

Client and Family Handbook

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WELCOME!

We are pleased that you chose Tanager Place to assist you and your family. It is our top priority that the services provided to you at Tanager Place are that of respect, healing, and hope. In this handbook you will find the answers to many of the questions you may have about Tanager Place and the inpatient program.

ABOUT TANAGER PLACE

In 1879, before electricity lit the streets and homes of Cedar Rapids, Tanager Place opened its doors to children. The Industrial School, as it was first known, was founded by Eleanor Lund as a result of her work as a City Missionary in the community. After undergoing several different names between 1879 and 1990, the Children’s Home of Cedar Rapids changed its name to Tanager Place. The new name represents the beautiful scarlet tanager bird. The organization, like the scarlet tanager, is unique and beautiful to the children and families whom it serves.

Tanager Place is currently a multi-service agency serving youth and families in various programs, including Camp Tanager, Mentoring Programs, Inpatient Psychiatric Treatment, Behavioral Health Intervention Services, Pediatric Integrated Health Services, and Outpatient Clinical Services. The Behavioral Health Clinic provides the community with medication management, psychological assessment and testing, Autism Services, and various modalities of Therapy.

Our inpatient program consists of four, state licensed PMIC (Psychiatric Medical Institute for Children) cottages and two ICF/ID (Intermediate Care Facility for Intellectually Disabled) cottages. While PMIC and ICF/ID are housed on the same campus, each serves children in a unique and distinct manner. Regulatory, licensing and admission criteria vary for each program. Since your child is being admitted to our PMIC program, the rest of this handbook will focus on PMIC specific programming.

MISSION

To provide children and families with services that inspire, empower and heal.

VALUES

Optimism | Excellence | Inclusion | Collaboration | Altruism

GUIDING COMPASS



INPATIENT TREATMENT TEAM

We strive for your treatment team to be made up of trusted adults rooted in Tanager Place mission and values. We hope to build therapeutic relationships with you that will help you reach your treatment goals centered on a sense of safety, connection/belonging, meaning/purpose and efficacy. This includes building upon your social, emotional, and physical well-being and cultivating your resilience. Those on your treatment team may include: Inpatient Program Director, Program Managers, Cottage Supervisors and Assistant Supervisors, Youth Service Workers, Clinical Providers, Art Therapist, Nursing, Psychiatrist, School Staff and more.

Youth Service Workers and Shift Leads are responsible for the daily supervision and support for your child. They work in tandem with all departments to provide your child with active treatment, wellness programming, daily living skills, normalcy activities and behavior management. We are staffed in accordance with state regulations 24 hours per day. Most youth service staff and shift leaders work either a Sunday-Wednesday shift or a Wednesday-Saturday shift. They also serve as youth advocates and will be the primary staff members you may speak with about daily events in cottage. This role also assures your child's individual personal needs are met. This may include the purchase of clothing and proper winter attire, as well as provide an opportunity for additional one-on-one time with their advocate and even going off campus to do something fun. We invite you to ask them for updates on your child's day when you speak with staff by phone.

Youth Service Workers – Overnight are responsible for the overnight supervision and safety of each child in cottage. PMIC cottages are required to have one staff member in each building per state licensure. They complete 30 minute bed checks on each child throughout the overnight hours between 10:30pm-6:30am.

Assistant Cottage Supervisors typically work Monday-Friday second shift. Assistant supervisors are responsible for ensuring all aspects of programming are planned and carried out daily in cottage. They may run groups, assure transportation is arranged for medical appointments, and prompt youth service workers regarding the schedule of the day and follow up with additional cottage responsibilities.

Cottage Supervisors are responsible for the daily operations of their assigned cottage, ensuring your child has a safe and nurturing environment in which to live. They are also responsible for discipline and evaluation of cottage staff and overall implementation of cottage programming. Cottage Supervisors will be the person you call if you have a question or a concern about daily programming or a particular staff member.

Operations Manager & Assistant Manager is a seasoned leader who has responsibility over the daily operations of inpatient. It is their role to effectively collaborate with other inpatient leaders to assure programs are adhering to all licensing and regulatory standards required by the state. They ensure safety and accountability across campus and work closely with supervisors to assure adequate supervision and programming. The program manager directly supervises cottage supervisors, ELC coordinator and overnight supervisor.

Clinical Manager is a seasoned leader who has responsibility over the treatment and clinical care within the inpatient program. It is their role to effectively collaborate with other inpatient leaders to assure the treatment needs of youth are being met. They ensure clinical programming, counseling, coordination of care, case management and ongoing authorization for stay. The clinical manager directly supervises counselor/QIDP, therapist, and the crisis intervention specialist. This position is required to be a licensed therapist/social worker and helps guide all therapeutic interventions across treatment plans/IPPs.

Program Counselors/QIDPs are responsible for providing individual, family and group counseling/engagement.

Program counselors will be the main contact point for parents/guardians regarding ongoing treatment consultation, setting up home visits, observing milieu, establishing treatment plans/PPs and ISPs, providing staffing's and ongoing discharge planning throughout the clients stay. They will work with the family to determine treatment goals, frequency of visits and client centered modalities that are beneficial for the client and family based on need. They can refer youth to Art therapy, music therapist or therapeutic groups being hosted on campus. Program counselors/QIDP will be required to hold a Bachelor's degree in human services but may not be licensed therapist.

Health and Practice Manager is responsible for the daily operations of the nursing department as well as serving as point person for all internal audits/investigations. This person has direct oversight of the nursing team. This person directly interfaces with the consulting psychiatrist, completes orders, provides assessment of injuries, refers client's to the appropriate providers in the community and will answer any medical questions you may have.

VP of Clinical Care and VP of Operations are responsible for oversight of the Inpatient Programs. These individuals directly interface with leadership across campus and provide strategic coherence to both programs.

INPATIENT TREATMENT SERVICES

The clinical services team is comprised of therapists, counselors and/or QIDPs. For the purposes of consistency, we will use "clinical services staff" to encompass all of these titles.

Comprehensive RISE Assessment/Comprehensive Functional Assessment

Prior to admission, each youth will engage in a comprehensive resilience assessment (inpatient admissions packet) and/or a comprehensive functional assessment (CFA)(ICFID) to identify treatment plan needs and goals.

Psychiatric Services

Upon admission, each youth will be assigned a psychiatrist who will help with medication management and oversight of a youth's care. The youth will meet with their psychiatrist at least every 4-6 weeks through doc rounds.

Nursing Services

Tanager Place inpatient program has several staff within the nursing department. The nursing department monitors medication(s) prescribed by the psychiatrist as well as assists with the medical needs on campus.

Medication Protocol

- As part of your child's treatment, they will meet with a psychiatrist on a regular basis. This is typically every 4-6 weeks for medication monitoring and assessment.
- If a psychotropic medication is necessary, you will be notified by our health services department prior to the new psychotropic medication being started. We require your permission to begin new psychotropic medications. (Please refer to the document regarding medication in the packet of releases)
- If the medication is already being administered, but the dosage changes, you will be notified of this by weekly contact typically by the program staff.
- Parent/guardian requests to speak with the psychiatrist are welcome and typically can be honored during the child's visit with the doctor.

Supplemental medications (such as vitamins, minerals, nutritional supplements or over the counter medications) may

be requested by parent/guardian and can be administered if the following occurs:

- Medication must be prescribed by a physician.
- Parent/guardian must provide the medication.

Individual Clinical Services

Upon admission, each youth will be assigned an individual clinical staff. At the time of admissions, the clinical staff, along with the family and youth will complete a youth assessment. The clinical staff is responsible for writing the youth's treatment plan/individual care plan which will contain the youth's goals for treatment. Youth will meet with their clinical staff on a weekly basis to work on goals related to their treatment plan, as well as their individual needs or concerns while here in treatment.

Family Clinical Services

You and your family will also be engaged in family clinical services. Family goals will coincide with the goals laid out in the treatment plan. The clinical staff, youth and family will work collaboratively to determine what goals need to be focused on the most. Family sessions will occur at a minimum of two times a month, face-to-face. For families that have transportation barriers, telehealth and skype services may be utilized to help meet the requirements. Family sessions are pertinent to success in treatment so regular attendance is a must.

Group Clinical Services

Tanager Place also provides group clinical services. These groups will occur with a clinical care staff and will use evidence-informed therapeutic curriculums to enhance treatment plan outcomes. Group clinical services can occur both in the youth's cottage with cottage youth's or with other youth's across campus. Youth are identified based on presenting symptomology, diagnosis and treatment needs.

Expressive Arts Clinical Services

Tanager Place Employs Music and Art Therapist to support the inpatient program. Through art and music therapy, children use their creativity to heal. Expressive arts therapy offers children a way to express themselves in a creative, expressive manner. The treatment team will identify if a youth would benefit from being engaged with the campus Art and Music Therapist. The youth can also request Therapy if the youth and family feel it will be beneficial to the youth's treatment needs. At times, there may be a waitlist for Art and Music Therapy, the child's individual counselor/ therapist will communicate updates with the youth/family on waitlist status.

Recreation Therapy

Tanager Place Employs a Rec Therapist who meets with youth individual and in a group setting. The Rec Therapist's aim is to provide excellent recreation and leisure treatment to enhance quality of life and well-being through safe, evidence-based and goal-oriented practices for youth in care.

Crisis Interventionist

Tanager Place Employs a crisis interventionist to help be proactive in mitigating crisis and offering support, guidance and coaching on campus. This staff may check in with kids 1-1, help in a group setting, ensure fidelity to IPP/ISPs and offer leadership throughout campus as it relates to programming and treatment of youth.

Treatment Planning

Each youth will have a written, individualized treatment plan or IPP (ICFID) that is based on assessments of their clinical needs, activities of daily living (ADL) needs, referral information, input from the family, worker if assigned and

the child. The clinical staff will complete this plan upon admission and update it within the first 14 days. An initial 30 day staffing will be held with you, your child and program appropriate staff to discuss the ongoing treatment that will move your child to successful discharge. These plans reflect a multidisciplinary therapeutic approach to identifying active needs and strengths and the most effective modalities necessary to bring about change and safe behavior. This plan will be reassessed at regular intervals with your input.

Staffing's

An initial 30-day staffing will be held with the clinical staff, you, family, supports and program appropriate staff to discuss ongoing treatment plans, successes, barriers to achieving goals and ongoing discharge planning.

Case Management

Your clinical staff and cottage staff will consult, at minimum, once a month on programming needs and successes.

Individualized Support Plan

An individualized support plan may be created if the youth is determined to be a heightened state of need and support. These plans cover a protocol needed for youth success. These include an elopement protocol, aggression protocol, suicidality/NSSI protocol, boundary protocol or other protocols for client success.

Discharge Planning

Tanager Place believes discharge planning starts at admission. We work collaboratively with families, referring workers, program staff and client to assess treatment needs, identify measurable goals, and participate in an open discussion of options, expectations, and timelines for achieving safety and stability. Treatment is geared to promote the earliest possible discharge. Regular and frequent family therapy/counseling is required so gains in treatment can be tangible and continued stay in placement can be approved through the managed care organizations. Tanager Place recommends twice monthly family therapy/counseling and weekly individual, check-ins and/or group for the child.

CULTURAL COMPETANCE

Tanager Place values, accepts and respects differences amongst the children we serve. We are continuously striving to adapt our services to meet the needs of a diverse population and in doing so, provide the most effective services possible. We offer equal opportunities to all families and children regardless of race, color, creed, religion, sexual orientation, age, disability, national origin or any other characteristic protected by law.

It is vital that youth in our care feel included, supported and accepted in all aspects of their lives including how they wish to be identified. Inpatient programming recognizes and supports each child's unique gender identity. We want children to have a safe space in which to identify and we will help educate and offer resources to children and families in order to support successful outcomes.

We encourage families and caregivers to educate us about your customs and beliefs.

Tanager Place is a nonsectarian organization. If your child wishes to participate in religious services, staff may assist in arranging transportation if available. Parent/guardian approval is required. No organized religious activity is offered as part of our program.

COMMUNICATION

Phone calls, program visits and home visits are all an important part of the program. Your consistent involvement with your child is crucial to their stability and eventual return home or to another planned living arrangement. Your

program therapist/counselor will assist you in making these arrangements.

Mail is accepted across campus and your child is encouraged to stay in touch with family and friends on their contact list. There may be times when mail must be opened in front of staff to assure the contents within the envelope are safe and do not contain unauthorized, illegal or injurious materials.

Phone calls can be made to those listed on the communication plan. These calls typically occur during the evening hours or weekends and are not able to occur during the school day. Most clients are attending off campus school. We encourage frequent contact with your child.

Certain communication may not be allowed such as when there is a specific court ordered no contact. Therapists/counselors may also advise certain contact be limited for clinically justified reasons. This plan will be developed with you and the clinical team and will be a written plan that is reevaluated frequently.

We also offer virtual family sessions for those families who may not be able to meet in person. We do ask that this be limited to once monthly. The family counseling component of treatment is best done in person with your child to continue to build personal connection and practice the skills being taught.

PHILOSOPHY OF CARE

Our ability to help move youth through the program and assist them in reaching their goals (both long and short term) hinges on the ability to measure progress and demonstrate that the youth and family has improved on their treatment plan goals. Tanager has designed programming specifically intended to enhance treatment outcomes. Programming is centered on a philosophical view that all youth do well if they can and there is no such thing as a bad kid. Programming is focused on core practices aligned with being trauma informed, resilience based and promoting restorative practices. Tanager Place uses the RISE: Wellness & Resilience Framework™ to help design day to day programming that is strength based, child/family centered and relationally focused.

- We realize the impact that exposure to adverse experiences and toxic stress has on a person's well-being.
- We recognize when a specific person who has been exposed to adversity and repeated, sustained stress is in need of help to recover.
- We respond by helping in ways that reflect awareness of trauma's diverse impact and consistently support the person's recovery.

RISE: Wellness & Resilience Framework™

Framework developed by Tonya Hotchkin

Cultivating factors and responding to experiences with the means to manage, restore and rise through adversity.

Relationships: Adaptive relationships that we have with ourselves and others are the foundation required to actualize well-being and resilience.

- **Experiences:** Life experiences influence the developing brain and overall emotional, social, mental and behavioral growth of humans. These experiences effect our private logic and relationship we have with

ourselves and others.

- **The 'You' Intervention:** Self-awareness and our ability to reflect on our own personality traits, values, and preferences help elevate our ability to have healthy relationships with others.
- **Characteristics:** Fostering personal characteristics found in a relational approach allows for optimal healing to occur through the context of interactions and environments created through those characteristics.

Indicators of Well-being: The conditions needed to foster a sense of psychological wellness and cultivate resilience.

- **Safety** – A felt sense of predictability, security and consistency on a physical, physiological and psychological level. Common understanding of expectations, support and accountability to safeguard trust and respect.
- **Connection & Belonging** – A felt sense of connection and engagement in community. Environments ensure functioning aligned with the concepts of inclusion, collaboration and restorative practices.
- **Meaning & Purpose** – A felt sense of mattering and living a purpose driven life. The ability to identify contribution, fulfillment and a sense of altruism within one's life.
- **Efficacy** – A felt sense of capability and reaching expectations within daily living. An ability to identify, grow and feeling empowered to use strengths and assets in day to day activities.

Social & Emotional Development: Integrating prosocial growth in order to interact with self, others and the larger world in healthy ways.

- **Awareness of Self & Others** - Aware of self and others and understands the possible impact of choices and actions.
- **Affect Management** - Capacity to regulate sensations and emotional states of being.
- **Relational Rhythms** – Able to develop and maintain healthy relationships with others.
- **Healthy Choices** - Capacity to integrate emotion and logic to make healthy choices and forward think.

Enhancements: Enhancing the interconnections of the whole person.

- **Mind** - Engages in activities and behaviors that promote mental and intellectual health.
- **Body** - Engages in activities and behaviors that promote physical health.
- **Spirit** - Engages in activities and behaviors that promote emotional and existential health.

MILIEU ENVIRONMENT

Personal Items

Youth will have a designated cabinet where personal items that are not allowed in bedrooms are kept. Personal items can be accessed in collaboration with staff. Personals can be used during scheduled time that aligned with personal items in cabinet. Personals can be requested outside of specific treatment/programming time.

Personal items may include:

- Personal Snack
 - For evening/weekend snacks, youth can choose either offered snack or personal/preferred snack.
 - Non-caffeinated soda.
- Personal activities such as coloring, gaming, electronics, etc.

Personal items that will not be allowed on campus are cell phones, tablets, devices that can connect to WIFI, weapons, explicit lyric music, glass, aerosols, body sprays or valuables.

Hygiene

- Shower/bathe daily
- Dress in clean clothing that is appropriate
- Brush your teeth twice a day, morning and bedtime
- Wash your clothing once a week on your assigned day, fold and put them away
- Wash your hands before each meal and after using the restroom
- Use toothpaste, deodorant, and shampoo daily
- Wear slippers or socks at all times in the milieu

All youth must also follow the list of the approved hygiene supplies, and not collect an excessive amount. All hygiene must be locked in youth personals.

Temperature Chart and Clothing Guidelines

Our Nursing Department has established temperature guidelines for what youth may wear depending on the temperature outside. This is done in attempts to maintain healthy habits and ensure appropriate dress for a treatment setting. For example, if the temperature is 35 degrees or below it is expected that youth have coats, hats, mittens, and warm full body covered clothing. If the temperature is between 35 to 64 degrees, it is expected that youth wear jacket, shoes, full body covered clothing.

If there is concern that you are dressed inappropriate, staff will ask you to return to your room and make changes in your clothing. The clothing you are allowed to wear is based on the temperature that it is at the time you leave for school during the school year and the expected temperature of the day in the summer.

We also expect all youth to wear appropriate types of clothing during their stay here. Examples of inappropriate dress include, but are not limited to tube tops, halter tops, backless tops that tie around the neck, spaghetti strap tank tops, attire that reveals a bare midriff and low cut tops. Underwear should never be showing. If you raise your hands above your head and we can see your stomach, you will need to go change your shirt. If you place your hands at your side while standing and your fingers go past your shorts, they will need to be changed. We are not saying that there is anything “wrong” with this type of clothing; we are saying that it is not appropriate during your inpatient stay.

Jewelry/ Piercings

Youth that have shown any past history of physical aggression or self-harm may have the privilege of jewelry taken away until safety and trust is established. This will be based individually per youth. Any youth whom is absent of aggressive or self-harming behavior may propose to wear band bracelets, but this too must be requested for and is entirely at staff discretion. Acrylic nails & new piercings are not allowed during your time at Tanager Place.

Chores and Allowance

Youth will be expected to do chores daily and maintain a clean environment. Every weekend youth are expected to participate in cottage and bedroom deep clean. Some of the expectations are that the bedrooms need to be swept and mopped, clothing removed from shelves, the clothing neatly replaced and folded back onto shelves, beds made

appropriately, the items on your shelves are removed and the desktop dusted. The trash needs to be emptied and a new trash bag placed in the trash can. For the cottage milieu the expectations are that trash is emptied, bathrooms cleaned furniture moved and wiped down, all areas dusted and straighten up, and all floors swept, mopped or vacuumed. It is important for the youth and staff to keep the community nice and clean.

Staff will keep a record on the amount of chores that each youth completes daily. Youth will be allowed to pick up to 2 extra chores daily when the opportunity arises. Refusal of chores will result in not getting paid which will result in lower/no allowance being paid out at the end of the month. Allowance will be paid out by the assistant supervisor.

If a youth destroys property, then this will result in fines which will be subtracted from their allowance.

Bedrooms

- Floor must be kept clear. – Swept & Mopped Daily.
- Dressers must be cleaned and organized.
- Trash emptied daily.
- Must only have maximum amount of clothing items allowed.
- Plastic tub, must be able to fit the lid on it. – All personal belongings must be able to fit in tub. If belongings are not in tub they must be cleanly organized on shelves in room.
- Bed must be neatly made daily.
- Only 1 laundry basket may be in room
- Must follow the expectations on the “inventory” list when determining the amount of clothing or belongings is acceptable.

Youth must have bedrooms checked each morning as part of their routine. Bedrooms will also again be picked up and cleaned as part of the nightly routine.

Laundry

A laundry schedule is posted with your assigned laundry day. You will be responsible for doing your own laundry during the daytime/evening hours. Youth would not put their laundry in with the main cottage laundry unless there has been an accident or some other medical reason. Bi-weekly, on the weekend you are also to wash your bedding on your assigned laundry day. Staff will help you determine what week this is.

Mealtimes

For meals, we want to ensure to wash our hands before eating. We ask that all clients eat every meal to best engage in healthy food habits. Even if you are not eating the meal, it is a community norm that youth go to the dining room with the group. When you are done eating, we ask that each youth scrape, rinse and put your mealtime dishes in the dishwasher. Please clean up your spot at the table when you are done eating, which includes wiping down your table area and chair. We ask youth to remain in the dining area until the meal is complete. Eating as a community is a way to build connection, belonging and positive engagement. Please remember that we must serve what is listed on the menu to eat even though sometimes you may not like the food for the meal. We never deny food to youth; we will always provide appropriate meals.

Snacks

Snacks will be served at twice in the evenings. Youth will be served a snack that was provided by the kitchen. Personal snacks will be in replacement of the 8PM regular snack. Peanut butter & toast will also be served nightly before bedtime between the times of 7:45-8:15PM.

Cottage Safety and Supervision

Our inpatient cottages have exterior doors that lock automatically. All cottage staff members carry an identification badge that allows entry during schedule hours. Cottage exits are not impeded for safety reasons, clients and staff are able to exit in order for safe exiting in an emergency. We are NOT a locked facility, however each cottage is staff secured. All staff members carry a badge of identification that allows them into the cottage when they swipe the key pad located just to the right of the entrance doors. When exiting the cottages, doors will open and do not require a key or badge. Each cottage is staff secured. We are NOT a locked facility. If we have a client who may have a history of running away, and reasonable efforts in the program to mitigate this risk are not effective, a staffing or consultation will be held to discuss alternative efforts to eliminate running away and determine the appropriateness of continued stay.

Video Surveillance

Tanager Place utilizes video surveillance within common areas of each cottage. Tanager Place will not use surveillance cameras in place of or for the convenience of staff. It may be used for purposes of observing client/staff interactions and to review specific incidents involving client or staff injuries and/or restrictive interventions. All surveillance cameras are to remain visible and are only installed in common areas [no video surveillance if bedrooms, bathrooms, or areas in which private visits are held].

Emergency and Crisis Response

In the event of a health crisis or emergency, it is our goal to proceed efficiently and safely through the use of procedures for psychiatric, medical and dental emergencies. Our health services department along with our dedicated staff members will determine whether an emergency exists and make the appropriate referral to the nearest facility capable of providing the necessary services.

We have safety protocols for a variety of circumstances so any client who demonstrates unsafe behavior may be placed on one or more safety precaution levels including but not limited to; run-precaution, self-harm precaution or close-observations. Your assigned program supervisor, therapist/counselor can help you understand the need for these precautions and the restrictions placed on your child.

Should your child require emergency psychiatric support, staff will work with the therapist/counselor, program supervisor and Health and Practice Manager if admission to the hospital may be necessary. We will contact the psychiatrist for input during this time. Tanager Place utilizes St. Luke's Hospital (Unity Point) for this purpose. You will be notified as soon as safely possible, should this be necessary.

MILIEU PROGRAMMING

Restorative Practices

A restorative program is one which takes a restorative approach to creating community, engaging voice, resolving conflict and preventing/responding to harm. Restorative approaches enable those who have been harmed to convey the impact of the harm to those responsible, and for those responsible to acknowledge this impact and take steps to make it right. Below is the social discipline window and how we aim to include youth's voice and choice whenever possible. This allows for resilience to be cultivated and social and emotional intelligence to continue to be developed.

The social discipline window describes four basic approaches to social control and behavior boundaries, representing them as different combinations of high or low control and high or low support. The restorative window uses high control and high support taking action **with** people, rather than doing **to** them or **for** them. The social discipline window has applications for all settings involving behavior and social control. (IIRP, 2015-2017)

Below are some examples of how the four approaches to social and behavioral control might look in treatment.

TO / PUNITIVE

- Rules created by adults
- Consistency
- Clear expectations
- Undesirable behavior is discouraged using fear of punishment such as physical pain, isolation, loss of resources

(no dinner, no allowance) and loss of privilege

- Immediate and clear response to undesirable behavior with no discussion and no exceptions
- Response to undesirable behavior is punishment as outlined above
- Likely to promote: Compliance, Cooperation, Submission, Rebellion, Subversion, Bullying, Acquiescence, Reluctance, Fear, Anger, Resentment, Defensiveness, Frustration, Hopelessness, Apathy, Denial of Responsibility, Guilt/Shame/Embarrassment followed by disconnection, hopelessness, anger, denial, disempowerment

WITH / RESTORATIVE

- Norms & Guidelines created collaboratively (age appropriate).
- Consistency.
- Clear Expectations.
- Desired behavior is encouraged using intrinsic rewards such as compassionate communication, pride, appreciation, connection, & acknowledgement.
- Undesirable behavior is discouraged using affective statements and the knowledge of real-world consequences to actions.
- Immediate and clear response to undesirable behavior.
- Undesirable behavior is responded to with affective statements and questions. The child is asked to work with those harmed to repair the harm.
- Likely to promote: Compliance, Cooperation, Collaboration, Self-motivated action, Accountability, Responsibility, Creativity, Trust, initial Shame/Embarrassment/Guilt followed by Empowerment, Joy, Inspiration, Engagement, Curiosity, Pride, Trust, Creativity, Autonomy, Connection

FOR / PERMISSIVE

- No rules or constantly changing rules.
- Children seem to be in charge.
- No consistency.
- Little to no expectations and/or little to no follow through on expectations. When expectations are not met adults take responsibility for consequences.
- Adults lives and schedules revolve around children. Parents create everything and fix everything.
- Desired behavior is encouraged using rewards and un-empowered requests.
- Undesirable behavior is discouraged threats with no follow-through or un-empowered requests.
- Likely to promote Laissez-Fair, Lack of Motivation, Distrust, Confusion, Complacency, Shame, Denial of Responsibility, Bullying, Apathy, Fear, Hopelessness, Disconnection.

NOT / NEGLECT

- Absent adult; physically, mentally and/or emotionally.
- No rules, norms or guidelines
- No expectations or redirection/consequences
- Likely to promote Fear, Loneliness, Isolation, Hopelessness, Distrust, Disengagement.

Circles

One of the approaches to restorative practices is the use of circles. Circles will be used to create a sense of community,

including how to live together in a safe, positive manner. Circles can also be used to create restoration between relationships when safety and trust have been jeopardized. It also be used as a safe way to manage conflict and use the voice of each person in community as a valued member of the overall cottage milieu. Circles and restorative communication/nonviolent communication is one that utilizes “I feel” statements and communicates in a way that aims to reduce feelings of shame or blame.

Critical Components in Using Circles

The Circle Keeper uses the following elements to design the circle and to create the space for all participants to speak their truth respectfully to one another.

- Seating of all participants in a circle (preferably without any tables)
- Opening ceremony
- Centerpiece
- Values/guidelines
- Talking piece
 - You use the talking piece to either pass, speak your truth or ask the talking piece to come back to you.
- Guiding questions
- Closing ceremony

Benefits of Circles

Circles create a sense of connection and community. Circles can allow all voices to be heard.

- Circles can help people explore issues on a deeper level
- Circles allow people to learn about each other and build relationships
- Circles encourage problem solving
- Circles can help people take responsibility

During certain parts of the routine, staff may ask the youth to complete a “Community Circle Check-In” this is done to promote connection, social/emotional intelligence and overall wellness. “Community Circle Check-Ins” is completed by the youth and staff circling up together and one youth or staff beginning using the talking piece and answering the following questions:

1. How are you feeling?
 - a. This can include the following:
 - i. What zone are you in?
 - ii. PHYSICALLY: How are you feeling in your body?
 - iii. INTELLECTUALLY: How are your thoughts and mind?
 - iv. EMOTIONS: What emotions are you experiencing?
 - v. SPIRITUALLY: Are you connected to your meaning and purpose?
 - b. Do you have a goal for the day?
 - i. Who can help you with this goals

ZONES of Regulation

The Zones of Regulation® is a framework and easy-to-use curriculum for teaching youth strategies for emotional and sensory self-management. Rooted in cognitive behavioral therapy, The Zones approach uses four colors to help youth identify how they are feeling in the moment given their emotions and level of alertness as well as guide them to

strategies to support regulation. By understanding how to notice their body's signals, detect triggers, read social context and consider how their behavior impact those around them, youth learn improved emotional control, sensory regulation, self-awareness, and problem-solving abilities.

Using a cognitive behavioral approach, the curriculum's learning activities are designed to help youth recognize when they are in different states or "zones," with each of four zones represented by a different color:

The **Red Zone** is used to describe extremely heightened states of alertness and intense emotions. A person may be elated, euphoric, or experiencing anger, rage, explosive behavior, devastation, or terror when in the Red Zone.

The **Yellow Zone** is also used to describe a heightened state of alertness and elevated emotions, however individuals have more control when they are in the Yellow Zone. A person may be experiencing stress, frustration, anxiety, excitement, silliness, the wiggles, or nervousness when in the Yellow Zone.

The **Green Zone** is used to describe a calm state of alertness. A person may be described as happy, focused, content, or ready to learn when in the Green Zone. This is the zone where optimal learning occurs.

The **Blue Zone** is used to describe low states of alertness and down feelings such as when one feels sad, tired, sick, or bored.

All of the zones are natural to experience, but the framework focuses on teaching youth how to recognize and manage their zone based on the demands of their environment and the people around them.

The Zones of Regulation curriculum teaches youth how to use calming techniques, cognitive strategies, and sensory supports to stay in a zone or move from one zone to another. Lessons touch on how to read others' facial expressions and recognize a broader range of emotions in self and others, considering others' perspectives and the impact our behaviors have on others, building greater insight into events that trigger our youth' less regulated states, and when and how to use tools and problem solving skills. Concepts from the Social Thinking Methodology are incorporated throughout the curriculum to help youth develop awareness of how their behavior impacts the thoughts and feelings of others. By tying in Social Thinking concepts, the lessons on self-regulation become more meaningful to the youth' lives as they gain a deeper understanding of the impact their behavior has on their relationships.

POSITIVE REINFORCEMENT

The overarching goal of inpatient programming is to provide youth with services that help them achieve their treatment goals. One way we recognize youth is through positive reinforcement to strengthen prosocial, safe behavior. In operant conditioning, positive reinforcement involves the addition of a reinforcing stimulus following a behavior that makes it more likely that the behavior will occur again in the future. When a favorable outcome, event, or reward occurs after an action, that particular response or behavior will be strengthened.

There are many different types of reinforcers that can be used to increase behaviors, but it is important to note that the type of reinforcer used depends on the individual and the situation.

- **Natural reinforcers:** Occur directly as a result of the behavior. For example, a person studies hard, pays attention in class, and does their homework. As a result, they get excellent grades.

- **Social reinforcers:** Involve expressing approval of a behavior, such as a staff saying "Good job" or "I appreciate your kindness."
- **Tangible reinforcers:** Involve presenting actual, physical rewards such as candy, treats, toys, money, and other desired objects. While these types of rewards can be powerfully motivating, they should be used sparingly and with caution.
- **Token reinforcers:** Points or tokens that are awarded for performing certain actions. These tokens can then be exchanged for something of value.

At Tanager Place we work alongside clients and families to promote positively participating in scheduled activities, completing expectations, being a positive leader, being a positive community member and making safe choices. Staff aim to highlight natural reinforcers to youth as well and creating a community of social reinforcers. Tanager Place desires for clients to gain an intrinsic motivation toward life goals but also uses positive reinforcement to increase prosocial behavior and the attainment of treatment goals.

- **Daily & weekly goals**
 - Daily goals are established by youth.
 - Youth review their goals nightly with staff to identify if they felt they met their goal.
 - **Reinforcement:** Youth will receive a token reinforcer for achieving their daily goal.
 - Weekly goals are established by staff on Wednesdays.
 - Counselor, staff and youth will identify specific behaviors that would be exhibited in order to demonstrate the accomplishment of goals. Youth will identify in community what they felt most proud of for the week and what they would like to continue to grow in.
 - **Reinforcement:** Youth and counselor will review tracking sheet together and highlight reinforcers experienced (natural and social reinforcer) i.e. increased home visits, increased trust, positive feelings regarding self, increased privileges, etc.
- **Privileges**
 - Privileges are able to be used when the youth has exhibited safe behaviors. The following things are considered privileges:
 - Off grounds activities (above and beyond programming needs)
 - Katz activities that are not designed for programming needs such as:
 - Video games, screen time, movies
 - Doing treatment in other cottages (co-cottaging)
 - The only time in which a youth cannot have their privileges is the following:
 - They are on a safety plan that prohibits the use of particular privileges.
 - They are on a RAP plan (Restorative Action Plan) and staff have identified certain privileges to be unsafe.
 - They are needing to complete a treatment intervention before engaging in a privilege.
- **Be a Bright Place - Healthy Choices Reinforcer**
 - At Tanager Place we ask the milieu community to engage in and promote positive, safe choices. Healthy choices align with programming norms and going above and beyond to demonstrate integrity, kindness, caring and respectful behavior. There are times when youth in programming need extra support to meet their goals. Youth not needing intervention can engage in the following behaviors to

remain safe: going to your bedroom, following staff direction, engaging in calming and regulatory activities, journaling, listening to music, exercising in your room, etc. Engaging in safe and kind behavior is a healthy choice.

- **Incentive:** Staff will use a tangible reinforcer, a health choices reinforcer (CYBG [caught you being good] Cards, safari bucks, safety stick), to reinforce the healthy choices being made. Youth can also receive a natural and social reinforcer for engaging in positive, prosocial behaviors. Youth and their counselor/staff will talk about how this feels for the client, in what ways it aligns with their meaning and purpose and how they can continue to build upon their strengths within the milieu community.

- **Awards**

- Awards will be given on Wednesdays during the **Be a Bright Place Community Circle**
- Each youth will receive an award. Staff identify what awards would be applicable for the youth and aim to link the award to their treatment growth, accomplishments or improvement in daily living. Award examples include:
 - Schooling, positive social skills, increased self-awareness, enhanced affect management, community builder, leadership, positive helper, improved use of coping skills, positive hygiene, etc.

- **Youth Advocate Program**

- Each youth will be assigned a youth advocate. A youth advocate is a member of the youth service worker team. The goal of the program is for the staff member to be engaged with a youth in a more individualized way. The youth advocate is responsible for advocating for youth needs, providing 1-1 time and being a trusted adult in the youth's life. Advocates will be expected to spend at minimum 1 hour of individual time with the youth each week. Each fulltime staff will be assigned 1-2 youth. Youth advocates will send a monthly report to the counselor/QIDP and Assistant Supervisor.

SCHEDULES, PROGRAMMING AND NORMS

Each cottage creates a schedule that aligns with programming activities and treatment needs. The goal of the schedule is to provide experiential opportunities that align with the philosophical approaches to care. You will find the following activities within your cottage schedule:

- Circle Time
- Enhancement Time
- Social and Emotional Development
- Wellness Time
- Treatment Time
- Recreational Therapy
- Chores
- Mealtime
- Cleaning
- Hygiene
- Groups
- Self-reflection Time

Groups will be a place for the community to come together and gain skills and development as it relates to treatment needs. Group topics include, but are not limited to, conflict resolution, communication skills, relationship skills, managing stressors, understanding emotions, managing distorted thinking, life skills, problem solving, etc.

Our inpatient norms are what guides our shared expectations and way of being in community. The following are the inpatient norms:

- Listen Carefully
- Speak Nicely
- Act Kindly
- Move Calmly
- Be Healthy

In addition to these norms there are outlined expectations related to daily programming. These expectations are a structured way of being during mealtimes, chores, off grounds, hygiene, school, etc. Your cottage has a list of cottage expectations that are outlined for each programming activity.

ELECTRONICS AND SOCIAL MEDIA

Within programming, there are times where youth will have access to electronics. These electronics can include;

- Television
- Portable DVD players
- Music devices
- Portable/handheld gaming devices
- Gaming devices
- Computers located at our media room, cottage laptop, and library computers.

For any devices that are owned by the youth, these must be approved to bring to campus and kept in their personal belongings. These devices could include portable DVD, music devices or gaming devices such as handheld Nintendo's. These devices are used, at times, as incentives or during privileges when all expectations and treatment is being met. We will work with the family to ensure there is collaboration regarding the usage of devices.

For youth utilizing computers while at Tanager Place, it is prohibited to utilize social media. Staff closely monitor computer usage or have a staff 1-1 with the youth while they are utilizing the computer. We understand youth may still have access to social media at school or on home visits but while in the supervision and care of the milieu setting social media is not to be utilized unless it is specific to treatment plan goals and written in their ISP/treatment plan/IPP.

BEHAVIOR SUPPORT

Tanager Place aims to have staff intervene with youth in a way that supports, guides and nurtures the growth and development of youth. Tanager Place programming is designed to increase a sense of safety and security for youth in care. Tanager uses a proactive approach toward youth safety needs. This aim is for this approach to assist a youth in reaching baseline without increased staff intervention. Staff are trained to only use physical intervention as a means of maintaining safety. The interventions are not intended to be punitive or authoritarian but to allow for experiences that promote healing and safety.

Prevention Vs. Protocol

Prevention of increased stress response, treatment of stress response, and response to stress response incidents are

core components in the treatment of youth in care. A strong prevention program is key in this process.

Long-term Prevention Strategies

- Staff Training – Staff training will incorporate the following general procedures in order to enhance the staff’s effectiveness and judgment when engaging and responding to youth in need.
- Programming and activities – Tanager Place provides opportunity for and encourages, as appropriate, activities in accordance with the youth’s treatment plan, with an emphasis on keeping youth busy after school, and on weekends and holidays.
- Continued Family Engagement – Tanager Place makes every effort to engage the youth’s family or other significant individuals who are supportive of the youth through scheduled family events or activities.

Youth Behavior & Staff Intervention

The core of identifying the level of staff intervention needed is first identified by the level of safety need being presented by youth. We believe there is a spectrum of safety; from unsafe behaviors to safe behaviors. It is important for staff to discern safety needs so that we can apply the appropriate intervention. Tanager Place staff continually monitor the use and effectiveness of interventions and make modifications as needed. The grid below is to help assist staff in identifying specific behavior and staff response. When youth exhibit behaviors in the MAJOR category staff are encouraged to use their training to provide the least restrictive/invasive intervention, only using MANDT (escorts and therapeutic holds) as a last resort for behaviors that are a direct harm to self or others. This threat of harm will have to prove to be capable of causing significant harm (serious injury, death).

Staff use tools to assist them with creating a restorative environment. These tools include youth behaviors/staff response, mentoring moments and restorative action plans. While using these tools staff can use the following interventions to help with youth needs such as; ukeru, time outs, escorts and therapeutic holds.

Youth Behavior & Staff Response across the spectrum of needs *(see page 18)*

- **Mild Youth Behavior**
 - Prompting, redirecting, reflecting feelings, validation, restating content, meta-communication, engagement, connect to norms and values.
- **Moderate Youth Behavior**
 - Mentoring Moments Tool *(see page 19)*.
Safety Interventions
 - Ukeru
 - Time Outs
- **Major Youth Behavior**
 - RAP - Restorative Action Plan Tool *(see page 20-21)*.
Safety Interventions
 - Ukeru
 - Time Outs
 - Escorts [hand on elbow and hip]
 - Therapeutic Holds ****Only with prior approval via LP order**

- Moving or standing

- **Intervention Definitions**

- **Ukeru:** The Japanese word for “Receive”, Ukeru is a safe, comforting, and restraint-free approach to crisis management. Staff use a blocking pad made of soft, cushiony material to protect oneself when a child is at risk of harming themselves or others. In addition to staff’s use during escalations, these blocking pads are available in the milieu for our youth to use them independently. Staff using this intervention require training and certification.
- **Time Outs:** A time out is an intervention that is time limited and happens in a designated space. Youth must be allowed to leave that space at any time. A time out would require documentation after each incident and be kept in client file record once approved by supervisors. A time out shall last no longer than 5 minutes.
- **MANDT:** There are times in which youth behaviors become unsafe and staff intervention needs to increase to keep youth safe. During these instances, Tanager uses the MANDT system of de-escalation and crisis management. These practices are taught by MANDT certified instructors. In instances in which the proactive approaches to MANDT are not successful there are times in which staff may need to go ‘hands on’ and escort or use a therapeutic hold to maintain safety.
 - **Escorts:** Escorts are used when youth are demonstrating immediate danger such as significantly hurting themselves or serious harm to others such as high potential for injury to others. An escort is designed to lead youth to a safer location in order to manage their stress needs. These locations could be an open space where the client can move freely, a sensory space or a calming space. Staff are to be aware that anytime staff get close to youth or touch youth without their permission, this can escalate youth needs further, thus should be used as a last resort to safety needs. An escort is when one to two staff members guide a walking youth to a safe space using a hand on the youth’s elbow and hip, guiding and walking alongside youth in a supportive manner to ensure safety.
 - **Therapeutic Holds:** Therapeutic holds are used when a youth is demonstrating immediate danger such as significantly hurting themselves or serious harm to others such as high potential for injury to others. A therapeutic hold is designed to prevent youth from harming self or others during times in which ukeru, time outs, or escorts were not successful. Staff are to be aware that anytime staff get close to youth or touch youth without their permission, this can escalate youth needs further, thus should be used as a last resort to safety needs. All therapeutic holds need prior authorization by an LP and need assessed by the LP within one hour of the therapeutic hold.

- **Prohibited Practices**

Tanager Place prohibits the use of behavior support interventions by any person who has not received training or certified in the use of each intervention. Program intervention is not punitive in nature. Understanding that behavior is language is critical to our roles. In such, discipline that

may constitute physical or psychological abuse is never permitted under any condition. Youth's dignity must always be foremost in our minds.

Tanager Place prohibits the following:

- Seclusions
 - At Tanager Place we do not permit seclusions of any kind**. This includes:
 - No youth is to ever be restricted to a room or small area*
 - No youth is to ever have a door held shut on them
 - No youth is to ever have anything blocking them in a small area without access to exit
- *A small area is defined as any space with less than 200 square feet, a space with no windows, a space with no immediate exit.*
- ** Under extreme circumstances, seclusion may be determined clinically appropriate. This will be deemed necessary by the Interdisciplinary team and consented by the legal guardian before it may be implemented into any plans. This would be a short term solution, not to exceed 21 days without further consent.*
- Corporal punishment
 - Denial of food, sleep or appropriate clothing
 - Denial of parental visitation, phone calls, or mail unless restricted by court order
 - Badgering a child with verbal abuse, ethnic slurs or profanity
 - Assigning consequences designed to humiliate the child
 - Mechanical or chemical restraint
 - Seclusion, restraint or medication in non-crisis or emergency situations as a form of discipline
 - Excessive or inappropriate use of behavior management techniques
 - Methods of adverse stimuli

Elopement

A client will be considered on run whenever there is an unauthorized leave from campus, or they are more than one hour late returning from authorized pass/home visit. Reporting procedures with Cedar Rapids Police Department should begin immediately when a client leaves campus unauthorized.

When a client states they intend to run, reasonable effort will be made to persuade client to stay, including offering incentives, involvement in a novel activity with staff, one-on-one time with staff, calling a parent for support, offering a fresh face, etc. Should these efforts prove ineffective staff could attempt Ukeru or body positioning to open another route or avenue and encourage the youth to move in that direction. If a youth is indoors and danger to self or others and these efforts prove ineffective, staff may escort (hand on elbow and hip) away from the door. If client is outdoors and a danger to self or others and these efforts prove ineffective, staff may use escort *hand on elbow and hip) to guide back to cottage. If a therapeutic hold is needed, either standing or moving, to ensure client safety, an order must be received by a licensed practitioner. At Tanager Place we use least restrictive intervention to maintain client safety. Client escorts and therapeutic holds are used as a last resort.

Clients who have ongoing issues with running away may require a staffing to be called by the assigned Program Counselor/QIDP in order to establish an agreed-upon treatment strategy by all parties (parent/guardian, referring worker, the child's attorney) and/or to determine appropriateness of continued stay. These youth will be placed on individualized plans by their assigned Program Counselor/QIDP.

Protocol for When a Child is “Away” from Supervision

1. **Pursuit:** If at all possible, an available staff person keeps the elopement youth within eye shot at all times. This may entail following. If the youth’s safety or the safety of others is at risk, this may entail physical intervention. Mileus will have ready a backpack for staff to “grab and go” as they follow an elopement youth down the road. This would contain comfort/necessity items useful when the youth is found--first aid items, snacks, clothing items such as dry socks or a rain poncho.

Discerning safety:

- The child is putting himself/herself or others in actual immediate danger
- Child’s behavioral history
- Self-protective capacity and client age
- Medical condition and needs
- Environmental factors, such as location or weather condition
- On campus vs. off campus

Length of pursuit:

- PMIC clients who have no elopement plan will be pursued and maintained in sight at all times. When elopement has lasted for 15 minutes and efforts have been made to return client to campus, police intervention can be used to support staff and client needs. Staff will continue pursuit of client until client is returned to cottage.
- PMIC clients who have an individualized plan related to elopement and it is identified that the client has enhanced safety concerns related to run, staff will pursue and maintain sight. When elopement has lasted for 15 minutes and efforts have been made to return client to campus, police intervention can be used to support staff and client needs. Staff will continue pursuit of client until client is returned to cottage.
- PMIC clients who have an individualized plan related to elopement and it is identified that the client has minimal safety concerns related to run staff will not pursue and engage their individualized plan related to their run protocol.
- For any clients out of eyesight, police report will be immediately made along with other required notifications, to include relevant staff, authorities, and parents or legal guardians.

At any point staff feel they are placing the client and/or themselves at greater risk by following them (for example, client becomes agitated by your presence and puts themselves at even greater risk), staff should stop following and request immediate assistance from Cedar Rapids Police Department.

Attendance to Remaining Youth: The youth who have not run away are often vulnerable to the same impulses when their peers take off. For those remaining in cottage, staff should engage in activity and use relational practices to connect and reinforce positive youth behavior

Protocol for When a Child Returns to Care

When a youth returns to care staff will conduct an elopement debrief to offer reintegration and provide safety to the

youth.

CLIENT RIGHTS

Children, adolescents, and families have the right to be respected; the right to receive individualized therapeutic services delivered over as short a time as possible, and the right to a healthy environment. Youth in the programs of Tanager Place can expect to be given prompting, teaching moments, and trauma interventions to assist them in developing safe choices and exhibiting prosocial behaviors. There will be no corporal punishment or deprivation of privileges essential to development or treatment. Children and adolescents are accepted for our programs regardless of race, color, religion or national origin.

- You have the right to confidentiality. The staff at Tanager Place are forbidden, according to federal and state law, from sharing any information about you without written permission.
- You have the right to have your basic needs met.
 - Tanager Place defines basic needs as adequate nutrition, sleep, shelter, human touch, and wellness elements.
- You have the right to have contact with your family.
- You have the right to have input into your treatment plan. Staff believe you should be given every opportunity to demonstrate your investment in your treatment process.
- You have the right to be treated with respect. Staff will not physically or verbally abuse any youth. The proper Therapeutic Hold will be used only when necessary to keep yourself and others safe.
- You have the right to privacy. Staff will not open youth mail. If staff has reason to suspect that a youth is receiving inappropriate items through the mail, the youth will be asked to open it in front of a staffmember.
- You have the right to receive a proper education.
- You have the right to receive proper supervision. This also includes receiving proper medical attention and treatment as needed.
- You have the right to legal counsel. Staff will encourage you to maintain contact with your referring worker and your attorney.
- You have the right to grievances if your rights are violated. All grievances will be investigated, and you will receive a response in writing.
- You have a right to privacy in your bedroom. Staff will knock before entering.

CONFIDENTIALITY

Your family's right to confidentiality is important to Tanager Place. Each employee must sign a document pledging to respect this right and can be dismissed from employment if your rights are violated. We believe honesty and respect are critical to effective treatment outcomes. All Tanager Place files are kept in secured files that may be accessed by the treatment staff working with your child. Tanager Place will share information with our consulting psychiatrists, psychologists and educational staff from the assigned school district as authorized by your written consent at admissions. Disclosure of confidential information is allowed to Tanager staff, foster care parents, contract staff, students, volunteers who may require this information for their assigned responsibilities. Disclosure of confidential information to all other related professionals requires a written release of information. Disclosure of necessary information to appropriate authorities may occur if your child is assessed to be a danger to self or in cases of medical emergency. Should questions arise, we do consult with our HIPAA compliance officer.

Tanager Place also allows inspection of case files by such regulatory agencies as: Department of Inspection and Appeals, Medicaid Officials and other duly appointed regulatory agencies.

Any photographs taken of your child for publication will require your consent prior to use.

COMPLAINT/GREIVANCE PROCEDURE

If you believe your rights have been violated or believe Tanager Place staff have violated standards of professional conduct, you are encouraged to contact the program manager, cottage supervisor, clinical staff or administrator to file a grievance. You can request a review of your treatment service/IPP at any time. Copies of the "Tanager Place Client and Consumer Rights" statement are made available in writing upon admission. Reasonable efforts will be made to accommodate language and communication needs. A copy of "Tanager Place Client and Consumer Rights" statement is posted in all program and office areas.

Tanager Place staff shall not interfere or retaliate when a client, family or guardian makes a complaint or grievance. When possible, the complainant is encouraged to talk to the individual first for resolution. If this is unsatisfactory, the complainant is directed to a supervisor or administrator. For the complaint to be considered a grievance there has to be a perception that one or more individual rights are believed to have been violated. A complaint may also be considered a grievance when there are important inconsistencies in programming.

Once it's been established that the complaint meets criteria for a grievance, the investigation will begin as soon as possible and be completed within 5 working days. The investigator sends written notification of resolution and right to appeal within 14 days of completion of the investigation. The complainant may appeal in writing the outcome of the investigation. Depending on the program, the next level can be program administrator or CEO. The administrator or designee then reviews the investigation and notifies the complainant in writing of the agency's decision within 30 days of receipt of appeal.

FAMILY ASSISTANCE FUNDS

Tanager does understand that families may face barriers to seeing their child during this time. We do have limited funds to assist when gas money or hotel expense may present a hardship for your family. In order to access these funds, the family must participate in regular therapy/counseling with your child and be an active participant in their treatment. Please speak with your child's therapist or counselor to learn more.

RESERVED BED DAYS & HOMEVISITS/DAY PASSES

IME (Iowa Medicaid Enterprise) regulations stipulate that your child cannot remain in an acute care setting for more than 10 consecutive reserve bed days. This means, that should your child require hospitalization or be out of bed at Tanager for more than 10 days, Tanager Place must discharge. Tanager Place may be able to readmit should a bed be available, however, that is not guaranteed. Federal guidelines allow your child 30 out of bed days per year. Your counselor will assist you in determining appropriate times for home visits and help track these bed days.

All Home-Visits will be planned with your guardians and clinical staff. Home-Visits should be planned at least 48 hours in advance in order to package home-visit medications. Day-Visits requiring the packaging of medications should also be planned with a 48 hour notice. All Home-Visits and Day-Visits can only take place with those that DHS and/or your guardians give approval for. All visitors must be on your approved contact list.

EDUCATION

All inpatient clients upon admission, are staffed by the Cedar Rapids Community School District regarding appropriate level of classroom placement. Educational placement is based on academic, behavioral and emotional assessment. Each school district provides all transportation for students to and from their assigned school. We do not employ qualified teachers on campus and therefore, all children must be able to be integrated into public school. Extra-curricular activities through the school district may be allowed, however, certain criteria must be met. The child must be within 30 days of discharge and currently in and returning to their current school district. The child must be maintaining passing grades. The child's parents will be responsible for transportation to/from practice and events. Your child may participate in school sanctioned events as part of their normal school day such as choir during school with a one-time performance event outside school hours. Please check with your program supervisor or therapist/counselor for more information.

PAYMENT & CLIENT PARTICIPATION

If you do not have Medicaid at admission, we will attempt to authorize days with your private insurance at admission. Insurance coverage varies and may pay for nothing, a few days, or the entire first month. The number of days paid will be based on your plan benefits and medical necessity. A \$500 deductible will be charged if using private insurance and not-Medicaid eligible.

An authorization by insurance does not guarantee payment, even if insurance tells you that benefits are unlimited. You may be responsible for a co-insurance or co-payment.

We will complete an application for Medicaid as part of the admission process. After the first month, the child's stay will be funded by Medicaid.

Each month after the month of admission you will be billed for anything that is the child's income to pay toward their cost of care. Those sources include social security income, child support, and adoption subsidies. Of the total amount of those sources of income you will keep \$30 of social security and \$50 of child support or adoption subsidy.

If you have Medicaid at admission the child's stay will be funded by Medicaid. Each month, you will be billed for

anything that is the child's income to pay toward their cost of care. Those sources include social security income, child support, and adoption subsidies. Of the total amount of those sources of income you will keep \$30 of social security and \$50 of child support or adoption subsidy.

For example, if a child receives \$300 per month in child support or adoption subsidy, Tanager will send you a bill for \$250 to apply that amount towards the child's care. Your family will keep \$50 of this income for a personal allowance. When your child leaves Tanager Place this subsidy will start coming back to your family.

ADDITIONAL POLICIES

Substance Use Policy

It is Tanager Place policy that alcohol, illegal drugs, and abuse of prescription and over-the-counter medications are not tolerated during, or prior to, a clinic session. If staff believes that a youth/consumer is under the influence of alcohol or illegal drugs, or is abusing prescription or over-the-counter medications, the following may occur:

- The incident is confronted
- The session may be terminated
- If DHS/JCO is involved, the referring worker may be notified

Should further incidents occur, the same practice will be followed. The youth/consumer may be asked to complete a substance abuse evaluation and/or comply with its recommendations or take other appropriate action.

Tanager Place staff reserve the right to notify the police or health professionals regarding issues of substance abuse and illegal drug activity. This is to ensure the care, welfare, safety, and security of the youth and family as well as the staff member.

Violence Policy

It is Tanager Place's policy that acts of violence will not be tolerated. Acts of violence or threats of violence include possession of firearms or other weapons during a session, assault (including threats), battery, stalking, threatening/harassing phone calls, inappropriate sexual behaviors, and destruction of property. The above list is not inclusive and each incident will be reviewed as to whether the incident falls into this category. Examples of actions that may be taken include but are not limited to; requiring youth/consumer sessions to be scheduled at Tanager Place, discharge from services, and police involvement.

Tanager Place staff reserve the right to contact police immediately in life-threatening situations.

It is the responsibility of both the youth and staff to keep the sessions free from violence.

Weapon Policy

In order to ensure a safe environment for employees, visitors and youth, Tanager Place prohibits the wearing, transporting, storage, or presence of firearms or other dangerous weapons in our facilities or on agency property. Any employee in possession of a firearm or other weapon while at our facility/property or while otherwise fulfilling job responsibilities may face disciplinary action including termination. A youth or visitor who violates this policy may be reported to police authorities and removed from the property. Possession of a valid concealed weapon permit

authorized by the State of Iowa is not an exception under this policy.

Firearms or other dangerous weapons include but is not limited to:

- Any device from which a projectile may be fired by an explosive.
- Simulated firearm operated by gas or compressed air.
- Metal knuckles
- Any spring blade knife or switch blade knife.
- Any instrument that can be used as a club and poses a reasonable risk of injury.

This policy does not apply to:

- Any law enforcement personnel engaged in official duties.
- Any security personnel engaged in official duties.
- Any person engaged in military activities sponsored by the government, while engaged in official duties.

THANK YOU FOR CHOOSING TANAGER PLACE!!