



Brattleboro Retreat

MENTAL HEALTH AND ADDICTION CARE

July 21, 2023

Ms. Donna Jerry
Senior Health Policy Analyst
Green Mountain Care Board
144 State St.
Montpelier VT 05602

Re: Brattleboro Retreat Request for Jurisdictional Determination for Re-opening Temporarily Closed Adolescent Residential Beds.

Dear Ms. Jerry:

Pursuant to 18 V.S.A. §9440 (b)(2)(A) and Green Mountain Care Board Rule 4.301, the Brattleboro Retreat hereby respectfully requests that the Board determine that the project described below does not require a certificate of need.

I. History

The Brattleboro Retreat is a mental health treatment system in southern Vermont. The Retreat's programs include a robust outpatient clinic, partial hospitalization and intensive outpatient programs, a residential treatment program for children ages 14 and under, and 102 inpatient beds spread across multiple units.

The inpatient units each have a programming focus: currently, two Level 1 inpatient units provide care for Vermont's highest acuity involuntary patients; two inpatient units provide care to adolescents, one inpatient unit provides care to children 12 and under, one adult inpatient unit specifically focuses on the needs of LGBTQIA patients, and two general adult psychiatric inpatient units provide care to primarily voluntary adults in need of acute psychiatric care.

For several decades,¹ the Brattleboro Retreat also operated an adolescent residential treatment program caring for 12-15 adolescents at a time. The Brattleboro Retreat is licensed to operate 149 beds. It currently operates 8 residential beds which are dedicated to children under 12 and 102 inpatient beds.

¹ The Retreat has records indicating that the adolescent residential program was in operation in the mid-1970s.

II. Pandemic

The COVID-19 pandemic upended the Brattleboro Retreat's patient-flow and referral patterns as well as its staffing stability. During the pandemic period many programs were restricted or temporarily closed due to staffing shortages, difficulty getting patients across state lines, and concerns about managing COVID outbreaks in congregate living settings. The adolescent residential program was one of those programs. Referrals were down, and the staff were needed on the inpatient units. So, in early 2021, the Brattleboro Retreat temporarily closed its adolescent residential program.

III. Recovery

Once the pandemic abated, the Retreat worked intensely to return to pre-pandemic inpatient levels. The Brattleboro Retreat now wishes to shift focus and re-open its adolescent residential program. The Retreat intends to respond to the recently published request for proposals ("RFP") from the Vermont Department for Children and Families² to create a Psychiatric Residential Treatment Facility ("PRTF") for 15 youth ages 12-18. In conjunction with that response, it seeks the Board's determination that the project does not constitute a "new health care project" under § 9434(b).

The Retreat does not believe that re-opening its adolescent residential program in response to the RFP qualifies as a "new health care project" under any of the five definitions in § 9434(b).

1. The project does not qualify as a new health care project under § 9434(b)(1) because it does not meet the capital expense threshold.

The Adolescent residential program has been housed in many different locations on the Brattleboro Retreat's campus over the course of its history. Because of this, very few changes to the space the Retreat currently proposes to use for the program are necessary. The recently submitted response to the RFP does not identify any necessary capital expenses. The RFP does identify expenses for furniture in the amount of \$20,000 technology in the amount of \$23,000, and "transportation" which includes, vehicles, insurance and gas in the amount of \$55,999. Taken together, these amount total \$98,999. Since this amount is significantly below the Board's current jurisdictional threshold of \$3,600,000, the project does not trigger jurisdiction based on this element.

2. The Project does not qualify as a new health care project under § 9434(b)(2) and GMCB Rule 4.201 because the project does not propose to purchase a single piece of diagnostic equipment in excess of \$1,800,000.

² <http://www.vermontbusinessregistry.com/BidPreview.aspx?BidID=57872>.

Perhaps it is self-explanatory, but the adolescent residential program will not require the purchase of any diagnostic equipment.

3. The Project does not qualify as a new health care project under § 9434(b)(3) and GMCB Rule 4.202 because it is not a new health care service or technology.

The project does not propose to offer a new health care service or technology. The Brattleboro Retreat has delivered adolescent residential services continuously from at least the 1970s until 2021 when it suspended adolescent residential operations. The Retreat has maintained its adolescent inpatient and adolescent outpatient programs throughout the pandemic, demonstrating its ongoing commitment to the care of this population. In fact, the Retreat's strategic plan is aimed at strengthening the continuum of mental health services for children and adolescents. Resuming adolescent residential services is key to this vision.

Although the residential program closed temporarily from 2021 to 2023, the Retreat has maintained its license for children's residential services, and intends to renew its license for adolescent residential services. Furthermore, throughout the pandemic Retreat leadership stayed in close contact with leaders at the Department of Mental Health and the Department for Children and Families to discuss when it might be appropriate to re-open the paused adolescent residential program. Therefore, this adolescent program should not be considered a new program.

4. The Project does not qualify as a new health care project under § 9434(b)(4) because there is no change from one licensing period to the next in the number of licensed beds of a healthcare facility through addition, conversion, or through relocation from one physical facility or site to another.

The adolescent residential program also does not need a new license, because the program was most recently applied for re-licensure and was found to be in good standing in November of 2020. Neither the Retreat nor the Department for Children and Families have any records indicating that the Retreat permanently closed the program or communicated to the department an intent to relinquish the license. Instead, the records from that time indicate an intent to keep the program license.³

In addition, throughout its history, the adolescent residential program has always been housed on the Retreat's campus on Linden Street in Brattleboro, Vermont. This project intends to maintain the location of the adolescent residential beds on the Retreat's campus. There is no plan to move the beds from one physical facility or site to another.

³ See Attachment A. Documentation of the most recent communication regarding licensure. The Retreat intends to resume these communications with the department where it left off, and once the facility is ready, request that DCF return for a re-licensing visit.

Ms. Donna Jerry
Senior Health Policy Analyst
Green Mountain Care Board
July 21, 2023
Page 4

For these reasons, the project does not trigger this jurisdictional criteria.

5. The Project does not qualify as a new health care project under § 9434(b)(5) because it does not offer any home health service.

Again, at the risk of stating the obvious, the residential program does not contain any home health service components. Therefore, it does not trigger this jurisdictional criteria.

Conclusions

There is an ongoing need for capacity in the adolescent mental health system. Currently the Brattleboro Retreat operates 24 adolescent inpatient beds, and there are routinely young people waiting in emergency departments for those beds. Expanded capacity at the inpatient level has not, and is unlikely to completely resolve the demand for inpatient beds. This is because adolescents who have completed their inpatient treatment but who need a safe, step-down program do not have adequate placement options. Expanded capacity at the inpatient level, without expanding step-down options will likely increase the number of patients boarding in acute settings or being discharged to out-of-state programs. Re-opening the Retreat's residential program will allow the Retreat to more effectively stabilize and discharge acutely ill adolescent patients, thereby relieving bottlenecks in the system.

Because this program has only been temporarily closed, the Retreat hopes that the Board will find that this project does not trigger CON jurisdiction.

Thank you, in advance for your time.

Sincerely,

A handwritten signature in cursive script, appearing to read "Linda Rossi", written in dark ink.

Linda Rossi
President and Chief Executive Officer

Enclosed: Exhibit A

EXHIBIT A

RESIDENTIAL TREATMENT PROGRAM
Licensing Report

Name:	Brattleboro Retreat Linden Residential Treatment Center for Adolescents (LRTCA)	Original:	
Address:	1 Anna Marsh Lane Brattleboro, VT 05301	First Relicense:	
Telephone:	(802) 258 - 4307	Renewal:	X
Website:	www.brattlebororetreat.org	Licensed Capacity:	15
		Gender:	M & F
Date(s) of Site Visit:	11/12/18 & 11/13/18	Age:	11 – 18yo
Licensors(s):	Lauren Higbee, MSW & Brenda Dawson, MSW		

Methodology

Review:	Review:	Interview:
X Application Documents	X Program Description	X Children/Youth
X Fire Safety Inspection documents	X Program Policies & Procedures	X Parents
X Minutes of Board Meetings	X Organizational Chart	X Supervisory & Direct Care Staff
X Communication logs	X Staff Roster/files/background Checks	X Clinicians
X Medication logs	X Staff Schedules	X Administrators
X Evacuation drill logs	X Staff Training Records/Supervision	X Collateral agencies/departments
X Secretary of State Website	X Client files	X Inspect physical facility(ies)

Program Summary: The Brattleboro Retreat – Linden Residential Treatment Center for Adolescents (LRTCA) is a program for youth who exhibit self-destructive or dangerous behavior that prevents them from functioning appropriately in family, school and community settings. These children are typically diagnosed with mood disorders, eating disorders, attachment disorders, sexual reactivity, and/or sexual abuse histories. The LRTCA program provides individual, group, family and sibling therapy, a therapeutic milieu, recreation groups and family outreach, which includes parent training, crisis planning, and home visits.

Founded in 1834, the Brattleboro Retreat is accredited by The Joint Commission (TJC) and regulated by the Centers for Medicare and Medicaid Services (CMS).

REGULATORY OVERSIGHT

	Compliance	
101 A Residential Treatment Program shall not be operated without the formal prior approval of the Department for Children and Families, Residential Licensing Unit (hereafter "Licensing Authority").	C	
102 A program, which was already operational before the need for a license was determined, may be considered to be in compliance if the program has applied for and is making satisfactory progress toward licensure.	C	
103 A Residential Treatment Program shall allow the Licensing Authority to inspect all aspects of a program's operation which may impact children/youth.	C	
104 A Residential Treatment Program shall allow the Licensing Authority to interview any employee of the program and any child/youth in the care of the Residential Treatment Program.	C	
105 These regulations are not meant to supersede State or Federal mandates.	C	
PROCEDURES		
106 An applicant shall apply for a license on a form provided by the Licensing Authority and provide requested information.	C	
107 When a Residential Treatment Program has made timely and sufficient application for licensing renewal, the existing license does not expire until the application for renewal has been acted upon by the department.	C	
108 A license may be issued with conditions when regulations have not been met, provided that the non-compliance does not constitute an unsafe situation or a major programmatic weakness and the program acts immediately to address the identified non-compliance.	C	
VARIANCE		
112 A Residential Treatment Program shall comply with all applicable regulations unless a variance for a specific regulation(s) has been granted through a prior written agreement with the Licensing Authority.	C	
113 A variance for specific regulation(s) shall be granted only when the Residential	C	

Treatment Program has documented that the intent of these regulation(s) will be satisfactorily achieved in a manner other than that prescribed by the regulation(s).		
114 When a Residential Treatment Program fails to comply with the variance agreement, the agreement shall be subject to immediate cancellation.	C	
RENEWAL		
115 Application for renewal of a Residential Treatment Program license shall be made in accordance with the policies and procedures of the licensing authority.	C	Renewal Application was received 10/24/18
CHANGES		
116 A Residential Treatment Program shall notify the Licensing Authority at least 60 days before any of the following: A substantial change in services provided or population served; A planned change in staffing pattern; A planned change in the Administration; A planned change of ownership and/or governance; A planned change of location; A planned change in the name of the Residential Treatment Program.	C	
117 A Residential Treatment Program shall notify the licensing authority as soon as the change is known, if any of the above-mentioned changes occur without prior planning.	C	
REPORTING		
118 A Residential Treatment Program shall report any suspected or alleged incident of child abuse or neglect within 24 hours, to the Department for Children and Families, Centralized Intake Unit. (33 V.S.A., Chapter 49, §4913).	C	
119 A Residential Treatment Program will supervise and separate the accused individual(s) and the victim(s) whose behavior caused report to the Department for Children and Families unless or until otherwise instructed by the Special Investigation Unit and/or Residential Licensing Unit.	C	
120 A Residential Treatment Program shall report incidents of sexual activity between residents, as defined in these regulations, within 24 hours to the Department for Children and Families, Centralized Intake Unit; (800) 649-5285.	C	
INVESTIGATIONS		
121 A Residential Treatment Program shall cooperate fully in investigations of any complaint or allegation associated with the program. This may include, but is not limited to the Department for Children and Families Special Investigations Unit, and the Licensing Authority.	C	
NOTIFICATION		
122 A Residential Treatment Program shall immediately, or as soon as reasonable, report to the Licensing Authority incidents that could potentially affect the safety, physical or emotional welfare of children/youth within the program. Written report shall follow verbal report within 24 hours.	C	
123 Incidents of restraint which result in injury to a child/youth or staff member, requiring medical attention shall be reported in writing to the Licensing Authority as soon as possible, and not later than within 24 hours. (see regulation 657)	C	
124 Incidents of seclusion which result in injury to a child/youth or staff member, requiring medical attention shall be reported in writing to the Licensing Authority as soon as possible, and not later than within 24 hours. (see regulation 666).	C	Seclusion is not used by LRTCA.
125 Residential Treatment Program shall report, verbally and in writing, within 24 hours to the Licensing Authority incidents where the program knowingly or negligently violates licensing regulations.	C	
COMMENTS: The Brattleboro Retreat has restructured their organizational chart effective September 11, 2018. Steve Jurentkuff, LICSW continues to be the Director of Child and Adolescent Residential Services. His role and LRTCA are now overseen by Senior Vice President of Patient Care, Meghan Baston. The aim of this restructure was to have all patient care services under one person.		
200 GENERAL PROVISIONS		
THE RIGHTS OF CHILDREN/YOUTH AND FAMILIES		
201 A Residential Treatment Program shall ensure children/youth the following rights: to be served under humane conditions with respect for their dignity and privacy; to receive services that promotes their growth and development; to receive gender specific, culturally competent and linguistically appropriate service; to receive services in the least restrictive and most appropriate environment; to access written information about the providers policies and procedures that pertain to the care and supervision of children, including a description of behavior management practices; to be served with respect for confidentiality; to be involved, as appropriate to age, development and ability, in assessment and service planning; to be free from harm by caregivers or others, and from unnecessary or excessive use of restraint and seclusion/isolation; to file complaints and grievances without fear of retaliation.	C	
202 A Residential Treatment Program shall ensure families and custodians the following rights: to access written information about the providers policies and procedures that pertain to the care and supervision of children, including a description of behavior management practices; to receive services with respect for confidentiality;	C	

to be involved in assessment and service planning; to give and to withhold informed consent; to be notified immediately or as soon as reasonable of any runaway, attempted suicide, suicide, or medical emergency requiring the services of an Emergency Room or hospitalization, death or any other seminal event in the life of their child/youth; to be notified within 24 hours following the restraint or seclusion of their child/youth; to file complaints and grievances without fear of retaliation.		
203 A Residential Treatment Program shall document prohibitions and limitations regarding parental involvement in the child/youth's Plan of Care and review such prohibitions and limitations at least every 90 days.	C	
COMMENTS: Three current residents of LRTCA were interviewed. All reported being highly involved in their treatment process and identifying goals that were individualized. They attend treatment team meetings at least once per month. One resident has been there for two years and said it is the best program they had been to after listing other residential programs in Vermont. The program's structure and staff support were noteworthy to residents. One resident explained that there is flexibility and you can advocate for change, like modifying the dress codes. One youth said that they do not like the program and that there is "too much to do" and found that staff were not always understanding of individual triggers.		
300 THE GOVERNING AUTHORITY		
301 A Residential Treatment Program shall be incorporated. If incorporated outside the State of Vermont, it shall secure authorization from the Secretary of State to do business in Vermont.	C	The Brattleboro Retreat Business ID 0046557 is listed as active.
302 The Governing Authority is ultimately responsible for all aspects of the Residential Treatment Program.	C	
303 The Governing Authority shall make available to the Licensing Authority, upon written request, a list of directors and officers of the board.	C	
304 The Governing Authority shall: Review major operational decisions; Have provisions which preclude both the fact and appearance of conflict of interest; Specify the terms of appointment or election of members, officers, and chairperson(s) of committees; Specify the frequency of meetings and attendance requirements; Prohibit board members from being paid members of the staff.	C	
305 The Governing Authority of a Residential Treatment Program shall appoint a qualified administrator.	C	Louis Josephson, CSW, Ph.D. is President and Chief Executive Officer.
306 The Governing Authority is responsible for ensuring the writing of an annual evaluation of the Program Administrator, based on the job description which delineates the responsibilities and authority of the Program Administrator.	C	
307 The Governing Authority is responsible for assuring the Residential Treatment Program's continual compliance and conformity with the following: The program's stated goals and objectives; Relevant laws and/or regulations, whether federal, state, local or municipal, governing the operation of the Residential Treatment Program. This may include, but is not limited to Zoning; Department of Public Safety, Fire Prevention; Department of Health; Interstate and International Placement of Children; The Prison Rape Elimination Act of 2003.	C	
308 The Governing Authority shall ensure: Development and on-going review of program policies and procedures; Development and review of annual budgets to carry out the objectives of the Residential Treatment Program; Any fund raising, community activity, publicity or research involving children/youth is conducted in a manner which respects the dignity and rights of children, youth and their families and complies with all relevant state and federal laws regarding confidentiality.	C	
309 The Governing Authority shall require and review an annual report, written by the administrator of the program which evaluates the program in relation to the program description, with the goal of continuous quality improvement.	C	
310 The annual assessment shall identify indicators that measure the program's ability to deliver the services described in the program description. These indicators may consider (but are not restricted to) the following: The number and circumstances of planned discharges; The number and circumstances of unplanned discharges; Consumer feedback; Provision of adequate supervision as evidenced by all reports of child abuse, sexual contact between children/youth; Grievances heard, resolved and unresolved; Personnel actions taken; Staff turnover; and Employee satisfaction surveys.	C	
COMMENTS: The Brattleboro Retreat is a private, non-profit agency which provides services to children, adolescents and adults. They operate with various contracts for programmatic support. They have a board of trustees with at least 13 members who meet once per month. The Bylaws of the Brattleboro Retreat were amended and restated as of December 15, 2017.		
400 PERSONNEL		
GENERAL		

401 A Residential Treatment Program shall not hire, or continue to employ, any person whose health, behavior, actions or judgment might endanger the physical or emotional well-being of the children/youth served.	C	
402 A Residential Treatment Program shall not hire, or continue to employ, any person substantiated for child abuse or neglect.	C	
403 There shall be a sufficient number of personnel qualified by education, training and experience with sufficient authority to adequately perform the following functions: Administrative; Financial; Supervisory; Clinical; Case Management; Direct child care; Housekeeping; Maintenance; Food service; Maintenance of records.	C	
404 A Residential Treatment Program shall have written job descriptions for all positions within the program, including lines of authority, which are accessible to all employees.	C	
405 A Residential Treatment Program shall ensure that direct child care employees have regularly scheduled hours of work.	C	
406 A Residential Treatment Program shall establish policies governing employee conduct. These policies shall be designed to promote: Good role modeling; Adequate supervision of children/youth; The development of healthy relationships between adults, children/youth.	C	
QUALIFICATIONS		
407 The credentials of the program administrator, directly responsible for the therapeutic milieu within the residential treatment program, regardless of job title will include at minimum: Master's degree in a relevant field and, Four years direct care, including supervisory experience in a residential treatment program or therapeutic setting for children and/or youth. or, Bachelor's degree in a relevant field and, Five years direct care, including two years supervisory experience in a residential treatment program or therapeutic setting for children and youth.	C	Steven Jurentkuff, LICSW
408 The credentials of those providing supervision of direct care staff, regardless of job title will include at minimum: Master's degree in a relevant field and, One year experience providing direct care in residential treatment programs for children/youth. or, Bachelor's degree and, Two years experience providing direct care in residential treatment programs for children/youth. or, High School Diploma or GED and, Four years experience working with children/youth in residential treatment programs.	C	Steven Jurentkuff, LICSW
409 The credentials of those providing direct care for children/youth, regardless of job title will include at minimum: Bachelor's degree and, 21 years of age and, Experience working with children/youth. or, High School Diploma or GED and, 21 years of age and, Two years experience interacting with children/youth. This may include, but is not restricted to camp counselor, coach, babysitting.	C	
410 Individuals providing clinical services for children/youth and families shall have experience working with children/youth and families shall meet current Vermont licensing and certification requirements and professional standards.	C	
HIRING		
411 A Residential Treatment Program shall have written personnel policies and procedures for the hiring, orientation, training, supervision, evaluation, recognition, discipline and termination of employees.	C	
412 Residential Treatment Program shall conduct background checks, upon hire and every three years thereafter, on all employees, board member/trustees, volunteers, student interns, and others who may have unsupervised contact with children/youth in the program. Minimally, the background checks shall include the Vermont Criminal Information Center, Vermont Child Protection Registry and the Adult Abuse Registry.	C	
413 The results of background checks must be received and evaluated by the program administrator prior to the individual being hired and prior to having any unsupervised contact with children/youth. Documentation of completed background checks and administrative review must be maintained and available to licensing upon request.	C	
EMPLOYEE ORIENTATION AND TRAINING		
414 A Residential Treatment Program shall have written policies and procedures for the orientation of new staff to the program. This orientation must occur within the first 30 days of employment and include, but is not limited to: Program description and population served; A tour of the facility; Overall program treatment philosophy and approach; Program philosophy of behavior management; Child/youth grievance process; Basic information about behavior children/youth may exhibit; Identification of early warning signs that indicate child/youth may become disruptive or aggressive and how these observations are to be reported; Professionalism in dealing with children/youth, families, and others; Confidentiality; Program policies and procedure relating to interventions employed by staff to prevent, deescalate, safely manage child/youth acting out behaviors; Roles and expectation of various personnel in preventing and responding to crisis situations; Documentation requirements; Working as part of a team; Policies regarding zero-tolerance for sexual abuse; Procedures for reporting suspected incidents of child abuse and neglect; Policies and procedures regarding runaway children/youth Policies and procedures regarding the acquisition, storage, administration, documentation and disposal of medication; Emergency response procedures; Emergency evacuation procedures; Residential Treatment Program regulations.	C	The Brattleboro Retreat provides new employees with a 3-week long orientation training.

415 During orientation, each employee should be made aware of the plan for his or her particular on-going training and professional development. Plans should be developed between the employee and supervisor, and should be based on their roles and responsibilities in the program.	C	
416 Staff who may work with children/youth shall receive training in the prevention and use of restraint prior to participating in the use of restraint. Staff will be competent in (but not limited to) the following: Relationship building, group processes, restraint prevention, de-escalation methods, avoidance of power struggles, and threshold for use of restraint; The physiological effect of restraint, monitoring physical distress signs and obtaining medical assistance, and positional asphyxia; Legal issues and idiosyncratic conditions that may affect the way children/youth and staff may respond to restraint (e.g., cultural sensitivity, age, gender, developmental delays, history of trauma, symptoms related to substance abuse, health risks, etc.), and; Escape and evasion techniques, time limits, the process for obtaining approval for continued restraints, the procedure to address problematic restraints, documentation, debriefing with children/youth, follow-up with staff, and investigations of injuries and complaints.	C	Staff are trained in CPI during orientation and have annual trainings thereafter.
417 A Residential Treatment Program shall ensure supervisors and those who provide direct care receive on-going training and develop competencies relevant to the population served including (but not limited to): Relationship Building; Listening and communication; Family Engagement; Understanding and analyzing problem behaviors; Trauma informed practices; Positive behavior support; Designing and implementing routines; Setting clear limits; Praising and reinforcing behavior; Early detections of conflict situations; Interventions to minimize potential conflicts; Designing and implementing activity programs; Teaching social and anger management skills; Managing transitions; Managing personal boundaries; Harassment; Conflict resolution; First Aid and emergency medical procedures; Administration of medication and the documentation thereof.	C*	Individual employees keep their own records of competency-based trainings. It is recommended that HR create a system to keep record of these additional trainings.
418 A Residential Treatment Program shall ensure annual training for every employee responsible for direct child care effective de-escalation techniques, appropriate use of restraint, seclusion and expectations regarding the documentation of the use of restraint and seclusion.	C	
EVALUATION		
419 A Residential Treatment Program shall conduct, at minimum, an annual performance evaluation based on performance expectations in the context of each employee's job description and plan for on-going professional development.	C*	Of the selected personnel files, five were missing an annual performance evaluation.
420 The evaluation will identify areas of competence and document targets for growth and development to be reviewed at established intervals.	C	
421 The evaluation will be signed by the employee and his/her immediate supervisor. There must be an opportunity for the employee to express his/her agreement or disagreement with the evaluation in writing. The employee shall be given a copy of his/her evaluation.	C	
PERSONNEL FILES		
422 A Residential Treatment Program shall maintain a personnel file for each employee containing: The application for employment and/or resume; Documentation of reference checks; Employee's starting and termination dates; Applicable professional credentials/certifications; A signed job description, acknowledging receipt; Employee's plan for on-going training and professional development; Documentation of training; All annual performance evaluations; Commendations and disciplinary actions relating to the individual's job performance.	C	
STAFF COMMUNICATIONS		
423 A Residential Treatment Program shall establish procedures to assure adequate communication and support among staff to provide safety, continuity and integration of services to the children/youth. This may include logs, shift notes, minutes of meetings, etc.	C	
VOLUNTEER SERVICES AND STUDENT INTERNS		
424 A Residential Treatment Program may utilize volunteers and student interns to work directly with a particular child/youth or group of children/youth under the supervision of an employee of the program.	C	
425 Volunteers will not provide essential services which would otherwise be unavailable.	C	
426 A Residential Treatment Program shall ensure that the needs and learning experiences of volunteers and student interns do not interfere with the care of children/youth.	C	
427 Volunteers and interns are subject to the same background, character and reference checks as employees.	C	
428 Volunteers shall receive training relevant to the work they will be doing and issues of confidentiality.	C	
429 Student Interns shall receive training relevant to the work they will be doing, including (but not limited to) the training provided employees within the first 30 days of hire. See regulation 415	C	
COMMENTS: 14 out of 55 employee personnel files were reviewed. They were very organized with color-coded sections		

and well-maintained. Three files were missing the updated VT Child Abuse background checks. HR will be notifying RLSI when these are completed. Similarly, five employee files did not have annual performance evaluations completed which results in a C* rating for RTP Regulation 419. HR will notify RLSI when these are completed too. Retreat-wide training such as HIPAA, Blood Borne Pathogens, De-escalation and Physical Restraint training is closely monitored and tracked electronically. However, RTP Regulation 417 is rated with a C* because competency-based trainings are not tracked by HR or the Program Administrator. Individual employees must keep record of the trainings they attend. RLSI recommends that management create a system to document competency trainings for staff.

Staff interviews provided feedback that the onboarding, three-week new employee training is highly geared towards inpatient work. There is a lack of emphasis and specifics for residential work. This information was provided to program administrators who reported that they are in the process of updating and modifying the orientation training to include residential topics and practice.

500 TREATMENT AND CASE MANAGEMENT SERVICES

PROGRAM DESCRIPTION

501 A Residential Treatment Program shall have a written program description, accessible to prospective residents, parents, custodians, placing agencies and the general public upon request.

C

502 The program description shall include: Description of the population served; Criteria for admission; Exclusionary criteria; Description of the milieu; Description of the treatment modalities; Description of the clinical services provided; Description of the educational services provided.

C

CASE RECORDS

503 A Residential Treatment Program shall have written policies and procedures for protection of the confidentiality of all children/youth's records.

C

504 A Residential Treatment Program shall maintain record(s) for each child/youth. The content and format of these records shall be uniform within the program and minimally include: The name of the child/youth; Gender; Date of birth; Date of Admission; Legal custody and custodianship status; Informed consent signed by the parent(s) and custodian to provide emergency medical treatment and for the administration of medication; Contact information for the parent(s), caretakers; Documented acknowledgement from the child/youth, parent(s) and custodian that they have been informed of the program's policies and procedures regarding the use of restraint and seclusion; Informed consent signed by parent(s) and custodian regarding the policies and procedures guiding the use of restraint and seclusion that may occur while the child/youth is in the program; De-escalation intervention plan; Referral and Intake information; Treatment/clinical records; Education records; Cumulative medical records including date and results of last physical and dental examinations; Plan of Care, amendments and reviews; Incident Reports; Discharge Plan; Date of Discharge; and Contact information of the person or program to which the child/youth was discharged.

C*

Incident reports were in various formats and housed in different locations and formats of in the case record. See the comments section below for additional information.

505 When information is in the possession of another person or agency and unavailable to the program, the program shall document attempts to acquire that information.

C

506 A Residential Treatment Program shall establish policies and procedures regarding the retention, storage and disposal of records.

C

REFERRAL/ADMISSION PROCESS

507 A Residential Treatment Program shall accept a child/youth into care only when a current intake evaluation has been completed. The evaluation shall include information and assessments regarding the family, the child/youth's developmental, social, behavioral, psychological, and medical histories, allergies and any special needs.

C

508 A Residential Treatment Program shall accept and serve only those children/youth whose needs can be met by the services provided by the program.

C

509 A Residential Treatment Program shall have written referral and admission policies and procedures.

C

510 A Residential Treatment Program shall ensure that the child/youth, his/her parent(s) and custodian are provided reasonable opportunity to participate in the admission process and decisions, and that due consideration is given to any questions/concerns.

C

511 A Residential Treatment Program shall provide children, youth, families and custodians upon placement a clear and simple written statement that includes: The procedure used to report complaints or grievances, including timelines and accessible reporting formats; Assurance that the complaint may be submitted to someone other than the individual named in the complaint; Assurance that retaliation will not be tolerated; An opportunity for the child, youth, family member, custodian or staff member to present his or her version of events and to present witnesses; A process for informing the complainant of the results; A process for appeal; Contact information for the licensing authority; and Contact information for the State-designated protection and advocacy system.

C

512 A Residential Treatment Program shall ensure that upon placement, each child/youth is asked if he/she has any physical complaints and is checked for obvious signs of illness, fever, rashes, bruises and injury. The results of this interview shall be documented and kept in the child/youth's record.	C	
513 Depending on the age, gender and needs of the child/youth an inventory and/or search of a child/youth's belongings as part of the admission process activity will be conducted by a same gender staff person as the child/youth being admitted and in the child/youth's presence.	C	
514 A Residential Treatment Program shall obtain the written informed consent of a child or youth, their parent(s) and custodian before the child or youth is photographed and/or recorded for research and/or program publicity purposes.	C	
515 A Residential Treatment Program shall assign a staff member to orient the child/youth and his/her parent(s) and custodian, to life at the program; including a verbal review of emergency evacuation procedures, the child/youth's rights and program expectations.	C	
516 A Residential Treatment Program shall make available to each child/youth, parent(s), and custodian, a simply written list of rules and expectations governing children/youth's behavior.	C	
517 The program will inform the child/youth, parent(s) and custodian of the policies and procedures regarding the use of restraint and seclusion. While this orientation will include the following content, the mode of delivery is dependent on the population served. Explanation of de-escalation techniques staff members may employ to defuse the situation in an attempt to avoid the use of restraint or seclusion; Description of situations and criteria for the use of restraint or seclusion; Who is authorized to approve and initiate the use of restraint or seclusion; A description of the restraint techniques authorized for use; A viewing of rooms used for seclusion; The protocol for the monitoring of the child/youth's health and well-being during the restraint, including time frames; The protocol for supervision and monitoring of the child/youth's health and well-being while secluded, including time frames; The decision-making process used by staff for the discontinuation of the use of restraint or seclusion; The internal grievance procedure to report inappropriate use restraint or seclusion; and Contact information for the Licensing Authority.	C	
518 A Residential Treatment Program will obtain written acknowledgement from the child/youth, parent(s) and custodian that they have been informed of the program's policies and procedures regarding the use of restraint and seclusion.	C	
519 A Residential Treatment Program that uses restraint or seclusion shall offer the child/youth, parent(s) and custodian the opportunity to provide information about the child/youth that may help prevent the use of restraint and seclusion.	C	
520 A Residential Treatment Program shall gather and assess the following information to develop an individualized de-escalation plan for each child/youth to avoid the use of restraint and seclusion. The child/youth's history of violence; The child/youth's history of suicidal ideation or attempts; Events that may trigger aggressive or suicidal behavior; Techniques to regain control, self regulate, self-soothe that have been successful in the past; Preexisting medical conditions or physical disabilities that place the child/youth at increased risk of harm, and History of trauma that places the child/youth at increased risk of psychological harm if he/she is restrained or secluded.	C	
PLAN OF CARE		
521 A Residential Treatment Program shall develop a Plan of Care based on the review of the referral information and input from the referral source, the child/youth, parent(s) and custodian within seven days.	C	
522 The Plan of Care shall include: Reason for Admission, Preliminary Goals and Objectives; Services/Interventions to be provided, by whom, and frequency; How progress will be measured; Family contact and level of involvement; Mental Health status; Physical Health status; Social Skills; Family relationships; Recreation/Activities/Interests; Education; Activities of daily living/Independent living skills; De-escalation Intervention Plan; Plan for discharge; Aftercare planning.	C	
523 Plans of Care shall be signed by the administrator of the program (or designee).	C	
524 A Residential Treatment Program shall demonstrate child/youth, parental and custodial participate in the development of the Plan of Care.	C	
525 A Residential Treatment Program shall review and revise the Plan of Care at least once every 90 days and shall evaluate the degree to which the goals have been achieved, identify successful interventions, progress toward discharge planning and recommendations.	C	
526 A Residential Treatment Program shall ensure that the Plan of Care and subsequent revisions are explained to the child/youth, his/her parent(s) and custodian in language understandable to everyone.	C	
527 The current Plan of Care shall be available upon request at the time of discharge.	C	
COMMENTS: Through the case file review, it was positive to see residential progress notes aligning with the information provided to new staff during shift changes. Case file reviews demonstrated various pieces of information being kept in the physical file in the residences (ie. Sleeping and medication information), educational documentation housed in the school location, and psychosocial and discharge aftercare planning information is maintained electronically.		

One issue was addressed with program administration concerning the use of incident reports and maintaining them in records. Regulation 504 was rated as a C* to note the need to have a uniform incident reporting procedure and a policy to determine where this documentation should be kept in the resident files. Currently there are different forms to use and incident reports are kept in the program administrator's office.

600 RESIDENTIAL LIFE

SUPERVISION

601 A Residential Treatment Program shall provide adequate supervision appropriate to the treatment and developmental needs of children/youth.

C

602 A Residential Treatment Program shall ensure that each child/youth has ready access to a responsible staff member throughout the night.

C

603 A Residential Treatment Program shall provide adequate overnight supervision consistent with the needs of the children/youth.

C

FAMILY INVOLVEMENT

604 A Residential Treatment Program shall make every possible effort to facilitate opportunities for children/youth to communicate with parent(s), siblings, and custodian to foster permanent relationships with family, in accordance with the Plan of Care.

C

605 Alternative visiting hours shall be provided for families who are unable to visit at the prescribed times, consistent with the Plan of Care.

C

606 A Residential Treatment Program shall not use family contact as an incentive to elicit desired behavior; likewise family contact shall not be withheld as a consequence for misbehavior.

C

607 A Residential Treatment Program shall have written procedures for overnight visits outside the program which includes; The child/youth's location; Length of stay; Plan for transportation; Plan for conveying medication; Discussion of medication regime; Recommendations for supervision; Name, address and contact information for person responsible for the child/youth while they are away from the program; Relationship to the person responsible for the child/youth; Plan for the unforeseen return of the child/youth, and Documentation of above activities.

C

608 A Residential Treatment Program shall not place a child/youth in a foster home unless the Residential Treatment Program is also a licensed Child Placing Agency.

C

EDUCATION

609 A Residential Treatment Program shall ensure that every child/youth is provided an appropriate educational program in accordance with state law and approved by the Vermont Department of Education.

C

DAILY ROUTINE

610 A Residential Treatment Program shall follow a written daily routine, including weekends and vacations.

C

611 Daily routines shall not conflict with the implementation of a child/youth's Plan of Care.

C

COMMUNICATION AND PRIVACY

612 A Residential Treatment Program shall permit children/youth to send and receive mail, make telephone calls and e-mail, consistent with the Plan of Care.

C

613 Program staff shall read a child/youth's mail and e-mail or listen in on telephone conversations only with the child/youth's full knowledge and understanding of the reasons for this action, consistent with the Plan of Care.

C

614 A Residential Treatment Program shall not bar contact between a child/youth and their parent(s), custodian, attorney, guardian ad litem, clergy and State-designated protection and advocacy system.

C

615 When the right of a child/youth to communicate in any manner with any person outside the program must be curtailed, or monitored a residential program shall: Document the decision, including who was involved in the decision-making process, reasons for limitations of his/her right to communicate with the specified individual(s); Inform the child/youth of the decision making process; Review this decision minimally at each review of the Plan of Care.

C

MONEY/FINES

616 A Residential Treatment Program shall permit children/youth to access his/her own money consistent with his/her Plan of Care.

C

617 Fines shall not be levied except in accordance with a written Program Description which includes a description of how revenues from fines are used for the benefit of the children/youth residing in the program.

C

CHORES

618 The Residential Treatment Program may assign chores that provide for the development of life skills and not used as punishment.

C

619 Children/youth participation in chores shall not be a substitute for housekeeping and maintenance staff.

C

RELIGION

620 A Residential Treatment Program with religious affiliation(s) or expectations for participation shall include such information in the program description.	C	
621 A Residential Treatment Program shall make every effort to accommodate a child/youth's desire to attend and/or participate in religious activities and services in accordance with his/her own faith.	C	
PERSONAL BELONGINGS		
622 A Residential Treatment Program shall ensure that children/youth have his/her own adequate, clean, and appropriate clothing.	C	
623 A Residential Treatment Program shall allow children/youth to bring his/her personal belongings to the program e.g. comfort items, memorabilia.	C	
624 Limitations on the quantity of personal items shall be discussed during the referral/admission process.	C	
625 Provisions shall be made for the protection of children/youth's personal property.	C	
626 Any search of a child/youth's personal belongings for contraband deemed necessary for the safety of the child/youth or others within the program will be conducted in the presence of the child/youth, by same gender staff as the child/youth unless contraindicated and documented.	C	
PERSONAL CARE AND HYGIENE		
627 A Residential Treatment Program shall ensure children/youth receive guidance in healthy personal care and hygiene habits.	C	
FOOD SERVICES		
628 A Residential Treatment Program shall ensure that a child/youth are provided at least three nutritional meals, available daily at regular times.	C	
629 There shall be no more than 14 hours between the evening meal and breakfast, unless nutritional snacks are offered during the evening.	C	
630 No child/youth in a Residential Treatment Program shall be denied a meal for any reason, except by a documented doctor's order.	C	
631 No child/youth shall be required to eat anything they do not want to eat, nor there be consequences for food preferences.	C	
632 Special dietary needs shall be discussed during the referral/intake process and the Residential Treatment Program shall make healthy accommodations for children/youth with special dietary needs.	C	
MEDICAL CARE		
633 A Residential Treatment Program shall ensure a routine physical examination by a medical practitioner for each child/youth within 30 days of admission unless the child/youth received such an examination within 12 months prior to admission.	C	
634 A Residential Treatment Program shall have written procedures for staff members to follow in case of medical emergencies, including the administration of first aid.	C	
635 A Residential Treatment Program must ensure that children/youth receive timely, competent routine and emergency medical care when they are ill or injured and that they continue to receive necessary follow-up medical care with parent(s) and custodians' consent.	C	
636 A Residential Treatment Program shall maintain a cumulative record of medical care. This record shall include: The name of the resident; The reason for the visit; Name and contact information for the provider; Results of examination, tests and recommendations; Medication(s) prescribed; The time and date the medication is administered.	C	
DENTAL CARE		
637 A Residential Treatment Program shall make reasonable effort to ensure each child/youth has had a dental examination by a dentist within 30 days of the child/youth's admission unless the child/youth has been examined within 6 months prior to admission and the program.	C	
638 Residential Treatment Program shall make reasonable effort to ensure children/youth receive timely, competent routine and emergency dental care and that they continue to receive necessary follow-up dental care.	C	
ADMINISTRATION OF MEDICATION		
639 A Residential Treatment Program shall have written policies and procedures governing the use and administration of medication to children/youth.	C	
640 Policies and procedures governing the use and administration of medication shall be disseminated to all staff responsible for prescribing and administering medication.	C	
641 These policies shall specify who can administer medication, under what circumstances and procedures for documenting the administration of medication.	C	
642 A Residential Treatment Program shall ascertain all medication a child/youth is taking when coming into care and obtain parental and custodial consent for the administration of medication and any changes in medication(s).	C	
643 Medication will be administered as prescribed by a licensed practitioner.	C	
644 Medication errors shall be documented on an incident report.	C	
PETS		

645 A Residential Treatment Program shall have written policies and procedures address the presence and supervision of pets in the program.	C	There are no pets at LRTCA.
646 A Residential Treatment Program will ensure that the presence of any pet does not have an adverse effect on any child/youth residing in the program, for example allergies or fear.	C	
647 A Residential Treatment Program will maintain a separate record on each pet that includes: Identifying information; Owner(s) contact information; Record of vaccinations; Record of registration; Statement of good health from a Veterinarian; Veterinarian's contact information and; Incidents involving the pet, for example if the pet is abused by a child/youth, or if the pet bites a child/youth or staff member.	C	
BEHAVIOR MANAGEMENT		
648 A Residential Treatment Program shall prohibit all cruel, severe, unusual or unnecessary practices including, but not limited to: Strip searches; Body cavity searches; Restraints that impede a child/youth's ability to breathe or communicate; Chemical restraint; Mechanical restraint; Pain inducement to obtain compliance; Hyperextension of joints; Peer restraints; Locked buildings, rooms, closets, boxes, recreation areas or other structures from which a child/youth can not readily exit; Discipline or punishment which is intended to frighten or humiliate a child/youth; Requiring or forcing a child/youth to take an uncomfortable position, such as squatting or bending, or requiring or forcing the child/youth to repeat physical movements; Spanking, hitting, shaking, or otherwise engaging in aggressive physical contact (horseplay) with a child/youth; Physical exercises such as running laps or performing push-ups; Excessive denial of on-grounds program services or denial of any essential program services; Depriving a child/youth of meals, water, rest, or opportunity for toileting; Denial of shelter, clothing, or bedding; Withholding of personal interaction, emotional response or stimulation; Exclusion of the child/youth from entry to the residence; Any act defined as abuse or neglect by 33 V.S.A., Chapter 28, §4912.	C	
649 A Residential Treatment Program shall ensure that behavior management is not delegated to persons who are not known to the child/youth.	C	
PHYSICAL RESTRAINT		
650 A Residential Treatment Program shall not use any form of restraint without prior approval of the Licensing Authority.	C	CPI is used.
651 Restraint shall be used only to ensure that immediate safety of the child/youth or others when no less restrictive intervention has been, or is likely to be, effective in averting danger. Restraint shall be used only as a last resort.	C	
652 Any restraint lasting more than 10 minutes requires supervisory consultation, approval and oversight.	C	
653 Any restraint lasting more that 30 minutes requires clinical/administrative consultation, approval and oversight.	C	
654 Restraint shall never be used for coercion, retaliation, humiliation, as a threat of punishment or a form of discipline, in lieu of adequate staffing, for staff convenience, or for property damage not involving imminent danger.	C	
655 A Residential Treatment Program shall develop and implement written policies and procedure that govern the circumstances in which restraint is used. These policies and procedures shall contain and address the following: The threshold for initiating restraint; Forms of restraint that are permitted; Staff members authorized and qualified to order or apply restraint; Procedures for monitoring the child/youth placed in restraint for signs of discomfort and medical issues; Time limitations on the use of restraint; The immediate and continuous review of the decision to restrain; Documentation of the use of restraint; Record keeping of incidents of restraint; Debriefing with the child/youth; Debriefing with all witnesses; Debriefing staff; Notification of parent(s) and custodian; and Administrative review of all restraints.	C	
656 Incidents of restraint shall be reported to the parent(s) and the person legally responsible for the child/youth as soon as possible, and not later than 24 hours.	C	
657 Incidents of restraint which result in injury to a child/youth or staff member, requiring medical attention shall be reported in writing to the Licensing Authority as soon as possible, and not later than 24 hours.	C	
SECLUSION		
658 A Residential Treatment Program shall not use any form of seclusion without prior approval of the Licensing Authority.	C	The program does not use seclusion.
659 Seclusion shall be used only to ensure that immediate safety of the child/youth or others when no less restrictive intervention has been, or is likely to be, effective in averting danger.	C	
660 Children/youth in seclusion will be provided constant, uninterrupted supervision by qualified staff, employed by the program and familiar to the child/youth.	C	
661 Seclusion lasting more than 10 minutes requires supervisory approval and oversight.	C	
662 Seclusion lasting more that 30 minutes requires clinical/administrative consultation, approval and oversight.	C	
663 Seclusion shall never be use for coercion, retaliation, humiliation, as a threat of punishment or a form of discipline, in lieu of adequate staffing, or for staff convenience.	C	

664 A Residential Treatment Program shall develop and implement a written policies and procedures that govern the circumstances in which seclusion is used. These policies and procedures shall contain and address the following: Circumstances under which seclusion may be used; Staff members authorized to approve the use of seclusion; Procedures for monitoring children/youth in seclusion; Time limitations on the use of seclusion; The immediate and continuous review of the decision to use seclusion; Documentation of the use of seclusion; Record keeping of incidents of seclusion; Debriefing with the child/youth; Debriefing with all witnesses; Debriefing staff; Notification of parent(s) and custodian; and Administrative review of all restraints and follow up actions taken.	C	
665 Incidents of seclusion shall be reported to the parent(s) and person legally responsible for the child/youth as soon as possible, and not later than within 24 hours.	C	
666 Incidents of seclusion which result in injury to a child/youth or staff member, requiring medical attention shall be reported in writing to the Licensing Authority as soon as possible, and not later than within 24 hours.	C	
DOCUMENTATION		
667 Each incident of restraint and seclusion shall be documented separately by staff members directly involved in the intervention as soon as possible, not later than 24 hours.	C	
668 This incident report written by the staff members shall include: Name, age, height, weight, gender and race of the child/youth; Date, beginning and ending time of occurrence; A description of what happened; including what activity the child/youth was engaged in prior to the escalation, the precipitating events; Description of de-escalation and less intrusive methods of intervention used and reasons for their use; Supervisory, clinical and/or administrative notification and approval; Staff involved, including full names, titles, relationship to the child/youth and if a restraint, date of most recent formal de-escalation and restraint training; Witnesses to the precipitating incident and subsequent restraint or seclusion; Preventative actions that may be taken in the future; Name of person making the report; Detailed description of any injury to the child/youth; Detailed description of any injury to staff members; Any action taken by the program as a result of any injury.	C	
669 Incident Reports shall be reviewed and signed by the supervisor/administrator within 8 hours. Documentation of the administrative review must include follow up actions which may include: Debriefing with child/youth; Debriefing with witnesses; Debriefing with staff; Medical needs; Identified need for additional training; or Personnel action (if warranted).	C	
RESTRAINT AND SECLUSION MONITORING		
670 A Residential Treatment Program will establish documentation and monitoring systems, enabling all incidents of restraint and seclusion to receive administrative review. The data and management systems will have the potential to monitor staff, individual, and critical programmatic involvement in incidents. The program shall track the following: Shift; Location; Day of the week; Time of day/night Incident antecedents; Length child/youth was held in restraint or seclusion; Type of restraint or seclusion; Age; Gender; Ethnicity; Number of incidents per child/youth; Staff members involved; Child/youth injuries requiring medical attention; and Staff injuries requiring medical attention.	C	
<p>COMMENTS: LRTCA maintains a 2:5 staff to child ratio. This can be extended to a 2:6 ratio with a variance. They have one awake overnight. Residents are educated at the on-campus Meadows School for the first four hours of the day. There is nursing staff available 24/7. The program uses CPI as a restraint modality. Resident and staff interviews both identified a decrease in the use of restraints which was attributed to a low census but a change in milieu as well.</p> <p>Director, Steve Jurentkuff is identified as the point person for normalcy decisions. Residents noted normalcy activities like going to the store or movies during their stay at LRTCA. Additionally, Mr. Jurentkuff is open to feedback from residents about normalcy topics like the dress code. One resident was able to work with the Director to change the dress code. It was also noted that the program has changed their level system. There is no more use of Level I or Level II, etc. Residents are now either on or off level. Staff and residents provided positive feedback to RLSI about this change.</p>		
700 PHYSICAL ENVIRONMENT AND SAFETY		
GENERAL		
701 A Residential Treatment Program, including all structures and property shall be constructed, furnished, equipped, used and maintained so that the privacy, safety, health and physical comfort of all children/youth are ensured and in compliance with federal, state, local and municipal regulations.	C	
702 A Residential Treatment Program shall pass and maintain documentation of an annual inspection of all buildings utilized by the program by an independent, qualified fire safety inspector.	C	Vermont Department of Public Safety Division of Fire Safety conducted a fire inspection to all three Linden houses on 10/24/18.
703 A Residential Treatment Program shall have a designated space to allow private	C	

discussions and counseling sessions between individual children/youth and their family members, visitors and staff.		
704 First Aid supplies shall be accessible in each living unit of a Residential Treatment Program.	C	
705 A Residential Treatment Program shall keep medication, cleaning supplies and other potentially harmful materials securely locked. Keys to such storage spaces shall be available only to authorized employees.	C	
706 A Residential Treatment Program shall ensure that there are sufficient and appropriate storage facilities.	C	
707 Each separate living unit within a Residential Treatment Program shall have 24-hour telephone service.	C	
708 A Residential Treatment Program shall not permit any firearm or chemical weapon on the property, including program and employee vehicles.	C	
709 A Residential Treatment Program shall ensure that children/youth are not exposed to second hand smoke in the facility, on the property or in program vehicles used to transport children/youth.	C	
710 Facility and staff vehicles shall be locked while on the property.	C	
711 A responsible adult will provide continuous and uninterrupted supervision when children/youth are swimming or otherwise engaged in water sports/activities.	C	
712 On-ground pools shall be enclosed and regularly tested to ensure that the pool is free of contamination.	C	
713 A Residential Treatment Program shall have written procedures for employees and children/youth to follow in case of emergency or disaster.	C	
714 A Residential Treatment Program shall conduct actual or simulated evacuation drills at least monthly and varied by shift. A record of such emergency drills shall be maintained including the date and time of the drill and whether evacuation was actual or simulated. All personnel in the building shall participate in emergency drills. The Residential Treatment Program shall make and document special provisions for the evacuation of any developmentally or physically disabled children/youth from the program.	C	
715 A Residential Treatment Program shall ensure that children/youth are properly secured and adequately supervised in any vehicle used by the program to transport children/youth.	C	
716 A Residential Treatment Program shall maintain, update and share with parent(s), custodians and the Licensing Authority the contact information of a specific individual to contact in the event of the emergency evacuation of children/youth.	C	
SLEEPING AREAS		
717 A Residential Treatment Program shall ensure that all sleeping areas used by children/youth are of sufficient size to allow for a bed and to afford space for dressing and quiet activities.	C	
718 No child/youth's bedroom shall be stripped of its contents and used for seclusion.	C	
719 A Residential Treatment Program shall ensure that no room without a window shall be used as a bedroom.	C	
720 A Residential Treatment Program shall not permit more than four children/youth to occupy a designated sleeping area or bedroom space.	C	
721 A Residential Treatment Program will assign roommates taking into account gender, age, developmental and treatment needs.	C	
722 Each child/youth residing in a Residential Treatment Program shall have his/her own bed.	C	
723 A Residential Treatment Program shall ensure that there is sufficient space between a mattress and another mattress (bunk bed) or ceiling for each occupant to sit up comfortably in bed.	C	
724 A Residential Treatment Program shall provide each child/youth with his/her own dresser or other adequate storage space in his/her bedroom unless there is a documented safety concern.	C	
725 The use of open flames shall not be allowed in sleeping areas of a Residential Treatment Program.	C	
TOILET, SHOWER AND BATHING FACILITIES		
726 A Residential Treatment Program shall have available to children/youth a minimum of one wash basin with hot and cold water, one flush toilet and one bath or shower with hot and cold water for every six children/youth.	C	
727 A Residential Treatment Program shall provide toilets and baths or showers which allow for individual privacy unless a child/youth requires assistance.	C	
728 A Residential Treatment Program shall have bathrooms with doors which can be opened from both sides.	C	
729 A Residential Treatment Program serving a co-ed population shall ensure private toileting, shower and bathing facilities.	C	
KITCHEN/DINING AREA		
730 A Residential Treatment Program shall have a sufficiently well-equipped kitchen to prepare meals for the children, youth and employees.	C	
731 A Residential Treatment Program shall be arranged and equipped so children, youth and employees can have their meals together.	C	

LIVING ROOM		
732 A Residential Treatment Program shall have a living room/common area where children/youth may gather for reading, study, relaxation, conversation and entertainment.	C	
SECLUSION ROOMS		
733 A Residential Treatment Program shall ensure all rooms used for seclusion meet all applicable state and local fire and safety codes.	C	
734 A Residential Treatment Program shall ensure all rooms used for seclusion are safe, clean, and well-maintained.	C	
735 A Residential Treatment Program shall ensure all rooms used for seclusion have adequate light, ventilation and maintain an appropriate room temperature.	C	
736 A Residential Treatment Program shall ensure all rooms used for seclusion are designed for continuous supervision.	C	
EMPLOYEE SPACE		
737 A Residential Treatment Program utilizing live-in employees shall provide adequate and separate living space for these employees.	C	
738 A Residential Treatment Program shall provide office space which is distinct from children/youth's living areas.	C	
<p>COMMENTS: LRTCA is located on Linden Street of the Brattleboro Retreat Campus. It has three separate houses (232 Linden; 244 Linden; 256 Linden) that each hold a portion of the 15 residents the program is licensed for. Currently, the program has had a lower census and youth have been moved into two of the three houses. This has provided opportunities to do some renovations to the buildings, including refinishing floors. The residents must walk down a somewhat busy street with sidewalks to make it to school and other programming.</p> <p>The houses have single rooms upstairs. There is community space downstairs with staff offices, living room, and kitchen areas. There are delayed locks on the doors and sprinkler systems throughout the buildings.</p>		

COMMENTS:

Residential Treatment Program Regulation 417 is found in compliance with reservations because competency-based trainings are not tracked by HR or the Program Administrator. Individual employees must keep record of the trainings they attend. RLSI recommends that management create a system to document competency trainings for staff.

Residential Treatment Program Regulation 419 is found in compliance with reservation because five of the fourteen personnel files reviewed were missing annual performance evaluations.

Residential Treatment Program Regulation 504 is found in compliance with reservations due to the need to create a consistent policy and procedure to document and save incident reports. There are redundant forms housed in various locations across departments. Some incident reports were lacking the required information or were completely missing.

LICENSING RECOMMENDATION:

We recommend that the Brattleboro Retreat Linden Residential Treatment Center for Adolescents be granted a license as a Residential Treatment Program for a total of 15 children/youth, male and female, 11 - 18 years of age.

This license is effective: December 1, 2018

This license will expire: November 30, 2020




Lauren Higbee, MSW
Residential Licensing & Special Investigations

Approved by:



Brenda Dawson, MSW, SSW
Residential Licensing & Special Investigations



Jennifer Benedict, Director
Residential Licensing & Special Investigations

State of Vermont
AGENCY OF HUMAN SERVICES
DEPARTMENT FOR CHILDREN & FAMILIES

License to Operate a Residential Treatment Program

Granted to

Brattleboro Retreat
Linden Residential Treatment Center for Adolescents
1 Anna Marsh Lane
Brattleboro, VT 05301

pursuant to the provisions of 33 V.S.A. § 151.

TERMS OF THE LICENSE

MAXIMUM NUMBER OF CHILDREN: *12 youth, all genders, 11 – up to 18 years of age*

CONDITIONS: *None*

This license is granted in consideration of the application thereof, and said application and all statements, information, answers, promises and agreements therein contained are hereby referred to and made a part hereof.



Commissioner, Sean Brown

Effective: *July 7, 2020*

EXPIRES: *November 30, 2020*

UNLESS SOONER REVOKED OR SUSPENDED



**State of Vermont
Department for Children and Families
Family Services Division**

280 State Drive
HC 1 North
Waterbury, VT 05671-1030
www.dcf.vermont.gov
November 19, 2020

Agency of Human Services

Louis Josephson, CEO
Jessica Shepley, Director of Residential Programs
P.O. Box 803
Brattleboro, VT 05302

Dear Mr. Josephson & Ms. Shepley,

This letter is to confirm that, under Vermont law, (Chapter 25: Administrative Procedure, 3 V.S.A. § 814. Licenses) the license for Brattleboro Retreat's Linden Adolescent Treatment Center to operate a Residential Treatment Program in the State of Vermont continues to be in effect until we act on the application for renewal of that license, complete the renewal process, and issue a new license.

3 V.S.A. § 814

b) When a licensee has made timely and sufficient application for the renewal of a license or a new license with reference to any activity of a continuing nature, the exiting license does not expire until the application has been finally determined by the agency, and, in case the application is denied or the terms of the new license limited, until the last day for seeking review of the agency order or a later date fixed by order of the reviewing court.

The current license expires November 30, 2020. The application for renewal was received October 22, 2020. This letter is intended to notify you that your Residential Treatment Program license is in good standing.

If you have questions, please contact me at (802) 585 - 0947.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lauren Higbee".

Lauren Higbee, MSW
Residential Licensing & Special Investigations

C: File

