

Mission Statement

*"THE MISSION OF MIDWEST
CHRISTIAN SERVICES IS TO SUPPLY
NEEDS; PHYSICAL, SPIRITUAL AND
EMOTIONAL FOR THE RESIDENTS
AND TEAM MEMBER THROUGH
CHRISTIAN TRAINING AND
ENVIRONMENT."*

Midwest Christian Services

Philosophy

Traditionally, Midwest Christian Services has tended to provide fairly long-term care for children, which sometimes extended over several years. In accordance with current philosophy, the facility has moved in the direction of care and treatment of the child on an individual basis. At the time of admission, treatment goals will be clearly formulated and when these goals are reached it is expected that the child will return to their own home, foster care, or a similar facility based on the needs of the child. It is expected that the period of treatment for a child referred for problematic sexual behaviors will be completed within (14) months and a child referred for behavioral/emotional needs will be completed within six (6) months, however this will depend again on the needs of each individual child.

Clients entering into Midwest Christian Services will be ages generally 8-18 who have problematic sexual behaviors among a n d / o r variety of other problems including such things as; conflict with authority figures, poor self-image, family dysfunction, inadequate social functioning and school difficulties, both academic and behavioral. Children possessing medical, educational, psychological, emotional or other needs that cannot be met by the program and Team Members of Midwest Christian Services will not be accepted for admission.

Basic to everything in the facility is a strong Christian faith that permeates all aspects of a child's life. Although we feel that a spiritual atmosphere is desirable and necessary, we also recognize and utilize many other concepts in providing a satisfying living experience for the residents. Teaching values is an integral part of the treatment program at Midwest Christian Services. Socially accepted values are the basis of responsible behavior.

Midwest Christian Services teaches values by means of:

- 1) Team member role modeling
- 2) Participation in the Positive Peer Culture Program
- 3) Religion, unless religious practice is unacceptable to the child, in that event a secular alternative will be used.
- 4) Public Education
- 5) Community Service

Every effort is made to aid the residents to become more self-sufficient and recognize that their behavior is not dependent on their feelings but rather their feelings are dependent on their behaviors. We try to assist the residents in utilizing many techniques to see themselves as worthwhile rather than worthless individuals. We help not only the resident, but also their family members to understand that there are alternatives to their negative behaviors. We strive to help them understand that they are lovable and the opportunity for spiritual and emotional growth, as well as success is within their grasp always understanding that opportunities for failure need not be chosen as a way of life. Throughout the program, Residential Counselor Staff Members are expected to work with the child in assisting them to learn and practice acceptable behavior while encountering daily living situations. The approach to the residents is one of high expectations for positive growth. Behavior is controlled by using peer pressure to some degree and through the use of positive

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reinforcement, similar to that given by a natural parent. Problem solving on a very concrete level is the main therapeutic tool.

MIDWEST CHRISTIAN
SERVICES' REFERENCE
GUIDE FOR PARENTS AND
FAMILIES

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MIDWEST CHRISTIAN SERVICES' REFERENCE GUIDE FOR PARENTS AND FAMILIES

WELCOME TO MIDWEST CHRISTIAN SERVICES!

What is Midwest Christian Services?

Midwest Christian Services is a non-profit, private agency committed to providing treatment services to children and families. Midwest Christian Services began serving families in 1964. Since that time, Midwest has continued to advance and alter their treatment program. Most importantly, Midwest has continued to utilize the valuable experience we have gained from families like yours and implement the most successful and effective intervention techniques available in treatment.

What is Midwest Christian Services' Philosophy?

Midwest Christian Services is a social statement of God's love. Through modeling authentic love, nurturing and teaching, the board and Staff Members of Christian Services will provide an environment in which positive change can be made and the journey to wholeness begun. Midwest Christian Services seeks to accomplish this goal through healing troubled relationships and maintaining/re-establishing positive relationships with families and peers. The majority of the clients served are maintained or reunited with their primary caregivers. However, when this is not achievable, Midwest Christian Services is devoted to providing alternative permanent placements for children and a supportive community for families.

What is the current program and service Midwest Christian Services is providing?

In the program and services of Midwest Christian Services, children and families are always included in the planning and provision of treatment. Even when a child is in placement outside the home, Midwest Christian Services believes that family involvement is critical to help the child resolve the problems that led to placement and to help the family determine the child's permanency plan. Therefore, the male adolescent sexual offenders program offers both a child and family treatment component.

Child and Parent Rights:

Midwest Christian Services respects the legal rights of parents, which include:

1. To be involved in planning for your child.
2. To have legal representation through an attorney in court proceedings.
3. To privately visit with your child and receive information concerning his/her progress.
4. To have your child returned to you when conditions required by the court are met.

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Additionally, Midwest Christian Services supports the following treatment rights for both children and families:

1. A treatment plan you understand and that meets your individual needs.
2. Care and treatment provided by a qualified staff team.
3. The least restrictive conditions necessary to achieve quality treatment and care for your family.
4. Prompt, proper, and adequate health care for your child.
5. The rights to send and receive uncensored mail; to private telephone calls from parents, guardians, attorneys, and referring workers; and to visitation as planned and scheduled by Midwest Christian Services', the referring worker and you.
6. Your child should not suffer corporal punishment, including spankings, withdrawing food, sleep, or clothing as a punishment.
7. Means to use the grievance policy while being informed and supported when a conflict exists between a parent or child and a member of the Midwest Christian Services Staff Team.
8. Strict maintenance of confidentiality by Midwest Christian Services' Staff Team of information related to you and your child.
9. Notification and explanation of the use of audio or videotape equipment, or observation by Midwest Christian Staff Team for the purpose of training and supervision.
10. Your child's right to privacy, consistent with safe supervision, during day-to-day life.

In the event that a client, family, legal representative or referring worker wishes to lodge a grievance to or against Midwest Christian Services, it is requested that the following procedure be used.

1. Inform the Unit Coordinator of the intent and nature of the grievance. The Unit Coordinator will request and assist, as needed, in getting the grievance documented.
2. If the Unit Coordinator is unacceptable (due to involvement in the grievance) or unavailable, the grievance should be referred to the Case Worker of the corresponding unit which the client resides in.
3. If neither the Unit Coordinator nor the Caseworker is available or acceptable then the grievance may be directly referred to the Executive Director.
4. The documented grievance will then be forwarded to the Executive Director for action and reply within 10 working days.

In the event that your child wishes to lodge a grievance, the child should inform the Unit Coordinator first followed by their Case Worker and then the Director.

In special circumstances Midwest Christian Services may limit the rights that are outlined above. For instance, telephone calls may be monitored or limited if they are extremely upsetting to a child. However, if any right is limited in this way, you will be formally notified of this decision and may appeal this decision to the agency, Department of Human Services, or Juvenile Court.

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How does Midwest Christian Services' Treatment System Operate?

Treatment at Midwest Christian Services is organized by stages: intake, admission, assessment quarterly progress reports (reviews) and discharge.

The intake Service Planning Conference is arranged when a referring worker wishes to have a determination made whether a program is appropriate and available for a child. At the intake staffing, the child, family, and referring worker are interviewed regarding the information and perspective each lends to the decision regarding program admission.

During admission, Midwest Christian Services Case Worker acquaints the child and family with the specific aspects of program participation (and placement facility, if applicable), collects information and admission form authorizations, and prepares the child and family for the assessment and treatment process.

The assessment occurs during the first month of program involvement, and requires the referring worker, child, family and any other primary involved supports to participate in review of family history, functioning, strengths and weaknesses. The purpose of this assessment is twofold: to help establish the specific course of treatment and to shape a recommendation concerning the permanency of plan. At the conclusion of completing the assessment through utilization of the information and observations, Midwest Christian Services, outlining the Initial Treatment plan for the child, family and referring worker.

Quarterly reports are prepared and sent to you to report on the previous three month's progress. Residential Counselors are scheduled according to the requests of the referring working or other client involved parties. Families are always encouraged to contact the facility with any questions or input they have. When Residential Counselors are scheduled, notifications will be sent from this agency. Participation is very important to assure quality in planning the next steps in treatment.

A goal for program discharge is initialized in the intake assessment and then typically established several months prior to discharge. It is typical for children and families to experience a reoccurrence of problems just prior to discharge, and Midwest Christian Services has found that good planning and temporarily intensifying services during this transition period helps break old "failure" patterns. Midwest Christian Services will often recommend aftercare services, following a child's return from placement to assist a family through the transition of residence.

Throughout the course of program involvement at Midwest Christian Services, the child and family's confidentiality are strictly respected. All reports and program documents are secured in a case file that is only accessible to designated Midwest Christian Services' Residential Counselor assigned to the child and family. Midwest Christian Services' will routinely share case information with all the relevant Department of Human Services or Juvenile Probation referring workers, attorneys assigned to the family or child's case as appropriate; however, the child and family will be made aware of the issues and

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circumstances of these exchanges. In order to be most effective in advocating for the child and family in the broader community, Midwest Christian Services expects to be a key player, along with family, referring worker and attorneys, in making recommendations to the court concerning treatment and permanency plan.

What does the child's treatment involve?

Treatment for children involves case management and therapy or support services. Case management services have the primary goal of organizing the entire treatment plan representing the plan and the child/family's progress in relation to treatment, and maintaining on-going communication with the referring and assisting community regarding the case. Therapy and BHIS skill sessions may be provided individually or in groups for both our At-Risk Problematic Youth Program and Our Problematic Sexualized Treatment such as therapy for sexual abuse victims is available as is best suited for the child's needs.

Program Residential Counselors are responsible to assure that the routine and emergency health care needs of each child are attended to including: medical, dental, optical, psychiatric, and medication treatment. Parents and referring workers are routinely informed and immediately notified in the case of emergencies regarding their child's health care.

Midwest Christian Services' discipline policies and procedures are standardized, although the techniques vary with each program. Midwest Christian Services uses a peer group process whereby residents help one another solve problems under the Residential Counselor guidance. Therefore, a child will be expected to learn from and respect the feelings and opinions of "the group" as the first level of consequence. Rules for milieu are administered by the Residential Counselor to compliment or supplement the group process. The Residential Counselor is responsible to utilize discipline in ways that are least restrictive and most consistent with the child's treatment plan, stressing encouragement and interpersonal relationships as primary tools to modify behavior.

Positive Peer Culture is designed so that peer influence is the vehicle of change. It is through the group program that the emphasis is shifted from a punitive attitude to one of helping. Residents learn that he/she is with us to receive help with his/her "problems" and help others with theirs. Changes in attitude are initiated by a need to change, due to discomfort with one's present pattern of behavior. Positive Peer Culture tries to overcome the initial lack of motivation by asking them to "do things to help one another." This need eventually becomes the dynamic force in our groups and is maintained through constant, indirect pressures. Positive Peer Culture seeks to teach the basic value of caring for one another. Our intention is to rechanneled adversary's strength and movement into a positive direction where potentials can be reached.

Disciplinary tools available to program Residential Counselors, as appropriate, are: time outs, restrictions (withdrawal of privileges), and physical restraints. Time outs are used to help the child stop

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and think about ways he/she can more appropriately deal with a problem. Restrictions are used with a child who consistently refuses to modify or control problem behavior. The type of restriction will vary with the seriousness of the behavior. Physical restraints are used when children risk injury to themselves or others are physically destructive or involved in extremely disruptive behaviors which continue after the Residential counselors have repeatedly tried other techniques. The Residential Counselor is trained to restrain in a manner which minimizes the risk of injury, and to use restraints as a means to protect rather than punish the child. The uses of physical restraints are closely supervised and documented as part of the child's treatment plan.

Midwest Christian Services believes in the importance of providing and modeling authentic love, nurturing and teaching in an effort to begin the journey to wholeness. This concept dictates that we address each child's spiritual needs, as well as the social, psychological, and physical needs that typically receive primary focus. Each child and family are made aware that residents are encouraged to attend the Church of Christ. If the child or family has specific wishes for religious training or practice, these requests will be honored and accommodated when possible.

The recreation component of placement programs is planned and implemented by the Residential Counselors that assesses the individual recreation needs of children. The purpose of this program is to help facilitate the development, maintenance and expression of appropriate leisure activities.

While your child is in placement, school programming is provided by the local school district or AEA. Midwest Christian Services' Residential Counselor members maintain regular communication with school teachers and officials concerning your child's academic and social progress. You will be notified and invited to school meetings and teacher conferences.

What does the family's treatment involve?

When planning for a child's treatment program, the question of "who is family?" is often considered. Grandparents, stepsiblings, guardians, former foster parents, adoptive parents, aunts and uncles, etc., can all be considered part of the child's family, depending on the history and norms of each family. Because today's families are very diverse in definition, Midwest Christian Services does not impose any specific limitations on who is included in family treatment. In fact, it is often most therapeutic to widen the extended family involvement to benefit the child and nuclear family.

Midwest Christian Services considers who the legal parent(s) are and who the child's significant relationships are with. The legal parent(s) will be provided with information related to program operations and their child's specific treatment plan; in return, parents are expected to sign authorization forms related to the treatment program.

In keeping with the agency's family-based treatment philosophy, family contact is requested and encouraged. Generally, the family will be requested to establish the routine methods and frequency of contact (mail, phone, visits) through the Residential Counselor. Additionally, it is vital that family

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members are supportive of the child's treatment plan and simultaneously demonstrate their commitment through contact and participation in treatment.

Questions or differences that family members have with agency practice or policy should be directly communicated to the Unit Coordinator, Residential Counselor or Executive Director rather than involving the child; Midwest Christian Services respects the family's right and responsibility to assure that the child receive optimum care and treatment. Likewise, if contact is contraindicated due to negative treatment consequences for the child, the family will be notified of the need to monitor and/or restrict communication. In cases of emergency, Midwest Christian Services has an on-call system that can be activated by contacting Residential Counselor at the unit.

The primary treatment modality used with families is therapy and BHIS sessions which may be offered to parents, siblings, extended family members, or in multi-family formats. The location of therapy and BHIS sessions will take place in the therapist's or BHIS provider's office. Therapy and BHIS sessions are coupled with home or facility visits, as visits are used as part of the treatment process. Children are expected to practice newly acquired skills and behaviors, and parents are expected to demonstrate support for the child's changes as well as modification of parent and family functioning.

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Address: 4509 20th Ave
Peterson, IA 51047

Phone: 712-295-7601

Contact Information: Deanna Scott, Executive Director

General Information:

- A. **Year established:** 1963
- B. **Location:** 4 miles South of Peterson, Iowa on M-27
- C. **Geographic Area Served:** Western region of the state of Iowa, DHS SAM approval for entire state of Iowa
- D. **Fee:** Parent(s) contribute as much as possible if a private placement
- E. **License:** Licensed as a Comprehensive Foster Group Care Residential Facility by the Iowa Department of Human Services
- F. **Professional Membership:** Fellowship of Christian Homes of Children, Member of Coalition for Children and Family Services of Iowa, CARF accredited

Admissions:

- A. Type of referrals accepted: State placements (Department of Human Services, Juvenile Court Services, and Judges) or private placements (parents, legal guardians).
- B. Authority Required for Admissions: State agency or person having legal custody must authorize.
- C. Admission Procedure: Details of program requirements and application will be sent immediately upon phone or letter request.
- D. Target Goal Length of Stay: 6 months for At-Risk Behavioral, 14 months Problematic Sexual
- E. Requirements of the Child: Child is expected to follow home rules, attend school, and participate in the program.
- F. Requirements of the Parents/Guardians: Parents will be responsible, if possible, for the child's medical, dental, optical and clothing needs. Parents are required to involve themselves in the family therapy and prepare their home for the child's return when feasible.
- G. Mandatory Admission Requirements: Midwest Christian Services will provide services for children from ages 8 through 18 years of age. We accept children into this program that have been either adjudicated CINA or delinquent. Private placements are also accepted. The criterion for placement is that the child has been demonstrating sexual, emotional and/or behavioral problems that are not manageable in a less restrictive setting. Some of the children are referred to us from more restrictive settings such as a psychiatric hospital.
- H. Do you accept emergency placements? We will place within 48 hours after receiving the referral. Background information prior to placement would be beneficial to best prepare for treatment planning.

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Program and Facility Description:

- 1) Capacity: Boys: 24
- 2) Age range of children accepted: 8 to 18 years old
- 3) Facility: 2 units on one campus each with own kitchen and laundry facilities; gymnasium is used by both units; each unit eats in their own facility.
- 4) Overview of program model: Positive Peer Culture Model is utilized for all youth placed. Daily groups, a structured campus environment, individual skill sessions and family skill sessions are main components. General residential treatment for male adolescent residents exhibiting problematic sexual issues and/or behavioral and emotional issues.
- 5) Type of children best suited for program: Children 8- 18 years of age with IQ of 48+, ability to function and make progress in structured nurturing environment.

Services:

A. Individual, Group and Family Skill	Yes X	No
B. Individual Therapy	Yes X	No
C. Family Therapy	Yes X	No
D. Vocational Services	Yes X	No
E. Recreational Facilities & Programs	Yes X	No
F. Foster Care Services	Yes	No X
G. Adoption Services	Yes	No X
H. Case Management/ Treatment Planning	Yes X	No

Discipline Policy (Brief Statement)

Expectations regarding behavior are verbally explained to children and are given to them in writing. A Level System of responsibilities and privileges is utilized with privileges withdrawn as a result of misbehavior. Destructive/aggressive behavior may result in youth being escorted to a safe area or restrained in severe cases. Crisis Intervention models will be used in these cases.

Visitation and Release Policy (Brief Statement)

Visitation by persons approved by legal guardian is requested to be arranged in advance. The child's status in the program, as well as progress determines the type of visit possible, (on grounds, off ground, overnight, and etc.). Only the person or agency having legal custody can authorize the release of information regarding the child or authorize discharge.

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Problematic Sexualized Behavior Program

Midwest Christian Services Problematic Sexualized Behavior(PSB) Program is housed on campus in the Brick House. Midwest Christian Services is contracted for 16 PSB beds and therefore the Brick house has a capacity of serving 16 male adolescents ages 8-18. We accept children into this program that have been either adjudicated CINA or delinquent. We also accept private placements into this program when space is adequate. The criterion for placement is that the child possesses sexual acting out issues or sexually reactive issues. These issues may be combined with emotional, behavioral, and/or educational problems that are not able to be handled in a less restrictive environment. The majority of referrals are made through the Department of Human Services and/or Juvenile Court Services. Some of the youth are referred to us from more restrictive settings, such as a psychiatric hospital. Clients with an IQ of 48 and above would be most suitable for out treatment model.

The Sexual Offenders program is licensed to provide Comprehensive Rehabilitative and Supportive Residential Services. This treatment program assists the residents in preventing, remedying, and controlling the behavior that brought them into group care, as well as issues that surround that behavior. Issues that are addressed are those that brought the client into care; dealing with and breaking the cycle of abuse, anger management, trust issues, communication, attachment and bonding, separation and loss, values clarification, and the sexual assault cycle. The issues are addressed primarily through the use of Positive Peer Culture. The peers, as a group, are responsible for handling, working and assisting each other through their issues. These issues are also addressed through the main core of our treatment program which is the Pathways model of treatment. This model is a thirteen-chapter workbook that focuses on grooming, victim selection, boundaries, history of abuse, clarification letters and also a prevention plan. One additional component of our treatment program is Behavior Health Intervention Services which consists of individual, group and family skill building sessions. These intervention services focus mainly on mental health illness and address issues such as: conflict resolution, problem solving, interpersonal relationship, communication, language processing, emotional regulation and cognitive flexibility. Group sessions are held approx. 6.75 hours per week. Individual sessions are conducted face to face with a BHIS professional for approx. 2.75 hours per week. Family sessions are scheduled at the request of the family. These sessions focus on the individual's treatment plan and how he and the family may operate as a team to ensure successful treatment.

Midwest will always have a residential counselor supervising in the living unit when the youth are in the residence. There will be at least a 1 to 4 residential counselor to youth ratio during prime programming times. Prime programming times include Monday- Friday, 3 PM to 9 PM, and from 8 am to 9 PM on Saturday and Sunday. We employ an Awake Night Monitor during the overnight sleep hours. During non-prime programming the youth are in school, and there is not a residential counselor on duty. Residential counselors or the Unit Supervisor will adjust their schedules to accommodate scheduled appointments or if supervision is needed if a child needs to stay back from school. The school employs a school liaison to monitor the youth's school behaviors and/or needs while at public school.

The treatment program is very structured. The treatment needs for the youth consists of: working through their problems and issues. The youth are required to keep detailed journals of their daily thoughts, emotions and behaviors. The journals are reviewed individually with the youth's Residential Counselor on a daily basis.

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At-Risk Behavioral Program

Midwest Christian At-Risk Behavioral Program is housed on campus in the White House. Midwest Christian Services is contracted for 8 behavioral beds and therefore the White House has a capacity of serving 8 male adolescents ages 8-18. We accept children into this program that have been either adjudicated CINA or delinquent. We also accept private placements into this program when space is adequate. The criterion for placement is that the child possesses behavioral/emotional acting out issues. These issues may be combined with emotional, behavioral, and/or educational problems that are not able to be handled in a less restrictive environment. The majority of referrals are made through the Department of Human Services and/or Juvenile Court Services. Some of the youth are referred to us from more restrictive settings, such as a psychiatric hospital. Clients with an IQ of 48 and above would be most suitable for out treatment model.

The At-Risk Behavioral program is licensed to provide Comprehensive Rehabilitative and Supportive Residential Services. This treatment program assists the residents in preventing, remedying, and controlling the behavior that brought them into group care, as well as issues that surround that behavior. Issues that are addressed are those that brought the client into care; dealing with through identification of and breaking the cycle of dysfunction, anger management, trust issues, communication, attachment and bonding, separation and loss and values clarification. The resident's issues are addressed through the use of Positive Peer Culture. The peers, as a group, are responsible for handling, working and assisting each other through their issues. These issues are also addressed through the main core of our treatment. One additional component of our treatment program is Behavior Health Intervention Services which consists of individual, group and family skill building sessions. These intervention services focus mainly on mental health illness and address issues such as: conflict resolution, problem solving, interpersonal relationship, communication, language processing, emotional regulation and cognitive flexibility. Group sessions are held approx. 6.75 hours per week. Individual sessions are conducted face to face with a BHIS professional for approx. 2.75 hours per week. Family sessions are scheduled at the request of the family. These sessions focus on the individual's treatment plan and how he and the family may operate as a team to ensure successful treatment.

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Confidentiality Policy

Midwest Christian Services will maintain the confidentiality of all residents and their case records. Midwest Christian Services will abide by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Employees of Midwest Christian Services will not disclose or knowingly permit the disclosure of any information concerning the resident and/or their family, directly or indirectly to any person not authorized to receive such information.

Without the voluntary written consent of the residents' parent(s) and/or guardian, Midwest Christian Services shall not release any information concerning a resident in care except to the resident, parent(s) or guardian, their respective legal counsel, the court or an authorized public official in the performance of his/her mandate. Academic school records would be shared with the district or area agency providing the resident's educational services.

Midwest Christian Services will, upon request, make available information in the case record to the resident, parent(s) or guardian and their respective legal counsel if the information being released does not contain material which violates the right to privacy of another individual and/or material that should be withheld from release according to the laws or by order of the court. If, in the professional judgment of the administration of the facility, it is felt that information contained in the record would be damaging to the resident, that information may be withheld under court order.

Midwest Christian Services may use material from case records for teaching, research purposes, development of the Board of Directors understanding and knowledge of the facility's programs and services or similar educational purposes, provided that names are deleted and other identifying information is darkened or deleted.

All confidential documents are kept in locked file cabinets at Midwest Christian Services. The Executive Director is responsible for the maintenance and security of personnel files and the Residential Counselor is responsible for the maintenance and security of the resident's files.

Information Storage

Confidential information refers to all data, observations, and reports gathered by Midwest Christian Services personnel to provide services to individuals and their families. It also refers to documents, observations, and reports resulting from the provision of treatment. Such information will be collected and stored primarily in computer files, hard copy case files and logs, video and audio tapes, and life books. All means of storage are the property of Midwest Christian Services and, as such, fall subject to the provisions of this policy.

Confidential client information must be stored in a locked filing cabinet. Records stored in any other office rooms will be kept unlocked during regular office hours which are 8 a.m. to 4 p.m. Monday through Friday, excluding holidays. The administrative employee's will assure these files are secured when the office is closed; the Residential Counselor III will assure that confidentiality is maintained by their Residential Counselor. Hard copy records must be utilized within the office area using a checking out system; these records are not to be removed from their assigned locations for any reason. The only expectation to this is in the event of the receipt of a subpoena to produce said reports to the court. Confidential information stored in the computer is secured using computer access security methods. Only Residential Counselor with assigned computer access to that specific information may retrieve or

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reproduce it. Residential logs are provided continuous supervision in the residential setting. Residents are not allowed access to log entries concerning other residents or unsupervised access to their own log. Although the primary client file is contained in the office area, the residents working files which duplicate this information are located in each residential unit. These working files are subject to all regulations contained in this work policy.

All employee personnel files are secured in a locked filing cabinet in the Executive Director's Office. The Executive Director and the secretary are the only people who are allowed access to the personnel files. Employees have the right to view their own personnel file upon request.

Access

Confidential client information may be accessed by Midwest Christian Services employee's, parents, contracted Residential Counselor, student, volunteer's and/or client representatives requiring this information in the completion of their assigned tasks. This information is accessible to State and County personnel specified in the agency's purchase of service contract for reporting purposes, including treatment and investigative worker, probation officers, and contract/licensing personnel. All other related professionals or collaterals will require a release of information. Clients have access to only that information contained in the case record that is generated by Midwest Christian Services.

Gathered Information

Confidential referral information shall be gathered utilizing Midwest Christian Services standard procedures by the Case Worker upon case referral. Third party information regarding a client should be accepted by the case manager or intake without revealing whether or not the subject is indeed a client of the agency.

Release of Information

Requests for release of confidential client information may be received while the case is active or after the client is discharged. Request for disclosure of information must:

- 1) Be in writing.
- 2) Identify the particular parts of the record to be disclosed.
- 3) Identify to whom the information should be disclosed.
- 4) Identify the time frame covered' by the release.
- 5) Be signed by the client or a person legally responsible for the client or be at court directions.

Midwest Christian Services may only release copies of reports, treatment plans, and other documentation generated by Midwest Christian Services. Information obtained from other agencies including permanency plans, medical reports, and psychological/psychiatric reports, must be released by the agency which generated them. The exceptions to this are psychological/psychiatric reports produced by individuals under contract by Midwest Christian Services. Release requests are authorized and completed by the Residential Counselor III. Caution must be exercised in the release of client confidential information whether by mail or by telephone to ensure that the receipt is in need the party authorized to receive the information.

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Release/Use of Photo and Audio/Video Tape

During the course of our work it may be necessary or beneficial to utilize photographs, video, or audio tapes of clients for training, treatment, or public relations purposes. Tape and photographs being utilized for any external or public function must be authorized in writing prior to their use, by the legal custodian or guardian. Release forms must state the exact publication or manner in which the tapes/photographs are being used.

Reporting Breach of Confidentiality

Any Midwest Christian Services employee, family, contracted Residential Counselor, student, or volunteer who believes that a breach of confidentiality has occurred shall immediately report the incident in writing using the Incident Report Form to their supervisor. If their supervisor is also involved in the breach incident, the information must be forwarded to the Executive Director. Failure to report may be considered participation in the incident.

Record Destruction

Commensurate with applicable State and Federal standards, case records and case documentation will be maintained in a secure environment for a period of five years after the Midwest Christian Services case has been officially closed. Upon discharge of a resident from Midwest Christian Services, all program and working files will be returned to the main office to be joined with the primary file documentation. After the five-year period, records will be burned or shredded and computer information deleted.

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Disciplinary Procedure

Midwest Christian Services realizes that there are instances when disciplinary actions need to be implemented with the youth placed in the program. Midwest also believes in providing a safe and nurturing environment for children and the Residential Counselors. Each situation that requires disciplinary action will be reviewed by the Residential Counselor on duty and a decision made on the behavior and the consequence to fit that behavior. If best suited for the situation, natural consequences are the most effective and desirable to use.

There are instances when privileges/activities will need to be taken away for a time limited period. This will be assessed by the residential counselor on duty at the time of the occurrence. All privileges will be pulled only for AWOL, breaking confidentiality, possession of and/or use of drugs/alcohol, aggressive actions that are intentional on the child's part, stealing, and/or damaging property.

Privileges may not be pulled for more than 2 days without prior approval of the Case Worker or Director. At the end of the two days, the Residential Skill Counselors will then evaluate the client's behavior to determine if they are done committing these acts and ready to be given their privileges back.

When a resident is placed on no privileges, they may not attend any fun activities off grounds or extracurricular school activities, unless prior directive has been given by the Residential Counselor or Director. Church activities will be assessed as they arise in regards to attendance.

Conditions of No Privileges include:

- 1) Sit at the table, while in the unit, or where Residential Counselor requests.
- 2) Work on homework and programming materials assigned by Residential Counselor on duty.
- 3) Speak only when necessary to peers.
- 4) Shadow escort by Residential Counselor at all times.
- 5) Must sit in front seats of vehicles.
- 6) Will receive 1 hour of exercise per day on facility grounds (half hour on school nights).

Other Consequences that may be given for behaviors other than those mentioned above:

Physical Restraint

When a resident becomes physically aggressive and there is a danger of the resident causing harm to himself or to others, a physical restraint may happen. All Residential Counselor members who work with the children are trained in TACT II techniques for physical restraints and will do this only to prevent the resident from causing harm to himself or to others. This form of restraint emphasizes de-escalation through verbal techniques, but when dangerous situations arise, they be handled through physical means. It should be noted that the Residential Counselor are trained to use physical restraint as a last resort, and to attempt to de-escalate the resident first to try and avoid a physical restraint.

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Time-out

A time-out is used as an intervention to de-escalate and change negative behaviors. When a negative behavior is demonstrated by a resident and they are not easily redirected, or it is a reoccurring behavior, the Residential Counselor may ask the resident to take a time-out. The duration of the time-out will depend on the response of the individual resident. They will be expected to take a time-out appropriately for a couple of minutes. Once this time has elapsed, the Residential Counselor will expect the resident to be able to process their behaviors by owning the behavior, identifying their thinking errors, and having a plan to prevent the behavior again. A time-out can be a tool used by the resident to help them think about their feelings and prevent behaviors, this is a self-time-out.

Point Plans

With the point plan, each point represents a cleaning chore. A resident can receive up to 20 points on each plan. The number of points and which chores the child is asked to do is up to the discretion of the Residential Counselor on duty. There is never to be more than three full point plans (60 points) on one child's consequence list at one time.

Essays

The subject of the essay will reflect the negative behavior that was displayed. The purpose of the essay is to get the child to process his behaviors and come up with more appropriate ways to handle the situations or feelings. The size of the essay will be determined by the Residential Counselor on duty, however, the maximum amount of essay pages on a resident's consequence board is 20 pages.

Early Bed

An hour of early bed can be given as a consequence for negative behaviors, usually when a resident is having behaviors at bed time. Early bed times are to be served on the weekends, or nights when they do not have school the next day.

Away From Group (AFG)

This is a consequence that the Residential Counselor uses when they feel that a resident needs to be isolated from the group for a period of time. This happens if a resident has a sexual acting out behavior such as trying to engage a peer in sexual acts, or committing such acts. This also includes behaviors with the intent of such acts. These behaviors would include sexual gestures, exposure, masturbating in a public area, which would include their bedroom, or engaging in sexual talk. Residential Counselor may also place a boy Away from Group if they feel that the resident poses a danger to others in the group. When a child is placed on AFG, a review of his progress will be discussed after two days by the Residential Counselor. At that time, it will be determined whether he may be placed back with the group, or needs to remain isolated. He will remain on AFG for no longer than one week.

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Loss of Level

The loss of a level status can occur in the following situations: AWOL (in this case, for example if the resident were on 3-3 when this took place, they would be dropped to 2-3), inappropriate sexual contact and/or harassment with anyone inside and outside of the facility.

Level T

This is a temporary loss of all level privileges for a period that is determined by the Residential Counselor. Most often, a resident will remain on this level for the period of one week, or until they have completed what is expected of them. Level T may occur in the case where a resident has had consequences and has not completed them within a week's time. In this case, they will receive their level privileges back as soon as the consequences are completed. Level T will also be given to residents that continue to display a negative behavior over and over again and it has become a problem that they are not addressing. It may also occur if a resident has a girlfriend when they are not on the appropriate level, which is level 4.

Unit Shut Down

This is also a group consequence that is given when all the residents in one unit have either displayed a continued negative behavior or have allowed others to display the behaviors. During unit shut down, all residents sit at the table and work on programming materials, homework, or consequences. They are not to talk to others without permission from the Residential Counselor and only if relevant to their program. They will remain on unit shut down for two days and then be assessed by the Residential Counselor to determine whether to stop or continue the consequence. They will not remain on unit shut down for more than one week.

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Program Summary

- 1) **Individual Treatment Planning:** Development begins the day of admission by MCS Residential Counselor and consultation with referral source to establish individual goals, objectives, and strategies to reach these goals. Treatment plans are evaluated weekly by treatment team and reviewed/revised at least every 180 days with copies provided to referral worker, juvenile court officer, child's attorney, and parents.
- 2) **Progress Reports:** Reports outlining the child's progress within each goal will be done every 90 days. All reports will be provided to the parent or guardian, referring worker, the child, and any other official working on the child case if requested.
- 3) **Individual Therapy:** One-to-one sessions with therapist provided weekly. The focus of these sessions is on: abuse issues, emotion regulation, trauma issues, and cognitive restructuring.
- 4) **Family Therapy:** Family sessions including the child, family, and therapist at whatever level of intensity the family will accept to work through on issues such as; family denial, gain support for child's program, and participation in a structured aftercare program.
- 5) **Group Skill:** Provided 6.75 hours per week. Focus is on skill development in relation to pathways, the sexual assault cycle, problem behaviors, denial, irrational thought patterns, dysfunctional cycle of behavior, emotional regulation, and relapse prevention.
- 6) **Individual and Family Skill:** Individual skills are provided at 2.75 hours/week for each authorized client. Family skill sessions are encouraged and may be scheduled when the BHIS provider has an opening and at the convenience of the family. Individual and family sessions focus on skill building such as self-esteem, sexuality, anger management, boundaries, positive relationships, irrational thought patterns, social skills, and independent living skills.
- 7) **Therapeutic Community:** Based on Positive Peer Culture. Focus is on: cooperative activity, peer feedback, problem solving, peer relationship skills, and responsibility to others.
- 8) **Advocate Sessions:** Each child is assigned a residential counselor as their individual advocate. Individual advocate sessions focus on the child's individual needs, one-to-one assistance with programming assignments, and daily living skills development.
- 9) **Level System:** The Level System is comprised of levels 1 through 4; 4 being the highest level of achievement. As the child progresses in improving their behaviors, meeting his weeks and completing his assignments, the child is allowed to move to a higher level status in the program which entails greater expectation, responsibilities, and privileges.

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- 10) **Phase System:** The Phase System is comprised of Phases 1 through 4. The four phases include: Accountability for Sexual Behaviors, Identifying Coping Skills for the Sexual Behaviors, Victim Empathy and Relapse Prevention. Each phase of the phase system requires the completion of coinciding assignments prior to moving on to the next higher phase.
- 11) **Weekly Assessments:** Assessment is conducted of the child's progress in relation to the child's treatment plan goals and objectives weekly by the entire Residential Counselor team.
- 12) **School Program:** each child attends either Sioux Central Community Public School or the transitional school located on MCS grounds. The children attending public school are accompanied by a school liaison. The liaison monitors the child's activity in school and assists with the individual tutoring needs of the child.
- 13) **Structured Recreation:** Utilization of community resources involving interpersonal participation and cooperative skills to develop a sense of competence and self-worth.
- 14) **Spiritual Development:** Participation in Sunday school and church is encouraged as well as on and off campus Christian youth groups, and daily prayer and devotions. There is also a weekly bible study time, which is now on Wednesday nights.
- 15) **Aftercare Integration:** Developing a close linkage to the child's community to develop an adequate level of supervision and participation in specialized support groups and/or therapy.

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Client Appeals and Grievances

In the event that a resident or family wishes to lodge a grievance to or against Midwest Christian Services, it is requested that the following procedure be used:

- 1) The resident or family will inform the Unit Coordinator of the intent and nature of the grievance. If the Unit Coordinator is unavailable or unacceptable due to being involved in the incident, the client may inform the Executive Director. The Unit Coordinator or Executive Director will assist the resident in documenting the grievance.
- 2) The Unit Coordinator or Executive Director Worker will investigate the grievance, take necessary action, and reply to the grievance in writing within 10 working days to the resident or the family.
- 3) Client grievances will be recorded and kept in a centralized log in the administrative office.
- 4) Clients and families have the right to issue grievances without the threat of retaliation or humiliation. The disciplinary procedure will be followed by the Executive Director in the event of any form of retaliation or humiliation.

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RELIGIOUS POLICY

- 1) Midwest Christian Services was founded and is governed by a Board of Directors representing the Churches of Christ and Christian Churches.
- 2) A Christian lifestyle and its positive values are stressed as much as possible through opportunities for participation in family devotions, regular church attendance and an emphasis on a Christ-centered life. The Church of Christ generally baptizes individuals in adolescence and the decision to be baptized is a personal commitment made by the individual.
- 3) Residential Counselors and children normally attend the services of the Church of Christ.
- 4) If the resident is of a different faith and the above policy is unacceptable, Midwest shall within reason provide opportunities for the resident to attend the church of his choice. Also, if the creed of a resident or his family makes attendance at any church unacceptable, alternate activities will be provided for the resident.
- 5) If practices such as devotions are unacceptable to the resident he may be excused.
- 6) Prior to admission, this policy must be explained to the referring person, the resident and the parent or legal guardian. A copy of the policy shall also be given to the resident, referring person and parent/guardian.

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Transition School

Located on the premises of Midwest Christian Services is our Transition Classroom. This transition classroom is conducted by the Sioux-Central Community School District and is operated by Sioux Central Teaching Personnel; servicing only the residents of Midwest Christian Services.

This classroom is designed as a transition step to the public-school setting for residents upon admission, as well as an alternative for those individuals who socially, emotionally, and behaviorally are not ready to attend the public-school setting. The aide of AEA Special Education Services will be available to those students, attending the transition classroom, needing the services.

Throughout the course of the school year, assessments are made by the MCS and Sioux-Central personnel together as a team, to determine any necessary transitioning of the residents as progress or lack of is noted. At the determination of a transitional change needing made a meeting is held between MCS and School officials. It is the goal of MCS and the Sioux Central School District to keep the learning pace and curriculum guidelines, according to those of the same grade level at public school system, to ensure a smooth transition.

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Treatment Plan Development and Review

Midwest Christian Services Case Worker shall prepare the Treatment Plans, Progress Reports, and Treatment Plan Reviews. The Case Worker shall consult with the referral worker, parents (or foster parents), the child, executive director, clinical consultant, unit coordinator, residential counselors and awake night monitors.

Midwest Christian Services Program will review each youth's individualized treatment plan at the minimum of every 90 days. In some individual cases a staffing is held more frequently. When this occurs, a Progress Report is prepared with a more detailed treatment plan. They are then reviewed, revised if needed, approved and dated by the Director prior to the report being distributed. The initial treatment plan is developed within 30 days of admission. The next progress report is then 150 days from initiation of service and every 90 days thereafter. All treatment plan reviews and progress reports will assess the service goals and objectives to meet each goal. The reports will identify the amount of services and the area with which the service will be provided. Designation of service and who will be providing that service will be documented for each goal and objective. Documentation will also provide information on who is involved in the youth's goals, objectives, who attended the treatment plan review and how the treatment plan was revised in consultation with each party, which will include dates, content, and consultation. When needs change, we will receive authorization from the referring agent for the changes.

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Visitation Guidelines

Visits from or to parents/guardians are an important part of the child's treatment plan. The visits are an opportunity for the family to work together and for the child to utilize the interventions they have developed in placement towards more responsible behavior. There are three types of visits:

- 1) **On-grounds visit**-Child May not leave the MCS campus. On ground visits may occur at any time during visitation hours. Please notify MCS prior to your visit. These visits may be supervised by a Residential Counselor if the referring worker or assessment team feels this is necessary.
- 2) **Off-grounds visit**- Child may leave for a specified length of time. There are three criteria that need to be met prior to earning this privilege.
 1. The resident must have completed the assignment of writing out his cycle.
 2. The resident must have had five on campus visits with the individual (s) requesting to take him off campus. These monitored visits give a Residential Counselor the opportunity to assess safety.
 3. The safety is then assessed by the assessment team and a final decision is made regarding the visit.
- 3) **Home visit**- Child may go for an overnight visit to home for a specified length of time with parent/guardian. There are four criteria that need to be met prior to earning a home visit.
 1. The client must have completed his cycle.
 2. Safety contract must be in place for the client
 3. The client must have had 5 on campus visits with the individual(s) requesting to take him for a home visit in the PSB program and 2 on campus visits for the At-Risk Behavioral Program.
 4. The client and parent/guardian must have had 3 family sessions for the PSB Program and 2 family sessions for the At-Risk Behavioral Program either with BHIS provider or Therapist.

Home visits are based on the safety issues surrounding the child's behaviors and those surrounding the child while on the visits, which would also include the involvement of the parent, guardian, or other person looking to have this child in the home. The home visit is not dependent on the level the child is on at the time.

It needs to be determined that the parent, guardian, or other person planning to take the child on a visit is capable of providing the supervision that the child requires to keep the child and others safe. This will be determined through collaboration with the referring worker, residential counselors, family counselor, and in-home workers working with the family.

There cannot be any type of restricted contact between the child and others living within the home due to safety reasons.

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Safety plans need to be developed with the child and family and all need to agree to the plan with signature. If this plan is not followed, visits can be suspended.

Parents/guardians will need to come to MCS for family sessions to develop the plan and show involvement with the child before visits can happen. Three family sessions are required to give the therapist the time that is needed to help them develop a safety plan and begin to understand the child's cycle.

The child would have to have his cycle assignment done and approved and begin to show understanding of what his pre-offense behaviors are and the use of the interventions developed by him.

If major aggression is a problem for the client and is considered a safety issue, the child will need to develop interventions and demonstrate his ability to control his aggressive behaviors to keep him and others safe. These behaviors will be included in the safety plan so the family will be prepared to act if behaviors get out of control while on the visit.

This needs to happen for off campus visits also, but safety planning would be a little different and not as intense. There are also exceptions to the rules that come up. One of these exceptions might be if a child is going to go to a foster home and we have the opportunity to have home visits prior to them leaving.

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Telephone and Mail Guidelines

Phone Call Guidelines:

Phone calls are allowed with members of the child's immediate family unless otherwise regulated by the court. Any phone calls outside of the immediate family will be allowed only after approval from the parents or guardian and the referring worker.

Residents are allowed to make one daily 7-minute phone call to an approved contact at MCS expense. An additional two phone calls will be allowed to Level 3 and Level 4 residents for 10 and 15 minutes respectively per week. A client may receive one incoming phone call per day in addition to his one daily outgoing phone call, however these calls must be to different contacts.

MCS policy is that no resident shall have contact with friends until they reach level III and there is approval from the parent/guardian and referring worker. Exceptions to this policy are made when the parent/guardian and the referring worker believe that the contact with the friend will have a positive impact on the resident's treatment.

Limitations to phone calls are a possibility. Limitations may include partially supervised calls where a Residential Counselor may sit within hearing distance of the resident making the phone call and listen in to his side of the conversation, supervised calls where a Residential Counselor member listens into both sides of the conversation, and no contact where there are no phone calls allowed with specified individuals. Limitations to phone calls will be done only with the instruction of the referring worker. No contact with an immediate family member is done only with a court order.

Mail Contact Guidelines:

All residents are allowed to send and receive mail to and from immediate family members unless otherwise regulated by the court. Mail is also allowed to be sent and received by extended family members as long as the parent/guardian and referring worker approves of this contact. Mail contact with friends is not allowed until the resident is on level III and the contact is approved by the parent/guardian and the referring worker. There may be exceptions made in regards to mail contact with friends if the parent/guardian and the referring worker believe that the contact with the friend will have a positive impact on the resident's treatment.

Mail that is sent and received by a resident of MCS is not read by anyone other than the person that it is addressed to, unless the resident asks a Residential Counselor member or therapist to read the letter. The resident is asked to open the mail in front of a Residential Counselor member to make sure that there is no contraband or items that are not allowed within the limits of MCS rules or policies. Any items that are found that are not allowed are placed within their personal items within a locked storage area.

Mail that is sent by a resident to an approved person will have stamps provided to them by MCS. Any letter that is properly placed in an envelope and addressed can be sent to the main office where it will be stamped and sent on to the post office. Any mail received by a person

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that is not allowed contact with the resident will be marked return to sender and sent back to the address in which it was sent from.

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Problematic Sexualized Behavior Level System Responsibility Checklist/ Privilege Outline

Disclaimer

All responsibilities and privileges outlined are subject to Residential Counselor discretion and may be changed at any time.

Level I

Responsibilities:

- _____ 1) Understand and describe program expectations
- _____ 2) Complete daily journal entries in accordance with the journaling guidelines
- _____ 3) Learn thinking errors
- _____ 4) Exhibit the ability to process out of a time out.
- _____ 5) Attend group daily
- _____ 6) Meet three weeks to request for your Level II and complete Phase I
- _____ 7) Present level1 checklist in GTO's and have peers sign off that are in accordance with all the assigned responsibilities.

Privileges:

- 1) May attend activities escorted by Residential Counselor
- 2) May have one security item
- 3) May have basic radio in their room
- 4) May check out a unit book if on privileges
- 5) May have bible in room
- 6) May place two 10 minute phone calls to approved family members per week which will be paid for by MCS

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Level II

Responsibilities:

- _____ 1.) Continue complying with requirement for previous level
- _____ 2.) Complete daily assigned tasks: assigned chore, school and programming expectations, room cleanliness, and hygiene.
- _____ 3.) Comply with Residential Counselor directives by following unit rules
- _____ 4.) Complete personal hygiene daily without confrontation by peers or Residential Counselor
- _____ 5.) Reduce critical incidents such as stealing, running away, physical aggressions and sexual behaviors by 50% from the baseline. Ex: If client comes in with the average of twenty crisis behaviors in a month and is able to reduce to 10 per month, this would meet this criteria.
- _____ 6.) Hold peers accountable at least twice weekly on inappropriate behaviors: This will be monitored during charts when peers keep track of who they have given points to throughout the day
- _____ 7.) Accept confrontations from Residential Counselor and peers without defensiveness or excuses at least 50% of the time (as measured by Loss of All Points).
- _____ 8.) Own, identify, and label behaviors of the sexual assault cycle
- _____ 9.) Upon request: identify present location in own cycle and describe helpful ways to de-escalate self
- _____ 10.) Develop an understanding of the thinking errors, how they pertain to you and coping skills you can use to stop the use of them
- _____ 11.) Demonstrate healthy problem-solving skills
- _____ 12.) Attend and participate in all groups.
- _____ 13.) Must meet 8 weeks before you request for level III and complete Phase II
- _____ 14.) Present your level2 checklist to higher level peers. Peers must sign it to acknowledge you are in accordance with all of these responsibilities.
- _____ 15.) Rooms must be maintained according to MCS policy

Privileges:

- 1) May attend activities escorted by Residential Counselor
- 2) May place two 10-minute phone calls to approved family members per week which will be paid for by MCS
- 3) May have books, magazines, games (not electronics), sporting equipment (no bats) in room
- 4) May have items from the game closet in your room
- 5) May stay up a half hour later than Level I.
- 6) May use cologne, body sprays and hair products
- 7) May request to purchase belongings with the money in your account. Limit is set at \$5.00
- 8) May request to participate in extracurricular activities at level 2-5 and have phase 2 complete.
- 9) May request to check out books from the public library.
- 10) May have all previous level privileges

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Level III

Responsibilities:

- _____ 1.) Continue working on all of the requirements for the previous levels
- _____ 2.) Complete homework assignments without prompting from Residential Counselor
- _____ 3.) Confront peers four times weekly on inappropriate behaviors outside of Residential Counselor presence
- _____ 4.) Incidents of physical aggression, verbal abuse, stealing, secretive behaviors, or leaving campus without permission (AWOL) should be decreased 75% from the baseline.
- _____ 5.) Confront self and call GTO's (Group Time Outs) for inappropriate behaviors and thinking errors.
- _____ 6.) Share what you have learned in the program
- _____ 7.) Discuss with the group your own behaviors and how they affect others.
- _____ 8.) Accept confrontations from peers and Residential Counselor by reducing the baseline incidences of arguing by 90%.
- _____ 9.) Initiate helping others
- _____ 10.) Help organize unit tasks and activities
- _____ 11.) Must help mentor lower level clients on unit rules and responsibilities
- _____ 12.) Must do a monthly GTO on what you have learned up to this point in your program
- _____ 13.) Must plan a group activity once a month with BHIS worker for all peers on the unit
- _____ 14.) Must lead a housekeeping meeting once a month.
- _____ 15.) Help peers during group. Help them to understand concepts, and work on assignments.
- _____ 16.) Maintain passing grades
- _____ 17.) Must meet 8 weeks before you can request for Level IV and complete phase III.
- _____ 18.) Present you level3 checklist in GTO's. Peers must sign it to acknowledge you are in accordance with all of these responsibilities.

Privileges:

- 1) May support himself outside alone on campus for 30 minutes
- 2) May be a positive peer for peers on Level I
- 3) May place two 15-minute phone calls to approved family members per week which will be paid for by MCS
- 4) May have electronics in room including: stereos, video game systems, portable DVD players, etc. (excluding: any system with internet access and MP3 players)
- 5) Will receive a \$3.00 allowance per week
- 6) May attend prom and homecoming if in the appropriate grade. Dates for these activities may
- 7) May request for money from packet for met weeks. Limit \$7.
- 8) May work off campus with approved persons.
- 9) May attend community outing once a month. (Movies, community events, celebration days)
- 10) May request to attend extra-curricular activities off campus
- 11) May choose personal chore for the week
- 12) May carry a back pack to school
- 13) May stay up half hour later then level2
- 14) May choose which 2 phone call days you would like to set for the week.
- 15) May request for books or DVD's from the public library
- 16) May have all previous level privileges
- 17) After the client has had five successful home visits, the parent may authorize the client to have unsupervised time for social interaction with peers at an approved setting (park, front yard).

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The relapse prevention plan from Phase 4 must be completed and presented to your BHIS worker prior to this privilege being in effect.

Level IV

Responsibilities:

- _____ 1.) Continue working on all requirements for previous levels
- _____ 2.) Confront peers at least 6 times weekly on behaviors outside of Residential Counselor's presence
- _____ 3.) Assist peers with their issues by sharing your own issues and expressing compassion/concern for them and their feelings
- _____ 4.) Volunteer for additional tasks and responsibilities
- _____ 5.) Demonstrate appropriate behaviors in unsupervised situations
- _____ 6.) Discuss empathy for others with the group: feelings, conflicts, needs, consequences, and your behaviors.
- _____ 7.) Help Residential Counselor conduct a group at least 1 time per week.
- _____ 8.) Must be a positive peer for all lower level peers.
- _____ 9.) Must assist peers with questions on program assignments
- _____ 10.) Must complete a positive peer culture session once a week with all peers on the unit.
- _____ 11.) Must work on Independent Living Workbook to prepare for discharge.
- _____ 12.) Must hold a group on empathy once a week.

Privileges:

- 1) May attend outside activities alone whether they are on or off campus
- 2) May place two 15-minute phone calls per week to approved family members which will be paid for by MCS
- 3) May call approved friends at your own expense once per week
- 4) May have caffeinated beverages if not diagnosed with a hyperactivity or attention deficit disorder
- 5) May have a girlfriend and go out on dates with Residential Counselor approval
- 6) May request to be off charts, if all programming assignments have been completed.
- 7) May carry \$5 a week on you, pending the money availability in you packet.
- 8) May stay up half hour later then Level 3
- 9) May carry back pack to school
- 10) May get Facebook with parental consent and Residential Counselor monitoring at approved times.
- 11) May email friends with Residential Counselor monitoring
- 12) All previous level privileges.

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Client's Name: _____

DOB: _____ Title 19: _____

Phase 1 Assignments:

- 1.) Sexual Behavior Checklist _____
- 2.) Abuse Forms _____
- 3.) Sexual acting out forms _____
- 4.) Sexual abuse crime assignment _____
- 5.) Paper on how you feel about your sexual acting out behaviors _____
3pg typed
- 6.) Pathways Chapters 1-4 _____

Phase 2 Assignments:

- 1.) List of 101 coping skills _____
- 2.) Cycle and thinking errors when in cycle _____
- 3.) Life Story or History 5+pages _____
- 4.) Sexual Autobiography -5pg typed _____
- 5.) Pathways Chapters 5-9 _____

Phase 3 Assignments:

- 1.) Letters to Victims _____
- 2.) Victim Perspective _____
- 3.) Assignment on how your life has been affected by being abused _____
- 4.) Letters to your abuser _____
- 5.) Letters to your parents _____
- 6.) Letter to your victim's parents-if not your parent _____
- 7.) Pathways Chapters 10-13 _____

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Phase 4 Assignments:

- 1.) Prevention Plan _____
- 2.) Prevention Plan for dating _____
- 3.) Re-offense Prevention _____
- 4.) Assignment on building healthy relationships 2pg _____
- 5.) Assignment on my values and beliefs about sex -2pg _____
- 6.) Completion of the Relapse Prevention Workbook _____
- 7.) Application for Discharge _____

Assignments to be completed for AFG behaviors:

- 1.) Complete Offense Form or Sexual Acting out Behavior Form
- 2.) Write out each phase of the cycle, identify the definition of each phase, give an example of each of your behaviors which fit into each part of the cycle, and list one intervention you could have used to stop yourself at that point.
- 3.) Identify the thinking errors you used and how they enabled you to do this behavior
- 4.) Identify who was affected by your behaviors and how
- 5.) Relational Repair: perform one act of kindness towards somebody

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Behavioral Level System

Firm follow through on level privileges for what they are allowed is expected. Consistency is IMPORTANT and will be key to this being effective.

Level 1 – Transition level

- Allowed one book, one security item (book, blanket, stuffed animal), and bible
- This level will have an 8am bedtime.
- If meets requirements of no major consequences and meetings program requirements for 3 consecutive days client will become a level 2.
- Client is not eligible to assist with chores or hold others accountable and would miss MCS outings if on level 1 during the outing.
- If client is placed on consequence for a major behavior, client will have to serve 24 hours for the behavior before starting the level system over. During this time staff will place all of the items client has received in a tote to be placed upstairs until client gets back to required level (consistency).

Level 2 – Lower Level

- Allowed all toys, books, and personal items with exception of electronics or objects deemed unsafe.
- Client will have option for off campus visits if requirements are met and will be eligible for MCS outings.
- Client will have 8:30 bed time.
- Client can now hold peers accountable and would be eligible for advocate outing if they meet requirements.
- Client must meet 7 consecutive days on level 2 to become level 3. Met days will consist of meeting all program requirements and having no behaviors requiring a CIR. If CIR (minor) 7 days will start over. If requiring CIR Major, he will be dropped back to level 1.

Level 3 – Upper Level

- Client will be allowed all toys including electronics in his room along with all items denoted in previous level privileges. (wifi capable gaming devices must be checked by Tanner)
- Client will have option of requesting for money at staff discretion once per week.
- Client will remain on this level until he has behavior requiring a CIR. If client has a behavior requiring a CIR (minor) he will be dropped to level 2 and that will be his consequence for that behavior. Client will not serve 24-hour consequence. If client has a CIR (major) he will serve his 24-hour consequence and will start the level system over. Please remove the items whenever this occurs.
- CIR Minor – Drop to level 2 CIR Major – 24-hour consequence and start over level system
- As a level 3 at the end of each week if client has not met their requirement of completing a weekly phase assignment the client will receive a level drop to 2-0. This will be issued by the BHIS workers weekly.

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* Essentially a client could become a level 3 in 10 days, but would require 10 days without even a minimal CIR. I would like to clarify that CIR will not automatically denote a level drop or day drop as this would be too discretionary and could lead to people writing CIRs out of spite on a rough day. It would need to be something that is reviewed by one of the following personnel; Caseworker, Program Supervisor or Director.

*Emphasis on redirecting small behaviors not requiring CIR, but nothing other than redirection and reminder. No essays, no loss of privileges, etc. Utilizing a loss of free time would be encouraged as this would fit as a logical consequence for poor time management.

* Totes should be utilized by staff to make sure that items removed for behavioral reasons are kept orderly for each client.

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Client's Name: _____

DOB: _____ Title 19: _____

Phase Assignments:

- 1.) Thinking Error Assignment _____
- 2.) Behavior Checklist _____
- 3.) Anger Cycle and thinking errors when in cycle _____
- 4.) List of 101 coping skills _____
- 5.) Safety Plan _____

Workbooks:

- 1.) Anger workbook for Teens _____
- 2.) Social Success Workbook _____
- 3.) Cool, Calm, and Confident _____

Following completion of the phase assignments clients will be assigned individualized programming workbooks tailored to their needs and will have individualized unit goals to address issues such as anger, social skills, or other needs.