends. I like to sing.

Early signs that I am not doing well. Significant event(s) that may create increased stress and trigger the onset of a crisis. (Examples include: Anniversaries, holidays, noise, change in routine, inability to express medical problems or to get needs met, need medication(s), being isolated, etc. **Describe what one may observe when I go into crisis.** Include lessons learned from previous crisis events. Examples include not keeping appointments, isolating myself, communicate loudly/hyper-verbal, etc.

Client: I will attempt to run away. I will fight others. I will try to hurt myself.

Ways that others can help me...what I can do to help myself. Crisis prevention and early intervention strategies that have been effective. Describe prevention and intervention strategies that have been effective in keeping me out of crisis and/or restrictive facilities. Note any individuals to whom I respond best. Examples include breathing exercises, journaling, taking a walk, etc.

Name: [REDACTED] DOB [REDACTED] Medicaid ID: [REDACTED] Record # [REDACTED]

Client: Talk to me about the issue that is upsetting me. I like talking about things. Let me listen to music and write songs. Allow me to take a walk.

Ways that others can help me...what I can do to help myself. Strategies for crisis response and stabilization. Focus first on natural and community supports. Begin with least restrictive steps. Include process for obtaining back-up in case of emergency and planning for use of respite, if an option. List everything you know that has worked to help me to become stable.

Refrain from talking to [REDACTED] in a loud tone of voice Refrain from getting into a power struggle with [REDACTED]
Refrain from placing blame Remove [REDACTED] from the environment where crisis is occurring Allow [REDACTED]
processing time alone (continue to monitor due to a history of self-harm) Talk to [REDACTED] in a respectful manner
Listen to [REDACTED] perspective

What has worked well with me...what has not worked well. Acceptable and unacceptable treatments that have and have not worked in past crises; Specific recommendations for interacting with the person during a crisis. Describe preferred and non-preferred treatment facilities, medications, etc. Describe how crisis staff should interact with me when entering a crisis. For example, I like music, I like to go for a walk, I like to be talked to, peer counseling, I don't like to be talked to, I don't like to be touched, etc.

Client: What has works in the in the pass is the way the person speaks to me matter . Staying calm and showing compassion.

Client: What has not worked in the pass putting you hands on me, making stay where I don't want too.

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #: [REDACTED]

**** Copy and use as many Action Plan pages as needed.**
(Provide signatures on the Supplemental Update/Revision PCP Signature Page)

PCP (UPDATE/REVISION)

(For use ONLY if a new service or a new goal is added to the PCP during the plan year.)

Name: [REDACTED]	DOB: [REDACTED]	Medicaid ID: [REDACTED]	MR#: [REDACTED]
Update/Revision Date	7/11/19		

The Action Plan should be based on information and recommendations from: **the Comprehensive Clinical Assessment (CCA), the One Page Profile, Characteristics/Observations/Justifications for Goals, and any other supporting documentation.**

Long Range Outcome: (Ensure that this is an outcome desired by the individual, and not a goal belonging to others).

I want to go to school, get an education, and live a normal life. I want to work with children who have gone through things like me.

Where am I now in the process of achieving this outcome? (Include progress on goals over the past years, as applicable).

1/18/2019: According to CCA on 1/2/2019 [REDACTED] has ongoing mood fluctuation. She primarily engages in high risk behaviors as she internalizes and fails to communicate feelings effectively to her support network. [REDACTED] engages in a lot of negative behaviors to cope with ongoing mood symptoms. She has been aggressive and defiant with no identifiable stressor or trigger. Her moods tend to fluctuate more towards being irritable and angry. She has a history of being manipulative and lying. Can be very physically and verbally aggressive. She engages in fighting and other self-defeating behaviors. [REDACTED] has an extensive history of placements and she often quickly disrupts. It is noted that she is being admitted to this facility with signs of mental health instability. [REDACTED] has indicated to peers & adults that she has a baby, but this is confirmed to be untrue despite [REDACTED] elaborate detailed story & her attempts to ensure that this story could endure by telling people that her mother would deny the baby's existence. This is not a new behavior for [REDACTED] as she has done this at previous treatment facilities. The baby she is pictured with is her godbrother & it has been reported that the baby is in DSS custody presently. [REDACTED] also presents with a history of substance use in the form of marijuana. Cardinal Innovations (MCO) referred her to this facility with this information hidden in the clinical documentation, however [REDACTED] endorsed this during her interview. The use reported does not meet the standards for a diagnosis, but it is a behavior that can be addressed in therapy as marijuana use is concerning in conjunction with the symptoms of psychosis that were documented beginning around the age of 9 and the resulting Delusional Disorder diagnosis. There is no documented history of trauma & none reported by Mom or [REDACTED] (it is documented that prior to placement in residential treatment that Random has run away, had sex with various males of potential varying ages and has a history of a resolved STI and [REDACTED] acknowledges this pattern of behavior) but she has presented with a PTSD diagnosis within her clinical documentation. No evidence of PTSD sx are noted and therefore, this clinician will not be assigning this diagnosis. Client's guardian had requested for [REDACTED] to return home with FCT & Day Treatment services in place during her last CFT on 12/18/2018. Treatment Team did express concerns for safety factors; however, in honor of the

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record #: [REDACTED]

guardian's autonomy, the treatment team and guardian set a discharge date for 1/21/2019. Guardian called and stated she was coming to discharge client prematurely from NOVA PRTF on 1/2/19. Team expressed concerns for an early discharge due to [REDACTED] not having services set up for her once she returns home, guardian stated they still wanted her to return home. Treatment Team recommends for [REDACTED] to receive medication management, FCT services, Wrap Around Services, and Day Treatment Services. Client's guardian had requested for [REDACTED] to return home with FCT & Day Treatment services in place during her last CFT on 12/18/2018. Treatment Team did express concerns for safety factors; however, in honor of the guardian's autonomy, the treatment team and guardian set a discharge date for 1/21/2019. Guardian called and stated she was coming to discharge client prematurely from NOVA PRTF on 1/2/19. Team expressed concerns for an early discharge due to [REDACTED] not having services set up for her once she returns home, guardian stated they still wanted her to return home. Treatment Team recommends for [REDACTED] to receive medication management, FCT services, Wrap Around Services, and Day Treatment Services. 2/19/2019- Recently [REDACTED] participated in self harming behaviors which has led to her be hospitalized. After reviewing with treatment [REDACTED] would benefit from Specialized Level II placement which will begin once FCT discharge. [REDACTED] is a 17-year-old African American female. Most recently [REDACTED] has participated in self-harming behaviors which has led to her being hospitalized since 2/6. [REDACTED] and her family have not received the necessary dosage of Family Center Treatment to address problems and treatment goals and remain in the Joining phase. After reviewing with treatment team [REDACTED] would benefit from Specialized Level II placement which will begin once FCT discharge. 3/29/2019- Currently client is hospitalized due to eloping from her residence on 2/27. Raven and her family have not received the necessary dosage of Family Center Treatment to address problems and treatment goals and remain in the Joining phase. 4/1/2019- Client has been discharge from hospital and taken in DSS custody. Client was reported to reside at The Relatives however, client elope and now reside with family member 4/18/2019 – Client has experienced a tremendous amount of instability since discharging from PRTF in Jan 2019. Client is now in Department of Social Services custody as a result of familial abandonment effect Mar 2019. Client has been in Behavioral Health Charlotte (BHC) Emergency Department since April 3, 2019. Due to unstable home environment, risky behaviors, and elopement, [REDACTED] has not received the required dosage of Family Centered Treatment and has made no progress since discharge from PRTF [REDACTED] is unable to utilize appropriate coping skills and continues to use poor judgement which result in unsafe and risky behaviors. [REDACTED] reports her level of depression is a 7 on a scale of 1-10. [REDACTED] has exhibited aggressive behaviors while at BHC, has an increase in depression and anxiety, and needs frequent redirection. After collaborating with treatment team, [REDACTED] would benefit from Level III Residential to utilize a lesser restrictive placement which will begin once FCT discharge. 7/11/19 – Since coming into Level III placement on 6/12/19 [REDACTED] has had 3 hospitalizations. Due to being in the hospital so much [REDACTED] has failed to attend therapy and medication management appointments. While in the hospital on 6/19/19 [REDACTED] underwent a medication change [REDACTED] has been very assaultive and verbally aggressive towards staff and peers. [REDACTED] has expressed many thoughts of self-harm.

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record # [REDACTED]

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: Raven currently displays aggressive behaviors due to poor coping

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
1. [REDACTED] will demonstrate positive coping skills as evidenced by exploring 3 triggers to her behaviors. 2. Develop and implement effective coping skills to carry out normal responsibilities, participate constructively in relationships	PRTF Psychiatrist/medication management Therapist [REDACTED] Parents JMJ Enterprise, Level 3 Group Home	24/7/365, 1 unit per day PRTF (to start when level 3 ends) Once per week Once per week Daily Therapeutic leave up to 15 days per quarter Level III Group Home 1 unit/day [to end when PRTF begins]

HOW (Support/Intervention)

Individual Therapy up to 1-4 times per month to provide empathy, support, assess mental stability and needs

Medication Management /1-4x/month to evaluate need for/ effectiveness of medications.

Treatment Coordinator will consult with Treatment Team members as needed regarding [REDACTED] treatment services and concerns, facilitate and coordinate Monthly Treatment Team Meetings, develop, review, and revise Person Centered Plan (PCP)

Residential Treatment (PRTF) will:

Teach client how to verbally and appropriately express needs and feelings of anger, frustration and hurt.

Teach client healthy communication skills (e.g., active listening, reflecting, sharing feelings, using I messages) and problem solving.

Teachers in PRTF setting will assist client to understand before and after an incident occurs how to appropriately express herself when confronted with difficult situations that cause her to become angry. Positive praise will be given when client interacts appropriately and shows respect for rules and authoritative figures. Positive reinforcement will be given appropriately.

In PRTF setting, QP/ RN, PP and teachers will provide corrective teaching when member inappropriately expresses herself by exhibiting behaviors that are not acceptable in the community setting that cause harm to self and/ or others.

The PRTF setting will also provide the following:

1. Ensure proper med administration
2. Assess moods and consult with appropriate authorities as necessary
3. Help client understand and identify triggers for acting out
4. Provide with structured routine, with clear and consistent roles and boundaries identified in the residential setting
5. Give appropriate consequences and rewards based on behaviors
6. Educate client on and help develop appropriate coping skills to better manage frustration
7. List the pros and cons of inappropriate behaviors and the pros and cons of appropriate behaviors.
8. Provide a variety of interventions 7 days a week and will maintain contact & intervene as one organizational unit.

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #: [REDACTED]

9. Other supports and interventions to include but not limited to requirements stated in DMA Enhanced Mental Health Clinical Coverage Policy.

Therapeutic leave not to exceed 45 days per year or more than 15 days per quarter. This will support the transfer of this skill when the client transitions back into the home and/or community.

Level III Group Home will:

- Provide a therapeutic relationship in response to inappropriate and provocative interpersonal behaviors including verbal & some physical aggression.
- Provide an intensified structure, supervision, and containment (staff secured) of frequent and highly inappropriate behavior.
- Provide cognitive/behavioral skill learning to address inappropriate behaviors.
- Provide direct assistance with adaptive skills training (i.e., physical health; daily tasks, emotional well-being, community access, opportunities for employment, contact with family and friends, acceptance into the neighborhood, and promotion of integrity and self-worth)
- Provide directed/supervised community integration activities.
- Utilize modeling, positive reinforcement, redirection, de-escalation, guidance, etc. through staff/individual/peer interactions.
- Supervise recreational activities when used as a strategy to meet treatment goals.
- Provide directed/supervised psychoeducational activities (e.g., development & maintenance of daily living, anger management, social, family living, communication, and stress management skill, etc.)
- Consult with psychiatrist/psychologist on a monthly basis.

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
1/17/2020	7/11/19	R	Goal was revised to include PRTF services for client.
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

Name: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Record # [REDACTED]

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: Enhance ability to effectively cope with the full variety of life's anxieties.

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
1. Verbalize an understanding of how thoughts, physical feelings, and behavioral actions contribute to anxiety and its treatment 2. Identify, challenge, and replace fearful self -talk with positive, realistic, and empowering self -talk	PRTF Psychiatrist/medication management Therapist [REDACTED] Parents JMJ Enterprise, Level 3 Group Home	24/7/365, 1 unit per day PRTF (to start when level 3 ends) Once per week Once per week Daily Therapeutic leave up to 15 days per quarter Level III Group Home 1 unit/day [to end when PRTF begins]

HOW (Support/Intervention)

Individual Therapy up to 1-4 times per month to provide empathy, support, assess mental stability and needs

Medication Management /1-4x/month to evaluate need for/ effectiveness of medications.

Treatment Coordinator will consult with Treatment Team members as needed regarding [REDACTED] treatment services and concerns, facilitate and coordinate Monthly Treatment Team Meetings, develop, review, and revise Person Centered Plan (PCP)

Residential Treatment (PRTF) will:

Teach client how to verbally and appropriately express needs and feelings of anger, frustration and hurt.

Teach client healthy communication skills (e.g., active listening, reflecting, sharing feelings, using I messages) and problem solving.

Teachers in PRTF setting will assist client to understand before and after an incident occurs how to appropriately express herself when confronted with difficult situations that cause her to become angry. Positive praise will be given when client interacts appropriately and shows respect for rules and authoritative figures. Positive reinforcement will be given appropriately.

In PRTF setting, QP/ RN, PP and teachers will provide corrective teaching when member inappropriately expresses herself by exhibiting behaviors that are not acceptable in the community setting that cause harm to self and/ or others.

The PRTF setting will also provide the following:

1. Ensure proper med administration
2. Assess moods and consult with appropriate authorities as necessary
3. Help client understand and identify triggers for acting out
4. Provide with structured routine, with clear and consistent roles and boundaries identified in the residential setting
5. Give appropriate consequences and rewards based on behaviors
6. Educate client on and help develop appropriate coping skills to better manage frustration
7. List the pros and cons of inappropriate behaviors and the pros and cons of appropriate behaviors.
8. Provide a variety of interventions 7 days a week and will maintain contact & intervene as one organizational unit.

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record # [REDACTED]

9. Other supports and interventions to include but not limited to requirements stated in DMA Enhanced Mental Health Clinical Coverage Policy.

Therapeutic leave not to exceed 45 days per year or more than 15 days per quarter. This will support the transfer of this skill when the client transitions back into the home and/or community.

Level III Group Home will:

- Provide a therapeutic relationship in response to inappropriate and provocative interpersonal behaviors including verbal & some physical aggression.
- Provide an intensified structure, supervision, and containment (staff secured) of frequent and highly inappropriate behavior.
- Provide cognitive/behavioral skill learning to address inappropriate behaviors.
- Provide direct assistance with adaptive skills training (i.e., physical health; daily tasks, emotional well-being, community access, opportunities for employment, contact with family and friends, acceptance into the neighborhood, and promotion of integrity and self-worth)
- Provide directed/supervised community integration activities.
- Utilize modeling, positive reinforcement, redirection, de-escalation, guidance, etc. through staff/individual/peer interactions.
- Supervise recreational activities when used as a strategy to meet treatment goals.
- Provide directed/supervised psychoeducational activities (e.g., development & maintenance of daily living, anger management, social, family living, communication, and stress management skill, etc.)
- Consult with psychiatrist/psychologist on a monthly basis.

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
1/17/2020	7/11/19	R	Goal was revised to include PRTF services for client.
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

Name



DOB:



Medicaid ID



Record #



CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: Raven exhibits poor decision-making skills.

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
<p>██████████ will learn to improve decision making skills by examining benefits and consequences of her actions.</p>	<p>PRTF</p> <p>Psychiatrist/medication management</p> <p>Therapist</p> <p>██████████</p> <p>Parents</p> <p>JMJ Enterprise, Level 3 Group Home</p>	<p>24/7/365, 1 unit per day PRTF (to start when level 3 ends)</p> <p>Once per week</p> <p>Once per week</p> <p>Daily</p> <p>Therapeutic leave up to 15 days per quarter</p> <p>Level III Group Home 1 unit/day [to end when PRTF begins]</p>

HOW (Support/Intervention)

Individual Therapy up to 1-4 times per month to provide empathy, support, assess mental stability and needs

Medication Management /1-4x/month to evaluate need for/ effectiveness of medications.

Treatment Coordinator will consult with Treatment Team members as needed regarding ██████████ treatment services and concerns, facilitate and coordinate Monthly Treatment Team Meetings, develop, review, and revise Person Centered Plan (PCP)

Residential Treatment (PRTF) will:

Teach client how to verbally and appropriately express needs and feelings of anger, frustration and hurt.

Teach client healthy communication skills (e.g., active listening, reflecting, sharing feelings, using I messages) and problem solving.

Teachers in PRTF setting will assist client to understand before and after an incident occurs how to appropriately express herself when confronted with difficult situations that cause her to become angry. Positive praise will be given when client interacts appropriately and shows respect for rules and authoritative figures. Positive reinforcement will be given appropriately.

In PRTF setting, QP/ RN, PP and teachers will provide corrective teaching when member inappropriately expresses herself by exhibiting behaviors that are not acceptable in the community setting that cause harm to self and/ or others.

The PRTF setting will also provide the following:

1. Ensure proper med administration
2. Assess moods and consult with appropriate authorities as necessary
3. Help client understand and identify triggers for acting out
4. Provide with structured routine, with clear and consistent roles and boundaries identified in the residential setting
5. Give appropriate consequences and rewards based on behaviors
6. Educate client on and help develop appropriate coping skills to better manage frustration
7. List the pros and cons of inappropriate behaviors and the pros and cons of appropriate behaviors.
8. Provide a variety of interventions 7 days a week and will maintain contact & intervene as one organizational unit.
9. Other supports and interventions to include but not limited to requirements stated in DMA Enhanced Mental Health Clinical Coverage Policy.

Name: [REDACTED] DOB: [REDACTED] Medicaid ID: [REDACTED] Record #: [REDACTED]

Therapeutic leave not to exceed 45 days per year or more than 15 days per quarter. This will support the transfer of this skill when the client transitions back into the home and/or community.

Level III Group Home will:

- Provide a therapeutic relationship in response to inappropriate and provocative interpersonal behaviors including verbal & some physical aggression.
- Provide an intensified structure, supervision, and containment (staff secured) of frequent and highly inappropriate behavior.
- Provide cognitive/behavioral skill learning to address inappropriate behaviors.
- Provide direct assistance with adaptive skills training (i.e., physical health; daily tasks, emotional well-being, community access, opportunities for employment, contact with family and friends, acceptance into the neighborhood, and promotion of integrity and self-worth)
- Provide directed/supervised community integration activities.
- Utilize modeling, positive reinforcement, redirection, de-escalation, guidance, etc. through staff/individual/peer interactions.
- Supervise recreational activities when used as a strategy to meet treatment goals.
- Provide directed/supervised psychoeducational activities (e.g., development & maintenance of daily living, anger management, social, family living, communication, and stress management skill, etc.)

Consult with psychiatrist/psychologist on a monthly basis.

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Codes	Progress toward goal and justification for continuation or discontinuation of goal.
1/17/2020	7/11/19	R	Goal was revised to include PRTF services for client.
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			

PLAN SIGNATURES

I. PERSON RECEIVING SERVICES:

I confirm and agree with my involvement in the development of this PCP. My signature means that I agree with the services/supports to be provided.

I understand that I have the choice of service providers and may change service providers at any time, by contacting the person responsible for this PCP.

For CAP-MR/DD services only, I confirm and understand that I have the choice of seeking care in an intermediate care facility for individuals with mental retardation instead of participating in the Community Alternatives Program for individuals with Mental Retardation/Developmental Disabilities (CAP-MR/DD).

Legally Responsible Person: Self: Yes No

Person Receiving Services: (Required when person is his/her own legally responsible person)

Signature: _____ Date: / /

_____ (Print Name)

Legally Responsible Person (Required if other than person receiving Services)

Signature: _____ Date: 7/11/19

_____ (Print Name)

Relationship to the Individual: Father

II. PERSON RESPONSIBLE FOR THE PCP: The following signature confirms the responsibility of the QP/LP for the development of this PCP. The signature indicates agreement with the services/supports to be provided.

Signature: Jennifer Taylor MSQP JMJ Enterprises, LLC Date: 7/11/2019

(Person responsible for the PCP) (Name of Case Management Agency)

Child Mental Health Services Only:

For individuals who are less than 21 years of age (less than 18 for State funded services) and who are receiving or in need of enhanced services and who are actively involved with the Department of Juvenile Justice and Delinquency Prevention or the adult criminal court system, the person responsible for the PCP must attest that he or she has completed the following requirements as specified below:

Met with the Child and Family Team - Date: / /

OR Child and Family Team meeting scheduled for - Date: / /

OR Assigned a TASC Care Manager - Date: / /

AND conferred with the clinical staff of the applicable LME to conduct care coordination.

If the statements above do not apply, please check the box below and then sign as the Person Responsible for the PCP:

This child is not actively involved with the Department of Juvenile Justice and Prevention or the adult criminal court system.

Signature: J Taylor MSQP Jennifer Taylor MSQP Date: 7/11/2019

(Person responsible for the PCP) (Print Name)

III. SERVICE ORDERS: *REQUIRED for all Medicaid funded services; RECOMMENDED for State funded services.*

(SECTION A): For services ordered by one of the Medicaid approved licensed signatories (see Instruction Manual). My signature below confirms the following: (Check all appropriate boxes.)

- Medical necessity for services requested is present, and constitutes the Service Order(s).
- The licensed professional who signs this service order has had direct contact with the individual.
- The licensed professional who signs this service order has reviewed the individual's assessment.

Signature: Akshana Kumar MD AKSHANA KUMAR License #: _____ Date: 7/11/2019

(Name/Title Required) (Print Name)

(SECTION B): For Qualified Professionals (QP) / Licensed Professionals (LP) ordering:

- CAP-MR/DD or Medicaid Targeted Case Management (TCM) services (if not ordered in Section A)
- OR recommended for any state-funded services not ordered in Section A.

My signature below confirms the following: (Check all appropriate boxes.) Signatory in this section must be a Qualified or Licensed Professional.

- Medical necessity for the CAP-MR/DD services requested is present, and constitutes the Service Order.
- Medical necessity for the Medicaid TCM service requested is present, and constitutes the Service Order.
- Medical necessity for the State-funded service(s) requested is present, and constitutes the Service Order.

Signature: _____ License #: _____ Date: / /

(Name/Title Required) (Print Name) (If Applicable)

IV. SIGNATURES OF OTHER TEAM MEMBERS PARTICIPATING IN DEVELOPMENT OF THE PLAN:

_____er Team Member (Name/Relationship): _____ Date: / /

Consumer: [REDACTED]

Record#: [REDACTED]

Date: 7/2019

Child and Family Team Meeting Note

Please indicate consumer's participation level in each for the past 30 days. Please elaborate on fair or poor responses*.

	Comments:				
Education	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Client entered program during the summer on June 12 th . Client is in the 11 th grade she reports school enrollment starts the week of July 8 th .
Group Sessions	<input type="checkbox"/> Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	80% of participation in Group Sessions
Exercise Program	<input type="checkbox"/> Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	100% of participation
Personal Hygiene	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Poor	50% of completion

Information Sharing (Address progress in therapy, progress towards PCP goals, revisions or additions to PCP, behavioral issues observed {i.e. challenges}, next steps):

CURRENT PCP GOALS:

Goal #1

- [REDACTED] will demonstrate positive coping skills as evidenced by exploring 3 triggers to her behaviors.
- Develop and implement effective coping skills to carry out normal responsibilities, participate constructively in relationships

Level III Group Home will:

- Provide a therapeutic relationship in response to inappropriate and provocative interpersonal behaviors including verbal & some physical aggression.
- Provide an intensified structure, supervision, and containment (staff secured) of frequent and highly inappropriate behavior.
- Provide cognitive/behavioral skill learning to address inappropriate behaviors.
- Provide direct assistance with adaptive skills training (i.e., physical health; daily tasks, emotional well-being, community access, opportunities for employment, contact with family and friends, acceptance into the neighborhood, and promotion of integrity and self-worth)
- Provide directed/supervised community integration activities.
- Utilize modeling, positive reinforcement, redirection, de-escalation, guidance, etc. through staff/individual/peer interactions.
- Supervise recreational activities when used as a strategy to meet treatment goals.
- Provide directed/supervised psychoeducational activities (e.g., development & maintenance of daily living, anger management, social, family living, communication, and stress management skill, etc.)

Consult with psychiatrist/psychologist on a monthly basis.

Recommendation Goal 1: Ongoing

Goal #2

- Verbalize an understanding of how thoughts, physical feelings, and behavioral actions contribute to anxiety and its treatment
- Identify, challenge, and replace fearful self-talk with positive, realistic, and empowering self-talk

Level III Group Home will:

- Provide a therapeutic relationship in response to inappropriate and provocative interpersonal behaviors including verbal & some physical aggression.

- Provide an intensified structure, supervision, and containment (staff secured) of frequent and highly inappropriate behavior.
- Provide cognitive/behavioral skill learning to address inappropriate behaviors.
- Provide direct assistance with adaptive skills training (i.e., physical health; daily tasks, emotional well-being, community access, opportunities for employment, contact with family and friends, acceptance into the neighborhood, and promotion of integrity and self-worth)
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- Utilize modeling, positive reinforcement, redirection, de-escalation, guidance, etc. through staff/individual/peer interactions.
- Supervise recreational activities when used as a strategy to meet treatment goals.
- Provide directed/supervised psychoeducational activities (e.g., development & maintenance of daily living, anger management, social, family living, communication, and stress management skill, etc.)
- Consult with psychiatrist/psychologist on a monthly basis.

Recommendation Goal 2: Ongoing

Goal #3

██████████ will learn to improve decision making skills by examining benefits and consequences of her actions.

Level III Group Home will:

- Provide a therapeutic relationship in response to inappropriate and provocative interpersonal behaviors including verbal & some physical aggression.
- Provide an intensified structure, supervision, and containment (staff secured) of frequent and highly inappropriate behavior.
- Provide cognitive/behavioral skill learning to address inappropriate behaviors.
- Provide direct assistance with adaptive skills training (i.e., physical health; daily tasks, emotional well-being, community access, opportunities for employment, contact with family and friends, acceptance into the neighborhood, and promotion of integrity and self-worth)
- Provide directed/supervised community integration activities.
- Utilize modeling, positive reinforcement, redirection, de-escalation, guidance, etc. through staff/individual/peer interactions.
- Supervise recreational activities when used as a strategy to meet treatment goals.
- Provide directed/supervised psychoeducational activities (e.g., development & maintenance of daily living, anger management, social, family living, communication, and stress management skill, etc.)
- Consult with psychiatrist/psychologist on a monthly basis.

Recommendation Goal 3: Ongoing

Family/guardian involvement in treatment in the last 30 days. Indicate WHO was involved and to what extent*. (If there has been none, please indicate attempts by GH staff to include family/guardian in treatment.)

Other agency involvement with the consumer's treatment in the past 30 days*. (Include GH attempts to coordinate services between agencies such as DSS, DJJ, case managers, court counselors, etc...)

Cardinal MCO – Justin and Gretchen
DSS Joyce till 6/16/19

Pending legal issues?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes. Describe*: Court dates June 25 & July 24 , resisting arrest
Currently on Probation?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes. Supervised <input type="checkbox"/> Unsupervised <input type="checkbox"/> Date probation set to end: _____
Outings/home visits in the past 30 days?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes. Describe with whom, where, and outcome*: none at this time

*Additional space provided on next page if necessary.

Date of last PCP on file: 1/17/2019 last update (If annual PCP is due within 1 month, please describe all attempts and progress made to ensure completion below :) There were no treatment goals added during this review goals are still ongoing.

-Annual plan was completed on 1/17/2019 annual will be due on 1/17/2020.

-Plan was updated 7/11/19 to add PRTF service

Please indicate current discharge plan/comments: Treatment aggress client needs a higher level of care. The group home has updated the PCP to reflect PRTF services . The therapist has added an addendum to reflect PRTF. The MCO agrees with the recommendation of PRTF. The MCO will be re-staffing Raven case on Thursday July 18th. The hospital was making a referral to Central Regional Hospital per the request of the care coordinator. Raven is being discharged affective immediately from the level 3 due to health and safety of the client and others.

Barriers to Discharge:	<input type="checkbox"/> D/C treatment setting unavailable	<input type="checkbox"/> Legal Mandate	<input type="checkbox"/> Adequate housing or residence	<input type="checkbox"/> Lack of community supports	<input checked="" type="checkbox"/> Treatment non-compliance	<input type="checkbox"/> Other: Describe in comments section above.
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Is family therapy indicated?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes. Date scheduled and with whom:
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Diagnoses:

Bi-Polar Disorder
Intellectually Disabled
Delusional Disorder
ODD

MEDICATIONS:

Bupirone 15mg
Tivicay 50mg
Truvada 200-300mg
Risperidone 1mg
Proair HFA inhaler
Gabapentin 100mg
Vitamin D2
Hospital medication change stopped Latuda 40mg

Physical completed in July at Palladium

Therapy appointment July 9th – missed appointment due to being in the hospital , next appointment July 16th – Missed due to being in the hospital

Medication management doctor – Evans -Blount’s Community Health Center 7/11/19 missed due to being in the hospital

Safety Concerns: June/July Three different hospital stays within 30 days, AWOL from the facility and Camp program, Physical aggression with staff and peers. Lack of treatment compliance. Missed appointments.

DATE/TIME NEXT TREATMENT TEAM MEETING: TBD

Additional information/Recommendations:

LME Care Coordinator /Case Manager Present?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Cancelled	<input type="checkbox"/> No Show	<input type="checkbox"/> Unavailable	<input type="checkbox"/> Other:
Available by teleconference?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No				
Parent/Guardian present?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Cancelled	<input type="checkbox"/> No Show	<input type="checkbox"/> Unavailable	<input type="checkbox"/> Other:
Available by teleconference?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No				

Behaviors/Incident:

█ talks greatly about doing anything it takes to get to the hospital and states that every time she is released out of the hospital, she will hurt someone or herself to return back to the hospital.

-On 7/10/19 On the afternoon of 7/10/19 █ was discharged from Moses Cone hospital after a 4 day stay. Once back at the program for less than two hours the client was instructed by staff to take her nighttime shower. The client stated that she was not taking a shower because she had already taken one before leaving the hospital. Staff talked in private to █ about her giving off a body odor. █ then went into the kitchen and grabbed a fork and ran to the bathroom and barricaded herself in there with the fork. Once staff was able to get in the bathroom █ was laying on the floor yelling, she will cut herself. At that time the police were called. Staff was able to take the fork out of her hand; █ came out the bathroom and went to her room where she took off her bloody pad and threw it at staff, but it missed and almost hit another client. █ has a STD and the throwing of the pad could have been very dangerous if it made contact with them. Then █ cleared the dinner table with all the other clients dinner was on it fell to the floor. The police arrived and █ informed them that she wanted to die, and she would kill herself one way or another. The police transported █ to the hospital at Moses Cone hospital where she is still currently. Once at the hospital she told them she wanted to kill herself.

-On 7/6/19 █ ran out of the program and the police had to be contacted due to staff not being able to locate her. While the police were in the group home a call came in about a girl knocking on people's doors saying she had head trauma and been attacked which was not true. The police and staff went to the area where █ was, and the EMS was already there. She informed the EMS and police that she wanted to kill herself, so they transported her to the hospital she was admitted as of that evening.

-On 7/5/19 While at Camp █ became upset with her peers because they were talking about a find they had in Nova PRTE. █ became upset and threw a can at the other client they had a brief fight, then she proceeded to take the fire extinguisher off the wall and spray all the rooms in the camp. Staff was able to gain control and remove █ from the camp.

-On 6/25/19 █ wanted to leave camp before the scheduled time. █ became verbally aggressive towards the group home staff that was at the camp and the camp staff. █ then pushed the group home staff and camp staff out the way to go out the building. Staff followed her but █ was not open to following their direction. The police were contacted and escorted her back to the camp site.

-While at camp she slapped one of her group-home peers just for no reason. █ stated that the peer just gets on her nerves because she talks too much.

-On 6/17/19 a new client suicide prevention/ intervention Plan was completed by the residential therapist. █ risk level for SI and HI where 0 which indicates none based on the scale. On the afternoon of 6/18/19 after attending several program outings █ approached staff and stated that she could not take it any longer and that she wanted to hurt herself and did not want to live any longer. Staff continued to process with █ about her feelings. █ continued to repeat that she would find a way to kill herself because she could not take it any longer. Staff suggested for her to use some of her coping skills while staff would monitor her. █ stated that she would use her pillow to kill herself if she has too. Staff contacted the therapist it was recommended that she be taken to the hospital to be evaluated. █ was able to be transported by staff to the hospital. While at the hospital she informed the doctors there that she was having nightmares and hearing voices which was making her want to kill herself. █ was kept overnight to be monitored and had a few medication changes. █ was released back to the group home on 6/19/19.

Education: Client entered program during the summer on June 12th. Client is in the 11th grade she reports school enrollment starts the week of July 8th

Therapy: Journeys counseling Ashley Griffin LCSW-A July 9th – missed appointment due to being in the hospital, next appointment July 16th – Missed due to being in the hospital. Has taken part in group therapy in the group home setting a few times with therapist JD-LCSW

Family: [REDACTED] was in DSS care till 6.17.19 then guardianship was given back to the mother and stepdad. [REDACTED] spoke with her parents daily about wanting to return home. [REDACTED] saw her parents while at court.

Jennifer Taylor MSQP 7/2019

DISCHARGE PLAN

Client Name: [redacted] (or more information) Record No: [redacted]
Date: 7/18/11

Request for discharge initiated by: Competent Client _____
Legal Guardian _____
Group Home _____
Other - Hospital (Behavior Health)

Emergency Discharge: Yes or No _____
Reason for emergency discharge: There was a health and safety concern for the consumer

In emergency discharge situations only the above information would be completed.

Planned Discharge: Yes _____ No
Reason for planned discharge: _____

Recommendations for further services (designed to enable client to live as normally as possible): _____

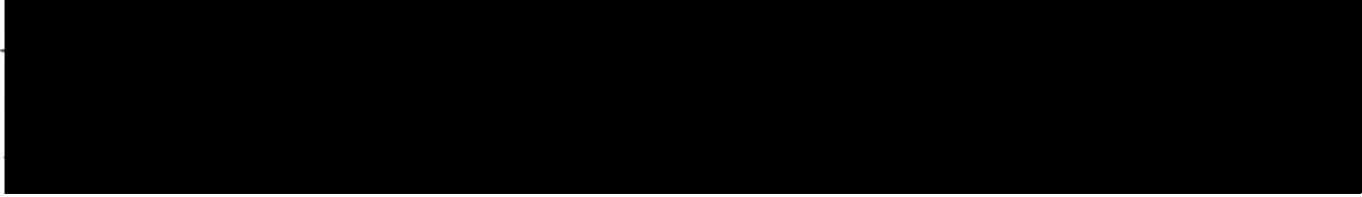
Alternative Day Placement: Supported Employment: N/A
Competitive Employment: N/A
VR Referral: N/A
Other: N/A

Mental Health: Discharge to the hospital due to suicidal ideations
Address: Moses Cone
Living Arrangements: N/A - higher level of care
Address: _____ Phone: _____
Contact Person: [redacted]
Address: [redacted] Phone: [redacted]

Referral to additional support agencies (ex. DSS, etc. who could assist with transition):
Moses Cone Behavioral Health

Contact Person (s):

Name:



Current support agencies/ significant others contracted (with written consent of component of client or guardian).

Contact Person (s):

Name:

Moses Cone

Address:

1121 N. Church St

Phone:

336-832-7000

Recommendations of these services: Higher level of care. Continue outpatient therapy and medication management services

Course of Action: Higher level of care

Copy of discharge plan furnished to (please check all that apply):

	Yes	No
Competent Client	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>
Significant Others	<input type="checkbox"/>	<input type="checkbox"/>
(with consent)	<input type="checkbox"/>	<input type="checkbox"/>
Identify: Moses Cone.		

[Handwritten Signature]

7/10/19

Signature/Date of Person Completing Report

A Discharge Plan would not be necessary in situations of unanticipated discharge.

Consumer Name [REDACTED]

Date the Child and Family Team met to develop this discharge/transition plan: 7/11/19 Service Record # [REDACTED]

Division of MH/DD/SAS
Division of Medical Assistance

Child/Adolescent Discharge/Transition Plan

This document must be submitted with the completed ITR, the required PCP (i.e. introductory, complete or update) and any other supporting documentation justifying the request for authorization and reauthorization of Residential Levels III and IV. In addition, for reauthorization of Residential Level III and IV, a new comprehensive clinical assessment by a psychiatrist (independent of the residential provider and its provider organization) that includes clinical justification for continued stay at that level of care is required to be submitted. An incomplete ITR, PCP or lack of Discharge/Transition Plan and a new comprehensive clinical assessment (when applicable) will result in a request being "unable to process".

I. The recipient's expected discharge date from the following service is:

- Residential Level III
- Residential Level IV

Expected Discharge Date: 7/11/19
Expected Discharge Date:

II. At time of discharge the recipient will transition and/or continue with the following services. Please indicate both the planned date of admission to each applicable service and the anticipated provider. (Provide details in Section III.)

- Natural and Community Supports
- Outpatient Individual Therapy
- Outpatient Family Therapy
- Outpatient Group Therapy
- Medication Management
- Respite
- Intensive In-Home
- Multisystemic Therapy
- Substance Abuse Intensive Outpatient
- Day Treatment
- Level II Program Type
- Therapeutic Foster Care
- PRTF
- Other
- Other
- Other

<u>7/9/19</u>	Provider: <u>Journeys Counseling</u>
<u>6/12/19</u>	Provider: <u>JMS Enterprises, LLC</u>
<u>7/11/19</u>	Provider: <u>Evens Blount</u>
<u> </u>	Provider: <u> </u>
<u> </u>	Provider: <u> </u>
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<u> </u>	Provider: <u> </u>
<u> </u>	Provider: <u>TBD</u>
<u> </u>	Provider: <u> </u>
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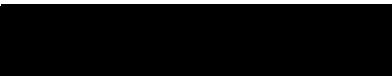
III. The Child and Family Team has engaged the following natural and community supports to both build on the strengths of the recipient and his/her family and meet the identified needs.

Name/Agency: <u>Mother</u>	Role: <u>Natural Support</u>	Date: <u>on-going</u>
Name/Agency: <u>Step Father</u>	Role: <u>Natural Support</u>	Date: <u>on-going</u>
Name/Agency: <u> </u>	Role: <u> </u>	Date: <u> </u>
Name/Agency: <u> </u>	Role: <u> </u>	Date: <u> </u>

IV. Input into the Person-Centered Plan developed by the Child and Family Team was received from the following (Check all that apply):

- Recipient
- Family/Caregivers
- Natural Supports
- Community Supports (e.g. civic & faith based organizations)
- Local Management Entity
- Residential Provider
- MH/SA TCM Provider
- Court Counselor
- School (all those involved)
- Social Services
- Medical provider
- Other

Consumer Name



Service Record #



V. Please explain your plan for transition to new services and supports (i.e. engaging natural and community supports, identification of new providers, visits home or to new residence, transition meetings with new providers, etc.) Who will do what by when?

Activity	Responsible Party	Implementation Date
Update PCP	group home GP	7/11/19
Final PRF	group home, hospital, MCO	ongoing
Discharge from Level 3	group home	7/11/19

VI. The Child and Family Team updated the Crisis Plan as part of the PCP Revision to include issues of safety at home, at school and in the community.

Yes No

Please explain: Plan has been updated 7/11/19 due to 3 hospitalizations in less than 30 days.

VII. For recipients identified as high risk for dangerous or self injurious behaviors the discharge/transition plan includes admission to the appropriate level of care.

Yes No

Please explain: Client needs higher level of care due to awoi behaviors + hospitalizations

VIII. The Child and Family Team has identified and addressed the following potential barriers to success of the discharge/transition plan.

- Self-harm
- Several hospitalizations
- Awoi
- Non-compliance
- Physical aggression

IX. The Child and Family Team will meet again on 1/1 in order to follow-up on the discharge/transition plan and address potential barriers.

X. Required Signatures

Recipient _____ Date 1/1

Legally Responsible Person _____ Date 7/11/19

Qualified Professional [Signature], MSW Date 7/11/2019
(Person responsible for the PCP)

I agree with the Child and Family Team recommendation.
 I do not agree with the Child and Family Team recommendation.
 (*Please note signature below is required by SOC regardless of agreement with recommendation. Signature does not indicate agreement or disagreement of Child and Family Team recommendation, merely review of discharge plan.)

LME SOC/Representative _____ Date 1/1
 (Required for residential requests only)