

Welcome to Pearl Youth Residence

Where discovery ignites possibilities.

### **What is Pearl Youth Residence?**

Pearl Youth Residence (PYR) is a residential treatment center for adolescents ages 11-17. Youth from all over Washington come to stay at Pearl Youth Residence to learn and build skills with their family/guardians, PYR staff, and their community so they can successfully return to live in their home and community.

While youth at PYR have unique, individual stories and goals, they also experience shared struggles. Residents practice coping skills learned throughout the day together on our milieu (common space), throughout individual and family therapy, while on therapeutic outings, through group therapy, and during passes.

### **How long will I stay?**

The length of your stay depends on a lot of things: the goals that you and your family/community want to work on, your motivation, engagement, and the progress you achieve. Before discharging we will work with you and your team to ensure that you have support like WISE set up in your home community. Most residents stay around 6-12 months.

Some residents are admitted to PYR on voluntary status which means that the youth, family, and community agree about treatment at PYR. Others are involuntarily admitted, meaning that a court has ordered treatment. Some residents start with an involuntary status and move to voluntary or family-initiated treatment (FIT), and some do the opposite depending on the needs identified by the resident, PYR team, family, and community team.

### **Anti-Racism and Diversity:**

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.

### **What is a Treatment Team?**

The PYR Treatment Team includes your Case Manager, Therapist, Psychiatric Provider, Recreation Therapist, Nursing Staff, Youth Peer and Milieu Staff.

The Community Team may include your parents or guardians, someone from your MCO/BHO (insurance company), your community-based therapist, school personnel, and others who have supported you. These other people might be your grandparents, a neighbor, your mom's best friend, or a teacher who has always helped you. Your case manager may ask you for names of people you would like to have on your community team.

Together these two groups of people are your "Treatment Team." You and your treatment team will help create your individualized treatment plan which is a living document that can grow and change depending on what you are working on.

## **YOUR PYR TREATMENT TEAM**

- **Case Manager:** This is your primary contact and the person who works with your community and the PYR team to coordinate your visits, needs while at PYR and discharge needs.
- **Psychiatric Provider:** They will work to develop an effective medication routine with you. They will explain the medications you need to take and how they can help you.
- **Nursing Staff:** They are available to help you with any medical problems that arise. They give you your medications at the scheduled times and help you learn about medication benefits and side effects. They schedule medical, dental and vision appointments and often take you to these appointments. Nurses provide ongoing health education and regular Health Skills Group.
- **Individual and Family Therapist:** Your therapist will work you individually to build and develop healthy and safe coping skills as well as explore the root cause of maladaptive/survival coping skill you may have used in the past. They may also partner with you to better understand past events and/or trauma. Individual sessions will be scheduled with you and your therapist, usually in our treatment offices and will take place weekly for at least an hour. Your family therapist will work with you and your family to strengthen your relationship with parent/guardian as well as siblings or others living in your home, this may happen by telehealth if distance makes it difficult for them to travel to Tacoma. This session will also take place at least once a week. Some therapeutic modalities commonly used include Motivational Interviewing, Cognitive Behavioral Therapy (CBT), Trauma informed CBT, Dialectical Behavioral Therapy, Family Systems Theory, as well as others.
- **Recreation Therapist:** They will help you identify and pursue recreational hobbies and interests that will be helpful in maintaining your recovery. Along with the Activity Coordinators, they schedule fun and healthy community outings and social activities for

all PYR residents. Some of the recreational activities that we provide are day trips, hiking, camping, Equine Assisted Therapy, therapeutic arts and crafts, board games, card games, team building, experiential learning, and cinema therapy to name a few. Recreational Therapy programs are subject to change with the need of our residents.

- **Youth Peer:** This is someone who has gone through similar life experiences as the residents here at PYR—they are here to support you, encourage you, and teach you skills they found helpful. Your youth peer is also “your voice” in our weekly Multi-Disciplinary Team meetings, monthly child and family team meetings, and requests and changes you would like to see at PYR.
- **Milieu Staff:** The milieu is the area where most activities take place. Day-to-day events such as groups, leisure/recreation, and social interactions are used as the main background against which treatment and learning take place. The milieu is where residents practice prosocial skills using coping techniques and building frustration tolerance. Milieu staff include Behavioral Health Techs (BHT’s) who help ensure safety, support, and guidance during day-to-day activities to support you in making positive changes in your life.
- **Substance Use Disorder Treatment Provider:** Any resident with a history of substance use will have a referral to a substance use disorder (SUD) treatment to have the opportunity to receive SUD services.
- **School Teacher/Paraprofessional:** Residents attend school on-site through the Tacoma Public School District. Your case manager will work with you, your family, and the school staff for any education plans that need to take place.
- **Parent Advocate:** They work with your family members to help them through your CLIP stay. They will offer support, guidance, and resources to your family to prepare for your return home. The parent advocate has faced similar life experience with their own child/children and can provide support to your family through your stay at PYR.

## **GENERAL INFORMATION**

Pearl Youth Residence is in Tacoma, WA. Inside the PYR building there is a recreational room, dining area, two classrooms, a courtyard, and three residential units, Denali, Ozark and Fuji. You will be given your unit assignment upon admission.

### **What activities are available?**

A traditional day is split between day shift and swing shift. Day shift, Monday through Friday, primarily revolves around a traditional school routine while school is in session. Swing shift and non-school days consist of staff facilitated small group, individual activities, and therapy. Some groups and activities include Check-in/Community Groups, Music Group, Mindfulness and DBT, Art Therapy, Health Skills, Life Skills, and Recreation groups/activities.

There are games (board and video), movies, music, arts and crafts, as well as staff and peers to talk with in your unit. The recreation area is used for indoor physical activities when the outdoor courtyard is unavailable (due to weather, etc.). Outside in the courtyard there is a basketball hoop/half-court and a grassy area for recreational use, including volleyball, soccer, and sprinklers during the summer. Also scheduled are group leisure time and outings such as bowling, skating, movies, parks, walks in the neighborhood and opportunities for shopping with your treatment team.

Occasionally, PYR coordinates large outings like a camping trip in the summer and ice skating in the winter. In the dining area, there is a full-service kitchen and dining tables for you to eat meals with your unit peers and BHT's. Dietary needs will be coordinated with your PYR team, nurses, and the kitchen.

### **What privileges can I earn and how can I earn them?**

In addition to the activities mentioned above, you could earn individual courtyard, individual walks, one-on-one time with staff, movie pick priority, extras on privileges such as allowance, group outs, going outside or community support groups, etc. It depends on what you need in your treatment, what your interests are, and how hard you work.

Privileges are earned in a couple of ways. Group outings are earned by attending school and meeting daily expectations (these are different for each person). Individual activities are earned by working directly on your treatment plan and moving through the Level System.

### **PYR Level System:**

Throughout your stay, you will work with your PYR team on building skills. Daily, you will earn points by following your milieu treatment plan. BHT's and your MDT Team can help you navigate through our level system where you will experience more privileges and responsibilities as you advance. Staff will review the points and levels system with you upon admission.

## Mail and phone calls:

Pearl Youth Residence will mail a reasonable number of letters for you. You can mail as many as you wish if you use your own stamps. Your case manager will help you with mail and you are encouraged to share and review letters with your treatment team. Your case manager will open packages before you get them to be sure there are not any unsafe items.

You, your parents or guardian and case manager put together a list of people you may call. Callers will be asked to identify themselves so staff can verify that they are on your phone list. To add to your phone list, ask your case manager. Phone calls are time limited.

## Some interventions you may see being used:

- **Behavior Contingency Plan (BCP)**: Individualized plans geared towards interrupting behavior that is impacting your treatment.
- **Privileges**: This includes small group walks, outings, preferred activities, individualized TV programming and gaming, in addition to later bedtimes and longer phone calls.
- **Temporary loss of privileges**: Loss of privileges or personal belongings (such as a radio or extra clothing). If privileges are withdrawn or personal belongings removed because of safety or health concerns, the reasons and time frame will be clearly communicated to you and restrictions will be reviewed regularly.
- **Breaks**: you are asked to take a break in a staff designated area, this may be in your room or in the Quiet Room. You 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 given out at staff's discretion to interrupt inappropriate behavior. This provides an opportunity for you to regulate on your own, then practice pro-social skills.
  - For example, one set of rotations would be when you are in your room for 30 mins and out of your room for 30 mins. Rotations may be given in 1-3 sets or more at staff discretion.
- **Safety Protocols**: When you are “on Safety,” nursing and your provider have deemed you to be a danger to yourself. Unsafe items will be removed from your room and staff will complete routine checks every 15 minutes to ensure you are safe. If unsafe behaviors continue while on Safety, nursing and providers may add other restrictions to ensure your wellbeing and safety.
- **Line-Of-Sight (LOS)**: You are put “on LOS” when nursing has assessed you to be a danger to yourself. 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:** You can be put Off Programming when the treatment team has determined that it is unsafe for you to be in the day use area. You must remain in your room (or designated area) for a certain amount of time. Depending on the circumstances Off Programming could be for either a shift or a 24-hour period. All needs must be met by your contact, and you will be escorted to the bathroom. You 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 you begin to escalate, medical staff may suggest that a PRN medication may help you regain control. Medications are not given without the psychiatric provider’s order and informed consent of you and your parent/guardian (unless court ordered).

## **Emergency Special Behavioral Procedures:**

If you are unable to safely participate in the treatment milieu and are a danger to yourself or others, Pearl Youth Residence may implement a physical hold or seclusion.

- **Physical Hold:** If you remain a danger to yourself or others after attempts to de-escalate using less restrictive interventions, staff may restrain you using hands-on techniques. All staff are certified annually using effective and safe physical holding procedures.
- **Seclusion:** If your behavior becomes unsafe for yourself or others, locked seclusion may be used to assist in re-regulation. This requires a provider order in consultation with nursing. You will be continually monitored by staff and your needs, such as using the bathroom and receiving fluids, will be assessed, and met. Seclusion ends when you are no longer considered an active safety concern to yourself 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 medications, but if your behaviors escalate to this level then IM’s will be considered. 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:**

Should a medical emergency occur, staff will call 911 and provide First Aid and/or CPR as needed until medical personnel arrive.

## **Visits:**

Visits must be scheduled in advance through your case manager and decisions about visits involve you, your family, community, and PYR team. It is a huge part of treatment to practice

the skills you learn at PYR out in your home/community with your family and support systems. Visits can take place at PYR, in the local Tacoma area, and eventually in your home/community and overnight, depending on treatment progress and safety level. **When you return to PYR after a visit that does not have PYR staff supervision you will be scanned with a metal detector wand.**

### **Basic Expectations:**

- Attend and participate in school daily.
- Shower with soap and put on clean clothes daily.
- Wash your face and brush your teeth every morning and evening.
- Demonstrate respect for other residents and staff through positive word choice and appropriate advocacy of your needs.
- Follow directions from staff.
- Do your laundry twice a week (staff launder the towels).
- Eat at mealtimes in the dining area.
- Keep your bedroom clean.
- Leave dangerous items somewhere else (for example scissors in the art cabinet, pop cans in the trash, lighters with parents...)
- Honor peers' requests for space and boundaries.
- No cursing, sexual talk, drug talk, glorification/"war stories," or gang talk/signs. We take all threats of violence or unsafe behavior seriously and ask that these topics are not joked about.
- Always wear appropriate clothing; clothing covers undergarments and does not display inappropriate topics or words.
- When staff ask you to "clear the milieu," that means they are concerned about safety, and you need to go to your room immediately.

### **Music/Electronics:**

- Cords in your room must stay zip tied short per safety protocol.
- Most residents will be given a standard radio at admission if you would like one.
- Headphones may be used in resident bedrooms and on the milieu with staff permission.
- Please respect your neighbors and keep your music at a volume that cannot be heard outside your room. If you are using headphones, music must not be able to be heard by others.
- PYR will provide an MP3 to you at admit. This device can NOT have video/audio recording or WiFi capabilities. PYR staff will NOT load any music that has explicit lyrics or inappropriate content. All mp3 requests must be written down and turned in so overnight staff can download music. Each Unit has a schedule for when their MPS can get new downloads.
- TV viewing is permitted for both educational and entertainment purposes. Only PG movies and TV shows are allowed on the Milieu.

- Residents may request permission to watch TV during unstructured free time. Permission is given based on the appropriateness of the TV program. If the Movie or TV is rated above a PG, there must be approval from parent/guardian. This can be done through the Case Manager only.
- The PYR game room is shared space, and residents may earn time to spend in the game room based on their level and individualized plans. Games must be approved prior to use and storage of individual games is not guaranteed.
- Some individual gaming devices may be approved – all requests need to go through your case manager.

## **Peer Interactions:**

- PYR promotes healthy relationship skills and encourage residents to support each other in their recovery
- Gifting or gift-giving is not allowed at PYR. Any personal items that you no longer want should be given to your case manager for their return to your parents/guardians.
  - Residents are not allowed to share any personal items with any other residents.
- Touch: Resident to resident touching is allowed only with appropriate caution, supervision, and direction of treatment staff. Healthy and appropriate resident to resident touching when residents are in the common areas of the milieu is permitted under the supervision and guidance of program and treatment staff. Resident touching when residents are out of line of sight is not allowed.
  - Contact generally includes side hugs, celebratory gestures (high 5's, fist bumps, etc.), handshakes, hair care, incident touch when engaging in physical activity, comfort, or grounding strategies (therapeutic touch).
  - The following types of touch are not allowed: any unwanted touch except emergency safety interventions by staff, a touch that is or appears to be sexual, or touch with the intent to harm. Staff will intervene when touch is inappropriate.
- Conversations between residents should fall into the category of respectful and positive interaction (positive and/or therapeutic discussion). Residents' conversations must not be secretive and must be at a normal audible volume for staff or anyone else to hear. Staff may listen or join in and redirect conversation as needed at staff discretion.
  - Interactions/conversations must be respectful of others and should not be focused on perceived deficits of peers, clients of other facilities, or negative behavior unless in a positive and/or therapeutic manner.
  - Staff will redirect conversations with peers that talk about past trauma, self-harm, or otherwise potentially triggering topics. We ask that you have these conversations with therapists and not with your peers.
- Resident contact/interaction is always at staff discretion
- Unsafe or detrimental social interactions may result in social restrictions (commonly "5ft-no contact")



# 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
  - Piercing jewelry will be replaced with silicone jewelry upon admission

## Personal Care:

- Aerosol cans (deodorant, hairspray, etc.)
- Medications of any kind
- Mouthwash
- Nail files/clippers, artificial nails, tweezers
- Artificial eye lashes (including eyelash extensions)
- Nail polish or polish remover
- Perfume or cologne in glass containers or that contains alcohol
- Cigarettes (including e-cigarettes), lighters, matches, alcohol, and drugs
  - If found, substances will either be destroyed or given to law enforcement. Criminal charges may

be pressed in situations involving illegal drugs.

## 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 items (jewelry, etc.)
- Electronic items (DVD Players, MP3 that has internet or recording capability, IPODS, Cell Phones, Computers, Cameras)
- Plants
- Weapons will be confiscated and either destroyed, given to your legal guardian, or given to law enforcement.
- Toy guns: They will be sent home.
- Products that list alcohol as the first three ingredients.
- Additional items may be prohibited at staff discretion

## **Bedrooms:**

- PYR encourages you to decorate and personalize your room. (does NOT include any type of property damage and content may be discussed/decided upon with your treatment team)
  - Bedroom doors may only have one piece of paper on them on the inside OR the outside of it (per fire regulations)
  - You will only be able to cover up to 1/3 of each wall in your bedroom with paper (per fire regulations)
- Residents may ask for sticky tack to hang items.
- Residents are expected to keep their rooms neat.
- Items placed on the window/windowsill cannot block view into the room per safety guidelines
- Any damage intentionally caused to the room will result in damage being assessed and the resident charged for the repairs. Property damage may be reported to legal authorities.
- Keep in mind that room changes may happen with or without notice.
- Residents are not allowed in each other's rooms.
- Residents may not knock on each other's doors.
- Under no circumstances is a resident to open another resident's bedroom door.

## **Bedtimes:**

Early or later bedtimes are at staff discretion and can depend on level. Regular bedtime is 9PM.

## **Bathrooms:**

- Use the common areas for socializing and visiting, not the bathrooms or hallways.
- Only one resident is to be in a bathroom at a time.
- Staff will knock before opening bathroom doors – if it is occupied, ANSWER (“just a minute,” “occupied,” etc.)
- We ask that shower times are 20 minutes or less. Staff must visually check on you every 30 minutes, and we do not want to interrupt you.

## **Clothing:**

- Residents are allowed their own personal clothing
- Clothing which depicts violence, profanity, satanic messages/propaganda, alcohol/drug use or gang affiliations is not permitted.
- Clothing must fit as intended and cannot expose breasts, buttocks or genitalia
- Proper undergarments are required on the milieu
- Residents must wear shoes/slippers/slides and socks on the milieu.
- Clothing must be appropriate for weather conditions.
- Spandex clothing must be individually approved for wear on the milieu and usually only for recreational programs and times designated for physical exercise.

- All clothing must meet dress code policy
- Swimsuits are only permitted for in-water activities, we ask that swimsuits are one-pieces and provide full coverage; no genitalia or private areas of the body should be exposed.

## **Meals:**

- All meals are eaten in the dining area unless otherwise specified by staff.
- Residents are expected to be at meals on time. If you do not eat at mealtimes, you have missed that meal and will not be provided with other food.
- Residents are expected to demonstrate appropriate table manners and acceptable conversation.
- Outside food, candy and drinks are not allowed.
- Residents are required to clean up their place at the table following a meal. Plates are to be scraped and the table wiped down.
- Residents will be offered a portion of everything that is on the menu and must finish what they take before getting seconds or dessert if offered.
- Chewing gum is not allowed within the facility but may be permitted during outside activities with staff approval.

## **Fire Alarm:**

Setting off a fire alarm is a major violation resulting in at least one week building restriction and loss of allowance for two weeks. Legal charges may be filed.

We regularly have emergency drills to practice the appropriate steps for you to take if an emergency should happen while you are in our care.

## **Gambling/Betting:**

Residents are not allowed to place monetary bets or gamble with other residents or staff.

## **Taking care of the furniture:**

- Please respect the shared space and keep your shoes off the furniture
- Use furniture for its intended purpose (e.g. sit on the chairs and not on tables or counters)
- Do not over crowd the furniture (seats sit one person at a time). Residents must not sit so close that they touch when sitting on the couches.
- Food/drinks are to be consumed at the tables unless explicitly approved by staff
- To avoid injury or property damage, do not rock or lean back in the furniture, keep all furniture feet on the ground.

### **Sick Days/Medical Needs:**

- Residents must be examined by PYR nursing staff when feeling sick.
- Nursing staff will determine appropriate treatment and notify the necessary people: teacher, kitchen (meals in room or special diet), milieu staff.
- Residents on sick day must remain in their rooms to prevent the spread of illness unless otherwise specified by nursing staff and will not be allowed to go on any out of building activities.
- Residents are expected to discuss medical needs with nursing staff.

### **Laundry:**

- Residents are assigned two laundry days and are expected to wash, dry, and put away their clothing on that day.
- Resident dirty laundry is to remain in their rooms until the washing machine is available, unless otherwise decided by the treatment team.
- Laundry soaps provided by PYR are hypoallergenic and fragrance-free.

## **PERFORMANCE IMPROVEMENT**

As part of PYR's performance improvement program, information related to program processes is collected for internal use. This may include the number of emergency safety interventions, medication variances, infection control, behavior management plans, and milieu disruptions.

Residents can express their dissatisfaction or complaints to staff present to work together to resolve the complaint. If residents are uncomfortable talking with staff in the moment, they can fill out a complaint form and either give it directly to a supervisor or drop it in the lock box in the laundry room. The lock box is checked once a week by the Program Director or Milieu Manager. Complaints are discussed with the resident to try to reach a resolution. If the complaint is not resolved or if there has been a violation of a contract or agreement, the resident will be provided with a grievance form and will meet with the grievance coordinator to address the concerns and complete the grievance process.

## **LEVEL SYSTEM BREAKDOWN**

The intent of the points and levels system is to provide meaningful rewards and privileges based on engagement in treatment and safe behaviors. Points are calculated weekly, with privileges earned based on the behaviors of the week before. Privileges and rewards will ebb and flow weekly, based on individual resident behavior the previous week.

The intent is to create an environment where residents are continuously working on behaviors to continue to enjoy the rewards of the level; a brand-new resident with great behaviors could quickly earn privileges but would have to continue those behaviors to stay at that level. If they do not, they will move to a lower level with fewer privileges. Residents can go up, or down, levels week after week.

### **Points Categories**

Safe Bodies: refraining from self-harm, assaultive behavior, property damage

Safe Words: refraining from threats (towards others or self), bullying, racist/misogynistic

Programming: Therapy (individual / family) School, groups (Rec Therapy, BHT, nursing, community), transition

ADLs: Wake up / bedtime, hygiene (shower, brush teeth), laundry, clean room, meals, meds

Privileges may include:

- Increased allowance
- Complimentary items from the Behavior Bucks Store
- Small group walks
- Individualized outings
- Access to preferred activities
- Individualized TV programming and gaming
- Later bedtimes
- Longer phone calls

Residents who have consistently shown safe behavior and engage in programming may earn opportunities to have additional time in courtyard and community. Your treatment team and family will partner to identify appropriate opportunities for these privileges.

### **Non-negotiables that result in loss of privileges:**

(Not to exceed 24hr period unless noted by extenuating circumstances)

- AWOL attempt
- Assaultive or sexualized contact towards peers or staff
- Extensive property damage resulting in unsafe conditions
- Bringing contraband into the building of any kind
- Abuse of medication management

PYR Resident ENTRY PACKET  
(72-HOUR ORIENTATION)

WELCOME TO PEARL YOUTH RESIDENCE

RESIDENT NAME: \_\_\_\_\_

ADMISSION DATE: \_\_\_\_\_

72-HOUR COMPLETION DATE: \_\_\_\_\_

EXTENDED COMPLETION DATE IF NECESSARY: \_\_\_\_\_

_____ IS YOUR CASE MANAGER	_____ IS YOUR ADVOCATE
_____ IS YOUR THERAPIST	<b><u>DR. SCHILT</u></b> IS YOUR PSYCHIATRIST
_____ IS YOUR REC THERAPIST	

During your first few days at PYR, we would like for you to answer the questions in this packet to help us get to know you. There are many things about you that are important and others forget to ask. At PYR, we think it is important to take the time to understand and we try not to miss things. Please help us by sharing these important details. You may work with your contact/advocate, therapist, nurse, and/or case manager if you need help or guidance. If you don't know the answer to something, feel free to ask or write in "don't know."

Once you complete this packet, please share in community group at least the following (you're encouraged to share more if you'd like):

- Your Coat of Arms
- Three words that best describe you
- What animal you would like to be and why
- What you hope to learn at PYR
- Where you want to be in 5 years.

Give this completed packet to your case manager after you have shared in group.

## DAY ONE

### WHO AM I?

My full name is \_\_\_\_\_

My age & birthday are \_\_\_\_\_

I was born in: City \_\_\_\_\_ State \_\_\_\_\_

My home now is in the city or town of \_\_\_\_\_

I live with (name & relationship) \_\_\_\_\_

**Please circle the words that describe you:**

Friendly	Cheerful	Independent	Strong-willed	Brave
Clever	Energetic	Patient	Thorough	Artistic
Curious	Loyal	Steady	Outspoken	Kind
Athletic	Gentle	Quiet	Hard-working	Flexible
Cautious	Smart	Creative	Open-minded	Focused
Fun	Survivor	Adventurous	Shy	Funny

Now choose the three words from the list above that BEST describe you:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

One thing I am really good at is \_\_\_\_\_

The thing I like best about school is \_\_\_\_\_

The one person I know I can count on is \_\_\_\_\_

My favorite activity is \_\_\_\_\_

One day I would like to \_\_\_\_\_

I was really brave when \_\_\_\_\_

People should know I \_\_\_\_\_

The thing I like best about myself is \_\_\_\_\_

The quality I most appreciate in others is \_\_\_\_\_

I worry when \_\_\_\_\_

The person in my life I feel closest to is (name and relationship) \_\_\_\_\_

Three words that best describe that person are      1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I really wish people wouldn't \_\_\_\_\_

The most useful thing that anyone ever told me was \_\_\_\_\_

The one person I would most like to meet is \_\_\_\_\_

If I could be any animal, I would be \_\_\_\_\_

Explain why \_\_\_\_\_

My hero is \_\_\_\_\_

Name your favorite:

1. Music Performer or Group \_\_\_\_\_

2. Movie \_\_\_\_\_

3. TV show \_\_\_\_\_

4. Book \_\_\_\_\_

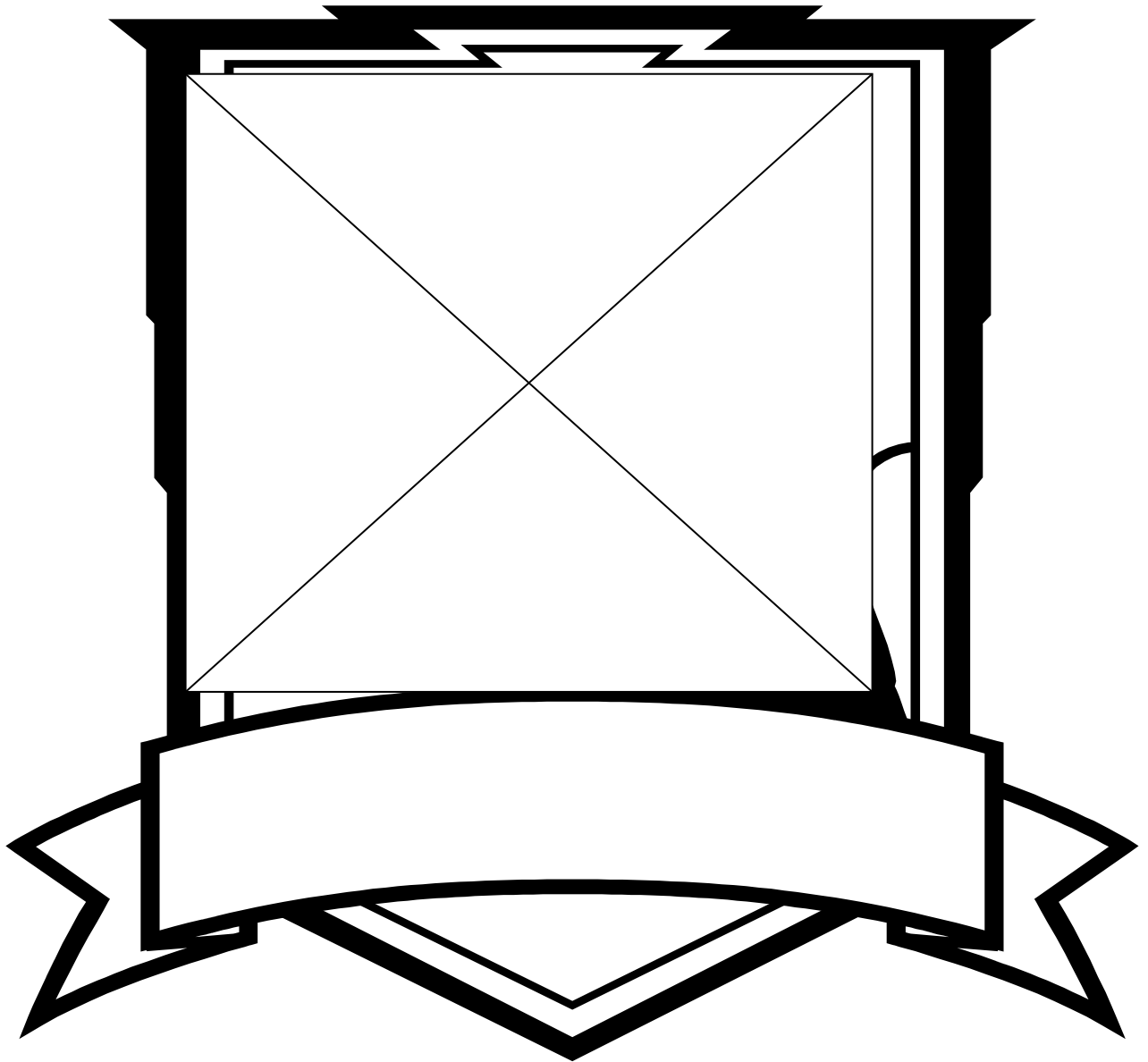
5. Game \_\_\_\_\_



## DAY TWO

# MY COAT OF ARMS

Draw pictures in each section to represent the four most important things in your life. This can be your *Coat of Arms*. Write your name in the section at the bottom.



**My Life Motto (words to live by):**

A dashed rectangular box for writing the motto, with a small vertical line on the left side.

## DAY THREE

### GETTING TO KNOW Pearl Youth Residence (PYP)

Work with your orientation contact persons and use your Resident Handbook to help you answer some of these questions.

Pearl Street Center's Address: \_\_\_\_\_

Pearl Street Center's Phone Number: \_\_\_\_\_

What do you think Pearl Street

is? \_\_\_\_\_

How do you think Pearl Youth Residence can help you?

\_\_\_\_\_

*Pearl Youth Residence is a positive learning  
place for youth, families, staff, and  
communities*

Pearl Youth Residence values collaboration with residents, families, and teams to promote recovery and skill building in areas of flexibility, frustration tolerance, and problem solving. What are some things you've discovered that have helped you?

- \_\_\_\_\_
- \_\_\_\_\_

You can find information about the topics below in the resident information packet or by asking one of your orientation contact persons.

- |                               |                             |
|-------------------------------|-----------------------------|
| ▪ Allowances                  | ▪ Borrowing and lending     |
| ▪ Items not allowed at PYP    | ▪ Food from outside         |
| ▪ Day Passes and Home Visits  | ▪ Hygiene/shower times      |
| ▪ Laundry and chores          | ▪ Mail and phone calls      |
| ▪ Milieu and school schedules | ▪ Milieu rules/expectations |
| ▪ Personal belongings         |                             |

What other questions do you have about Pearl Youth Residence?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## TREATMENT

Why do you think you are at Pearl Youth Residence? \_\_\_\_\_

I wish I could change \_\_\_\_\_

One thing I would like to work on is \_\_\_\_\_

I sometimes wish \_\_\_\_\_

I've always wanted to \_\_\_\_\_

I will never \_\_\_\_\_

It always makes me mad when \_\_\_\_\_

I am most afraid when \_\_\_\_\_

The thing that really hurts my feelings is \_\_\_\_\_

I want to cry when \_\_\_\_\_

One good way for me to relax is \_\_\_\_\_

When I need to calm down, I \_\_\_\_\_

The thing that I am most hopeful about is \_\_\_\_\_

In 5 years I would like to \_\_\_\_\_

In 10 years I would like to \_\_\_\_\_

Name the Medications You are Taking Now	How does each one help you?

Name 3 significant people in your life you would like as supports for you in your community upon discharge.

1. Name\_\_\_\_\_

Relationship\_\_\_\_\_

2. Name\_\_\_\_\_

Relationship\_\_\_\_\_

3. Name\_\_\_\_\_

Relationship\_\_\_\_\_

What would you like to see as your discharge plan?

\_\_\_\_\_

How will I know when I am ready to discharge from PYR?

\_\_\_\_\_

— How will staff know when I am ready to discharge from PYR?

\_\_\_\_\_

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

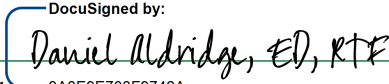
**Title:** Emergency Safety Interventions  
(Physical Holds, Locked Seclusions, and  
Mechanical Restraints)

**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

# Information Sharing: RCW 70.02

It is usually in a child's best interest for their parent to understand basic \*mental health information. It is up to the provider to determine how much information is clinically appropriate to share. Optimally every parent has this information to support home-based behavioral health care for their child:

- Diagnosis
- Treatment plan and progress in treatment
- Recommended medications, including risks, benefits, side effects, typical efficacy, dose, and schedule
- Psychoeducation about the child's mental health
- Referrals to community resources
- Coaching on parenting or behavioral management strategies; and
- Crisis prevention planning and safety plans

ROIs not required for sharing information with parents and other current behavioral health providers. (Take care in school settings.)

\*However, Federal Law 42 CFR Part 2 prohibits licensed co-occurring and SUD treatment facilities from sharing information about substance use without the patient consent.

## **FAQ about Changes to Consent for Behavioral Health Treatment and Release of Information**

### **Background:**

On July 28, 2019, some changes to RCW 71.34 went into effect for behavioral health (mental health and substance use disorder) treatment of adolescents. Major changes included:

1. Parent Initiated Treatment (PIT) is changed to Family Initiated Treatment (FIT).
2. The legal definition of parent already includes adoptive or biological parents, or court appointed guardians (including social workers for WA State Dependents). The definition related to Family Initiated Treatment has been expanded to now include:
  - a. A person to whom a parent has given a signed authorization to make health care decisions for the adolescent
  - b. A stepparent who is involved in caring for the adolescent
  - c. A kinship caregiver who is involved in care for the adolescent or another relative who is responsible for the health care of the adolescent
  - d. Other relative
3. Providers are able to release solely mental health information to parents without the adolescent's consent, with clinician discretion if the information sharing is happening under FIT or adolescent initiated treatment.
4. Providers are only able to release substance use disorder treatment information to parents with the adolescent's written authorization.
5. Parent can now consent for to treatment across the continuum of care including outpatient treatment, intensive outpatient and partial hospitalization.

***The word "parent" will be used to refer to all of the roles identified above in section 2 that fall under the definition of "parent" for Family Initiated Treatment.***

### **Is the age of consent for mental health treatment changing?**

Age of consent remains 13.

### **Do adolescents ages 13-17 have the right to refuse treatment?**

This is the part of the law that is changing. A parent can bring, or consent to someone else to bring the adolescent to be evaluated for inpatient or outpatient mental health treatment. If the adolescent is assessed to have a behavioral health diagnosis and need of treatment, the parent can consent to have the adolescent receive treatment. An adolescent may not refuse treatment if his or her parent seeks evaluation and treatment on the adolescent's behalf under family initiated treatment.

### **Can a parent force an adolescent to receive treatment if they don't need it?**

The adolescent must be assessed as having a behavioral health diagnosis and in need of treatment. The clinical provider assessing the adolescent determines whether treatment is medically necessary.

**Does a provider have to treat an adolescent whose parent is consenting to treatment, but the adolescent does not consent? What if I don't have the right clinical expertise?**

A provider does not have to evaluate or treat any adolescent, as long as the reason they decline to assess or treat the adolescent is **not** because the adolescent does not consent. If an adolescent is assessed and it is determined that they are in need of treatment you don't offer, you can provide referrals to other providers that offer that type of treatment.

**Are there limits for inpatient Family Initiated Treatment?**

The adolescent will be assessed by an outside Health Care Authority (HCA) reviewer around the 14<sup>th</sup> day of admission, to ensure treatment meets medical necessity. If the HCA review of the youth does not pass, the clinical team must discharge within 24 hours of the decision, change the admission status to voluntary, or request the Designated Crisis Responder (DCR) evaluate for Involuntary Treatment Act (ITA) admission. If the HCA review of the youth passes, treatment can continue only for another 30 days.

**Are there limits for outpatient Family Initiated Treatment?**

The adolescent can be seen for up to 12 sessions over a 3 month period (whichever comes first). If the adolescent starts under Family Initiated Treatment and then in the midst of the 12 session/3 month period, consents to treatment, there is no limit to continued sessions after that point. If the adolescent does not consent before the 12 session/3 month limit, then treatment must end once 12 sessions or 3 months has been met.

**Are there limits for Intensive Outpatient Program and Partial Hospitalization Program?**

There are no limits on how long treatment lasts. However, the facility has to notify HCA within 24 hours of admission, and an outside independent reviewer will conduct a clinical review every 45 days to confirm medical necessity is met.

**Will insurance companies pay for treatment that falls under Family Initiated Treatment?**

Insurance companies determine payment for services based on medical necessity. As long as the treatment being provided meets standard medical necessity criteria, then there should be no difficulty with insurance companies covering treatment.

**What are the changes related to release of information?**

The new law underscores that providers have the authority to share solely mental health information with parents without an adolescent's consent and provide parameters around clinicians' exercise of discretion to determine if solely mental health information can be released to parents. The law makes a distinction between releasing information without consent for Adolescent initiated treatment vs. Family initiated treatment, as identified in the following few questions and answers. *See the release of information decision tree for guidelines.* In both cases, clinician discretion is used to determine what to release. For adolescent initiated treatment, the adolescent needs to be consulted first before information is released.

**What type of information is recommended to be released?**

For both adolescent initiated and family initiated treatment, it is important to find a balance between important information to share with parents and maintaining confidentiality with the adolescent. Below is the type of mental health information that is encouraged to be shared with a parent:

1. Diagnosis
2. Treatment plan and progress in treatment
3. Recommended medications, including risk, benefits, side effects, typical efficacy, dose and schedule
4. Psychoeducation about the adolescent's mental health condition and treatment
5. Referrals to community resources
6. Coaching on parenting or behavioral management strategies
7. Crisis prevention planning and safety planning

**What if a provider thinks that releasing information to parents would be harmful to the adolescent?**

The law focuses on clinician discretion in deciding whether or not to release information or what to release. If the provider believes the releasing of information would be detrimental to the adolescent, then they can choose not to release. In this situation, the provider needs to document the reasons they are choosing not to disclose the information.

**Under adolescent initiated treatment, what if an adolescent objects to any information being shared with the parent, but the clinician thinks release is necessary?**

Under adolescent initiated treatment, providers are directed not to **proactively** share information with parents unless there is "an imminent threat to the health and safety of the adolescent or others" or as required by law. In situations where there is no threat to health and safety, providers are able to use clinician discretion to decide whether to release information to a parent. If the provider believes release of information to parent is appropriate, the provider needs to inform the adolescent first and give them an opportunity to share their objections. If the provider proceeds with releasing information, the provider needs to document the reasons they are choosing to disclose the information and include the adolescent's objection.

**Is adolescent consent required when releasing records to actively treating medical or mental health providers?**

No, RCW 70.02.240 allows release of records to other treating providers without adolescent consent to support coordination of care.

**What are the rules about releasing information from a co-occurring mental health and substance use disorder treatment?**

Federal law 42 CFR Part 2 requires written release of information about substance use disorder evaluation or treatment, which would apply to services provided in a co-occurring treatment setting.

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**What are the rules about releasing behavioral health records to a school?**

The law still requires adolescent authorization to release records to a school which includes all school personnel (including school-employed counselors). The age of consent for educational records is 18, so providers will want to get both adolescent and parent consent when planning to exchange information with a school. Providers must obtain written authorization from the adolescent to release mental health or substance use disorder information to school personnel.

**What about releasing information to a school-based counselor that is employed by a mental health agency?**

If the counselor is employed by a behavioral health agency and is providing services at school, then that provider counts as an active treatment mental health provider and consent to release solely mental health information is not required.

**Can a provider include records when trying to refer an adolescent for new services?**

Yes, RCW 70.02.240 allows release of records without adolescent consent when making referrals for services.

**Is consent required when requesting past mental health records?**

Yes, the law does not indicate that prior treating providers can be contacted without consent of the adolescent. In this case, the adolescent should be asked to sign a form to authorize request of records.

**How will community members be notified about these changes?**

The August 29<sup>th</sup> webinar has been recorded. It includes updates on changes in legislation and family rights. To receive a copy of this webinar please email:

[FamilyInitiatedTreatment@hca.wa.gov](mailto:FamilyInitiatedTreatment@hca.wa.gov)



# Your Mental Health Information and Records

If you are age 13 to 17, Washington state law has specific rules for mental health treatment and for sharing your mental health information and records. You will learn:

- What your parents or legal guardians can do with and without your consent
- When and how your providers can access your records and share your health information
- The types of information your providers can share with your parents or legal guardians

## **What can I do without my parent's consent?**

If you are 13 or older, you can get mental health treatment without a parent or legal guardian's consent.

## **What can my parents do without my consent?**

If you are age 13 to 17, your parent or legal guardian can consent for mental health treatment, even if you do not consent.

## **When can providers share my information?**

There are four ways your providers can share mental health information without your consent. Your provider can:

- Talk with others when you tell them you may hurt yourself or others, or if you have been a victim of child abuse. Your provider may also talk with others if you tell them about another child being abused.
- Share with your parents and legal guardians, if the provider believes that sharing is in your best interest. Your provider will talk with you about what they want to share as well as your concerns. They may still choose to share information and will explain their reasons for doing so. Your provider also will write down your concerns in the medical record.
- Share with your other mental health and medical providers that are providing treatment to you. They can send copies of your mental health records to other providers to coordinate care (except for psychotherapy notes as defined in HIPAA).
- Share information by making a referral to new providers or agencies that are recommended to provide you with care.

It is important that all of your providers know your medical and mental health conditions, so you are provided with the best care.

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**What could my provider share?**

It is important that you feel comfortable sharing private information with your therapist. If your therapist wants to share information with your parent or legal guardian, they will talk with you about it. Here are some examples of the type of information that might be shared:

- Diagnosis and recommendations for treatment
- Progress in treatment
- Medications that are recommended, included risks and benefits, how often and how much of the medication you should take, and side effects to look for
- Crisis prevention and safety planning
- Referrals for other services in the community that may be helpful to you and your family
- Changes your parent may need to make to help you. (This is sometimes called “parent training” or “parent coaching.”)

**Update your provider information**

Please make sure that your mental health provider has the most current information about your primary care provider and other providers who are treating you. Let them know right away if there is a change in provider.

**Questions or concerns?**

Talk with your mental health provider.

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## **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  
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## 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**  
**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) an 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**

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.



*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

## 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)



## 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

### **Pearl Youth Residence School Schedule**

Denali	Ozark
Math (K) 8:00-9:00	ELA (D) 8:00-9:00
Science (K) 9:00-9:40	Study Skills/Life Skills (D) 9:00-9:40
Snack (20) 9:40-10:00	Snack (20) 9:40-10:00
ELA (D) 10:00-11:00	Math (K) 10:00-11:00
Lunch (30) 11:00-11:30	Science (K) 11:00-11:40
Study Skills/Life Skills (D) 11:30-12:10	Lunch (30) 11:40-12:10
Social Studies/History (M) 12:10-12:50	Health (M) 12:10-12:50
Health (M) 12:50-2:00	Social Studies/History (M) 12:50-2:00

### **Pearl Youth Residence Meal/Snack Schedule**

#### Monday through Friday

Breakfast – 7am Denali, 730am Ozark

Snack – 940am (both units)

Lunch – 11am Denali, 1140 Ozark

Snack – 3pm (both units)

Dinner – 5pm Denali, 530pm Ozark

Snack – 7pm (both units)

#### Weekends / Non School Days

Breakfast – 8am Denali, 830am Ozark

Snack – 10 am (both units)

Lunch – 12noon Denali, 1230 Ozark

Snack – 3pm (both units)

Dinner – 5pm Denali, 530pm Ozark

Snack – 7pm (both units)

**Anti-Racism and Diversity Statement:**

“Comprehensive Life Resources is committed to establishing and sustaining an equitable community that achieves the agency’s equity mission to end the predictive value of race while we seek to recognize, reconcile, and rectify historical and contemporary injustices and support tribal sovereignty and cultures.”

PYR value’s different perspectives, experiences, and expression of thought, and we do not tolerate hate or bias-motivated behaviors in our spaces. Together, we can create a community where everyone is respected and valued despite our differences.

**Pearl Youth Residence practices anti-racism practice and policy.**

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. All residents and staff at PYR are equal and accountable to each other.

1. As a resident at Pearl Youth Residence, I will honor that in this residence and around our community, there is no place for hateful behavior. As a resident of Pearl Youth Residence, I affirm the dignity of all people regardless of race, ethnicity, gender, gender identity and expression or religious beliefs.
2. As a resident at Pearl Youth Residence, I am accountable for my actions, words and behaviors and will act ethically and honestly in all our interactions.
3. As a resident at Pearl Youth Residency, I will honor and accept that all residents and staff have the right to be treated and the responsibility to treat others with fairness and equity, the duty to challenge prejudice, and to uphold the house rules, policies and procedures that promote social justice in all respects.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



# Courtesy Agreement

As part of our commitment to maintaining a safe and inclusive environment for all clients and staff at Comprehensive Life Resources, we have a zero-tolerance approach to hate speech as we strive to maintain a culture of belonging for all.

Hate speech refers to any form of communication or expression that promotes discrimination, hostility, or prejudice against individuals or groups based on attributes such as race, ethnicity, religion, gender, sexual orientation, disability, economic status or appearance. We believe in fostering an atmosphere of respect, empathy, and support, where everyone feels valued, safe and included.

It is imperative that each client understands the severity of engaging in hate speech and its detrimental impact on the wellbeing of our community.

If any client is found participating in hate speech of any kind, we will address this behavior immediately as a reminder of our expectations for respectful and inclusive conduct. We encourage clients to use the opportunity to seek support and resources for reflection, education, and continued growth. Engaging in hate speech after a warning could result in discharge from services.

By signing this agreement, I acknowledge I have read and understood this agreement and commit to being a part of building a culture of belonging at CLR.

Client Name: \_\_\_\_\_ Client ID: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If the client is under 13 years of age:*

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**RESIDENT NAME:** \_\_\_\_\_

[illegible]