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## **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.

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**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**

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

### Contact List

Executive Director:	Kymm Dozal, MSW, LMHC, MHP	253-906-7160 kdozal@cmhshare.org
Program Director:	Whitney Faulkner, M.Ed., LMHC, MHP	253-242-0189 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	253-384-7774 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](mailto: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.

### Psychological, Psychosocial, and Behavior Management Pearl Youth Residence

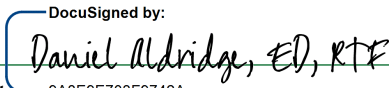
**Title:** Emergency Safety Interventions  
(Physical Holds, Locked Seclusions, and  
Mechanical Restraints)

**Policy No:** PSY 11

**Issue Date:** 2/1/1988

**Next Review:** 3/6/2025

**Approved By (Name/Title):** Daniel Aldridge, ED RTF

DocuSigned by:  
  
Signature 9A8E9E703F9742A...

3/6/2023

Date Reviewed

**Purpose:** Pearl Youth Residence is committed to the reduction, and ultimately the elimination of emergency safety interventions as clinical tools. The program will strive to avoid situations that have the potential to result in the use of these restrictive interventions. Alternative, non-physical interventions are preferred and supported. These may include but are not limited to verbal and non-verbal de-escalation, distracting, positive interventions/interacting, redirecting, timeout, etc. The use of seclusion, physical holds and mechanical restraints is limited to emergent situations, when there is imminent risk of harm to an individual resident, other residents, visitors or program staff, and only after alternative techniques have proven ineffective in maintaining a safe, secure treatment milieu for the residents. PYR will emphasize to staff that they must understand how residents experience the use of seclusion, physical holds and mechanical restraints. In all instances, when these interventions are used, staff will endeavor to always maintain the safety and dignity of the resident and discontinue the intervention as soon as the resident is no longer exhibiting the behaviors that resulted in the intervention.

**Policy:** Emergency safety interventions are used only in emergencies when there is imminent risk of a resident physically harming themselves or others, and when the resident has not responded to de-escalation techniques and less restrictive alternative interventions and/or is unwilling or unable to contract in good faith for safety.

**Standards & Applicability:** 42 CFR 482.13 (e); RCW 71.05.217 (7) (f); WAC 246-337-005; WAC 246-337-110

**Definitions:**

1. Seclusion – the involuntary confinement of a resident alone in a room where the resident is physically prevented from leaving.
2. Manual Restraint/Physical Hold – physical method that immobilizes or reduces the ability of a resident to move their arms, legs, body, or head freely. Restraint does not include momentary periods of minimal physical restriction by direct person-to-person contact, without the aid of mechanical or chemical restraint, accomplished with limited force and designed to:
  - a. Prevent a resident from completing an act that would result in potential bodily harm to the resident or others or to damage property; Remove a disruptive resident who is unwilling to leave the area voluntarily; or Guide a resident from one location to another.
  - b. Remove a disruptive resident who is unwilling to leave the area voluntarily; or
  - c. Guide a resident from one location to another.
3. Mechanical Restraints – the use of items or garments for the purpose of restraining the free movement of a resident's body.
4. Staffing Requirement for Physical Holds and Mechanical Restraints – Except in extreme emergencies, there must be at least a 100% staff to resident height/weight ratio to perform a physical hold. At Pearl Youth Residence, the Program Director, Milieu Manager, Medical Services Manager or designated nurse or provider, or Unit Supervisor is responsible for ensuring adequate supervision for all residents, while a crisis is being resolved. The staff member first involved in the crisis generally directs the situation unless this staff member requests another staff member to direct.

## **Procedures:**

1. Criteria for Initiating an Emergency Safety Intervention – When a resident's behavior is presenting imminent risk to self-and/or others, staff on shift must implement the least restrictive intervention, which, in their judgment, will successfully resolve the situation and protect the resident and others from harm. Every effort will be made by staff to avoid the use of physical holds, locked seclusion, and mechanical restraints. If staff determine it is necessary to implement an emergency safety intervention, a staff member must notify the Pearl notification group within one hour of initiation.
  - a. All Handle with Care certified staff are authorized to initiate emergency application of restraint or seclusion prior to obtaining an order from a provider.
2. Due to the high risk and problem with prone implications of the use of emergency safety interventions, Pearl Youth Residence uses these interventions only to ensure the safety of residents, staff, and others. The use of physical holding, mechanical restraints and locked seclusion is not a preferred method of intervention and is only used in an emergency, when there is imminent risk of a resident physically harming themselves or others. These interventions are never used as punitive or disciplinary measures, but only to protect the safety of the residents and staff in the operation of the program.

- a. Non-physical interventions are the first choice. Physical holds, mechanical restraints and locked seclusion are the last choice, to be used only if safety issues demand an immediate response
3. Authorization Required:
- a. A physician order is required for physical holds, mechanical restraints, and locked seclusions. All orders received from the physician are documented on the Behavior Intervention Report (BIR).
  - b. If treatment staff determine that locked seclusion, mechanical restraint, or physical hold is necessary, and the physician is on the premises, the physician will immediately assess the resident to determine the least restrictive intervention that will successfully resolve the situation.
  - c. If the decision is to implement locked seclusion, mechanical restraint, or physical hold, the physician will write an order which contains a time limit not exceeding two hours. When providing an order for locked seclusion, mechanical restraint, or physical hold, the physician will:
    - i. Review with staff the physical and psychological status of the resident.
    - ii. Provide staff with guidance in identifying ways to help the resident regain control so that the emergency intervention can be discontinued.
  - d. If the physician is not on the premises, an RN or LPN may initiate an emergency order for locked seclusion, mechanical restraint, or physical hold.
    - i. As soon as possible, but no longer than one hour after a seclusion or physical hold begins, the RN or LPN must receive authorization from the physician for the emergency order and document the order on the BIR.
    - ii. When authorizing an emergency order for locked seclusion, mechanical restraint, or physical hold, the physician will:
      - 1. Review with staff the physical and psychological status of the resident.
      - 2. Determine whether locked seclusion, mechanical restraint, or physical hold should be continued.
      - 3. Provide staff with guidance in identifying ways to help the resident regain control so that the locked seclusion, mechanical restraint, or physical hold can be discontinued.
  - e. The ordering physician must sign, date and time the order as soon as possible but within 24 hours. Orders may be faxed to the physician for review and signature.
  - f. By the time the order for locked seclusion, mechanical restraint, or physical hold expires (two hours), the resident is evaluated, in person by the physician, other designated licensed independent practitioner, licensed practitioner, or a qualified, trained individual authorized by the organization to perform this function.



- i. If the individual performing the evaluation is not the physician primarily responsible for the resident's ongoing care, that licensed independent practitioner will be notified of the resident's status.
    - ii. In conjunction with this evaluation, the physician or other designated licensed independent practitioner may give a new order for locked seclusion, mechanical restraint, or physical hold if it is to be continued.
    - iii. Each extension must be time limited and not exceed two hours and must be signed, dated and timed by the ordering physician as soon as possible but within 24 hours. Orders may be faxed to the physician for review and signature.
    - iv. The licensed independent practitioner or other qualified, authorized staff works with the resident to identify ways to help the resident regain control.
  - g. The prescriber or RN need to see the resident within 1 hour of start of restraint/seclusion.
  - h. Whenever a locked seclusion, mechanical restraint, or physical hold is to continue beyond 2 hours, an MHP must complete an assessment before the initial 2-hour period ends. If an extension is given by the physician and the locked seclusion, mechanical restraint, or physical hold is extended, an MHP must complete an assessment every two hours.
4. As early as possible, staff implementing seclusion or a physical hold or utilizing a mechanical restraint, must make every effort to inform the resident concerned and document on the BIR why the intervention is being implemented and what changes in the resident behavior are necessary to discontinue the use of the intervention.
  5. Staff trained and authorized to monitor and perform assessment of the resident's physical and emotional status will do so continuously, by being physically present during the hold, by standing at the window of the seclusion room, or by monitoring via cameras. Staff will document assessments on the Behavior Intervention Report at the initiation of the locked seclusion, mechanical restraint, or physical hold and at 15-minute intervals thereafter.
  6. Within 1 hour of the initiation of a locked seclusion, mechanical restraint, or physical hold, the physician, RN must conduct an in-person assessment of the resident's physical and psychological well-being and document that assessment on the Behavior Intervention Report.
  7. Immediately after the conclusion of a locked seclusion, mechanical restraint, or physical hold, the physician, RN must conduct an in-person assessment of the resident's physical and psychological well-being and document that assessment on the Behavior Intervention Report.
  8. The resident's parent/legal guardian must be notified when a resident is placed in locked seclusion, mechanical restraint, or physical hold as soon as possible, or in accordance with the parent/guardian's stated preference
  9. Locked seclusion exceeding 12 hours: if locked seclusion approaching 12 hours is required for resident safety, the resident will be assessed by the Medical Director for continuation of seclusion and/or transfer to acute care.

10. All instances of locked seclusion, mechanical restraint, or physical hold must be documented on the Behavior Intervention Report, for the client record, and must include
  - a. Less restrictive alternatives used prior to the locked seclusion, mechanical restraint, or physical hold
  - b. Clinical justification for implementing or continuing the procedure
  - c. Rationale for the locked seclusion, mechanical restraint, or physical hold
  - d. Expectations to be met to discontinue the locked seclusion, mechanical restraint, or physical hold
  - e. Completion of the 15-minute assessment sections on the Behavior Intervention Report
  - f. Signed doctor's orders
  - g. Documentation that the parent/guardian was notified.
11. Training will be provided to staff with an emphasis on prevention of restraint and seclusion and on implementing them in a manner that minimizes potential for physical or emotional harm to the resident, staff or others.

**Related Policies:**

PSY 10 Behavior Intervention Reports

PSY 12 Debriefing Following Emergency Safety Interventions

## **Comprehensive Life Resources/Pearl Youth Residence Disability Rights Washington (DRW) Letter**

Dear Parents and Guardians of Youth at PYR,

This letter is to inform you about PYR's relationship with Disability Rights Washington (DRW) and also to provide some information about the services that agency provides.

Disability Rights Washington is a private, non-profit organization which protects the rights of people with disabilities statewide. DRW's mission is to advance the dignity, equality, and self-determination of people with disabilities. Residents at Pearl Youth Center are eligible for DRW services, and youth and families have the right to contact them for information and referral, training and publications, problem-solving, and legal services for disability discrimination or violation of rights.

DRW may be involved in monitoring activities at Pearl Youth Residence, including talking with staff and the youth receiving treatment at the Center. The agency has authority under the federal Protection and Advocacy for Individuals with Mental Illness Act, 42 U.S.C. 10801 et seq. (1986) to conduct regular outreach and monitoring at treatment centers such as PYR.

The attached sheet is provided by DRW and contains additional information and phone numbers. If you have any questions about the role of DRW, please feel free to call me or DRW directly.

Program Manager  
Pearl Youth  
Residence 253-396-  
5937

Attached: DRW Information

# Do you have a disability? You have rights!

Disability Rights Washington 315 - 5th Avenue South, Suite 850 Seattle, WA 98104

*Formerly Washington Protection & Advocacy System, DRW is a member of the National Disability Rights Network.*

*A substantial portion of the DRW budget is federally funded.*

**Disability Rights Washington (formerly known as Washington Protection & Advocacy System) protects the rights of people with disabilities.**

**DRW is a non-profit organization that is not a part of state government. DRW provides free advocacy services to people with disabilities, including:**

- ◆ **Disability rights information and referrals**
- ◆ **Problem solving strategies for disability issues**
- ◆ **Community education and training**
- ◆ **Legal services for disability discrimination or violation of rights**

**If you want more information or have a complaint about your rights, make a free phone call to our office from 9:00 am to 5:00 pm, Monday through Friday.**

**800-562-2702**



**800-905-0209 (TTY)**

**Interpreters Available / Perekladach Ye / 可提供翻譯協助閣下 /**

**Có thông dịch viên / 통역 가능합니다 / 通訳のサービスがあります /**

**Intérpretes disponibles / Переводчики будут предоставлены**

T: 206-324-1521 800-562-2702

TTY: 206-957-0728 800-905-0209

F: 206-957-0729



Email: [info@dr-wa.org](mailto:info@dr-wa.org)

[www.DisabilityRightsWA.org](http://www.DisabilityRightsWA.org)

Interpreters Available



COMPREHENSIVE  
LIFE RESOURCES

## CLIENT RIGHTS

### RIGHTS FOR ALL CLR CLIENTS

WAC 246-341-0600

We want you to know that it is our goal to address the needs and concerns of our clients promptly, dependably, and courteously. As a CLR client, if you have concerns or a complaint about the service you receive, please discuss your complaint directly with a CLR staff member. We also want you to know that you have the following rights:

- Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability.
- Practice the religion of your choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice.
- Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited-English proficiency, and cultural differences.
- Be treated with respect, dignity, and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises.
- Be free of any harassment.
- Be free of exploitation, including physical and financial exploitation.
- Have all clinical and personal information treated in accord with state and federal confidentiality regulations.
- Participate in the development of your treatment plan and receive a copy if desired.
- Make a Mental Health Advance Directive.
- Review your clinical record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections.
- If you feel your rights have been violated and you are unable to reach a resolution with the CLR grievance process, you may contact the Office of Behavioral Health Advocacy Peers at no cost 1 (800) 366-3103.
- Submit a report to the Washington State Department of Health when you feel that CLR has violated a state regulation (Washington Administrative Code or WAC) that regulates behavioral health agencies and to be free of retaliation.
- If you are involuntarily detained, you have additional rights. A copy of those rights will be given to you.



COMPREHENSIVE  
LIFE RESOURCES

## CLIENT RIGHTS

### RIGHTS SPECIFIC TO RESIDENTIAL TREATMENT FACILITY (RTF)

#### *Your Rights as a Resident*

During your treatment, it is our goal to address your needs and concerns promptly, dependably, and courteously. As a Comprehensive Life Resources (CLR) resident, if you have concerns or a complaint about your services, please discuss your concern directly with a staff member. As a client and resident, you have these rights:

- To receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age, or disability.
- To practice the religion or spiritual practices of your choice as long as the practices do not infringe on the rights and treatment of others.
- You have the right to refuse participation in any religious or spiritual practice.
- To be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited English proficiency, and cultural differences.
- To be free of harassment of any type.
- To be free of sexual, physical, and financial exploitation.
- Be free from invasion of privacy; provided that reasonable means may be used to detect or prevent items that may be harmful or injurious to the resident or others, from being possessed or used on the premises.
- To be free from restraint or seclusion, except that it may only be used in emergency situations to ensure the physical safety of you or other residents or staff of the RTF, and only when less restrictive measures have been found to be ineffective to protect you or others from harm.
- To be free of abuse, including being deprived of food, clothes or other basic necessities.
- To participate in planning your own health care and treatment and receive a copy of your treatment plan if desired.
- To have all clinical and personal information treated in accord with all state and federal confidentiality regulations.
- To review your clinical record in the presence of an administrator or designee and to be given an opportunity to request amendments or corrections.
- To make a Mental Health Advance Directive.
- To receive a copy of agency complaint and grievance procedures and to lodge a complaint or grievance with CLR if you believe your rights have been violated.

WAC 246-341-0600, 246-337-075



COMPREHENSIVE  
LIFE RESOURCES

## CLIENT RIGHTS

If you have a concern or complaint, we would like you to discuss it with your therapist or case manager, so we can resolve it as soon as possible. If the complaint is not resolved, and you wish to file a formal grievance, please direct your complaint to the RTF Program Director and/or Program Manager. Your concerns will be addressed promptly.



COMPREHENSIVE  
LIFE RESOURCES

## CLIENT RIGHTS

### MEDICAID CLIENT RIGHTS

The following are behavioral health related Medicaid specific rights that are afforded to individuals applying for, eligible for, or receiving Medicaid-funded health care services.

You have the right to:

- Receive age and culturally appropriate services.
- Be provided with a qualified interpreter and receive translated material at no cost.
- Have available treatment options and explanation of alternatives.
- Refuse any proposed treatment.
- Receive care that does not discriminate against you.
- Be free of any exploitation or harassment.
- Make an advance directive that states your choices and preferences for healthcare services.

Your rights consistent with federal regulations:

- Choose a health care agency contracted with your Managed Care Organization (MCO).
- Request and receive a copy of your health care records.
- Be informed of the cost for copying, if any.
- Be free from retaliation.
- Request and receive policies and procedures of the MCO as they relate to health care rights.
- Receive services in an accessible location.
- Receive medically necessary services in accordance with the early and periodic screening.
- A diagnostic, and treatment (EPSDT) program, if you are age twenty or younger
- Be treated with dignity, privacy, and respect.
- Receive treatment options and alternatives in a manner that is appropriate to your condition.
- Be free from seclusion and restraint.
- Receive a second opinion about your care needs from a qualified health care professional within your MCO provider or have one arranged outside the network by the MCO at no cost to you.
- Receive medically necessary health care services outside of the MCO if those services cannot be provided adequately and timely within the MCO.
- File a grievance with the MCO if you are not satisfied with a service.





COMPREHENSIVE  
LIFE RESOURCES

## CLIENT RIGHTS

- Receive a notice of action so that you may appeal any decision by the MCO that:
  - (a) denies or limits authorization of a requested service,
  - (b) Reduces, suspends, or terminates a previously authorized service; or
  - (c) Denies payment for a service, in whole or in part.
- File an appeal if your MCO fails to provide health care services in a timely manner.
- Request an administrative hearing if an appeal is not resolved in your favor.



COMPREHENSIVE  
LIFE RESOURCES

## CLIENT RIGHTS

### Rights of Clients on Court ordered Treatment

As person involuntarily detained, treated in a less restrictive alternative course of treatment, in addition to the general CLR Client Rights, you have the *right to*:

- Individualized care and adequate treatment.
- Discuss treatment plans and decisions with professional persons.
- No denial of access to treatment by spiritual means through prayer in accordance with the tenets and practices of a church or religious denomination in addition to the treatment otherwise proposed.
- Refuse medications (unless ordered by court RCW 71.05.320(4)).
- Be present for any hearing on a request to administer antipsychotic medications and
  - to be represented by an attorney,
  - to remain silent,
  - to review and copy all petitions and reports in the court file,
  - to be given reasonable notice and an opportunity to prepare for the hearing,
  - to refuse psychiatric medications, including antipsychotic medication beginning twenty-four hours prior to the probable cause hearing.

Antipsychotic Medication Administration rules according to state statutes:

- Antipsychotic medication may be administered to a nonconsenting person detained or committed pursuant to this chapter without a court order pursuant to RCW [71.05.215](#)(2) or under the following circumstances:
- A person presents an imminent likelihood of serious harm.
- Medically acceptable alternatives to administration of antipsychotic medications are not available, have not been successful, or are not likely to be effective; and
- In the opinion of the physician, physician assistant, or psychiatric advanced registered nurse practitioner with responsibility for treatment of the person, or his or her designee, the person's condition constitutes an emergency requiring the treatment be instituted before a judicial hearing as authorized pursuant to this section can be held.



COMPREHENSIVE  
LIFE RESOURCES

## CLIENT RIGHTS

### **Rights of Resident Clients on Court ordered Treatment -Residential Facility**

If you are a person involuntarily detained to receive treatment at a Residential Treatment Facility at CLR; You also have the right to:

- Wear your own clothes and to keep and use his or her own personal possessions, except when deprivation of same is essential to protect the safety of the resident or other persons.
- Keep and be allowed to spend a reasonable sum of his or her own money for canteen expenses and small purchases.
- Have access to individual storage space for his or her private use.
- Have visitors at reasonable time.
- Have reasonable access to a telephone, both to make and receive confidential calls.
- Have ready access to letter writing materials, including stamps, and to send and receive uncensored correspondence through the mail.
- 71.05.217 RCW

## Comprehensive Life Resources/Pearl Youth Residence Complaints & Grievances

1. **What is complaint?** Any time a resident expresses displeasure
2. **What is a grievance?** Any time a violation of a contract or agreement occurs.
3. Complaints should be addressed/resolved in the moment if possible.
4. Complaint forms are in the milieu staff desk drawer and in SharePoint under “Forms” folder (Complaint Form).
5. Residents will fill out a complaint form, which would be routed to their therapist for processing. The therapist will consult with clinical manager/director to determine if an official grievance is appropriate.

## How to File a Complaint

To file a complaint, concerning resident abuse, neglect, misappropriation of resident property in the facility, and non-compliance with the advance directive requirements

### **Regional Long Term Care Ombudsman (Pierce County)**

1305 Tacoma Ave Suite 104 Tacoma, WA 98402  
Phone: 253-798-3789 or 800- 642-5769  
Fax: 253-798-2818  
Email: [kashmiri.gavronski@piercecountywa.gov](mailto:kashmiri.gavronski@piercecountywa.gov)

### **Children’s Long Term Inpatient Program for Washington State**

2940 Westlake Ave N #301 Seattle, WA 98109  
Phone: 206-588-2985 Fax: 206-859-6432  
Email: [contactclip@clipadministration.org](mailto:contactclip@clipadministration.org)

### **Disability Rights Washington: Alexa Polaski, Staff Attorney**

315 5th Ave South, Suite 850 Seattle, WA 98104  
Phone: 206-324-1521 ext. 112 or 800-562-2702  
Fax: 206-957-0729  
Email: [alexap@dr-wa.org](mailto:alexap@dr-wa.org)

### **State Department of Social and Health Services: Behavioral Health Administration**

Box 45131 Olympia, WA 98504-45131  
Phone: 800-737-0617  
Email: [askdshs@dshs.wa.gov](mailto:askdshs@dshs.wa.gov)

### **Office of the Attorney General: Medicaid Fraud Control Unit**

PO Box 40114 Tacoma, WA 98402  
Phone: 360-586-8888 Fax: 360-586-8877  
Email: [MFCUreferrals@atg.wa.gov](mailto:MFCUreferrals@atg.wa.gov)

### **Department of Health: HSQA Complaint Intake**

P.O. Box 47857 Olympia WA 98504-7857  
Complaint Hotline: 1-800-633-6828

### **The Joint Commission**

1 Renaissance Boulevard Oakbrook Terrace, IL 60181  
Phone: 630-792-5800 Fax: 630-792-5636  
Email: [patientsafetyreport@jointcommission.org](mailto:patientsafetyreport@jointcommission.org)



*The Joint Commission (TJC, previously known as JCAHO) is a United States-based nonprofit tax-exempt organization that accredits more than 20,000 health care organizations and programs in the United States.*

### **How to Report a Patient Safety Event**

#### **How do you file a concern?**

- Online. Go to [www.jointcommison.org](http://www.jointcommison.org) to fill out a form online or to update an existing incident (you must have your incident number).
- Email: [patientsafetyevent@jointcommission.org](mailto:patientsafetyevent@jointcommission.org)
- Fax: 630-792-5636
- Mail: Office of Quality and Patient Safety  
The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181

#### **What information do you need to include?**

- The name and address of the organization.
- Tell them about your concern in one or two pages.
- Give them your name, address, or email address if you would like follow-up information sent to you.

#### **What happens to your incident?**

- TJC checks for other patient safety events about the organization
- TJC may write to us (Pearl Street Center) about your concern.
- Sometimes, they visit the organization to see if there is a problem in meeting the requirements that deal with your concern.
- They will not share your name with us (Pearl Street Center) unless you say it is OK.

#### **Can the Joint Commission tell you what happens with the incident?**

They can give you some information. TJC can tell you if they:

- Have other incidents about the organization
- Wrote to the organization about your concern
- Visited the organization
- Asked us to make improvements
- Changed their decision to accredit the organization

TJC can give you a list of the standards areas that deal with your concern. For example, concerns about dirty equipment are covered in the "Infection Prevention and Control" standards. For more information call 1-800-994-6610.

#### **What can you do about concerns that The Joint Commission cannot help with?**

- You may want to talk to the organization about your concern.
- Washington State DOH (department of health) may be able to help

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**Comprehensive Life Resources/Pearl Youth Residence**  
**HIPAA Notice of Privacy Practice**

Effective August 10, 2015

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION, PLEASE REVIEW IT CAREFULLY.**

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your protected health information, with whom that information may be shared, and our obligations to protect this information. This notice also describes your rights to access and amend your protected health information. "Protected Health Information" (PHI) includes information that we have created or received regarding your health care or payment for your health services. It includes both your medical records and personal information such as your name, social security number, address and phone number. We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are also required to comply with the terms of our current Notice of Privacy Practices.

**THIS NOTICE COVERS THE PRIVACY PRACTICES FOR ALL FACILITIES THAT ARE OWNED OR OPERATED BY COMPREHENSIVE LIFE RESOURCES AND AT ANY SITE AT WHICH WE PROVIDE SERVICES.**

## **Your Rights Regarding Protected Health Information:**

### **RIGHT TO INSPECT AND COPY**

You have the right to request an opportunity to inspect or copy health information used to make decisions about your care - whether they are decisions about your treatment or payment of your care. Your request may be either in paper or electronic, depending on how the information is kept. If you request a copy of the information, we may charge a fee for the cost of copying, mailing and supplies associated with your request. We may deny your request to inspect or copy your health information in certain limited circumstances. In some cases, you will have the right to have the denial reviewed by a licensed health care professional not directly involved in the original decision to deny access.

### **RIGHT TO REQUEST ELECTRONIC COPIES OF PHI BE FORWARDED TO A THIRD PARTY**

You have the right to request that we forward electronic copies of your record to a third party.

### **RIGHT TO AMEND**

For as long as we keep records about you, you have the right to request us to amend any health information used to make decisions about your care - whether they are decisions about your treatment or payment of your care.

Requests for an amendment must be submitted in writing telling us why you believe the information is incorrect or inaccurate. While we accept requests for amendments, we are not required to amend the record.

### **RIGHT TO AN ACCOUNTING OF DISCLOSURE**

You may request that we provide you with an accounting of disclosures we have made of your health information. This right applies to disclosures made for purposes other than treatment, payment, and

health care operations as described in this Notice of Privacy Practices. You must submit your request in writing. The request should state the time period for which you wish to receive an accounting. This time period should not be longer than six years and not include dates before August 10, 2009. The first accounting you request within a 12-month period will be free. For additional requests during the same 12-month period, we will charge you for the costs of providing the accounting. We will notify you of the amount we will charge, and you may choose to withdraw or modify your request before we incur any costs.

## **COMPREHENSIVE LIFE RESOURCES HIPAA NOTICE OF PRIVACY PRACTICE**

### **RIGHT TO REQUEST RESTRICTIONS**

You may ask us not to use or disclose any part of your protected health information for treatment payment or health care operations. Your request must be made in writing. In your request, you must tell us (1) what information you want restricted; (2) whether you want to restrict our use, disclosure, or both; (3) to whom you want the restriction to apply, for example, disclosures to your spouse; and (4) and expiration date. We are not required to agree to a restriction that you may request. If we do agree, we will honor your request unless the restricted health information is needed to provide you with emergency treatment.

### **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS**

You may request that we contact you using alternative means or at an alternative location. We will accommodate reasonable requests, when possible. For example, you may request that we contact you only at a specific phone number other than your home phone. We will accommodate all reasonable requests, when possible.

### **RIGHT TO RESTRICT CERTAIN DISCLOSURES**

You may restrict certain disclosures of PHI to a health plan when you pay out of pocket in full for the healthcare item or service.

### **RIGHT TO A PAPER COPY OF THIS NOTICE**

You have the right to obtain a paper copy of this Notice of Privacy Practices at any time.

### **USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION THAT REQUIRE YOUR AUTHORIZATION**

Except in the situations listed below, we will use and disclose your PHI only with your written authorization. In some situations, federal and state laws provide special protections for substance abuse and HIV information and require authorization from you before disclosure. In these situations we will contact you for the necessary authorization. If you sign an authorization you may revoke it at any time in writing, although this may not affect information that we disclosed before you revoked the authorization. This PHI is strictly confidential and released only in conformance with the requirements of state and federal law.

### **PSYCHOTHERAPY NOTES**

In most uses and disclosures, we may not disclose your psychotherapy notes without prior authorization.

### **RIGHT TO CONTROL PHI USE FOR MARKETING, SALES, AND RESEARCH**

We may not disclose your record for marketing, sales, and research purposes without prior authorization.

### **SALE OF PROTECTED HEALTH INFORMATION**

We may not disclose your PHI in the sale of protected health information without your prior authorization.

### **USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION THAT DO NOT REQUIRE YOUR AUTHORIZATION**

#### **TREATMENT**

We may disclose your PHI to counselors who provide you with services or are involved in your care through Comprehensive Life Resources such as medication prescribers, or personal health care physicians. For example, we need to disclose information to a case manager who is responsible for coordinating your care.

#### **PAYMENT**

We may disclose your PHI in order to collect payment or bill for the services provided to you. For example, we may provide portions of your PHI to the BHO to receive funding for services provided to you.

#### **HEALTHCARE OPERATIONS**





Where discovery ignites possibilities.

1201 South Proctor St.  
Tacoma, WA 98405  
(253) 396-5937

We may use and disclose your PHI to support daily activities related to our facility operations. These uses and disclosures are necessary to run the facility and make sure that our consumers receive quality care. For example, we may use your PHI to review and improve the care you receive and provide training to our staff.

## COMPREHENSIVE LIFE RESOURCES

### HIPAA NOTICE OF PRIVACY PRACTICE

#### EMERGENCIES

We may use and disclose your PHI in an emergency treatment situation. For example, we may provide your health information to a crisis outreach worker who may be working with you when your case manager is not available.

#### AS REQUIRED BY LAW

We may disclose your PHI when required to do so by federal, state or local law. We also may disclose your PHI in response to a subpoena, discovery request, or other lawful process. For example, if you are involuntarily committed, the hospital may request your PHI.

#### PUBLIC HEALTH ACTIVITIES

We may disclose your PHI to an authorized public health authority to protect public health and safety and to prevent or control disease, injury or disability.

#### HEALTH OVERSIGHT ACTIVITIES

We may disclose your PHI to Health Oversight Agencies for certain activities such as audits, examinations, investigations, inspections and licensure.

#### LAW ENFORCEMENT

We may make disclosure of your PHI when the law requires that we report information about victims of abuse, neglect or domestic violence, or when ordered in a judicial or administrative proceeding.

#### MILITARY AND VETERANS

If you are a member of the armed forces, we may disclose your health information as required by military command authorities.

#### CORRECTIONAL FACILITIES

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose health information about you to the correctional institution or law enforcement official.

#### WORKERS' COMPENSATION

We may disclose health information about you to comply with the Workers' Compensation Law.

#### NEXT OF KIN, ATTORNEY, GUARDIAN OR CONSERVATOR

We may use or disclose your health information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care; of your location, general condition or death. For example, if you are in an emergency situation, we may disclose your health information to your next of kin, guardian or conservator.

#### APPOINTMENT REMINDERS

We may use and disclose your PHI to contact you as a reminder that you have an appointment for treatment or services at our facility.

#### TREATMENT ALTERNATIVES AND SERVICES

We may use and disclose your PHI to tell you about or recommend possible treatment options or services that may be of interest to you. For example, we would send you a letter identifying other treatment options.

## Ombuds Contact Information

An Ombuds is a person who is available to provide free and confidential assistance resolving concerns related to your behavioral health services. They can help if you have a behavioral health grievance, appeal, or administrative hearing to resolve your concerns. The Ombuds is independent of your health plan or Behavioral Health Administrative Services Organization (BH-ASO).

Region	Counties	Phone Numbers
Great Rivers	Cowlitz, Grays Harbor, Lewis, Pacific, Wahkiakum	1-883-721-0611
Greater Columbia	Asotin, Benton, Columbia, Franklin, Garfield, Kittias, Walla Walla, Whitman, Yakima	1-833-783-9444 Or 1-509-783-9444
King	King	1-800-790-8049 (#3) Or 1-206-477-0630
North Central	Chelan, Douglas, Grant, Okanogan	1-844-636-2038
North Sound	Island, San Juan, Skagit, Snohomish, Whatcom	188-336-6164 Or 1-360-416-7004
Pierce	Pierce	1-800-531-0508
Salish	Clallam, Jefferson, Kitsap	1-888-377-8174 Or 1-360-692-1582
Spokane	Adams, Ferry, Lincoln, Pend Oreille, Spokane, Stevens	1-866-814-3409 Or 1-509-477-4666
Southwest	Clark, Klickitat, Skamania	1-800-696-1401
Thurston-Mason	Mason, Thurston	1-800-658-105 Or 1-360-763-5793