

INTRODUCTION

The staff of the MIDWEST CENTER FOR YOUTH AND FAMILIES welcomes you to our facility and we are looking forward to working with you, your family and your child.

We recognize how difficult it may have been for you to place your child in a facility away from home and wish to provide you support in any way we can. We also understand that you will likely have many questions about your child's treatment, as well as questions about the program rules and daily procedures. We are hopeful you will find this handbook helpful in providing answers to some of your questions.

TREATMENT PHILOSOPHY

The MIDWEST CENTER FOR YOUTH AND FAMILIES is dedicated to providing care and treatment to children and adolescents in a safe, therapeutic and nurturing environment. The residents are taught alternatives to socially unacceptable behaviors and behaviors that are potentially harmful to themselves or others. The objective of the multidisciplinary team is to support your child in becoming a more successful member of the community by ensuring a complete evaluation, proper medication management, psychotherapy, and a program structure that promotes self-esteem and emotional growth. The overall goal of treatment is to reduce the need for your child to require a restricted level of care and foster your child's highest level of productivity by promoting a healthy home environment, positive achievement in school and successful peer relationships.

PATIENT RIGHTS AND RESPONSIBILITIES

Residents and their parents or guardians will receive a list of their rights and responsibilities upon admission. Resident rights may be restricted only in extreme circumstances in which safety concerns are present, and can only be done with a physician's order that is reviewed every 24 hours.

FACILITY INFORMATION

The MIDWEST CENTER FOR YOUTH AND FAMILIES is located on 5 acres in a quiet, rural, setting. Each unit has double occupancy bedrooms, two common areas, and restrooms/showers. Every unit has access to laundry facilities, the gymnasium with basketball and volleyball courts, and outdoor space for activities including a patio. We also have two staff/nursing areas, an on-campus physician's office, five classrooms, one time out area and family therapy meeting areas. All areas are secure and under supervision at all times.

IMPORTANT NUMBERS TO REMEMBER

MCYF Main Number: 219-766-2999 OR 1-888-629-3471

South Shore Academy: 219-766-2999 OR 1-888-629-3471 ext. 628

East Unit: extension 205

South Unit: extension 200

North Unit: extension 207

West Unit: extension 204

OTHER NUMBERS:

CEO/ Managing Director – Mike Perry – 219-766-2999 ext. 101

Director of Clinical Services – Jennifer Gill – ext. 108

Program Director South Shore Campus – Melissa Dutcher – ext. 300

Academy Director – Roberta Ullery-Coombs – ext. 107

Director of Nursing – Tareylon Chairse - 221

Day Shift Staff Supervisor – Chris Singel – ext. 218

Evening Shift Staff Supervisor and Resident Advocate – Melita McClaine– ext. 222

Weekend Shift Supervisor – Erma Galvin – ext. 224

Midnight Shift Staff Supervisor –Tien Tran. – ext. 111

Therapy Department

Michael Ruggaber – ext. 227

John Elsasser – ext. 117

Marcee Nightingale – ext. 220

Diane Zaragoza (South Shore Academy) – ext. 621

Tabitha Bolden – ext. 150

Kim Mohr- ext. 227

Intern extensions are available upon request

IMPORTANT INFORMATION

Phone Calls

We encourage regular family contact! For the first 48 hours after admission, residents are not allowed to make or receive phone calls during their adjustment to being at MCYF, however parents/guardians may check in with staff at any time to see how well their child is doing. All residents are allowed to have incoming and outgoing phone calls after this period. Each unit has a designated time slot for phone calls as multiple incoming and outgoing phone calls can make it difficult to get through. All residents and families are encouraged to call

within the designated times, unless special circumstances have been arranged, as interruptions during school and group are not conducive to consistent treatment. We ask that all calls (incoming and outgoing) are limited to 10 minutes each so that all residents have the opportunity to contact family members as well. Please understand as well that phone calls are given in “point order” based on the residents’ daily point earnings. If you have any questions, please feel free to contact your child’s unit staff.

UNIT PHONE TIMES:

East Unit - Daily 7:00 – 8:00 P.M.

Additional Time Sat and Sun 12:00 -1:00 P.M.

West Unit – Daily 6:30 – 7:30 P.M.

Additional Time Sat and Sun 12:30 -1:30P.M.

North Unit – Daily 5:30 – 6:30 P.M.

Additional Time Sat and Sun 1:00 – 2:00 P.M.

South Unit – Daily 7:20 – 8:20 P.M.

Additional Time Sat and Sun 1:15 – 2:15 P.M.

Note: Phone times are subject to change slightly at times due to circumstances on units – our staff will make every effort to adhere to these times whenever possible to ensure you have regular contact with your child.

VISITATION

We encourage each family to have regular contact with their child while he or she is at MCYF. In order to provide the optimal treatment setting for your child, we ask that visitation hours be limited to every Saturday and Sunday from 2PM – 5PM Central time. Visitors must be listed on your child’s contact list (created at intake and approved by the therapist) and must present a picture I.D. at the door prior to visiting. We ask that visitors adhere to our contraband policies and policies regarding food in the facility as each is critical to the residents’ well being. All visitation is supervised by a staff member and may be terminated at any time if behavior during visitation is inappropriate. Other visiting times can be arranged with your child’s therapist if circumstances prevent you from visiting at the scheduled times. You may ask to tour the facility on the day of admission or by appointment, however, minors 17 or younger are not allowed on the units at any time.

MAIL

All residents are encouraged to send and receive mail. Parents and family members are invited to send mail as well. Stamps are prohibited at MCYF and all outgoing mail is sent via metered mail. MCYF will provide envelopes as well. Mail can be monitored by therapists if deemed therapeutically necessary, and residents may not send or receive mail from former residents. Your child’s

therapist will be responsible for delivering all mail and packages. You may send mail to your child at:

Child's Name

MIDWEST CENTER FOR YOUTH AND FAMILIES

1012 W. Indiana Street

P.O. Box 669

Kouts, IN 46347

CLOTHING/LAUNDRY/PERSONAL ITEMS

Each resident is allowed to have personal items, wear their own clothes, etc., however, we discourage residents from bringing in items valued over \$50.00 or large amounts of belongings as we do not have adequate storage space to secure them. Therefore, the following guidelines regarding clothing should be maintained;

7 tee – shirts	10 pair of socks	1 winter coat (if applicable)
3 sweatshirts	10 pair of underwear	winter accessories (gloves, hat,)
7 pair of pants	1 pair of dress shoes	1 light jacket
3 pair of shorts	1 pair of gym shoes	2-3 bras (without underwire)
2 pair of pajamas	1 pair of slippers	

No clothing with gang/ drug or alcohol themes/ satanic themes

No camouflage clothing, military attire or combat boots

No jewelry or makeup

MP3 players are allowed, but playlists must be approved

Music with explicit or excessively suggestive material will not be allowed

No spiral bound notebooks, pens or permanent markers

No outside food, including candy, may be brought into the facility

Due to regulations, blankets are not allowed, however your child may bring in a special stuffed toy or small toys with them.

CD's and CD players are not allowed.

Please remove drawstrings or cinch-ties from clothing items as they can present safety issues.

No hooded shirts/sweatshirts or sweatshirts with large pockets, as they can present safety issues.

Other items may be prohibited, as this is not an all-inclusive list. Your intake specialist or unit staff members will review the contraband items list with you.

MCYF will provide shampoo, soap, toothbrushes and toothpaste, and laundry soap for your child. Adolescent residents, learning independent living skills, will be supervised doing laundry, and staff will take care of pediatric resident laundry.

Please label all of your child's belongings prior to admission. MCYF provides toys, games, puzzles, crayons, markers, paper and craft supplies on each unit, as well as a number of other items that can be earned by the resident as part of our RBT program and incentive store.

Within this system, your child can earn "bonus bucks" to spend on items in the incentive store once a week. Specific questions regarding items allowed into the facility can be addressed by unit staff or supervisors.

MEALS

To meet the nutritional guidelines for each child, balanced meals are provided in the cafeteria by catering staff daily. Special dietary needs based on medical necessity can be accommodated if ordered by the dietician and physician. The dietician oversees the menus as well as allotment of two snacks per day for each resident. We ask that you refrain from bringing snacks into the facility, they will be confiscated. Meals and snacks are served in the cafeteria and common areas, not in resident rooms. In addition to their dietary needs, staff model and teach appropriate table manners/social skills. The residents then earn points during meals for maintaining appropriate table manners and courtesy.

PASSES

Therapeutic passes are an important part of your child's treatment. The purpose of a therapeutic pass is to assess treatment progress and to see whether this progress can be maintained outside of the treatment center. Passes usually occur once your child's behavior has been stabilized. The treatment team makes decisions about passes, with ultimate approval from the child's therapist and physician. Passes are initially limited to a short 4-6 hour pass. As a child's discharge date approaches, an overnight pass may occur in order to facilitate reintegration into the family setting and attend some aftercare appointments. A child must complete a pass application form and obtain staff approval to be eligible for a pass. In addition, a child must be on the appropriate level to be eligible for a pass. The levels are as follows:

Level One – Orientation: No pass

Level Two – Off campus activities can be approved, 4-6 hour passes granted with appropriate behavior

Level Three – Eligible for off campus activities, 4-12 hour passes granted

Level Four – Off campus activities, 4-48 hour passes, 12-48 hour passes granted as discharge date approaches

Level Five – Graduation: Consistent 24-48 hour passes granted for family reintegration

PROGRAM SUMMARY

The Midwest Center for Youth and Families utilizes a medical model program, supervised 24 hours by licensed nursing personnel. The behavioral health workers provide role modeling for residents to encourage more pro-social behaviors such as respectful communication, compliance with authority figures, positive social skills and use of manners. The BHWs are also responsible for assisting residents in developing positive self esteem, appropriate conflict resolution and anger management skills. Residential treatment at MCYF is designed for children and adolescents who have multiple mental health issues and behavioral problems, as well as those who have co-occurring substance abuse issues. It is not uncommon for residents to display aggressive behavior, impulsive behavior, or self harming behavior when they are first admitted. Our staff are trained specifically to appropriately handle these behaviors as well as address issues related to substance abuse, school and family problems, poor social skills and other behaviors related to different situations. Individualized treatment plans are developed by a multidisciplinary team of professional staff following specific assessments that are completed upon admission. These plans focus on a child's strengths and weaknesses as well as the stabilization of aggressive, impulsive or self-harming behavior. Family participation in treatment is mandatory. We expect family members to attend family therapy at least twice a month. We also strongly encourage family visitation whenever possible and consistent communication with the child via phone or mail as a healthy connection between a child and his/her family is crucial to development. The primary family members or guardian is welcome to attend treatment team meetings and is an integral part of treatment planning.

Discharge criteria is based on the outcome being less restrictive and optimum for continued treatment. Aftercare appointments should be set up and attended at least once prior to discharge, as it is important residents have established relationships with aftercare providers. We hope that this process ensures an easy transition from residential to home and outpatient services.

ASSESSMENTS

Each Child who is admitted to MCYF undergoes a variety of assessments. These assessments include, but are not limited to; Intake assessment, Nursing

assessments, Pain Assessments, History and Physical, Self-Assessment Safety Tools, Psychiatric Evaluation, Educational (WRAT-III), and CHIPS diagnostic interview.

Intake Assessment: This assessment provides a glimpse into the current behaviors and functioning of the child. This is conducted by a Masters Level clinician with input from the family or caregivers regarding past behavior, prior treatment and current need for residential level of care.

Nursing and Pain Assessment: This assessment is conducted by a nurse to gain a detailed medical history, including current and past medications, allergies, mental status, current risks to oneself and others, current level of pain or pain management if necessary, sleep and eating patterns, family medical and psychiatric history, immunizations, physical restrictions and current medical state. Initial medical treatment plans and interventions are determined from this evaluation.

Psychosocial Assessment: This assessment is conducted by the child's therapist in order to obtain information about the child's past and current relationships, family functioning, developmental history, psychosocial stressors, legal problems, history of substance abuse, history of previous treatment, current and past school functioning, and preliminary treatment recommendations. The therapist will also conduct a parent and child diagnostic interview (CHIPS) to help obtain information about specific behaviors and provide more information to clarify diagnosis.

History and Physical Assessment: This is a physical exam completed by our pediatrician to assess medical status and provide treatment planning for any medical problems.

Psychiatric Evaluation: This is conducted by the attending psychiatrist who interviews the child and reviews the treatment records. This is done in order to obtain information about the history and course of medications from this interview. Further medication management and medication trials may occur after other information is obtained or behaviors/symptoms change.

WRAT-III/Educational Assessment: This test assesses reading, mathematical and spelling achievement skills in children with an IQ of 60 or above, through the age of 23. This gives our academy staff an indication of where the child is academically and helps to determine if any specific learning needs are present.

CHIPS Diagnostic Interview: The CHIPS diagnostic interview is conducted by a Master's level therapist within the first 30 days of admission. This interview provides the necessary information needed to diagnose current specific behaviors and assists in the development of a treatment plan.

Self-Assessment Safety Tool: This is a questionnaire completed by the child that helps identify triggers for acting out behavior. The child also lists what coping skills he or she has used in the past. This helps staff create an individualized plan of coping skills that builds on what the child already uses.

TREATMENT MODALITIES

Pharmacotherapy: Medication management is provided by the psychiatrist, nursing staff and licensed pharmacist.

Individual and Family Therapy: Therapy is provided by a Master's level clinician. To accommodate the special needs of residents and their families, sessions may be modified (shorter in length, conducted during interactive activities, or tailored to the developmental needs or attention span of the child when necessary). Therapy is designed to assist you and your child in identifying and reducing the amount of dysfunctional behaviors and attitudes that have a significant impact on daily life activities. Areas of focus include interpersonal relationships, impulsivity, accountability, cognitive distortions, social skills and family dynamics.

Group Therapy: Group therapy is conducted by a Master's level clinician through formalized group sessions to assist residents in achieving individual goals via group format. These groups are designed to try and resolve problems common to all members of the group. Some groups may include, but are not limited to, Depression, Spirituality, Young Womens' and Young Mens' Healing, COA, NA, AA, Art groups, and DBT skills groups.

Psycho-educational Groups: These groups are conducted daily by the Behavioral Health Workers and Nursing staff. They are intended to provide education and encouragement for the child to participate in his or her own treatment in a positive, social environment. Groups are conducted after school programming to provide therapeutic structure and assist residents in dealing with behavioral problems including anger management, social skills, conflict resolution and problem solving skills.

Nutritional Education: Nutritional guidance is provided by a registered, licensed dietician. The dietician is available to all residents in understanding the importance of healthy eating habits, to educate residents in appropriate diets for maintaining health and growth and fostering realistic body image. A nutritional assessment is performed by nursing staff and, if necessary, a dietary consult and evaluation will be completed.

Education: Our school day consists of classroom instruction provided by licensed teachers, focusing on core curriculum skills (math, science, language, social studies) We have a year round school program which enables students to remain on target with Indiana State Educational Standards. We utilize the information from our assessments to modify the classes for any specialized needs your child may have. We will also review any information supplied from your child's IEP and do our best to continue any goals listed in their IEP.

BEHAVIORAL MANAGEMENT PHILOSOPHY

The Midwest Center for Youth and Families uses a behavior modification approach to addressing problematic behavior. We respond to problematic behavior by using a therapeutic, non-punitive approach. We use our level system to encourage positive behaviors and reduce negative behaviors. We use interventions to respond to dysfunctional behaviors and encourage residents to engage in more "on target" behaviors. We focus on developing residents' ability to find internal rewards rather than external rewards. That is, we encourage residents to perform positively because it boosts self esteem, for example, rather than a material reward.

Staff function as coaches and role models, demonstrating and encouraging appropriate behaviors and social skills. We utilize methods that do not interfere with residents' rights. We provide natural consequences for negative choices and praise and encouragement for positive choices. We focus on teaching residents to recognize the impact negative choices have on their lives and how to make positive choices instead. For crisis situations in which residents are dangerous to themselves and others, we utilize crisis management techniques such as Bridge Building Techniques®. This system of crisis management focuses on using the least restrictive to most restrictive techniques including verbal de-escalation and physical therapeutic holds. All staff are trained in these techniques and are under supervision of training and nursing staff. Incidents in which a resident may require a therapeutic hold may include active self harming or suicidal behavior, property destruction, use of items intended as weapons, attempts to elope from

the facility or assaultive/aggressive behaviors that has the potential or has resulted in harm to themselves or others. We do not use mechanical restraints, isolation, or seclusion as means of control. Our goal during crisis situations is to respond in the best interest of keeping residents safe, our policy is to work with residents to find out what triggers acting out behaviors and assist them in creating effective coping skills to prevent them. The interventions listed below are examples used to diffuse negative behaviors:

Verbal redirection – Staff set verbal limits for negative behavior and provide alternatives (through choice) as to how the behavior can be turned around.

Self Time-Out- A resident may ask to take a self time out and remove themselves from an activity to regain control.

Staff Directed Time-Out – Staff direct a resident to take a time out. Time outs are limited to one to five minutes, but may be extended per the RBT program.

Physical prompting – Staff provide some physical cues to guide residents away from potentially volatile situations.

Physical escort – Staff walks with the resident, guiding the resident out of a volatile situation into a safer area.

Therapeutic hold – (Bridge Building Techniques ®) Emergency intervention used as a last resort when a resident is physically out of control, or refuses to leave an area that has become unsafe. These holds are designed to assist residents in regaining control. Staff used defined soft-touch procedures that require physical contact to stop the dangerous behavior through redirection of the resident's energy and movement.

PRN Medications – These are medications ordered by the psychiatrist that are used in emergencies to assist the resident in calming down when all other interventions have failed to assist the resident in regaining control.

Specialized Programming or One to One Interventions –These are specific programming procedures based on clinical presentation or behaviors resident is demonstrating. For example, this could mean a resident is restricted to the unit until the negative behavior ceases or receive special assignments to be completed regarding the problem behavior. This is especially common when a resident attempts to elope from the facility.

BEHAVIOR MODIFICATION PROGRAMS

The Midwest Center for Youth and Families utilizes two behavior training programs within the treatment matrix to assist residents in achieving their behavior goals through positive reinforcement.

RBT (Rational Behavior Training) :

RBT programming involves the use of identifying problem behaviors and the emotions that underline them. RBT utilizes a token system, centering on both immediate and short term tangible rewards for positive and negative behavior. It also stresses the importance of recognizing emotional connections to behavior and its consequences both on an individual basis and a group dynamic.

Residents may earn **Bonus Bucks** for positive behavior. This behavior may include but is not limited to, avoiding negative behavior of others, participating in structured activities, completing chores or extra chores, being a positive role model to peers or demonstrating the use of positive skills. Bonus bucks are then translated into “money” that is used in the facility **Incentive Store** each week to buy incentive items to be used during the residents’ free time.

The RBT program is the basic behavior modification theme for the facility. Some units utilize DBT in combination with RBT. Within the RBT program there are five learning levels. Levels are based on the amount of therapeutic work a resident has completed, points earned, length of stay and achievement within the daily programming expectations. Each level requires specific skills to be demonstrated as well as points maintained. A level group led by the resident is required for level advancement. These groups are based on topics per the therapist’s recommendations for the resident and pertain to treatment issues. The following is a brief description of the level system;

Level 1: Level 1 is an “orientation” level in which residents are expected to complete their admission packets and orient themselves to their unit, classroom, and expectations. In this level residents may earn 30 minutes of incentive time. They are not allowed off campus privileges for 30 days within admission and typically do not earn passes.

Level 2: A level 2 resident is able to demonstrate a clear understanding of facility rules as well as expectations specific to individual units, groups and activities. The resident should begin to demonstrate core skills learned in groups and skills training sessions as well as demonstrate at least a minimum of peer mentoring behavior. Level 2 residents may apply for short therapeutic passes with family members and are eligible for off campus activities.

Level 3: Level 3 residents are expected to be able to demonstrate more complex skills, participate actively in their treatment and serve as peer mentors. Level 3 expectations are higher as residents should have advanced in their treatment and increased the intensity of their specific treatment interventions. Residents on level 3 may earn up to 12 hour passes and may enjoy a full hour of incentive time.

Level 4: Level 4 residents are considered “nearly graduates” of the RBT program and must maintain high points as well as demonstrate skills through group facilitation. Level 4 residents earn a full hour of incentive time, and are eligible for overnight passes and off campus activities.

Level 5: This is the graduation level of the program. Residents who achieve this level have completed all of their treatment modules, have had regular, successful, home passes (or placement interviews) and serve as peer mentors. They earn an hour and a half of incentive time among other privileges.

Levels can be “dropped” as a result of continued negative behavior or non-compliance with the program. It is the resident’s responsibility to follow the guidelines of his or her level and expectations. Level drops typically occur in extraordinary circumstances or by treatment team recommendation.

RBT INTERVENTIONS

Time Outs: Time outs are given to allow residents to break a cycle of negative behavior and regain control. Time outs are given at different intervals, depending on infractions. A resident may be placed in time out for cursing, being loud or disruptive, for refusing to participate in a necessary activity, disrespect to staff or peers, physical aggression such as pushing or shoving, minor property destruction, etc.. It is therapeutically vital that a resident serve an immediate consequence after behaving negatively to learn behavior modification. Delays in intervention delay the process of learning and do not facilitate the resident’s ability to learn on his own how to control his behavior.

A FROG: The AFROG worksheet is a worksheet used with residents who do not participate in DBT programming that outlines a negative behavior and breaks it down into smaller, more understandable components. These worksheets are give after a time out is completed to assist a resident in learning what happens before, during, and after a negative behavior occurs and helps them process with staff before returning to an activity.

Contract Pluses: Contract pluses are earned three times a day for completing therapeutic goals. Therapeutic goals are small, manageable goals set by a resident and their staff once a week. These goals include a general facility goal such as refraining from aggressive behavior, property destruction and contraband and a therapeutic goal related to treatment. These goals are reviewed three times a day and a “+” or “-” is earned accordingly. At the end of the week,

contract pluses are tallied and a resident is invited to a “plus party” according to pluses earned per level.

Plus Party: The plus party is a weekly event at the facility. Every resident who earns enough contract pluses for his or her level is invited to participate in an activity as a reward. Plus parties can involve special snacks, movies, games, crafts, or activities arranged by staff. There are times as well where those eligible can attend an off campus activity.

There are other more specific components of the RBT program. If you would like more information on this program, please feel free to contact our staff or discuss your questions with your child’s therapist.

DBT (Dialectical Behavior Therapy):

DBT is a specialized therapy technique that is used on the South, North and West units primarily. It is a program that seeks to validate feelings and issues while learning to accept these concepts by challenging residents to make positive changes. DBT provides opportunities for residents to develop better impulse control, positive coping skills, open communication as well as providing a safe environment for residents to practice ongoing skill development. It is particularly successful with children and adolescents who suffer from the effects of bipolar disorder, substance abuse, panic and anxiety disorders, eating disorders and self-harming or suicidal behavior.

Residents who participate in the DBT program are in a highly structured program that revolves around emotional regulation, radical acceptance and validation of feelings and self worth. It assists residents in minimizing distraction and staying “in the moment” to both recognize and modify emotions. It is an environment of intense learning and use of many acronyms to assist in learning skills. It also involves a specialized skills group and homework necessary to develop skills and advance in the level system.

DBT components include mindfulness, emotion regulation, distress tolerance, radical acceptance and interpersonal effectiveness skills. There are several smaller components within these concepts that are part of the DBT program.

Residents who participate in the DBT program follow the guidelines of the RBT system, but have additional, more specific, interventions to follow as well. They receive time outs, bonus bucks and points/pluses the same as RBT programming, but the DBT interventions are more specific to DBT programming.

DBT INTERVENTIONS

Chain Analysis: The chain analysis is a written tool similar to the AFROG but more advanced and more specific to the DBT program. The chain analysis is used to break down negative behaviors and impulses into four separate parts that include the consequences of using and not using specific skills. The completed worksheet is then used to assist the resident with processing the situation with a staff member or their therapist.

DBT Worksheets: There are a variety of DBT worksheets that are used within the program to assist residents with specific skills. These worksheets are used as therapeutic assignments and voluntarily by residents to help them break down specific situations and apply DBT skills accordingly.

Self Harm Protocol: One of the key aspects of the philosophy of MCYF and the DBT program is safety. Residents who have suicidal or self harming ideations often have difficulty maintaining their own safety in times of crisis. The DBT program not only addresses those issues in therapy/group sessions, but requires specific criteria within the program to assist with these specific issues. If a resident actively self harms, there are specific safety protocols that are followed in order to maintain safety as well as the integrity of the therapeutic relationship between the resident and staff/therapist. This may mean the resident is separated from his or her peer group, and may have restricted access to personal belongings or staff privileges. (up to and including therapy vacation with therapist)

This is a brief overview of the DBT program. If you should have any further questions about the program or specific component, please feel free to contact our staff or discuss your concerns with your child's therapist.

OUR STAFF ARE AVAILABLE TO YOU 24 HOURS A DAY, 7 DAYS A WEEK. IF YOU SHOULD HAVE QUESTIONS OR CONCERNS AT ANY TIME, PLEASE FEEL FREE TO CONTACT US. WE ARE HAPPY TO SERVE YOUR CHILD AND YOUR FAMILY TO THE BEST OF OUR ABILITY AND STRIVE TO PROVIDE YOU WITH QUALITY THERAPEUTIC CARE.

-THE STAFF AND ADMINISTRATION AT MIDWEST CENTER FOR YOUTH AND FAMILIES

