



Service Description 2019

**815 Orphanage Road
Littlestown, PA 17340
Phone: 717-359-7148
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www.hoffmanhomes.com



Accredited by the Joint Commission

Management Team

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VP Technology & Systems:	Todd Orner, BA (<i>torner@hoffmanhomes.com</i>)

Administrative office is open 8:00 AM until 4:00 PM, Monday through Friday, except on holidays.

There is 24-hour phone coverage at 717-359-7148.

Board of Directors

The Board of Directors serves without compensation and consists of fifteen (15) members elected for three-year terms. Members are eligible to serve two consecutive terms. Four (4) members are elected from related conferences of the United Church of Christ and the Board elects eleven (11) members-at-large. The Board and its four standing committees (Personnel, Finance, Youth Services, Building & Grounds) meet quarterly. The Nominating Committee meets twice a year and the Executive Committee meets as needed.

The Board appoints a Chief Executive Officer through which it employs all other personnel, develops policies, manages finances, and assures that sufficient resources are available to provide services.

Mission Statement

Hoffman Homes for Youth is committed to promoting personal growth and achievement of those we serve through continuous quality improvement, education, staff development, and the use of evidence-based practices.

Vision Statement

We want to be the leading choice for providing innovative human services to the communities we serve.

Purpose

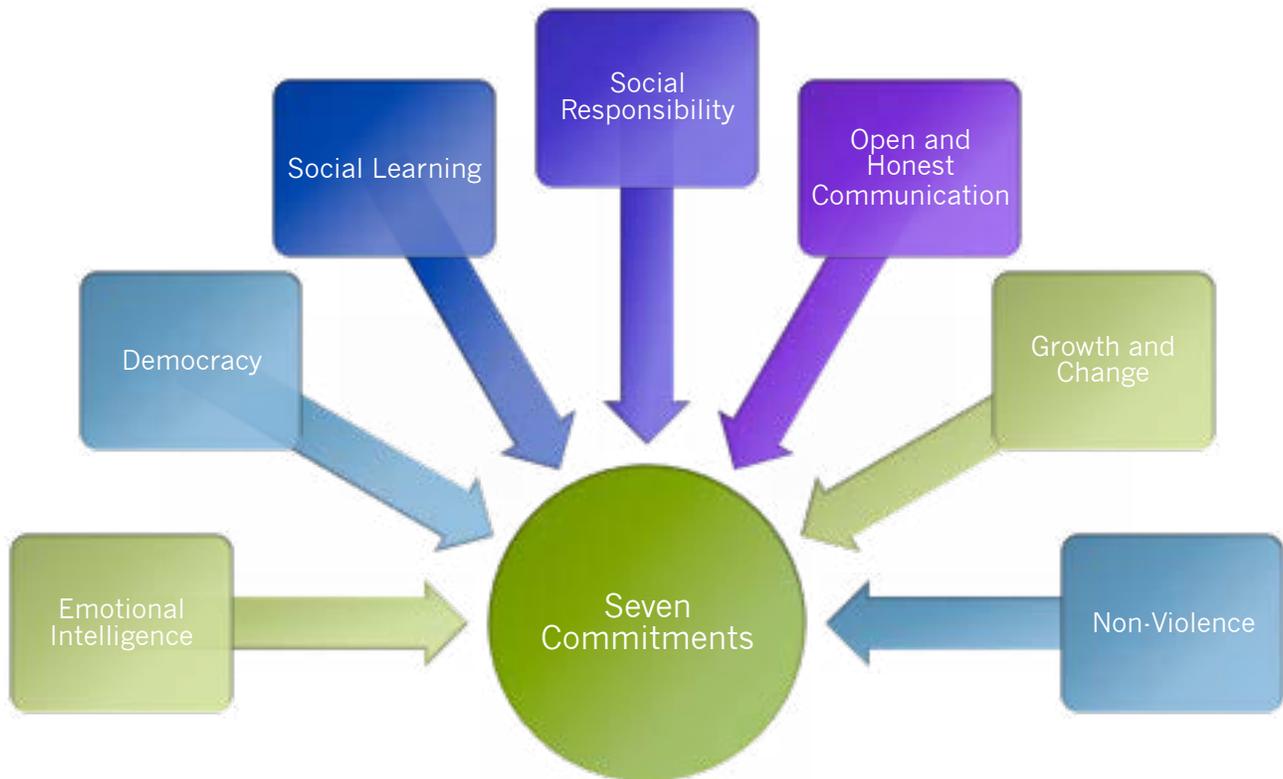
Hoffman Homes, Inc. is a private, not-for-profit Pennsylvania 501(c)3 Corporation related to the United Church of Christ. Our purpose is to provide comprehensive psychiatric care, treatment, and education to children and their families. We are committed to providing services that are cost effective and responsive to the unique needs of each child; always in close cooperation with the parents/guardians, referring agencies, managed care organizations, school systems, and funding sources.

Core Values and Guiding Principles

- Honesty & Integrity
- Commitment to Excellence
- Dignity & Respect
- Safety & Well-being

Commitments

We expect all children in care and employees to follow the seven commitments of the Sanctuary Model in order to make our community a great place to receive treatment and a great place to work.



Ethics

The core values of honesty and integrity drive the ethical conduct of HH. Quality, excellence, and continuous improvement are essential elements to our practices and services. We stake our reputation on adherence to the highest ethical standards, which surpass the letter of the law and embrace open and honest communication with employees, children and families we serve, communities, governments, suppliers, contractors, and competitors. We insist that our employees not only act ethically, but they must also be perceived as acting ethically by those with whom we do business.

Professional Affiliations

Professional affiliations and relationships include Shippensburg University, York College of Pennsylvania, Wilson College, McDaniel College, and Harrisburg Area Community College.

Our employees serve as members of the following:

Pennsylvania Council of Children, Youth, and Family Services (PCCYFS)
Council for Health and Human Service Ministries (CHHSM)
Hanover Area Chamber of Commerce
Gettysburg/Adams Chamber of Commerce
Joseph K. Mullen Training (JKM)
Central Pennsylvania Employment Consortium (CPEC)
Adams County Council of Community Services
Community Care Behavioral Health Quality Assurance Committee
Social Work Advisor Council at Shippensburg University
Adams County Tech Prep Consortium
Association of Fundraising Professionals (AFP)
New Oxford Chamber of Commerce
Hanover Rotary
Fulton County Family Partnership
Summit Health Patient/Family Advisory Council
Franklin/Fulton County Community Coalition
Health Communities Partnership
Society for Human Resources Management (SHRM)
Council for Exceptional Children (CEC)
Pennsylvania Association for Education and Communications and Technology (PAECT)

Licensure

Hoffman Homes is accredited by The Joint Commission as a child and adolescent psychiatric residential treatment facility. We are licensed by the Office of Children, Youth and Families (OCYF) and approved by the Office of Mental Health and Substance Abuse Services (OMHSAS), of the Pennsylvania Department of Human Services (DHS), and by the Department of Health (DOH).

The Hoffman Academy is a school located on our campus, licensed by the PA Department of Education (PDE) to operate a Private Academic School (PAS) 1-12 for Special Education.

Full compliance with fair employment practices is monitored annually by appropriate agencies of the Commonwealth. We encourage parents, guardians, and referring agencies to make on-site review and evaluation visits.

We also work closely with various Managed Care Organizations (MCO) including CCBH, PerformCare, and Magellan to provide services as outlined in our contractual agreements and their provider manual.

Population Served

Hoffman Homes has 9 residences with a total capacity of 113 beds. We admit children with mental health treatment needs ages 6-17 without regard to race, creed, gender, sex, gender orientation, sexual orientation or national origin. Most of the children admitted have experienced significant trauma that may include neglect, physical abuse, sexual abuse, or emotional abuse. Children are referred to us by psychiatric hospitals, case management organizations, local education agencies, Managed Care Organizations, county agencies, and private practitioners.

Many of the children are admitted to HH directly from psychiatric hospitals. Some of these children may require much more direct supervision than others. For some of them, we utilize a protocol known as Intensive Supervision (I.S.) to try to maintain these children in residential care and avoid psychiatric hospitalization. I.S. is staff-intensive and includes one-on-one supervision, 24-hours a day. The consulting psychiatrist makes the determination if a child is placed on the I.S. protocol if the child is an imminent threat to themselves or others.

The children admitted must be able to benefit from the wide range of therapeutic activities provided, such as recreation therapy and physical activities, including off campus outings. Children must also be able to actively engage in cognitive discussions that are part of the milieu, group therapy, individual therapy, and family therapy. Children with serious cognitive impairment would have difficulty participating in, and benefiting from, most of the treatment modalities implemented here at HH.

Although we do admit children with a history of aggression toward themselves or others, those who are currently extremely aggressive or dangerous, or actively suicidal, are not admitted. We expect each child admitted to make a commitment to non-violence.

Cultural Competence

Our treatment program is based on **Child and Adolescent Service System Program (CASSP)** principles. **CASSP** is based on the philosophy that children with serious emotional disturbance have multi-agency needs and that new systems of care and service need to be developed to meet their needs. The systems of care need to be child-centered, community-based, and bring cultural values and ethnicity into greater focus than was true under former systems of care.



Providing culturally competent care can only take place through a multi-level systems approach that examines all aspects of the organization: the clinical care, the physical surroundings, toys and books available to children, documents, recreational and cultural events, and most importantly, staff knowledge and attitudes. We are committed to a culturally competent program that provides our employees with the knowledge, skills, and tools to provide the most appropriate care possible.

While children are in our care, they will be exposed to an environment that will affirm their own uniqueness, while broadening their understanding of the multi-cultural community in which they will live. We consider this a vital part of their treatment program. Children need the tools to be good citizens of the world through developing tolerance, conflict resolution skills, and cultural knowledge appropriate to their age and cognitive abilities.



Admissions

All referral materials are reviewed by the VP of Admissions. The VP of Clinical & Residential Programs, Director of Clinical Programs, VP of Medical Services, consulting physician, and Medical Director also review admission applications as needed. Admissions decision factors include, but are not limited to, the following: psychiatric evaluation, psychological evaluation, social history, trauma history, medical history, cognitive skills, previous placement history, family resources, aggressive behaviors, self-injurious behaviors, substance abuse, sexualized behaviors, and legal history.

Although we primarily treat children diagnosed as mental health clients, children with FSIQ under 70 are considered for admission but may be better suited for programs specializing in treating Intellectual Disabilities. Consideration will be based on cognitive ability and intensity of aggression and self-harm. The children admitted all have a psychiatric diagnosis and family and community resources have been exhausted. Most children are currently under the care of a psychiatrist and are usually receiving psychotropic medication. Residential treatment must be recommended by a psychiatrist as medically necessary and the least restrictive treatment alternative. Typically, treatment considerations include improving coping strategies, processing trauma and loss, reducing aggression, self-harm, or running away

responses and improving relationship skills.

Employees from the Admissions department will contact the referring agency with an admission decision, and if the child is accepted for admission, an intake packet is provided. The packet includes a checklist of documents necessary for admission. All children being admitted must have a current immunization record. If necessary, we will schedule the necessary immunizations (DPT, polio, MMR, hep B, chicken pox) to ensure the child is immunized. Whenever possible, recommendations for alternative programs will be provided to the referring agency if the child is not accepted to HH.

The child's guardian is given a parent handbook and policies to include restraints, time outs and Disabilities Rights Network. Phone inquiries, as well as campus visits, are encouraged. It is important for the child and guardian to have first-hand knowledge of the HH campus, the various services offered, and the manner in which services are presented. Please contact the VP of Admissions to schedule a tour or with questions about our program.

Based on the information in the referral materials, a Safety Plan is developed for each child to address significant concerns in five areas (medical/physical, suicide/self-harm, aggression/violence, substance abuse, sexualized behavior). A treatment plan is also developed with the initial goals in the areas of clinical treatment, medical, and discharge planning. Upon arrival, the child is assigned to one of our residences based on their gender, age, and similarities in the psychiatric diagnosis and symptoms of the other children currently in each residence. Intake occurs with the Admissions Department, Education Services, and Medical Services.

Trauma-Informed Care

Hoffman Homes has implemented a trauma informed approach to treatment. This is an organizational and treatment intervention based on the tenets of trauma theory and an understanding of systems theory. The trauma informed approach addresses the ways in which trauma, adversity, and chronic stress influence individual behavior as well as the ways in which entire organizations can be influenced by trauma, adversity, and chronic stress. This is based on a set of guiding principles as well as some specific tools that reinforce the philosophy when practiced by the employees and children on a daily basis. A trauma-informed culture has an organizing structure for thinking about how people heal and what they need in order to grow and change, rather than an eclectic and disjointed way to provide services.

The percentage of youth in the U.S. who have experienced significant trauma is extremely high; up to 80% and higher for at-risk youth and those living in urban settings and in poverty. Many of those youth have multiple exposures to trauma. At-risk youth with high levels of trauma include those involved in public systems: child welfare, juvenile justice, drug & alcohol, mental health, and those who are homeless.

Evidence shows that programs like HH build resilience, identify and heal trauma, and improve a child's social and emotional development have a significant impact.

Gaining the trust of a traumatized child can be very difficult. Life has taught them that she/he is less likely to be hurt by remaining guarded and withholding trust. As a result, the child may challenge even a caring adult, and "test" the adult to find out if the person perseveres in the relationship or gives up.

Behavior Management (Color System)

As Hoffman Homes continues with its implementation of a trauma informed treatment approach and looks for ways to adapt the understanding of trauma and culture into our community and programs, a behavioral management and incentive system (known as the Color System) has been developed to incorporate Safety Plans and the commitments to work on treatment.

While this system may be appropriate for most of the children admitted, we understand that some children, specifically those diagnosed with Fetal Alcohol Syndrome Disorder, children on the Autism Spectrum, and children with Intellectual Disability Disorder may benefit from a more individualized system. This may involve a variation of the system outlined below, or an entirely different system. When a child is identified as needing an alternative, the Therapist will work with the Directors and VP of Clinical & Residential Programs and the child's treating Psychiatrist to develop a plan that is appropriate to that child.

Based on admission referral materials, all children that appear appropriate for the Color System will be placed on SILVER Level (description to follow) to be assessed for a minimum of 30 days. During this time, the Therapist will work with the direct care staff in identifying the child's needs, behaviors of concern, appropriate treatment approaches, and appropriate intervention methods. This will be done by:

1. Providing admission information to direct care staff for review prior to the child's admission.
2. Providing documentation associated with the child's treatment, to include their treatment plan, safety plan, restrictive procedure plan, high-risk behaviors, etc. to the direct care staff for review once the child is admitted.
3. Team Building and/or Full Team Building meetings within the child's first 30 days of admission where their case will be discussed with the entire treatment team.
4. Clinical consultation as needed via face-to-face or phone conversations between the Therapist and direct care staff, VP of Clinical Programs, and treating Psychiatrist.

Additionally, Therapists, in consultation with the Directors and VP of Clinical & Residential Programs, may also develop individual protocols for individual children to address specific areas of need.

The Color System allows for children to change color levels based on safety and leadership, which thereby provides for additional privileges and incentives. The system also provides opportunities for learning through Restorative Tasks when a child engages in behavior that is hurtful to themselves, others, or the community. Children are also provided an opportunity to earn “Hoffman Bucks” which allows them to purchase items and activities through the on-campus store known as “Hoffman General”.

Hoffman Bucks can be earned in four different ways:

1. A standard weekly amount based on their color level
2. By earning Resident of the Week
3. By earning Resident of the Month
4. C.L.A.S. (Community, Life Skills, and Assistance Services)

Children do not earn Hoffman Bucks for behavior they are expected to display on a daily basis.

There are four (4) color levels: BLUE, SILVER, GOLD, and PLATINUM

BLUE provides the greatest amount of supervision by staff and includes children who have been unable to demonstrate positive coping skills, use of their Safety Plan, positive decision-making skills, and positive communication. These children have created unsafe situations for themselves or others.

SILVER is a step toward greater independence and more opportunities to engage in social activities. Residents on the SILVER level are either new admissions or are individuals who have demonstrated an ability to be safe on campus. They have demonstrated an ability to make positive decisions, utilize their Safety Plan, utilize positive coping skills, and openly communicate their needs. At times these individuals may struggle and still engage in maladaptive behaviors, causing safety concerns for themselves or others. A resident will remain on SILVER level for at least 30 days before they can request a move to the GOLD level.

GOLD is one of the highest levels a resident can earn. These individuals have demonstrated a consistent ability to be successful on campus for at least 60 days. They use positive coping skills, use their Safety Plan effectively, have positive decision-making skills and communicate to their support system when they need help.

PLATINUM is the most difficult to achieve. These children have consistently demonstrated positive coping skills, positive decision-making, positive use of communication, positive use of their Safety Plan, and have contributed to the overall improvement of the HH community. They have demonstrated leadership skills among their peers.

Each month the children may petition their treatment team to advance a color level. There are specific steps the child must follow in order to petition their team. If approved for color advancement, the child is required to maintain a level of safety and responsibility, both at HH and at home during Therapeutic Leaves or day passes, in order to remain on that level. Specific incidents or patterns of behavior may cause the child to change color levels. Prior to a change in color level, a meeting of the treatment team will be held to discuss whether the change will occur.

Residents have endorsed the Color System as being helpful:

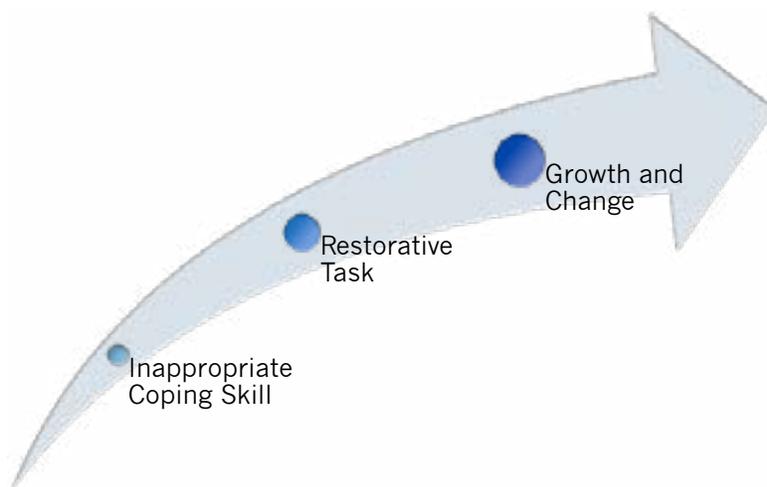
“The Color System is better than other systems because it provides structure and incentives to work toward.”

“It taught me to stay on task and earning more privileges is fun.”

“It helps me look forward to more privileges and independence and helps me think of my actions before doing something.”

Restorative Tasks

At Hoffman Homes, we promote healing and recovery through the treatment process. When children participate in an inappropriate coping skill that is hurtful to peers, self, or the community in general, they will be expected to complete a Restorative Task (RT). Children who have been hurt in relationships need to learn how to heal within the context of a relationship. The purpose of the RT is not to control behavior but to build reparative relationships. Children will be assigned a task to help facilitate this. The task should provide an opportunity for the child to learn from what they did, not punish them. Staff will select the task, with the child's input. A child's privileges freeze until 24 hours after the RT is completed. After the 24 hours, the child will return to full privileges.



Milieu

The milieu includes employees that provide supervision of the children 24 hours a day and who are positive role models of care, concern, consistency, and structure. The employees are responsible for the implementation of the daily schedule in the residence including use of Community Meetings, wake-up and bedtime routines, personal hygiene, meals, chores, recreation, and free time. The offices for the Therapists and MHW Supervisors are located within the residences to provide clinical and supervisory oversight of the milieu.

Daily interaction between children and employees are used to build relationships, trust, and respect. Children have the opportunity to share concerns during regularly scheduled residence meetings or can utilize the grievance process. This is provided to them at admission and is also hung in the residences.

Children are able to participate in many leisure and physical activities. Each residence has space and equipment (TV, video games, board games, books, magazines, etc.) to provide opportunities for relaxation. A fishing lake, playground, basketball/tennis court, baseball field, soccer field, etc. provide plenty of opportunities for outdoor recreation. There is also a gymnasium, cardio fitness room, and indoor recreation center. In addition, residence groups plan trips to surrounding communities including the local YMCA for swimming.

Residence bedrooms accommodate 1-4 children and are equipped with motion detectors to help ensure the children's safety. There are individual storage areas for clothing and personal belongings.

Physical Restraints

As part of our commitment to non-violence, it is our goal to reduce or eliminate restraints. If an employee is unable to de-escalate a child by using prescribed individualized protocols and interventions, and the child is *an immediate threat to themselves or others*, Safe Crisis Management (SCM) techniques known as Emergency Safety Physical Interventions (ESPI) are used. Employees are required to submit a written report of all ESPIs and the report is reviewed by supervisors and department heads. *Use of restraint devices or chemical restraints are prohibited.*

General Treatment Considerations

The children's length of stay, along with treatment intensity and comprehensiveness, is continually monitored to assure best treatment efficacy. *Minimizing the length of stay is a priority of each child's treatment team and the Utilization Review Committee.*

Children and families identify individualized goals and evaluate treatment progress in terms of achieving those goals. Employees offer immediate feedback to the children, and reinforce positive behavior. We support children and families in processing through past trauma experiences and mental health behavioral symptoms.

Hoffman Homes demonstrates, in words and actions, the utmost respect for children, their families, our employees, and creates an environment that values cultural differences, self-examination, listening and learning from each other.

We embrace the concept of family-driven and child-guided care so that children and families are integral partners and have primary decision-making roles in service delivery decisions and agency functioning. We are committed to children and families and make clinically sound discharge recommendations, strive to provide continuity of care, support transitions, promote individualized and culturally competent service delivery and goals, eliminate blame and support the strength of each family member.

We ensure that children, families, and employees feel safe and have a sense of belonging. The children have a developmentally appropriate role in their care and in creating rules, regulations, and policies that govern their living arrangements as guided by our commitments to Open Communication and Democracy.

Recognizing the importance of family involvement to the child's progress, we are pro-active in encouraging the participation of available family members in the total treatment process. Family members are encouraged to be active participants in the child's treatment team meetings. Education and training regarding the child's mental health needs is available to family members and a plan for family therapy is developed in the treatment process. Family visitation is encouraged and is coordinated through the child's therapist. Therapeutic leaves to home and day passes are also part of the treatment process. HH may be able to assist with transportation if no transportation resource is available. There is an on-campus area designated for private family visits, including overnight accommodations that allow for frequent and intensive family involvement. Telephone calls and letter writing with family members are also encouraged (stationery and postage are provided).

Utilization Review

Utilization Review (UR) is a committee of HH employees that deals solely with the appropriateness of service utilization, including the development of admission standards and length of stay based upon the child's level of functioning. The UR committee consists of:

- Psychiatrist
- VP of Clinical & Residential Programs
- Therapists
- VP of Quality & Risk Management
- VP of Medical Services
- VP of Admissions
- Director of Clinical Programs
- The child may be asked to attend in some circumstances
- Director of Residential Programs

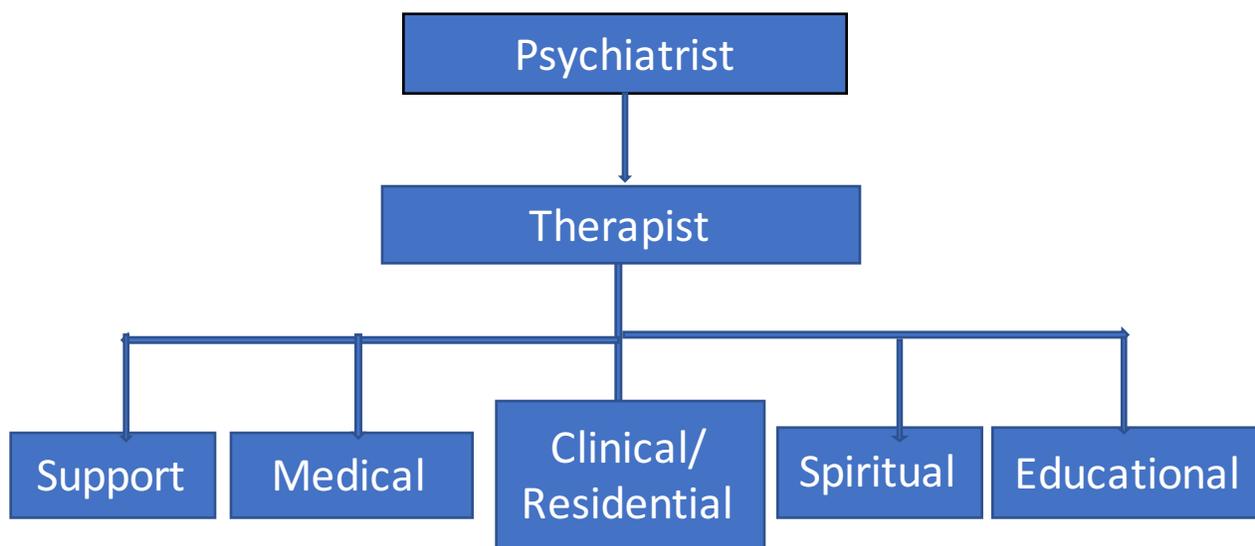
The UR Committee meets weekly and examines over/under utilization. Each case is reviewed at admission and upon request for extension of length of stay in order to assess the appropriateness of decisions, determine trends, and determine future training needs and program development.

Treatment Teams

The assigned psychiatrist is the leader of each child's treatment team that is formed at the time of admission. The psychiatrists approve admissions and discharge plans, provide diagnosis and treatment services, prescribe and monitor medications, direct treatment teams, and provide clinical direction and training to the therapists and treatment team members. Other treatment team members include: the child, parent/guardian, discharge resource if not parent/guardian, agency representatives, home school district representative, MCO representative, and others as deemed appropriate. Additionally, the employees from HH would include: Mental Health Worker (MHW), MHW Supervisor, Mental Health Aide (MHA), Therapist, and Nurse. Other consulting services are provided by a Registered Dietician, Registered Pharmacist, family physician, school psychologist, dentist, and Registered Medical Records Administrator.

When a child is admitted, a social history and Individual Assessment Plan (IAP) are developed. The treatment team then completes the IAP from both written records and diagnostic interviews with the child and family. Included in the IAP are items such as: child's strengths and needs, family's strengths and needs, cultural values and preferences, family supports, community supports, service history, educational history, and interpersonal relationships.

We recognize the complex and varied needs of the children in our care. The treatment plan is developed and designed to meet the specific individual needs of each child. The treatment plan discusses specific mental health symptoms to be addressed, goals for the treatment process, specific objectives for movement toward goals, assignment of employees for carrying out the treatment plan, and method and timetable for goal achievement, including projected discharge date. Treatment plan review meetings occur every thirty days. Throughout treatment, each child is maximally included in the treatment plan and discharge planning.





Aftercare

Discharge and aftercare planning begin at the time of admission. Each child's treatment team works closely with the child, family, and referring agency to develop a plan that will best serve the child and their family. Prior to discharge, a discharge meeting is held with HH staff and the child to discuss progress and ensure the child knows who to call and what to do in case of an emergency. The discharge meeting is also designed to make sure the child is fully aware of the aftercare services.

We prepare a comprehensive discharge folder for the professionals that will be involved in aftercare treatment. The folder includes treatment progress summaries and specific discharge recommendations from each component of HH. Discharge recommendations usually include continued treatment for the child (and often the family) using community-based services. Each child's treatment team stresses the importance of continued treatment following discharge and requires a strong commitment to the aftercare plan.

Quality of Care Team (QCT)

The QCT functions facility-wide and is designed to improve the services and care provided to children and their families. The flow of information and decision-making from the QCT is coordinated by the management team, consistent with the overall HH strategic plan.

The specific methodology used by the QCT is based upon the **FOCUS-PDCA** (Find a process to improve; Organize a team that knows the process; Clarify current knowledge of the process; Understand causes of process variation; Select the process improvement; Plan; Do; Check; Act) format. Every improvement opportunity encountered will not lend itself to the **FOCUS-PDCA** methodology. To the greatest extent possible, we will use the **FOCUS-PDCA** methodology to structure and document process improvement efforts. This approach will create a common set of documents and data that can be understood and shared by all HH employees.

Campus Council

The Campus Council is a representative body of children and staff that meets regularly to discuss issues that affect campus life and programs. Through this commitment to shared governance, children can make contributions to programs, activities, and policies. Campus Council members also demonstrate social responsibility by participating in service projects on campus and in the local communities. Recommendations from Campus Council that require follow-up are forwarded to the management team for review and consideration.

Consumer Satisfaction Surveys

The consumer satisfaction survey is mailed to each child's guardian and referring agency when the child is discharged. These surveys provide the consumer the opportunity to evaluate the overall performance of various program components. The results are compiled and evaluated to assess our strengths and needs.

Clinical & Residential Programs

Masters level Therapists provide individual, group, and family therapy. Therapists function as leaders of the child's treatment team, under the clinical supervision of the Medical Director or other consulting psychiatrist. Their therapy skills are enhanced by regular consultations with the Medical Director, weekly consultation with the Director of Clinical Programs, case review meetings, clinical seminars, weekly departmental meetings, and ongoing training and educational opportunities. Their responsibilities include regular communication with treatment team members and their effectiveness is enhanced by their relatively small caseloads (about 6-7 children per Therapist).



In addition to the implementation of the trauma informed treatment model, the primary theoretical orientation of HH is cognitive-behavioral therapy. **Individual therapy** is provided to each child at least once per week but most children are seen several times a week as the therapists' offices are located in the residences where the children live. Therapists are able to closely monitor the implementation of the child's treatment plan. We expect children to acknowledge and grow beyond past traumatic experiences and psychiatric symptoms. They learn that successful social and emotional functioning comes through responsible behavior.

It is our goal to conduct **family therapy** once a week. Sessions are scheduled to accommodate the family. Family therapy focuses on aiding the transition of the child back into the home or other community living resource.

Group therapy is provided to each child at least two times per week by a Masters level clinician. Additional Masters level group therapy is provided through the Speciality Groups, Art Therapy, Music Therapy, and Animal-Assisted Therapy. Equine-Assisted Therapy is provided by a therapeutic riding instructor.

The residence Mental Health Workers lead psychoeducational groups at least three times per week. A variety of modalities are used, including: discussion, activity, fitness, recreation, and off-campus outings. Groups are formed to achieve specific goals. Ongoing groups address specific issues such as emotion management, coping skills, stress reduction, value clarification, sexuality, self-esteem, stimulus control, and social skills. Weekly activities from the Sanctuary Model's psychoeducational curriculum are also used.

Speciality groups meet in 12-week units and are designed for children who have specific issues to address. The topics may include:

Discharge- Designed for children scheduled to be successfully discharged within the next 30 days. It focuses on transition issues and how the children can be successful in their next setting. Children normally participate a total of 4 weeks or less.

Drugs and Alcohol Psychoeducation- A basic understanding of the addiction process is provided. Commonly used substances are discussed. It also includes children who have family members that abuse substances.

Resiliency- The primary goal is to bring the subject of physical and/or sexual abuse trauma into an open, safe, and supportive setting where feelings can be discussed instead of avoided.

Grief and Loss- Children who have experienced significant losses and have not had the opportunity to process this loss in a systematic way are part of this group.

Self-Esteem- The focus of this group is to provide psychoeducation regarding the topic of self-esteem. Therapists also facilitate group discussion and activities that aid in fostering a sense of personal worth and ability as well as a confidence and satisfaction in oneself that is fundamental to an individual's identity.

LGBTQ- The HERO (Hoffman Education Regarding Orientation) group was developed in an effort to increase education and awareness regarding sexual orientation and gender identity.



Creative Therapies

Creative Therapy programs include Equine-Assisted Therapy, Music Therapy, Animal-Assisted Therapy, Art Therapy, Recreational Activity and Horticulture Activities



Equine-Assisted Therapy teaches children to work safely and appropriately with other children and the horses while developing their horsemanship and riding skills. Sessions begin with group activities such as grooming, leading, and ground-work games to allow the children to become familiar with the horses. Children can move into mounted activities if they are able to display safe handling techniques from the ground. Children suffering from depression can benefit from being outdoors and engaging in the physical activity of haltering, leading, and grooming a horse even before they begin to ride. They can gain self-confidence and assertiveness in getting such a large animal to follow their directions. Abusive and aggressive children learn gentleness in dealing with a horse, as it is too large to be forced and does not respond to bullying. The repetitive movement of a horse at a walk can help relax a child, while the quick movement of a trotting horse can energize a child with a dulled affect. The physical benefits include; improved balance, coordination, and muscle tone, all of which can help self-esteem. While working with the horses, the children learn responsibility and social skills while enhancing empathetic skills.

Music Therapy utilizes music to promote, maintain, and restore mental, physical, emotional, and spiritual health. Used as a coping skill, music brings peace and comfort. Using individual creativity, children learn responsibility while enhancing coping and communication skills. Music therapy promotes improved self-esteem, impulse control, group cohesiveness, and relaxation techniques, while providing children an outlet for safely expressing feelings. Creating music provides a sense of accomplishment and is something they can be proud of and share with others.

Music therapy exposes children to a variety of musical experiences, giving them musical opportunities in various settings, to include individual and group formats. This includes interventions such as instrument play, ensemble performances, passive music listening, song writing, and lyric analysis to help them reach their individual goals. Music is often a highly emotive intervention that proves less threatening than traditional talk therapy. Often, feelings that cannot be conveyed into words can be conveyed through music. It can serve as a life-long coping skill and a form of safe, productive, and healthy self-expression.



Recreational Activity helps children develop and use leisure in ways that can enhance their health, functional abilities, independence, and quality of life. These activities can be used in enhancing self-esteem, increasing their communication skills, and to heighten their sense of self-awareness. Children will learn how to utilize recreation to help manage their anger as well as to learn teamwork and cooperative skills. Recreation groups may include sports, board games, card games, physical exercise, fishing and off-campus activities. There are also special events such as field days, corn toss tournaments, game nights, and various assemblies.



Animal-Assisted Therapy gives children the opportunity to learn about and interact with a variety of animals. Each session begins with an activity to help facilitate discussion and includes caring for the animals, such as feeding and cleaning cages. Sessions end in “free time” with an animal the child chooses to help promote bonding. During this time, children often feel relaxed and comfortable enough to share more about their history, behavior, and treatment goals. Animals and their behavior are used as metaphors for the child’s real life situations. We address the fight/flight response, freeze response, and herd instinct; how humans and animals are alike and different in their responses to dangers and safety. The child is asked to create a safe environment for themselves and the animals that encourages social interaction and problem solving. The goals of animal-assisted therapy are to help the child develop respect toward other living things, learn how to maintain safe and appropriate behavior around animals, develop coping and relaxation skills, to enhance communication and social skills, to cooperate with others, and to develop a sense of self-worth.



Art Therapy provides children with knowledge about art in a non-threatening environment. Using their individual creativity, children learn responsibility and enhance their empathic skills while expressing themselves artistically. By doing so, they enhance their self-esteem, manage stress, and promote overall well-being. Children also learn various skills that they can use in life after returning to their home community.

Seasonal Horticulture Activity includes the use of gardening and nature related activities as a way to work on treatment goals related to self-esteem, personal responsibility, personal achievement, motivation, socialization, self-expression, relaxation, and sensory stimulation. Activities may include planting, plant care, harvesting, cooking, nature walks, and creating nature related crafts.





Educational Services

We are located in the Gettysburg Area School District (GASD) and they are responsible for providing the educational services to the children in our care. Education is provided either in the Hoffman Academy (our on-campus licensed Private Academic School) or in GASD classrooms. The overall purpose is to provide an individualized educational program to each child in the least restrictive environment possible.

In addition to meeting the educational needs of each child, the program is designed to provide a positive experience that will meet each child's social and emotional needs. These individual needs are addressed through the development and implementation of an Individualized Education Program (IEP) that must include input from the child's guardian.

Hoffman Academy

The Hoffman Academy is an on-campus licensed Private Academic School (PAS) that includes classrooms, a library, cafeteria, mindfulness room, sensory room (for children on the autism spectrum), and gymnasium. Each child is issued an Apple iPad to help facilitate individualized instruction. All facilities (indoor and outdoor) located on our 192 acre campus are also available for use as part of the educational experience a child receives in the Hoffman Academy. Creative and flexible methods of meeting the needs of each child are a vital part of our PAS curriculum. Individual and group instruction methods are utilized to best meet the needs of all learners.

In addition, children attending the Hoffman Academy are able to have easy and frequent contact with their Psychiatrist, Therapists, Mental Health Workers, Nurses, and visiting families and referring agencies.



Medical Services

Each child has specific needs that change over time. We provide services 24 hours a day to assist children with these changes. The process includes assessment, diagnosis, planning, treatment, and evaluation. Quality care is provided based upon a continual assessment of the child's physical and psychosocial needs. Standards that identify the critical elements of quality care are in place. The performance of our employees and program is measured against these standards.

Within 24 hours of admission, each child receives a complete nursing assessment that includes vision screening, hearing screening, and EKG, nutritional assessment, abnormal involuntary movement scale (AIMS), Alcohol use disorders identification test, and drug abuse screening test. Within the first 7 days of admission the child also receives a physical examination conducted by a family physician. Laboratory work-ups are completed within 15 days and dental examinations are completed within 30 days of admission if needed.

A family physician comes to our campus 3 days a week. A registered dietician comes to campus once a week to assess any special dietary needs. Services from medical and dental specialists from the community are provided as needed. Pharmacy supplies are provided via a contractual relationship. The VP of Medical Services is responsible for infection control issues. Each month buildings are inspected for infection control compliance.

Nurses, available 24 hours a day, assess and treat sick and injured children. The guardian is notified of any changes in the child's medication, or medical condition, regardless of the age of the child. Illnesses and injuries are also triaged for emergency or physician care.

A registered nurse conducts a nursing assessment of the child within one hour of an Emergency Safety Physical Intervention (ESPI). A brief interview is conducted with the child to discuss the ESPI, and to target other coping skills in an attempt to help the child in behavior modification. Information regarding the child's condition is provided to physicians, treatment teams, and the guardian.

Health education for the children and their families is provided. At admission, each child is given written information on HIV/AIDS and personal hygiene. Screening for sexually transmitted disease (STD) is provided to children at their request. Guardians and children are provided with written information about the child's medication when the medication is started and at the time of discharge from HH. They are also given instructions about any upcoming medical appointments. Nurses are available to answer questions.

Nurses also conduct the orientation and annual seminars for employees on infection control, CPR and first aid.





Spirituality

A religious perspective of love and service to others was the basis for the establishment of the Hoffman Orphanage in 1910, and it is the basis for our existence today. We are related to the United Church of Christ but we function as an autonomous 501(c)3 non-profit organization. The religious services offered are inter-faith and participation is voluntary. In accordance with our commitment to cultural competency, we respect the religious preferences of all children and their families. The religious affirmations upon which our program is based are broad and inclusive:

- human beings have a basic need to look beyond themselves for sources of spiritual strength and truth
- a belief in God is often a foundation for a sense of purpose and meaning in life
- each human being is a person of worth that is not diminished by irresponsible behavior
- each person has the freedom to choose and to change
- every person is called to exercise that freedom with responsibility
- human beings are relational
- the goodness of each life is enhanced through positive, caring, and responsible relationships
- no problem or situation is without hope or beyond redemption or reconciliation

Study/discussion groups called Bible Study sessions are designed to help children examine their religious beliefs and to reflect on the values and actions congruent with those beliefs. Spiritual assessment intake interviews are completed on admission. Specific pastoral and spiritual counseling is coordinated for children with a particular church affiliation who desire contact from a specified clergy. Children are encouraged to participate in their specific religious activities with their families during therapeutic weekend visits at home.



Meals

Monday-Friday (except holidays), all lunches are served in our cafeteria. All other meals (breakfast, dinner, weekend & holiday meals) are served in the residences where the children live.

The employees in the culinary department are responsible for planning, purchasing, preparing, and serving the daily meals for children and the employees that work directly with the children. All meals are planned under the direction of a consulting registered dietician and meet the Recommended Daily Culinary Allowances (RDA) as outlined by the Food and Nutrition Board of the National Research Council. Meals must also meet the National School Lunch Program requirements.

Children who require special diets, as ordered by the attending physician, receive meals that are prepared and served in consultation with the dietician and the American Dietetic Association Meal Manual. Follow-up contacts and nutritional assessments are conducted by the dietician on a regular basis.

Facilities and Safety

The VP of Safety & Facilities Management assures compliance with regulatory agencies. These include OSHA (Occupational Safety & Health Administration), The Joint Commission, the Department of Human Services (DHS), the Department of Environmental Protection (DEP), the Department of Agriculture (DOA), and others.

We believe that providing a safe and comfortable environment is crucial to the child's treatment. The maintenance employees are responsible for general repairs, the potable water system, the waste water treatment system, the utilities, and groundskeeping for our 192 acre property.

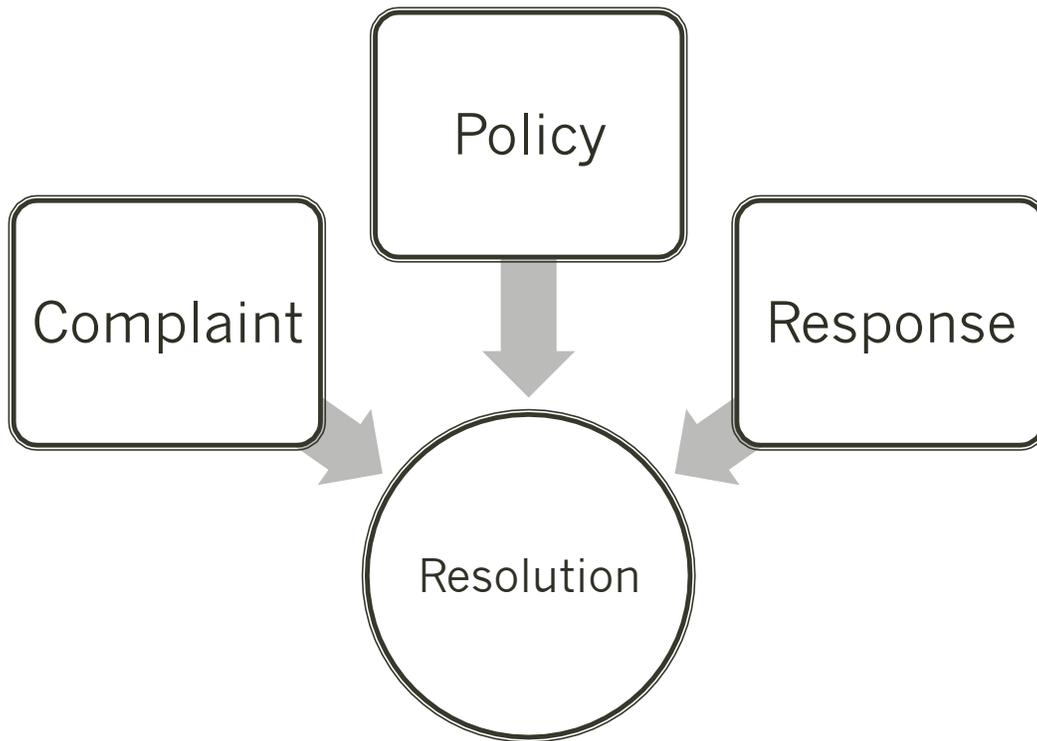
A **Safety Committee** meets monthly and strives to increase the level of safety for the children, employees, and visitors through accident investigation and hazard identification. Committee members conduct monthly inspections to identify safety issues. At least 50% of the members of the safety committee are non-supervisors; this allows for open communication between employees and management and improves workplace morale.

Privacy

Recognizing the importance of written records and confidentiality, we have developed procedures for maintaining up-to-date, complete, and accurate records for each child that are HIPAA compliant. The records are reviewed semi-annually by a certified independent medical records consultant. Any information we release must have the approval of the VP of Quality and Risk Management in order to protect the confidentiality rights of each child.

The Medical Records Committee maintains the accuracy and best practice standards for the records of each child. Specific functions include creating new forms, solving problems related to record-keeping, and monitoring usefulness and quality of documents. The committee is chaired by the VP of Medical Services and recommends changes to the management team for approval.

Complaint Procedure



If a child has a complaint of any type of alleged abuse, the staff member that received the report of alleged abuse will immediately call in the allegation to the DHS Child Abuse Hotline. The VP of Clinical & Residential Programs and VP of Medical Services will also be notified. Medical Services will conduct a nursing assessment of the child and inform the consulting Psychiatrist.

A child that has a complaint about a staff member violating a policy or procedure may register their complaint with the employee's supervisor (the HH organizational chart is made available). The child making the complaint is instructed that he/she may simply express his/her feelings about the issue or may make a formal complaint. If the child chooses to make a formal complaint, the supervisor hearing the complaint will include the employee against whom the complaint is made. Bi-monthly meetings occur to review the chain of command for all departments so that the children are aware.

When a formal complaint involves a specific policy, the conference begins with a reading of that policy. The child registers his/her complaint and the employee has an opportunity to respond. The supervisor will then determine the validity of the complaint and any action to be taken, if necessary. If the child or the employee is not satisfied with the supervisor's decision, an appeal may be made to the next higher level of supervision.

Any referring agency, case management organization, child, family member, or other stakeholder who believes that services are not being provided as agreed upon, are encouraged to contact the CEO.

Staff Training

In addition to the experience and education acquired prior to being hired, a two week orientation training is provided to all employees before they begin working with the children. The training includes 3 full days of Safe Crisis Management (SCM) training. Approximately 3 months of employment, a 1 day SCM refresher course is provided. The full 3-day SCM training is also conducted within 6 months of employment, and reviewed within every six months thereafter. In addition, staff benefit from additional SCM training either via supervisory referral or staff request.

The orientation program also includes training on additional topics such as the Trauma informed treatment approach (1 full day), psychiatric diagnoses, behavioral and crisis intervention, suicide prevention, child development, CPR/first aid, infection control, CASSP principles, confidentiality (HIPPA), mandatory reporting of suspected child abuse, safety, and cultural competence. A strong emphasis is placed on treatment team development and on the education of employees in the skills needed to deal effectively with the children in our care.

Seminars are presented by our consulting psychiatrist and by other Licensed professionals on topics such as ADHD, PTSD, bipolar disorder, sexual behaviors, borderline personality, RAD, and trauma informed care. In conjunction with Shippensburg University and McDaniel University, we present seminars for staff and other professionals that enable them to earn continuing education credits. Opportunities are available for employees to attend off campus seminars and conferences.

In addition, supervisors meet regularly with their employees to address issues, questions, or concerns. Use of the Self-Care Plan is discussed and strongly encouraged for all employees so that they can be the most effective as possible when working with the children. Performance evaluations and development guides are completed for all employees and reviewed on a regular basis.



Staffing Ratios

Our daytime ratios far exceed the Department of Human Services (DHS) mandated ratio of 1:8, based upon the needs of the children we serve. Staffing is assessed daily and additional staff may be assigned depending on several factors. During non-sleeping hours the Everhart Residence has a ratio of 1:6 and all other residences have a ratio of 1:5.

DHS mandates a ratio of 1:16 during sleeping hours. Again, based on the needs of the children we serve, we far exceed the DHS requirement. All of our residences have a ratio of 1:8 during sleeping hours. In addition to the staff assigned to directly supervise the children while they sleep, there is also a Night Shift Supervisor and Nurse on duty. Additional staff (beyond the stated ratio) may be assigned to residences during sleeping hours based on supervisor and clinical assessments.

All direct care staff (and their supervisors), therapists, and nurses carry a walkie-talkie so there can be immediate communication in case of an emergency, enabling staff to respond as needed.

Intensive Supervision and Safety Transition Protocol

Intensive Supervision (I.S.) is an order from the consulting psychiatrist that helps ensure the safety of any child who is identified as being an immediate risk for harm to self (including elopement) or to others. The order for I.S. can only be discontinued by the consulting psychiatrist.

All children returning to HH from an inpatient psychiatric unit during their placement with us will be placed on I.S. and will remain on I.S. until they are assessed by the consulting psychiatrist.

Staff assigned to provide I.S. will keep the child within arm's length so they can intervene if the child attempts to harm themselves or others. The staff will provide constant visual supervision of the child 24 hours a day. During their placement on I.S., the child will have limited access to any items that could be used to self-harm.

Any time a child is removed from I.S. a Safety Transition Protocol (STP) will be developed. This protocol will identify additional safety measures that will be put into place to continue monitoring the child's safety prior to them returning to full programming. The protocol will have restrictions identified based on the behavior(s) that warranted placement on I.S. Such restrictions may include: ongoing I.S. monitoring during bathroom and shower, restriction of certain articles of clothing or items, and/or ongoing I.S. monitoring during certain routines, such as school, outside activities, etc.

There may be times when the STP may be put into place, even though a child was not placed on I.S. This will allow for use of another level of supervision and safety precautions based on the child's behavior.

Special Bed Placement

If a child has a history of sexualized behaviors, the consulting psychiatrist may write an order that the child is placed on Special Bed Placement (SBP).

Children placed on SBP are supervised at all times once the child transitions into the bedroom area to begin their bedtime routine. A staff member is in the room as soon as the child goes into that bedroom area and will remain there throughout the night until the child leaves the room the next day. Staff document updates on the child in this room on an hourly basis and will note any behavior concerns that are presented. The SBP doctor's order is assessed throughout the child's treatment by the child's therapist and consulting psychiatrist for consideration of discontinuation.

Staffing

Management:

The **Chief Executive Officer (CEO)** is responsible for the overall management and functioning of the facility and provides direct supervision to the management team.

Finances:

The **Chief Financial Officer (CFO)** is responsible for the day-to-day operations of the business office.

The **Utilization Review/Billing Coordinator** is responsible for billing for services provided.

The **Inventory Supply Clerk** is responsible for ordering and delivering all paper products, cleaning supplies, and food items to the residences as needed.

Admissions:

The **VP of Admissions** provides leadership and direction to the admissions department, reviews all referrals, coordinates admissions and discharges, and writes the initial Individual Assessment Plan for each child.

The **Admissions Secretary** provides information to referring agencies, hospitals, families, and provides clerical support to the VP of Admissions.

Clinical Programs:

The **Psychiatrist** is the leader of each child's treatment team that is formed at the time of admission. The psychiatrists approve admissions and discharge plans, provide diagnosis and treatment services, prescribe and monitor medications, direct treatment teams, and provide clinical direction and training to the therapists and treatment team members.

The **VP of Clinical & Residential Programs** provides overall leadership and direction to the clinical and residential services department, including Program Managers, Therapists, Creative Therapists, Mental Health Workers, Mental Health Aides, and their respective supervisors.

The **Director of Clinical Programs** provides support and guidance to the clinical personnel by ensuring regulatory compliance and implementation of sound and effective therapeutic strategies.

Fourteen (14) **Therapists**, under the clinical direction of the Psychiatrists, provide individual, family, and group therapy, as well as clinical consultation to staff.

The **Art Therapist** is responsible for the coordination and oversight of art groups and activities.

The **Creative Therapies Supervisor/Animal-Assisted Coordinator** is responsible for the oversight of all creative therapy programs offered and is also in charge of coordination and oversight of the animal assisted groups and activities

The **Music Therapist** is responsible for the coordination and oversight of music groups and activities.

The **Equine-Assisted Coordinator** is responsible for the coordination and oversight of equine therapy groups and activities.

The **Barn Manager** provides maintenance and repair to buildings, property and equipment; maintains equine health; and assists the Therapeutic Horsemanship Coordinator with groups and activities.

Clinical Programs (continued):

Residential Program:

The **Director of Residential Programs** provides support and guidance to the residential personnel and ensures compliance with regulations, policies, and procedures within the residential programs.

Two (2) **Program Managers** maintain appropriate staffing schedules and ratios and assist with the coordination of services within the clinical departments.

Seven (7) **Mental Health Worker Supervisors** provide direct supervision to the Mental Health Workers and ensure that trauma informed care is occurring within the milieu.

Seventy-six (76) **Mental Health Workers** provide support, guidance, and structure in the milieu; they assist the Therapists in providing therapeutic activities and groups.

Two (2) **Night Staff Supervisors** are responsible for the Mental Health Aide schedules and their direct supervision.

Thirty-Two (32) **Mental Health Aides** provide direct supervision of the children while they are sleeping and assist the Mental Health Workers with bedtime and wake-up routines.

Medical Services:

The **VP of Medical Services** provides overall leadership and guidance to the medical services department.

Eight (8) **Nurses** provide the 24-hour care in the Medical Services department including nursing assessments, first aid, and medication administration.

The Medical Insurance Coordinator secures authorization for services rendered by Hoffman Homes for Youth.

The **Office Coordinator** coordinates off campus medical appointments and dental programs.

The **Medical Transcriptionist Secretary** transcribes doctors' notes and evaluations.

Educational Services:

The **VP of Educational Services** is responsible for overall leadership and guidance in the Hoffman Academy and for coordination of educational services with local school districts by working closely with our Clinical and Medical departments.

Nine (9) **Teachers** and nine (9) **Teacher Aids** provide classroom instruction and behavior management in the Hoffman Academy.

The **School Psychologist** provides psychological testing and assists staff in the Hoffman Academy with behavior intervention strategies.

The **Guidance Counselor** works with students in the Hoffman Academy on career counseling and life skills development.

The **Mindfulness Counselor** works with staff and children by instructing and coaching effective mindfulness practices in and out of the classrooms.

The **School Secretary** provides clerical support to the Hoffman Academy including coordination of materials and student records with home school districts.

Human Resources:

The **VP of Human Resources** oversees the processes for payroll, benefits administration, hiring, unemployment compensation, workers compensation, and ensures compliance with regulatory agencies.

The **Human Resources Assistant** provides support to the VP of HR in personnel records, training, and other HR functions.

The **Staffing Specialist** provides support to the VP of HR in recruitment and employment.

Quality Management:

The **VP of Quality and Risk Management** improves quality, minimizes risk, and promotes excellence through education, coaching, implementation of methods, projects, and multidisciplinary teams.

Three (3) **Secretaries** are responsible for providing clerical support to treatment teams.

Fundraising:

The **VP of Development** supervises the development department and is responsible for grant writing, corporate and foundation giving, and other major gifts, as well as special events and donor/community cultivation.

The **Grants Manager** is responsible for identifying organizations dedicated to philanthropy and charitable acts (foundations, corporations, government agencies, etc.) as sources for grants/subsidies providing support.

The **Administrative Assistant** provides clerical support to the VP of Development and assists with various fundraising functions.

Safety and Facilities:

The **VP of Safety and Facilities Management** provides overall leadership and direction to the maintenance, grounds, custodial, and culinary.

The **Food Operations Coordinator** provides leadership in the culinary department.

Two (2) **Culinary Support Staff** help prepare and serve meals in a timely manner.

The **Maintenance Supervisor** oversees the maintenance and repair of all buildings, property, and equipment in a thorough and cost-effective manner.

Two (2) **Maintenance Staff** are responsible for the upkeep and maintenance of the therapeutic environment including buildings, grounds, and equipment.

The **Groundskeeper** is responsible for the maintenance and landscaping of the property.

The **Custodian** is responsible for maintaining the cleanliness of the school, chapel, Medical Services, Administration, and Helb visitation and overnight accommodations areas.

Technology:

The **VP of Technology & Systems** provides oversight of all IT services (communication, computers, and security systems) for Hoffman Homes.

The **Technology Support Specialist** is responsible for providing support for the campus computer, communication, and security systems.