LifeSkills
Premium Healthcare Services

LIFESKILLS CHILDREN'S CRISIS STABILIZATION UNIT

501 Chestnut St., Bowling Green, KY 42101

Policy and Procedure Manual

Revised September, 2025

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LifeSkills

CHILDREN'S CRISIS STABILIZATION UNIT

The administrative policies that govern the operation of the LifeSkills Children's Crisis Stabilization Unit (CCSU) are included throughout this manual. No changes will be made to this manual without the approval of the Clinical Director of Children's Services. The policies and procedures in this manual pertain only to the CCSU and are in effect simultaneously with the policies and procedures set forth by LifeSkills, Inc.

INTRODUCTION

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 24/7program 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 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
- Family interventions
- Referral to Treatment Programs
- Educational groups and activities
- A safe and secure environment

- Referral to inpatient services if/when needed
- Access to individual and group peer support
- 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.

Additional Considerations

- The individual might have a substance abuse problem and be mildly intoxicated.
- The individual might be a victim of physical, sexual or emotional abuse or other traumatic events and be in need of emergency care along with the protective services provided by state agencies.
- The individual's symptoms and degree of risk of harm to self or others might be a function of disturbances in family relationships and his/her presentation might result from a family crisis.
- The individual's parent/custodian might need intensive clinical support and other services in order to prepare from the individual's discharge from this level of care. The individual and the family are motivated and agreeable to crisis counseling.

Services not provided by CCSU: In order to provide for the empowerment of residents admitted, the following services are not provided by the CCSU:

- Primarily Psychiatric services (although medication evaluation can sometimes be arranged while an individual is at CCSU, psychiatric services are not part of the routine services at the CCSU)
- Personal grooming services. However, CCSU staff will help by providing education and training in these activities. In the event the resident is unable to prepare his/her own meals, CCSU staff will perform, or assist with, this function.
- Transportation services are the responsibility of the parent/guardian. CCSU staff may assist if available.
- Medical services – individuals requiring significant medical attention or nursing care are not appropriate for the CCSU.

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:

- Any concerned adult, social service agency, law enforcement officer or parent who thinks that a child is in need of crisis services may contact the CCSU or the Crisis Line.
- CCSU or Crisis Line staff will conduct a telephone assessment and screening in order to determine if this is the appropriate level of care for the child. The staff member taking the referral will complete a Referral Screen.
- Program staff will work with callers making inappropriate referrals to insure that appropriate services are made available.

This service may be utilized as a less restrictive level of care following a civil commitment evaluation where the child does not meet the legal criteria for involuntary hospitalization or following discharge from a hospital where this level of care may be appropriate.

The assessment may take place virtually or in person at the CCSU. Virtual assessments can take place from a LifeSkills Service Center, police station, or hospital if the child is at one of those locations before 3:00 pm. After 3:00 pm, virtual assessments with the CCSU can only take place at a police station or hospital and the child has to have a uniform citation or petition on them. Assessments after 3:00 pm not occurring at the CCSU will be referred to the Mobile Crisis team if the child does not have a uniform citation or petition on them. This assessment will determine what level of care is necessary and appropriate for the individual. For individuals in need of continued psychiatric intervention, these levels include:

- Referral for outpatient services

- Referral for crisis counseling
- Admission to the CCSU
- Referral to inpatient services. *This service is not provided directly by the organization. These are services provided to an individual in the psychiatric unit of a general hospital with a designated children's psychiatric ward*. Referrals for inpatient care will be characterized by:
  - The individual presents an imminent danger to self and/or others, and;
  - The individual is able to benefit from hospitalization, and;
  - This is the least restrictive level of care available to the individual.

ADMISSION PROCEDURES

Admission and Intake 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.

- If the resident is currently registered with LifeSkills, the staff clinician will notify the current treatment providers listed on the resident's case.
- 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 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 will:
  - Introduce the resident to program staff.
  - Inventory and document resident's personal effects.
  - 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
- 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.

Professionalism: Mental Health Technicians, Clinical Support Technicians, Therapists, and the Program Manager all must present themselves in a professional manner to our residents and community.

Part of being professional is in our interactions with residents. Each staff at CCSU has obligation to treat the residents with respect and meet their needs. Mental Health Technicians are expected to model the same rules the residents are expected to adhere to. Staff members should be respecting the personal space of their co-workers and no horseplay. Staff should never engage a resident in any activity that is against the unit rules, i.e. horseplay, wrestling, and poor personal space. Staff should respect their workspace by not sitting on countertops, tables, sides of furniture and cleaning up after themselves. Residents are very aware of their surroundings and in order to gain their respect, staff must act in a manner which deserves respect.

Mental Health Technicians should be involved with residents at all times. If residents are watching a movie, staff should sit and watch the movie with them; if residents are playing a game, staff should be seated right next to them if not performing other duties. Staff should never be sitting playing a game with other staff, while residents do another activity. If a resident asks to speak with the therapist, the therapist should make arrangements to talk with the resident as soon as possible. Positive interaction is the key to maintaining respect.

Co-workers should respect one another. Staff should be working together to maintain the therapeutic milieu. Staff need to be mindful of what is going on and support one another as needed.

When talking to referral sources and/or guardians via phone or in person, staff should be courteous, mannerly, and provide quality service to the individual.

All personal phone calls/texting needs to be kept to a minimum and done so way from residents. No drinks or food are allowed in the great room. If you are eating when the residents are not or are eating something from off site, do not eat in front of the residents.

Visitors arriving to see a staff member are not allowed on the unit and should never have access to resident information or resident areas. Preferably, the visitor will only be allowed in the lobby area. If a private location is required, the assessment room or therapist office may be used. Visits must be kept to a minimum and occur only when absolutely necessary as this may disrupt the therapeutic program of the unit. Individuals charged with a felony are not allowed on CCSU property without permission from the Program Manager or the Director of Children's Services.

Another part of being professional is our appearance. Mental Health Technicians can dress casually while other staff are expected to dress more business casual. Flip flops are not appropriate. The agency human resource policy on dress takes precedence over this one and should be followed.

Personnel Orientation: Upon employment, all staff will be able to review and/or print a copy of the employee handbook. Within one month, they will receive orientation and complete a number of on-line trainings specific to their job position that is required by the agency. Personnel records will also be maintained that include, but are not limited to:

- Name, address, social security number, date of birth, date of employment
- Evidence of any current certification or licensure
- Records of participation in staff development
- Records of Performance Evaluations
- Criminal Records check
- Records of physical examinations related to employment as specified by company policy
- Copies of any personnel actions
- Application for employment an resume
- Evidence of New Employee Orientation

If a criminal records check reveals a prior criminal conviction or plea of guilty pursuant to KRS Chapter 510 or a Class A felony, the applicant will not be employed. Any employee under indictment or legally charged with felonious conduct will be immediately removed from contact with residents within the facility until the employee is cleared of the charge.

The program manager will ensure that at least one staff person is certified in First Aid and CPR is on the premises when residents are present.

Attendance records will be kept concerning all training sessions, workshops and additional development programs. The Program Manager of the CCSU will supervise ongoing staff development.

Volunteers who perform similar functions as paid staff will meet the same requirements and qualifications.

Responsibilities of personnel:

The Psychotherapist is responsible for the overall planning and coordination of social services to families and residents. Except in times of special circumstances or unusually high volume of referrals, all residents should receive at least one, if not more, clinical service per day. This may include, but is not limited to: psychosocial evaluation, assessment, psychiatric evaluation or service, individual, family therapy, or group therapy.

Mental Health Technicians are responsible for the following functions, however this is not intended to be an all-inclusive list and additional functions may be required as dictated by the needs of the residents and the unit:

- Inventory and control of personal effects
- Orient new admission to unit facilities, bathe facilities, emergency exits, etc.
- Make residents aware of laundry facility procedures

- Prepare meals (heat and serve) for residents and make residents aware of availability of snacks
- Review unit schedule and program rules with new admissions and answer all questions
- Planning and implementing of activities on the unit
- Participating in all activities with residents and encouraging involvement
- Orient residents to recreational activities and encourage involvement
- Introduce new admission to other residents and staff
- Observe resident for feelings of apprehension and remain in close proximity to provide support during first few hours after admission
- Completing admission note and other required documentation. Staff must chart resident's activity at least once per hour. May require more frequent observations/documentation depending on any special precautions. This includes documenting of groups or therapeutic activities, even if the group is not being billed.
- Answer unit telephone and door, even when outside with residents
- Prepare snacks and other food items as needed to ensure the resident's comfort
- Maintain privacy and confidentiality for grave issues that must be dealt with on an individual basis
- Housekeeping duties
- Supervise residents ensuring that they are safe and secure at all times
- Implement milieu management systems
- Take phone referrals, conduct admission screens and complete admission materials in therapist's absence
- Conduct group discussions and recreational activities
- Assist residents in utilizing acceptable coping skills
- Supervise medication administration, including counting medication
- Taking vitals on each resident at time of admission and once daily
- Act as an aide to the teacher during school hours
- To provide support and encouragement for residents that may be experiencing distress
- Ensure that the daily schedule is followed as written
- Clean the unit to make sure the environment is tidy and free of germs as much as possible
- Shift staff are expected to eat at the table with residents during meals
- Assisting in the completion of administrative forms as needed

Therapist Responsibilities

- Complete daily therapy sessions with residents and their families
- Completes required documentation: staff notes, psychosocial, treatment plans, discharge summaries and other paperwork on a daily basis
- Conducts emergency evaluations
- Coordinates with other key service providers to ensure continuity of care
- Provides case consultation to front line staff, psychiatrist, and other CSU employees
- Creates behavior management plans and coaches staff on implementation of plan for CCSU residents who have trouble adjusting to the structure of the Unit.
- Screens referrals and makes recommendations regarding admission and/or out referral.
- Begins discharge planning upon admission, coordinating aftercare services with family and other care providers.
- Makes aftercare appointments for residents prior to discharge and reviews with family.

- Develops discharge recommendations for aftercare including completion of Impact application when resident meets criteria and services are appropriate.
- Acts as the administrative supervisor of the unit in the absence of the Program Manager.
- Assist in orienting new employees to CCSU program, procedures, and guidelines for interacting with residents.
    1. Make regular communication with referral sources, and other community partners regarding resident progress.
    2. Provide general oversight and consultation to CCSU staff in their interaction with residents.

Clerical Support Technician Responsibilities:

- Generate a professional image of the company through words and actions
- Communicate clearly and effectively with customers and coworkers throughout daily interactions
- Display open communication, cooperation and the sharing of knowledge within all departments of the company
- Manage a high volume of incoming calls
- Must effectively manage multiple projects
- Ensure timely processing of assigned data entry tasks
- Audit incoming paperwork as well as own work for potential errors
- Coordinate a high volume of filing while accurately maintaining the medical record
- Accurately maintain cash drawer
- Responsible for taking inventory of supplies and making purchases.
- Contact guardian and check on demeanor of resident 48-72 hours after discharge and enter activity in medical record. (This duty can be assigned to other staff as needed).

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.

First Shift (0700-1500)

- Supervise unit and keep everyone (residents and staff) safe
- Facilitation of educational groups and recreational activities
- Complete resident daily notes and shift summary
- Administer medications
- Count controlled medications
- Make necessary inter-agency and family contacts
- Ensure consultation with outpatient supervisor or assigned therapist to ensure continuity of care
- Prepare and supervise preparation of breakfast and lunch

- Provide an aide to assist the school teacher during school hours
- Launder bedding of discharged residents
- Clean unit as needed
- Wake-up residents at 0830 on weekends and no-school days. Sensitivity and good judgement is to be used regarding resident's condition
- Leave unit neat and clean for next shift

Second Shift (1500-2300)
- Supervise unit and deep everyone (residents and staff) safe
- Facilitation of groups, educational and recreational activities
- Review cases and proceed with daily activity schedule
- Administer medications
- Count controlled medications
- Ensure preparation of evening meal, visitation, and group activities
- Supervise continuation of individual projects and/or other activities
- Supervise preparation for bed
- Bed checks every 15 minutes and document
- Clean unit as needed
- Vacuum the great room prior to bedtime
- Complete resident laundry as needed
- Leave unit neat and clean for next shift

Third Shift (2300-0700)
- Supervise unit and maintain facility security. Lobby entrance should be locked after 2nd shift staff leave
- A staff member present in the great room at all times
- Bed checks every 15 minutes and document
- Inventory and log all resident medication and medical supplies
- Inventory forms and make list for Therapeutic Assistant when additional copies as needed
- Inventory food and cleaning supplies and put away purchased items
- Clean facility per cleaning schedule posted in facility
- Notify Therapeutic Assistant of any purchasing needs.
- Resident laundry
- Prepare breakfast on school days
- Wake-up residents at 0630 on school days; 0830 on weekends and no-school days. Sensitivity and good judgement is to be used regarding resident's condition
- Leave unit neat and clean for next shift

Sleeping on the Unit

It is LifeSkills policy to vigilantly monitor the unit to ensure to ensure the safety of residents and proper upkeep of the unit at all times.

Procedure:
- Employees assigned to work shifts at the crisis unit are expected to remain awake and alert at all times when working their assigned shift.

- Incidents where individuals are discovered sleeping at work will be investigated and when validated will result in disciplinary action.

- Disciplinary actions may be in the form of written warnings, suspensions, and/or termination of employment. Any of these actions may be taken for the first violation of this policy, based on the investigation and determination of severity of the violation.

- In rare instances, such as severe weather, the program manager may authorize an individual to sleep at the unit for a specified period of time while they are not working and the unit is covered with the proper client: ratio with other awake staff.

- In instances where authorization to sleep on duty is granted, the program manager will grant permission IN ADVANCE and shall document permission in the employees record within 24 hours.

Overtime

In the event a staff must stay later than schedule, he/she must contact the supervisor as soon as is reasonable. It is the staff's responsibility to keep track of weekly hours and notify the supervisor if he/she will be in overtime.

Shift Change

Incoming shift staff should report to the unit early enough to receive an update from the staff on duty. This update should include, but is not limited to, significant events during the shift, current status on each resident, admissions or discharges, and any upcoming activities. Incoming shift staff should also review all resident files at the beginning of the shift to review shift notes since that were written since their last work shift. The medical book should be reviewed to become aware of medication times and count the medications.

Cell phone use while on duty

It is LifeSkills policy for the use of all personal cell phones to be restricted to break periods.
- Upon beginning their shift, staff will leave cell phones and/or pagers in their locker or other secure location of their choice.
- Staff may check their messages and/or make brief phone calls during break times arranged with their co-workers when supervision of residents is arranged and in line with supervision are ratio policies.
- Staff members are not to text or make personal phones calls in the presence of residents.
- Residents should never have access to employee cell phones.

Leave

In arranging time off, all staff will adhere to the following guidelines:
- 1-2 days leave: Submit a leave request to supervisor and arrange for shift coverage
- 3+ days leave: Submit a leave request to supervisor at least 14 days in advance and arrange for shift coverage

- Unplanned absences should be reported to supervisor no later than 1 hour prior to the planned beginning of the staff member's shift. This requirement takes precedence over the policies and procedures set forth by LifeSkills, Inc. and has Human Resources approval
- All time off will be accurately reflected on the staff member's cost allocation report
- All time off must be approved by the Program Manager or their designee and is subject to employee availability of leave time and ability to arrange for coverage
- The staff member assigned to work is responsible for finding coverage for the shift
- Leave requests may not be approved until after shift coverage is obtained
- Failure to find shift coverage and not reporting to work will be seen as an excessive absence
- Program manager and/or Therapeutic Assistant may also help find shift coverage

Training

- All new employees are required to attend the Human Resources Orientation, as set forth in the agency handbook
- Supervisors shall provide each new employee with a comprehensive orientation to the work station
- The Program Manager and employee share the responsibility of insuring trainings are up-to-date
- Periodic required staff meetings or trainings will be scheduled in which attendance is mandatory unless excused by the Program Manager
- Trainings for new employees include:
    - Annual Background Checks
    - Best Practices
    - Compliance and Ethics
    - CPR
    - Cultural Diversity
    - Drivers Safety
    - First Aid
    - HIPAA and Behavioral Health
    - Infection Control
    - Disaster Preparedness Plan
    - Preventing Slips, Trips, and Falls
    - Sexual Harassment
    - Therapeutic Boundaries
    - Motivational Interviewing (Clinical staff)
    - AMSR/YMH First Aid/QPR (depending on position)
    - Medication Administration
    - Safe Crisis Management
    - Verbal De-escalation
    - Other trainings as assigned
- Some of the trainings listed above require them to be reviewed and retaken at certain intervals, employees are expected to complete the trainings according to the required review interval

Documentation

- All resident charts must be completed in the Electronic Health Record (EHR)

- All resident's must have an active psychosocial and treatment plan relating to the crisis unit admission
- Staff will work with the resident, referral source, and guardian (except in documented cases) in the development of the treatment plan
- Staff will obtain signatures on the admission paperwork and treatment plan as set forth by agency expectations
- Residents needing to see a psychiatrist while at the CCSU will be referred to an agency medical provider as set forth by agency expectations
- Upon admission to the CCSU emphasis is placed on immediate intervention with both the resident and their family, from admission through discharge.
- A level of care assessment will be conducted on all residents per agency and payer expectations
- The resident's level of care at the CCSU is expected to decrease as therapy and residential services are provided.
- Primary reasons to increase the level of care include but are not limited to:
    - Severe acting out/aggression that cannot be controlled without a locked facility
    - Severe psychiatric symptoms accompanied by a decrease in judgement such that the individual is at risk to harm self or others
    - Individual requires 24 hour nursing observation

DISCHARGE PROCEDURES

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
- Case management services or other community support services needed upon discharge in order to diminish the likelihood of need for higher levels of care have been developed

Discharge Procedures: 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 plans must contain:
  - Date of discharge
  - Reason for discharge
  - Referrals
  - Recommendations
- The CCSU admission to the CCSU Organization/Program should be closed in the EHR within 7 business days after the discharge occurred

Discharge Process

- Discharge will be determined through the use of symptom measurements, face to face interviews with the resident and family, and staff to staff communication
- Discharge plans will be discussed with and input solicited from pertinent parties, including but not limited to families, school personnel, social workers, therapists, and CCSU staff
- Clinical staff will notify family/guardian of pending discharge
- School staff will notify the receiving school system of the pending discharge
- The resident and family/guardian will have an exit/discharge conference with a therapist to review discharge plans
- The resident and family/guardian will be provided with appropriate follow-up appointment information verbally and in writing
- A copy of the discharge plan and summary will be maintained in the EHR and the resident and family will be given the original
- A copy of the discharge summary and the crisis safety plan can be sent to the receiving school system if a release of information to the school was obtained
- Staff will contact guardian 48-72 hours after discharge to check on discharged resident

Discharge Documentation

- A discharge summary will be completed on all residents

- The discharge summary will include:
    - Information related to progress toward treatment goals
    - Treatment methods used
    - Barriers to treatment methods
    - Date of discharge
    - Reason for discharge (Planned/Unplanned)
    - Name, address, and contact information of individual resident is discharging to
    - Aftercare services offered and recommended
- The following needs will be addressed when discussing aftercare services
    - Educational
    - Medical
    - Mental Health
    - Legal
    - Social

Referral for More Intensive Services: If the individual's symptoms have increased in severity, the resident may be "stepped up" to a higher level of care. Primary reasons to increase the level of care include but are not limited to:

- Severe acting out/aggression that cannot be controlled without a locked facility
- Severe psychiatric symptoms accompanied by a decrease in judgement such that the individual is a risk to harm him/her self or others
- Requires 24 hour nursing observation

PROGRAM GUIDELINES

Program Rules

POLICY: Residents will be expected to participate in group, individual, and if indicated, family therapy. Residents will also be attending education classes, relaxation groups, recreational activities and other prescribed treatment. These activities are intended to assist residents in being able to function effectively upon discharge from the unit. Residents will be expected to assist in keeping the unit clean, including bedrooms, bathrooms, and the kitchen. Residents will be expected to comply with house rules. Attention to personal hygiene is expected. Participation in academic programing is also expected.

Residents are responsible for their own behavior at all times and will not disrupt the ongoing program. The following behaviors will not be tolerated:

- Destruction or damage of property. Residents found damaging property may be responsible for financial reimbursement
- Acts of violence or physical or verbal aggression towards another person
- Use or distribution of alcohol, drugs, or pornography
- Sexual activity between or among residents
- Obscene behavior
- Obscene gestures or foul language
- Possession of any dangerous item or material
- Tobacco use (Oral, smoking, and vapor)

1. Each resident is required to attend all group and therapy sessions and to abide by the daily schedule

2. Residents are to be out of bed by 0630 Monday through Friday, and 0830 on Saturday and Sunday or non-school days. Sleeping during the day will not be permitted.

3. Each resident is responsible for keeping the area around his/her bed neat at all times. Beds are to be made each morning before breakfast.

4. All residents are expected to practice good personal grooming habits.

5. There are to be no food or drinks in any room, except the kitchen and dining area.

6. No medication of any kind is to be kept in the resident's possession.

7. Residents are not allowed to have in their possession any aerosol products, razor blades, or after shave/cologne. Also, residents are not allowed knives of any type, guns, brass knuckles, or any object that could be used as a weapon. The staff on duty will dispense personal hygiene items.

8. Residents will not be allowed to have electronic game or communication devices in their possession.

9. No gambling, drinking, illegal use of drugs, sexual interaction, fighting, theft, or harassment (sexual or otherwise) will be tolerated. No sexually explicit material will be allowed at the unit. Any occurrence will be considered grounds for immediate discharge from the program.

10. Residents are to be appropriately dressed at all times. No muscle shirts, tank tops, short shorts, bare midriffs, or any clothing advertising alcohol/drug/tobacco/ or sexually explicit logos.

11. Residents will be permitted in office areas by invitation only.

12. The unit staff on duty are in charge of operations during their shift. Television hours will only be allowed during the resident's free time. The TV is to be off while in-house meetings/activities are in progress. TV/movie programing will be rated G, PG or PG-13, depending on the audience at the unit.

13. Residents may not be in unauthorized locations.

14. Any altercations involving recreations activity will result in the suspension of recreational privileges for all involved parties at the discretion of the unit staff.

Smoking: All LifeSkills facilities are smoke free. Staff or parents who wish to smoke may do so in their vehicles or in designated areas outside of the facility. Staff can only step away from the unit to smoke when the resident: staff ratio will allow for the break from the unit

Telephone: To ensure each resident's privacy and safety, a contact list of individuals with whom each resident is allowed to have contact while at the CCSU will be completed by the guardian. Only immediate family or individuals that may have a specific need to be in contact with the resident will be allowed. 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). Program staff must approve telephone usage. Telephone calls will be made during daily scheduled structured free time. All outgoing phone calls will be placed by staff. Phone calls are limited to 10 minutes. Most nights residents will only have one phone call, however in the event census is low or few overall phone calls for the night residents may have the opportunity to have more than one phone call. All incoming calls to facility residents will go through the designated resident telephone line. Telephone calls after 7:00pm are not permitted except in cases of family emergency or previous authorization by program staff. All calls not covered in the legal authorization are considered a privilege. A resident can obtain this privilege by participating appropriately in the treatment plan agreed upon at intake. At no time are residents allowed to answer business telephones. Anyone calling in for a resident must provide a social security number and date of birth before staff will be allowed to give any information regarding that resident.

Lights Out: Lights out and quiet time on the unit is at 10:00pm Sunday-Thursday and 11:00pm Friday and Saturday.

Dress Code: Residents and staff are expected to dress appropriately at all times. Staff will follow dress code guidelines set in the Employee Handbook. Staff reserves the right to disallow the wearing of any garment deemed inappropriate for an activity, giving the resident a full explanation of why the decision was made. Residents are to be appropriately dressed for all meals. Pajamas may only be worn after dinner and/or nightly hygiene. No muscle shirts, tank tops, short shorts, bare midriffs, low cut shirts, or any clothing advertising alcohol/drug or sexually explicit logos. Residents are not allowed to have a belt. Residents are not allowed to wear shoes in the building. A pair of slipper socks will be provided for the resident to wear.

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
- House shoes (if desired)
- Shower shoes (if desired)
- Toothbrush and toothpaste (if desired)-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
- Pornography

- 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 and sex appropriate.

All individuals admitted to the unit will have their personal effects inventoried and itemized upon admission. All personal items will be thoroughly searched and any item deemed a safety risk to the resident or staff will be kept under lock and returned to the resident's custodian. No money or expensive items should be brought or kept on the unit. All money belonging to residents will be returned to the resident's custodian. Any money that remains with the resident will be recorded and kept in a locked location to be returned to the custodian at discharge. LifeSkills will not be responsible for any valuable not documented or secured. Although bringing valuables onto the unit is discouraged, these items are the responsibility of the resident.

Forbidden items include, but are not limited to: drugs, alcohol, tobacco, weapons or any implement that can be used in whole, or in part as a weapon or may otherwise pose a threat to safety. Other examples are as follows:

- Razor blades, straight razors, safety razors
- Knives or any item that can be used as a knife
- Firearms and ammunition
- Cigarette lighters and matches
- Medicines brought from home (other than what is prescribed and turned over to unit staff at time of admission)
- Nail files and clippers
- Scissors
- Glass items with the exception of eye glasses
- Mirrors, including compacts
- Hooks, needles, straight pins, pencils, keys
- Metal cans or breakable items
- Belts, shoestrings, rope, chains, or other corded items
- Large heavy jewelry
- Shaving lotion, nail polish remover or other caustic liquid
- Aerosol cans
- Any other items deemed to be a health or safety risk by program staff

Rooms and clothing may be subject to search on an as needed basis for the safety and welfare of others. Searches will only be conducted in the presence of the resident.

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. Stud earrings are suitable to wear. Body piercings are discouraged; however a resident can leave the piercing in as long as it doesn't pose a danger to the resident or a distraction to the

group. Staff has the right to ask the resident to remove the piercing, if deemed necessary.

All other items may be brought onto the unit on an as needed basis and must be approved by the Program Manager. The CCSU is not responsible for any personal items brought on the unit.

If a non-approved personal item is found on the unit, it will be placed in a locked box and kept by staff until discharge or parent/guardian picks up the item.

Visitation: Visiting hours are a part of the resident schedule.

- 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 2130 and 0630 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. Visitation is not guaranteed and is not a requirement. Visitation will be determined on a case-by-case basis and the therapeutic stability of the resident.
- 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.

General Information: Because of Federal confidentiality laws, we cannot acknowledge whether a resident is in treatment or not. Confidentiality practices will be consistent with agency policy and Health Insurance Portability and Accountability Act (HIPAA) regulations. These policy and regulations are reviewed during new employee and ongoing employee trainings. Residents will be allowed to make and receive calls during free times with the consent of staff provided the individual is on the approved contact list. All residents must agree to the search of their belongings on admission and discharge. The purpose of this search will be limited to forbidden items such as alcohol, illegal drugs, unauthorized medication, and weapons. The search is to be conducted by an employee of the crisis unit and is to be conducted in the presence of the resident. Possession of any of the above may subject the resident to appropriate action as deemed necessary by the Kentucky State Police (KSP).

Residents Off Site: Residents leaving the unit during the day for various reasons may be necessary. Strict adherences to the following procedures are necessary to ensure the safety of both residents and staff.

- Residents are not routinely permitted to leave the unit unsupervised for any reason.
- Residents needing to leave the unit must be evaluated by the staff on duty in the following areas:
    - Orientation
    - Suicidal or homicidal risk
    - Level of agitation, if any
    - Paranoia
    - Active psychosis (particularly command hallucinations)
    - History of perpetrating abuse of any kind
    - General level of functioning
    - Medical conditions
    - History of substance abuse
    - Other conditions that may affect the safety and welfare of the resident and/or others
- A resident's status in the above areas, and any other considered to be clinically significant, must be explicitly documented in the medical record and may be grounds for denying a request to be off site.
- The resident may leave the unit only for reasons directly associated with the treatment plan.
- Leaving and returning to the unit must be recorded in the medical record as well as in the sign in/out book noting not only specific times, but the signature of the individual assuming custody of the resident while off site.
- Same gender supervision (males transport males, females transport females) must occur for the protection of residents and staff.

Communication: The resident will have access to a telephone in order to make and receive telephone calls to and from legal guardians and parents during permitted times. Any specific limitations to the resident's access to the telephone will be noted in the resident's record. Telephone hours may vary and current hours should be obtained from program staff. Generally communication between the resident and legal guardians/parents is not allowed during the first 48 hours after admission so that the resident can become adjusted to the CCSU program. However, contact within 48 hours may be allowed and approved by a clinician or other supervisor. Telephone contact and communication is only permitted between the parent/legal guardians and those individuals approved by the legal guardian and written on the admission paperwork.

Bed Checks: Beds are to be checked following lights out every 15 minutes. When conducting bed checks staff must enter the room with a flashlight and visibly see that the resident is physically present in the bed and is breathing. All bed checks must be documented in the sleep log and initialed by staff.

Lavatory Procedures: Low-risk residents are to be checked (preferably by same gender staff member) every 20 minutes with a knock on the door and a verbal response from the resident. If no response or a suspicious response is given the staff must enter the bathroom to check on the resident. Moderate-risk residents will follow the same procedure but be checked every 5-10 minutes. High-risk residents will follow the same procedure but be checked every 1-2 minutes.

During times when more than two staff are present, two staff should enter the bathroom to check on the resident.

MEDICATION

Medication Administration and Monitoring:

- Upon admission to the unit, program staff will only accept medication for a resident that is:
    - For the identified resident
    - In the original container
    - Has administration instructions from the prescriber
    - Has not expired
- Medication not meeting the above requirements will not be accepted unless the resident is not returning back to the same location he/she came from, in which case; the medication will be kept and stored in a separate location from other medication.
- Residents will not be able to take medications that do not meet the above requirements, even if they are stored due to the resident leaving the facility for a new residence upon termination.
- All medication accepted by the unit will be logged on the appropriate medication log form.
- The medication log will include the medication name, instructions, prescribing doctor's name, date filled, original pill count, and administration time. Each staff who assists in medication administration will list their name and initials at the bottom of the medication log. Each time the resident receives their medication the staff and resident will both initial in the appropriate box.
- Medication allergies will be noted in red on the log.
- All medication will be given following prescriber's instructions. Varying from those instructions will require an incident report.
- All medication will be kept in a locked container with controlled medications being behind two locks.
- One staff member per shift will be responsible for medication administration. It will be the duty of this person to ensure each resident receives their medication in the correct does and correct time.
- The individual administering medication should also count the pills they administer and log the count on the medication log.
- All medication administration will be supervised.
    - Staff will assist residents in self-administration of medication by ensuring they take the proper dosage, at the correct time, and through the right route. Residents have the right to refuse their medication. Refusal should be noted on the medication log.
    - Medication may be taken an hour before or after the time noted on the medication administration log, unless otherwise specified by doctor's orders.
    - Staff will obtain water and cups and place in the administration area prior to getting out the medication.
    - Residents should never be allowed to leave the administration area with their medications in order to get something to drink.

- The administration desk/table will be clear, and the room will be void of unnecessary distractions.
- Administration will be conducted with only one resident at a time.
- Staff should verify the name of the resident.
- Staff should ask the resident to identify their medication, dosage, and use.
- Staff will check prescription labels on the medication containers against the medication log before taking the medication out.
- Place all medications on the desk before the resident takes any of them.
- Double check the total number of medications on the desk against the Medication log.
- Staff will check the resident's mouth and hands after taking medication to determine compliance. This may be discontinued if consistent compliance is established and the resident does not demonstrate questionable reliability.
- Documentation of self-administered medications will occur immediately after medications are taken by the resident. Both the resident and the staff member will initial in the appropriate space on the Medication Sheet to verify the time and dosage taken.

- A pill count *will* be taken and logged in the appropriate section of the Medication Sheet during every shift for controlled medications. A pill count *may* be taken and logged in the appropriate section of the Medication Sheet during third shift of all non-controlled medication.
- Refusal to take medications as prescribed will be brought to the attention of program staff and guardians. Documentation will be made in the Medication log.
- All medication changes are to be noted in red ink in the Medication Log.
- All sharps are to be placed in the sharps container. The sharps container will be disposed of by agency protocol when it is full.
- Any medication left by a resident or any medication that has been discontinued or expired will be disposed of by the Program Manager or designee in the presence of at least one witness and documented in the resident's chart listing the witness and signed by the both staff involved.
- Some over the counter medications will kept on the unit in a locked location and administered as needed to residents following the above procedures. Only those over the counter medications that the guardian authorized at time of admission will be administered.
- When an over the counter medication is provided to the resident, staff should note the date, time, name, and reason given on the resident's medication log.
- The over the counter medication kept on site are:
  - Acetaminophen
  - Stomach Relief (Midol, anti-diarrheal, upset stomach reliever, constipation/stool softener, etc.)
  - Lip balm/petroleum jelly
  - Cough drops
  - Anti-bacterial cream
- The guardian will be notified and an incident report will be completed for discrepancies in pill counts, administration errors, or other situations involving medication that do not follow the steps outlined above.

MANDATORY REPORTING

Abuse and Neglect: All unit staff will be aware of, and able to recognize violations of resident rights as well as the proper reported procedures for any violations. Residents have the same rights as everyone else and it is our responsibility to protect those rights. Protection against violations of confidentiality and abuse and neglect are included in those rights. The CCSU will follow the LifeSkills corporate policies on abuse and neglect which are as follows:

Abuse, Neglect, and Maltreatment (by LifeSkills staff): Neglect, abuse, and maltreatment are expressly prohibited. Individuals who are served by LifeSkills, Inc. will be free form verbal, physical, sexual and psychological abuse, neglect, and maltreatment during LifeSkills operations. All suspected and/or reported incidents of abuse, neglect and/or maltreatment of individuals served by LifeSkills, Inc. will be investigated immediately. Investigation will consist of the following steps:

1. Any staff or provider who has knowledge of alleged abuse/neglect/maltreatment will fill out an incident report.

2. The Program Manager, designated Director and Vice President of Behavioral Health will be notified immediately of all alleged incidents if the allegation is made against an employee or contractor (no later than eight (8) hours after the incident).

3. Immediate action will be taken to ensure the health, safety and welfare of all individuals involved in the incident, directly or indirectly, including: medical treatment, suspension or reassignment of staff, removal of individual from provider home, more intensive monitoring, etc. Designated staff will review situation and determine immediate action.

4. If applicable the Division of Community Based Services and the Department of Mental Health will be notified immediately (no later than eight (8) hours after the incident).

5. The written incident report will be received and reviewed by the Program Manager, within 24 hours (or the next business day after the incident).

6. The Vice President of Behavioral Health, or designee, or Compliance Officer will assign an investigative team in order to conduct a thorough internal review of allegations/incidents. The review will follow established protocol (See Incident Investigation Policy).

7. Preliminary results of the internal review will be completed within 7 calendar days of the incident. Ongoing follow-up may be necessary for up to 30 days. Results of internal reviews will be filed in the office of the Vice Present of Behavioral Health Services. Copies will be distributed as appropriate.

Examples of Abuse, Neglect, or Maltreatment:

Verbal Abuse may include:

- The use of profanity, indecent or obscene language in the presence of the resident
- The use of “name calling”, “mocking” or otherwise “making fun of an individual through verbal means.

- Yelling at individuals or speaking to them in a harsh or demeaning manner.
- The use of any other rude, insulting, scolding, or otherwise disrespectful language.

Physical Abuse may include:

- Any unnecessary violent or rough physical contact (slapping, hitting, with hands or fists, kicking, pushing, shoving, squeezing, hair pulling, etc.).
- The use of unnecessary strength to control an individual's behavior (any physical strength beyond that necessary to protect the resident from injuring himself or other).
- Any use of restraints when it is done with no apparent therapeutic justification and no pursuit of less restrictive alternatives.
- Confinement of an individual in an unauthorized restraint or confinement in /isolation or seclusion.

Sexual Abuse may include:

- The performance of any indecent or unlawful act in the presence of an individual.
- Engaging in any sexual activity with an individual or persuading an individual to do the same.

Psychological Abuse may include:

- The wrongful or improper subjection of another person to harsh, stressful, or vicious acts/words that can contribute to the person experiencing strong feelings of worthlessness, shame, and/or disgrace.
- Any willful act or manipulation of an individual that causes mental pain and suffering.
- Threats that inflict anguish, pain, or distress, withholding love and affection or violations of right to privacy.

Neglect of an individual may include any of the following acts:

- Any willful act of omission that causes unnecessary mental or physical pain and suffering to be inflicted upon an individual.
- Exposing an individual to unnecessary hardship, fatigue, or mental or physical strains that end to injure the health, physical, or moral well-being of the individual.
- A willful failure to provide proper and sufficient food, clothing, maintenance recreation, medical needs, and a clean and sanitary physical environment.
- Denial of food, clothing, shelter, as well as the failure to provide necessary services, failure to fully implement programs, failure to provide or maintain necessary adaptive equipment.
- Deliberately withholding medications or not being allowed to bathe, etc.

Exploitation may include:

- Improper use of the individual or their resources for the profit of advantage of another person.

- Using the individual to perform tasks and not be paid or not compensated a reasonable or equitable amount for the service.
- Exploitation of finances, resources, materials or property for the profit of an-other person.
- Not using the individual's money for its designated purpose, or taking over finances or property/assets and then not taking care of the individual.
- Unusual events that might attract public attention and/or where there is potential for publicity.

Other:

- Abandonment: when any person who has assumed care deserts that per-son under their care.
- The willful denial of any other absolute civil right.
- The actual knowledge by any personnel that any abuse acts are being com-mitted without reporting immediately to the proper authorities as provided within policy guidelines.

Abuse Reporting (Abuse from non-LifeSkills staff): To ensure that all information that constitutes "reasonable cause" to believe an individual has been or is being abused or neglected is reported to the appropriate agency for investigation, all LifeSkills employees are responsible to act in a manner consistent with KRS 620.030 for children. The determination of suspected abuse should be made based on the following criteria:

When an employee has "reasonable cause" to believe that one or more of the following conditions has been met in the past or is currently being experienced by a resident:

1. Abuse and neglect: A child whose health or welfare is harmed or threatened with harm by a parent, guardian, or other person exercising custodial controls (e.g. babysitter, teacher, coach, etc.); or if that person inflicts or allows to be inflicted physical or emotional injury other than by accidental means.

2. Physical injury: Substantial physical pain or any impairment of physical condition; physical injury which creates a substantial risk of death or which causes serious and prolonged disfigurement, prolonged impairment of health, or prolonged loss of impairment of function of any bodily organ.

3. Sexual abuse: Includes, but not limited to, any contact or interaction between a child and adult where the child is used for the purpose of sexual stimulation of the adult or another person, or interaction between a child and another child when there is a significant age, size, or authority difference; when an adult allows, permits, or encourages a child to engage in prostitution, or other act of obscene or pornographic photographing, filming, or depicting of a child.

4. Emotional harm/injury: Harm to the mental or psychological capacity or emotional stability of the child; injury to the mental or psychological capacity or emotional stability of the child as evidenced by substantial and observable impairment in his/her ability to function within normal ranges for age, culture, and/or environment

5. Neglect: When a person commits or allows to be committed by other than accidental means, an act which inflicts, or risks the infliction of emotional or physical harm or sexual abuse; abandons the child; does not provide the child with adequate care, supervision, food, clothing, shelter, education, and/or medical care necessary for the child's well-being (this does not include a parent who declines medical care due to legitimate religious beliefs).

6. Dependency: Any child, other than an abused or neglected child, who is under improper care, custody, control, or guardianship that is not due to intentional act of the parent, guardian, or person exercising custodial control or supervision of the child.

PROCEDURE FOLLOWING A REPORT

1. The employee may document in the medical record the details of the report;

2. An employee should complete an incident report and a release of information without authorization (if applicable).

3. The incident report should include:
   - All identifiable information;
   - The nature and extent of the allegation;
   - Name and addresses of the alleged offender(s);
   - Any other pertinent or helpful information.

In the event an employee is unsure about the necessity of a report, he/she should consult with his/her administrative and/or clinical supervisor (whichever is appropriate). The final responsibility to file a necessary report always falls to the employee who dis-covered the suspected abuse.

LifeSkills employees do not conduct abuse investigations. If is the statutory responsibility of the Cabinet for Community Based Services, Division for Protection and Permanency/Adult Protective Services responsibility to investigate potential abuse situations. It is acceptable and encouraged, however, for clinical staff that discovers potential abuse situations to explore and collect information that may be appropriate for clinical intervention and/or provide the abuse report to enhance the Department's ability to investigate the incident. LifeSkills employees will cooperate with the Department's investigation as is allowed and required under KRS 620.030 and KRS 209.030. Due to the confidentiality restrictions of 42 CFR Part 2, LifeSkills employees may not communicate with investigators about alcohol and drug treatment residents or records without a signed authorization to release information from the resident or a valid court order.

Duty to Warn: All LifeSkills employees are responsible to act in a manner consistent with KRS 202A.400 with regards to the duty to warn. The duty to warn should be discharged according to the following criteria:

1. No qualified mental health professional shall be liable for failing to predict, warn or take other precautions concerning a violent patient unless the patient has made: (1) an actual threat against a victim who is identified or reasonably identifiable, or (b) a threat of a specific violent act.

2. There is no duty to warn unless the above circumstances exist, and the duty can be discharged if reasonable efforts are made to communicate the threat to the victim, and to notify the police department closest to the patient's and the victim's residence of the threat of violence. If the threat relates to a specific act but not a specific victim, the duty to warn is discharged by notifying law enforcement authorities.

3. A mental health professional shall not be liable for disclosing confidences incident to discharging the duties of this section.

In the event that an individual makes a threat consistent with above (i.e. the individual makes a specific threat against a reasonably identifiable victim or makes a threat of a specific violent act) the clinician should make every attempt to contact the potential victim and the police department closest to that potential victim. The clinician should also contact the police department closest to the individual making the threat. All such contacts should be documented in the medical record. An Incident Report and Release of Information Without Authorization (if applicable) should also be completed. As always, if in doubt about the duty to warn, consult with your supervisor and/or colleagues.

GRIEVANCE

Resident Grievance Procedures: 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. The CCSU will follow the LifeSkills corporate policies on abuse and neglect which are as follows:

1. The resident/guardian should notify the provider or staff member as soon as an issue arises. A response can be expected within (5) business days. If needed, assistance from LifeSkills staff, or an advocate of your choice at any of the following levels.

2. If the resident/guardian finds the result unfavorable at the Program level he/she may contact the Divisional Vice President at 270-901-5000. A response can be expected within (10) business days.

3. If the resident/guardian is dissatisfied with the resolution he/she may Contact the Corporate Compliance Officer at 270-901-5000 Ext. 1032. He/she will be encouraged to state the grievance in writing to the following address: Attention Compliance Officer, LifeSkills, Inc., P.O. Box 6499, Bowling Green, KY 42102. A response can be expected within (10) business days from receipt or notification.

4. If the resident/guardian is not satisfied with the decisions made by LifeSkills' internal grievance process, he/she may contact the Office of the Ombudsman, Office of the Ombudsman, 209 St. Clair Street, Frankfort, Kentucky 40601, or **(866) 596-6283, or** kyombud@ky.gov.

* General questions or concerns about policy that do not rise to the level of filing a formal grievance should be directed to a clinician, program director, or other designee.

SAFETY

Safety and Comfort: Providing a safe therapeutic environment for children in crisis is a primary goal of the CCSU. The following procedures are designed to maximize resident safety and ensure the provision of a comfortable and therapeutic environment:

Safety Inspections: Safety and security inspections will be conducted by a walk-through of the facility on a routine basis. Inspections will look at both the interior and exterior of the facility. Inspections will look for things such as, but not limited to:

- Trip hazards
- Door and window locks
- Fire hazards
- Examine First Aid Kits
- Emergency lighting
- Flashlights accessible in supervisor's office, staff office, and kitchen
- Emergency escape route posted in clear view in each room
- All hazards will be addressed immediately.

Drills:

- Fire drills will be conducted monthly and documented in a manner consistent with the agency's current Disaster Preparedness Plan.
- Earthquake drills will be conducted twice a year and documented in a manner consistent with the agency's current Disaster Preparedness Plan.
- Severe Weather drills will be conducted twice a year, with one of them being in March, and documented in a manner consistent with the agency's current Disaster Preparedness Plan.
- Other drills such as lockdown, Shelter in Place, Intruder, etc. will be conducted at Program Manager's discretion and documented in a manner consistent with the agency's current Disaster Preparedness Plan.

High Risk Residents:

- All residents are considered high risk until otherwise indicated. Risk level will be determined at the time of assessment according to pre-determined criteria.
- Line of sight will be maintained for all high risk residents except when in the bathroom. (See Lavatory Procedures for more information)
- Staff may remain in close proximity (within 4 feet) of high risk residents to help protect the resident's safety and the safety of others.
- (See Special Precautions Due to Danger to Self/Others for more information)

Decompensation:

- If the resident continues to decompensate after admission to the unit or if the resident is unable to be maintained on the unit, arrangements will be made for psychiatric hospitalization.
- Once the resident has been found to need hospitalization:
    - The resident will be placed under continuous visual observations.
    - Guardians will be contacted and informed of need for psychiatric hospitalization.
    - Staff will contact psychiatric hospitals for residents and make the referral.

- Depending on the unique situation presented by the resident, involuntary commitment, following state guidelines, may be required if the resident and/or guardian refuse to psychiatric hospitalization.
- Transportation by law enforcement may be arranged if needed.

Infection Control: The unit may admit some residents who are carriers of a communicable disease/infection. Therefore, infection control procedures must be carefully followed to prevent the spread of infection among staff and residents. All staff are encouraged to obtain vaccination against common infections. LifeSkills has developed an Exposure Control Plan and it will be followed when confronted with situations involving infectious diseases. This information can be found on the company internal information system, currently referred to as The Portal. Staff also has the responsibility to limit the spread of infection by engaging in proper handwashing practices and proper cleaning and disinfecting procedures. All staff must also complete on-line training, assigned by Human Resources based on work site location and job duties, involving infection control and precautions.

Emergency Situations: In the event of a facility emergency, including loss of power/utilities or property damage, the staff will follow an emergency protocol. The emergency protocol should be followed first and then situation specific protocol are to be followed secondly as outlined after the following emergency protocol:

1. Assess the situation
    a. Safety
        - Are the residents/staff safe?
        - Can they stay in the building?
        - Is building stable enough until proper repairs can be completed?
    b. Length of time
        - Contact Electric/Utility companies. How long until power is restored?
        - Can the building be repaired today?
2. If power will be restored in 6 hours or less and adequate shelter can be provided at the unit, residents and staff will remain at the building.
3. If power will not be restored within 6 hours and/or evacuation is imminent, triage as follows:
    a. Resident who are scheduled to discharge or are an appropriate discharge can be released to their guardian.
    b. Residents who are in need of continued treatment may be placed in respite if available for up to two days, another state CCSU, or the unit may be relocated temporarily to other available facilities as deemed appropriate:
        - Corporate meeting rooms/kitchen
        - Warren County Clubhouse (428-A Center St)
        - Park Place
        - Barren County Service Center/Clubhouse

Unusual/Serious Incidents: In the event of a critical incident (accident, suicide attempt, medical emergency, serious injury, elopement, or death), the following procedures will be adhered to:

- Contact 911 emergency services, staff will continue to administer CPR/First Aid until the arrival of Emergency Medical Services personnel.
- If not on the unit, contact the Clinical Director and Program Manager in order to provide them with an update on the status of the situation. Staff will follow through with any instructions given at that time.
- Contact the guardian.
- File Incident Reports per current policy on Incident Reporting.
- A meeting involving the Program Manager, Clinical Director, Vice President of Behavioral Health (if needed based on seriousness of incident), and the facility manager (if needed depending on the type of incident) will be conducted after the incident reports have been submitted to discuss how to prevent the incident in the future if possible.
- Unit staff will be made aware of any follow up or policy changes needed as a result of the incident review.

Severe Weather Conditions: In the event of potentially life threatening weather conditions (tornado, severe thunderstorm, etc.), the following steps will be taken by staff:

- Staff will monitor radio reports for changes in weather conditions and any severe weather advisory information. A weather radio has been placed on the unit for monitoring weather conditions. Staff will follow all instructions from local police, Civil Defense, or the Weather Bureau.
- Staff will immediately contact the Clinical Director and Program Manager to provide a status report and stand by for any additional instructions.
- Staff will ensure that other staff and residents follow the procedures for specific severe weather conditions outlined in this manual and the LifeSkills Disaster Preparedness Plan.

  Tornado Procedure: After determination of favorable conditions for a tornado and/or a tornado warning is in effect for the area, the following steps will be followed:

  - Staff will assemble all residents in the hallway outside of the assessment room.
  - Staff will take all medical records with them in the hallway.
  - Staff and residents alike will kneel on the floor with head touching knees, hands behind the head and facing the inside supporting walls.
  - Staff will continue to monitor radio transmission until the warning is lifted and an “all-clear” has sounded.

Fire Prevention and Evacuation: All staff will be aware of fire prevention strategies and the proper use of flammable materials.

- All matches, lighters, aerosols, toxic inhalants, heating elements, and combustible materials belonging to residents will be surrendered at time of admission and kept in a secured location until the resident discharges.
- All electric outlets will include one surge protector.
- Fire extinguishers will be visible, accessible, and appropriately maintained.
- Smoke alarms will be available and self-activating in each room.
- Staff and residents will evacuate the facility immediately via the emergency evacuation routes posted throughout the facility. If smoke is present, residents will be instructed to keep low to the floor when evacuating the facility.

- Staff will take all medication and resident files with them as they exit the facility.
- 911 emergency services will be called to access the specific problem.
- If not on the unit, staff will contact the Program Manager and/or Director of Children's Services as soon as possible in order to provide information regarding the situation and receive further instruction.

Power Outage:

- In case of power outage, flashlights can be obtained from the supervisor's office, the staff office, and the kitchen.
- Loss of power will be reported to Bowling Green Municipal Utilities (BGMU) as soon as possible.
- During the hours between dusk and lights-out, the staff will direct everyone to a common area via assistance from flashlights and emergency lighting.

Suspected Natural Gas Leak:

- In the event of a suspected gas leak, the staff will contact Atmos Energy via cell phone.
- All staff and residents will follow the same emergency evacuation routes as posted for a fire evacuation.
- Staff will take all medication and resident files with them as they exit the facility.
- All windows will be opened (if time and safety permits) and staff will use pliers to shut off gas main on the left side (from back) of the house under the kitchen sink window.
- Staff will notify the Program Manager and/or Director of Children's Services.

Accident/Incident Reporting Procedures: When an accident or incident occurs, whether the accident involves an employee or resident, an Incident Report must be filed by an employee on duty and submitted to the Program Manager, per the Incident Report Policy from Human Resources. All information must be given that is requested on the incident report, especially the witness. An accident must be reported as soon as it occurs in order to get as accurate information as possible regarding the incident. Workers compensation policies may also have to be followed if the accident or incident involves an employee. The workers compensation policy is maintained by Human Resources.

Death of a Resident: In the event of the death of a resident while in the care of the CCSU, the following procedures will apply:

- Staff will immediately notify emergency personnel, Program Manager, and the Director of Children's Services.
- The Director of Children's Services will inform the Vice President of Behavioral Health and the CEO.
- The resident's guardian will be notified by the Director of Children's Services, Vice President of Behavioral Health, or the CEO.
- The Office of the Commissioner will be verbally notified of the death.
- The Sentinel event policy will be followed to document the circumstances leading up to the death of the resident.

- A written comprehensive report from the CEO outlining the circumstances will be forwarded to the Office of the Commissioner, Department of Social Services, on the next working day following the incident.
- If the resident's death occurred as a result of alleged abuse or neglect, the CEO will follow reporting procedures specified in KRS 620.030 (1) and (2).

Elopement from facility, Special precautions and Unit restriction

1. As a voluntary facility, the CCSU will exercise reasonable care in preventing juveniles from leaving the facility without proper authorization, but CCSU is not a detention or otherwise locked facility. In the event a child is deemed at risk for leaving the unit without proper authorization, staff will follow the protocol outlined below.
   A. The child identified will be noted as on "special precaution" or "unit restriction".

   B. Special precaution
      1. A staff member will be identified each shift to maintain 1:1 line of sight observation of this child as all times except the restroom.

      2. The resident will only use the windowless bathroom

      3. Resident's shoes and jackets will be kept in the staff office until needed for backyard activities (a sweatshirt will be allowed if resident complains of being cold.)

      4. A staff member will be seated at the exit at all times.

      5. The therapist on site and/or the treatment team will assess the situation. The protocol will be followed until the therapist and/or treatment team have determined that he/she is no longer at increased risk of leaving without authorization.

   C. Unit Restriction
      1. All of the above procedures will be followed

      2. Resident will remain within 6 feet of the designated staff member

      3. Resident will remain inside the building at all times

      4. Shoes and jackets will be kept in staff office.

      5. Resident will sleep on the cot in a designated area.

   D. Elopement - In the event of an unauthorized leave from the facility the following elopement procedures will be followed.

1. If a staff member observes the attempt to leave without authorization and can safely intervene using Safe Crisis Management (SCM) procedures to stop the elopement then they shall do so.

2. Staff will first ensure that all other residents are accounted for and secured.

3. Staff will not pursue a resident off CCSU property due to safety risk unless in the staff's judgment (1) there is a reasonable chance they can catch the residents quickly and (2) Not pursuing the resident would place him/her at greater risk.

4. Staff will take note of resident's clothing and the direction he/she ran if possible. Staff may maintain visual observation without pursuit if possible

5. Staff will notify the following individuals in the order designated
    a. Program Manager
    b. Guardian
    c. Police (if guardian consents)
    d. Children's Services Director

(Note – in the event a juvenile's safety is in imminent danger (e.g. juvenile runs out of house stating that he/she is going to harm him/herself) staff will use their judgment in determining if law enforcement should be called immediately for the protection of the involved juvenile)*

2. Staff present will complete an incident report detailing how the elopement occurred and what preventative action was taken or should be taken in the future. This should be completed before leaving work on the day of the incident.

3. All paperwork completed will be routed to the Program Manager and Children's Services Director for review and follow up action.

Special Precautions Due to Danger to Self/Others

CCSU will identify those individuals deemed to present a greater risk than the typical resident for harm to self or others and assign and implement levels of special precautions based on that risk level.

1. The CCSU provides specific levels of monitoring based on an individual's risk for self-harm, harm to others, and/or other unpredictable behaviors.

2. Any individual admitted to the CCSU is by definition in a period of psychological or psychiatric crisis. Therefore everyone admitted to the CCSU is monitored for these factors and is not necessarily in need of "special precautions". Routine monitoring includes staff visually observing each resident during activities in the daytime and at least every 15 minutes during sleeping hours.

3. It is however necessary at times to provide increased levels of monitoring based on the particular factors an individual may be experiencing or exhibiting.

4. The risk levels defined below are intended to identify the level of observation and monitoring staff will provide when these needs are identified.

5. Risk levels are established by the program manager or therapist assigned to resident and should be reviewed each shift with oncoming staff and daily with the treatment team. Risk levels will be lowered by a therapist or program manager with knowledge of the individual's current condition.
    a. High Risk – An individual experiencing active thoughts and intent to carry out a viable plan to harm self or others, OR who is experiencing manic symptoms, delusional or psychotic thinking to the degree that they are likely to exhibit behaviors that will cause harm to self or others as a result of their impaired thinking.
    b. Moderate Risk – An individual who has recently (within 72 hours) made a serious attempt involving injury, or who is experiencing active thoughts with viable plans to harm self or others. An individual may deny intent, but have other significant symptoms such as recent loss, sense of hopelessness, lack of community/family support, etc. An individual with altered mental state (delusional, paranoia, etc.), to the degree behavior may be unpredictably impulsive, may also be placed on moderate risk precautions.
    c. Low Risk – An individual experiencing thoughts or ideation of self-harm or harm to others, but has no viable plan or intent to act on such thoughts. May also include an individual who presented for self-harm or harm to others, but spontaneously denies such feelings despite evidence to the contrary.

6. An individual with risk levels beyond what can be safely maintained at the CCSU my require referral to a more restrictive level of care (i.e. hospital).

7. .For each of the levels described above the following monitoring and restriction levels will be enforced. The CCSU is a voluntary program. Individuals who choose not to comply with the recommended level of monitoring may be referred for alternative services (i.e. hospital, residential, etc.).
    a. High Risk
        i. Individual will remain within arm's length of staff at all times, except for the bathroom time.
        ii. Staff will position themselves outside the bathroom and maintain 1-2 minute verbal checks while bathroom is in use. If resident doesn't respond, two staff members will enter bathroom to check non-responsive resident.
        iii. Bathroom will be checked before and after each use.
        iv. No shaving or access to sharp objects, such as scissors, paperclips, staples, etc.
        v. Individual on high risk precautions will be reviewed no less than every 12 hours by the treatment team (e.g. CCSU therapist, program manager, and shift staff) to determine whether or not to continue level, lower, or refer to hospital.
    b. Moderate Risk
        i. Individual will remain within the visual line of sight of staff at all times, except for the bathroom.

ii. Bathroom will be checked before and after each use.
iii. Staff will position themselves outside the bathroom and maintain 5-10 minute verbal checks while bathroom is in use. If resident doesn't respond, staff will go in bathroom to assess situation.
iv. No shaving. Use of scissors under supervision only.

c. Low Risk
i. Individual will remain within the visual line of sight of staff at all times, except for bathroom.
ii. Shaving with staff discretion. Resident must shave in staff's presence.
iii. Staff will position themselves outside the bathroom and maintain 20 minute verbal checks while bathroom is in use. If resident doesn't respond, staff will go in bathroom to assess situation.

DATA AND PROGRAMING INFORMATION

Quality Assurance: The Program Manager will serve as Quality Assurance Officer for the program. The Quality Assurance Officer will monitor and evaluate the quality of care, risk management, program services, resident records, infection control and safety. The program will operate with standards consistent with LifeSkills' Policy and Procedure. This includes following Policy and Procedure set forth by both the Compliance Officer and the Facilities Manager.

Data Reporting: All required reports (monthly reports, quarterly reports, weekly occupancy reports, etc.) will be submitted as specified by LifeSkills procedure and state requirements if applicable.

CCSU Information Management Procedure: LifeSkills utilizes an electronic health record and all resident information will ultimately be housed in the electronic record. Therapeutic notes and clinical documents should be completed in the electronic record unless there is a hardware or software issue preventing its completion electronically. The CCSU may keep a paper chart of intake paperwork, permission forms, shift notes, etc. that Mental Health Technicians and other CCSU staff may access when needed and the situation requires it. When a resident is discharged from the CCSU, all contents of the paper chart will be scanned into the electronic record.

Data Reporting Procedure: As directed by Clinical Director, the Program Manager will gather data from clinical and program files for the purpose of generating monthly, quarterly, and annual reports. Required information includes, but is not limited to, admissions data, utilization rates, occupancy rates, referral data, and outcome measures. The Clinical Director will review each report and indicate any changes needed.

Service Evaluating/Satisfaction Survey: Residents and their custodians will be asked to complete a Service Evaluation/Satisfaction Survey as part of the discharge procedure from the CCSU. LifeSkills, Inc. would also like to receive input from family members/significant others, including clinical staff, with regard to the quality of services delivered by the CCSU. Residents will be asked for their consent to obtain this information from their significant others. Results will be entered into the database for tracking and reporting outcomes.

Facility Safety Inspections: The Program Manager is responsible for insuring that the CCSU facility is inspected on a monthly basis to insure the safety of staff and residents. The results of the inspection will be documented and kept in a manner consistent with the LifeSkills safety policy (see information referenced in safety and comfort section).

Residents with physical challenges: In order to insure that no child in need is denied services, the following procedures will apply:

Sight impaired residents

- All residents admitted to the unit will be made aware of avenues of egress upon admission.
- All restrooms will be identified as such by signs in Braille.

Hearing impaired residents

- All residents admitted to the unit will be made aware of avenues of egress in case of emergency.

Wheelchair bound residents

- The unit is wheelchair accessible.

Chart Maintenance and Storage Policy:

POLICY: In order to avoid loss of documentation, maintain confidentiality and comply with agency policy, resident charts will be maintained on the premises of the CCSU. Charts are not to be removed from the unit unless specifically authorized by the Program Manager. Files will be maintained in accordance with, and for the time frame designated by agency procedures.

- Paper files will be maintained in the Therapeutic Assistant's office so that all unit staff may have access to them. However, clinical information is only to be viewed by clinical staff. Documentation that can be completed in the EHR should be completed in the EHR when logistically possible. All paper file material should be scanned into the EHR after the resident discharges from the CCSU program.

PETTY CASH PROCEDURES

POLICY: Petty cash is allotted for each LifeSkills program for purchases not to exceed $50.00. These purchases are to be used for program and resident's needs.

Petty Cash Use Procedure

- Request for petty cash must be made directly to the Petty Cash Manager. The request must include reason for need and approximate cost. If approved, funds will be disbursed at the appropriate time. It is preferred that the money be obtained, purchase be made, and the receipt and change returned to the Petty Cash Manager all in the same day.
- Upon purchase the receipt and any change will be returned to the Petty Cash Manager. The appropriate LifeSkills documentation and procedures will be followed immediately.

- When purchases are made with a staff person's personal resources, which fall under the provisions of petty cash reimbursement, the following steps are followed:
  a) The employee must present a receipt of purchase to the Petty Cash Manager. Reimbursement will be made out of petty cash funds.
  b) The program Therapeutic Assistant will immediately proceed with LifeSkills documentation of funds disbursed.

FOOD INFORMATION

Food Storage Procedures Policy:

POLICY: It is the policy of LifeSkills, Inc. to provide a safe and secure environment for all residents residing in residential facilities, whether temporarily or on a long term basis. This safety extends to the preparation and storage of food in residential facilities.

Guidelines: All Shift leaders are responsible for inspection of the unit refrigerator as part of their shift exchange procedures. Mental Health Technicians are responsible for insuring that food is properly stored and labeled. Mental Health Technicians are responsible for discarding any unused food as described in the following guidelines.

Storage: Mental Health Technicians are responsible for ensuring that all prepared food is stored in airtight containers and labeled with the date of preparation and contents of the container. Covering dishes with aluminum foil or cellophane wrap is not an acceptable food storage practice.

Discard: Any prepared and stored food not used within 3 days of the date of preparation must be discarded.

Sanitation: The unit refrigerator will be completely cleaned every Saturday. This procedure will be followed regardless of unit occupancy and will be documented in the unit Shift Log.

Purchase: Food can be purchased in bulk through a contractual agreement with Southern Foods Inc., but is primarily purchased at some local bulk supply stores. Small purchases less than $50.00 are to be purchased out of the unit's petty cash fund. All receipts are given to the unit Therapeutic Assistant for processing.

Nutrition

POLICY: Residents will be served nutritious meals that meet the dietary allowances of the Food and Nutrition Board of the National Research Council which include foods from the four basic food groups. Amounts will accommodate the needs of each resident as to age, activity of each resident in care and prescribed diet or Individual Treatment Plan. Orders for modified diets from licensed physicians will be followed by the facility.

Each resident will be encouraged to eat the food served but will not be subject to coercion.

Menus will be planned at least one week in advance and will be dated and posted. At least three meals will be provided at regular intervals. No more than fourteen hours will lapse between the evening meal and the morning meal except for weekends and holidays.

- Nourishing snacks will be provided and may be part of the daily food needs but they will not replace regular meals. They will be made available throughout the day or at specific intervals.
- Meals will be scheduled at set times each day so that they are not hurried, allowing time for conversation.
- Food will not be used as punishment.
- Only pasteurized milk and milk products and US Government inspected meat will be served to residents.
- Foods will be prepared in such a way as to preserve nutritive value and heighten flavor and appearance.
- The CCSU is approved by the Barren River Health Department to prepare meals for residents. Primarily the CCSU will follow procedures for a "Heat and Serve" location meaning most foods will be pre-packed and prepared simply by warming up foods or items that simply need to be put together.
- Staff will follow all requirements set forth by the Barren River Health Department.
- Residents and staff are to be served the same foods unless differences in age or special dietary needs are factors.
- All staff and residents must wash hands prior to mealtimes.
- Table service will be provided for all those capable of eating at the table. Tables and chairs will be of a height, which corresponds to the size of the residents served. Furniture will be constructed of materials which can be easily sanitized. Residents who are unable to handle food with the usual table service will be will not be managed in a way that they will not be embarrassed or subject to ridicule.
- Persons handling food will wear clean outer garments and will keep their hands and fingernails clean while handling food, drink, utensils, or food preparation equipment.
- Written reports of sanitary inspections conducted by municipal, county or federal authorities will be kept on file at the facility.

LAUNDRY INFORMATION

Laundry Procedures: Skills training in the area of appropriate laundering methods is necessary in leading residents and adolescents toward independent living. These tasks can be taught if it is part of the individual's treatment plan, and only if supervised by unit staff in the laundry room present with the resident. Otherwise, residents are not to be in the laundry room. Clean linens and towels are required for the daily operation of the program. Program staff on the third shift is responsible for unit laundry, such as towels, blankets, napkins, as well as resident laundry that is properly placed in a laundry basket.

PHYSICAL PLANT

Physical Plant: The facility will comply with applicable state and local laws and regulations relating to construction, sanitation, and maintenance of buildings**.**

- The facility will conform to the life safety code standards adopted by the State Fire Marshall's Office.

- A climate control system will be provided. A minimum temperature of 65 degrees Fahrenheit will be maintained in occupied areas in cold weather conditions. In warm weather condition and periods of extreme heat, the facility will assure that occupied areas are properly ventilated.

- The water supply will be from an approved water source and easily available from drinking fountains, the refrigerator or cold water tap.

- Plumbing, waste and disposal systems will comply with the state plumbing standards and applicable state laws and regulations regarding waste disposal.

- Maintenance services will be provided as defined by agency and regulatory agencies.

- The buildings will be maintained in a clean and safe condition.

- Maintenance: Gas stoves, gas furnaces, gas heaters, and gas water heaters will be ventilated to ensure the safety of the building's occupancy.

- LifeSkills will ensure that the facility grounds are well kept and the exterior of the building including the sidewalks, steps, porches, ramps, and fences are in good repair.

- The interior of the building including walls, ceilings, floors, windows, window coverings, doors, plumbing, and electrical fixtures will be in good repair. Windows and doors, which can be opened for ventilation, will be screened.

- Garbage and trash will be stored in areas separate from those used for the preparation and storage of food and will be removed from the premises regularly. Trash containers will be cleaned regularly.

- Pest Control: A pest control program will be in operation in the facility. Pest control services will be provided via contract maintained by the agency's Facilities Manager. Any pest control compounds kept on the premises will be stored in a locked area.

- Bedrooms: There will be a minimum of three linear feet between each bed or set of bunk beds. There will not be more than four residents per room. Bedrooms accommodating residents above age three will be equipped with individual beds for each resident. Each bed will not be less than thirty inches wide nor less than five feet in length and will be long and wide enough to accommodate the resident's size. Beds will be placed so that a resident will not experience discomfort because of proximity to radiators, heat outlets, or exposure to drafts.

- There will be separate sleeping quarters for boys and girls over the age of five, except for siblings when indicated by individualized treatment plans. Residents will not be housed in rooms, detached buildings, or other enclosures, which have not been previously inspected and approved for resident use.

- Adequate drawer space and shelf space will be provided for each resident to accommodate personal belongings. Each resident will be provided with clean sheets, pillowcases, a pillow, and blankets. Sheets and pillowcases will be cleaned and laundered at least weekly or more frequently when needed. Waterproof mattress coverings will be provided as needed.

- Indoor Living Areas: An indoor living area of at least thirty-five square feet per resident will be provided. Indoor living areas will be provided with comfortable furnishings for the number of residents served.

- Bathrooms: The facility contains three wash basins with hot and cold water; three flush toilets, one bath and one shower with hot and cold water for every six residents, or fraction thereof, residing within the living unit. Each bathroom will be supplied with toilet paper, towels, soap, and wastebaskets.

- Bathtubs and showers will have enclosures or screens for individual privacy. Only one toilet is located in each bathroom and includes a door capable of remaining closed. Each bathroom will contain at least one non-distorting mirror secured to the wall at a convenient height.

BEHAVIOR MANAGEMENT

Control of Level System/Behavior Management

POLICY: A level system is established as an educational and behavior management tool. Each resident will discover through use of this system how to distinguish between appropriate and inappropriate behavior. This is accomplished by moving to a higher level (eligible for additional privileges) for responsible behaviors and progress toward goals set forth in the treatment plan, and demotion to a lower level (with restricted privileges) for inappropriate behavior and actions.

Before any behavior modification program can be successful, the administrators of the program must understand that the value of the resident is more important than the level the resident has obtained for appropriate behavior. It also must be understood that the value of the resident is NOT inversely proportionate to a lower level earned for inappropriate behavior. Each resident must be treated with dignity and respect, even in situations regarding poor behavior. They are here to learn and we are here to teach. This system is just a tool.

This system allows for consequences of the resident's actions and is not intended as a personal punishment, which could offset the development of self-esteem and/or progress of the resident. The system also allows the resident to earn privileges that are more specific to their personal wants and needs which gives them a sense of accomplishment, builds confidence in their ability to achieve goals, and aids their ability for decision making and behavior management.

Shift staff monitors and assess resident's behaviors, attitudes, and active involvement in working toward achievement of established Treatment Goals and Objectives.

Behavior Management Techniques

The following methods are used to assist resident in managing and/or regaining control of their behavior, as well as to insure the safety of other residents and staff:

One, Two, Three: The goal of this technique is to provide verbal cues to residents regarding behavior deemed as inappropriate and allow the resident to regain control.

- Residents will be given three opportunities to discontinue inappropriate behavior.
- Upon third verbal cue, resident will be removed to an area free of other residents and staff.
- The resident will stay in the quiet area for an interval of 5-10 minutes.
- Upon completion of resident's time out, resident will correct behavior which sent him/her to time out and will regain the opportunity to interact with others.

One To One: This is a more restrictive method of monitoring a resident's behavior. The goal is to assist the resident in regaining control of emotions and ensure the safety of the resident in regaining control of emotions and ensure the safety of the resident and others.

- A staff member will escort the resident to an area free of other residents and staff.
- Staff will not talk to the resident, but will observe and record the resident's behavior every 5 minutes.
- The resident is not allowed to interact with others or leave the area of isolation without approval from program staff.
- Program staff may delegate an alternate staff member for one on one, but must inform the resident of the change. Program staff will intervene and manage the situation on a verbal level. Staff will contact the supervisory staff for further instruction and possible evaluation for involuntary commitment.
- CCSU staff will provide all assistance necessary in the event that an evaluation for involuntary commitment is recommended.
- The Bowling Green Police Department (BGPD) will be notified by CCSU staff if BGPD services are needed.
- A Progress Note will be entered and, in the case of physical restraint, an Incident Report will be filed at the program level.

Safe Crisis Management (SCM): This is the most restrictive method of behavior management. The goal of SCM is to assist the resident in regaining control of their behavior and emotions and to manage their own behavior. Physical restraint will be utilized as a last resort only.

- **Special Treatment Procedures:** In the event that a resident becomes assaultive, combative, or a risk to self, the immediate area will immediately be evacuated of other residents.
    - **Only approved therapeutic holds and physical restraint techniques will be utilized, and only by certified staff members. Such holds should be used for very limited periods of time.**
    - Techniques are meant to prevent residents from injuring themselves, other residents and/or staff. Safe physical restraints include those which are in no way injurious to the residents.
    - Ideally, two adults should gently hold the individual to prevent him/her from acting out physically. The youngster should be reassured that the hold will be discontinued as soon as they can control their behavior.
    - A Progress Note will be entered and, in the case of physical restraint, an Incident Report will be filed at the program level.

- For more detailed information, please refer to the Prevention and Management of Aggressive Behavior in Residents Services section

Alarm Systems

POLICY: Smoke alarms are to be tested on a monthly basis as required by the Kentucky Fire Marshall's Office.

- Door and window chimes and security cameras will be kept in working order.

Work and Chore Assignment

POLICY: An assigned chore or work assignment will not place the resident in physical danger. Use of residents to perform chores or work assignments will not negate the CCSU's ultimate responsibility for the maintenance of the facility nor the employment of staff sufficient to maintain the facility. Work assignments outside of the daily routine chores at the CCSU will not be used as a form of punishment.

Additional chore assignments beyond what is regularly assigned to a resident may be performed as restitution for intentional property damage made by the resident.

Additional chore or work assignments may be given to a resident for violation of facility rules only upon mutual agreement between the resident and supervisory resident caring staff. The resident will not be coerced to enter into the agreement.

Residents will be given rest periods of at least ten minutes during each hour worked.

Major responsibilities/assignments

Bathrooms: Clean toilet, clean sink and tub, empty trash, sweep floor, mop floor
Bedrooms: Make beds, fold all clothes, put dirty clothes in laundry bags, dust furniture, vacuum floors
Kitchen: Clean sink, empty dishwasher, wipe off stove, wipe off counter top
Front Room: Pick up and empty trash, dust TV and furniture, straighten up area, vacuum floors

Daily Schedules are to be posted in a conspicuous place on both the first and second level of the facility.

Discipline

POLICY: Discipline will be utilized as an educational tool and be related to the resident's actions initiating the disciplinary process. Discipline will be consistent both with the resident's ITP and in response to the resident's lack of control or misbehavior.

The following practices will not be allowed when attempting to manage a resident's behavior:

- Cursing

- Screaming
- Name calling
- Threatening of physical harm
- Intimidation
- Humiliation
- Denial of food or sleep
- Spanking
- Hitting
- Unnecessary rough handling
- Paddling
- Any other physical punishment
- Denial of visitation with family or custodian

The following policy will be strictly adhered to:

- Residents will not directly discipline other residents nor will the entire group be punished due to the misbehavior of one or more individual group members.
- Handcuffs, weapons, mechanical restraints, or other restraining devices will not be used.
- Residents placed in a time-out area will be in line of sight or within earshot of program staff. See Behavior Management policy.
- Staff will check the resident at least every five minutes until it is determined the resident is ready to continue normal activities.
- Safe Crisis Management will be used as a last resort and only to prevent a resident from injury to self or others or to prevent serious disruption of the CCSU. Safe physical restraint will not be used as punishment or for the convenience of staff. Program staff will be trained in methods of safe physical restraint.
- The Program Manager will review the use of safe physical restraint to assure compliance with CCSU and other pertinent policies.

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.

DEFINITIONS

- ***Behavior Management Techniques*** is defined as the use of Progressive Responsibility Planning, SCM, Quiet Time, Time Out, and other special treatment procedures.
- ***Crisis / Crisis situation*** is defined as an event or situation that so significantly disrupts the normal therapeutic activities that individual's safety is placed at risk, property is being damaged, or the therapeutic nature of the program is compromised.
- ***Physical prompting*** is defined as physical contact with a resident intended to guide a resident in a particular direction or be a source of comfort in times of emotional stress. Examples of this include but are not limited to: (1) holding the hand of a small resident while walking him/her to a calming area; (2) extended arm escorts; (3) an encouraging pat on the back or extended hand to assist a resident in rising. * NOTE * Staff are strongly advised to be cautious in the use of physical prompts realizing that a misinterpretation on the resident's part may quickly lead to an explosive situation requiring more significant physical intervention.
- ***Safe Crisis Management (SCM)*** is defined as a behavior management technique that is based on the social policy of Passive Restraint. Staff interventions are determined by the least restrictive alternative, which means staff are to use no more force than is necessary to assist the out- of- control individual. Physical interventions are designed to restrict the movement of limbs and body to effectively prevent an individual from causing injury to self or others, or damage to property.
- ***Seclusion*** is defined as the placement of an individual who is posing an imminent danger to him/herself or others, who is causing or may cause serious damage to property, and/or creating an extreme disruption to the milieu, in an approved seclusion room or area. Other considerations include that other intervention techniques have been attempted and are not effective. Thus, the emergency nature of the situation requires seclusion and removal from normal programming. Under no circumstances will staff utilize a lock, block an exit with furniture or hold a door closed to prevent a resident from leaving or keep a resident contained in an area.
- ***Restraint*** is defined as any attempt to restrict the movement of an individual's limbs by use of physical means. Physical contact that prompts a resident to move in a particular direction such as an escort or is intended to be comforting are not considered restraint techniques.
- ***Danger*** is defined as the potential likelihood for injury (self or others), damage or loss.
- ***Destruction of property*** is defined as to tear down, ruin, demolish or wreck significant property (windows, furniture, television sets, etc.).

- ***Aggressive*** is defined as an individual who is bodily hostile and/or prone to unprovoked physical attack

PROCEDURES

1. **Non-Verbal Intervention**
   - Ignoring
   - Facial expression(s)
   - Removal of stimuli (e.g. removal of other residents from area)
   - Proximity control

2. Para verbal communication
   - Volume of speech
   - Rate of speech
   - Tone of speech

3. Verbal Intervention
   - Encouragement
   - Discussion
   - Direction

4. Physical Intervention

Physical holding techniques will be used only to prevent an individual from injury to self or others or to prevent run away attempts or property destruction. SCM techniques are designed to decrease the likelihood of injury to residents and staff. Prevention of injury to all concerned is our primary goal. The following physical restraint techniques are approved within LifeSkills, but may not be approved for every program. Individual programs will utilize those techniques authorized based on the program needs. Techniques are listed in hierarchical order of restrictiveness. Justification for deviations from the order of use should be documented.

1. Standing Cradle Assist
2. Standing Crossed Arm Assist
3. Standing Upper Torso Assist
4. Shoulder Assist
5. Standing Multiple Person Biceps Assist
6. Standing Multiple Person Upper Torso Assist
7. Kneeling Cradle Assist
8. Kneeling Upper Torso Assist
9. Kneeling Multiple Person Biceps Assist
10. Kneeling Multiple Person Upper Torso Assist
11. Side Assist

Cradle Transports and hook transports will also be utilized as needed to move residents to a safe environment.

SCM will only be utilized by staff that have been trained specifically in Safe Crisis Management and passive restraint techniques.

In the event that an individual becomes assaultive, combative, or a risk to self or others, the following guidelines will be followed:

- A SCM certified staff member on duty must make the decision when and if a physical intervention is warranted and will initiate the intervention. Physical intervention may be performed individually or as a team.
- When possible, effects worn by employees, such as jewelry, eyeglasses, watches, or any other items which could prove harmful to employees or consumers, are to be removed beforehand.
- The individual should only be assisted in this manner for the minimum amount of time necessary for him or her to regain self-control.
- Once a physical restraint has been initiated, the employee(s) will continue to provide support until it is determined that assistance is no longer necessary.
- A staff member will check to assess whether the individual has been injured during SCM. When an injury occurs to a consumer, the appropriate medical action will be taken.
- Once the individual has regained control, time out or seclusion will be used only for the time needed to change the behavior compelling its use. The individual will be permitted to leave time out or seclusion when it appears his/her behavior has stabilized.

TRAINING REQUIREMENTS

CCSU employed staff members will be required to obtain and maintain certification in the use of proper verbal intervention and physical restraint (SCM). Staff are required to complete 16 hours of initial training, including demonstrated competency by passing a written and physical skills test. In addition, all designated employees are required to complete 8 hours of recertification training every 6 months on techniques of de-escalation and safe physical restraint. The 8 hours will include the following:

- At least bi-annual review and practice of physical skills
- Annual review of non-physical interventions
- Employee must score 85% or higher on the written and physical skills test to be certified.

Persons with physical limitations may be excused from any or all of the above requirements depending on their job function and the circumstances of their limitations.
Employees who miss scheduled practice and review sessions are responsible for rescheduling.

Documentation of all training and instruction received will be maintained by the agency SCM trainer. Documentation of staff training will include the type of training received, the name of the trainer, length of training, training date(s), and certification.

DOCUMENTATION AND USE OF SAFE CRISIS MANAGEMENT, PHYSICAL INTERVENTIONS IN CHILDREN'S SERVICES

POLICY: LifeSkills programs will have in place a standardized system for reporting critical incidents. Prompt reporting will take place consistent with established agency practices.
Whenever it becomes necessary for a staff person or persons to restrict an individual's physical movement in any way, documentation of the incident is required. Staff will utilize the approved Incident Report form.

PROCEDURE

1. What to document: circumstances leading to the incident, staff involved, what techniques were utilized, when, interventions employed prior to physical techniques, any injuries and the individual's response to each intervention
    a. It is important to write legibly and provide adequate information. Always write an incident report with the idea that this could be taken to court.
    b. Incident reports should be written in first person. When referencing yourself, use "I", "me", etc., not your name. It is okay to include the first name of peer involved.
    c. In the actual description of what occurred, include the specific behavior that occurred, rather than a vague description. The description should stick to the facts and include no opinions. Avoid adjectives/adverbs.
2. The Incident Report will be submitted as required within 24 hours of the incident.
3. Distribution of documentation
    - Immediate supervisor
    - Center/Program Manager
    - SCM Trainer (if physical restraint involved injury, variation from policy, or inappropriate use of SCM technique)
    - Clinical Director; Children's Services
    - Divisional Vice president

Defiance: Defiance is one of the most common behaviors a resident may display while at the CCSU and below are suggestions on dealing with it:

First and foremost-other than destroying property, injuring self or others, or trying to leave the unit, nothing that the residents do really makes that much difference in the big picture of their stay at the CCSU. Their behavior may be annoying to others, but not emergent or dangerous. If a resident decides to be defiant:

- Separate them from the other kids as much as possible. If not physically, then socially.
- Remind them that the CCSU is here only to be helpful and that staff are not trying to keep them against their will. Staff can look for an alternative placement if the resident prefers to not be an active participant in the program.
- Although there are not very many privileges at the CCSU, one of the most coveted is attention from the staff. They can require staff to pay negative attention to them, but they must earn positive attention from staff.
- CCSU has a clinician on call whenever the clinical staff are not present. Sometimes a phone call is helpful.
- Avoid a power struggle: If a resident refuses to get out of bed, continue to encourage them, but don' insist or try to force them to. Be sure they are out of bed on time the next day perhaps with an unpleasant duty to do.

- Deal with the behavior: Consequences don't have to be terrible to make the point; an extra chore may take five minutes, but the resident will still need to answer to therapist and family about the behavior that lead to the consequence.
- Your primary tool is yourself. Attention, praise and disappointment are the most powerful tools staff have.
- Divide and conquer: Separate them when you can because it is much easier to get one resident to conform than trying to get several that are feeding off of the behaviors of others.
- Remember that the CCSU and staff are here for the residents and not the other way around. Behavior problems should be expected and viewed as opportunities to teach and help.
- Avoid if at all possible:
    - Giving credibility to annoying behavior by exhibiting anger. This will be viewed as a "win" by the resident.
    - Penalizing other residents for the behaviors of one-sometimes giving extra attention to nonoffending residents while ignoring the offender is effective.
    - Making unenforceable restrictions-Staff should not threaten to change discharge dates, take all privileges away, mention jail or other alternative placements, etc.

Remember that boredom creates problems: If activities are planned and carried out there will be fewer problems. This can include things such as groups, showers, phone calls, meals, crafts, etc.

MISCELLANEOUS

Juvenile Decriminalization

POLICY: LifeSkills will be available to assist other agencies in establishing the most appropriate recommendations for intervention with juveniles experiencing a psychological crisis.

1. Any child presented to the CCSU by a parent, guardian, law enforcement agent, or other person exercising custodial control will be offered an assessment to determine an appropriate intervention.

2. Disposition of this assessment will be influenced by several factor including the child's age, custodial status, mental state, and whether or not a mental health petition has been filed.

3. A child 15 years old or younger, or a child who is committed to the custody of the state. . .
    a. Residents under the age of 15 may be admitted voluntarily to a hospital or other mental health facility on the request of their legal guardian or other person exercising custodial control (KRS 645.030(1))
    b. After an assessment by a CCSU staff clinician (or Residential Associate in consultation with a clinician), a recommendation for intervention will be made to the parent/guardian.

4. A minor 16-17 years old. . .
    a. A minor 16-17 years old presenting with their legal guardian or in custody of a peace officer (uniform citation) may be evaluated by request of the guardian/peace officer.
    b. A recommendation for appropriate intervention will be made following an assessment by a CCSU clinician (or Residential associate with consultation with the clinician), will be made to the parent or peach officer.
    c. If a minor 16-17 years old is deemed in need of care beyond that of the CCSU, the CCSU staff will assist the parent/guardian with a referral to the recommended level of care and with arranging for transportation if needed.
    d. The CCSU will not accept custody or control for any minor 16-174 years old unless the minor
        i. Is willing to voluntarily stay at the CCSU, or
        ii. Is in state or police custody and manageable by the CCSU staff, and
        iii. Until completion of the full evaluation and determination of placement is complete.

5. A minor for whom a juvenile petition has been issued (e.g. AOC JV 23). . .
    ***Be sure to follow current on-call procedures set forth by Adult Crisis Unit**
    a. Law enforcement always has the option with a petition to take the individual directly to a hospital if they choose.
    b. CCSU staff will conduct an evaluation on site and determine if resident exceeds the unit's ability to manage, if CCSU feels hospitalization can be diverted.
    c. A QMHP will come to the CCSU and perform an evaluation. The QMHP may as a result of their evaluation contact the issuing judge with their findings. The judge may . . .
        i. Release the individual from the petition to follow the recommendation of the QMHP.
        ii. Deny the recommendation and send the individual on to a hospital for further evaluation.
    d. If the QMHP certifies the petition, law enforcement will be referred to a hospital where the individual must be evaluated by an authorized staff physician (KRS 645.120(3)).
    e. CCSU staff will assist in locating a hospital when possible.

6. Reimbursement for transportation-LifeSkills will reimburse a law enforcement agent for providing transportation for a minor under the following conditions:
    a. A uniform citation that is referred to a hospital (Reimbursement from CCSU to hospital, round trip).
    b. A request from the CCSU directly to the law enforcement agent requesting transportation to a designated hospital/facility (reimbursement from CCSU to facility round trip).
    c. A petition that is issues by a judge, regardless of certification status (reimbursement from county minor was picked up to CCSU and/or facility, round trip).

Religion Culture or Ethnic Heritage

POLICY: The CCSU will demonstrate consideration for and sensitivity to the racial, cultural, and ethnic, or religious backgrounds of the residents.

Religion and culture. Each resident in the care of CCSU will be provided with the opportunity to practice the religious beliefs and faiths of the resident's individual or family preference if the practice is not destructive.

- Custodians are recognized as having the primary responsibility for the upbringing of their residents, including the practice of religious beliefs. Upon admission to the unit, custodians will be made aware of the program's policy relating to the practice of religious beliefs.
- At no time will staff members or others be allowed to conduct activities aimed at any specific group or religious belief.
- Any discussion on the unit pertaining to religion must be academic in nature and not devotional.
- Residents are free to practice their religious beliefs during their free time as long as the activity is not disruptive or dangerous, and does not infringe upon the rights of others.
- CCSU will, in conjunction with the custodian, make available cultural or ethnic activities appropriate to the resident's cultural or ethnic background.
- All staff will receive training in cultural diversity matters.

Education

POLICY: The CCSU will provide an on-site qualified teacher to provide ongoing educational services to residents while admitted to the unit. The teacher will be an employee of the Bowling Green Independent School System. Residents will be enrolled into the Bowling Green Independent School District while a resident of the CCSU unless the school at the CCSU is not in session during the Resident's stay. School at the CCSU operates on an extended school calendar and Residents will be expected to attend school if school is in session at the CCSU, even if the Resident was on not in school at the time of admissions.

Promotional Use of Residents

POLICY: Exploitation of residents for promotional purposes is prohibited.

Residents will not be used in any manner in which they or their family could suffer discomfort or embarrassment.

- If pictures, slides, recordings, or other private and personal effects of residents are used in fund-raising purposes or promotional efforts or facilities, written permission will be obtained from the parents or guardians.
    - If the resident is committed to the cabinet for human resources, permission will be obtained from an authorized representative if the Cabinet.