

Pearl Street Center

815 South Pearl Street
Tacoma, WA 98465

Parent Handbook

Psychiatrist:	<u>Dr. Stephen Schilt</u>	Phone:	<u>253-396-5935</u>
Program Director:	<u>April Stallings</u>	Phone:	<u>253-396-5865</u>
Program Manager:	<u>Melissa Olson, M.Ed., LMHC</u>	Phone:	<u>253-606-5552</u>
Clinical Case Managers:	<u>Drew Pierce-Street, BA</u> <u>Carmelo Pascal, AA</u>	Phone:	<u>253-237-4142</u> <u>253-278-7192</u>
Therapists:	<u>Dr. Dan Paden</u> <u>Katie Ladenburg, LICSW</u>	Phone:	<u>541-604-2380</u> <u>253-254-6282</u>
Nursing Supervisor:	<u>Marsha White-Wofford, LPN</u>	Phone:	<u>253-396-5935</u>
Parent Advocate:	<u>Lucy Blucher, CPC</u>	Phone:	<u>253-606-5021</u>

Best Times to Call Your Child

(In case of emergency, call anytime)

Monday- Friday (School Year)	7pm - 9pm
Weekends & Summer	10am - 12pm, 6pm - 9pm
Phone	253-396-5937

Visiting and Day Passes/Home Visits

Visitation, both in-house and out of building, is an important part of treatment at Pearl Street Center and must be arranged in advance with the case manager to ensure your child is present, available, and prepared upon your arrival. We ask that in-house visits and day passes conclude before 8:00pm and that residents are returned from home visits prior to 8:00pm on their scheduled return day. All visitors must be approved prior to coming to PSC and must sign an Oath of Confidentiality before entering the building. Visitation paperwork will be completed with staff on site.

Outside food and non-service animals are not allowed in the building. However, we encourage residents and families to maintain safety and engagement in treatment in order to practice the skills they've learned in treatment in their home/community and therefore have access to food of their choice and animals/pets.

Pearl Street Center is a positive learning place for youth, families, staff and communities.

Pearl Street Center [Comprehensive Life Resources] is a 13-bed Children's Long-term Inpatient Treatment Program (CLIP) for youth with psychological, emotional and behavioral challenges. Pearl opened in 1985 and has provided services for 20-25 children annually, ages 12-17, with most youth staying up to six to twelve months. The primary goals of the program are to:

- ✚ Stabilize in a safe, secure and highly structured living environment
- ✚ Learn and practice skills in flexibility, frustration tolerance, and problem solving to promote recovery and healthy life skills
- ✚ Identify, create, and maintain healthy relationships
- ✚ Reintegrate back into a community setting, as quickly as possible

Note 1: While the content and methods of the various therapy and medical services are highly individualized to meet each child's needs, the residential program functions in support of both individual and group treatment. "Special requests" may appear to be minor, but as they may be difficult to implement consistently by all team members they can become the source of tension between Parents and staff. It is for this reason that such requests may not be approved for implementation.

Note 2: Due to the level of needs and the range of behaviors of individual residents, we cannot guarantee the milieu will always be calm. At times this intensive treatment environment may be temporarily disrupted by one or more Youths' behaviors and might be quite challenging for other Residents. During these periods, please know that staff will prioritize security and will support the use of coping and personal care skills for all Residents.

Resident Daily Schedule:

- ✚ The daily schedule can be provided to parents/guardians at admission or at the first visit to Pearl and is subject to change depending on the program's needs
- ✚ Each residents' schedule is designed to prioritize the basic elements of the therapeutic milieu:
 1. Structured, predictable and therapeutically valuable programming
 2. Weekly individual and family therapy
 3. Formal therapeutic group, educational and recreational activities
 4. Self-initiated opportunities for individual or socialization activities
 5. Consistent supportive counsel, reinforcement and redirection by residential staff
- ✚ An important and unique component of residential treatment is the opportunity to practice and increase mastery of skills all throughout the day. Therefore, each residents' schedule may be adjusted based on their individualized treatment plan.

Families are strongly encouraged to actively participate in the process of creating and reviewing individualized treatment plans and discharge planning. Plans are based on the strengths and needs of the youth, their family, and the community. Monthly team meetings are scheduled to coordinate care with the youth, family, PSC multidisciplinary team, and community team members in order to facilitate a successful transition to the home community.

Day programming is primarily oriented toward educational services and most residents are enrolled in the Pearl Street School at admission which is located on site (through Tacoma Public School District). The team will work with the school, family, youth, and community regarding necessary educational plans as appropriate.

The primary treatment modality at Pearl Street Center is the environment itself. **“Milieu Therapy”** utilizes the environment or social system within a group to significantly impact and shape behavior. The environment, or milieu, is viewed as a powerful therapeutic tool used to manage and change lives. By constructing a milieu that acknowledges and responds to psychological and emotional needs, an important opportunity for therapeutic education or re-education is created. At PSC, day-to-day events and processes, such as eating, sleeping, recreation, and social interaction, are used as the main background against which treatment and learning are accomplished. Fundamental to milieu therapy is the establishment of a safe and predictable environment in which norms for acceptable behavior can be modeled and encouraged. Family involvement is imperative to practice and reinforce skills learned in treatment.

Other services provided as part of each youth’s treatment program include family, individual and group therapies, educational and vocational development, substance use treatment, recreation therapy, independent living skills, health skills, and social skills. Treatment approaches are flexible, varied and innovative, with a focus placed on positive growth.

ADMISSION TO PEARL STREET CENTER

The CLIP Administration, Pearl Street Center, family, youth, and community team members will participate in a pre-admission meeting and PSC can facilitate a visit to the center. During the pre-admission, admission, and/or tour, staff will show you and your child around the building, explain the program to you, and answer any questions you may have. Before admission or on the day of admission please send or bring the following information:

- Copy of Birth Certificate, Social Security Card, & picture ID card if you have one
- Copy of Provider One card (if applicable)
- Private medical/dental insurance card (if applicable)
- Dependency Papers (if applicable)
- Parenting Plan (if applicable)
- Immunizations for school enrollment
- List of most current medications and a doctor’s medication order (if being admitted from home)
- Current copy of IEP (if applicable) and immunizations for school enrollment

During the admission process, the PSC case manager will review and explain the Consents for Treatment and other necessary forms which require signatures. Belongings will be inventoried and your child will move into his or her room, meet staff and other residents, and be encouraged to join milieu activities as soon as possible. During the initial 72-hour orientation period, (no activities outside of the building), your child will become acquainted with people, expectations and routines and work on the Resident Entry Packet which may ease the orientation process.

WHILE YOUR CHILD IS AT PSC

Assessments are completed within various time frames including a physical exam, nursing assessment, psychiatric evaluation, recreation assessment, nutrition assessment and others as appropriate. During the first two weeks, an individualized master treatment plan and Crisis Plan are developed with input from you and your child. Nursing staff will coordinate with you and your child regarding their medical care, medication management, and will schedule necessary medical, dental, and vision appointments.

Your child will be provided with regular feedback regarding his or her needs, be assisted in changing behaviors, learn new skills for coping and maintaining positive behavior, and be given the chance to practice these new skills in a safe environment.

SOME GUIDELINES

Safety is an important concern at Pearl Street Center. In order to provide a safe environment, we expect residents to follow certain established rules and expectations, which are explained at admission and posted on the milieu. To help maintain safety we have developed a list of items to bring as well as those to leave at home. While we want residents to personalize their rooms, the rooms are small and storage space at PSC is very limited. We request that you follow the lists provided below. If you are unsure about a particular item, please call and ask.

IMPORTANT ITEMS YOUR CHILD WILL NEED AND SHOULD BRING

- Clothing – enough for 3-5 days as well as extra socks and underwear
- Clothing for exercise - shorts, t-shirt
- Comb, brush, and toothbrush
- Pajamas or nightgowns
- Shoes – including tennis shoes for recreation/gym
- Jacket for outdoors
- Shower shoes/flip-flops for wearing in the shower
- Swim suit – one-piece

OPTIONAL ITEMS YOUR CHILD MAY BRING

- Aftershave lotion (not in glass container)
- Alarm clock
- Art supplies (no sharp items or glue)
- Books
- Curling iron/straightener/hair dryer
- Electric razor
- Favorite stuffed animal
- Bedding (PSC can also provide bedding)
- Make-up (not in glass container)
- Pictures (no glass)
- Posters (appropriate)
- Radio
- Stationary
- CD Player
- Any non-internet based handheld games/MP3 players

For safety reasons, some resident belongings (aftershave, make-up, etc.) may be stored in the secure hygiene cabinet and given to your child when needed.

ITEMS NOT TO BRING TO PSC

(will be sent home or stored at PSC until discharge)

- Aerosol cans (deodorant, hairspray, etc.)
- Belts with studs
- Clothing which has been written on or is provocative
- Cigarettes (including e-cigarettes), lighters, matches
- Clothing, posters, or other items that are sexually explicit or depict violence, profanity, drugs/alcohol, gang affiliation
- Cell phones, cameras, computers, tablets, other internet capable devices
- Extra clothing (other than that listed above)
- Glass items or other breakable items
- Gum, food, snacks, drinks
- Hardballs
- Heavy boots or shoes
- Items of great sentimental value
- Medications of any kind
- Money over \$40
- Mouthwash
- Nail files/clippers, artificial nails, tweezers
- Nail polish or polish remover
- Paperclips, staplers or staples (magazines with staples)
- Pencil sharpeners
- Perfume or cologne in glass container
- Pets
- Permanent marking pens (gel pens are okay)
- Pins of any kind (jewelry, safety or straight)
- Plants (until level 4)
- Sharp items, including scissors, knives, razors for shaving (other than electric razors), etc.
- Spiral notebooks
- Tools
- Valuable items (jewelry, etc.)
- Videos/DVDs (purchased or taped at home)

OTHER POINTS OF INTEREST

Food/Special Diets:

- ✦ Menus are planned in compliance with USDA regulations and in consultation with our dietician and physician
- ✦ Nutritional needs assessment completed by dietician for each resident after admission
- ✦ Group session on dietary health each month, led by dietician
- ✦ Vegetarian/vegan options are made available for youth who have chosen this lifestyle prior to admission, if approved by dietician and physician
- ✦ Parent request for accommodation of dietary restrictions for food allergies or medical conditions must include documentation of the condition and needs by youth's physician. The accommodation requires approval by our dietician and physician
- ✦ No food is allowed in youths' bedroom
- ✦ Perishable foods provided by family will not be stored, prepared or served by Pearl staff
- ✦ Prepared snacks brought in by resident or family may be provided only after approved by case manager
- ✦ Requested "favorite" foods may be planned into Pearl meal or snack, if practical and in accord with USDA guidelines

Support of Religious Practice:

- ✦ Each Resident's religious beliefs will be respectfully supported by Pearl staff
- ✦ Religious/spiritual expression or practice may not interfere with any other resident's rights, contribute to disruption of the milieu or convey negativity or disrespect toward other persons
- ✦ Parents may work with case managers to arrange visitation/pass schedule to allow for accompanying their child to religious gatherings or meetings
- ✦ Youth placed by voluntary agreement who are on Level 4 may attend religious meetings independently, with parental consent, if parent(s) arrange for approved transportation
- ✦ Pearl staff will not accompany residents or arrange transportation to religious meetings

Medication Management:

- ✦ In all cases, medications are administered by nursing staff and in accord with accepted nursing practice and regulations
- ✦ Parents are notified of child refusing to take prescribed medication after not more than three incidents of refusal

Pearl Street School

- ✦ All Pearl Residents attend the Pearl Street School
- ✦ While this school is conveniently located on-site, it is operated by Tacoma Public School
- ✦ Pearl partners with the school closely, providing daily liaison regarding status of each youth
- ✦ While staff from PSC and the school work closely in the interest of each youth, academic services are not provided by Pearl Street Center

Notifications:

- ✦ Parents will be notified of incidents or conditions involving danger to their child or that include use of emergency services (i.e. attempted or actual runaway, assault, serious property destruction, non-routine off site medical care, arrest)
- ✦ Police may be called to Pearl to ensure safety of persons on premises, to report runaway or to report criminal behavior
- ✦ Incidents or circumstances involving Residents are reported to other public entities in accordance with requirements (including Department of Health, Department of Behavioral Health and Recovery, Children's Long-term In-Patient Administration, Behavioral Health Organization/Managed Care Organization, etc.)

Progress Report to Parent(s)

- ✦ Parents will receive weekly report from a representative of their child's team providing update on participation in program, peer relations, staff relations, needs and progress in treatment
 - ✦ Reporting method (telephone or email) and schedule may be negotiated to best meet parent preference if case manager or residential supervisor is made aware. Otherwise contact will be initiated at staff convenience and a schedule can be negotiated at that time
- Child and Family Team meetings are conducted each month

Parent/Family Involvement:

- ✦ Progress occurs faster and change is more lasting when parents participate in their child's treatment. It is your responsibility to contact the case manager to schedule visits. The case manager will notify the family of meetings.

Family Counts:

- ✦ Families are invited to join the residents and staff for dinner, recreation activities and an opportunity to participate in our parent advocacy group which is led by PSC's parent advocate. All family members are encouraged to come.

When You Come To Visit:

- ✦ You may meet and are welcome to greet other residents. Remember not to discuss personal issues with your child when other residents might overhear. Respect your child's confidentiality as well as that of other residents at PSC.

Arrangements for Passes: Nurses and case managers need sufficient time to set up medications and make arrangements for day passes and home visits. To schedule passes, please follow the guidelines listed below:

- ✦ Inform your child's case manager of your plans for weekend visits no later than 3 p.m. on Wednesday prior to the weekend. Weekend visits cannot occur if the case manager has not been informed by Wednesday.
- ✦ If you are planning a visit of more than 3 days in length, let your case manager know at least 3 days in advance. Medications must be bottled directly from the Pharmacy when residents are absent from the facility for more than 3 days.
- ✦ For youth who will return home after discharge, day passes and home visits are highly prioritized as important components in the process of reintegration to the home and community
- ✦ A Pass/Visitation agreement and form will be initiated by the Case Manager when setting up the family pass or home visit
- ✦ The form is intended to ensure common understanding about specific expectations regarding medication, activity restrictions, supervision in home and community, and particulars of the visitation schedule

- ✚ ITA residents must be directly supervised at all times while in the community
- ✚ By prior agreement between family and Case Manager the resident may be allowed to access funds from their account for the pass. If allowed, Pearl staff will hand the money directly to the supervising adult, who can provide it to the resident in the manner that best matches the family's culture.
- ✚ Parents and Residents are asked to consult with the nursing department and case manager prior to getting manicures/pedicures, piercings, tattoos, or any other physical modification while on a visit. Infection control and hygiene compliance, as well as physical, programming and recreational limitations due to the modification are important factors to discuss with the treatment team while in the care of a residential treatment facility.
- ✚ With advanced planning, a member of the multidisciplinary team may be available for visits to help practice and build skills both in-house, in the local community, and/or in your home community. Please work with your case manager to address any potential barriers to participation in treatment or visitation (financial, transportation, etc.).

Recreation Therapy:

- ✚ While at PSC, it is important that your child learns how to have fun, build on their hobbies and interests, and interact socially. One of the ways we address this is through recreational activities and outings. At the YMCA the residents can swim, walk, run, play racquetball, wallyball, and basketball, use cardiovascular machines, lift weights, etc. Additional scheduled activities include fishing, roller-skating, putt-putt golf, shopping, and trips to parks, as well as games, art and other in-house activities.

Level System:

- ✚ Residents move through the PSC treatment program as they are able to demonstrate competency at various skills. Some of the skills are individually focused and others are general program expectations.
- ✚ As residents move through levels 1 through 4, responsibilities as well as privileges increase. Residential counselors and individual advocates work closely with the resident and the multidisciplinary team to provide assistance and encouragement as residents progress through the levels.

Individualized Behavioral Plans:

Interventions designed specifically for a particular resident. These may include interventions listed below:

- Collaborative Problem Solving (CPS): Pearl Street emphasizes a collaborative treatment approach between the multidisciplinary team and residents which focusses on building skills in frustration tolerance, flexibility, and problem solving
- Rewards: Using motivators to increase desired behavior
- Temporary loss of privileges (such as game room, courtyard) or personal belongings (such as radio, extra clothing). If privileges are withdrawn or personal belongings removed because of safety or health concerns, the reasons and time frame will be clearly stated and review will occur regularly.
- Timeout: The youth is asked to take a time out in a staff designated area. They are not physically prevented from leaving the designated area and are encouraged to successfully complete the time out and return to programming.
- PRNs (medication prescribed as needed): If a youth begins to escalate, medical staff may suggest that medication may help them regain control. Medications are not given without the psychiatrist's order and informed consent of the youth and parent/guardian (unless court ordered).

Emergency Behavioral Procedures:

If a youth is unable to safely participate in the treatment milieu and is a danger to self or others, Pearl Street may implement a physical hold or locked seclusion.

- Physical Hold: If a youth remains a danger to self or others after attempts to de-escalate using less restrictive interventions, staff may restrain him or her, using hands-on techniques and/or equipment. All staff are certified annually in the use of effective and safe physical holding procedures.
- Seclusion: The youth is placed in the quiet room and physically prevented from leaving (the door is locked). This intervention is used only when a youth is unable to maintain safety and is a serious threat to self or others. The youth is continually monitored and needs, such as using the bathroom and receiving fluids, are assessed and met. Seclusion ends as soon as the youth has calmed is determined to be safe for return to programming.
- Medications prescribed as PRN's ("as needed" basis) may also be considered in crisis situations to maintain safety.

Medical Emergencies:

- ✚ If your child should have a medical emergency, PSC staff will call 911 and provide First Aid and/or CPR until medical personnel arrive.

Performance Improvement:

- ✚ As part of PSC's performance improvement program, data related to program processes is collected for internal use. This may include, but is not limited to, number of emergency safety interventions, medication variances, infection control, behavior contingency plans, and milieu disruptions.

EMERGENCY OUT-OF-REGION CONTACT

Tamarack Center in Spokane is the out-of-region contact for Pearl Street Center if there is a disaster in our area such as an earthquake. If that should occur, do not attempt to call Pearl Street Center directly. Call Tamarack Center for information at 509-326-8100.

ACRONYMS & DEFINITIONS

You may hear unfamiliar terms or abbreviations, some of which are listed below. Please feel comfortable asking for explanations and definitions at any time.

ADLs: activities of daily living; getting up, completing hygiene, taking medication, etc.

BHO: Behavioral Health Organization. The state is divided into several BHOs. Each BHO is responsible for provision of the mental health needs of the people in the area, through local mental health providers.

DBHR: Department of Behavioral and Health Resources

DCFS: Division of Child and Family Services

DSHS: Department of Social and Health Services

DMHP: Designated Mental Health Professional

CLIP COMMITTEE: Children's Long Term Inpatient Placement Committee.

CHILD AND FAMILY TEAM: PSC treatment team, parents/guardian, the child, DCFS social worker, other natural supports (teacher, probation officer, etc.).

CFTM: Child And Family Team Meeting - monthly meetings during which progress in treatment is discussed and discharge planning occurs.

ITA: Involuntary Treatment Act, which allows the court to detain an individual for treatment.

LRA: Less Restrictive Alternative. A resident may be released on a new, 180-day order that outlines conditions that they are required to meet/maintain in order to stay in the community. Failure to follow the conditions may result in revocation of the LRA and detainment in a mental health facility.

MHP: Mental Health Professional

MILIEU THERAPY: a model of treatment that uses the environment and social system around a child to shape his/her behavior. This includes day-to-day events, social interactions, and a safe, structured environment.

MILIEU STAFF: residential counselors who work directly with youth on the milieu.

PRN: Medication taken on an "as needed" basis.

PSC TREATMENT TEAM: Case Manager, Therapist (provides individual and family therapies), Residential Counselors (RC's), Advocate, Medical Staff (Psychiatrist and Nurses), Recreation Therapist, Youth Peer, and Parent Advocate.



Staff Contact Methods/Hours

- ✚ Each waking shift includes one staff member who is assigned responsibility for communications. This staff member will respond to callers by: attempting to provide requested information; connecting the caller to the requested party; or by taking phone messages to pass on to the requested party
- ✚ Callers may be given opportunity for a call back when staff and/or the resident are more available for a phone call since attention to ensure safety, security and a positive, treatment oriented milieu are the highest priorities of the residential team
- ✚ Incoming calls may not be answered, but allowed to go to voice mail. This is not due to a failure to recognize the importance of the call, but in order to maintain a safe and secure milieu for all residents
- ✚ Pearl staff are expected to prioritize prompt return of parent phone calls, and in all cases to return calls before the end of the next business day
- ✚ Approved callers must be listed on the resident's contact page and information will not be disclosed by PSC staff without an active Release of Information on file.

First Line of Parent Communications

✦ **Parent Advocate:**

The parent advocate is the first line of communication for questions, concerns and needs that have not been resolved by addressing with the assigned staff team/member, or for assisting the parent in determining where to best route questions or concerns. The parent advocate functions as liaison between parent(s) and Pearl staff team, helping to interpret program realities and decisions to parents, and representing Parent voice and interests on-site at Pearl. The parent advocate generally works flexible hours in response to parent and Program needs.

✦ **Residential Staff:**

A member of the Residential Team is responsible for managing the main Pearl telephone line, 24/7, with responsibility for routing calls or messages in response to caller needs. Residential counselors and supervisors are the first line of communication for quick questions or reports about your child's status in the milieu. This team also has direct responsibility for supervising residents, so lengthier calls or calls to a particular counselor or supervisor may have to be scheduled for a time that will not disadvantage conditions on the milieu. Residential counselors are on-duty 24 hours 7 days each week. Residential supervisors work a mix of hours during day shift and swing shift.

✦ **Case Manager:**

First line of communication for issues related to internal and cross system communications, including coordination of admission, team meetings, education, legal and discharge planning and activities. Case Managers generally work during regular business hours at least 3 business days each week.

✦ **Therapist:**

First line of communication for issues related to the emotional and behavioral health and ongoing individual and family therapy for/with your child. Therapists do their best to work flexibly with families around scheduling.

✦ **Medical Team:**

The nurse or nursing supervisor is the first line of communication for health or medication related issues. At least one member of the nursing team is scheduled 24 hours, 7 days each week. The nursing supervisor generally works during a part of day shift and part of swing shift Saturday through Wednesday each week. The Medical Director/Psychiatrist is available by appointment. If an appointment is desired nursing staff can help with scheduling.

✦ **Leadership:**

The Program Manager may be contacted to assist in resolving treatment questions or issues that are not resolved with the assigned team members or the parent advocate. The daily focus of the Program Director is administrative services and program operations, rather than on the particulars of individual cases. The Program Director may be contacted to investigate concerns and assist with resolving questions or issues in any area of the program. One or both Program Manager and Program Director generally work during regular business hours each business day of the week.