Therapeutic Group Home (ThGH) Program Description Instructions

In order to be reviewed, the Program Description will be typed, on 8.5x11 paper with at least 11 point font. Each page will contain a header or footer with page numbers, the original submission date, and as needed, revision date. Include one hard copy and one electronic copy. Program Descriptions should be emailed to TJDanforth@magellanhealth.com and mailed to:

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Field Network Director  
Magellan Health Services  
1221 “N” Street  
PO Box 82047  
Lincoln, NE 68501-2047

Program Descriptions should contain the following, in accordance with the following organization:

A. **Cover Letter** which includes the name of the organization, location, the level of care being requested and the contact for the Program Description.

B. **Program Description** (please see Program Description outline and items to be included). References to Attachments should be by number and name.

C. **Numbered Attachments** (please see Attachment List)
Section 1: Background
- Program philosophy and mission, goals and objectives.
- Service Location(s) and Addresses.
- Program Capacity and Number of Beds.
- Identify if the program is dual (MH/SA) or a specialty. If specialty, indicate the type.

Section 2: Population Served
- Target population.
- Criteria for admission and exclusion.
- Criteria for discharge.

Section 3: Program Treatment Components
A. Description of all services included on the weekly schedule shown in Attachment C. Include the research foundation for treatment services and whether or not the service is based on an Evidence-Based best practice. Include all of the following services, as applicable to the program:
- Individual psychotherapy, and/or group psychotherapy and/or substance abuse counseling.
- Family psychotherapy and/or family substance abuse counseling.
- Psychoeducational groups and individual psychoeducational therapy services which may include, but not limited to:
  - Crisis intervention and aftercare planning.
  - Social skills building.
  - Life survival skills.
  - Substance abuse prevention interventions.
  - Self-care services.
  - Medication education, compliance.
  - Health care issues which may include nutrition, hygiene and personal wellness.

For each service include the following:
- A description of the service.
- A description of the frequency, and length of each session.
- Type of family involvement.
- The staff position performing the service.
- A description of how special needs will be met. These special needs include, but are not limited to: physical disabilities, sight or hearing impairments, or other language problems/needs, developmental (with special attention paid to children age 10 and under), and medical needs.

B. A policy regarding how the ThGH program incorporates a trauma informed, recovery based and family centered philosophy in the treatment services.
Section 4: Environment Components

Provide a description of the following:

- Environment philosophy.
- Indicate how the medications and other potential hazards will be secured and stored.
- Describe which form of research-based, trauma-informed treatment model will be used for milieu management.
- Describe the setting of the ThGH, including efforts to make the setting close to a home like environment, include door egress policy, access to the kitchen, laundry, and location of staff offices. Describe the general living, sleeping, and lounge areas.
- A description of all activities that involve removing a child from the milieu. Include a description of supervision and how activities are accounted for, documented in the client file, and a description of how activities are ensured to be provided as described.
- Describe how the program will be integrated with public education.
- Describe the access to recreational facilities.
- Describe how family interactions will be maintained.
- Describe how the program interacts with other treatment agencies/programs, the Juvenile Justice System, or Vocational Rehabilitation.

Section 5: Treatment Plan

A description of the Treatment Planning Process, including frequency of review, persons involved, etc. Description will include the following:

- The involvement of the member and his/her family and/or guardian in its development.
- Timeline for completion and review.
- Timeline for Initial Diagnostic Review.
- Timeline for nursing assessment.
- Treatment Team review and endorsement timelines.
- Multi-disciplinary conferences.
- Indicate who will sign and date the treatment plan and attest to their attendance and involvement in the active treatment team meeting.
- Describe how the treatment team meeting will be supervised and directed by the psychiatrist.
- Describe how barriers to treatment will be identified, treatment goals updated and the treatment plan modified to help achieve those goals.
- Describe how de-escalation, anger management, and safety plans are incorporated in the initial and subsequent treatment plans.
Section 6: Staffing
List of all positions, the responsibilities/role of each position, the minimum education and experience requirements, any required certification/licensure, training requirements, the number of staff in the position as well as the number of staffed hours, the schedule availability and whether or not the position is filled by an employee of the facility, an independent consultant, or a vendor. Please also include direct care staff ratios for all shifts (day/night, weekday/weekend). Indicate therapist ratios. Positions described must include:

i. The Program or Clinical Director.
ii. The Supervising Practitioner.
iii. The Psychiatrist.
iv. Therapist.
v. Direct Care Staff.
vi. RN or APRN.
vii. Licensed Alcohol and Drug Addiction Counselors, as applicable.
viii. Executive Director, as applicable.
Attachments

A. Accreditation Certificates.
B. Staff roster, including education and licensure (including covering practitioners).
   Include CPR and first aide certifications.
C. Complete weekly schedule showing activities for each day.
D. Attestation ensuring Supervising Physician agreement to roles and responsibilities.
E. Mock client file.
F. Template for the Treatment Plan, including discharge planning criteria.
G. Policies and Procedures related to the following:
   • Member Elopement.
   • Discipline philosophy and methods.
   • Management of abuse and sexual contact between members.
   • Infection control and risk management.
   • Emergency preparedness plan.
   • Administration and storage of psychotropic medication.
   • All special procedures utilized.
   • Therapeutic leaves/passes.
   • Utilization review and discharge planning process.
   • Coverage for the Supervising Physician.
   • The program’s general behavior management plan/token economy.
   • The program policy and related to client rights and responsibilities.
   • Restraint and Seclusion (CFR 483.376).
   • Non-discrimination and drug-free workplace.
   • Pre-Service background checks for staff.
H. Description of all training programs, pre-service and in-service.
I. Training related to restraint and seclusion policy (CFR 483.376).
J. Training rosters of existing staff and/or training plans.