

Meridell Achievement Center

PATIENT, PARENT AND STAFF HANDBOOK FOR LA CASA



5/2017

Welcome

Welcome to Meridell Achievement Center! This will be your personal handbook to help you learn our program expectations, and get the most out of treatment while at la casa. We are committed to providing a structured therapeutic environment in which our patients can develop the skills necessary to be successful here and after discharge. Our focus is on developing a sense of responsibility, caring, accountability and respectful communication. We will teach social and coping skills along with helping patients become more aware of how to problem solve effectively, assuming responsibility for their behaviors.

Mailing Address:

(Patient's Name)
Meridell Achievement Center
LaCasa
PO Box 87
Liberty Hill, TX 78642

Email address for parents wishing to contact the unit nurse:

mac.lacasa@uhsinc.com

Residential Treatment Center (RTC) Program Overview

La Casa is the RTC boys unit. This unit utilizes a “Biopsychosocial” model that examines the biochemical, psychodynamic, and social-familial issues which underlie a patient’s behavior. The unit program is a combination of Positive Peer Culture and a relapse prevention approach. In a positive peer culture (PPC) patients assume the task of giving help, accepting accountability, problem solving among themselves, under the guidance of staff. With relapse prevention, Patients are able to work on identifying events that trigger inappropriate behaviors and developing alternative coping and communication strategies for when they encounter these triggers. Relapse prevention combined with a Positive Peer Culture helps patients develop coping, communication, and problem solving skills that reinforces the patient’s responsibility and accountability to the overall peer group and their treatment.

The Treatment Team

Our residential program is designed to help adolescents work on specific issues related to a sense of wellbeing, safety, functioning at home, in society, in school, and relationships. Issues may relate to physical, emotional or behavioral struggles. The Treatment Team is here to help our patients create a climate of trust and openness necessary to problem solving with one another, and holding themselves accountable while maintaining values of respect and caring. The Treatment Team consists of:

Psychiatrist: The primary doctor in charge of the patient's treatment. The psychiatrist monitors each individual's progress in weekly rounds, evaluating all aspects of treatment. Medications are monitored daily.

Therapist: General coordinator of the patient's treatment. He or she ensures the individual is in the appropriate therapies, provides individual therapy, group therapy and family therapy as indicated. The therapist also coordinates therapeutic passes and assists the family in developing viable discharge and aftercare plans.

Nurse: Manages and supervises the milieu (unit). The nurse coordinates the patient's treatment with the other members of the Treatment Team. The nurse is responsible for medication management, safety, and healthcare needs.

Mental health tech. (MHT): Manages patients while demonstrating themselves as a role model. The MHTs ensure the unit is running safely and therapeutically with positive encouragement and time management.

Recreational Therapist: Will provide therapies which assist the patient in learning productive ways to plan and to spend leisure time, coping skills for stressful situations and team building.

Teachers/School: Teachers and school staff work closely with patients, their families, and milieu staff to ensure the academic process is carried out in a therapeutic environment. Meridell's charter school and is fully accredited and patients are able to earn credit for courses.

The Patient: The patient identifies the issues that he needs to work on, develops and uses coping skills, improves problem-solving and communication skills, participates in all activities, groups and therapies, attends school and completes all school assignments, and meets with the psychiatrist to discuss medications and progress in treatment.

Family of the Patient: The family participates in therapy and works with the treatment team to provide support, identify treatment issues, treatment goals and discharge plans.

Expectations

There are a number of basic expectations in place to ensure our treatment environment (milieu) remains safe and therapeutic. These expectations are in place to help patients become successful in treatment and in life. If these expectations are met, expect positive consequences including an increase in level. Expectations will be added or modified, based on the needs of the patients or the unit. If added or modified, the new expectations will be explained so everyone has a clear understanding. These expectations include:

FIVE BASIC SAFETY AGREEMENTS

1. NO RUNNING AWAY.
2. NO SELF-HARM, NO VERBAL OR PHYSICAL AGGRESSION TOWARDS OTHERS.
3. NO CONTRABAND—THIS INCLUDES CHEEKING MEDS, USE OF ANY DRUGS OTHER THAN THOSE ORDERED BY YOUR PHYSICIAN, AND POSSESSING UNSAFE OBJECTS.
4. NO ACTING OUT ON SEXUAL THOUGHTS AND FEELINGS.
5. NO PROPERTY DESTRUCTION.—THIS INCLUDES PATIENTS OWN BELONGINGS

GENERAL EXPECTATIONS

1. Be respectful to yourself and others.
2. Be honest with yourself and others.
3. Have appropriate tone and volume of your voice.
4. Cursing, name calling, racial remarks, intimidating or threatening is inappropriate and not acceptable.
5. Keep appropriate boundaries with both staff and peers. Be aware of your “bubble.”
6. Borrowing, trading, lending or giving gifts to other patients or staff, is inappropriate and not acceptable.
7. Attend and participate in all groups and therapies
8. Attend all activities and participate fully.
9. Attend school daily and meet school expectations
10. Complete personal hygiene daily during scheduled time
11. Rooms and bathrooms will be locked after morning hygiene until evening hygiene time.
12. Use the community restroom in the dayroom during the day.
13. Only change clothes in a restroom
14. Only one person allowed in the room during hygiene or while using the restroom.
15. Inform staff of location at all times.
16. Only go into your assigned room.
17. Only backpacks and journals are allowed in the day room.
18. Lying on the floor should be avoided.
19. Hygiene items must remain in the hygiene closet when not in use

20. For hygiene reasons, slippers, socks or shoes are to be worn in all areas. Shower shoes should be worn in the bathroom.
21. Issues talked about on the unit remain on the unit.
22. The unit must be clean and all doors locked prior to leaving.
23. Snacks are provided by Meridell. For health and safety reasons, no outside food or personal snack items are allowed on the unit.
24. Food should not be taken out of the cafeteria unless approved by staff.
25. A unit radio and TV are supplied on the unit with certain restrictions.
26. Personal electronic equipment and magazines are not allowed. This includes CDs and DVDs.
27. PG 13 movies or less are allowed during scheduled movie times. Movies must be cleared through the treatment team or Charge Nurse. Movies must have appropriate content and message.
28. Books must be appropriate in theme and content.
29. Items containing alcohol, electric razors and other potentially dangerous items will be locked up by staff and may be available to patients as behavior indicates.
30. Symbols, drawings, posters, clothing, and talking about drugs, sex, alcohol or Satanism are not appropriate outside of therapies with a therapist.
31. Residents may not wear earrings or expensive jewelry, including; necklaces, rings, bracelets, earrings, facial piercings or piercings of any kind, as well as spacers (even clear).
32. Hoodie hoods may not be worn on the unit. Hats may be worn straight forward or straight backward, not tilted to the side, and not worn in group, or in school.
33. No drugs, smoking or tobacco products of any kind allowed on Meridell property.
34. Do not dye your hair, give yourself a tattoo, or piercing, this includes enlarging existing piercings.
35. Patients returning from a pass or on campus visits will be searched for contraband.
36. Interaction between units must have treatment team approval.
37. Passing notes to peers or staff is not acceptable.
38. Sharing/reading another peer's journal or mail is not appropriate and is not allowed.
39. Report medical symptoms and/or behavior concerns to staff.
40. Be quiet and respectful during medication administration.

Consequences

One of our program's goals is to help patients make the connection between their behavior and its consequences.

Consequences for inappropriate behavior:

- Refocus assignments
- Loss of activity
- Freeze (level 2 suspensions)
- Loss of privileges
- Level suspension (levels 3 and 4)
- Loss of level
- Restitution
- Loss of trust
- Social restrictions

Consequences for appropriate behavior:

- Praise
- Level Increase
- Group facilitator
- Passes
- Privileges
- Responsibility
- Discharge

Level System

The level system is a level of trust designed to give patients more respect and freedom, as they progress in treatment. It allows patients to practice new social and coping skills in a less structured and supervised manner. It promotes a positive peer culture by allowing higher level patients to show positive leadership, support and to function as role models.

Level One

Level One is reserved for patients that are unwilling to begin or engage in their treatment. Patients will work on a plan to meet expectations. There is no time limit; a patient will remain on level one until he is willing to engage in treatment. Staff will positively support the patient to meet expectations. The Patient will process progress at the end of each waking shift. The staff will give the patient a check if the patient is on task. If off task, staff will not give a check but will give supportive feedback. **When** the patient **has earned** 3 consecutive checks demonstrating consistent positive, productive behavior and engagement in treatment, **then** the patient may **progress** ~~return~~ to normal programming.

Expectations:

- Meet general and Level Two expectations.
- Consistently work on relapse prevention plan and refocus assignments to engage in treatment.
- Process negative actions and problem solve behaviors
- Have a positive plan to be productive in treatment

Restrictions:

- Participating in on/off unit recreational or leisure activities including unit groups, or socializing with peers
- Sit in designated area, away from peers, in staff's direct line of sight
- May go to school, once patient has received two checks, depending on behavior. Will sit at designated area away from peers while in class
- Will eat meals on the unit
- May attend therapeutic groups led by a therapist, once patient has received two checks
- Therapies will be on unit as determined by treatment team

Level Two

Expectations:

- Learn and follow the daily routine
- Follow staff's limits and redirection consistently
- Participates in all groups, activities and therapies
- Be prosocial, productive and positive
- Meet all expectations
- Awareness of who you are, why you are here, what you need to change to be successful
- Develop positive, trusting relationships and productively problem solve when necessary
- Accept and respond appropriately to feedback, accept help and support
- Take time-outs as needed, being able to process feelings associated with time out
- Have knowledge of **current** medications, reason for use, and possible side effects
- Take accountability and accept responsibility for your own actions
- Develop a relapse prevention plan and present to therapist and peers

Restrictions:

- Directly supervised at all times with 15 minute checks
- No video games
- No vending machine privileges

Privileges:

- Eat in cafeteria
- Participate in all leisure activities
- May have on/off campus visits with treatment team's approval

Level Three

Expectations:

- Must maintain all of Level Two expectations consistently
- Leader and role model for all peers, positive effort to do the right thing consistently
- Identify and work on treatment goals while supporting others to do the same
- Focus on positive, trusting relationships and productively problem solve
- **Offers** positive support and encouragement to peers
- Works productively in school, activities and therapies

Restrictions:

- Staff must be aware of your location at all times
- No vending machine privileges

Privileges:

- All level two privileges
- Approved off campus co-ed outings
- May play video games
- One late night on Friday
- An increased level of trust
- Primary room privileges
- Quiet time on the front porch

Level Four

Expectations:

- Maintain all Level Two and Three expectations consistently
- **Be** positive and genuine consistently
- **Be** a positive leader and role model consistently
- Consistently confront negative behaviors
- Complete relapse prevention plan
- **Be** an active listener and positive group facilitator
- Work diligently in school, activities and therapies
- Wear appropriate badge when moving independently off the unit

Restrictions:

- Inform staff of location at all times

Privileges:

- All Level Two and Three privileges
- Friday and Saturday night late nights
- Approved off campus co-ed outings
- An extra phone night
- Coffee and vending machine privileges
- May be on grounds with staff permission
- May petition for specific privileges through treatment team

Interventions Explained

Time Outs:

Patients may be asked, and are allowed, to take personal time outs as a coping skill. A time out is a voluntary quiet time away from others to process/problem solves feelings. This may be done at an assigned area. Time outs are short in duration and you are expected to rejoin the group or activity and communicate feelings after time out.

Redirection (support/help):

When patients struggle to follow limits or meet expectation during a group or an activity, they will be supported to be self-aware, reminded of the expectations, and helped to get back on task.

Process Paper:

Process/problem solves issues that may arise in therapies, school, or activities. Patients will look at what they did, identify thinking errors, recognize how their behaviors relate to treatment and home, and what they need to do in the future to meet expectations.

Missed Activity:

If patient continues to struggle following limits or meeting expectation during a group or an activity after being supported/redirection, they will be asked to remain on the unit while they process/problem solve the issue with a process paper.

Individual Support Program (ISP):

This program is designed to encourage target behaviors through support and refocus opportunities. The Treatment Team, including the therapist, will decide if an ISP is needed. The program may be implemented when the patient is unwilling or unable to meet Level Two expectations on a consistent basis. The targeted behavior of the patient in each activity determines whether he/she may participate in the next activity. If the patient misses an activity, a refocus opportunity (process paper) will be given to help patient get back on task. Patients placed on an ISP may petition to come off in the same way as levels, during staffing, once per week. Patients must have at least one full week of compliance with their ISP to discontinue program

Level Freeze (Level Two suspension):

Used if patients consistently are unable to follow the limits or the meet expectations of Level Two. Patients will be given an opportunity to complete refocus assignments and problem solve how they will be productive in their treatment. Patients on level freeze will **not** participate in leisure activities. Patient will eat meals on the unit. Based on patient's level of productivity and behavior, they **will** attend school; attend groups, and group therapies. After completing all refocus assignments, can process back into the group. Level Freeze will be reviewed every 24 hours as determined by the treatment team.

Level Suspension (Used for Levels Three and Four):

Level may be suspended if patients consistently struggle to meet Level 3 or 4 expectations. Level suspension is used to help patients refocus and get back on task. Temporarily, you will have the privileges of the next lower level while you complete refocus assignments. You will miss late night and level outings. Patients will process behaviors, without prompting, within twenty-four hours or level will be dropped. Two level suspensions in the same week will equal a level drop.

Social Restrictions:

Patients may be placed on social restriction for repeated disruption in the milieu, if patient has demonstrated an inability to treat peers respectfully, or if they make socially inappropriate comments. The decision to put a patient on social restriction is made by the Treatment Team. Patients will engage in therapeutic refocus assignments with an opportunity to problem solve how they will be socially appropriate instead of participating in social activities. Patients on social restriction may attend therapist led groups at that therapist's discretion. Patients may or may not go to the cafeteria based on the patient's behavior. If the patient does go to the cafeteria, he or she will sit at a separate table. Patients will process, in group and be willing to demonstrate socially acceptable behaviors, prior to being removed from social restriction. Social restriction will be reviewed every 24 hours as determined by the treatment team.

Precautions for Safety:

Precautions require a physician's order which sets the parameters and restrictions of the precaution to maintain safety. **Full** precautions require patient to remain on the unit. Precautions can be **modified** and patient is allowed to leave the unit and start building trust. Precautions are **reviewed** by the Physician every 24 hours and renewed or discontinued per patient's progress.

Precautions include:

Suicide- ideations/attempts

Self-harm- thoughts/actions/contraband

Elopement- thought/actions

Assault/aggression- verbal/physical

Medically- compromised

Fall

Close Observation- observation level less than 15 minutes

Patients will be placed on precautions if they are unable to be safe. Patients on precautions will consistently work on their RPP, therapeutic refocus assignments, and processing/problem solving unsafe behaviors. While working on process work patients will be limited to therapist led groups at that therapist's discretion. Once patient has

appropriately processed with the group, patient will be able to return to modified or normal programming.

Community Re-Build:

Community Re-Build is used when a majority of the patients on the unit is off task or unsafe (over 50%). While on Community Re-Build, patients will be on the unit in a group setting to process negative/unsafe actions. All meals, school, and therapies will be held on the unit.

Community Re-Build is a treatment team decision and reviewed as needed. This intervention is designed to help patients process and problem solve behaviors and to build a stronger, healthier unit community.

Therapeutic Activities and Groups

Therapeutic activities and groups include:

1. **Individual Therapy** – patient meets with a therapist to discuss their treatment issues.
2. **Family Therapy** – patient and his family meet with a therapist to discuss family issues.
3. **Group Therapy** – patient and their peers meet with a therapist at least three times per week to talk about housekeeping, and working on treatment issues
4. **Goals and feeling, reflections group**-held daily to get “InTouch” with and process feelings, set treatment goals, and reflect if goals were met.
5. **Unit Groups** – held on the unit to discuss unit and personal issues, giving supportive feedback to peers. Patients may call unit groups as needed
6. **Recreation Therapy**- Recreational Therapist will use recreation and group activities as a tool to help patients with self-esteem, social skills, coping skills, team work and leisure ability and will work on personal growth.
7. **School** - Patient attends school each weekday and meets school expectations. Consequences for behavioral issues at school are addressed during school by teachers and unit staff. Issues must be resolved and school work completed prior to engaging in other activities.

Basic group expectations include:

- Sitting up being attentive and respectful
- Nothing in hands or laps
- Use bathroom and get water prior to group starting
- At least one foot on the floor
- No hats
- Be positive, work on being vulnerable, and offer productive feedback

The Daily routine

The daily routine includes waking up on time, completing hygiene and chores before breakfast. Patients will have goals and feelings journaled and checked to ensure they are ready to start GOALS and FEELINGS group after breakfast. Weekdays, during the school year and summer school, patients will attend school, following class schedules, working on assignments, and/or credit recovery. Daily therapy groups are held during the lunch break, including GROUP or REC therapy. Patients return to school in the afternoon. After school patients will have a “CHECK IN “unit group then participate in leisure activities including board games, dodge ball, and basketball. All activities focus on sportsmanship and fun. The Evening finishes up with hygiene (showers) and REFLECTIONS group. Patients reflect on their day focusing on what went well and how they moved forward in their treatment. Weekends and summer break are similar with the exception of school. Additional leisure activities are in place during those times. On the weekends, patients will have a unit clean up, change their linen and also catch up on laundry. **During our routine, the unit staff is consistently teaching social skills, reminding patients to use coping skills and problem solving skills. Teaching patients to be calm, aware, and respectful as they work on their issues.**

Confidentiality

Your treatment is confidential. Only people involved in your treatment will have access to information about you. We will not give out any information about you without written consent from you or your parents. Because of the nature of this therapeutic community, you and possibly your family will know confidential information about other patients. It is important that this information stay in the group and on the unit. Personal information about other patients must never be shared with anyone outside the unit.

Locked Doors

For safety, the doors to the unit are kept locked. This helps us manage the milieu by knowing who's on /off the unit, also ensuring unauthorized individuals are not on the unit.

Money and Valuables

Please do not bring valuables on the unit. Meridell cannot be responsible for lost or stolen items. Patients may keep up to \$20.00 on the unit. It will remain locked in the nurses' station until needed.

Mail

Mail can be sent and received while in treatment. Mail must be opened in the presences of staff. Mail can be monitored by therapist if therapeutically indicated.

Phone Calls

A phone list is made at the time of admission. Two phone nights are chosen, one during the week and one on the weekend. **Only family members are allowed on your phone list unless otherwise approved by parents and treatment team.** On your phone night, two calls are permitted from your approved list, either incoming or outgoing. Incoming calls must have correct phone code. Calls are limited to 10 minutes each or to one 20 minute call. Phone times are 6 pm until 8:30 pm during the

week and 12 pm until 8:30 pm on weekends. Your phone calls should not include therapy issues unless directed by your therapist. **ONLY YOUR THERAPIST CAN ADD / CHANGE/ EDIT YOUR PHONE LIST, ALONG WITH APPROVAL FROM YOUR PARENTS.**

Off Campus Outings

Off campus outings will be at the discretion of the Treatment Team. Appropriate and safe behavior is expected at all times. Outings are a privilege and you may be held back from an outing if there are concerns about your ability to be safe and/or follow directions.

Religious Practices

Meridell is not sponsored by any religious institution and does not endorse any particular religion. We ask that you discuss issues about religion in Individual Therapy and Family Therapy. It is not appropriate to talk about the religious practices of others in a negative or derogatory manner. A nondenominational church service is offered on the weekend for those that would like to participate.

Level Applications

Patients fill out a level application weekly, explaining treatment progress, giving feedback, and any treatment concerns. The Treatment team will review all applications and give level increases, decreases, ISPs, assignments, and feedback as needed

Medications

Your psychiatrist, as part of your treatment, may prescribe medications. You and your parents will be given information about your medication, and your parents will give consent prior to starting any new medication. It is important that you understand and comply with your medication schedule. Medications teaching will be provided when a new medication is ordered.

Dress Code

Appropriate clothing must be worn at all times. Tight, torn or gang affiliated attire is not acceptable. Clothing topics must be appropriate. Clothing that represents any band/singer is not allowed. Clothing or shoes with writing, drawing, or "graffiti"/inappropriate themes (drugs, sex, and violence) are not allowed. Pants should be appropriate in length, no sagging, underwear should not be showing. Clothing should be loose and comfortable. Hats are to be worn to the front or back only. Patients may not wear female clothing of any kind. Make up and fingernail polish is not allowed. Staff will determine the appropriateness of any questionable clothing.

Gang Activity

Activities related to gang or rave involvement is socially inappropriate and not acceptable in a treatment environment. This includes, but not limited to gang signs, graffiti, bandanas, clothing styles, colors, chains, ropes attached to clothing.

Grievance Procedures

You have been admitted to our residential program to work on specific issues. You have the primary responsibility for your treatment. If you feel your rights have been violated or you have a complaint, you have the right to have your concerns addressed.

You can:

- Ask the staff to help you problem solve an issue
- Fill out a complaint form and ask to speak to the patient advocate
- **Jim Perryman** is the patient advocate At Meridell

Visits and Passes

Family and other selected individuals, on your approved list, may visit. Visits should be set up in advance with your Therapist, or the Nurse. Generally, visits should take place after school or on the weekend. Visits will take place off the unit, in the visitation center, and have a predetermined length. Visits are for family interaction and communication, patients should not spend their visit on cell phones or other media devices. Unless you have made other arrangements with your therapist, visits end at 7:30pm. Therapeutic passes are utilized to provide an opportunity for patients to practice what is learned within the treatment setting in an off campus environment. While off campus, patients will be working on preset goals that are identified in your Family Therapy session. Please sign your child out and in from visits at the Nurse's Office.

Patient Visitation Badges

When you are visiting on campus with your family (or others), please wear your Campus Pass badge so staff can identify you from other children in the group. Wear badges on your upper torso areas, so they are visible from the front. Please remind your visitors to keep their visitor badges on as long as they are on campus, this is for your safety as well.

Sign badges out and back in on the unit.

Discharge

Discharge planning begins the day of admission. However, as each patient nears completion of treatment, plans for discharge will be finalized. The Treatment Team makes all reasonable efforts to assure that discharges occur with adequate pre-planning, including provision for aftercare. The parent(s) are a vital part of this process, including contacting aftercare therapists or applying to group homes. Frequently the referring therapists will be considered for provision of aftercare services. Otherwise, local, qualified therapists may be utilized in accordance with the preferences of both parents and child. Although the vast majority of discharges are made upon recommendation of the physician, a few are considered to be against medical advice (AMA).

According to Texas law, psychiatric patients who are eighteen years or older may request their own discharge from treatment. This request is done in writing and is known as a Request for Release from voluntary admission. When a patient signs a request for discharge, a careful assessment of the current need for services is made by the attending psychiatrist. Patients can also choose and sign themselves back in and continue with treatment.

What to Bring/What Not to Bring

Items you should bring to La casa

- Seven shirts, short or long sleeve. (no band logo or inappropriate advertisements)
- Seven pair of pants/shorts (avoid bringing “skinny Jeans”) no ripped or torn clothing
- Seven pairs of underwear and socks.
- Two pairs of shoes. One of which needs to be athletic shoes.
- Shower shoes/ flip flops.
- Pajamas/shorts/tee shirts for sleeping. (must sleep in appropriate clothing)
- Swimming suit. (During summer)
- Jacket/hoodie or coat (depending on time of year.)
- Stamps, stationary and envelopes.
- Hygiene products without alcohol
- Rechargeable electric razor (if needed).

Items you may bring to La casa

- Appropriate books. Books must be approved by therapist or charge nurse. (No magazines)
- Journals, coloring books, sketch pads, (no metal spirals or magazines)
- Cards (basic only, not trading or character cards) puzzles,
- Up to \$20.00. (This will be kept in the Nurse’s station.)
- Pillow, blanket and bedspread.
- Sunglasses, hat

Items you may not have at La casa

- Cell Phone, camera, lap top or other personal electronic communication devices
- Radio, IPOD, mp3, CD, DVD, videos, tapes, gaming systems or any other media devices
- Watches, jewelry, ear, facial, body piercings or gages
- Flashlights, electric toothbrush or any battery operated devices
- Razors, knives, mirrors and other sharp items with metal, glass or hard plastic.
- Matches, lighters, vapors or any type of tobacco products or accessories
- Nothing related to gang, bands, drug, sexual, or demonic connotations.
- Inappropriate photos or pictures.
- Steel toed footwear or cowboy boots
- Belts, shoe laces, paracords/survival bracelets, bandanas, scarves, ligature items or any clothing with drawstrings
- Aerosols, nail polish/remover or any items containing alcohol
- Personal water bottles or plastic bags
- Snack items, unless on a special diet arranged with the campus dietitian
- Pens, pencils, crayons, markers or paints
- Egg crates

This is not an all-inclusive list. Any items deemed unsafe or not therapeutic by the Treatment Team will be confiscated. We encourage our patients to report to us any situations or occurrences that seem unusual to them or that makes them feel unsafe.

Possession of these items requires permission from the Treatment Team or may be dependent on Level

1. Electric razors may be used with the staff's direct supervision
2. Electric equipment
3. More than \$20 to be kept in the nurse's locked medicine room
4. Musical Instruments

Contraband

The following items are not permitted on the Campus:

1. Weapons of any kind
2. Drugs (street or pharmaceutical not prescribed by your psychiatrist)
3. Inappropriate photographs or pictures (violence, drugs, sexual themes)
4. Rated "R" movies

If a peer has any of the above contraband items, we ask patients to report this to staff. Likewise, any interactions with staff or peers that make a patient feel uncomfortable should be reported. We take these reports seriously and will investigate each one.

PATIENT RIGHTS AND RESPONSIBILITIES

AS A PATIENT AT MERIDELL ACHIEVEMENT CENTER, YOU HAVE A RIGHT:

- To be cared for and treated in the Program that is best suited to your treatment needs.
- To be treated in a manner that respects you and your values and your beliefs.
- To have your physical, emotional, developmental, educational, social and religious needs met.
- To be free from abuse, neglect and any other unusual punishment.
- To receive consequences that are described in your Program Handbook if you do not meet the Program expectations.
- To receive an explanation if you receive any consequences.
- To be in an environment that keeps you safe and respects your need for personal privacy.
- To receive educational services that are appropriate to your age and your education level.
- To have staff assist you and provide training in personal care and hygiene.
- To have and wear personal clothing like peers in your community.
- To have personal possessions that meet the guidelines in your Program Handbook.
- To be provided with clothes that will protect you in any kind of weather.
- To maintain regular contact with your family, unless your Treatment Team or the court decides it is not in your best interest.
- To send and receive personal mail, to have telephone conversations and to have visitors, unless your Treatment Team or the court decides it is not in your best interest.
- To have mental health or medical professionals that are not on Meridell's staff be involved in your treatment at the expense of you and your family.
- To have your family refuse treatment on your behalf and the right to an explanation of the consequences of that decision.
- To contact an attorney or your legal representative.
- To have Meridell use its best efforts to meet your specific communication needs.
- To receive confidential care and treatment.
- To give Meridell your written approval if we ask to use your photograph or we ask you to be a part of our public relations activities.
- To never be required to make any public statement about Meridell or your treatment at Meridell.
- To receive only the medications your physician determines you need for treatment.
- To have a personal Treatment Plan that describes the treatment you will receive to help you meet your personal treatment objectives while at Meridell, and the plan for what your continued treatment will be after you are discharged.
- To be involved in developing and reviewing your Treatment Plan.
- To receive care for any physical problems you have that affect your treatment at Meridell or your personal safety.
- To be educated regarding your responsibility to report to staff any verbal/physical sexual behavior – threats of/forced sexual behavior, perceived or real from patients or staff as well as legal consequences of possible civil proceedings, involvement of local/state police or state agencies.

AS A PATIENT AT MERIDELL, YOU AND YOUR PARENTS/GUARDIANS HAVE THE RESPONSIBILITY:

- To provide accurate and complete health information and to understand your plan of care.
- To follow the agreed-upon plan of care.
- To accept responsibility for the outcomes of refusing treatment or for not following the agreed-upon plan of care.
- To fulfill your financial obligations.
- To follow Meridell's expectations about patient care and conduct.
- To be considerate and respectful of the rights and property of other patients and Meridell and its staff.

PATIENT RIGHTS

- (1) The right to good care and treatment that meets the child's needs in the most family-like setting possible;
- (2) The right to be free from abuse, neglect, and exploitation; and The right to fair treatment;
- (3) Family contacts, including the right to maintain regular contact with the child's parents and siblings, unless restrictions are necessary because of the child's best interest, the decision of an appropriate professional, or a court order;
- (4) Living a normal life, including:
- (5) The right to be able to communicate in a language or any other means that is understandable to the child at admission or within a reasonable time after an emergency admission, if applicable, such as having a plan for an interpreter, having at least one person at the operation at all times who can communicate with the child in the child's own language, or other means to communicate with the child in the child's own language;
- (6) The right to receive educational services appropriate to the child's age and developmental level;
- (7) The right to have the child's religious needs met;
- (8) The right to participate in childhood activities, including unsupervised childhood activities away from the operation and the caregivers, that are appropriate for the child's age, maturity, and developmental level;
- (9) The right to privacy, including sending and receiving unopened mail, making and receiving phone calls, keeping a personal journal, and having visitors, unless the child's best interest, appropriate professionals, or court order necessitates restrictions;
- (10) The right to personal care, hygiene, and grooming equipment and supplies and training in how to use them;
- (11) The right to have comfortable clothing, which is suitable to the child's age and size and similar to the clothing of other children in the community. Teenagers should have reasonable opportunities to select the clothing;
- (12) The right to clothing that protects the child against the weather;
- (13) The right to have personal items in the child's room and to get additional items within reasonable limits;
- (14) The right to personal space in the child's bedroom to store the child's clothes and belongings;
- (15) The right to be informed of search policies and be free of unreasonable searches and unreasonable removal of personal items;
- (16) Depending on the child's age and maturity, the right to seek employment, keep the child's own money, have a bank account in the child's name, and get paid for any work done for the operation as part of the child's service plan or vocational training, with the exception of assigned routine duties that relate to the child's living environment, such as cleaning the child's room, or other chores, or work assigned as a disciplinary measure;
- (17) The right to consent in writing before taking part in any publicity or fund raising activity for the operation, including the use of the child's photograph;
- (18) The right to refuse to make public statements showing gratitude to the operation;
- (19) The right to not be pressured to get an abortion, give up her child for adoption, or parent her child, if applicable;
- (20) The right to be free from any harsh, cruel, unusual, unnecessary, demeaning, or humiliating treatment or punishment. This means the child must not be:
 - (a) Shaken;
 - (b) Subjected to or threatened with corporal punishment, including spanking or hitting the child;
 - (c) Forced to do unproductive work that serves no purpose except to demean the child, such as moving rocks from one pile to another or digging a hole and then filling it in;
 - (d) Denied food, sleep, a bathroom, mail, or family visits as punishment;
 - (e) Subjected to remarks that belittle or ridicule the child or the child's family;
 - (f) Threatened with the loss of placement or shelter as punishment; and
 - (g) Subjected to demeaning behavior to embarrass, control, harm, intimidate, or isolate the child.
"Demeaning behavior" may include using physical force, rumors, threats, or inappropriate comments;
 - (h) The right to discipline that is appropriate to the child's age, maturity, and developmental level;
 - (i) The right to have restrictions or disciplinary policies explained to the child at admittance and when the measures are imposed;
- (21) The right to have a comprehensive service plan that addresses the child's needs, including transitional and discharge planning;

(22) The right to actively participate in the development of the child's service plan within the limits of the child's comprehension and ability to manage the information. The child has the right to a copy or summary of the plan. A child 14 years of age or older has the right to review and sign the service plan, unless there is a reason not to provide the plan;

(23) Medical care and records,

(24) The right to medical, dental, vision, and mental health care and developmental services that adequately meet the child's needs. The right to request that the care or services be separate from adults (other than young adults) who are receiving services;

(25) The right to be free of unnecessary or excessive medication;

(26) The right to confidential care and treatment, including keeping medical records and operation records private and only discussing them when it is about the child's care; and

(27) Complaints, including the right to make calls, reports, or complaints without interference, coercion, punishment, retaliation, or threats of punishment or retaliation. The child may make these calls, reports, or complaints anonymously. Depending upon the nature of the complaint, the child has the right to call, report, or complain to:

(a) The DFPS Texas Abuse/Neglect Hotline at 1-800-252-5400;

(b) The HHSC Ombudsman for Children and Youth Currently in Foster Care at 1-844-286-0769;

(c) The DFPS Office of Consumer Affairs at 1-800-720-7777; or

(d) Disability Rights of Texas at 1-800-252-9108.

Meridell is determined to protect your rights. The only reason these rights can be limited is if your doctor thinks you may hurt yourself or someone else, or if the doctor thinks the limitation is necessary for your treatment. Any time your rights are restricted your doctor will tell you why and for how long. The doctor has to reconsider this restriction on a regular basis so that you can have all your rights back as soon as possible.

If you think your rights aren't being protected, or you just want to talk to someone about your treatment, there are several ways you can do this. Below is a list of resources available to you and your family or guardian.

Unit Nurse

Consumer Services and Rights Protection

Texas Department of Mental Health and Mental Retardation
P.O. Box 12668
Austin, TX 78711-2668
800-315-3876

Disability Rights Texas

7800 Shoal Creek Blvd. Suite 171
Austin, TX 78757
800-252-9108

Charge Nurse

Patient Advocate

Meridell Achievement Center
P.O. Box 87
Liberty Hill, TX 78642
800-366-8656

Joint Commission

One Renaissance Boulevard
Oakbrook Terrace, IL 60181
800-994-6610