

Parent/Guardian Handbook

Pearl Youth Residence, where discovery ignites possibilities.

Pearl Youth Residence (PYR) is a 27-bed facility that is a part of the Children’s Long-term Inpatient Treatment Program (CLIP) network for youth with psychological, emotional, and behavioral challenges.

PYR opened in 1985 on Pearl Street and originally housed 12-14 residents. As of 2020, we moved to a newly updated building on Proctor Street and expanded our program to 27 beds across three units.

Pearl provides services for ages 11-17, with most staying up to six to twelve months.

The primary goals of this 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.

Pearl Youth Residence recognizes and celebrates that our residents are made up of people who represent diversity at many levels — diversity of thought, belief, race, ethnicity, culture, gender, and sexual orientation. PYR values different perspectives, experiences, and expressions of thought. Thus, we do not tolerate hate or bias-motivated behaviors in our spaces. All residents, staff, and visitors at

PYR are equal and accountable to each other. Together, we can create a community where everyone is respected and valued despite our differences.

WHILE YOUR CHILD IS AT PYR

Residents are supervised by BHT's and will receive regular coaching and feedback to learn new skills for coping and maintaining positive behaviors in a safe and supportive environment.

Assessments are completed throughout a resident's stay which include 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 resident regarding their medical care and medication management.

ADMISSION TO PEARL YOUTH RESIDENCE

The CLIP Administration, Pearl Youth Residence, family, the resident, and community team members will participate in a pre-admission meeting and can facilitate a visit to PYR if requested. During the pre-admission, admission, and/or tour, staff will show you and your resident 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, your PYR Case Manager will review and explain the Consents for Treatment and other necessary forms which require signatures. Belongings will be inventoried before the resident will receive them (see approved packing list on pages 8 & 9). Immediately after admission, the resident will move into their room, meet staff and other residents, and be encouraged to join milieu activities as soon as possible. During the initial 72-hour orientation period, the resident cannot participate in activities outside of the building. Throughout that time, the resident will become acquainted with people, expectations, and routines and have a chance to review the Resident Handbook and ask staff any additional questions, which may help ease the orientation process.

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. Typically, it will include...
 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
- Each resident's schedule is designed to prioritize the basic elements of the therapeutic milieu
- An important and unique component of residential treatment is the opportunity to practice and increase mastery of skills all throughout the day. Therefore, each resident's schedule may be adjusted based on their individualized treatment plan.

Day programming is primarily oriented towards educational services through the Tacoma Public School District and are enrolled during the admission process. The team will work with the school, family, the resident, and community regarding necessary educational plans as appropriate.

Pearl Youth School:

- All Pearl Residents attend school onsite in the classrooms on the main floor of the building.
 - Middle School has a certified teacher on-site, providing both in-classroom and online instruction.
 - High School is through Tacoma Online & Edgenuity, it also has a para-educator in-classroom for support. Edgenuity, the online learning platform, is where students learn from certified teachers, both independently and through group support.
- The school year typically runs from the first week of September through the third week of June
 - We follow the Tacoma Public School District Academic Calendar
- Pearl partners with the school closely, providing daily liaison regarding status of each youth
- The school will assess the needs of each individual student and will coordinate closely with PYR and the legal guardian regarding assessed needs and services
- Pearl Youth School strives to provide the full range of activities and opportunities as may be found in a community school setting. This may include visitor presentations, Skype interviews, PSAT/SAT testing, field trips, etc.
- We strongly encourage parents/guardians to communicate directly with the school if there are questions.

Recreation Therapy:

- Pearl Youth Residence employs a Full-time Certified Therapeutic Recreation Specialist and Activity Coordinators.

- While at PYR, it is important that residents are introduced to fun and healthy physical and social activities. We use recreation and community outings to create intentional activities to support and build upon your resident's hobbies and interests.
- Recreation Therapy is a treatment service designed to enhance physical, cognitive, emotional, social and leisure development for individual independence and success in all aspects of life.
 - We offer many in-house activities such as card games, board games, art, basketball, and soccer. Some of the scheduled activities include equine therapy, trips to parks, camping, bowling, putt-putt golf, roller-skating, and many more.

Level System:

- PYR utilizes behavior modification through a points and levels system. Staff track resident's behavior in the following 4 areas each day: Safe communication, Safe presence, Engagement in programming, and Activities of Daily Living (ADLs).
- Residents move through the PYR treatment program as they demonstrate the ability to apply a variety of life skills in many types of settings. Some of the skills are individually focused and others are general program expectations.
- As residents progress through the levels, responsibilities as well as privileges increase. The milieu team works closely with the resident and the multidisciplinary team to aid and encourage residents as they progress through the system.

Individualized Behavioral Plans (IBPs):

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

- **Privileges:** This includes small group walks, outings, preferred activities, individualized TV programming and gaming, in addition to later bedtimes and longer phone calls. In some cases when a resident reaches the highest level, they may have the opportunity to practice skills out in the community independently.
- **Temporary loss of privileges:** Loss of the aforementioned privileges or personal belongings (such as a radio or extra clothing). If privileges are withdrawn or personal belongings removed
- **Behavior Contingency Plan (BCP):** These are designed to disrupt an unsafe and/or maladaptive behavior sequence and teach healthy replacement skills and address the individualized needs of the resident. These may replace the normal milieu management program. This plan will be

created by their team and signed and reviewed by both resident and the residents parent/guardian.

- Because of safety or health concerns, the reasons and time frame will be clearly communicated to the resident and restrictions will be reviewed regularly.
- **Timeout:** The resident 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.
- **Rotations:** Rotations are an intervention that may be given out at staff discretion to interrupt inappropriate behavior. This provides an opportunity for residents to regulate on their own, then practice pro-social skills.
 - One set of rotations would then be when a resident is in their room for 30 mins and out of their room for 30 mins. Rotations may be given in 1-3 sets or more at staff discretion.
- **Safety Protocols:** When a resident is “on Safety,” nursing and the resident’s provider have deemed them to be a danger to themselves. Unsafe items will be removed from the resident’s room and staff will complete routine checks every 15 minutes to ensure they are safe. If unsafe behaviors continue while on Safety, nursing and providers may add other restrictions to ensure resident wellbeing and safety.
- **Line-Of-Sight (LOS):** A resident is put “on LOS” when nursing has assessed them to be a danger to themselves. Residents on LOS may not have access to their room and must always remain in the line of sight of staff. 15-minute checks will also be conducted while on LOS to determine consistent safe behavior. Items may also be restricted as determined by nursing. LOS is always decreased to safety protocols before being discontinued.
- **Off Programming:** A resident is put Off Programming when the treatment team has determined that they are unsafe to be in the day use area. Residents must remain in their room (or designated area) for a certain amount of time, usually for 24 hours. All needs must be met by the resident’s contact, and the resident must be escorted to the bathroom. The resident will be required to knock for staff and wait for them to access needs such as coping skills, processing, or the bathroom.
- **PRNs:** PRN is an acronym for a Latin phrase meaning “as necessary.” If a resident begins to escalate, medical staff may suggest that a PRN medication may help them regain control.

Medications are not given without the psychiatrist's order and informed consent of the resident and parent/guardian (unless court ordered).

Emergency Behavioral Procedures:

Safety is an important concern at Pearl Youth Residence. 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. If a resident is unable to safely participate in the treatment milieu and is a danger to self or others, PYR staff may implement a physical hold or locked seclusion.

- **Physical Hold:** If a resident remains a danger to self or others after attempts to de-escalate using less restrictive interventions, staff may restrain them using hands-on techniques. All staff receive Handle With Care (HWC) training annually in the safe and effective use of physical restraint.
- **Seclusion:** If a resident's behavior becomes unsafe for self or others, locked seclusion may be used to assist in re-regulation. This requires a provider order in consultation with nursing. The resident is continually monitored by staff and nursing to ensure their needs are being met. Seclusion ends when the resident is no longer considered an active safety concern to self or others.
- **Medication:** Medications that are prescribed as PRN's may be considered in crisis situations to maintain safety.
- **Emergent Use of Intramuscular Medications:** PYR currently does not use IM's but may be needed in rare occurrences. CLR psychiatric providers can order the use of intramuscular (IM) psychotropic medications involuntarily in an emergency, which can be administered safely when clinically indicated. This intervention is only utilized with approval from the provider prior to use and is only used after all other interventions have been exhausted.

Medical Emergencies:

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

WELLNESS

Food/Special Diets:

- Menus are planned in compliance with United States Department of Agriculture (USDA) regulations and in consultation with our dietician and provider
- A nutritional needs assessment is completed by a dietician for each resident after admission
- A group session on dietary health is held each month, led by a dietician
- Vegetarian/vegan options are made available for residents if approved by dietician and provider

- Parent/guardian requests for accommodation of dietary restrictions for food allergies or medical conditions must include documentation of the condition and needs by the resident's provider. The accommodation also requires approval by a PYR dietician and provider.
- No food is allowed in resident's bedroom
- Food provided by family will not be stored, prepared, or served by Pearl staff
- During family visits, food brought in by the family may be consumed with approval of the Case Manager. Food not consumed during visits will not be saved for residents.

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
- Residents placed by voluntary agreement who have earned Trustee Level 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
- If a resident refuses prescribed medication 3 days in a row, parents/guardians will be notified.
- Nursing will notify parents/guardians of medication changes via Child and Family Team Meetings (CFTMs) or phone calls.

Music:

- PYR will provide an MP3 player for residents and will download music for resident. Music downloaded by PYR will be radio edits/clean versions (explicit music will not be provided by PYR). Any music downloaded while on a home visit with family is up to the discretion of the parent/guardian.

Special Requests:

- While the content and methods of the various therapy and medical services are highly individualized to meet each resident's needs, the residential program functions in support of both individual and group treatment.
- "Special requests" may appear to be minor but providing them in a consistent manner can become the source of tension between parents, residents, and staff. It is for this reason that such requests may not be approved for implementation.

Milieu Activity:

- 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 resident 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.

Room Assignment:

- As mentioned above, we have 3 units that typically operate independently.
- Room and unit assignments are subject to change based on many factors assessed on an ongoing basis such as milieu management, safety considerations, peer dynamics, individualized treatment objectives, etc.
- These decisions are made with consultation and input from the multidisciplinary team and ultimately are the Unit Supervisors' responsibility.

PACKING GUIDELINES

To help maintain the wellness of the residents and staff and a safe environment at PYR, we have developed a list of items to bring and those to leave at home. While we want residents to personalize their rooms, keep in mind that the rooms are small and storage space at PYR is limited. Please follow the lists provided below while packing. If you are unsure about a particular item, please call and ask.

Please label clothing and belongings prior to arriving at PYR

Allowable Items:

- Clothing – enough for 3-5 days as well as extra socks and underwear
- Shoes – including tennis shoes for recreation/gym **without laces**
- Jacket for outdoors (no strings)
- Clothing for exercise - shorts, t-shirt
- Shower shoes/flip-flops for wearing in the shower
- Swimsuit – one-piece
- Pajamas or nightgowns (no strings)
- Alarm clock (no batteries)
- Radio
- Up to 5 books
- Stationary (Loose Leaf Paper, Glue bound Journals/notebooks)
- 10 or less writing/art utensils
- Stuffed animals (no more than 3)
- Non-oversized twin-XL size bedding (PYR can provide bedding)
- Any non-internet based MP3 players
- Pictures and posters for walls
 - Must be adhered with sticky-tack
 - Without frames or glass

Additional Allowable Items Not to be Stored in Rooms:

- Make-up (not in glass container and no mirrors)
- Art supplies (no sharp items or glue)
- Books (beyond 5 book limit in room)
- Curling iron/straightener/hair dryer
- Battery-operated electric razor (Cordless only)
- Lotion
- Perfume/Cologne (No glass bottles, no alcohol)
- Comb, brush, and toothbrush
- Other coping tools (yarn, activity books [no staples], etc.)

ITEMS NOT ALLOWED UNDER ANY CIRCUMSTANCE

(Will be sent home or stored at PYR until discharge)

Clothing:

- Clothing, posters, or other items that are sexually explicit or depict violence, profanity, drugs/alcohol, gang affiliation
- Provocative or inappropriate clothing or clothing that shows undergarments (crop tops, short-shorts, etc.)
- Extra clothing (other than that listed in allowable items)
- Heavy boots or shoes/excessively high heels (heels that exceed more than 1 inch)
- Belts (PYR will provide alternative)
- Shoelaces (PYR will provide alternative)
- Clothing with Drawstrings
- Bras with underwire
- Jewelry

Personal Care:

- Aerosol cans (deodorant, hairspray, etc.)
- Medications of any kind
- Mouthwash
- Nail files/clippers, artificial nails, tweezers
- Artificial eye lashes
- Nail polish or polish remover
- Perfume or cologne in glass containers or that contains alcohol

- Cigarettes (including e-cigarettes), lighters, matches

Stationary:

- Paperclips, staplers, or staples
- Erasers
- Pencils with metal and erasers
- Pencil sharpeners
- Permanent marking pens (gel pens are okay)
- Spiral notebooks or magazines/canvases/etc. with staples

Miscellaneous:

- Glass items or other breakable items
- Gum, food, snacks, drinks
- Items of great sentimental value
- Money over \$40
- Pets or animals of any kind
- Pins of any kind (safety or straight)
- Sharp items, including scissors, knives, razors for shaving (other than electric razors), etc.
- Tools
- Valuable/expensive items (jewelry, etc.)
- Electronic items (DVD Players, MP3 that has internet or recording capability, IPODS, Cell Phones, Computers, Cameras)
- Plants

Communication

Mail

- Residents have a right to send and receive mail (RCW 71.34.355 and WAC 246-337-075). They are encouraged to share and review letters with their treatment team. Their case manager will open packages prior to allowing the resident access to ensure the package does not contain contraband.

Notifications:

- Parents will be notified of:
 - Incidents or conditions involving danger to their child
 - Incidents 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 PYR 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, Child Protective Services, Behavioral Health Organization/Managed Care Organization, etc.)

Progress Report to Parent(s):

- Case Managers are in contact with families weekly to provide updates and check-ins. The weekly contact can take the form of emails, phone calls, and text messages, depending on family needs and requests.
- 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 and include family/legal guardians, PYR staff, Managed Care Organization (MCO) or Behavioral Health Organization (BHO) representatives, and other community support.

Performance Improvement:

- As part of PYR'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 Youth Residence if there is a disaster in our area such as an earthquake. If you have difficulty contacting PYR directly, please call Tamarack Center for information at 509-326-8100.

Staff Contact Methods/Hours:

Phone calls between you and your resident are important. Please remember there are up to 27 residents in our building at any time. Your calls may be missed due to residents being out of the building doing activities, safety needs on the milieu or other residents using the phone. We will do our best to have your child call back as soon as they are able. Incoming phone calls are answered by available staff and callbacks are prioritized with the expectation that calls are returned before the next business day's end.

- Questions on updates about resident status and treatment should be directed to the Case Manager. BHT's and nurses are responsible for the care of all residents in the program while on shift so time on the phone will be minimal.
- **Approved callers must be listed on the resident's contact page** and information will not be disclosed by PYR staff without an active Release of Information on file.

BEST TIMES TO CALL YOUR RESIDENT

(In case of emergency, call anytime)

Phone: 253-396-5990

<p><u>School Year</u> (September through June)</p>	<p><u>Monday – Friday:</u> 3pm - 8pm <u>Weekends:</u> 10am - 12pm & 3pm - 8pm</p>
<p><u>Summer</u> (July & August)</p>	<p>10am - 12pm, 3pm - 8pm</p>

Contact List

Executive Director:	Kymm Dozal, MSW, LMHC, MHP	253-906-7160 kdozal@cmhshare.org
Program Director:	Whitney Faulkner, M.Ed., LMHC, MHP	253-242-1089 wfaulkner@cmhshare.org
Milieu Manager:	Brie Griffin	253-533-8349 bgriffin@cmhshare.org
Clinical Manager:	David Sullivan, MSW, LSWAIC, MHP	253-339-0522 dsullivan@cmhshare.org
Medical Services Manager:	Marsha White-Wofford, LPN	253-396-5935 mwwofford@cmhshare.org
Providers:	Dr. Stephen Schilt, MD	253-396-5935 schilt@cmhshare.org
	Stanford Call, ARNP	253-345-8387 scall@cmhshare.org
	Dr. Albert Nguyen, DO	253-396-5937 anguyen@cmhshare.org
	Dr. Dan Tolson, MD	253-242-0006 dtolson@cmhshare.org
Case Managers:	Cielo Wilson-Madera, AA	253-278-2513 cwmadera@cmhshare.org
	Britney Woodruff	253-883-1396 bwoodruff@cmhshare.org
	Skyler Dela Cruz, BA	253-344-0651 sdcruz@cmhshare.org
	Veronica Lyons	253-453-0881 jlyons@cmhshare.org
Therapists:	Redait Marcos, MSW, MHP, LMHCA, LICSWA	253-325-8441 rmarcos@cmhshare.org
	Kelsey Howerton, MSW, MHP, LMHCA	253-328-2692 khowerton@cmhshare.org
Counselors:	Mariya Gaither, BA	253-290-3943 mgaither@cmhshare.org
	Savannah Hollar, BSW	253-281-9035 shollar@cmhshare.org

Your Treatment Team:

- **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.
- **Case Manager:** Coordinates care throughout a resident's stay at PYR. This includes reviewing case progress, coordinating care from outside providers and planning discharge. They also provide residents with support to make well-informed decisions and achieve wellness and self-respect. Case Managers generally work during regular business hours.
- **Residential Staff:** Comprised of Behavioral Health Techs (BHTs) and Unit Supervisors that ensure supervision and safety in daily activities while providing reinforcement and redirection of behaviors, as necessary. BHTs are on duty 24 hours a day, 7 days a week.
- **Therapist/Counselor:** Provides individual and family therapy with your resident. Therapists do their best to work flexibly with families around scheduling. Therapeutic modalities commonly used include Motivational Interviewing, Cognitive Behavioral Therapy (and Trauma Focused CBT), Dialectical Behavioral Therapy, Family Systems Theory, and others.
- **Peer Counselor:** Certified peer counselors have lived experiences they utilize to support residents with a focus on hope and recovery. Peers can help advocate for a resident and support the team during groups.
- **Medical Team:** Provides care 24 hours, 7 days each week. It consists of a provider and a team of nurses
- **Clinical Manager:** Oversees the Clinical team, which includes Therapist, Case Managers and Recreation therapist in providing support and consultation. Partners with Milieu Manager and Nursing Manager to help ensure that there is cross-department collaboration and team decision-making.
- **Program Director:** Oversees the daily programming and operations to provide a safe and positive learning environment for residents and staff. Director is liaison between PYR, CLR, and community behavioral health agencies.

FAMILY ENGAGEMENT, VISITING, DAY PASSES, & HOME VISITS

Visitation, both in and out of PYR, is an important part of treatment at Pearl Youth Residence and must be arranged in advance with the case manager to ensure your child is present, available, and prepared upon your arrival. Families are required to visit all throughout treatment. Please maintain open communication with your PYR team throughout length of stay.

There are three different kinds of visits: in-house visits, day passes, and overnight home visits. In-house visits are conducted within the PYR facility. Day passes are given to residents for a visit to take place in the wider community outside of PYR. Overnight home visits are given for residents to stay overnight with family/guardians, whether within the home or a hotel. We ask that all visits conclude with the resident returning to the building no later than 8:00pm. All residents will be scanned with a metal detector wand upon return from any visit that does not have PYR supervision. All visitors must be approved prior to coming to PYR and must sign an Oath of Confidentiality before entering the building. No pets or animals of any kind are allowed inside the PYR facility. Visitation paperwork will be completed with staff on site.

Please inform PYR ahead of time of any financial hardships that may affect your ability to get to PYR for visits and/or appointments as we may be able to help access resources to relieve that burden. PYR can also work to provide in-home support on occasion to initiate home visits. This usually takes the form of meeting with the therapist, case manager, family advocate or other PYR team member in your home community prior to beginning or after the Home Visit.

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.
- Parents/guardians are expected to participate in monthly CFTMs (Child Team Family Meetings). Your Case Manager will work with you and other community partners to schedule these meetings. They will take place over Teams.
- Parents/guardians are encouraged to connect with A Common Voice/COPE Project. This is a great resource that can provide 1:1 support for parents/guardians, support groups and trainings. There are several ways to connect to these services:
 - [The Center of Parent Excellence \(COPE\) project | Washington State Health Care Authority](#)
 - [Home - A Common Voice COPE Project](#)
 - Reach out Jasmine Martinez at Jasmine@acommonvoice.org
- You may meet and are welcome to greet other residents, but 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 PYR.

Arrangements for Passes:

Regular and consistent visits are required during your child's treatment at PYR. Nurses and case managers need sufficient time to set up medications and plan for day passes and home visits. To schedule passes, please follow the guidelines listed below:

- Please inform the case manager of your plans **a minimum of 72 hours prior to the visitation.** Visits may not occur if the case manager has not been informed beforehand.
- If you are planning a visit of more than 3 days in length, let your case manager know **at least a week in advance.**
- If your resident is on an ITA, you are responsible to directly supervise them while in the community.
- With prior agreement between their family and Case Manager, residents may be allowed to access funds from their account for the pass. If allowed, PYR 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.
- Residents are asked not to get piercings, tattoos, or any other physical modifications, including artificial nails while on a visit. This is due to infection control and hygiene compliance, as well as physical, programming, and recreational limitations.
- 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.).

PYR TREATMENT LENGTH OF STAY MATRIX

Pre-Admit Call:

The purpose of this call is to get to know the resident and the guardian, and to discuss how treatment and guardian involvement throughout treatment will look

Admit to Month 1:

- Certification begins, Signing Paperwork, Schedule weekly check-ins with Family Therapist, Case Manager (CM), and Parent Advocate (PA)
- 72-hour hold: the resident is on hold where they cannot leave the building for 3 days from the time of Admit.
- After two weeks, if the resident has been safe and no risk or run risk is observed, they will be eligible for their first outing with PYR to the Morgan YMCA
- Check-ins with CM, Engage with PA and Therapist

Month 1:

- 1st Child, Family, and Team Meeting (CFTM) to provide updates and establish Discharge Targets to work on while in treatment.
- Goal: Begin In-House Visits
 - Local families: Weekly visits
 - 2-4 Hours away: Bi-monthly
 - 4+ Hours away: At least once or twice in the first month
- Check-ins with CM, Engage with PA and Therapist

Month 2:

- 2nd CFTM
- Continue with In-house visits.
- Goal: Start Day Passes with guardian and family
 - Local families: At least 3 completed passes.
 - 2-4 Hours away: At least 2 completed passes.
 - 4+ Hours away: At least 1 completed pass
- Check-ins with CM, Engage with PA and Therapist

Month 3:

- 3rd CFTM
- Goal: Continue with in house visits and Day passes
 - Local families: At least 4 completed passes
 - 2-4 Hours away: At least 3 completed passes.
 - 4+ Hours away: At least 2 completed passes.
- Goal: Schedule and begin Home Visits with guardian/family
 - Local: 2 Home Visits
 - 2-4 Hours away: 1 Home Visit
 - 4+ Hours away: 1 Home Visit
- Check-ins with CM, Engage with PA and Therapist

Month 4:

- 4th CFTM
- Goal: Continue with Day passes
 - Local families: At least 4 completed passes
 - 2-4 Hours away: At least 3 completed passes.
 - 4+ Hours away: At least 2 completed passes.
- Goal: Continue with Home Visits
 - Local: 4-5 Home Visits
 - 2-4 Hours away: 3-4 Home Visit
 - 4+ Hours away: 2-3 Home Visit
- Check-ins with CM, Engage with PA and Therapist

Month 5:

- 5th CFTM/Discharge Meeting
- Goal: Continue with Day passes
 - Local families: At least 5-7 completed passes.
 - 2-4 Hours away: At least 4-6 completed passes.
 - 4+ Hours away: At least 3-5 completed passes.
- Goal: Continue with Home Visits
 - Local: 6-9 Home Visits
 - 2-4 Hours away: 5-7 Home Visits
 - 4+ Hours away: 4-6 Home Visits
- Goal: WISE/Wraparound Team Engages
- Check-ins with CM, Engage with PA and Therapist

Month 6:

- Discharge Meeting
- Goal: Continue Home Visits/Passes
 - Local: 10+ Home Visits
 - 2-4 Hours away: 8+ Home Visits
 - 4+ Hours away: 6+ Home Visits
- Check-ins with CM, Engage with PA and Therapist

Discharge

Planning begins as soon as a resident admits to Pearl Youth Residence.

The main goal of our program is to return your child home with the skills and resources needed to succeed. Families are active members of the team as we create and review individual treatment plans and discharge planning. Plans are based on the strengths and needs of the resident, their family, and the community. Monthly team meetings are scheduled to coordinate care with the resident, family, PYR multidisciplinary team, and community team members to facilitate a successful transition to the home community. Discharge is talked about starting at admission and throughout the resident's stay at PYR.

Extensions:

CLIP initially certifies residents for a 3–6-month period. PYR will work hard to complete all goals within this time, but sometimes additional time is needed. All extensions will be discussed as a treatment team and with family and your MCO. If the team agrees an extension is desired, a formal request will be sent to the CLIP Administration for approval and authorization.

Reasons for extension may include medical necessity, concerns about resident safety in the home and community, and/or establishing a support network (WiSe, DDA, School) that is ready upon discharge. An extension may be denied include parents/guardians not participating in therapy or CFTM meetings, not having regular and consistent visits and not following the visit matrix.

Resident Demand for Discharge:

PYR works to provide an environment that is both therapeutic and enjoyable for our residents. However, a resident over 13 may request discharge from the program. In these cases, the request will be recorded, and the treatment team will contact the guardian to discuss options to move forward. If appropriate, a discharge date will be planned. In other cases, it may be determined that the best course of action is for the resident to remain in the program.

A Family-Initiated Treatment administration or **FIT** is a possible alternative to discharge if the team feels the resident should complete treatment (RCW 71.34.600). PYR and the guardian can apply through the CLIP Administration to maintain the resident's placement in the program. This program requires regular evaluation every month to determine if it a FIT is still appropriate to continue.

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.

BCP: Behavioral Contingency Plan

BIR: Behavioral Incident Report. This is when the resident is presenting imminent risk to the safety of themselves or others and Physical Hold or Locked Seclusion is required to ensure their safety, as well as the safety of other residents and staff.

Certification/Cert-date: Time that a client is certified to be treated at PYR by CLIP

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

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

CM: Case Manager

DCYF: Department of Children, Youth and Families

DCR: Designated Crisis Responder

DDA: Developmental Disabilities Administration

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.

MCO: Managed Care Organization. The MCO is responsible for provision of the mental health needs of the people in the area, through local mental health providers.

MDT: Multi-Disciplinary Team

MILIEU: French for "shared living environment." The milieu is the environment that all residents share together, which can also be referred to as "the unit."

Milieu Therapy: a model of treatment that uses the environment and social system around a resident to shape their behavior. This includes day-to-day events, social interactions, and a safe, structured environment.

Milieu Staff: Behavioral Health Technicians (BHT's) supervised by Unit Supervisors and a Milieu Manager, who work directly with residents on the milieu.

PA: Parent Advocate

PYR: Pearl Youth Residence

Pre-Admit Call: Calls completed prior to Admit

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

PYR Treatment Team: Case Manager, Therapist, Milieu Staff, Medical Staff (Nurses and Provider), Peers, Parent Advocate, and Recreation Therapist.

Treatment Team: PYR treatment team, parents/guardian, the resident, DCFS social worker, other natural supports (teacher, probation officer, etc.).

WISe/Wraparound: WISe stands for Wraparound with Intensive Services. WISe supports clients through comprehensive behavioral health services inside their community and homes, not just inside WISe offices. It is a step down coming out of CLIP and a step up from typical outpatient. Case managers and MCO's will work together to identify WISe providers in your area.