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# Visitation Modernization Proposal

*Smarter Not Harder: Leveraging OSH Resources to Improve Outcomes*



- 06.24.2025

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# Executive Summary

## **What We're Asking:**

Implement a tiered, data-informed visitation model that allows for safe, meaningful, and therapeutic family engagement—on and off campus.

## **Why Now:**

Current off grounds visitation policy is built around rare exceptions (funerals, emergencies). This is not clinically or administratively sustainable. We have the infrastructure, the data, and the staffing flexibility to do better.

## **What This Proposal Does:**

- Aligns visitation with actual treatment goals.
- Reduces risk through structured tiers and oversight.
- Makes OSH feel less like a fortress and more like a facility of care.

## **Bottom Line:**

We're not asking for radical change. We're asking to use what OSH already has—to do the job more effectively, more humanely, and with less resistance from the patients we're here to help.

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# Visitation Privilege Reform

## Policy Exists for Risk-Based Visitation

- OSH already uses a tiered Risk Review process to assign privileges.
- This framework supports graduated access based on individual risk and clinical progress.

## Proposal Builds on Existing Infrastructure

- No new system needed—we propose applying Risk Review tiers to visitation.
  - Structured privileges: from non-contact to on-grounds to supervised off-grounds visits.
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# Strengthening Risk-Based Visitation

## Visitation Can Mirror Privilege Tiers    One Framework, Full Spectrum

- Structured system proposed: from video calls to café visits, on-grounds cottage time, and escorted off-grounds outings.
  - Each tier matched to privilege level via Risk Review—no guessing, no chaos.
  - Uses existing OSH infrastructure to make visitation scalable, fair, and clinically informed.
  - Reduces reliance on exceptions by making visitation part of the treatment roadmap—not a detour from it.
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## Tiered Visitation Model (Aligned with Risk Review Privileges)

### Tier 1: No Contact Visitation

- Video calls or in-person, glass-separated visits.
- Appropriate for new admissions or high-risk patients.
- Safe, low-resource, and easy to supervise.

### Tier 2: Supervised Contact OSH Café

- Limited physical contact (hugs, holding hands).
  - Shared meals from approved vendors in a structured public space.
  - Encourages social connection within bounds.
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## Tiered Visitation Model (Aligned with Risk Review Privileges)

### Tier 3: On-Grounds Cottage Visitation

- Extended, private family visits in Cottage 7.
- Comfortable, home-like setting with built-in supervision.
- Option to include meals from OSH-approved caterers for added normalcy and motivation.

### Tier 4: Escorted Off-Grounds Visitation

- Visits to a limited list of pre-approved public locations.
  - Highest privilege level, with Risk Review and treatment team support.
  - Aligns with discharge planning and real-world reintegration.
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# Why It Works

## 1. Leverages Existing OSH Infrastructure

- Uses current Risk Review privilege system—no policy overhaul required.
- Aligns visitation with already-established safety protocols and staffing procedures.

## 2. Creates Incentive for Engagement and Progress

- Patients understand what's required to earn each level of visitation.
- Reinforces treatment goals through meaningful, real-life rewards.

## 3. Scalable, Safe, and Flexible

- Each tier offers a different balance of oversight and independence.
- Staff participation remains voluntary for outings—no surprise staffing demands.

## 4. Reduces Barrier of Crisis-Based Visitation

- Prevents bottlenecks around emergencies by making visitation proactive and structured.
  - Helps families stay engaged in treatment consistently—not just during trauma.
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# Trust But Verify™

## 1. Built on the Risk Review Framework

- Each visitation tier requires Risk Review approval, just like other privileges.
- Risk mitigation strategies are already part of the privilege planning process.

## 2. Staff-Led, Data-Informed

- Outings and on-grounds visits are supervised only by willing, trained staff.
- Incident documentation and feedback loops already exist—and will be used.

## 3. Transparent & Reversible

- Privileges can be suspended or adjusted immediately if needed.
- Nothing is granted permanently—progress is earned and maintained.

## 4. This Is Not a Shortcut

- This model isn't "relaxing standards"—it's applying standards more meaningfully.
  - Safety is still central. We're just no longer equating *progress with permission to grieve*.
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## Common Concerns & Clear Responses

1. **Concern: “This is too risky.”**

→ *All visitation is privilege-based and risk-reviewed. Nothing happens without structured planning and oversight.*

2. **Concern: “We don’t have the staff.”**

→ *No change to staffing policy. All outings use willing participants only. Cottage and café visits occur within current staffing structures.*

3. **Concern: “We’ve never done this before.”**

→ *Incorrect. OSH already runs supervised outings, cottage programs, and public-space visits. We’re standardizing what we already do.*

4. **Concern: “This is a slippery slope.”**

→ *Only if you ignore the policy framework. Each level is reviewed, justified, and revocable. That’s not a slope—it’s a staircase.*

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# Implementation – Phased, Measured, Accountable

## Phase 1: Foundation (Month 1-2)

- Identify patients eligible for each visitation tier using existing Risk Review.
- Train select staff on visitation tier procedures and documentation.
- Coordinate with Cottage 7 team and Food & Nutrition Services on catering logistics.

## Phase 2: Pilot Launch (Month 3-4)

- Begin scheduled visitations at Café and Cottage 7 for Tier 2 & 3 patients.
- Track participation, incident reports, and qualitative feedback from patients/families/staff.
- Hold standing check-ins to adjust process as needed.

## Phase 3: Off-Grounds Expansion (Month 5+)

- Introduce Tier 4 outings to 1-2 pre-approved local locations.
- Evaluate each outing using existing trip slip documentation and Risk Review feedback.
- Adjust privilege criteria or locations based on outcomes.

## Built-In Safety Valve:

- Any tier can be paused, adjusted, or revoked at any time based on behavior, staffing, or safety events.
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# Let Visitation Work

We've built the policies.

We've written the procedures.

We've trained the staff.

We've screened the risks.

**Now let us use them.**

This proposal doesn't ask for more—it asks to **use what OSH already has** to support treatment, reinforce progress, and reconnect people with the ones who matter.

Every privilege granted through Risk Review is a statement:

*"We believe you're ready to take the next step."*

Let's make that step include something meaningful.

**Visitation is not a favor.**

It's a tool.

Let's use it.

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