



LifeSkills, Inc. Children's Crisis Stabilization Unit Services Handbook August 2024

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Values

We pledge to:

- Treat everyone with dignity, respect, and thoughtful understanding.
- Listen and collaborate to build sustainable partnerships of mutual trust and understanding.
- Practice person-centered approaches in all service planning.

- Utilize best practices or evidence-based models.
- Value human, cultural, individual, and family differences.

Mission

We support people who experience mental illness, addiction, and intellectual disabilities as they build meaningful and independent lives.

Core Values

Integrity – Exhibiting the highest moral, ethical, and legal standards. Doing the right thing even when no one else is looking. Behaving in a way that is beyond reproach. Being impeccable with one’s word.

Teamwork – Putting team success over personal success. Gladly pitching in to help, regardless of whose job it is. Actively valuing the strengths and talents of others. Transcending differences to work in collaboration.

Trust/Respect – Seeing and believing in the good intentions of others. Interacting with others in a way that makes them feel valued. Listening without judging. Offering understanding and acceptance. Being true to one’s word; following through on promises. Demonstrating open and positive communication. Being always polite and professional.

Care/Compassion – Demonstrating unconditional kindness, concern, and empathy. Asking, “What if this was my loved one?” Exhibiting genuine concern for others.

Ownership/Accountability – Taking personal responsibility for one’s work, actions, and feelings. Acting as an owner of LifeSkills, Inc. Asking, “What can I do to make this the best it can be?” Accepting responsibility for and learning from mistakes.

Recovery – We champion the belief that recovery is possible for all with proper assessment, treatment, and supports.

Prevention – We commit to a partnership within our communities to build strong and effective prevention and early intervention programs.

Client Rights

YOU HAVE THE RIGHT:

1. To be treated with dignity and respect, which includes being free from abuse, financial or other exploitation, retaliation, humiliation and neglect.
2. To receive quality treatment within the Organizations capabilities regardless of color, national origin, marital status, race, religion, gender, age, ethnic background, mental

and/or physical disabling condition, sexual orientation, gender identity, familial status, or ability to pay and to comply with VAWA (Violence Against Women Act).

3. To be provided confidentiality and protection from any unwarranted disclosure regarding my treatment unless I have given permission to release information or reporting is required by law.
4. To receive information necessary to give informed consent prior to the start of any referral, procedure, and/or treatment in order to actively participate in my service planning process and to be aware of the professional credentials and licensing if required of all individual(s) providing service(s) to me.
5. To be provided clear information about the organization's procedures for emergencies and after hour's calls.
6. To be provided information regarding rescheduling missed appointments.
7. To be informed verbally and/or in writing about the benefits, risks and side effects of medication prescribed for me.
8. To consent or refuse treatment/service to the extent permitted by law and to be informed about the possible consequences of my action.
9. To expect to receive the necessary services to the best of the organization's ability.
10. To expect to receive an explanation about the charges for my services.
11. To request a review of your medical record and to receive any needed explanations about the contents of my medical record.
12. To request a different professional service provider in writing to the appropriate clinic coordinator or program manager or his/her supervisor.
13. To utilize the organization's grievance procedure if I feel my rights have been violated.
14. To get adequate information, including risks and benefits, and to give a written informed consent, before I agree to participate in any research project.
15. To obtain information as to any relationship this organization has with other health care and educational institutions that might assist us in providing your care.
16. To be informed about the purpose of a videotaped or recorded session and to give written informed consent before proceeding with it.
17. To expect to receive protection of confidentiality of alcohol and other drug use records as mandated by Federal law and regulations (42 CFR Part 2)

Client Grievance Procedure

People supported through LifeSkills' programs, and their families, are encouraged to let us know of any concerns. Hopefully all problems can be solved at the program level and timeliness is important in addressing issues of concern. Reporting concerns and grievances will not result in retaliation or barriers to services.

If you are not satisfied or wish to express a concern, we ask that you utilize the following procedure:

1. Notify your provider or staff member as soon as an issue arises. You can expect a response within (5) business days. You may receive assistance from LifeSkills staff, or an advocate of your choice at any of the following levels.
2. If you find the result unfavorable at the Program level, you may contact the Divisional Vice President at 270-901-5000. For Mental Health or Substance Abuse Services contact Robin Gregory. For Developmental Services Contact Brad Schneider. You will receive a response within (10) business days.
3. If you are dissatisfied with the resolution, you may Contact the Interim Corporate Compliance Officer at 270-901-5000 Ext. 1032. You will be encouraged to state your grievance in writing to the following address: Attention Compliance Officer, LifeSkills, Inc., P.O. Box 6499, Bowling Green, KY 42102. You will receive a response within (10) business days from receipt or notification.
4. If the individual finds the resolution unfavorable, the individual may request that the issues be submitted to the Grievance Committee for review. You will receive a response within 14 business days.
5. If you are not satisfied with the decisions made by LifeSkills' internal grievance process, you may contact the Office of the Ombudsman, 209 St. Clair Street, Frankfort, Kentucky 40601, or (866) 596-6283, or kyombud@ky.gov.

Permission for Treatment/Services

I, _____, am the legal parent guardian client and I do hereby grant my permission for the staff of LifeSkills, Inc. to render treatment and/or services to _____. Furthermore, I certify that I have full legal right to grant such permission.

Informed Consent Disclosure

You are assured confidentiality at LifeSkills, Inc. This is the foundation on which we build our trust with you, and we value it highly. We will not share information about you (or those for whom you have responsibility) without your knowledge. Whenever it is necessary to share information with anyone outside of LifeSkills, we will discuss that with you and have you given permission to release such information by signing an "Authorization to use or disclose Protected Health Information" form indicating the specific information to be released and to whom it is to be released.

As noted above there are some conditions when your therapist is required by law to release confidential information about you with or without your permission. They include the following:

1. If your therapist has reasonable cause to believe that you intend to hurt yourself or someone else.
2. If your therapist has knowledge of or suspects a child has been abused or neglected.
3. If your therapist has knowledge of or suspects an adult who is vulnerable due to an emotional, intellectual, or physical disability has been the victim of abuse, neglect or exploitation.
4. If your therapist is subpoenaed to court and ordered by the judge to testify about you. The therapist will do his/her best to protect your right to confidentiality while complying with the court order.

Release of Information for Billing Purposes

In order to have services authorized and/or paid for by a third party (e.g., Insurance Co., Medicaid, Medicare, Department of Mental Health), it is necessary that we send certain information to them (e.g. diagnosis). In some cases, insurance benefits are managed by a "managed care company" who may require more detailed information and updates from time to time to continue certification or payment of services. When it is necessary to share such information, only information needed to certify services or access payment will be shared. Your signature below indicates that you understand this and consent to information being provided to any third-party payer source.

Primary Care Physician Information

To provide you the best care possible we feel it is important for all health care providers to be aware of other professionals involved with your treatment. Would you like for us to send a letter to your primary care physician informing them of your involvement with our agency?

_____ I have no Primary Care Physician

_____ I prefer not to notify my Primary Care Physician

_____ I would like for my Primary Care Physician to be notified.

Collateral Contact and Therapy

Therapy provided to you or your loved one may need to include discussions with others involved in your or your loved one's life. This could mean discussions with significant others, siblings, parents, teachers or other mental health providers. You may be asked to sign a release of information to allow contact with one or more people that your therapist may want to include in discussion. Please indicate your preference for participating in collateral therapy. You can change your mind at any time by rescinding the release of information for the individual you were allowing LifeSkills, Inc. to contact.

_____ I have no objections to participating in collateral therapy at this time. I understand that a separate release of information will need to be completed for each participating individual.

_____ I do not wish to participate in collateral therapy at this time.

Consent for Telephone Contact

As a courtesy to clients we make appointment reminder calls alerting you to an upcoming appointment as well as inform you when it is necessary to change an existing appointment. You also have the right to refuse this service. Please mark your choice below.

_____ I give LifeSkills, Inc. consent to make appointment reminder calls, notify me of cancellations and leave a message if I am not available.

_____ I do not give LifeSkills, Inc. to contact me by phone. I understand that I will be notified when I arrive at the center of any changes in my appointment status.

Medical Consent

Authorization for LifeSkills, Inc. staff to consent to emergent medical treatment in the absence of a parent or guardian. I hereby appoint any agent of:

LifeSkills, Inc.

Medical Records

P.O. Box 6499

Bowling Green, KY 42102-6499

as a representative, during my absence, authorized to consent for all medical treatment which may be required during my absence. The medical facility and its officials and personnel providing any medical services to the client named above may rely upon the consent of authorization executed by the above named appointee with the same force and effect as if personally executed by me. The consent and authorization shall include and extend to all matters for which consent or authorization is required under the policies of LifeSkills, Inc. This authorization shall be in effect until revoked by writing.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. IT ALSO OUTLINES HOW YOUR RIGHTS WITH REGARD TO YOUR MEDICAL INFORMATION AND PRIVACY. PLEASE REVIEW THIS CAREFULLY.

LifeSkills, Inc. is committed to treating and using your protected health information responsibly. This Notice of Privacy Practices describes how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This notice is Effective April 14, 2013 and applies to all protected health information in custody of LifeSkills, Inc. as defined by Federal Regulation. If you wish to address any of the issues outlined in this document you can contact the manager of the service center where you are receiving services or you can contact LifeSkills, Inc. Compliance Officer.

Interim Compliance Officer

Heather Phelps

380 Suwannee Trail Street

Bowling Green, KY 42102-6499

Phone Number 270.901.5000 ext. 1032

Email: hphelps@lifeskills.com

LifeSkills, Inc. reserves the right to change the privacy practices described in this notice if the practices need to be changed to follow the law. We will make the new notice provisions effective for all the protected health information that we maintain. If we change our privacy practices, we will have them available upon request. It will also be posted at each service location. (45 CFR 164.520, 45 CFR 164.520(b)(1)(i), 45 CFR 164.520(b)(1)(v)(A-C))

HOW LIFESKILLS, INC. MAY USE OR DISCLOSE YOUR HEALTH INFORMATION FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

We will use your health information to provide, coordinate or manage your treatment.

For example: Information obtained by a staff member involved in your treatment will be recorded in your record and used to determine the course of treatment that should work best for you. Information from your record, both written and oral, and will be shared among LifeSkills team members who are directly involved in your treatment. Your health information may be used to contact you for appointment reminders if you elect to have reminders. Your health information may be used to coordinate treatment between other treating providers.

We will use your health information for Payment

For Example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, and services provided. Only the minimum amount of information necessary to obtain payment will be sent.

We will use your health information for regular healthcare operations.

For Example: Members of LifeSkills' staff who are not directly involved in your treatment may use information in your health record to assess the care and outcome in your case and others like it. This information will then be used to continually improve the quality and effectiveness of the healthcare and service we provide. (45 CFR 164.520(b)(1)(vii), 45 CFR 164.526(b)(1)(v)(C), 45 CFR 164.526(b)(1)(u)(A-D)

HOW LIFESKILLS INC. MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WIHTOUT YOUR WRITTEN AUTHORIZATION

LifeSkills, Inc. takes the security of your health information seriously. We strive to ensure that all records are kept confidential and secure. However, there are times when it is necessary or we are compelled to release your protected health information without your written consent/authorization. Please note that under certain circumstances those clients receiving substance abuse services are going to have additional protections for their protected health information afforded to them under 42 CFR Part II. The examples listed below do not address the additional protections. The examples below outline some of those instances.

1. **As required by Law** - We may be compelled to disclose your protected health information for law enforcement purposes as required by law. For example – we may disclose protected health information as part of a child abuse report or in response to a valid court order.
2. **Public Health** – LifeSkills, Inc. may release your health information to local, state or federal public health agencies as required by law to aid in the prevention or control of disease, injury or disability.
3. **Business Associates** – There are some services provided in or on behalf of, our organization through contacts with business associates. Examples include contracting with the following: Auditors, attorneys and subcontractors. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. All business associates are required to adhere to the same information privacy and security standards as LifeSkills.
4. **Research** – Under certain circumstances, and only after a dedicated approval process meeting federal and state requirements, we may be requested to disclose your protected health information to help conduct medical research. If this is done, protocols will be instituted by an institutional review board to ensure the privacy of your protected health information.
5. **Coroners or Medical Examiners** – We are required to release your health information to a coroner or a medical examiner without authorization. This may be necessary to determine a cause of death.
6. **Workers Compensation** – We may disclose your protected health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
7. **Health Oversight Activities** – We will disclose your health information, as necessary, to health agencies authorized to by federal and state laws to conduct audits, investigations, licensure

reviews and other activities that are related to the oversight of LifeSkills, Inc. by authorized government agencies.

8. **Victims of Abuse, Neglect or Violence** – We will disclose your protected health information, only to the extent necessary, to report abuse, neglect or violence as required by law.
9. **Law Enforcement** – We may disclose your protected health information to a law enforcement officer/official when required by law. An example would be when a client commits or is suspected of committing a crime on the premises of LifeSkills, Inc. In addition, there may be circumstances where we are required to release your protected health information to avert a serious threat to you or another’s health and safety. Disclosure in these instances is usually limited to law enforcement personnel who are involved in protecting the public safety.
10. **Judicial and Administrative Proceedings** – We may be compelled by court order to disclose your protected health information in response to a valid court order commanding LifeSkills, Inc. to release the information without your permission, consent, or authorization.

WHEN LIFESKILLS, INC. IS REQUIRED TO OBTAIN AN AUTHORIZATION TO USE OR DISCLOSE YOUR HEALTH INFORMATION

We will not use or disclose your health information without your written authorization with exception to the events/conditions previously listed in this document. Uses and disclosures of protected health information that utilize psychotherapy notes, marketing or the sale of your protected health information require your specific, written authorization. Should you authorize LifeSkills, Inc. or any agent thereof to release your information, you may revoke your authorization in writing at any time. Should you choose to revoke your authorization in writing we will no longer use/disclose information previously authorized. We cannot, however, restrict information previously released prior to your notification of revocation.

YOUR HEALTH INFORMATION RIGHTS

Inspect and receive a copy of your Protected Health Information - You have the right to inspect your health record and to receive a copy of your protected health information. You have the right to request that this information be provided in electronic form or format. If the form and format are readily produced, then LifeSkills, Inc. will make a reasonable and appropriate effort to accommodate your request. Our standard is however to produce a PDF document saved on a CD. This right applies to items found in our legal health record. This does not however apply to psychotherapy notes, which are not part of our designated record set, which are maintained for the personal use of a mental health professional.

LifeSkills, Inc.

Medical Records

P.O. Box 6499

Bowling Green, KY 42102-6499

(45 CFR 164.524)

You have the right to request a correction to your health information. You have the right to request that LifeSkills, Inc. amend incorrect or incomplete health information. An example would be that if you believe we recorded your date of birth incorrectly, you may request a correction in writing. Please note that we are not required to change your health information. If your request is denied, we will provide you with information regarding the denial; how you can disagree with the denial and any further actions you are afforded. You must submit your request, along with a reason to the address listed above.

(45 CFR 164.528)

You now have the right to request restrictions to certain types of disclosures of your PHI under certain conditions. You have the right to request a restriction on how your health information is used and to whom it is disclosed. LifeSkills, Inc. is not required to agree under all circumstances to the restrictions on disclosure except in the instance of restrictions of information to a health plan which meets all the following conditions:

1. The disclosure is to a health plan
2. The disclosure is for carrying out the functions of either payment or healthcare operations
3. The disclosures are not required by law
4. The disclosure is regarding or pertains to a specific health care service which has been paid for by the consumer or their authorized representative, in full, prior to the procedure.

If you want to make this type of restriction you must request in writing, prior to the date of service, this restriction to the following address:

LifeSkills, Inc.

Medical Records

P.O. Box 6499

Bowling Green, KY 42102-6499

You have the right to receive confidential communications of protected health information by alternative means or locations. You can also request that we communicate your health information electronically if the request is reasonable. LifeSkills must accommodate what is determined by industry standard as a reasonable request.

(45 CFR 164.522(b))

You have the right to receive an accounting of disclosures of your health information. You have the right to request a list of disclosures of your health information that we have made in compliance with federal and state law. LifeSkills has 60 days with which to comply with your request from receipt of request unless you agree to a 30-day extension. LifeSkills, Inc. may not charge for the accounting of disclosures unless you request it more than once per year.

To request an accounting of disclosures you must submit the request in writing to:

Medical Records
P.O. Box 6499
Bowling Green, KY 42102-6499

(45 CFR 164.528)

You have the right to a paper version of this notice of Privacy Practices, even if you earlier agreed to receive this notice electronically. You may request a paper version of this notice at any LifeSkills, Inc. service location or our corporate office at:

Medical Records
P.O. Box 6499
Bowling Green, KY 42102-6499

You have the right to be notified of a breach of your protected health information. LifeSkills is required by law to maintain the privacy of protected health records generated and maintained by LifeSkills, Inc. As such, LifeSkills, Inc. is obligated to notify you following a breach of unsecured protected health information.

(ARRA – Title XIII Section 13402) (45 CFR Sections 160 and 164)

You have the right to revoke your authorization to use or disclose health information except to the extent that action has already been taken.

(45 CFR 164.508)

OUR RESPONSIBILITIES

LifeSkills, Inc. is required to do the following:

1. Maintain the privacy of your health information.
2. Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
3. Abide by the terms of this notice
4. Notify you if we are unable to abide by a requested restriction.
5. Accommodate reasonable requests you may have regarding the communication of your health information.
6. Get your written express written authorization to disclose information for the purposes other than treatment, payment, or health care operations.

We reserve the right to change our practices at any time and to make the new provisions effective for all protected health information we maintain. You may request an updated copy of these information use policies at any time. Current copies of this privacy notice will always be posted conspicuously in all of our service locations.

We will not use or disclose your protected health information without your authorization except as described in this notice or as otherwise allowable or required by law.

Missed Appointment Policy

It is very important for you to keep all your scheduled appointments here at our clinic. It is important for two reasons. First, we know that good results come from regular contact with your therapist, case manager, doctor, etc. Second, many adults and children want to be seen by our team, so the time we have scheduled for you is very valuable.

We ask that you give us 24-hour notice when you are unable to make a scheduled appointment. By letting us know that you will not be keeping your appointment, we can offer time to another person. This will also assist us in rescheduling your appointment for a more convenient time.

We are committed to providing you with the best mental health services available and ask that you join us in making the most of the time that has been scheduled for you. If you have any questions or concerns about our missed appointment policy, please feel free to talk with a team member.

CCSU guidelines and admission agreement

The following guidelines pertain to all clients, guardians, family members and other approved visitors at LifeSkills, Children's Crisis Stabilization Unit (CCSU).

1. Clients at the CCSU will be enrolled in and participate with the Bowling Green City School System. Appropriate educational records will be shared among the CCSU, the BG City schools, and the school of origin.
2. The CCSU program includes, but is not limited to services such as, therapeutic groups, school, behavior management milieu, individual and family psychotherapy, psychiatric intervention, and recreational activities both on and off site. Clients may receive some or all of these services based on their individual needs.
3. In the event of an urgent need or emergency, CCSU staff may transport a client in their privately owned vehicle.
4. A photograph will be taken for identification purposes and placed in each client's medical record.
5. LifeSkills recommends that clients do not bring any personal items of value, and will not be responsible for the damage or loss to any personal item brought to the unit.
6. The CCSU uses a behavior modification program to deal with the behavioral acting out for its clients. In the event a client's behavior becomes aggressive or self-injurious to the degree staff feel they are at risk of harming themselves or others, physical restraint may be used for the protection of all clients and staff in the facility.
7. Clients at the CCSU have a variety of emotional, psychological, and behavioral disorders that may manifest themselves in a variety of acting out behaviors including but not limited to acts of aggression, sexual acting out, drug abuse, and/or other anti-social behaviors. Efforts will be made at all times to

minimize these influences to all clients, but complete isolation for exposure to these type behaviors may not be possible.

8. The CCSU requires that an emergency contact be available at all times while a child is present at the CCSU. In the event a guardian cannot be located, The Department for Child Based Services may be contacted to lend assistance in meeting the needs of the client.

Medical Release and Consent Form

The following guidelines apply to meeting the medical needs of clients while residing at the Children's Crisis Stabilization Unit (CCSU). The CCSU is NOT a medical facility and as such medical examinations, evaluations, diagnosis, or treatment of medical conditions are not provided at the CCSU. CCSU staff will take reasonable care in determining if an individual requires medical attention and will notify the parent/guardian in the event this is needed. In the event a child requires an emergency medical intervention, efforts will be made to contact the parent/guardian beforehand. In the event a child exhibits any condition that requires a transfer to a more restrictive level of care such as a hospital, the parent/guardian will be expected to arrange for transportation and placement. CCSU staff will assist when possible. Any financial obligation that occurs as result of a medical intervention will be the responsibility of the parent/guardian. Routine medications may be left at the CCSU in their original containers and CCSU staff will monitor the self-administration of these medications by the individual. By admitting to the CCSU I am giving my permission for the CCSU staff to allow the self-administration of prescription as well as over the counter medications to my child/ward.

Over the Counter Medications

LifeSkills will administer "comfort" medication to clients of the Children's Crisis Stabilization Unit as it is authorized by legal guardian for the alleviation of minor discomforts.

Procedure:

1. Upon admission to CCSU, parents/legal guardian will receive a copy of the policy on use of over the counter medication.
2. Guardian will complete the form, indicating what over the counter medications are appropriate and authorized for their ward.
3. Authorization form will be maintained in the client's record and a copy placed in the medication log.
4. An attempt will be made to contact the legal guardian prior to the administration of any over the counter medication.
5. The administration of "comfort medication" will be documented in the medication log per standard PRN guidelines.

The following over the counter medications are available at the Crisis Unit for use when a client experiences discomfort. When requested, CCSU staff will attempt to contact the parent/legal guardian prior to administration; however, by indication below these medications may be used if deemed appropriate by staff and requested by a client. Please initial next to any over the counter medication that you feel is appropriate to provide to your child/ward if requested.

- Acetaminophen (as per package directions based on client's age)
- Stomach relief (e.g. Midol, anti-diarrheal, upset stomach reliever, etc.)
- Lip balm / petroleum jelly

- Cough drops (Cough syrup will not be utilized without a physician's order)
- Anti-bacterial cream (e.g. Triple antibiotic ointment)

FINANCIAL AGREEMENT

LifeSkills, Inc. is a not for profit organization dedicated to providing quality outpatient services for behavioral health and intellectual and developmental disabilities. Along with outpatient services and case management services LifeSkills, Inc. offers a variety of services including inpatient and enhanced outpatient for substance use disorders, adult and children Crisis Stabilization, and 24/7 Emergency Services which you can reach by calling 1-800-843-HELP in an immediate crisis. In order to provide these services to all in need, we must inform you of your financial obligations and options.

It is the policy of this office that payment in full is expected at the time services are rendered if any of the following circumstances apply:

- You are a self-pay patient. (You have no medical insurance)
- Your therapist is not a participating provider with your insurance/managed care plan.
- You do not wish to have your insurance billed or you have not given us all of the current/correct information required to file an insurance claim.
- Your insurance benefits do not cover the service rendered (it is your obligation to know your coverage).
- Your insurance company denied authorization of your therapists recommended testing/treatment plan and you elect to self-pay and proceed with the recommended testing/treatment.

I hereby assume financial responsibility for and agree to make payment in full to LifeSkills, Inc. for any and all charges for services received by me and/or any dependents not otherwise authorized or paid by my insurance carrier. Any amount paid in excess of the full amount for charges will be applied to any current charges or refunded upon completion of services. Deductibles and/or co-payments are required at the time services are rendered unless payment arrangements are made with a representative of LifeSkills, Inc.; prior to the time services are rendered. I certify that the financial information given is true, accurate, and complete to the best of my knowledge, and further authorize, LifeSkills, Inc. to investigate any and all financial information given concerning this or related claims. I understand and agree to inform LifeSkills, Inc. of changes in my insurance at the time of service so that claims can be filed within the insurance carrier's deadline. I further understand and agree that I will be responsible for the full fee for services rendered but not covered by my insurance carrier.

I understand that an insurance company may send an Explanation of Benefits (EOB) and or payments directly to the policy holder. I am aware that I am responsible for notifying LifeSkills, Inc. if this occurs. Failure to do so may require me to assume all financial responsibility for the services provided. I further authorize LifeSkills, Inc. to file claims to any third party liability reported by Centers for Medicaid Service (CMS).

Approved Contacts, Visitation and Phone Call Policy

The Children's crisis unit is a free standing facility offering 7 day per week, 24 hour care for individuals experiencing disruptions in behavior, mood, or some other psychological crisis. Our census changes frequently and staff rotate through three shifts per day to provide adequate coverage. This creates some logistic difficulties in our clients communicating with family members since we must also preserve the confidentiality and privacy of each client as best we can. To assist us in ensuring your child's privacy and safety, we ask that you complete this contact list of individuals with whom your child is allowed to have contact while at the CCSU. We ask that you only include immediate family or individuals that may have a specific need to be in contact with your child as we will attempt to limit disruptions to the program as much as possible. Also the following guidelines will apply to contacts with individuals staying at the crisis unit.

1. There will be no phone or visitation contact for the first 48 hours at the crisis unit (this is intended to allow time for individual to adjust to the routine of the unit and environmental stressors to stabilize)
2. All visitations will be scheduled in advance through the CSU therapist or program manager.
3. Anyone calling in for a client must provide a social security number and date of birth before staff will be allowed to give any information regarding that client.
4. Outgoing phone calls will be place by staff
5. Only individuals on the approved contact list will be allowed contact with clients.

Approved contacts: (Contacts must be 18 or older or accompanied by a parent)

AUTHORIZATION FOR PHOTOGRAPH, VIDEO TAPE, AND AUDIO TAPE RELEASE

LifeSkills may make still photographs of individuals involved in LifeSkills services for the purpose of identification. This authorization is for LifeSkills purposes only with the exception of law enforcement in the event of a concern for safety.

Graduate students and professional clinicians obtain supervised experience and carryout research with clinical interviews, individual and group sessions. Sessions may be videotaped or audio taped, with your permission, for research and supervisory purposes. The video and audio taped sessions may be reviewed or listened to within the research context for purposes of professional skill development and research. The original videotapes and audio tapes will be erased or destroyed upon completion of the research project and/or supervision.

Authorization to Use or Disclose Protected Health Information

THE UNDERSIGNED HEREBY AUTHORIZES THE USE OR DISCLOSURE OF INFORMATION FROM THE MEDICAL RECORD. The type of information to be used or disclosed is as follows (with client/guardian consent): Psychiatric Evaluation, Admission/Intake, Labs & Radiology results, Crisis Report, Staff Notes, Itemized Statement, Collateral Sessions/Contact, Dates of Treatment, Discharge/Termination Summary, DCBS Involvement, Psychological Testing/Assessment, Vocational Evaluation, Verbal Exchange of Information Regarding My Treatment, Other (to be specified), Progress Report, Assessment, IEP, Medication History, and Treatment Plan.

The Purpose For Use or Disclosure is to Collaborate in Treatment. I understand that LifeSkills is authorized by me to use or disclose my protected health information for a purpose other than treatment, payment or health care operations. I have read this authorization and understand what information will be used or disclosed, who may use and disclose the information, and the recipient(s) of that information. I specifically authorize any current employee of LifeSkills to use or disclose my protected health information as described on this form to the recipients listed above. I understand that when information is disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected health information. I further understand that I have the right to revoke this authorization at any time, if done so according to the steps set forth below. I also understand that I cannot be denied treatment for refusing to sign this authorization. You have the right to revoke this authorization at any time in writing, except to the extent that action has been taken in reliance on this authorization or, if applicable, during an insurance contestability period. Unless another date/event/condition is specified, this release will expire 60 days after the date it is signed.

Prohibition on redisclosure: This information has been disclosed to you from your records whose confidentiality is protected by Federal Law, Federal Regulations (42 CFR PART 2) prohibit you from making further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is not sufficient for this purpose. Federal regulations state that any person who violates any provision of this law shall be fined not more than, \$500, in the case of a first offense, and not more than \$5,000 in the subsequent offense.

This form must be notarized if the signature is not witnessed by a LifeSkills staff member. A notary is not required when the signature is being witnessed by staff of an organization that has a business relationship with LifeSkills (school systems, medical facilities, Department of Protection and Permanency, courts, and jails).

Client Rules

Client rules are addressed and signed at admission. These include:

- Treat others like you want to be treated
- Participate in all activities
- Maintain personal space
- There is to be no whispering, yelling, or note passing
- Ask permission to enter/exit each room
- Clean up after yourself and keep your bedroom clean
- Do not take anything into your bedroom without staff approval
- Do not disclose your last name or discuss individuals outside of the CCSU
- Maintain the confidentiality of your peers
- No hoods may be worn

- Only one person in the bathroom at a time
- Only one person in the bedroom at a time (unless it is sleeping hours)

Suicide Risk Assessment and Crisis/Safety Plan

Factors associated with an increased risk of suicide or crisis include: prolonged depressed mood, in a current state of distress, current suicidal ideation, past suicidal ideation, previous suicide attempts, active plan to take life or recent attempt, giving away possessions, death fixation, withdrawn or disengaged in treatment, chronic mental health condition, medical/physical problems, ideas of reuniting with a loved one, other hopelessness/perception of failure, current psychotic episode, recent psychiatric hospital discharge, current drug or alcohol misuse, withdrawing from drugs/alcohol, drug and alcohol misuse, history of grief/loss events, traumatic experiences, chronic homelessness, work/academic problems, ruminating on negative events, severe insomnia/hypersomnia, severe anxiety, highly impulsive, self-harming behaviors, aggressive behavior, legal involvement, interpersonal conflict, family h/o suicide, family h/o substance misuse, minimal support system, and previous hospitalizations.

Please provide detailed information about checked boxes and/or most recent/lethal suicide attempt:

Preventative measures that should be taken by client or guardian include: Restrict access to firearms, lock-up/remove specific items, notify family members, secure any medications, line of sight, notify therapist, nighttime monitoring device, contact support network, contact police/ems, refer to crisis unit or hospital, and maintain contact until help arrives.

Who are people I can ask for help? What are their phone numbers, where are places I can go or things I can use to distract myself?

Discharge Summary

Items noted on the discharge summary include: Primary and Secondary Reasons for Admission, Participation in Treatment Programming, Condition at Discharge, Diagnostic Information and Medication, and Follow up Recommendations with scheduled appointments.

Discharge Against the Advice of Staff

I am requesting that my son/daughter/ward, be discharged from LifeSkills, Children’s Crisis Stabilization Unit. I understand that this discharge will be contrary to the current recommendations of the clinical staff and treatment team, and that discharging early may have detrimental effects on my child/ward. I further agree and understand that;

1. LifeSkills cannot be responsible for any lack of discharge planning and subsequent difficulty accessing further services that may occur as a result of the premature discharge.

2. In the event the staff determines that a child's safety is in jeopardy they may be required by law to file a report with the Department of protection and permanency and/or a petition with the court.

I have read and understand the above statements and as legal guardian of the individual identified above I am choosing to remove my child from the CCSU against the advice of the staff and am accepting full responsibility for any consequences foreseen or unforeseen that may occur as a result of this decision.

My signature below indicates that I have reviewed the following items and was given the opportunity to ask questions.

- Client Rights
- Client Grievance Procedure
- HIPAA Privacy Notice
- Missed Appointment Policy
- CCSU Guidelines and Admission Agreement
- Medical Release and Consent Form
- Over the Counter Medication Policy
- Over the Counter Medication Form
- Financial Agreement
- Approved Contact, Visitation, and Phone Call Policy
- Authorization for Photograph, Video Tape, and Audio Take Release
- Release of Information
- Client Rules
- Suicide Risk Assessment and Crisis/Safety Plan
- Discharge Summary
- Discharge Against Clinical Advice

Children & Adolescent Services

Initial appointments are available within 7-10 days for routine appointments, 2 days for urgent needs, and same day/walk-in basis for emergent situations.

LifeSkills Children's services offer the widest and most intensive array of services in Southcentral Kentucky to children, adolescents, and their families. With over 60 full time clinical staff, LifeSkills Children's services provide outpatient treatment in a variety of settings including office, home, school, and daycare. Individuals needing more intense services may receive residential services at the Children's Crisis Stabilization Unit. The IMPACT program is available exclusively through LifeSkills. This program has access to services such service coordination and High-Fidelity Wraparound.

LifeSkills offers the most comprehensive array of services for children and their families that are available in the 10 county Barren River region. With over 70 full time employees dedicated to meeting the needs of children and families experiencing mental health issues we offer services ranging from routine outpatient therapy to intensive outpatient and residential services. Individual programs that service the specific needs of children are available in all 10 counties. LifeSkills Children's services is the only

organization in south central Kentucky with the ability to accommodate the often-changing needs of children allowing them to move seamlessly through various levels of care with the ultimate goal of maintaining the family system and avoiding out of home placement.

Outpatient Therapy

LifeSkills provides quality behavioral health services to our clients in the form of mental health therapy for children who are experiencing mental illness and/or behavior problems. Mental health services consist of individual, family, and group therapy as appropriate and clinically necessary. Services are provided in a variety of settings including the clinic, home, and school.

School Based Therapy-LifeSkills clinicians are assigned to specific schools as their primary worksite and work a schedule that parallels the school calendar in the county where they are assigned. In addition to providing individual, family, and group therapy, clinicians can also provide consultation, collaboration, and advocacy for clients when appropriate.

Psychiatric Evaluation and Monitoring-LifeSkills has several psychiatrists and Psychiatric Advanced Registered Nurse Practitioners on staff to provide psychiatric consultation, evaluation, and medication monitoring to clients involved in other LifeSkills programs or services.

Early Childhood Mental Health Program-The Early Childhood Mental Health Program is a community resource available to child care centers, families, and community partners. The Early Childhood Mental Health Program works to improve the childhood experience of children ages birth-5 by addressing their social, emotional, and relational needs. The Early Childhood Mental Health Specialist provides assessments of mental health needs of children currently in child centers.

Therapeutic services are provided to children and their families in the home, in the office, and childcare centers. Outreach and instructional programs to caregivers and families through public and private childcare centers and other groups are also provided. Although not part of the Early Childhood Mental Health Program, the Early Childhood Mental Health Specialist also performs Autism Assessments on a wide range of children for families as requested. Available in all counties.

KY IMPACT (Service Coordination/Targeted Case Management)

KY Impact Service Coordination-Each family approved for KY IMPACT services is assigned a service coordinator. The role of the service coordinator is to: link family to resources and services; provide support for parental education; collaborate with other agencies; act as an advocate; and coordinate service team meetings.

Family/Youth Peer Support

LifeSkills KY IMPACT provides support and education through 1:1 Parent and Youth Support. We have two types of peer supports: Family Peer Support Specialist and Youth Peer Support Specialist. The Family Peer Support also offers a yearly weekend parent retreat as well as several family fun events throughout the year.

Community Support Wraparound

Involves planned therapeutic and mentoring activities structured around meeting individualized goals developed by the service team. CSW provides in-home support and/or parental education for the child's caregiver as prescribed by the service team.

Regional Youth Council

RYC is a group that serves youth in the KY IMPACT program from the ages of 13-18. RYC meets once a month for 2-3 hours. The group focuses on the development of independent living, skill development, peer support and mentoring, youth leadership, and community service. RYC is designed to help youth build character and relationships, learn coping skills, and develop into self-reliant adults.

High Fidelity Wraparound

High Fidelity Wraparound is a process utilizing intensive case management. The Wraparound team consists of individuals committed to the family through informal, formal and community support services and service relationships. Available in all counties.

Transition Age Youth Coordination

The TAY Coordinator is responsible for collaborating across local programming to enhance supports that are developmentally appropriate and evidence informed for youth, young adults, and their families who are affected by a serious behavioral health issue (mental health and substance use). The TAY Coordinator serves as the regional expert in transition age youth best practices and work to build the capacity within the region to provide excellent supports and services for the TAY population. They oversee and coordinate the continuum of services and supports for youth and young adults between the ages of fourteen (14) and twenty-six (26) who either have, or are at risk of developing, serious behavioral health (mental health and substance use) conditions including SED and SMI and those with co-occurring mental health and substance use challenges. Available in all counties.

iHOPE Services

iHOPE identifies and supports young people and their families whose symptoms are consistent with schizophrenia and/or bipolar disorder with psychosis. iHOPE helps clarify diagnosis and assure access to appropriate care.

Acute symptoms of psychosis include hallucinations, seeing and hearing things others don't, disturbances to speech, changes in how emotions are expressed, and stereotyped movement. Onset of these symptoms usually occurs gradually.

Without early identification, young people with psychosis are at greater risk of school drop-out, loss of social support and ability to function, long-term trauma, legal involvement, disability, and poverty. With early intervention and support, most of these consequences can be prevented, and most individuals graduate from school, enter the workforce, and live a full and meaningful life. The iHOPE program offers intensive wraparound services for youth with ongoing symptoms, an intensive two-year program with a team, including medical professionals, therapists, case managers, and peer support specialists. 10th Street and available in all counties.

Children's Mobile Crisis

Mobile crisis is available 24 hours a day, 365 days a year to persons in the LifeSkills ten county area. It offers an immediate response to individuals who may need support to prevent a crisis or are experiencing a crisis related to mental health, substance abuse, or intellectual/developmental disabilities. Evaluations are voluntary, HIPPA compliant, and conducted in locations that are considered safe. Intervening in a crisis at the time it is happening will help to engage individuals with a broad array of services as well as attempt to prevent further child welfare involvement when applicable. Mobile crisis staff will be trained in de-escalation techniques, suicide prevention, and crisis counseling. Staff will also be informed of mental health and other available resources in the community. Individuals will be referred for applicable follow-up resources as needed. Available in all counties.

Therapeutic Rehabilitation Services for Children (Summer Program)

Summer Program is a therapeutic rehabilitation program aimed at improving a child's self-esteem, personal adjustment, and daily living skills through an effective intervention plan and goal-oriented program. It assists children in developing a healthy self-concept and developing the ability to function in the community. Services are provided daily during the week while children are on summer vacation. Services offered are Individual, Family, Group, Case Management, Peer Support, and Therapeutic Rehabilitation. Children under the age of 18 who have a mental health diagnosis, require more than intermittent outpatient services, and have Medicaid as their payer source qualify for this program.

Children's Crisis Stabilization Unit (CCSU)

The CCSU is an organized therapeutic environment aimed to reduce or eliminate crisis situations. It provides short term, acute crisis care to children and their families. Individuals under the age of 18 who are seen as being at risk of out of home placement, including psychiatric hospitalization and who, without CCSU intervention, might require such hospitalization. Services are offered 24 hours a day, 365 days a year. Services offered are Individual, Family, Group, Behavior Management, Social Skill Training, Education, Psychiatric, and Case Management. Available for children in all counties.

LifeSkills Children's Crisis Stabilization Unit

501 Chestnut Street Bowling Green, KY 42101

Telephone: 270-901-5000

Fax: 270-781-8987

Help Line Hotline Crisis & Information- 270-842-4357 or 1-800-223-8913

CCSU's Mission

The mission of the CCSU is to provide immediate crisis intervention services to all individuals requesting such services, who reside in our ten-county region. We accept the responsibility for assuring the availability of 24 hour crisis and follow-up services that allow individuals to remain in their community, whenever possible, during acute crisis episodes.

Program Description

The Children's Crisis Stabilization Unit is located at 501 Chestnut Street in Bowling Green. The focus of the (CCSU) is to provide crisis stabilization services for children and their families. The CCSU is a 24/7 program designed to provide short term, acute crisis care to children and their families. These services are available to children who are seen as being at risk of out of home placement, including psychiatric hospitalization and who, without CCSU intervention, might require such hospitalization. Crisis care is preceded by a face-to-face assessment of the child by a CCSU MHT or Clinician and consultation with the Program Manager or Qualified Mental Health Professional (QMHP) on call. The major functions of the CCSU include:

1. Providing stabilization services to children in crisis which will assist them in their return to a pre-crisis level of functioning,
2. Assisting children and family members in resolving issues/situations that may have precipitated the crisis, and
3. Providing linkages with community services in order to facilitate an increase in community tenure. Services are provided in such a way as to be both supportive and empowering.

Scope of Services

The scope of services at the CCSU is designed to provide 24-hour crisis care as well as the information and services necessary to establish and maintain continuity of care after discharge. The following services are available to children and families served by the unit:

- Needs assessment
- Individual, Group, and Family therapy
- Intensive treatment through the milieu and by Licensed and Certified clinicians on site daily.
- Individual and group interventions provided by Mental Health professionals
- Psychiatric services (evaluations/medication management) when appropriate
- Family interventions
- Educational groups and activities
- A safe and secure environment
- Referral to inpatient services if/when needed
- Follow up and referral
- Skills Assessment and Training

ADMISSION CRITERIA AND REFERRALS

Eligibility/Admission Criteria

- The individual is between the ages of six and seventeen years of age (children under age 6 will be evaluated on a case by case basis).

- Exhibits acute symptoms of depression, psychosis, disruptive behavior, or mania creating risk of hospitalization or other out of home placement.
- Admission to CCSU has a likely chance to avoid further deterioration and possible psychiatric hospitalization.
- May voice harmful ideation. Presents an appreciable risk of harm to self or others but with the lethality risk likely to diminish with this level of care and without the use of secure treatment facilities.
- Can benefit from close observation and supervision.
- The individual's symptoms are severe but arise out of a precipitating event or situation and are seen as likely to decrease in a safe clinical environment
- The individual is not medically fragile, not intoxicated to the degree that medical detoxification is needed or experiencing adverse reactions due to psychiatric or other medications, which may result his/her becoming medically fragile.
- As a voluntary alternative to involuntary hospitalization as provided under KRS 645.
- Alternative treatment strategies at lesser levels of care have either been exhausted, are unavailable or have been ruled out as unlikely to benefit the individual.
- The individual should not be experiencing the following:
 - Active suicidal behavior. Individuals experiencing only suicidal ideation will be considered for this service. Individuals considered an immediate risk for suicide and requiring constant supervision shall not be accepted into this level of care but will be referred to a more intensive level of care.
 - Active homicidal behavior. This includes aggressive behavior that presents an immediate danger to self and/or others. This may include individuals with an extensive history of violent behavior.
- The individual can be safely managed by CCSU staff.
- Individual with a history of sexual offending or arson will be evaluated on a case by case basis.

Referral Sources

CCSU accepts referrals from a number of sources including parents, IMPACT program staff, LifeSkills clinical staff, QMHPs, DCBS, the juvenile justice system, law enforcement, public schools and Private Psychiatric Hospitals.

Referral Criteria:

- Meets criteria for DSM-V diagnosis
- Admitting party has legal custodial/guardianship rights
- The family is willing to be involved in the treatment planning process
- The family is willing to be involved in treatment when it is beneficial for the resident

Referral Process: Referrals are accepted 24/7 directly to CCSU at (270) 901-5000 ext. 1310, or through the LifeSkills Crisis Line (270) 843-4357, (1-800) 223-8913. Referral procedures are as follows:

ADMISSION PROCEDURES

The strictest confidentiality will be maintained in all matters at all times. Prior to admission to the CCSU, each potential resident will be interviewed by a mental health professional (Staff clinician or CCSU staff in consultation with Program Manager or other Qualified Mental Health Professional on call) and will be screened for physical/medical health problems. Following the recommendations by the mental health professional on the appropriate level of care, both the family and the individual will agree to the plan for that level of care. The mental health professional conducting the assessment will make the necessary arrangements to insure the individual and family are linked with the appropriate and agreed upon level of care. Appropriate follow-up services will be provided to insure continuity of care and services.

Note: A Qualified Mental Health Professional will be involved (directly or by consultation) and will authorize all non-admissions and/or discharges.

In the event that a child requires significant medical or physical health services or assistance, the child will not be admitted. The following procedures will apply:

- In case of medical emergency, the resident will be transported to the Bowling Green Medical Center's Emergency Department.
- If no medical emergency exists the parent/guardian will be responsible for transporting the resident to an appropriate medical facility of their choice for treatment
- The resident will not be admitted to the CCSU until documentation from a physician indicating the resident is medically stable enough for the CCSU has been obtained.
- If the resident takes medication for a life threatening condition (such as asthma, epilepsy, diabetes, etc.) the medication must meet all of the medication requirements (see Medication Administration and Monitoring section) and be available and turned over to CCSU staff at the time of admission.

Screening/Admission Procedures: Once it has been determined by a Mental Health Professional that an identified child is in need of CCSU services, CCSU staff will determine if a bed is available and if the child is appropriate for CCSU services. If a bed is available, the child will report to CCSU. Once on the unit, the resident will be admitted to the program. Staff will complete the required admission paperwork, e.g., Needs Assessment, Consent for Services, Releases of Information, etc.

- If the resident is not currently registered with LifeSkills, the staff clinician will complete a Psychosocial Evaluation within 48 hours of admission.
- The appropriate LifeSkills Service Center will be notified upon discharge if the family chooses to have follow up care with LifeSkills. Program staff will work with the outpatient service center in order to register the resident and have a therapist assigned. All related paperwork and documents will be in the Electronic Health Record (EHR).
- Residents not already involved with targeted case management will be offered a referral to the IMPACT program which will be completed prior to discharge.

Check-In Guidelines

Prior to entering the unit (this will be done in a neutral/private location):

- The resident will be asked to remove all personal effects. A metal detector wand will be used by staff to confirm that no potentially dangerous items remain concealed. All clothing will be bagged and put in the dryer for 30 minutes as a precaution to bed bugs being transferred onto the unit.
- For the protection of all residents and staff, a head lice check will be completed. If head lice and/or nits are found, the resident will be treated immediately and their clothing will be bagged and laundered. The following procedure should be followed in the event head lice is discovered:
 1. Resident will shower (with supervision, preserving modesty) using RID or another lice treatment shampoo
 2. Staff monitoring shower will instruct resident on each step in proper cleaning including application of shampoo to all body hair
 3. After shower, staff will use the RID comb to go through hair and remove any leftover nits.
 4. Staff will instruct resident to do the same in the shower with all other body hair
 5. Non clothing belongings will be checked by staff and cleaned as needed.
 6. All areas visited by resident prior to discovery will be cleaned using RID or other lice cleaning solution (including carpet and furniture)
 7. Shower should be cleaned/disinfected after completion with bleach solution

- Staff will examine all belongings for any possible contraband and to ensure that clothing is appropriate for the unit.

Upon entering the unit, staff (or staff may assign this to a higher functioning resident) will:

- Introduce the resident to program staff.
- Explain house rules (including emergency evacuation plan) and daily routine.
- Orient the resident to assigned room and bed.
- Give hygiene packets and slipper socks.
- Provide orientation and tour of facility.

STAFFING AND PERSONNEL

Staffing Guidelines: The following guidelines are designed to ensure ample coverage at the CCSU at all times by trained, competent staff members. Additionally, these guidelines provide direction for maintaining vital communication between shifts. The CCSU will be staffed as follows:

- 1 FTE Program Manager
- 2 FTE Psychotherapist
- 1 FTE Clinical Support Technician/Therapeutic Assistant
- Sufficient number of Mental Health Technicians to cover all shifts

There will be a minimum of two staff persons on shift at all times. In the event there are a total of nine or ten residents on the unit, there will be at least three staff members present during waking hours. The number of staff can drop to two staff members for nine or ten residents during sleeping hours. The number of staff required may increase at any time based upon the severity of symptoms present on the unit.

Shift Responsibilities

The basic responsibilities of the CCSU staff are to maintain a smooth operation of the unit and to insure the safety of staff and residents. There should be a staff member in the great room at all times unless all of the residents are in the kitchen or back yard together. Shift duties include: maintaining the therapeutic milieu supervising residents, completing referrals and admission assessments as needed, conducting educational groups, cooking meals, cleaning the facility, assisting in discharge of residents, group therapy, and providing structure through adherence to the schedule. In addition to the general responsibilities, more specific duties may be assigned to each shift.

DISCHARGE PROCEDURES

Continual monitoring and evaluation of residents is necessary for determining when it is appropriate to discharge a resident and to develop an effective plan for continued care. The following guidelines are designed to assist the staff in monitoring residents and discharging them at the right time with a plan for the right continued care.

Review Period: Discharge planning should begin at the time of admission. Cases will be reviewed and documented by staff on an ongoing basis to measure the resident's progress in the program and discharge readiness. All reviews are conducted with an expectation that the length of stay will not exceed the estimated timeframe determined at admission, except where there is a determination that:

- Treatment gains are likely to be lost by discharge at this time and,
- Inpatient hospitalization is not needed and,
- The continued stay is likely to diminish the risk for hospitalization or re-admission to this level of care.

Discharge Criteria: The major criteria for discharge from CCSU services are as follows:

- Presenting symptoms have decreased in severity or diminished to the degree that the resident can benefit from a lower level of care
- The individual demonstrates the ability to function without intensive structure
- There is evidence of a decrease in agitation and/or depressive symptoms
- Mood is stable
- The degree of risk has decreased to a low level of lethality
- The resident has received maximum benefit from this level of care and is ready to progress to a less intensive treatment setting
- The resident's living environment is conducive to his/her continuing treatment needs:
- Housing/placement plans have been or are being developed with the resident

All staff are responsible for the disposition and discharge planning from the CCSU. All discharge plans will be documented and filed in the EHR. Following a determination by the clinical staff and/or Program Manager that the resident is ready for discharge, staff will perform the following functions:

- An assessment interview will be completed by the therapist or Program Manager
- Verify with others involved in the case that necessary, minimal life needs (food, shelter, clothing, and financial supports) are in place prior to discharge

- Ensure that proper transportation arrangements have been made to return the resident to his/her or pre-crisis residence or alternate placement
- Request the resident complete the approved satisfaction/discharge survey
- Verify and inform the resident of any and all follow up appointments and document them for the resident and in the EHR
- Ensure that the resident receives all personal effects and medication upon discharge

Discharge Documentation

Discharge Summary and Personalized Crisis Safety Plans

RESIDENT INFORMATION

Clothing and Personal Possessions (information provided to referral sources):

What to Bring:

- Insurance/Medicaid card (if applicable)
- Seven to ten day supply of medications, in prescription bottle, with current script (not out of date/expired)
- Five days' worth of casual appropriate clothing
- Pajamas
- Personal hygiene items will be provided if needed

What not to Bring:

- **Radio, phone, iPod, or other personal electronic devices**
- **Musical instruments**
- **Weapons, including pocket knives**
- **Over the counter medication**
- **Tobacco products**
- **Drugs or Alcohol**

Personal Possessions

Any clothing that a resident might need while residing at the facility will be obtained through the resident's custodian. Any clothing and footwear provided by the facility will be clean, well fitting, seasonal, as well as age appropriate.

Residents will not be allowed to wear jewelry that could pose a risk in the event of an altercation, such as dangling earrings, necklaces, bracelets, or watches. Body piercings are discouraged; CCSU will provide clear plastic jewelry as a replacement. Staff has the right to ask the resident to remove the piercing, if deemed necessary.

Visitation

- Face to face visitation opportunities will be provided to the resident's parents or legal guardian during regular hours of operation. Visitation may not occur between the hours of 9:30pm and 6:30am except in emergency situations.
- Exceptions to standard visiting hours may be made in an emergency at the discretion of program staff.
- Visitation should not interfere with the therapeutic regimen for the resident, i.e. medication compliance, groups, doctor appointments, etc.
- Visitation should be arranged in advance with program staff and visiting hours may vary and current hours should be obtained from program staff.
- Residents will be asked if they wish to see visitors.
- For the protection of residents, visitors, and staff, precautionary measures will be taken upon the beginning of each visit (such as leaving all personal belongings either in the visitor's vehicle or staff offices, etc.).
- Any specific limitations to the visitation will be outlined in the resident's medical record.
- Multiple visits by different individuals can occur at the discretion of the unit staff.
- Residents and visitors will be afforded the maximum amount of privacy possible at the time of the visit. Other residents will be asked to respect this privacy.
- Staff intervention will occur in any visitation that becomes disruptive to the therapeutic environment of the unit or counter-productive to the treatment of the resident.
- All visits will be documented in the case record and will note the positive or negative reactions to the visits.

PREVENTION AND MANAGEMENT OF AGGRESSIVE BEHAVIOR IN CHILDREN'S SERVICES

POLICY: The LifeSkills resident/consumer is a person of intrinsic worth and dignity. As with all our endeavors, this is the guiding principle that dictates our actions. When it becomes necessary to intervene in a crisis situation involving a resident, it is important that employees of our programs understand the value of the individual. Each individual must be treated with dignity and respect, even in situations regarding poor or out of control behavior. In these situations, it is important to have in place a graded system of alternatives that utilize the least amount of external management.

Preventive systems are intended as behavior management tools that allow for the consequences of the individual's actions and are not intended as a personal punishment, which could offset the development of self-esteem and/or progress of the individual. Safe Crisis Management (SCM) is a nationally recognized crisis intervention training program copyrighted by JKM Training Inc. SCM includes a multitude of non-physical interventions to crisis situations as well as physical interventions on the rare occasions where these are necessary. Although SCM is the crisis intervention model upon which LifeSkills crisis intervention policies are based, other models and theories will also be utilized. Additional models or interventions will be based on the experience and skill of the individual dealing with the crisis. Special treatment procedures requiring physical restraint are the most restrictive methods of behavior management. The goal of these procedures is to assist the individual in regaining control of their behavior and emotions and to manage their own behavior while preventing injury to the resident, staff or others.

Employees should be allowed to utilize such physical restraint as is necessary to protect themselves or others from harm. Physical restraint will be utilized as a last resort and only after all possible verbal and nonverbal interventions have been exhausted and proven ineffective. Physical intervention shall be administered as an emergency, temporary intervention only.

Physical restraint shall not be used as punishment and will be applied with the least amount of force possible.

Service Center Locations

<p><u>Allen County</u></p> <p>LifeSkills Service Center 512 Veterans Memorial Hwy Scottsville, KY 42164 Telephone: 270-237-4481 Or 270-901-5000 ext. 0100 Fax: 270-237-3559</p> <p>Park Place Recovery Center for Women 49 Hillview Drive Scottsville KY 42164 Recovery Center: 270-239-4020 Fax: 270-239-1083</p>	<p><u>Barren County</u></p> <p>LifeSkills Service Center 608 Happy Valley Road, PO Box 1539 Glasgow, KY 42142-1539 Telephone: 270-651-8378 Or 270-901-5000 ext. 0101 Fax: 270-651-9248</p> <p>LifeSkills Friendship Clubhouse 608 Happy Valley Road, PO Box 1539 Glasgow, KY 42142-1539 Telephone: 270-651-8378 ext. 1288 Fax: 270-651-9248</p>
<p><u>Butler County</u></p> <p>LifeSkills Service Center 222 Industrial Drive North Morgantown KY 42261 Telephone: 270-526-3877 or 270-901-5000 ext. 0102 Fax: 270-526-9290</p>	<p><u>Edmonson County</u></p> <p>LifeSkills Service Center 205 Mohawk, PO Box 596 Brownsville, KY 42210 Telephone: 270-597-2713 Or 270-901-5000 ext. 0103 Fax: 270-597-9194</p>

<p><u>Hart County</u></p> <p>LifeSkills Service Center 118 West Union Street Munfordville, KY 42765 Telephone: 270-524-9883 Or 270-901-5000 ext. 0104 Fax: 270-524-0437</p>	<p><u>Logan County</u></p> <p>LifeSkills Service Center 433 Shelton Lane Russellville, KY 42276 Telephone: 270-726-3629 Or 270-901-5000 ext. 0105 Fax: 270-726-3620</p> <p>Edgewood Residence 105 Edgewood Drive Russellville KY 42276 Telephone: 270-726-3667</p>
<p><u>Metcalfe County</u></p> <p>LifeSkills Service Center 112 Sartin Drive, PO Box 600 Edmonton, KY 42129 Telephone: 270-432-4951 Or 270-901-5000 ext. 0106 Fax: 270-432-5054</p>	<p><u>Monroe County</u></p> <p>LifeSkills Service Center 200 North Crawford Street Suite 3 Tompkinsville, KY 42167 Telephone: 270-487-5655 Or 270-901-5000 ext. 0107 Fax: 270-487-5948</p>
<p><u>Simpson County</u></p> <p>LifeSkills Service Center 1031 Brookhaven Road Franklin KY 42134 Telephone: 270-586-8826 or 270-901-5000 ext. 0108 Fax: 270-586-8828</p>	<p><u>Warren County</u></p> <p>LifeSkills Corporate Office 380 Suwannee Trail Street PO Box 6499 Bowling Green, KY 42103 Telephone: 270-901-5000 Adult Fax: 270-842-6553 Children’s Fax: 270-782-5927</p>

	<p>Medical Records: 270-781-0536</p> <p>Finance, Administration- 270-842-5268</p> <p>Human resources fax: 270-781-0035</p>
<p><u>Warren County</u></p> <p><u>Wishing Well Clubhouse</u></p> <p>428 Center Street</p> <p>Bowling Green KY 42101</p> <p>Telephone: 270-901-5000 ext. 1189</p> <p><u>Wellness Connection</u></p> <p>428 Center Street</p> <p>Bowling Green KY 42101</p> <p>Telephone: 270-901-5041</p> <p>Open: Tues-Thurs 10am to 4pm, Monday and Friday by appointment</p> <p><u>Haven4Change</u></p> <p>1500 Parkside Drive</p> <p>Bowling Green, KY 42101</p> <p>Telephone: 270-796-1764 or 270-901-5000 ext. 0340</p>	<p><u>Warren County</u></p> <p><u>ACT Team</u></p> <p>428 Center Street</p> <p>Bowling Green, KY 42101</p> <p>Telephone: 270-791-3561</p> <p><u>Opioid Based Outpatient Treatment</u></p> <p>380 Suwannee Trail Street</p> <p>Bowling Green, KY 42101</p> <p>Telephone: 270-901-5177</p> <p>Fax: 270-846-2334</p> <p><u>Adult Crisis Unit</u></p> <p>822 Woodway Drive</p> <p>Bowling Green, KY 42101</p> <p>Telephone: 1-800-223-8913 or 270-901-5000 ext. 1301</p>

<p><u>Warren County</u></p> <p><u>Children Crisis Unit</u></p> <p>501 Chestnut Street Bowling Green KY 42101 Telephone: 270-901-5000 ext. 1242 Fax:270-781-8987</p>	<p><u>Warren County</u></p> <p><u>Park Place Recovery Center for Men</u></p> <p>822 Woodway Drive Bowling Green, KY 42101 Telephone: 270-901-5000 ext. 1146 Nurses Station: 270-901-5000 ext. 1268 Fax: 270-781-6446</p>
<p><u>Warren County</u></p> <p><u>LifeSkills, Inc. Recovery Home for Men</u></p> <p>226 St. Albans Drive Bowling Green KY, 42103 Telephone: 270-901-5000</p>	<p><u>Warren County</u></p> <p><u>iHOPE</u></p> <p>328 East 10th Street Ave Bowling Green, KY 42101 Telephone: 270-901-5000 ext. 1233 Fax: 270-781-8646</p>
<p><u>CRISIS AND REFERRAL</u></p> <p>270-843-4357</p> <p>After 5pm & weekends 24-hour crisis line- 1-800-223-8913</p> <p>Fax: 270-783-0609</p> <p>TRS: 711</p>	