**Comprehensive Life Resources/Pearl Youth Residence**

**Parent/Guardian Handbook**

|  |  |  |  |
| --- | --- | --- | --- |
| Physicians: | Dr. Stephen Schilt, MD |  | 253-396-5935 |
|  | Stanford Call, ARNP |  | 253-345-8387 |
|  | Dr. Dan Tolson, MD |  | 253-242-0006 |
|  |  |  |  |
|  |  |  |  |
| Executive Director of Residential Services: | Daniel Aldridge, MSW, MHP |  | 253-396-5237 |
|  |  |  | daldridge@cmhshare.org |
|  |  |  |  |
|  |  |  |  |
| Program Director: | Kymm Dozal, MSW, LMHC |  | 253-906-7160 |
|  |  |  | kdozal@cmhshare.org |
|  |  |  |  |
|  |  |  |  |
| Clinical Supervisor: | Whitney Faulkner, M.Ed, LMHCA, MHP |  | 253-242-1089 |
|  |  |  |  |
|  |  |  |  |
| Case Managers: | Cielo Wilson-Madera |  | 253-278-2513 |
|  | Jordan Hasinto |  | 253-778-3967 |
|  | Wayne Francis, BA |  | 253-328-2660 |
|  | Mariya Gaither, BA |  | 253-290-3943 |
|  |  |  |  |
|  |  |  |  |
| Therapists: | Jennifer Gaines, MA, LMHCA, LMFTA, MHP |  | 253-820-3117 |
|  | David Sullivan, BA, MSW intern |  | 253-339-0522 |
|  | Sean Whalen, MA, LMHCA |  | swhalen@cmhshare.org |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Nursing Manager: | Marsha White-Wofford, LPN |  | 253-396-5935 |
|  |  |  |  |
|  |  |  |  |
| Parent Advocate: | Jenni McMillan |  | 253-231-0604 |

**BEST TIMES TO CALL YOUR CHILD**

*(In case of emergency, call anytime)*

*Residents are encouraged to fully engage in all treatment opportunities and may not be excused from those activities during the call times listed below unless arranged beforehand through the case manager.*

|  |  |
| --- | --- |
| Monday- Friday (School Year) | 3pm - 8pm |
| Weekends & Summer | 10am - 12pm, 3pm - 8pm |
| Phone | 253-396-5937  Unit Options available on Directory |
|  |  |

**VISITING, DAY PASSES, & HOME VISITS**

Visitation, both in-house and out of building, 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. 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 PYR 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 Youth Residence, where discovery ignites possibilities.***

Pearl Youth Residence [Comprehensive Life Resources] is a 27-bed Children’s Long-term Inpatient Treatment Program (CLIP) for youth with psychological, emotional and behavioral challenges. Our program houses 3 units; Denali (11 bed unit), Ozark (11 bed unit) and Fuji (5 bed unit). Pearl opened in 1985 on Pearl Street and originally housed 12-14 residents. As of 2020, Pearl moved to a newly updated building on Proctor Street and expanded our program to 27 beds. Pearl has provided services for 20-25 children annually, ages 12-17, with most youth staying up to six to twelve months. As we move into our next phase and expand on our program, we hope to double this number. 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.

Note 3: As mentioned above, we have 3 separate units that typically operate independently. Room and unit assignments are subject to change based on many factors that are 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 when possible and ultimately are the responsibility of the milieu supervisors.

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

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 residents’ 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 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, PYR 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 Youth Residence 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.

**ADMISSION TO PEARL YOUTH RESIDENCE**

The CLIP Administration, Pearl Youth Residence, family, youth, and community team members will participate in a pre-admission meeting and PYR 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 PYR 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 PYR**

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 Youth Residence. 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 PYR is very limited. We request that you follow the lists provided below. 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
* Jacket for outdoors
* Clothing for exercise - shorts, t-shirt
* Shower shoes/flip-flops for wearing in the shower
* Swimsuit – one-piece
* Pajamas or nightgowns
* Alarm clock/speakers
* Radio
* Up to 5 books
* Stationary (Loose Leaf Paper, Blue bound Journals/notebooks)
* 10 or less writing/art utensils (may be modified by Shift lead or unit Supervisor and documented on resident’s team channel)
* Favorite stuffed animal (1-2 at a time)
* Bedding (PYR can also provide bedding)
* Pictures (no glass) cannot cover more than 30% of a given area
* Posters on walls (appropriateness to be determined by resident treatment team)
* Any non-internet based handheld games/MP3 players
* All cords must remain zip tied short (No more than 2 cords stored in room at a time)

**Additional Allowable Items Not to be Stored in Rooms:**

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

**ITEMS NOT ALLOWED UNDER ANY CIRCUMSTANCE**

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

* Aerosol cans (deodorant, hairspray, etc.)
* Cigarettes (including e-cigarettes), lighters, matches
* Clothing, posters, or other items that are sexually explicit or depict violence, profanity, drugs/alcohol, gang affiliation
* Extra clothing (other than that listed in allowable items)
* Glass items or other breakable items
* Gum, food, snacks, drinks
* Heavy boots or shoes/excessively high heels (heels that exceed more than 3 inches)
* 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
* Erasers
* Pencils with metal and erasers
* Pencil sharpeners
* Perfume or cologne in glass container
* Pets
* Permanent marking pens (gel pens are okay)
* Pins of any kind (jewelry, safety or straight)
* Provocative or inappropriate clothing or clothing that shows undergarments
* Sharp items, including scissors, knives, razors for shaving (other than electric razors), etc.
* Spiral notebooks or magazines/canvases/etc. with staples
* Tools
* Valuable items (jewelry, etc.)
* Belts (PYR will provide alternative)
* Shoelaces (PYR will provide alternative)
* Clothing with Drawstrings
* Electronic items (DVD Players, MP3 that has internet or recording capability, IPODS, Cell Phones, Computers, Cameras)
* Plants
* Bras with underwire

**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
* No outside food is allowed to be consumed in the building without Nursing and Case Manager approval. Gum is also not allowed. If youth bring these items into the building they will be sent home.
* 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 Peak 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
* Parents are notified of child refusing to take prescribed medication after not more than three incidents of refusal

**Pearl Youth School:**

* All Pearl Residents attend the Pearl Youth School
* While this school is conveniently located on-site, it is operated by Tacoma Public School District
* 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.
* While staff from PYR and the schoolwork closely in the interest of each youth, academic services are not provided by Pearl Youth Residence

**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 PYR’s parent advocate. All family members are encouraged to come.

**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.

**Music**

* PYR will provide an MP3 player for residents and we will download music for them (guardians can also do this for them from home). Music downloaded by PYR will be radio edits/clean versions (explicit music will not be provided by PYR). *If guardians have different preferences for the music allowed on the MP3, they will need to notify PYR staff within 3 days of admission so we can accommodate those requests/restrictions.*

**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 PYR.

**Arrangements for Passes:**

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:

* 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:**

* Pearl Youth Residence employs three Full-time Certified Therapeutic Recreation Specialist. If families want to connect with their child’s Recreational Therapist, they are welcome to reach out to the Case Manager for the necessary contact information. While at PYR, it is important that your child is 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 child’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:**

* Residents move through the PYR 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 Basic, Aspiration and Peak, responsibilities as well as privileges increase. Residential counselors and individual advocates work closely with the resident and the multidisciplinary team to aid 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 Youth 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.
* **Rotations**: Rotations are an intervention that may be given out at staff discretion to interrupt an inappropriate behavior. This intervention requires youth to be in room (or other designated area) for 30 minutes and then come out to interact in designated area (day use room, hallway, by door) for 30 minutes. One set of rotations= In room 30 mins and out of room 30 mins, rotations may be given in 1-3 sets or more at staff discretion.
* **Safety**: Safety Protocols is when nursing has deemed youth to be a danger to themself. Unsafe items will be removed from youths’ room and staff will complete routine checks every 15 minutes to ensure they are safe.
* **Line-Of-Sight (LOS):** is when nursing has assessed youth to be of danger to themself. On LOS youth may not have access to room and must always remain in line of sight of staff. 15 minutes checks will also be conducted while in Line-of-sight of staff, 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**: Off Programming is when the MDT has determined that youth is unsafe to be in the day use area. Youth must remain in room (or designated area) for a certain amount of time, usually for 24 hours. All needs must be met by youths’ contact, and youth must be escorted to bathroom. Youth will be required to knock for staff and wait for them to access needs, such as comping skills, processing, or bathroom.
* **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 Youth 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.
* **Emergent Use of Intramuscular Medications:** CLR psychiatric providers can order the use of intramuscular (IM) psychotropic medications involuntarily in the event of an emergency, which can be administered in a safe manner 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 child should have a medical emergency, PYR staff will call 911 and provide First Aid and/or CPR until medical personnel arrive.

**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 that should occur, do not attempt to call Pearl Youth Residence 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.

**AD/DOA:** Admit Date/Date of Admit

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

**BIR:** Behavioral Incident Report. This is when youth is presenting imminent risk to the safety of themselves of others and Physical Hold or Locked Seclusion is required to ensure safety of residents, youth 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

**Day-Passes (DPs):** Visits completed outside of PYR

**DC:** Discharge

**DCYF:** Department of Children, Youth and Families

**DCR:** Designated Crisis Responder

**DX:** Diagnosis

**Home Visits (HVs):** Visits completed within the family’s home; these will be overnights to the home

**In-House visits (IHVs):** Visits completed within PYR

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

**IR:** Incident report. This is when an incident that did not require Physical hold or seclusion, but requires other services occurs.

**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 state is divided into several MCO’s (previously BHO – Behavioral Health Organization). Each MCO is responsible for provision of the mental health needs of the people in the area, through local mental health providers.

**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.

**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 (provides individual and family therapies), Residential Counselors (RC’s), Advocate, Medical Staff (Psychiatrist and Nurses), Recreation Therapist, Youth Peer, and Parent Advocate.

**TREATMENT TEAM:** PYR treatment team, parents/guardian, the child, DCFS social worker, other natural supports (teacher, probation officer, etc.).

**TX:** Treatment

**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
* Updates about resident status and treatment should be directed to the clinical team (case manager, therapist, parent advocate, etc.). Residential counselors and nurses are responsible for the care of all residents in the program while on shift so time on the phone will be minimal.
* 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 PYR 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. Therapeutic modalities commonly used include: Motivational Interviewing, Cognitive Behavioral Therapy (and Trauma Focused CBT), Dialectical Behavioral Therapy, Collaborative Problem Solving, Family Systems Theory, and others.
* **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.

**PYR TREATMENT LENGTH OF STAY MATRIX**

**Pre-Admit Call**:

The purpose of this call is to get to know the Client 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, and Parent Advocate

* 72-hour hold: Client is on hold where they cannot leave the building for 3 days from the time of Admit.
* At 2-weeks, if the client 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

Families are highly encouraged to visit all throughout treatment. Please Maintain open communication with your PYR team throughout length of stay.  
Visits will be scheduled as able based on scheduling, resources, safety, etc. Visits are an essential part of treatment to practice skills learned in our secure setting out in the community or home setting.

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 supports 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 HV.