

“BRIDGING THE GAP”

**CSTC TO FAMILIES AND COMMUNITIES
PARENT/GUARDIAN ORIENTATION MANUAL**

Preface

This document is the product of a cooperative team effort between the Parent Advocate, Parents and Guardians and the staff and management of the CSTC program. It is our collective hope that the reader will find this a highly informative reference. As we embark on a new adventure, it is comforting to have an objective reference guide to help us along the way.

For reference in this document, the term “Guardian” is meant to include all who have legal custody of a child (parent, grandparent, and etc.)

NOTE: While this is the result of a cooperative team effort, it should be understood that this is not an official publication of the State of Washington. This is a user/advocate document provided to help fill the need for better communication between all parties. In that regard, some of the views expressed herein are more representative of the views of the guardian.

Why the Turtle?

The turtle starts out very vulnerable in its youth. As few as 1 out of 100 ever make it to adulthood. There are major challenges every step of the way to maturity. Once matured, it has developed a protective outer shell on its back while maintaining its soft underside. The hard shell helps to protect it from many predators in the sea. Although there are many unique creatures in the sea, the turtle is considered to be “different”. It is laughed at because it is so slow and looks odd. Not to worry, the turtle is very focused and dedicated. Every year it travels up to 1,500 miles to the breeding grounds. This trip takes up to 6 months and during all that time, the turtle goes without eating. It goes to the same place every year because this is where it’s young will have the best chance at survival. It is truly a dedicated caregiver.

As Guardians of a uniquely challenged child, we find ourselves viewed by many as “different”. As we continue to mature and learn, we develop a thick protective outer skin while maintaining our softer side. Some challenges might be too much to deal with if it were not for our focus on our young. We gladly put our children before our needs and often go without for extended periods of time. As our young mature, they too will develop that protective outer coating. Hopefully, they will also retain their softer side. It kind of reminds us of the turtle. ☺

Dedication

This document is dedicated to all of the children who have found a need to benefit from the CSTC program. It is especially dedicated to those children who do not have a home to go to.

Objective

Many of us entered this program and found ourselves somewhat at a loss to find out what really goes on, what part we play, what was going on in our child’s life, what to expect and in short, we were downright confused. That “lost” feeling is what drove the development of this document. The goal is to provide a Parent Orientation Manual for new kids and guardians as well as interested parties to better understand the program. Techniques continually change to embrace new and better concepts. Therefore, the examples provided herein are not to be taken as what is precisely done today.

This Parent/Guardian Orientation Manual was written by a guardian for a guardian, so it carries a guardian’s perspective.

Each cottage and each school has its own specific program manual which deals with the unique and specific issues that only relate to them. Make sure you ask for a copy of the cottage and school manuals. You will find them to be highly informative and beneficial reference guides.

Acknowledgements

There was a time when guardian involvement simply did not exist. Fortunately that has all changed.

The value of the communication between top level management, cottage staff, the family advocate and the parents/guardians cannot be overstated.

The end result is a much better program with higher quality and levels of success. It has been a very rewarding learning experience for all of us.

Without solid support from the CSTC Chief Executive Officer, Program Directors for all three cottages, the CSTC staff, the CLIP staff, the Family Advocate, Parents/Guardians and the kids on cottage, this document would not have been able to achieve this level of quality.

Some information was taken in whole or in part from program manuals and other available documentation. Some was developed as a result of meetings, shared concepts, general conversations, observations and applications of common sense and logic.

There was no intent to slight anyone or to take advantage of any document information. The focus was to provide the best overview possible. If you see anything you might think came from you, congratulations. You have made a positive contribution to this handbook. **Thank you.** 😊

[Table of Contents](#)

Child Study and Treatment Center (CSTC)

Subject	Page
What is Child Study and Treatment Center? (CSTC)	5
CSTC Population Charts and Graphs	6
The Journey to and from CSTC	10
Admission Day	14
Taking Care of You	18
Example of Cottage Life	19
Example Day in the life at CSTC	20
Developing the Individualized Treatment Plan	21
General Stages of Care – From Guardians and Kids Viewpoint	23
CSTC Staff	24
Kid’s Views	26
Communication	27
Family Advocate	29
Safety	31
Health	36
Campus Meals	38
Telephone Calls, Visits and Passes	40
Level Systems	44
Color Systems	45
Recreational Therapy, Activities and Field Trips	46
Mail Delivery	46
Preparing for Discharge	47
After Discharge – What Now?	51
Support Groups	53
Family Guidelines	61
CSTC Acronyms	62
Contributing Team Members	65

NOTE: To use the links, hold down the control key and left click on the highlighted word. Of course, e-mail addresses will take you to the e-mail address, not back to the Table of Contents.

What is the Child Study and Treatment Center (CSTC)?

Not a private facility:

This is the state’s only psychiatric hospital for children and it is accredited by The Joint Commission (TJC). It is a part of the Washington State Department of Social and Health Services, Division of Mental Health. The facility and Western State Hospital (WSH) are located on a 264 acre site owned by the State of Washington. WSH was established in 1871 and is located on the western portion of the grounds. CSTC is located on the eastern edge. They each have their own dedicated campus area which includes individual access and security. The main entrances are 2/5 of a mile apart and the distance between WSH and CSTC is ½ mile.

The mailing and street address for CSTC is:

8805 Steilacoom Blvd SW, Lakewood, WA 98498-4771

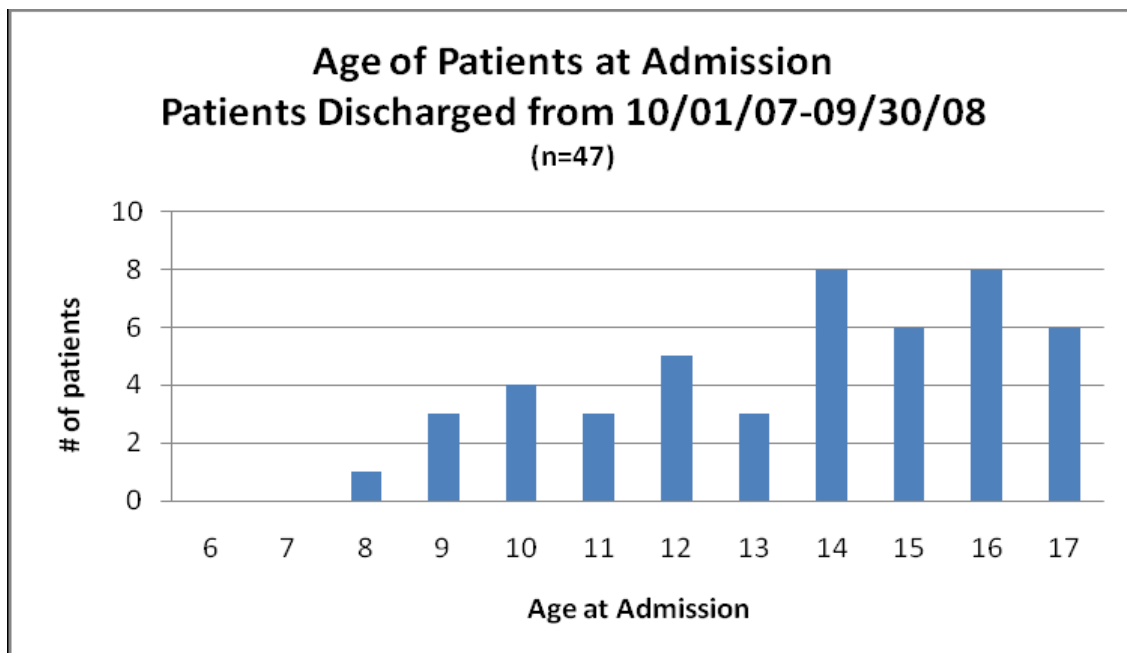
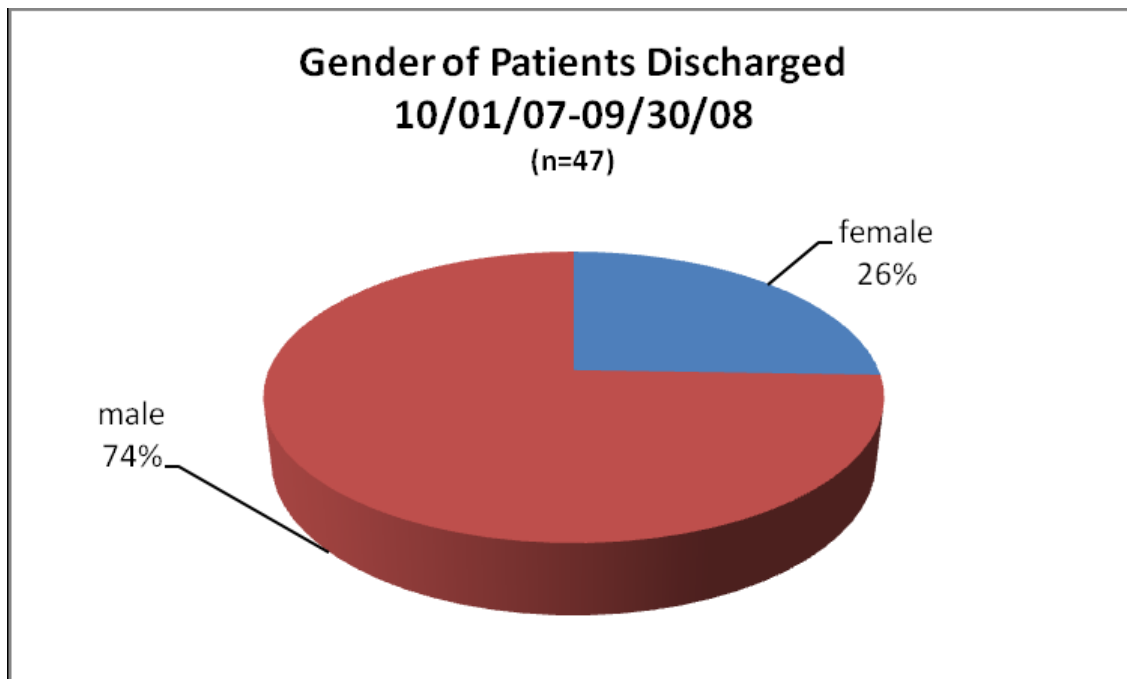
CSTC has five buildings on its campus. The largest building is the Administration building which includes the Elementary School, meeting rooms and a gymnasium. The second largest is the Secondary School. The three remaining buildings are the cottages. Two provide 16 beds and one 15 beds. Kids ranging in age from 5 through 17 are served. There are also privately operated programs within the state. Some of them are McGraw Center, Tamarack, Pearl Street, Ryther Child Center and Ruth Dykman.

Who does CSTC treat?

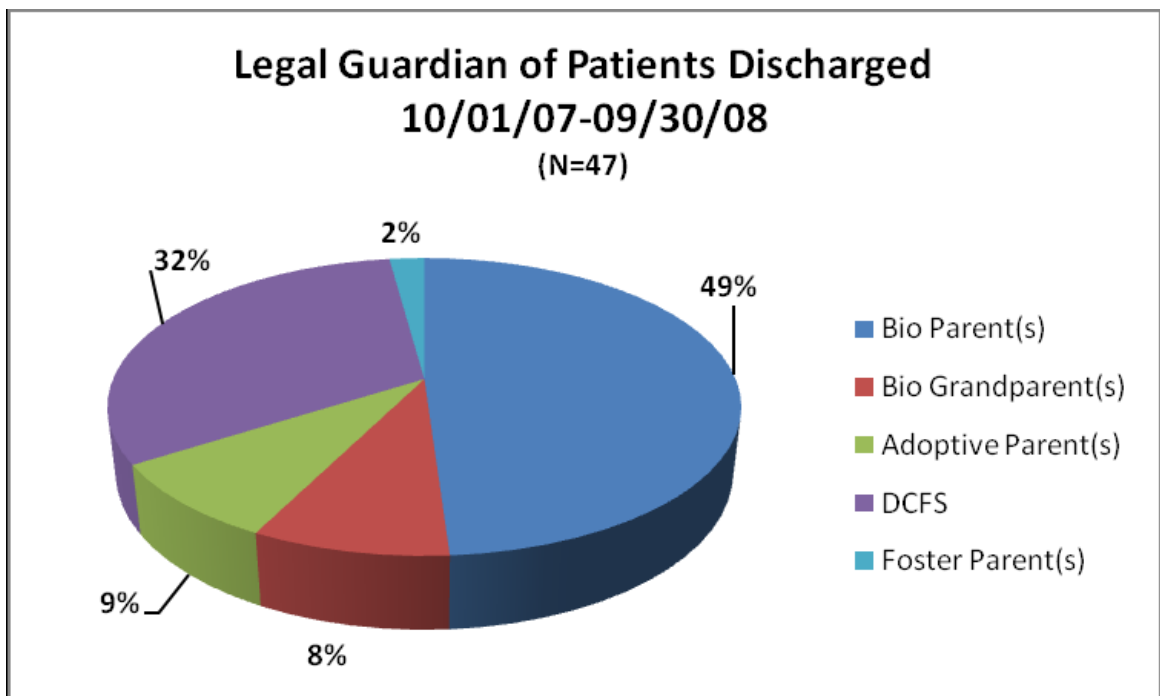
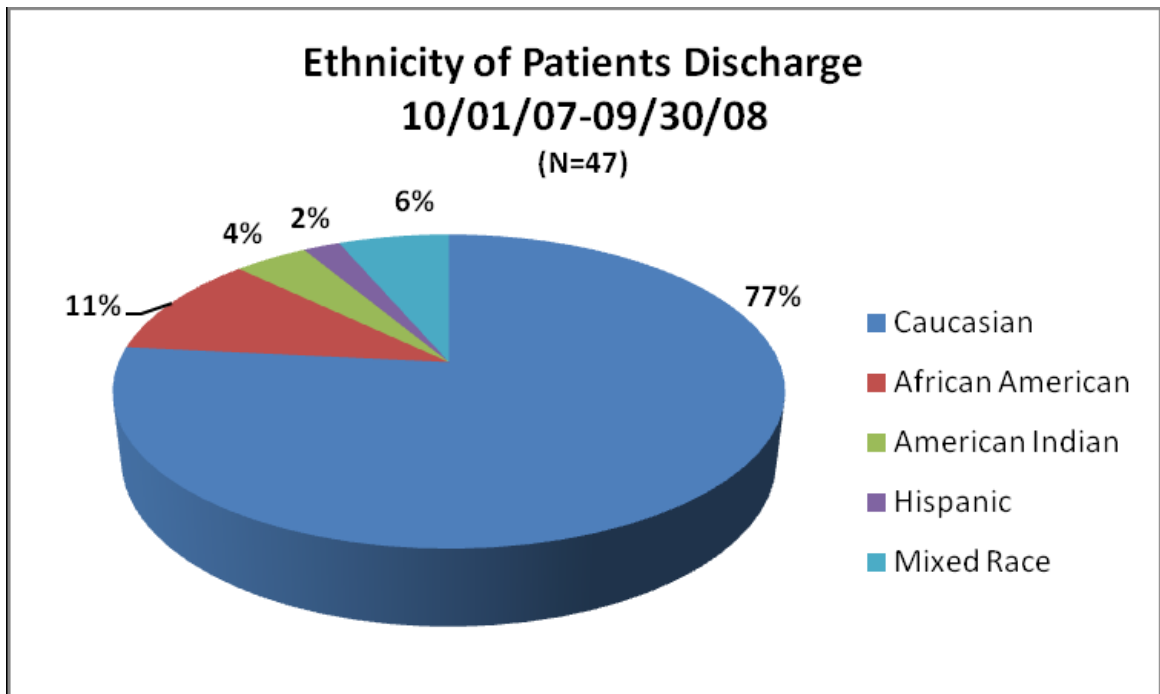
CSTC treats the most complicated and challenged kids. Some of the challenges addressed are psychiatric disorders, ADHD, Bi Polar, learning disorders, behavior disorders, sexually inappropriate behavior, aggressive behavior and conditions where there is the potential for self harm or physical harm to others. Although it is not the norm, some kids with autism are also treated. Many of the kids have more than one of these challenges. Almost all have demonstrated an increasing display of the potential to be unsafe for themselves and others. This aggressive behavior tends to continue to escalate. Without appropriate training and treatment, it poses a clear and ever present danger. This is where CSTC can and usually does make a positive difference.

What does the Hospital Wide Population Look Like?

On the following pages is some data to help families and community partners understand a little about the children that are referred to CSTC for services.



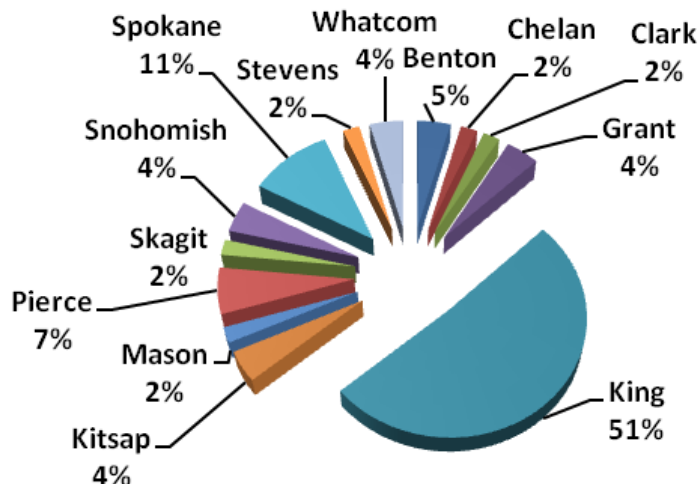
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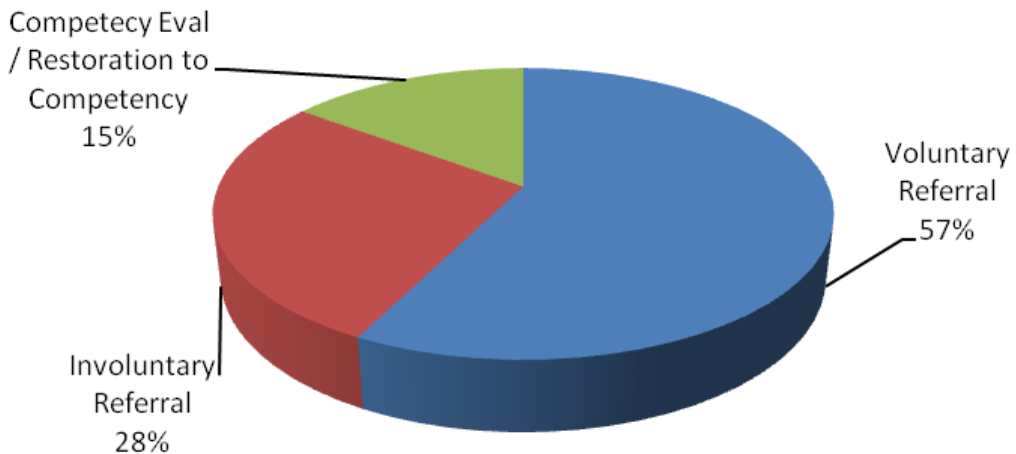
County of Residents of Patients Discharged 10/01/07-09/30/08

(N=47)

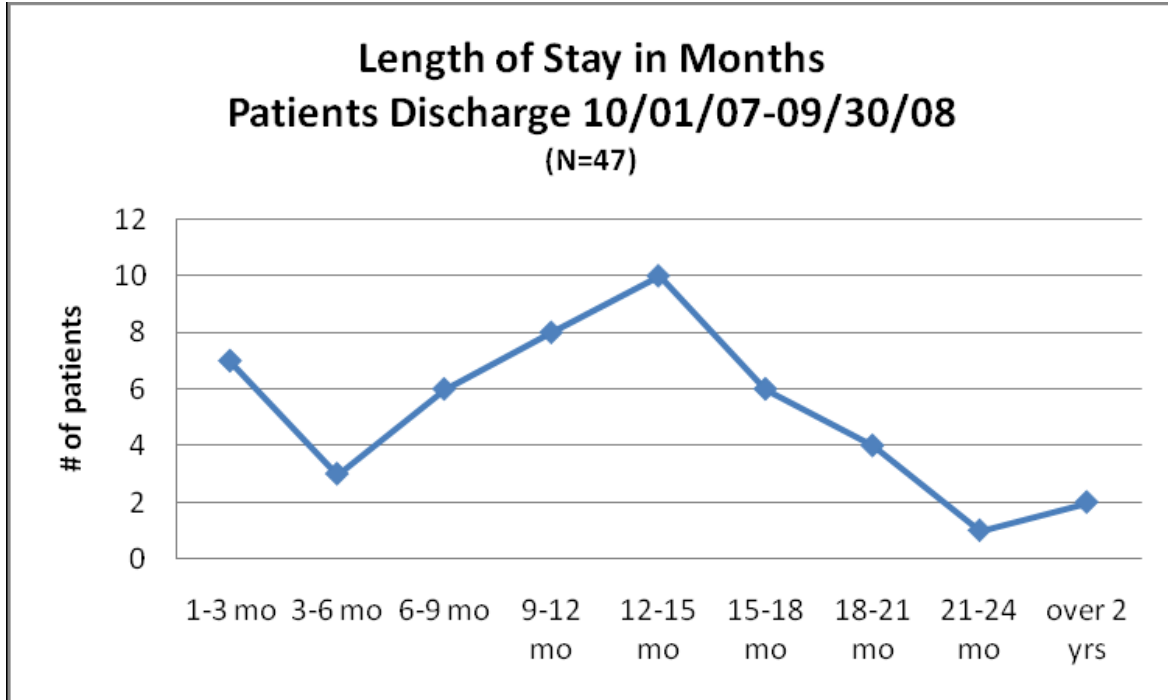


Legal Status of Patients at Admission Patients Discharged from 10/01/07-09/30/08

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CSTC’s Mission Statement

Working with children, families, and communities to promote effective treatment, healing, and growth in a safe and nurturing environment.

CSTC’s Motto

Making a Difference in the Lives of Children

Cottages and Age Groups

Camano Cottage admits children ages 5 to 12.

Ketron Cottage admits children ages 11 to 16.

Orcas Cottage admits children ages 15 to 17.

Toll Free Number for all cottages is 1-800-283-8639

Note: Ages of kids on cottage overlap due to the developmental level of the patients. The length of stay might indicate a child is getting older on cottage (which is what we all do).

“BRIDGING THE GAP”

What happens when my child turns 13?

In the state of Washington, parents /legal guardians have the right to determine if children 12 and under should receive treatment in a psychiatric hospital like CSTC. Unless there is a court order for involuntary treatment, once the child reaches the age of 13, he or she has the right to determine if he or she wishes to consent to treatment. If he or she is in the program, he or she and their parent/legal guardian must sign forms authorizing the treatment. It is not uncommon to have a child in the program turn 13 and decide to request discharge. This usually is the result of frustration and the opportunity to take an independent stand with their new power to decide things for themselves. Staff and the parent/legal guardian work together in helping the child decide to stay and complete the treatment. If the child refuses to continue to stay within the program, staff and the parent/legal guardian must make a timely decision regarding arranging discharge or seeking an involuntary detention through the court system.

What happens when my child turns 18?

CSTC works to complete the treatment so they can discharge children prior to their 18th birthday which allows them to continue to be eligible to receive services through the children’s mental health system. Sometimes the treatment is not completed when a child turns 18. In those cases, staff will work with the parent/legal guardian and the community resources toward an appropriate discharge or referring the child to an adult facility.

Once a child becomes 18, he or she cannot be allowed to remain at CSTC.

The Journey to and from CSTC

[Back](#)

How does one qualify for the program? Kids come from all directions. Most kids referred to the program have been in several other programs and /or hospitalized prior to coming here. All children must be referred to CSTC by going through the Children’s Long-term Committee Program (CLIP) Administration. There are several steps to the referral process as CLIP is not an emergency placement. The CLIP Administration is a central location that receives all voluntary and involuntary treatment referrals of children and adolescents throughout Washington for the four CLIP programs: CSTC, McGraw Center, Pearl Street Center and Tamarack. The exception is when a child or adolescent is referred from a juvenile court for either a competency evaluation or competency restoration in criminal matters. CSTC is the only CLIP program that can accept these court referrals. Most often, the court referred child is placed on Orcas Cottage because that cottage is specifically set up to deal with these issues.

“BRIDGING THE GAP”

What is a CLIP Administration?

The CLIP Administration is the central location in the State of Washington that receives all voluntary and involuntary treatment referrals of children and adolescents for the four CLIP programs. Before a referral is sent to the CLIP Administration, the guardian and community treatment providers must go through a local process and obtain approval from the local Regional Support Network (RSN). Each RSN has a process where guardians, mental health teams, school representatives, and support members present their case to the local committee for approval.

Not all who request approval are accepted.

The process is set up to promote children receiving services in their community before being referred to a CLIP program. The CLIP Administration manages the referral list and assigns children to one of the four programs. CSTC is in Lakewood (Tacoma). The other three programs are residential treatment programs run by private, not-for-profit agencies in Seattle, Tacoma and Spokane.

The CLIP Administration must also “certify” all referrals for admission to one of the CLIP programs. This “certification for admission” is necessary for the program to bill Medicaid for the care provided.

What does it mean to “certify”?

The CLIP review process is required by Washington State statute to meet Federal Medicaid standards. The process is designed to insure that kids are appropriately placed in long-term inpatient care, and that Medicaid is only billed for services that are justified. It is also important to know that there are two separate processes to determine medical necessity. The CLIP committee does their ongoing reviews (with a more formal review annually). CSTC also does an ongoing Utilization Review, and at times need to decertify a child’s care if CSTC determine they no longer meet medical necessity. The issue is meeting Medicaid standards for hospitalization and billing. These standards relate to evidence of behavior justifying hospitalization. The overriding clinical goal is to treat kids in their own communities whenever possible, which includes the management of potential unsafe behaviors. CSTC’s goal is to stabilize their symptoms while working to develop transition plans so that treatment can be continued, and hopefully the gains maintained, in a less restrictive setting.

What does the CSTC program cost?

The cost per calendar day for each child is approximately \$800. This includes 24 hour lodging, schooling, activities, medical care and prescriptions.

“BRIDGING THE GAP”

What are the payment options?

When a child is admitted to CSTC, they become eligible for Medicaid. Once they have Medicaid eligibility, Medicaid will pay for the cost of their stay. When the child is covered by private insurance, CSTC is required to first access any private insurance benefits for the cost of the care. Then, CSTC may access the Medicaid benefit. For a child covered by private insurance, their private insurance must also be accessed first for medical services obtained off the campus of CSTC.

Criteria for Admission

Included	Usually Not Included
Established severe disturbances of cognition Confused, illogical thinking Impaired Judgment Documented displays of dangerous and unsafe behavior to themselves or others Severe disturbances of mood/affect Depressive conditions Bipolar and anxiety states.	Chronic antisocial/delinquent behavior, Problems primarily associated with substance abuse/dependency Autism Profound mental retardation Medical conditions which require intensive, specialized support.

What is the “Waiting List?” Once your child has been referred to the CLIP Administration by the regional community (RSN), he or she is placed on a waiting list for placement in one of the four CLIP programs. If your child has program specific needs (for example specifically being referred to Camano Cottage at CSTC) because of age or specific issues needing to be addressed, your child will be waiting in line for the next available spot on that cottage. There is a high demand so the list may be long. CLIP web site: <http://www.clipadministration.org>

There are many factors that impact the time element. The major ones are listed below.

No.	Delay Factor	Explanation
1	Court Order	Sometimes a child court ordered into CSTC to determine competency in a criminal matter will bump other children on the waiting list. CSTC is required by law to admit these court ordered children within 7 days of the court order.
2	No Place to Go	Some children enter the program as dependents of the state. They literally have no home to go to. Once they are ready to leave the program, a delay may occur while a foster or potential adoptive family is located and qualified. That must occur before placement can be successfully made.

“BRIDGING THE GAP”

3	30 Day Rule	Every child at CSTC has the safety net of the 30 day rule. That means if the child has a relapse within the first 30 days of discharge and needs to be readmitted to the hospital, the local community team (RSN) may re-refer the child back to the CLIP Administration and will be placed at the top of the waiting list for the program/cottage where he or she recently left. Sometimes returning to the same facility is not possible so placement will be addressed in another CLIP facility. If the child has a relapse after the first 30 days of discharge, he or she must go through the same process he or she went through to enter the program the first time.
4	Dedication to Meeting the Need	The CSTC staff is dedicated to doing the best job possible for each and every child. They understand that it takes time to learn skills and behaviors that will provide a quality life for each child. <u>The focus is on getting it right the first time.</u>
5	What is the typical length of stay?	Each child is unique. The time each spends depends on their specific needs. However, in general, children who have a solid home to go back to range from 4 to 12 months (depending on the cottage). Those needing a home range from 12 to 24 months. Overall average is 9 to 12 months.

What are “Realistic Expectations?”

There is no magic wand that will make your child perfect.

However, each child will be provided with the knowledge, tools, training, experience and opportunity to learn about his or her challenges and how to minimize the adverse impact on their life and the lives of others. Your child will not be “cured” but he or she should be noticeably better. You and the rest of your family will have the opportunity to benefit from on campus and off campus training and support groups. When your child returns home your safety concerns should be reduced.

What are the odds of my child having a re-admission?

Based on CLIP documentation during a three year period from fiscal year 2005 through 2007, there were only 10% readmitted to a CLIP facility. There is no data on any other non CLIP admissions. Historically, annual percentages of readmissions have ranged from about 9% to 15%.

Note: The outcome survey reports offer some information about psychiatric hospitalizations during the first 6 to 12 months after CLIP discharge. Past years data indicates that 80% to 90% of all respondents reported the child had not been psychiatrically hospitalized since being discharged from the CLIP Program. The number of those not responding as compared to those who did respond is not known. There is no data on what other hospitalization outside of the CLIP Program might or might not have occurred.

Admission Day

[Back](#)

Sneak Peek?

All cottages encourage you to have an early tour of the facility. Some families request a tour when deciding which CLIP program they would prefer for their child. Some families request a tour when their child is on the top of the list and admission is near. A tour of the cottage and school will give you and your child a feel for the setting and allow the reality to set in. It also is a good time to talk about what to expect on admission day. It is not a requirement that you visit first. It does seem to make the transition easier.

Suggestion:

Advise the cottage about a week in advance. That allows them to prepare for your visit and for them to advise the school so they can be prepared. That way you get the best visit possible at both locations. 😊

What You Should Receive

- ✓ A copy of your child’s specific Cottage Manual.
- ✓ A copy of your child’s specific School Manual.
- ✓ A copy of this document (Bridging the Gap).
- ✓ A copy of your rights and your child’s rights. Should include a copy of the Grievance Form and Policy 505.
- ✓ A list of resources (in addition to those listed in this document).

Examples of what your child may bring

(Check with your specific cottage program manual or staff for complete list)

Permitted	Not Permitted
Animals , stuffed Bathrobe Blankets Blouse (non-provocative) Blue Jeans Boots , hiking Cards , letters, paper, stamps, envelopes Cards , trading (may not be traded on cottage) CD’s (original label only, non-violent and non-sexual)	Ball , bowling, hard, metal, steel Bat Battery Belt (check with your specific cottage) Bobbie pins Camera Candles CD’s non-original label, sexual or violent content Cell phone or text message item Clamps Clothing , gang style, extra baggy,

“BRIDGING THE GAP”

<p>CD Player Clock, alarm Clothing (non-provocative) Coats Comforter, your child’s favorite Dresses (non-provocative) DVD’s (original label, non-violent and non-sexual) You must be willing to share Gameboy with non-violent and non-sexual games Games, board, card Games rated “E” for Everyone Garments, under Gloves Hair brush & ribbons Hats Pajamas Photos of family and friends (should be copies – they are likely to get lost) Pillow(s) Posters, non-violent and non-sexual Reading materials, books, magazines (non-violent or provocative) Shirts, T, button, pull over Skirts (non-provocative) Slacks Shoes, street, dress, tennis Shorts Sox Suitcase (some kids consider this to be their proof they will go home one day so you might want to leave it) Sweaters, button, pullover Sweats, shirt, pants Swim Suit (non-provocative; One Piece) Toothbrush Toothpaste Watch, wrist Writing implements (pens & pencils) these may have restrictions placed upon them.</p>	<p>provocative Computer Darts DVD’s non-original label, sexual or violent content DVD player Earrings, pierced, big, easy to grab Electronic game(s) that allows access to the internet or to communicate with others Fireworks of any kind Fish hooks Guns, toy or otherwise Hair spray (some exceptions for use only and then secured – ask about this on sneak peek visit) Hammer Knives, pocket, table, plastic Letter openers Lighters Magnifying glass Marbles Matches Nails Rocks Rope Screwdriver Sharp implements Staplers Tacks, thumb, push Tape Toothpicks TV set Weapons of any kind Wire, electric, metal or rope</p>
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NOTE: Program staff will inventory all your child’s things. They will have the final say on any item your child may have or not have. Some things such as Gameboys and CD players will have restricted use. Examples of Level Privileges are provided later in this document.

“BRIDGING THE GAP”

Why is it so restrictive?

The cottage population consists of children who have at one time or another tried to cause physical harm to themselves or others. Experience has taught CSTC staff that some kids are very creative with the weapons they develop. These precautionary steps are necessary to reduce the potential of harming themselves or others. Remember, it is better to be safe than sorry.

Examples of how a child’s items might be identified to prevent loss or theft.

Staff will mark your child’s items with a black Sharpie pen. You may help staff by marking your child’s clothing and items on the label tag, at the bottom where it tucks in, inside the item on a pocket or on the inside waistband or any other appropriate location where your child can find it. Let your child take an active part in marking his or her things. It makes it a team effort and helps the child have a comfort level with regard to his or her possessions. Find a place where it won’t be obvious when your child is wearing the item. Books are usually marked on the inside of the cover. Your child’s initials are the identifying code. For example, for John Jacob Jingleheimer Schmitt, use **JJJS**.

What about lost or stolen items?

If an item is lost due to your child’s negligence, it is regrettable but there is nothing CSTC can do about it. If an item was taken by another child, your child must report it in a timely manner. Staff will take steps to try to find the item and get it back to your child. Staff will determine what action is appropriate regarding the other party. If staff took something from your child and then it is lost or stolen, CSTC is most likely liable. Reimbursement forms are available at the office. Your Psychiatric Social Worker should be able to assist you with this matter. There will be an internal inquiry about what happened and how to prevent it in the future.

NOTE

There is no actual policy on reimbursement in any amount for lost or stolen items. While program staff and management do their best to help kids avoid having things lost or stolen, it does happen. Therefore, it is important that all parties be aware that expensive items (anything you can’t afford to lose and/or has a value of \$50 or more) should be limited on cottage. You might want to think about this when it comes to expensive watches or special items. Remember to make sure your child’s items have his or her initials marked on them with a black sharpie or something similar. Each time you bring an additional item to your child on a visit or pass, you may want to ask staff to add it to the child’s personal inventory list. Bikes may be brought to the cottage but use good judgment. Kids do share bikes and damage does happen. Be open minded and reasonable. Remember, there are 16 kids on

“BRIDGING THE GAP”

each cottage. While they are all loveable, they all have unique challenges which tend to raise the odds that something will happen.

How do I get family & friends on a telephone, visitor or pass list?

There is a standard form that is completed at admission with each person's name and contact information. You may determine what type of telephone, visit or pass they may have. This also allows you to identify people who are not allowed to have any contact.

SUGGESTION

Since you will need names, address and contact numbers, ask for this form at your early visit. Take it home, fill it out and turn it in on admission day. Remember to bring it back and turn it in or you will have to make another one on admission day. It is also a good idea to have a copy so you can easily check the list later on and add or delete as appropriate. This form should be made available to you by the social worker prior to or at the time of signing the papers for admittance. If it is not, ask for it. If you forget someone or want to make changes, you may do that at anytime.

Remember to ask for a copy of your filled out form and for a blank form so that you may make timely revisions or additions. This is a security tool to alert staff. Use it wisely.

How long should I stay?

Once all of the paperwork is completed (make sure you read it and get a copy of what you sign), you can take a quick tour of your child's room and look around the facility. You might even help him or her hang up some posters. After that, remember it is wise to not linger too long. The longer you linger, the harder it is to leave and the harder it is for your child to start to adjust to his or her new setting.

Plan ahead

If possible, try to set a date and time for your next visit. It will make you feel better, your child will know he or she is not being ignored and staff will know when to expect to see you again.

Taking Care of You [Back](#)

Take a deep breath; shed a few tears, breathe a big sigh of relief.

You have been through a very difficult and challenging period and you need to recharge. Above all, do not feel guilty.

“BRIDGING THE GAP”

Remember, you did not give up on your child.

Your child qualified for admission to the hospital because of a progression of documented events. It required unanimous agreement from a small army of people to finally conclude that your child was a candidate for this program. Now, you qualify for a physical and mental break. It may be very difficult for you to let loose. After all, you have been your child's rock and stability. Keep in mind that when your child returns home from the program you will once again be his or her rock. Now is the time to regenerate yourself so you will be physically and mentally up to the task.

Work on your personal relationships with your spouse, partner, and other children in the family, your brothers and sisters, parents and friends. It just may be that those relationships have suffered because you were so focused on helping your child. Step back and give them an objective review. Think of what you can do to mend fences and improve your relationships. These are the people who sustained you. They will be vital to have once your child returns home.

Remember your pets.

They too have been through a challenging time. They may need to have some special moments with you. Your child may have been very aggressive with them and caused them to run and hide. When he or she comes back home, the pets will play an important role in helping your child readjust to home life. They need to feel the love too.

Take comfort in knowing that your child is in a safe place.

Remember that your child still needs to be in contact with you. He or she needs to know there is unending love. A card, a letter and a phone call are really appreciated. Send a picture of your pets. NOTE: This is most important if you live a long distance away (Yakima, Spokane and etc.) from CSTC and you simply cannot get there for frequent visits. **By the way, there is help available for transportation cost and lodging. Check with your Psychiatric Social Worker to see if you qualify.**

When your child is eligible for visits and passes you are encouraged to arrange for a visit or pass. It works best if you make arrangements well in advance so staff can get the medication for you to give to your child while he or she is with you. Just remember not to overdo it. You need the space and the staff will need to be able to establish their program with your child. On the other hand, it is ok to be proactive and give the doctors a monthly projected visit and pass schedule for your child. Discuss this plan with your child. This will help the staff. Your child will see that he or she is still a very important part of the family. Remember, since it is a “projected” list, it can be adjusted to fit reality. Remind your child that he or she

“BRIDGING THE GAP”

must meet the minimum cottage “expectations” before a pass is granted. It is always helpful to keep the cottage posted on your pass plan and schedule.

Make sure that you explain the reasons for the changes with your child. This builds trust and minimizes the potential that your child might think you are just making empty promises.

Example of Cottage Life [Back](#)

What is in a cottage?

The three cottages are single story with a basement (storage only) and have basically the same layout. An obvious exception is Orcas Cottage. It has an attached and enclosed basketball court where the others have access to a basketball court on the campus but not attached to their building. Orcas Cottage serves older kids, some of whom were referred by the juvenile justice system to CSTC. CSTC is the only state children’s long-term psychiatric hospital. The items in common for all three cottages include a large main entry / meeting room (also referred to as the day hall), two TV / meeting rooms, a resource room, a large dining room and kitchen area, offices for the doctors and social worker, a nurse’s station, staff paperwork area and a quiet room (QR). It is also referred to as the “seclusion” room. Some cottages also have a calming room (CR). There are four Pods. The Pods contain 4 individual bedrooms and a common bathroom, shower and storage area. The kids in each Pod have a staff person who they go to for direction and help. This person is referred to as their “Primary”. All three cottages are locked from the outside and on the inside going outside. Access to every interior room is locked however access to the core of the structure is not. Staff has keys to all the rooms. There is a fire protection sprinkler system. The alarm system has sound and strobe lights. The floor is reinforced concrete with tile cover in the bedrooms, dining room, laundry room, bathrooms and part of the halls in the Pod areas. The Day Room, parts of the Pod halls and the office area have carpeting.

How are boys and girls kept apart?

The boys are in Pods together, usually by age. The girls have their own Pods. Boys and girls do not share a Pod. The one exception is an area of Orcas Cottage called the Close Attention Program (CAP). There are 7 bedrooms. The building design is such that each bedroom door is visible from the day area. Both boys and girls may reside in the Close Attention Program. Boys and girls are allowed to mix in the day hall, the dining room, daily outings and school. Normal life goes on but with several watchful eyes.

What is in the individual child’s room?

Each room is approximately 7’ x 9’. It is clear that each was constructed with safety in mind. Each has one reinforced glass window that can be opened about

“BRIDGING THE GAP”

three inches. The window is approximately 3 feet wide and 5 feet high. The view is out at the surrounding campus. The grounds have large grassy areas with trees intermixed. The windows have privacy shades. There is an anchored open storage area consisting of approximately 4 shelves for clothes. The twin sized bed has a 3” +/- thick mattress. There is a solid desk anchored to the tile covered concrete floor beside the bed but there is no chair. There are two overhead lights. One is for lighting the room and one is for use as a defused nightlight. There is a fire protection sprinkler head in the ceiling. An electrical outlet next to the desk allows power for an alarm clock and/or radio. The doors are locked from the outside but not on the inside. An alarm sounds when the door is opened thus alerting the staff that someone has left their room. The alarm can be turned on or off during the day depending on the situation on cottage.

Are there video cameras on cottage?

Camano Cottage does not have any. Ketron and Orcas each have them for safety. They look down the halls in each Pod. This allows staff to quickly observe what is going on if there is a commotion or a door alarm goes off.

Example Day in the Life at CSTC [Back](#)

(Schedule is approximate and different for each cottage)

School Day	Time	Weekend or Holiday	Time
Get Up	6:30 AM	Get Up	8 AM
Shower (if not done night before)		Shower (if not done night before)	
Breakfast	7:15 AM	Breakfast	8 AM
Walk to School	7:25 AM or 7:55 AM	Clean Room	8:30 AM
Firwood School (Ketron & Orcas) Oak Grove School (Camano)	7:30 AM or 8 AM 8:30 AM	Free Time – day hall Activities or visits/passes	10 AM
Lunch at School	11:50 AM	Lunch on cottage	11:50 AM
School Out (Wednesdays 11:30 AM)	2:30 PM	Free Time – day hall Activities or visits / passes	12:15 PM
Walk back to cottage	2:32 PM	Activities or visits / passes	
Transition	2:45 to 3:15 PM	Activities or visits / passes	

“BRIDGING THE GAP”

Community Meetings, free time, laundry, activities	3:15 to 5 PM	Community Meetings, free time, laundry, activities	3:15 to 5 PM
Dinner	5 PM	Dinner	5 PM
Education Time	5:15 PM	Free Time – day hall	5:15 PM
Activities / free time / laundry	6 PM	Activities or visits /passes	
Snack	7:25 PM	Snack	7:25 PM
Shower (if not done in AM)	7:45 PM	Shower (if not done in AM)	7:45 PM
Bedtime – Level 1	8 PM	Bedtime – Level 1	8 PM
Bedtime – Level 2	8:30 PM	Bedtime – Level 2	9 PM
Bedtime – Level 3	9 PM	Bedtime – Level 3	10 PM
Bedtime – Level 4	10 PM	Bedtime – Level 4	12 AM

Note: Schooling is provided to all kids on cottage on a year around basis. **In addition to meeting the unique needs of the kids on cottage, schools on site serve all school districts in the area.** Those special needs kids are bused in for school and then back home each day.

Developing the Individualized Treatment Plan [Back](#)

The basic “Starting Point”

Upon entry, each child is oriented and assessed in a similar way. Their medical and psychiatric histories are reviewed. The doctors and staff will get to know each child and the child will get to know them. The Guardians will be interviewed and they will get to know the doctors and some of the staff who will be working directly with their child. If immunization shots or booster shots are appropriate, the Guardian will be advised and approval will be requested before the shots are given. Likewise, the medications for each child’s unique challenges will be reviewed. Each child will be observed for a few days.

General steps in developing the Individualized Treatment Plan.

After the initial few days the doctors and staff will meet to discuss their observations of your child. Suggestions and recommendations will be made. All treatment plans will need to be mutually agreed upon.

Guardians are an essential part of the treatment team.

The doctors will contact you and discuss the status, the recommended next step and why it is recommended. With your approval, the new plan and medication changes will be implemented one step at a time.

“BRIDGING THE GAP”

Adjustments to this plan will be ongoing with your approval.

The schedule for Treatment Plan Reviews (TPR) is the same for all cottages: 14 day, 30 day, 60 day, and then every 60 days.

What happens if the medication changes don't work?

The staff and doctors will be very observant of what reactions take place. If they see things happening contrary to the way they were expected to, they will contact you promptly and advise you of what happened. They will have a plan for the next step which you will be able to approve before it is started. Make sure you get all of your concerns known and addressed to your satisfaction before you approve any plan. Remember, you are an important part of the treatment team and this is your child.

How long will it take to get things figured out?

With each change in medication, there will be a necessary period of time to see what impact the change made. Many kids come into the program with several challenges and as many as 18 different medications. It will take time to reduce those to a more reasonable number while having the greatest impact on specific challenges. Each medication causes a reaction and often times other medications cause a collective reaction. While there is data on each medication, no book will be able to tell you exactly what will happen in any given body when drugs are intermixed. Side effects are also another challenge that is unique with each child. This is clearly an area where patience, solid monitoring and good judgment are of major importance.

Remember, this is your child. He or she deserves the best care possible.

The doctors and staff at CSTC are not volume oriented. Their goal is to get it right.

General Stages of Care [Back](#) **From Guardian's and Kid's Viewpoint**

No.	Stage	Guardian's View	Kid's View
1	Frustration	I wish my child could get in the program. What is taking so long?	The longer it takes to get started, the better chance I won't go.
2	Adjustment	Relief that it has finally started. A little regret and self doubt about the decision.	Meeting new kids and staff. Learning the ropes.
3	Testing	The kid with the problems is starting to show up now. Self doubts begin to go away. The feeling that the right decision was made returns.	I can wear them down. They will get tired of fighting it and I will win. All I need is time.

“BRIDGING THE GAP”

4	Resistance	Sure there are issues but maybe the staff is over reacting a bit.	I really don't like it here. How can I convince people to let me out?
5	Beginning of Trust and Acceptance	I may have concerns about some of the process but they appear to be making some progress.	I can work with some of the other kids. We can help each other. Heck, even the staff is trying to help.
6	Progress	Guardians have learned to understand staff. Staff has learned to appreciate and understand guardians and their child. Teamwork begins to thrive.	Other kids are making real progress. Some slip back and then start moving forward again. Gee whiz, even I am making some progress. I hate to say it but this is kind of neat. Not only that, but it just might really help me.
7	Significant Progress	It is nice to see my child's self control; self esteem and self confidence grow. I am really proud of my kid.	I don't really want to say this out loud but I am glad I came here. It really is helping me.
8	Reluctant Separation	This has been a good experience for me, my child and for the staff. I am glad we were able to share it. While I am not eager to move on, I know my child and I have many new tools to help us work with each other and the community. Life is better now. Who knows, we may have helped the staff too.	I lived here for several months so a part of my life is here. I met new friends and I learned new tools to help me have the best life I can have. I am reluctant to leave but I am anxious to move on. I would like to check back from time to time just to say hello and let them know I am doing all right.

CSTC Staff

[Back](#)

What is the role of Nursing and Counseling Staff?

The role of the nursing and counseling staff is to implement the individualized treatment plan. Implementation of the treatment plan may include teaching new skills during a soccer game by helping a child practice controlling his or her anger when playing with another child. It may be to help a child learn to communicate his or her needs in a way others will want to respond.

Because the cottages are staffed 24/7, there needs to be 3 complete staffing teams for the 5 day work week. In addition, there needs to be adequate staff to address every hour of every weekend and holiday. The idea is to ensure the safety of all parties, provide consistency in direction and example and provide fair and mature

“BRIDGING THE GAP”

supervision with very smooth transitions between changes in shifts. Every effort is made to maintain full staffing on every shift. There are some occasions when full staffing is not available due to illness or other causes. The staffing process is constantly being reviewed to determine if there is a better way to address the daily issues. When better ideas are developed, they are put into place as quickly as possible. Shift changes are at 7 AM, 3 PM and 11 PM daily.

What is the role of Doctors and Social Workers?

CSTC contracts with the University of Washington for the services of a Medical Director and attending psychiatrist for each cottage. Ketron and Orcas Cottages have an attending psychiatrist on site 3 days a week and available by pager the other two days after hours. Camano Cottage has an attending psychiatrist on-site 5 days a week and available by pager after hours. The psychiatrist provides psychiatric services including evaluation, therapy and medication management. The psychiatrist also supervises the treatment plan.

There is a full time psychologist on each cottage. In addition to individual and group treatment, the psychologist also develops the cottage program, the daily schedule and the behavioral programs such as the level system. The psychologist is also responsible to coordinate with the school and the recreation departments. The psychiatrist and the psychologist work together to determine which treatment methods are most effective for the children in their program and both provide training and clinical supervision to the nurses and counseling staff on the cottage.

Each cottage has a full-time social worker that is primarily responsible for planning of a child’s admission and discharge. The social worker is often a primary contact for guardians and community providers. He or she also plays a very important role in finding the proper school for placement once your child is getting close to being ready to rejoin your local community.

Example of Cottage Staffing

Classification	Day Shift	Swing Shift	Graveyard Shift	Weekend & Holiday
Psychologist / Program Director	Monday – Friday On-site & On-call	On Call	On Call	On Call
Psychologist	Monday – Friday On-site & On-call	On Call	On Call	On Call
Psychiatric Social Worker	Monday – Friday On-site & On-call			
Secretary	Monday – Friday			

“BRIDGING THE GAP”

Cottage Supervisor (PCCC3)	Monday – Friday			
Licensed Nurse	One on Cottage	One on Cottage	One on Cottage	One on Cottage
Psychiatric Child Care Counselor	On Cottage	On Cottage	On Cottage	On Cottage
Cottage Cook	One on Cottage	One on Cottage		One on Cottage
Cottage Custodian	One on Cottage	On Call	On Call	One on Cottage
Recreational Therapists	Available to cottage staff	Available to staff until 8 PM		Available to cottage staff

Does the staff have a dress code?

There is no specific dress code. However, **staff is expected to be positive role models for the kids.** If the children are not allowed to wear provocative clothing or have a picture that might be considered provocative, staff should not wear clothing or have pictures that might suggest that either. To do so would project a conflicting message regarding the values CSTC is trying to instill in the kids on cottage. If you notice anything that gives you concerns, please advise your cottage supervisor (PCCC3) or one of the doctors. If one of them is the cause for concern, please advise the Program Director or the CEO.

[Back](#)

Kid's Views

What makes a “good” and “not so good” counselor?

Good Counselor Choices	Not so Good Counselor Choices
Accepts and doesn't hate me	Is rigid about the rules
No personal agenda	Opens my door without knocking
Goes through my points with me	Has a disrespectful attitude

“BRIDGING THE GAP”

Compromises	Makes fun of me (sometimes in front of the whole class)
Tries to be fair	Is rude to me or others
Is open and honest	Tells kids they are a juvenile delinquent and that is why they are here
Admits mistakes	Threatens kids with consequences
Checks in with me to see how I am doing	Makes kids stay in transition too long
Sits with me at meal time	Does not stick to the laundry schedule
Accepts all the kids and gives feedback appropriately	Does not sit with me at meal time
Is laid back with cool and good vibes	Orders me to “turn out your lights or else”
Soothing at bed time – no indifferent “clear the hall” and no countdown	Makes me wait too long to go “potty” when I need to go right away
Leads male and female bedtime groups – stories – tea – nightlights	Tells me it is my fault if I have a “potty” problem because I didn’t hold it.

Note: The above reflects feedback from kids on cottage. While they are very good indicators of what the kids are thinking and how they feel, they don’t necessarily reflect the “total” views of staff or the doctors. For example, consistency with regard to the rules may be viewed as being too rigid. Without consistency, the kids and the staff would lack a stable tool to measure progress.

Communication [Back](#)

No.	Question	Answer
1	Is there a suggestion box for my child to use? If so, may I also use it?	<p>Yes. Each cottage has a suggestion box for use by kids and guardians. If it is not plainly identified on the wall just outside of the Nurse’s station, ask where it is.</p> <ul style="list-style-type: none"> ✓ <u>If it is too high for your child to reach, suggest that it be lowered</u> ✓ <u>If there is no paper or pencil, suggest that they be refilled</u> ✓ <u>Constructive suggestions are always welcome</u> ✓ <u>The Cottage Supervisor will read all of the suggestions</u>
2	How can I	<ul style="list-style-type: none"> • Leave a telephone message with the social worker or

“BRIDGING THE GAP”

	make suggestions if I am too far away to get to the cottage very often?	<p>a doctor</p> <ul style="list-style-type: none"> • Send an e-mail to the social worker or a doctor • Send a letter via U. S. Mail to the social worker or a doctor
3	How can I contact my child’s Primary to get information or help?	<ul style="list-style-type: none"> ✓ Leave a phone message or send an e-mail for the social worker or a doctor ✓ Make sure you leave your name and a means of being contacted ✓ Your Primary will be advised and contact you
4	What is a grievance?	It is an internal process by which formal complaints may be filed against management by the union representing its workers.
5	If I am not satisfied with the resolution of an issue, what can I do?	Policy 505: Family Members/Guardian Grievance Policy allows for the submission of a formal written complaint. Assuming all of the diplomatic options are exhausted, you may file a written complaint. That can be via U. S. Mail, an e-mail or a form in the box on cottage.
6	Who do I or my child give a written complaint to?	If it is a staff issue, it could be sent or given to one of the doctors. Or, if you want to, you could send it to the CEO of the CSTC.
7	Is there an established process to deal with complaints?	Yes. Procedures are reviewed and updated frequently. For the current process, ask your social worker for a copy of Policy 505; Family Members/Guardian Grievance Policy.
8	If my child or I file a complaint, how do we guard against potential reprisal?	CSTC’s goal is to provide the best service to their clients they possibly can. You and your child are their clients. Therefore, you should be comfortable in submitting your complaint. If adverse impacts are noted, please advise the CEO in writing. Remember, each staff person is a state employee. They are all subject to the rules and regulations pertaining to state employment. <u>Remember also that they are human and they are charged with some very challenging tasks every day.</u>
9	What are my rights?	<ul style="list-style-type: none"> ➤ You have the right to be heard ➤ To offer objective and constructive suggestions ➤ To ask difficult questions ➤ To expect a reasonable answer to your questions ➤ Your input and participation are encouraged

“BRIDGING THE GAP”

10	Where do I get a current list of contact people, phone numbers and E-mail addresses?	<ul style="list-style-type: none"> ▪ Check your specific cottage handout ▪ Ask your social worker for an updated list ▪ Ask your cottage program director for updates ▪ Ask your Family Advocate for updates ▪ Check the DSHS CSTC web page at: ▪ http://www1.dshs.wa.gov/mentalhealth/cstc.shtml <p>Note: Check out this site for updated forms including the standard CSTC Grievance form for kids and the standard CSTC Grievance form for parents / guardians. Check the cottage bulletin board.</p>
11	Who is in charge?	<p>Richard E. Kellogg – Mental Health Division Director KelloRE@dshs.wa.gov</p> <p>Dr. Rick Mehlman – CEO – CSTC</p> <p>Jeremy P. Norris, PsyD – Program Director Camano Cottage</p> <p>Michelle Giresi, PhD – Program Director Ketron Cottage</p> <p>Francesca DeWalt, PhD – Program Director, Orcas Cottage</p> <p>Carolyn Watkins – Public School Principal</p>

Family Advocate [Back](#)

No.	Question	Answer
1	How do I contact my Family Advocate?	<p>Each cottage handout will have that information in it. To make sure you have the up to date information, confirm it with your cottage social worker or one of the doctors.</p> <p>Your CSTC Family Advocate is: <u>Position is vacant due to budget.</u></p>
2	What does my Family Advocate do?	<p>The Family Advocate:</p> <ul style="list-style-type: none"> • Is a resource for you and your child • Participates in training of newly hired staff • Works with management on development of long range plans • Provides helpful advice and information • Is deeply involved in training, both on and off campus • Will help you with your child’s Individual Educational Plan (IEP) if you ask for help

“BRIDGING THE GAP”

		<ul style="list-style-type: none"> • Helps you understand what options you have • Helps you sort out confusing issues • Upon your request will attend meetings with you to help get appropriate attention directed at issues you might be concerned about but insecure about doing it on your own • Has personal experience in raising a challenged child which allows real life understanding of your challenges • Conducts satisfaction surveys
3	How can I get involved?	<ul style="list-style-type: none"> ✓ Speak up and be heard ✓ Be respectful and objective ✓ Don't give up if your cause is just ✓ Find out when training opportunities are and attend ✓ Add your mature and objective voice to the discussions ✓ Be willing to ask difficult questions ✓ Be willing to actively participate ✓ Make constructive suggestions ✓ Be a helpful part of the team, not a painful one ✓ Be willing to agree to disagree ✓ Avoid burning bridges
4	Is there any training for guardians and members of my family?	<p>Yes.</p> <ul style="list-style-type: none"> ▪ There is training on campus for family members ▪ Ask your social worker for dates, places and times ▪ Check your cottage bulletin board for announcements and for information about on campus training as well as off campus retreats ▪ If you would like to get training on a specific topic, request it
5	How do I help my family who may have concerns about safety when my child returns home?	<ul style="list-style-type: none"> ○ Encourage them to attend some of the on campus training ○ Get them to visit your child with you on cottage ○ Ease them into a comfort level with home visits ○ Consider including them in meetings regarding your child's progress ○ Work with your social worker and the doctors on how to address this issue ○ Get them to join you in training geared specifically for your child's challenges
6	How can parents and guardians get together to share common ideas	<p>This really works well with the on campus and the off campus training that is available. Examples include the Multi Family Group Training (MFGT). Off campus include weekend retreats.</p>

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	and to recognize you are not alone?	<p><u>Check your cottage bulletin board for information on meetings of the Parent/Guardian Advisory Council. Flyers attached to each cottage bulletin board. You are encouraged to attend and become a member. Also refer to the list of Support Groups provided later in this manual.</u></p> <p>P. S.: <u>You definitely are not alone. You are among friends.</u></p>
7	What family help is there for those who live a long distance from CSTC?	Video Conferencing is available for out of area families. Talk to your Family Advocate or social worker about your needs.

Safety [Back](#)

No.	Question	Answer
1	Is there a full time security guard on duty?	There is a full time 24/7 security team that covers the entire WSH campus. The time between a call for help and the arrival of the team is usually within just a few minutes.
2	Why are all the doors in the cottages locked?	<ul style="list-style-type: none"> • To keep the kids in a safe and secure place • To keep unauthorized people out • Remember, CSTC is the state’s only long-term children’s psychiatric hospital
3	In case of a facility emergency such as a fire, how do the kids safely get out of the locked doors?	<p>Example Steps:</p> <ul style="list-style-type: none"> ✓ Kids on cottage can get into the main part of each cottage ✓ Every staff member has a key to unlock exterior doors ✓ The sprinkler system in each room will suppress the fire ✓ The sprinkler system is designed to provide adequate time to clear the building ✓ Skilled staff along with the sprinkler system will get the children out quickly and safely <p>Note: <u>WSH and CSTC have a full Disaster Plan which covers major events that might have far reaching impacts on the entire campus. That plan is updated frequently.</u></p>

“BRIDGING THE GAP”

4	Is the fire alarm system in each of the 5 CSTC buildings tested in accordance with local and state requirements?	<p>Yes. The tests are conducted in accordance with the established rules and regulations of the local fire department and the state and city codes.</p> <p>If a deficiency is noted, it is taken care of in a timely manner.</p>
5	Are fire drills conducted on a regular basis?	<p>Yes. Staff is fully aware of what to do in the event of such an emergency.</p>
6	Are fire hydrants close?	<p>Yes. Hydrants are within 100 feet of each building.</p>
7	How long would it take for the fire department to arrive?	Under normal conditions, the fire department’s arrival would be in less than five (5) minutes of receipt of a call.
8	If a cottage is destroyed, what is the plan for the kids and staff who no longer have a building to go back into?	<p>There is space on the site that has been used during major renovations of the cottages. It is serviceable, available and secured.</p> <p>The Disaster Plan for the entire campus outlines the process in detail. That plan is updated frequently. <u>Earthquake drills are also practiced on a regular basis.</u></p>
9	Is there a plan in place to make sure all the kids are kept under control and accounted for?	<p>Yes.</p> <ul style="list-style-type: none"> ❖ There is an accounting system in place to identify who is where ❖ It is used on a daily basis to keep track of kids on visits, passes and outings and when they are expected to return ❖ It works well ❖ Constant review brings improvements to make sure the best plan is at hand for any need ❖ Remember also that each kid is assigned to a staff person each shift of every day
10	What precautions are in place to ensure safety for the kids and staff from a WSH patient?	<ul style="list-style-type: none"> ➤ Exterior doors to all cottages are always locked ➤ Security staff is on duty 24/7 ➤ Kids are not allowed outside without an adult ➤ Staff outside use WSH security radios to help them monitor the safety of the kids ➤ Staff on cottage can be in contact with staff outside using the WSH security radios ➤ All unidentified people on the grounds are stopped and asked for ID
11	What is an “Incident” inside	This is when a child in one of the cottages loses his or her behavioral control and needs to be physically

“BRIDGING THE GAP”

	the facility but not related to the building?	restrained to prevent injury or harm to self or others. It has also been referred to as a “Behavior Crisis” or an “Escalation.”
12	What do other kids do during an “Incident?”	They have been trained to do the following: <ul style="list-style-type: none"> ❖ Don’t look ❖ Be respectful ❖ Clear the floor if asked to ❖ Wait in a room or area as instructed ❖ Wait until advised it is ok to leave the room or area
13	What does staff do during an “Incident?”	<ul style="list-style-type: none"> ▪ Get down on the floor with the child. (not always necessary) ▪ Work with other staff to gently but firmly keep the child safe ▪ Talk softly and calmly to the child to reduce stress ▪ Work to verbally de-escalate the child ▪ Contain the situation by removing other children and unsafe objects ▪ Physically contain the escalating child, if necessary ▪ Try to convince the child it is a good idea to go to the QR ▪ Safely escort the child to the QR or other room to continue to deal with the issue ▪ Inform the other children it is safe to leave their Pod
14	What should I do if I am visiting my child and an “Incident” occurs?	<p>Follow their rules:</p> <ul style="list-style-type: none"> ✓ Be respectful ✓ Don’t look ✓ Be quiet ✓ Allow staff to do their job, don’t get involved ✓ Keep your child busy with other things like looking at a book ✓ Don’t discuss it with your child during or immediately after the event, wait for a later time
15	What justifies use of the QR?	<p>When a child has lost behavioral control and has crossed the line between being highly disruptive and has become unsafe, it is time for the QR.</p> <p>Note: It may seem strange but your child may ask to go to the QR. Sometimes kids feel the need to get away from others to help them avoid losing control. Sometimes they even ask to have the door locked just</p>

“BRIDGING THE GAP”

		to experience it while they are calm. This will help them if they ever have to have the door locked in the future. This is an indication to staff that a kid is thinking and learning rather than just reacting.
16	Once a child is in the QR, is the door locked and does staff just walk away?	<ul style="list-style-type: none"> ❖ Sometimes the door does not even need to be shut ❖ Even if the door is shut, it is not locked unless the child is in a dangerous mode ❖ He or she can scream and shout and hit the wall across from the door ❖ The door must be locked if the child charges the door ❖ Staff will not lock a child up and walk away ❖ Staff will stay outside the door and continually monitor the child ❖ Staff will talk to the child occasionally to aid in calming ❖ In the event of a facility emergency, staff will unlock the door quickly and safely escort the child outdoors ❖ Staff are using behavioral principles to not reinforce maladaptive behavior <p>Note: Each QR placement requires a Licensed Independent Practitioner (LIP) review in order to make sure it was justified as well as done within the guidelines.</p>
17	How and when will I be notified if my child is placed in the QR?	You should be asked how you would like to be notified during the time you are filling out the papers for admission. If you were not or if you would like to change the method of being advised, talk to your social worker and get it addressed to your satisfaction. For example, you can request to be contacted immediately after your child enters the QR (even if it is 3 AM) or have notification delayed until the next treatment plan review.
18	What is the difference between the QR and the CR?	<p>The QR is for the child who has escalated into a dangerous mode and needs to be kept in a safe place until he or she is able to de-escalate. Staff will insist that a child go into the QR to be safe.</p> <p>The Calming Room (CR) is for a child who is upset but not dangerous. The door is not locked. Often it is used by a child just to get away because he or she knows emotions are starting to get out of control and it is a</p>

“BRIDGING THE GAP”

		<p>wise decision on the child’s part to leave that environment. Other times a child may be sent there just to calm down and then return to the rest of the group activities. Usually a staff person will tell the child it is ok to come out. Use of the CR is more voluntary than required simply because the child is still in a safe condition.</p> <p>Note: The cottages and the schools have a QR and CR. Procedures for use are basically identical. <u>Check with your specific cottage program manual and your school manual for up to date information.</u></p>
19	Does CSTC use medicinal or mechanical restraints?	<p>No. CSTC does not give medication to inhibit movement or sedate a child. Likewise, <u>they do not use any mechanical restraints such as strapping down a child.</u> Only on extremely rare occasions has it been done on Orcas.</p>
20	Does CSTC teach kids about physical restraints?	<p>Yes. <u>They teach the children that they will keep them safe even if that means they may need to physically restrain them. They teach them what to expect if they or another child needs to be restrained and why it is necessary. The kids know how to be respectful during that time. They know they can expect the same respect when and if they need to be restrained. Therefore, trauma is virtually eliminated and there is little if any stigma attached to it.</u></p> <p>Note: CSTC does not use mechanical or chemical restraints.</p>
21	What is “Show of Support”	<p>“Show of Support” is when a staff needs some support in a given situation. This support could come from other staff that are available or by asking the security team to drop by and show their support in getting a child to do the right thing. Staff on all cottages support each other. A good show of support has the psychological effect of convincing the child there is no chance of winning so there is usually no more resisting.</p>
22	How do I know my child will be safe from other kids?	<p>Staff is well trained to keep a watchful eye over all the kids. If an altercation does start up, quick action by staff tends to nip it in the bud.</p>
23	How do I know my child will be safe	<p>Background checks and referrals are run on all state employees who have direct contact with children. If</p>

“BRIDGING THE GAP”

	from staff?	there is anything in their record that reflects concern, they will not be working with kids. In the event that someone does violate the rules, that person will be reassigned to a position without direct contact with children pending further appropriate action.
24	What does it mean to “Run?”	This is a term used to indicate a child has gotten away from the cottage without permission and is intent on running away from the campus. While this does not happen often, it does happen occasionally. As a child grows through the treatment program, he or she must be given more and more freedom for growth. Without this, they won’t be able to function in society. Regrettably, some take advantage of this growing trust and run.
25	If a child “Runs” off campus and commits a crime, will the child be put in jail or returned to the cottage?	That would depend on the extent of the crime. In most instances, unless it is a major crime, the child would be returned to the cottage. This does not mean that he or she would get away with the crime. Those details could and would be resolved in due course.
26	If my child “Runs”, when will I be notified?	You will be advised just as soon as things get stabilized so that someone can call you. Because each situation has its own unique conditions, it is difficult to predict how quickly you will be contacted. CSTC’s first concern is the safety of your child and those around him or her. The State Patrol and other network organizations are notified within 15 minutes to aid in the effort to find and return the child.

Health [Back](#)

No	Question	Answer
1	When will I get a specific diagnosis of my child’s issues?	The psychiatrist develops an initial diagnosis, or diagnostic impression on the day of admission. Sometimes that is shared with the guardian and sometimes it is not. Remember, this is a “first impression”. The actual final determination may take several months. Many factors enter into making an accurate evaluation. The medications and their reactions on your child’s physical system may cause certain reactions which might indicate a specific challenge. An adjustment or change in medication

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		may eliminate that reaction altogether but reveal something that was hidden. This is why it will take time. <u>CSTC staff is in no hurry. They want to get it right.</u>
2	When will my child’s specific medication needs be determined and finally resolved for good?	<u>The medication may always need to be adjusted as time goes on.</u> This is partly because your child’s internal chemistry changes as he or she matures, goes into and through puberty and into adulthood. Other factors include the body’s ability to work with a medication for a long period of time without the benefits being reduced or becoming totally non-effective.
3	How does HIPAA impact my visits?	As the guardian of a minor child, you have the right of visitation and decision making.
4	How does HIPAA impact my family and friends visits?	All visitors must be on an approved list which the guardian fills out. The type of visit is controlled by the approval form. This form is available from the social worker. A link to that site follows: http://en.wikipedia.org/wiki/Health_Insurance_Portability_and_Accountability_Act#Title_I:_Health_Care_Access.2C_Portability.2C_and_Renewability
5	How does HIPAA impact picture taking at the cottage, the school and etc.?	CSTC must follow very specific rules about picture taking. Staff will take pictures during activities and special events. Many of the pictures are posted on the walls of the cottage. Pictures of a single child or a child with a staff member may be available for your child when he or she is discharged. There are signs on the grounds indicating photos are not to be taken. CSTC request that families do not take pictures unless there are specific understandings about what is being taken and why.
6	How are my child’s normal illnesses taken care of?	There is a full time registered nurse on each cottage. Medical doctors are available at nearby local hospitals. CSTC medical staff will contact you to get permission to provide appropriate care. If it is an emergency see box #14.
7	What about Vision issues?	Every child is given a vision screening by the nurse at admission. When the screening suggests a child may need vision correction, they are referred to the optometrist. Often that is a contracted service from outside providers. CSTC nurses will continue to follow up to make sure that prescription glasses are available if needed.
8	What about updating vaccinations?	Review of your child’s medical charts will tell the medical staff when he or she is due for updates. The nurse will give the shots with your approval.
9	What about flu shots?	Flu shots will be made available to all children on cottage. Guardian approval will be obtained first.

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10	What about Dental care?	There are full time Dentists at WSH. Your child’s dental needs will usually be taken care of by these staff. Note: Some medical services are provided by contracts with providers off campus.
11	What about Body Mass?	Monthly Body Mass Index (BMI) measurements are taken for all of the kids. CSTC has a food service department that works with a nutritionist to maintain a healthy menu. If your child has specific issues related to food or health, he or she will be referred individually to the nutritionist. The nutritionist will work with your child and the child’s treatment team on a specific plan to meet their needs.
12	What about Well Child doctor visits?	Each child will have Well Child visits to the doctor on a regular basis.
13	What about prescriptions & medications from home?	All prescriptions will be filled in the pharmacy at WSH. <u>All medical supplies brought from home such as inhalers and ointments must be approved by the pharmacy before they may be used on cottage. This is a standard requirement for all kids on cottage for their own safety.</u>
14	What about Emergency Medical Care?	Accidents happen. At the time your child is admitted, you will be asked to give permission to allow CSTC to take your child to a local hospital for emergency medical care if there is an accident or emergency. <u>This could be a live saving decision. Consider it wisely. You may at any time change your position on this care option. Discuss this with your social worker.</u>
15	What if my child gets a contagious disease?	One of the local hospitals will provide a room and appropriate staff to care for your child. Of course, you will be advised as soon as possible.
16	How will I be advised?	You will receive a telephone call from one of the CSTC medical staff in a timely manner. Remember to confirm this with your specific cottage.

Campus Meals [Back](#)

No.	Question	Answer
1	Is there a full time nutritionist on staff?	Yes. This person is shared with WSH.
2	What cooking experience is required of the cooks?	The cooks are state employees. They must have the required experience and education to qualify to hold the position before they are placed into the position.

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		The cooks on campus meet all of the state requirements.
3	What kind of food will my child get on campus?	The entire program (except for one day each quarter when local cooks can create their own menu) is established by the food nutrition staff for all the cottages. Individual creativity exists in kitchens reflecting the skill of the cook.
4	What makes it successful?	Diets are regulated by Medical Doctors and Nutritionist.
5	What if my child does not eat certain foods due to religious preference?	Make your concerns known. The staff will work with you to provide your child food that is respectful of your child’s religious preference.
6	What if my child is allergic to some foods?	Make sure you identify specifically what food items your child is allergic to and what type of reaction there is. The staff and doctors will work with you and your child to make sure all precautions are taken and that alternative foods are available for your child.
7	Should I expect my child to lose some weight during the program?	<ul style="list-style-type: none"> ➤ Some will lose weight. ➤ Some will gain weight. ➤ They are not denied food. ➤ The regulated diet could cause weight loss. ➤ The high level of activity that occurs for each child could cause weight loss. ➤ Medication could cause weight loss. ➤ Medication could cause weight gain. ➤ Too many snacks could cause weight gain. ➤ Discuss this with your child’s doctor.
8	What special things should I do regarding meals at home for my child?	<ul style="list-style-type: none"> ❖ Look at establishing a well balanced meal plan. ❖ Have healthy snacks available. ❖ Try to have meals at the same time each day. ❖ Plan to have a “family” meal at least once per day.
9	While visiting, may I have a meal with my child on campus?	Yes. You may sit with your child at his or her table in the dining room. Some cottages have an “upper level” or “guest” table. Some may allow you to eat with all the kids on your child’s Pod. That is a unique experience.

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10	Who does my child sit with during meals?	Your child sits with the other kids in his or her Pod. However, if there is a behavior or manners issue, he or she may be sitting at a table by himself or herself. Sometimes you and your child will sit at a table alone so you can talk.
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Telephone Calls, Visits and Passes [Back](#)

(Refer to your specific cottage handout for current information)

No.	Question	Answer
1	When may I call my child?	You may call weekday evenings between 6 PM and 8 PM. Calls are limited to 10 to 15 minutes because other kids need to have time to receive calls too. On weekends and holidays your child may receive calls between 9 AM and 8 PM.
2	May my child call me?	Yes. Usually between the same hours. However, on some cottages, a child is limited to two long distance calls per week. A child may also have restrictions due to color and points. You are not limited so you may call every night if you want to.
3	What is a Visit?	A visit means to spend a short time up to a few hours with your child.
4	What is an “On Cottage” Visit?	This is where the visit is inside the cottage. You can visit in a TV room or any empty room such as the resource room or even the dining room. This is the first type of visit you will be allowed to have.
5	What is a “Campus” Visit?	This is where your visit is mostly outside but still restricted to staying on the campus grounds. You can shoot some baskets, go bike riding, take a walk or sit under a tree and just talk. Your child’s level and color come into play here.
6	How long do I have to wait before I can visit my child?	Usually it is best to allow your child a week or so to adjust to the new setting before you start to have visits. This also allows the staff to get their program started. Remember, you may call on the phone or send something to your child in the mail during this time. Check with your local cottage rules.
7	May I bring a dog or a cat for a visit?	For safety reasons, family pets are not usually allowed on campus. Pets that have been certified as therapy animals or service animals are allowed and may be seen on occasion on campus. Special arrangements may occasionally be made for a family pet to come to visit with a child.

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		<u>Check with your cottage to make appropriate arrangements.</u>
8	How do I know when I am visiting too much?	<ul style="list-style-type: none"> ▪ Be observant of what is going on around you. ▪ Be aware that some kids don't have any visitors at all. ▪ Be considerate of those kids and the staff. ▪ Don't allow your child to become too dependent on your frequent visits. ▪ Once you establish a good relationship with the doctors and staff, feel free to discuss the matter with them. They will respect you for it and you will demonstrate the team spirit. You may even be helping staff and your child to shorten his or her stay on cottage.
9	What is a Pass?	A Pass allows you to take your child off the campus grounds for a pre-approved amount of time.
10	How long do I have to wait before I am allowed to take my child on a Pass?	This usually is about 14 days but it also is dependent on the progress your child is making. If your child is not trying to work with the staff, it may take a bit longer to be able to get a Pass. Here again, refer to the cottage specific requirements for qualifying for a Pass. It is a good idea to let your child know you understand and support the requirements and what consequences they could bring. You can help him or her to focus and improve.
11	Can my child be denied a phone call, visit, or a pass? Note: Any off campus pass is called Therapeutic Leave (TL)	Yes. It is driven by his or her refusal to stay on task. This most likely will happen. If it does, be willing to adjust to the change in plans. Don't be upset with staff. <u>The best thing you can do is to accept it and calmly explain to your child that "we have to abide by the rules."</u> Don't get upset with your child. Lead by example. Your child will notice that you too are impacted by the rules and appreciate the fact that you are not angry with him or her. One of the major benefits of a TL is the opportunity for you and your child to share some quality time together. This is good therapy for you and your child. The term "Therapeutic Leave" makes sense.
12	What is a Day Pass? (TL)	A day pass (TL) allows you to go to a local playfield, go shopping in local shops, go out to lunch or dinner, and see a movie or whatever you want. Just get your child back to the cottage by a designated time.
13	Where are good places nearby that I can take my child on a day pass? (TL)	Fort Steilacoom Park is right across the highway from the campus. It is very nice, has big toys, picnic tables and cooking areas and large grassy fields. It even has restrooms. If you want to go to the waterfront, there is a museum and a waterfront park plus a ferry boat ride opportunity. Heading back to the I-5 Freeway you might

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		<p>want to drop by the historic “B & I” shopping mall for a unique experience. There are plenty of places to have a nice lunch on the way to the Tacoma Mall or you might wait until you get there. They have lots of choices for you to ponder.</p> <p>Note: <u>The Recreation Therapy department has lots of suggestions of free and low cost activities near CSTC.</u></p>
14	What is an Overnight Pass?	An Overnight Pass (TL) allows you to take your child home to spend a night, a weekend or up to five nights over special holiday weekends. Thanksgiving, Christmas and New Years come to mind here.
15	Is there a requirement that CSTC staff must make a physical visit to the home before my child is allowed to go on pass?	<p>No. There is no requirement to do so.</p> <p>A doctor, social worker or staff may suggest that they visit your home prior to your child’s first home pass. The treatment team can help you and your family plan for successful visits, think about how to structure your home to support the skills your child has learned and can help identify ways to make the home safer for everyone.</p>
16	Why is the maximum pass 6 days and 5 nights?	Insurance companies and government agencies tend to believe that if your child can be out of the hospital for more than 5 nights, he or she may not need to be in the hospital. As a result, they may stop coverage. Exceptions may occur due to sickness or weather conditions but they need to be justified and approved in advance.
17	What is the best time to pick up my child for a pass?	<p>Around 5 PM on Friday evenings or between 9 AM and 10 AM on weekend days and holidays. Ask your cottage staff for current view.</p> <p><u>Please remember to coordinate with your doctors and cottage staff well in advance of your plans to take your child on pass. The doctor must write a “doctor’s order” prior to your child leaving on pass. In addition, if medications are needed, they must be ordered in advance. It is a good idea to give staff a 3 to 5 day advance notice.</u></p>
18	What is the best time to return my child from a pass?	<p>Usually no later than 8 PM.</p> <p>This is especially true on nights before a school day.</p> <p>Check your cottage rules.</p>
19	How do I fill out the evaluation of a pass or visit?	<ul style="list-style-type: none"> ➤ Assume the scale is 1 to 5 with 5 being the best ➤ Don’t give your child a score higher than 5 just to make him or her feel good ➤ This is part of the training for you and your child ➤ Be as objective as possible ➤ You can use the + and – to demonstrate that your child was better than a 3 but not quite a 4 so you

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		<p>gave him or her 3+ or maybe a 4-</p> <ul style="list-style-type: none"> ➤ If your child behaved well, state that. ➤ If your child was pushing your limits (testing), state that. ➤ If your child had a difficult time and it seemed like his or her medication was not working, state that. ➤ Be on the lookout for abnormal twitching, facial activity or any other allergic reaction. This may be caused by your child’s body reacting to new medication. State that in your evaluation. ➤ Staff and the doctors will really appreciate it ➤ <u>Yes, they really do read and value your comments</u>
20	Why does my child need to be searched when we come back from a pass?	CSTC staff must search each child who has gone off the campus grounds. This is to ensure that no inappropriate items or potential weapons have been brought into the cottage. All kids are treated the same way so it is not an indication that you or your child cannot be trusted. Rather, it is an effort to make sure your child and all the other children and staff will be safe.
21	I live a long way from CSTC, where is a good place to stay overnight?	There are nice hotels and motels in the greater Tacoma area. CSTC does not make recommendations. A reliable reference resource would be AAA. They have a list of approved places and what the costs would be. You should be able to find something that will meet your need and fit within your budget. Your social worker and / or Family Advocate may be able to help you with this.
22	What may I bring my child when visiting?	<ul style="list-style-type: none"> ✓ A consumable treat such as an ice cream cone or milk shake. ✓ Clothing and reading materials. ✓ Please don’t bring toys with small or sharp pieces. ✓ Remember your child is in a small room. ✓ He or she most likely already finds it difficult to keep it clean. ✓ Ask your child if there is anything you can take home for him or her to help reduce the clutter. ✓ Visit your child’s room and help him or her select items to go home to make room for things that just arrived. ✓ Bag some things up and take them home with you. ✓ Reassure your child that you are not going to throw things away, just help him or her have more space in their room.

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Examples of Behavior Not Tolerated

- Threatening others, attempting to hurt themselves or others
- Bullying, harassing, being mean spirited and teasing to hurt others
- Getting, making or hiding dangerous objects
- Running away
- Sexually inappropriate activities or language
- Setting others (kids or staff) up
- Entering another kids room or other room without permission

Example of Common Goals for all Kids

- Treat CSTC staff and each other with respect
- Actively participate in your treatment plan
- Treat school staff with respect
- Actively participate in your school training
- Keep your body and clothing clean
- Keep your room orderly and clean
- Treat other kid’s with respect

Example of Level Systems [Back](#)

(Check with your specific cottage program manual and staff for current data on your cottage)

No.	Question	Answer
1	What is a Level System?	This is a method of giving your child feedback on the progress toward individual and community goals. Level systems and behavioral programs are different for different aged kids. On Camano cottage, levels are assessed twice a day, giving more immediate feedback. On Ketron and Orcas cottages, levels are assessed once a day.
2	Does the School and Cottage use the same Level System?	No. They are two different organizations so they have their own systems. However, CSTC staff is in the classrooms so they can make reasonable correlations to what the child’s full day level should be.

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Examples of CSTC Levels

Example Only - Not all cottages use this system

Level	Treatment Phase	Average Daily Points
Level I	Beginner or starting over	1.0 to 1.4
Level II	Advanced Beginner	1.5 to 1.9
Level III	Competent	2.0 to 2.5 3 days with no locked quiet room Room check score 24+
Level IV	Proficient	2.6 to 3.0 No locked quiet room for 7 days Room check score 32+
Level V	Expert	Level IV for 4 consecutive weeks and petition to the Team for approval

Color System or Boundary Program [Back](#)

Example Only - Not all cottages use this system

The Primary color is the color assigned during your child’s stay at CSTC. The Secondary color relates to issues pertaining to the judicial system. Primary colors can be changed by staff depending how your child responds to daily activities. Secondary colors may not be changed because they are tied to a child’s judicial history.

Examples of Primary and Secondary Colors

(Think of Traffic Lights)

Color	Result
Red	Stop – Major Violation of safety guidelines. Expect major restrictions. May not be able to participate in any of the group activities inside or outside of the cottage.
Yellow	Caution – Minor violations of safety guidelines. Expect minor restrictions. May be able to participate in group activities indoors.
Green	Go – As long as you are able to act appropriately and your numbers are also up, you will be able to participate in all of the group activities.

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Examples of Color and Levels Combined

Example Only - Not all cottages use this system

Level	Red	Yellow	Green
1	Basically restricted to cottage except for school and therapy activities.	Must remain in sight of staff at all times unless in his or her room.	May participate in group recreational activities under close supervision.
2	Closely supervised. May take part in cottage group activities. No off cottage activities.	Must remain in sight of staff at all times unless in his or her room. May take part in some group activities.	May take part in group activities both inside cottage and outside. May have some room privilege for a limited time such as a radio.
3	Closely supervised. May take part in some group activities but still can't have TV or radio.	No off campus activities but can take part in inside and outside activities. Must remain in sight of staff.	May participate in all activities on cottage and off cottage. Special limited time privileges.
4	Can't be level 4 and red.	Must remain in sight of staff at all times except while in room. May take part in indoor and outdoor activities.	May take part in all activities on and off campus. Gets other special privileges for limited times during the day.
5	Can't be level 5 and red.	Very rare - Unique benefits	Major benefits for a limited time. - Very rare for someone to reach this level.
Level	Red	Yellow	Green

(Check your specific cottage program manual for current data)

Recreational Therapy / Activities and Field Trips

[Back](#)

Baseball Bike Riding Trips Campfire cookouts Camping Ceramics Doll Making Drum Making	Kayaking Library Time Mall Shopping Outings to Anderson Island Poster making Problem Solving	Skiing Snowboarding Soccer Song Writing Storytelling Swimming The Puyallup Fair
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Eating at McDonald’s Fishing Going to the Buffet for dinner Hiking	River Rafting Rock Climbing Rope Courses Science Projects Self Confidence Building	Throwing rocks in water Visiting Museums Visiting the Zoo Working and playing in groups
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(Kids earn the right to partake in these activities depending on their weekly level and color)

Mail Delivery [Back](#)

U. S. Mail Approved List

Cards and letters from family and friends are encouraged. Usually there is no review before your child receives them on the day they are received.

When a child receives a package, the package must be opened in front of a staff member. The staff person is responsible to make certain there are no items that are not allowed on the cottage. The contents also must be safe, identified and inventoried. Smaller packages are encouraged. They might include something that could give the child something new he or she can do quietly. Examples include: A word search book, an activity book or a squishy ball.

What is Campus Mail?

This is an inter-department mail system used to send mail between offices and employees. It is not for use to send things to your child.

Preparing for Discharge [Back](#)

BIG PICTURE REALITY CHECK

It is understandable that we focus only on our child and the world surrounding him or her and us. While we have that luxury, the staff, doctors and social workers don’t. They must deal daily with kids with all kinds of challenges. When a child is due for discharge, challenges follow. For example:

- ✓ A child has a strong family to return to and a supportive community and school. While ideal, this is clearly not the norm.
- ✓ A child has no family to return to, needs to have a foster parent found, a neighborhood identified, a community support group established and a school identified.
- ✓ A child has a family that wants him or her back home but due to some legal issue, the child is not allowed to return to the home. Here again, a new

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foster home and neighborhood need to be identified, a community support group needs to be established and a school needs to be identified.

- ✓ A child is ready for discharge but not ready to go back home or to a foster home. There may be a legal obligation that might need to be addressed or additional hospitalization might be in order. Difficult decisions need to be made about the appropriate next steps for the child and his or her family life.
- ✓ There is a backlog of kids waiting to get into the program. As one child moves toward discharge, another must be moving toward entry. That new child brings his or her unique challenges to add to the mix.

The above are only some of the scenarios of challenges for staff at CSTC. They are provided simply to help each of us understand that the CSTC doctors and social workers have a monumental task. They may be dealing with these issues at the same time they are dealing with our child’s discharge plan. Perhaps this knowledge will help us understand that even though our process may provide some frustrating disenchantment, there may be some challenges which might be distracting to the staff which we will never have a clue about and they can’t talk about.

Given the above, the decision was made to provide the following guide to parents and guardians of the children who will discharge and return home. There are far too many steps in the other scenarios to be outlined in this document. If you have one of those challenges, the doctors and social worker will provide you with one-on-one assistance which is unique to your child.

How Will You Know When it is Time For Your Child to Discharge?

- ✓ Your child’s medical team should be giving you general projections during the Treatment Plan Review (TPR) meetings. Please understand, these are only projections, not hard and fast definite dates. Things constantly change.
- ✓ It is ok to be proactive and ask the medical team for their projections.
- ✓ It is ok to tell the medical team your projections.
- ✓ It is ok to work with the medical team to develop a projected date 90 days prior to actual discharge.
- ✓ You need to understand that if you tell your child about a projected discharge date, it may be helpful or it may be harmful. It may help your child make it through the last few weeks because he or she knows there is a light at the end of the tunnel. It may be hurtful if the child hangs his or her hopes on that date for discharge only to see it pushed back. Talk it over with your treatment team.

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- ✓ Reality is reality. Even with the best information and intentions, a projected date may need to be pushed back simply due to events that happen during the countdown period. If you told your child about a projected discharge date, make sure he or she understands this.

Getting Your Home and Yourself Ready for Your Child’s Return

- Think about your transitional home visits, how your child behaved, what items (if any) appeared as potential weapons in the event of a meltdown and determine how to secure them to ensure safety for all parties.
- Remember, things will be tested out more than once after your child comes home. Your child will need to know his or her limits and that you will be consistent with your reactions and your positions.
- Remember to make the safety changes with your child’s feelings in mind. It would be counterproductive to do something that might cause him or her to feel you don’t trust him or her. This might be all it takes to trigger a negative reaction.
- Discuss the issues with your child. Get him or her to offer suggestions to help you both develop a written plan that your child can “buy into” and develop some “ownership”. Include chores and accountability with understood benefits and consequences.
- Have your home organized and clean.
- Make sure your child’s room or “space” is as welcoming and safe as possible.
- Ask the CSTC team for help if you are not sure how to develop an effective plan.
- Get help from staff and caregivers at the Multi-Family Group Meetings on the 2nd and 4th Thursday evenings of the month.
- Post the plan on the wall in your child’s room and hang one in the kitchen. Do this while your child is still in the program. Point it out to your child during home visits. Be willing to make updated changes. This will signal that you are serious and will already be accepted before your child comes home to stay.
- Make sure you maintain “your space”. Make it as relaxing and comfortable as possible.
- Ask your child’s mental health team to establish a date or two when your child can go back and visit with the staff and the kids at CSTC and the school. This will prove to be a wise move in the weeks to come.
- Set up a meeting with your child’s community based mental health team within the first couple of weeks after discharge. Remember, there may be a

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wait of 2 to 3 months before you can get scheduled so set up this meeting as soon as you have a projected discharge date. If the meeting comes up before your child is discharged, you can ask for a “Pass” so that you and your child can attend.

- You have a good start already. 😊

Steps to Take Regarding Your Child’s School Planning

- Work with your social worker and the staff in the schools at CSTC.
- Get an updated Individual Education Plan (IEP) from the school (should be 3 months or less old). The IEP will be used by the new school so it is best to have it as current and accurate as possible.
- Your social worker is responsible to coordinate the development of a support team. If things appear to be moving slowly, remember the challenges listed above, be patient and respectful but don’t be bashful about asking your social worker how you might be able to help or at least what the current status might be.
- If you don’t want to return to the “local community team” you had prior to your child’s entrance into the CLIP program, make sure your CSTC medical team is aware of it.
- The receiving school is invited to visit the CSTC school and observe your child in the classroom. This will give them a current snapshot of how your child behaves in the classroom and will help them in setting up an appropriate environment in their school program for your child.
- Meet with the new school staff and visit the school (if your child is not returning to the same school he or she was in before entering the CSTC program).

Discharge Day

The day you and your child, as well as the doctors and staff, have been waiting for has finally arrived. There will be some exit papers to be signed and then you will need to load up your child’s belongings. It is a bitter sweet day. Your child will finally have his or her freedom back but he or she will no longer have the 24/7 support team and the friends on cottage. Don’t be surprised if you feel a bit uneasy. Without doubt, there is some uncertainty. Take comfort in the knowledge that you have your support team, new tools to work with and your child has learned a lot too. It will be a day of optimistic hope, adjustment and transition. It will also

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be “a day to remember”. Discharge summary documents will be sent to you within 30 days after discharge.

Things you should get

1. 15 days worth of medications.
2. A 30 day prescription for each of your child’s medications. Beyond that, the cottage doctor won’t be the treating doctor so he or she should not issue prescriptions.
3. **HEADS UP:** If your child is on a stimulant, you will need to have a new prescription every time you need more. **Refills are not allowed.** If it is going to be a couple of months before you can meet with your child’s mental health doctor, you may need to go to your family doctor to get a prescription to tide you over. This is a good indicator of the value of setting up an appointment before discharge.
4. A contact person at the DSHS office where your child’s medical card was issued (if appropriate). You will need to get this changed back to your name as parent or guardian of your child.
5. CSTC will give you a copy of the card they are using for your child (if appropriate) but you will need to act on this quickly.

After Discharge – What Now? [Back](#)

Your Child’s Family Environment

- ✓ Plan a little celebration to recognize your child’s success (even if it is just going for an ice cream cone).
- ✓ **Make sure your child understands that you are in charge.**
- ✓ Revisit the list of expectations, the benefits and the consequences.
- ✓ Be prepared to be seriously tested over and over again. You have had a break from this so you will need to get used to it again. Keep in mind, things will get better once the testing is over and your child knows his or her limits.
- ✓ Remember this is a major change in your child’s life too.
- ✓ Make sure you and your child take advantage of the opportunities to revisit CSTC when they come up. This will help everyone bring closure to the experience.
- ✓ Remember to use the tools you have learned.
- ✓ Encourage your child to use the tools he or she had learned.
- ✓ Discuss the tools you both have learned and get your child to tell you what works best for him or her.
- ✓ Remember to pick up on your child’s triggers before they go off.

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- ✓ Remember how to disarm those triggers calmly while helping your child remain calm.
- ✓ Boredom is the enemy.
- ✓ Maintain restraint in dealing with verbal abuse and even minor physical abuse. Keep in mind that in your child’s mind, you sent him away from his or her home for a year or more. There will be some resentment that will come out and be aimed at you. Stop and think of what you might feel like if you were sent away like your child was. You would need to “vent” your frustrations. So, if your child “vents”, don’t take it personal.
- ✓ During times when your child is out of control, things happen and are said that should not adversely impact your relationship. It is easier said than done, but don’t take it personal.
- ✓ Remember to catch your child doing something good.
- ✓ When your child makes good choices, make sure you acknowledge it.
- ✓ When your child does something nice, make sure to thank him or her.
- ✓ When your child does things that are expected of him or her (like clearing his area at the table) remember to thank him or her. Positive reinforcement goes a long way.
- ✓ Remember you are always welcome at the CSTC Parent/Guardian Advisory Council meetings.
- ✓ Remember you and your child are welcome to call back to the cottage to talk to the doctors or staff to let them know how you are doing.
- ✓ The Coordinator for the King County (not all counties have this service) Wraparound Programs will be involved in the formation of an Interagency Staffing Team (“IST” Team). This person should help the school, your local mental health team, you and your child to develop plans for the future. This person should also work with your CSTC social worker and you on the transition for discharge.
- ✓ If your county does not have a IST team, the Children’s Resource Coordinator from your local community should be working with you and your CSTC social worker to identify community resources and to plan for your child’s discharge. This person may help facilitate team meetings with all the identified resources in the community. Some coordinators help set up Wraparound Programs and are able to help identify crisis plans.
- ✓ Return your child to the community. Get your child involved in group activities and reconnected with his neighborhood friends.
- ✓ Keep in regular contact with your support team.

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Your Child’s School Involvement

- ✓ Get your child promptly into the school system that was determined to be the best fit for him or her by the CSTC transition team. Failure to do so tends to be one of the biggest causes of breakdowns for discharged kids.
- ✓ Establish short term and long term plans with the local school team.
- ✓ Meet with your school team on a regular basis.
- ✓ Be willing to share the discharge information with the school administrator if that will help them best work with your child.
- ✓ Encourage your school staff and your mental health team to work together.
- ✓ Work with your local resource coordinator.
- ✓ Be willing to get involved with the school but don’t get in the way.
- ✓ Remember, it is not getting in the way to advocate for your child’s legal rights.

Your Child’s Mental Health Team Involvement

- ✓ Follow through with the meeting with your child’s local mental health team as soon as possible after discharge. This will help in getting medications and establish a base for the mental health team to start working from.
- ✓ Be willing to share a copy of your child’s discharge documents with your child’s mental health doctor.
- ✓ In most cases, your child’s mental health team is willing to work with your local mental health team for up to 3 months after discharge to ensure a smooth transition. Remember to take advantage of this great opportunity.
- ✓ Meet with your mental health team on a regular basis.
- ✓ Encourage your mental health team to work with your school staff.
- ✓ Work with your local resource coordinator.
- ✓ **Good Luck.**

Support Groups at CSTC [Back](#)

No.	Organization	Details
1	CSTC Family Advocate	1-253-241-9556 Position is currently not filled due to budget issues
2	CSTC Multi-Family Group Treatment	On Campus @ the Secondary School - 5 PM to 6:30 PM Second and fourth Thursdays of each month

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3	CSTC Periodic Newsletters	Published by CSTC and Parent Advocate every couple of months and sent to your home. Kristin Steinmetz 1-800-283-8639
4	Parent/Guardian Council	Check local cottage bulletin boards for location and times. Meets on campus. Meets 2 nd and 4 th Wednesday Evening each month. Usually at the Secondary School conference room at 6:30 PM Meets 2 nd and 4 th Friday afternoon each month. Usually at 3 PM in the Administration Building conference room.

Support Groups – Nation Wide

No	Source	Details
1	ACLU	American Civil Liberties Union Provides legal representation and protection rights.
2	DSHS	Department of Social and Health Services www.dshs.wa.gov
3	DRW	Disability Rights of Washington http://www.usdoj.gov/crt/ada/cguide.htm
4	IDEA	Individuals With Disabilities Free Education Act http://www.usdoj.gov/crt/ada/cguide.htm#anchor65310
5	Institute for Family Centered Care	Information and tools website http://www.familycenteredcare.org/
6	NAFA	Northwest Adoptive Families Association is a Non-profit, all volunteer support group for adoptive families and those interested in adoption. 1-503-243-1356 (Portland, Oregon) Information @ http://www.nafaonline.org
7	NAMI	National Alliance on Mental Illness 1-800-950-NAMI http://www.nami.org
8	NAMI – Visions for Tomorrow	Advocacy for Parents 1-800-950-NAMI

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		http://www.nami.org
9	Poison Center	1-800-222-1222 Nationwide number – any day –any time
10	National Alliance on Mental Illness	1-800-950-NAMI http://www.nami.org
11	National Domestic Violence Hotline	1-800-799-7233 (Interpreter services available) www.ndvh.org
12	SAMSHA	Substance Abuse and Mental Health Services Administration U. S. Department of Health and Human Services www.samhsa.gov

Support Groups – State Wide

No.	Source	Details
1	CSTC Web Page	http://www1.dshs.wa.gov/mentalhealth/cstc.shtml
2	Child Protective Services	1-253-872-2665 CSP Hotline 1-800-END-HARM Caseworkers 1-800-422-7517
3	CLEAR	CLEAR = Coordinated Legal and Educational Referral Service Lawyers, Northwest Justice Project 1-888-201-1014
4	CLIP Parent Steering Committee	Parent Advocacy and state level support www.clipadministration.org
5	Columbia Legal Services Regional Offices	Legal Representation www.advocateresourcecenter.org
6	Community Connectors	Through the Mental Health Division Offers training and retreats 1-360-902-0838
7	Disabilities Rights of Washington	315-5 th Avenue South, Suite 850 Seattle, WA 98104 1-800-562-2702 or 206-324-1521 http://www.wpas-rights.org/
8	DSHS Web Page	www.dshs.wa.gov
9	Emergency Issues	Dial 911

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10	Olive Crest	Homes and services for abused children Serves Seattle, Tacoma, Spokane, Mesa, WA http://www.olivecrest.org/site/PageServer
11	Operation Purple Camps	Provides summer camps for children with parents in the military http://www.nmfa.org
12	Ombudsman Office	Mental Health Watchdog 1-800-562-6028
13	Paratransit	Provides Medicaid Transportation Services for Regions 2, 4, 5 and 6. Covers ten counties in northwestern Washington Can provide some lodging and gas assistance Clallam/Jefferson County: 1-800-756-5438 Kitsap County: 1-360-377-7007 or 1-800-756-5438 Pierce County: 1-800-925-5438 Snohomish County: 1-877-852-2580 Thurston, Lewis, Mason, Pacific and Gray’s Harbor County: 1-800-846-5438
14	Rebecca Murphy	Former CSTC Parent – Good helpful ideas 1-509-930-7502
15	SAFE Washington (Statewide Action for Family Empowerment) PMB 161 17404 Meridian E. # F Puyallup, WA 98375	Off Campus Seminar Patty King 1-253-847-6979 1-866-300-1998 4safe@yahoo.com
16	WPAS	Washington Protection and Advocacy System 315-5 th Avenue South, Suite 850 Seattle, Wa 98104 1-800-562-2702 or 1-206-324-1521 http://www.wpas-right.org/
17	Washington Dads WADADS	Serving male caregivers of children across Washington Fax 1-206-260-3603 State with respite and resources. www.wadads.org
18	Washington State Domestic Violence Hot- Line	1-800-562-6025
19	Washington State Poison Center	1-800-222-1222 http://www.doh.wa.gov/hsqa/emstrauma/poison.h tm
20	Youth 'N Action	Provides youth voice in public policy www.YouthNAction.org

Support Groups – Western Washington

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No	Source	Details
1	A Common Voice	Parent Partners for Pierce County Parents / Guardians Marge Critchlow 1-253-537-2145 Sherry Lyons 1-253-445-1376 http://acommonvoice.org/
2	Bellevue Family YMCA 14230 Bel-Red Road Bellevue, 98007	http://www.seattleyymca.org/page.cfm?ID=by 1-425-746-9900
3	Boys and Girls Club Lakewood HOPE Center	10402 Kline Street Southwest Lakewood, WA
4	Caregiver background/Complaint Information	A service that can let you know if any childcare facility has pending or founded complaints against it as well as license status. 1-866-482-4325 https://fortress.wa.gov/dshs/f2ws03esaapps/lccis/lccis.aspx
5	Catholic Community Services	1-253-854-0077
6	Child Care Resources	1-253-852-3080
7	Children’s Home Society	1-253-854-0700
8	City of Bellevue Youth Link	http://www.youthlink.com/mainpage.html
9	City of Renton	http://rentonwa.gov/living
10	City of Tacoma	http://www.cityoftacoma.org/
11	City University Counseling	1-425-709-5333
12	Crisis Clinic	1-877-435-7055 (9 AM to 5 PM) Press Zero during other hours
13	Eastside Domestic Violence Program	24 Hour Crisis Line: 1-425-746-1940 Toll Free 1-800-827-8840 Web Site: www.edvp.org
14	Family Alliance for Mental Health	Contact Donna Obermeyer 1-360-790-7505 Donnao25@aol.com http://health.groups.yahoo.com/group/FamilyAllianceforMentalHealth
15	Newcastle YMCA	Currently under construction – due to open on Coal Creek in fall 2009. Will serve north Renton, south Bellevue, southeast Issaquah, Newcastle and Mercer Island.
16	PAVE	Parent Training, Parent to Parent, Specialized

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		training for military parents, Early Intervention , DASA-FAS, community inclusion program, person centered planning, Health Information Center, Response to intervention and Army Respite Program. 6316 South 12 th Street, Tacoma, WA 98465. 1-800-5PARENT www.washingtonpave.org
17	Ryther Child Center	Ryther Child Center offers safe places and opportunities for children, youth and families to heal and grow. Acute Stabilization Program: Cottages A and D, The Nest Cottage. 2400 NE 95 th Street, Seattle, WA 98115 http://www.ryther.org/
18	Ruth Dykeman Children’s Home	D and A Outpatient, in home crisis intervention, family therapy, anger management and residential services. 1033 SW 152 nd Street, Seattle, WA 98166 1-206-242-1698 http://www.rdcc.org/Home/tabid/36/Default.aspx
19	Sound Transit	Busses that travel from the Lakewood Transit Center to Sea-Tac. Weekdays, out every half hour. Although they make several stops, no transfer is required. The busses go all the way to the lower (baggage claim) level at the airport. They are set up to carry luggage. The fare is \$3.00 for adults, \$2.50 for kids. www.soundtransit.org
20	Sound Mental Health Seattle, Bellevue, Auburn	Multi-Family Group Treatment Training, workshops and group activities Cathy Callahan-Clem, Parent Coordinator Family Resource and Support 1-206-444-7900 cathyc@smh.org
21	Renton Area Youth Services	1-425-271-5600
22	Tacoma’s Child care Resource and Referral	Can advise as to quality care placements. http://www.cityoftacoma.org/Page.aspx?nid=142
23	Treehouse	Department of Child and family Services Education Advocacy for Pierce, Kitsap County Barbara Holbrook, MSW (Regional Coordinator) 1-253-983-6375
24	T. R. I. P. Training Resources in Partnership	Serves Island, San Juan, Skagit, Snohomish & Whatcom Co. Barbara Andrews 1-360-298-2796 or 1-877-819-3901 Curtis Dennis 360-632-2871 www.trip-ns.com
25	United Indian Tribes	1-206-324-9360

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26	Valley Cities Counseling in Auburn	Multi-Family Group Treatment A problem solving group for parents / guardians. Meets 2 nd and 4 th Mondays 6 PM to 7:30 PM Amanda Everly 1-253-632-0476 Sherry Axson 1-253-876-3454 http://www.valleycities.org/
27	YMCA of Greater Seattle	http://www.seattleyymca.org/page.cmf
28	YMCA Teen Shelter	1-206-328-2275
29	Youth Eastside Services	http://www.youtheastideservices.org/
30	YWCA	1-425-226-1266 For Domestic / Child Abuse

Support Groups – Central Washington

No.	Source	Details
1	City of Wenatchee	http://www.wenatcheewa.gov/Index.aspx?page=1
2	City of Yakima	http://www.ci.yakima.wa.us/default.asp
3	Wenatchee Valley YMCA 217 Orondo Street Wenatchee, 98801	http://www.wenymca.org 1-509-662-2109
4	Yakima Family YMCA	http://www.yakimaymca.org/

Support Groups – Eastern Washington

No.	Source	Details
1	Passages	Family Support, Education & Advocacy 1-509-892-9241 or 1-509-688-1103 Fax 1-509-688-1142 www.passages-spokane.org Web site address passages@voaspokane.org e-mail address
2	Spokane Valley YMCA 2421 N. Discovery Pl. Spokane Valley, WA 99216	Phone No. 1-509-777-9622 e-mail rcox@ymcaspokane.org
3	City of Spokane	www.spokanecity.org

“BRIDGING THE GAP”

Family Guidelines [Back](#)

1	GO SLOW	Think before you act and take your time if you need to.
2	KEEP IT COOL AND CLEAR	Tone down all emotions (happy and sad). Say what you have to say clearly, calmly and positively. Don't talk too much.
3	KEEP YOUR EYES AND EARS OPEN	Be proactive. Look for warnings that a blow up is about to happen.
4	HAVE REALISTIC EXPECTATIONS	Ask from children what they can do according to their development.
5	SOLVE PROBLEMS STEP BY STEP	Make changes gradually. Work on one thing at a time.
6	ALWAYS HAVE A PLAN	Have a safety plan, have a plan to go to the store. You can have a plan for everything.
7	TEACH IT, PRACTICE IT	Teach the child the skill you are asking for and then practice, practice and practice.
8	BE CONSISTENT AND FOLLOW THROUGH	Always follow through with consequences and promises.
9	CATCH THEM WHEN THEY ARE GOOD	Find time with each other when things are going well and reward positive behavior.
10	CARRY ON BUSINESS AS USUAL	Reestablish family routines as quickly as possible after a big change. Stay in touch with family and friends.
11	IT'S OK TO GET ANGRY, IT'S NOT OK TO BE MEAN	All feelings and thoughts are OK, but actions that hurt other people's feelings or are unsafe are NOT OK.
12	BE TRUTHFUL	Tell the truth. Some information is for adults only.
13	FOLLOW DOCTORS ORDERS	Take medications as they are prescribed. Take only medications that are prescribed.
14	NO STREET DRUGS OR ALCOHOL	They make symptoms worse.

CSTC Acronyms (Unofficial) [Back](#)

AACRC	American Association of Children’s Residential Centers
ACES	Automated Client Eligibility System
AD	Administrative Duty
AL	Authorized Leave
ALCE	Annual Loss Control Evaluation
AM	Anger Management (Group)
APS	Acute Psychiatric Stabilization (part of Ryther)
BIP	Behavior Intervention Plan
BHR	Behavioral Health Resource
BRS	Behavioral Rehabilitative Services
DBT	Dialectical Behavior Therapy
EB	Early Bedtime
EBD	Emotionally and Behaviorally Disturbed
EBP	Evidenced Based Practice
EBS	Effective Behavior Support
EV	Extra Vigilance
CAMH	Comprehensive Accreditation Manual for Hospitals (National)
CAP	Close Attention Program (Orcas Cottage)
CARF	Committee on Accreditation of Rehabilitation Facilities
CATS	Charting Assistance and Tracking System
CBI	Criminal Background Inquiry (form)
CCS	Catholic Community Services
CCORS	Children’s Crisis and Outreach Response System (King Co)
CDP	Chemical Dependency Professional
CFR	Code of Federal Regulations (National)
CHAP	Children’s Hospital Alternative Program (step before CLIP)
CLIP	Children’s Long-Term Inpatient Committee
CMS	Centers for Medicaid and Medicare Services
COA	Children of Alcoholics
CO	Close Observation
CPC	Community Psychiatric Clinic
CPT	Child Protection Team
CQI	Continuous Quality Improvement
CRC	Crisis Residential Center (Eastern WA)
CSO	Community Service Office (DSHS outlet)
CSTC	Child Study and Treatment Center
CTI	Continuous Therapeutic Intervention (aka 1:1)
CTP	Community Team Partnership
CYS	Community Youth Services (through DCFS) or Child and Youth Services

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DAS	Developmental Age Score
DDD	Division of Developmental Disabilities
DOA	Date of Admission
DRW	Disability Rights of Washington
DTORF-R	Developmental Teaching Objectives Report Form, Revised
DTT	Developmental Therapy-Teaching
EV	Extra Vigilance
FASD	Fetal Alcohol Spectrum Disorders
FEAT	Families for Effective Autism Treatment
FCAP	Foster Care Assessment Program
FRS	Family Reconciliation Services
GAL	Guardian Ad Litem
GL	Grief and Loss (Group)
HCS	Home and Community Services
HIPPA	Health Insurance Portability and Privacy Act
HRSA	Health and Rehabilitation Services Administration
ICF	Intermediate Care Facility
IEP	Individualized Education Plan
IOC	Inspection of Care
ISS	Intensive Stabilization Services
ISS	In School Suspension
IST	Interagency Staffing Team (King Co)
JCAHO	Joint Commission for Accreditation of Hospital Organizations (now Joint Commission)
LID	Learning Improvement Day
LIP	Licensed Independent Practitioner
LQR	Locked Quiet Room
MAB	Management of Assaultive Behavior (now Pro-ACT)
MAID	Medical Assistance Identification
MAP	Measure of Academic Progress
MBCH	Mary Bridge Children’s Hospital
MFGT	Multi Family Group Treatment
MFTP	Money Follows the Person (DDD)
MHD	Mental Health Division
MI	Motivational Interviewing
MP	Maximum Precaution (above CO and EV)
MPC	Medicaid Personal Care
MMIS	Medicaid Management Information System
MST	Multi-System Therapy
NKDA	No Known Drug Allergies
NMP	No Major Problems
NPA	Non Public Agency

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NSLP	National School Lunch Program
OIG	Office of Inspector General
OSPI	Office of Superintendent of Public Instruction
PADT	Pre-Adolescent Day Treatment (discontinued)
PAVE	Parents Are Vital to Education
PAY	Physically Aggressive Youth
PBS	Positive Behavior Support
PPCC	Psychiatric Child Care Counselor
PEP	Positive Education Program (Oak Grove)
PESG	Parent Education and Support Group
PET	Parental Effectiveness Training
PGC	Parent /Guardian Council
PHI	Protected Health Information (medical records)
PIC	Personal Identification Code (for MAID)
POM	Progress Outcome Measures
POV	Personally Owned Vehicles
PPP	Positive Parenting Program
PPR	Periodic Performance Review (JCAHO now TJC)
PRN	As Needed (refers to medication)
Pro-ACT	Professional Assault Crisis Training
PsyD	Doctor of Psychology
RA	Regional Administrator
RAFT	Recreational Activity / Family Therapy Center (proposed)
RCF	Residential Care Facility
RHC	Residential Habilitation Center
SAFE	Statewide Action for Family Empowerment
SAI	State of the Art Instruction (Clover Park School District)
SAMHSA	Substance Abuse Mental Health Services Administration
SAY	Sexually Aggressive Youth
SBS	School Based Services
SFY	State Fiscal Year
SOIL (NW)	School of Innovative Learning, Northwest
SOS	Show of Support
SS	Social Skills (Group)
SSI	Supplemental Security Income
SSP	Sexual Safety Protocol
TD	Target Date
TDS	Transitional Day School
TJC	The Joint Commission (formerly JCAHO)
TL	Therapeutic Leave
TPR	Treatment Plan Review
TPR	Termination of Parental Rights

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UFN	Until Further Notice
UL	Unauthorized Leave
VPA	Voluntary Placement Agreement (limited time)
WARE	Washington Adoption Resource Exchange
WIMERT	Washington Institute for Mental Health Research and Training
WPAS	Washington Protection and Advocacy Services (Now DRW)
ZCTA	Zip Code Tabulation Areas

Contributing Team Members

[Back](#)

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Thanks Team ☺