

November 6, 2019

Ginny Monk
Lisa Hammersly
Reporters
Arkansas Democrat-Gazette

Ms. Monk and Ms. Hammersly:

Thank you for your interest in the children we care for at Piney Ridge. As you know, we are a specialized program that works with at-risk youth. They are very vulnerable children and often act out because of their difficult psychological and health histories.

Piney Ridge is accredited by The Joint Commission and fully licensed by the Arkansas Department of Human Services' Division of Child Care and Early Childhood Education. Piney Ridge is surveyed regularly by independent regulatory agencies and views such surveys as essential to its goal of continuously improving patient care. The surveyors review medical charts, evaluate educational records, interview staff, tour the campus, review programming, review policies and procedures, inspect the grounds, monitor medications, analyze staffing ratios, and examine every aspect of our program. These surveyors also interview the children and parents we serve.

We hope the information below will aid you in your reporting. If you have additional questions, let us know.

1. Housing for residents.

- Staff remain outside bedroom doors at all times during sleeping hours. The bedrooms are empty and locked during the day. Consistent with State licensing regulations, we have bedrooms with 1, 3, and 6 children per room. Our residents are grouped based on age and functioning, as well as their clinical needs. Resident bedroom assignments are closely monitored and are changed as needed.
- Residents are supervised at all times. Any allegation of abuse among residents is promptly reported to law enforcement, state agencies, and guardians. Any allegation is thoroughly investigated and, when indicated, corrective action is taken.

2. Use of restraints.

- All restraint events are compliant with federal regulatory requirements (42 CFR 483.350 through 42 CFR 483.376). The regulations for restraints are very strict and require orders by physicians or other licensed practitioners who are trained in the use of emergency safety interventions. We also defer to the State Medicaid and licensing regulations.
- Piney Ridge strictly adheres to its policies regarding the use of physical and chemical restraints.
- Restraints are an unfortunate reality for treatment programs like ours. They are used only when necessary and only for the physical safety of the child and others.

3. Staph infections.

- Staphylococcus bacteria is a type of germ commonly found on the skin or in the noses of healthy individuals. Most of the time, these bacteria either cause no problems or result in relatively minor skin infections.
- Medical staff are available 24/7 with in-house medical coverage by a physician. All positive infections are treated per medical order and the children are followed by medical staff until the infections are resolved.

4. The physical structure of the facility.

- The population of youth we care for here are prone to outbursts and property destruction and damage to the building does occur. There is a consistent workforce in place to make repairs and to address damage to the building.
- There are times when the units are loud, such as during transition when residents return from school. This is managed by direct care staff and does not generally persist. In the event that a resident or a limited number of residents attempt to remain chaotic and disruptive, other residents are relocated to allow for continuation of regular programming.

5. Psychosexual evaluations.

- In compliance with our internal policies and State regulations, our clinicians complete psychosexual evaluations of all residents within seven days of admission.

6. Meals on Units (“MOU”).

- Meals on Units is an intervention that is assigned with clinical or medical discretion. MOU is not used as punishment. MOU is assigned based on a resident’s unwillingness or inability to follow prescribed diets or to maintain behaviors in the cafeteria that allow for the safety of themselves and other residents. MOU, as with other programs like ours, is assigned for brief intervals of time and is reevaluated by the treatment team.

7. Housing of lower functioning and autistic youth with higher functioning youth, along with programming for the children.

- Youth are individually evaluated prior to admission. A resident’s diagnosis, IQ, and adaptive skills are all considered as part of the admission. We accept youth with FSIQ of at least 70.
- Treatment is individualized for each resident. Expectations, therapy, assignments, coping skills, and other aspects of treatment are adapted as needed.
- Mixing functioning levels, similar to inclusive classrooms, improves the outcomes of natural teaching methods and positive peer interactions.
- Residents follow a structured and full daily schedule that includes school, extracurricular activities, and therapy.
- We continuously work to implement new therapy models that are evidence-based to help the specialized population we serve.

8. Children's clothing.

- Residents have multiple opportunities throughout the week to do laundry with staff assistance. Staff do the laundry for children under the age of 12.
- Residents have the right to choose the clothing they want to wear each day, as long as it meets Piney Ridge dress code guidelines. We might discuss their choices in laundry and clothing in group and individual therapy sessions.
- Hygiene issues are addressed on the units and in individual therapy by the resident's primary therapist.

9. Staff training.

- On hire, all direct care staff are required to attend CPI's Nonviolent Crisis Intervention training, which teaches Physical Intervention – Holding Skills. Every six months of staff employment, they attend a refresher course. Part of the training includes a focus on safety, protecting rights, safeguarding vulnerable people, and reducing or managing risk to minimize injury or harm. On hire, staff go through a four day orientation that includes in-person trainings such as:
 - Employee Handbook (which includes policies like Violence in the Workplace, Safety and Security Programs, Staff Rights, Boundaries, Grievance and Problem Solving)
 - The Emergency Safety Intervention policy is provided to all employees.
 - Risk Management
 - Staff Information Guidelines
 - Classroom Guidelines
 - Resident Handbooks
 - Residents' Rights and Privileges
 - Daily Schedules
 - General Safety
 - Hazard Communication for Chemicals
 - Cleanup Procedures
 - Emergencies
 - Infection Control
 - Blood Borne Pathogens
 - S.A.Y. Training (Children and Adolescents with Sexual Behavior Problems)
 - Child Development
 - Trauma Informed Care
 - CPR Training
 - CPI Training
- Orientation also includes online training such as:
 - Compliance
 - Zero Tolerance
 - High Reliability
 - Workplace Violence
 - Online HealthStream Courses that all new hires are required to complete.
 - Rapid Regulatory Compliance: Clinical I

- Rapid Regulatory Compliance: Clinical II
- Code of Conduct
- Customer Service
- Identifying and Assessing Victims of Abuse and Neglect
- Active Shooter Response in Healthcare Settings
- Cultural Competence: Providing Culturally Competent Care
- High Reliability
- Introduction to Performance Improvement
- Pain Management
- Workplace Violence
- Social Media
- Medication Terminology: Use of Abbreviations and Symbols
- Diversity in the Workplace
- Suicide Prevention Video
- IT Security
- Infection Control
- WOCO Reporting
- In addition to this 30-40 hours of classroom training, new staff members shadow experienced staff members before completing orientation. Behavioral Health Associates (“BHAs”) shadow three to five complete shifts (24-40 hours) and nurses shadow five complete shifts (40 hours) before being scheduled.
- In addition to this initial training, there are periodic re-trainings and refreshers:
 - Monthly trainings on topics including Rules and Expectations, Verbal Deescalation/Setting limits, Trauma Focused Care, Boundaries, High Risk Behavior.
 - CPI training every six months (everyone is retrained in April and October).
 - CPR training every year.
 - Annual all-staff re-orientation in April of each year.
 - Monthly Health Stream Courses

10. ESL Students.

- Piney Ridge has worked with one resident whose primary language was not English. The resident was assigned to a therapist who spoke the same language and a number of translation assistance services were available to him. As a backup, the resident also was given a translator tablet (and there were three backup tablets in case of malfunction). There never was a time that the tablet was taken from the resident as punishment. The plan regarding communication was addressed with the referring agency prior to the resident’s admission.

11. Academics.

- Summit Academy is an approved program through the Arkansas Department of Education. We follow guidelines as ascribed in the approval process for Arkansas treatment facilities.

- Children are presented curriculums that are based on the Arkansas State Standards. All teachers are special education and regular education certified through the Arkansas Department of Education.
- IEPs are requested from the child's last educational placement. We then review IEPs every nine weeks for progress toward goals.
- The local public school system reviews and monitors the educational services.
- We have credit recovery, supplemental tutoring, math programs, and achievement testing performed both on admission and every nine weeks to measure progress.
- Summit Academy is monitored per compliance and has been in operation for over 20 years as an approved school. It has had no educational complaints during that time.