



ADOLESCENT INPATIENT PROGRAM HANDBOOK

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INTRODUCTION

Welcome to Jackson Recovery Centers! The staff at the Child and Adolescent Recovery Hospital (CARH) would like to take this opportunity to commend you on your first step. You have made it to treatment and have demonstrated great courage by allowing us to help you. We understand you may be feeling a great deal of fear, confusion, anger and uncertainty about coming into treatment. Addiction is a devastating illness, which requires specific treatments that focus on the physical, social, psychological, and spiritual aspects of your life.

The CARH staff consists of a multidisciplinary team of Physicians, Psychiatrist/Medical Director, ARNP's, Administrative Director, Program Manager, Clinical Coordinators, Milieu Coordinators, Therapists, Nurses, Recovery Counselors, Principal, Teachers, and other health care providers. Together, the staff will work with you to formulate a plan of treatment to meet your individual needs. The first several days of your stay here is a very important time. We understand that adjusting to a new environment and new people can be a difficult task. To better assist you in adjusting to the new environment and participating in the program, you are allowed one phone call on the day of your admission, and no further phone calls for the first 72 hours of treatment. In addition, on-site visitation will be suspended for the first 7 days of treatment. The staff will stay in touch with your family to keep them informed about your progress in the treatment program.

While at the CARH, you are a member of the Recovery Centered Community and will share responsibilities with other members of this community.

Our staff is here for the purpose of helping you. You will be introduced to the staff shortly after your admission. Feel free to ask any additional questions you may have. We are committed to helping you and your family. Our hope is that you have the willingness and desire to help yourself. We look forward to working with you.

TREATMENT PHILOSOPHY

The philosophy of Jackson Recovery Centers is based on the 12 Steps, which were formulated by Alcoholics Anonymous. We are addiction focused and deal with inappropriate behavior in a supportive, therapeutic, structured, and understanding environment. Adolescence is a time for discovery and change. Treatment will help you with that change and help you develop to your full potential.

Each patient will have an individual Treatment Plan, however, the emphasis of the program is the creation of a positive and caring culture within the Recovery Centered Community.

We believe adolescents need boundaries, structure, and responsibility, which can be achieved in our supportive Recovery Centered Community. The ultimate goal is for our patients to find recovery and maintain an addiction free lifestyle. We believe addictions affect both the adolescent and their families in negative ways. Addiction may be arrested, but not cured, through abstinence from all mood altering substances as well as new recovery behaviors. Regular attendance at 12 Step meetings, family treatment, and an individualized treatment plan can help you find successful recovery.

We recognize that approximately 80% of the individuals who have a substance abuse disorder also have mental health symptoms or a psychiatric disorder. We believe that treatment of these disorders at the same time is critical for long-term success in recovery. You will be offered individualized and fully integrated substance abuse and mental health services based on your strengths, abilities and preferences. Our role is to understand your experiences and offer support as you begin this journey of recovery.

THE TWELVE STEPS

The 12 Steps are based on spirituality. We deal with addiction, which is cunning, baffling, and powerful. Without a higher power, it is too much for most of us. Through a higher power, we can find spirituality.

If you want what we have to offer and are willing to make the effort to get it, then you are ready to take certain steps.

1. We admitted that we were powerless over our addiction, that our lives had become unmanageable.
2. We came to believe that a Power greater than ourselves could restore us to sanity.
3. We made a decision to turn our will and our lives over to the care of God as we understood Him.
4. We made a searching and fearless moral inventory of ourselves.
5. We admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. We were entirely ready to have God remove all these defects of character.
7. We humbly asked Him to remove our shortcomings.
8. We made a list of all persons we had harmed, and became willing to make amends to them all.
9. We made direct amends to such people wherever possible, except when to do so would injure them or others.
10. We continued to take personal inventory and when we were wrong, promptly admitted it.
11. We sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as a result of these steps, we tried to carry this message to addicts, and to practice these principles in all our efforts.

THE TWELVE TRADITIONS

1. Our common welfare should come first; personal recovery depends upon AA/NA unity.
2. For our group purpose, there is but one ultimate authority - a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.
3. The only requirement for membership is the desire to stop using and/or drinking.
4. Each group should be autonomous except in matters affecting other groups or AA/NA as a whole.
5. Each group has but one primary purpose – to carry its message to the alcoholic who still suffers.
6. An AA/NA group ought to never endorse, finance, or lend the AA/NA name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.
7. Every AA/NA group ought to be fully self-supporting, declining outside contributions.
8. AA/NA should remain forever nonprofessional, but our service centers may employ special workers.
9. AA/NA, as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
10. AA/NA has no opinion on outside issues; hence the AA/NA name ought never be drawn into public controversy.
11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, and films. We need guard with special care the anonymity of all AA/NA members.
12. Anonymity is the spiritual foundations of all our Traditions; ever reminding us to place principles before our personalities.

RECOVERY CENTERED COMMUNITY RULES

A requirement for a successful treatment experience is that you be honest, open, and willing. This, along with warmth, sharing, trust, support, and love in the Recovery Centered Community will be an important part of your treatment.

The following are the expectations at the CARH. Please make sure you understand them. You will be expected to follow each of them. If there is anything you do not understand, it is your responsibility to ask a staff member.

Rules guide the actions of patients, establish healthy boundaries, and allow healthy behavior to be reinforced. By following rules, patients gradually learn to maintain a physical and psychological Recovery Centered Community. Rules create a safe and predictable community that allows personal growth and recovery to occur.

Major rules are essential to the recovery process. They protect the physical and psychological safety of the community and are strictly enforced. Breaking a major rule threatens the physical and psychological safety of the community. Any infraction of a major rule is addressed through the RCC Teaming process. During the RCC Teaming process your therapist, milieu coordinator, clinical supervisor, and recovery counselor team will meet and decide upon therapeutic interventions and consequences to help you address the areas in which you are struggling, while taking into consideration the impact of your behavior on the other members of the Recovery Centered Community.

Violating a major rule may result in discharge from the Recovery Centered Community. The results of the RCC Teaming will be relayed to concerned parties within 24 hours of the Major Rule violation (if the Major Rule infraction occurs on a holiday or weekend you will be informed by 5 p.m. the following business day). Major rules include:

- No physical violence.
- No threats of violence or intimidation.
- No drugs or alcohol.
- No sexual activity with others
- No stealing or other illegal activity.
- No vandalizing or destroying property.
- No contraband. (Including **but not limited** to music, visual materials, or clothing containing inappropriate references; self-recorded or blank tapes and burned CD's; alcohol or drugs; lighters or matches; weapons, etc.)

Community rules are similar to society's expectations. They are related to healthy social behavior patterns that patients are expected to adopt gradually, and include:

- Following instructions.

- Being punctual.
- Maintaining appropriate appearance.
- Using proper manners.
- Not lending or borrowing money or other possessions.

CONFIDENTIALITY IS A MUST! We believe in protecting the privacy of all individuals and families participating in our program. You may not disclose information about other patients to people outside of your community. You also may not discuss another patient's personal information with others inside the facility, unless there is concern that a patient is at risk to harm themselves or someone else, or you are given direct permission by the patient to discuss it. Taking pictures of other patients is not allowed in any Jackson Recovery Centers program.

In order to build trust and to maintain anonymity between you and other patients, it is important to abide by this guideline. This includes not sharing patient names or histories with anyone, including your family, without a written release by that patient. Any violation of patient confidentiality is a serious matter, and will be handled as such.

It is our expectation that you treat the building and its furnishings with care and respect. This is your home for now.

“Enabling” is letting others get away with things that will interfere with their recovery or the recovery of others. You are an important part of the Recovery Centered Community and are responsible to each other as well as yourself. It is not about getting others into trouble, rather it is about helping them to develop recovery behaviors by pointing out their addictive behaviors.

RESPONSIBILITIES

- It is your responsibility to consistently be **on time** for all scheduled groups and individual sessions. This is a basic expectation of everyone in the community!
- It is expected that, during study time, you work quietly on your treatment assignments. Any talking should be limited to questions about your assignments.
- You will be expected to wake up every morning in time to get yourself ready for the day prior to the first scheduled activity.
- You are expected to be in your room with the lights out by 10:00 PM.
- Weekend days are treatment days. Although treatment activities are more relaxed, you are expected to attend and participate in all scheduled activities.
- Naps **must** be approved by a medical staff (physician, nurse) for therapeutic reasons and are to be taken in your room.

- Chores for the community are posted on the unit. You are expected to complete daily and weekly chores as assigned. This includes cleaning your bedroom daily and keeping up on your laundry. Treatment Staff will inspect the completion of each chore.
- You are expected to honor program guidelines. If you do not understand a guideline, please ask a staff or another community member.
- You are expected to fully participate in treatment. This includes: getting up on time each morning; attending all groups and individual sessions on time, completing assignments and chores as directed; and treating staff, visitors, and your peers with respect.
- Participation in community chores and organized recreation activities is expected of all patients. Community chores give patients a chance to be of help to others and develop positive work habits. Recreation activities teach positive use of leisure time and the health benefits of regular vigorous exercise. All work and recreation activities are supervised by CARH staff members.
- Personal Hygiene, Unit Cleanliness, and Maintenance - Patients need to keep oneself and environment clean and orderly.
- School Assignments - Patients need to complete school assignments, stay on task and demonstrate appropriate behavior in the school setting.
- Adherence to Treatment Plan - Following the Treatment Plan goals and objectives for the individual patient is essential to completing the program successfully.

PATIENT CONDUCT

Abstinence

You are to maintain abstinence from alcohol and other mood-altering chemicals. No alcohol or drugs are to be in your body, in your possession, or brought onto these premises. When returning to the community from appointments or passes you will be asked to submit to a clothing search. Room searches are also randomly completed to assure patient safety. You will also be asked to submit to random urinalysis.

Profanity and Violence

Jackson Recovery Center's CARH strives to be a safe place for all, free of threats to one's physical and emotional safety. We encourage you to express your thoughts, ideas, and opinions openly. However, profanity, verbal or physical threats, verbal or physical abuse, or damage to unit property will not be tolerated. Threats to emotional or physical safety are serious matters and will be handled accordingly.

Consequences for verbal or physical threats or abuse include, but are not limited to: therapeutic consequences, legal charges, or unsuccessful discharge from the program.

Damaging of Property

Patients involved in destroying or damaging property will pay for the repair or replacement of such property. This is prosecutable by law and charges may be filed with the local police department.

Dress Code

You are expected to dress in a neat, clean, comfortable manner. Clothing that distracts from treatment in any way is unacceptable. This includes, **but is not limited to**: clothing that is drug or alcohol-related, derogatory, or gang-affiliated. Clothing that is sexually provocative, too small or too worn are also deemed inappropriate. Footwear and underclothing are required to be worn at all times. Sleepwear is required during sleeping hours. If you have any questions about the appropriateness of your clothing, please discuss this with staff.

You may keep in your room enough clothing for yourself for 7 days. Clothing brought to the unit in excess of this will be stored in permanent storage until you complete treatment or it may be taken home by a family member.

PATIENT BILL OF RIGHTS

All patients of the CARH shall be protected by the following rights:

1. The right to receive treatment, regardless of color, religion, gender, sexual orientation, country of origin, age, or handicap.
2. The right to be treated with dignity.
3. The right to confidentiality and personal privacy.
4. The right to know what is in your chart.
5. The right to not take part in any experiment but still receive the same treatment.
6. The right, within the law, to not take certain medication or treatment.
7. The right to make a complaint and ask for a review of the complaint.
8. The right to ask someone inside or outside of the agency to review your case at your cost.
9. The right to a translator in the language that you understand.
10. The right to be in a safe place.
11. The right to contact your lawyer or worker when applicable.

Restriction of patient rights and/or privileges:

A patient's rights or privileges may be restricted for safety or therapeutic reasons. The patient and family shall be notified and this will be reviewed by the treatment team in rounds. The patient will be informed as to how they may regain the privilege which will be documented in the patient record.

FAMILY INVOLVEMENT

Research has shown that a patient stands a far greater chance of success with a supportive and involved family. It is vital for the patient's family to work with the staff as a partner in the change process. To accomplish this, we have formulated a list of expectations for families:

1. Appropriate, courteous behavior is expected of all visitors, and likewise, each patient is expected to behave politely and appropriately towards all visitors. This includes respecting the confidentiality of all individuals who are visiting, and refraining from derogatory language or swearing.
2. Due to limited space availability, and our desire to ensure that all family members and patients have a positive experience, we ask that only **two** individuals per patient visit at one time (this includes children). Any exceptions to this must be approved by the therapist ahead of time. There must be at least one adult present during the visit at all times.
3. Visitors are to leave all gifts and packages with staff members to be checked in. Visitors need to leave purses, cell phones and any other belongings in their vehicles, or in designated lockers. No food is allowed to be brought in either for consumption during visits, or to leave with patients (This includes candy, snacks, etc). Visitors are not allowed in patient rooms, and are not allowed to leave the facility to smoke during visitation hours.
4. Visits may be limited, shortened, cancelled, or adjusted as deemed appropriate by staff. Visitors who appear intoxicated or under the influence of drugs are NOT allowed in the facility. Visitors who are under the influence or exhibit inappropriate behavior will be asked to leave the CARH.
5. Patients are allowed two 10 minute phone calls per week. The patient will be assigned a specific phone time by his/her Therapist which will be communicated with both the patient and the family. Should a phone call become inappropriate for any reason, it may be ended at the discretion of staff. Phone calls may be monitored for therapeutic reasons as determined by the Treatment Team.
6. Families are encouraged to attend family day as often as possible. **Families must attend and participate in a minimum of one family day prior to a patient receiving a 24 hour pass from the Recovery Centered Community.** Family programming offers a supportive and educational environment for families to better acquaint themselves with our program and learn to understand and respond to their child's substance abuse/addiction. Individual family therapy will also be conducted.

7. Parents are expected to participate in staffings and court hearings when possible. In addition, parents are expected to follow any recommendations of the treatment team.
8. Home visits/outings are allowed when deemed therapeutic for the patient. Patients may request a home visit/outing through his/her Therapist. Treatment Team approval is based on progress in treatment, behavior and ability to make therapeutic use of a home visit. These visits may be postponed by the Treatment Team at any time for therapeutic reasons.

FAMILY DAY SCHEDULE

- Family day will be held on the 1st and 3rd Friday of every month.
- Families must attend and participate in a minimum of one family day prior to a patient receiving a 24 hour pass from the Recovery Centered Community.
- Family members must arrive on time in order to participate in any portion of family day. **Family members arriving after the start of family education will not be allowed to participate in any of the family programming that day.**

Family day will follow the schedule as indicated below:

9:00am-1:00pm – Please contact your child’s Therapist as appointment times vary

1:00-1:15pm – Family Members arrive

1:30-2:30pm – Family Education (family members only)

2:30-2:45pm – Break

2:45-3:30pm – Continued discussion of education topic

3:45-5:15 - Visitation on-site

3:45-6:00pm – Dinner off-site with families for Senior Peers (approved by Therapist)

Adolescent Center Daily Schedule

	MONDAY-FRIDAY	SATURDAY			SUNDAY	
6:00AM - 6:55AM	Wake-up/ Hygiene/Meds	7:00AM -7:45AM	Wake-up/ Hygiene		7:00AM -7:45AM	Wake-up/ Hygiene
7:00AM-7:20AM	Meditation	7:50-8:10A	Meditation/Meds		7:50AM-8:10AM	Meditation/Meds
7:30AM-8:00AM	Breakfast	8:10AM-8:50AM	Community Group/Meds		8:10AM-8:50AM	Community Group/Meds
8:05AM-11:30AM	School	9:10AM-9:40AM	Breakfast		9:10AM-9:40AM	Breakfast
11:40AM-12:20PM	Community Group	9:50AM-10:25AM	Unit Deep Clean Room Checks		9:50AM-10:25AM	Room Deep Clean Room Checks
		10:25AM-10:55AM	Quiet Individual Time (Read, Write, or Draw)		10:25AM-10:55AM	Quiet Individual Time (Read, Write, or Draw)
12:30-1PM	Lunch	11:00AM-12:15PM	Recreation		11:00AM-12:15PM	Recreation
1:05PM-2:15PM	School Snack at 2pm	12:30-1PM	Lunch		12:30PM-1:00PM	Lunch
2:15PM-2:15PM	Transition/Prep for group	1-1:30PM	Prep for visits/group		1:00PM-1:30PM	Prep for family visits
		1:30PM-2:15PM	Life Skills Group	Family visits	1:30PM-4:15PM	Family Visits/ Movie/Phone
2:30PM-4:30PM	Group Therapy	2:15PM-2:30PM	Transition	Family visits	4:30PM-5:20PM	Recreation
4:35PM-5:25PM	Recreation	2:30PM-3:30PM	Team-building	Family visits	5:30-6PM	Dinner
5:30-6:00PM	Dinner	3:30PM-4:15PM	Free Time	Family visits	6:00-6:55PM	Study Group
6:10PM-6:30PM	Unit Duties Phone Calls	4:30PM-5:20PM	Recreation		7:00PM-7:55PM	Recovery Group
6:30PM-6:55PM	Phone Calls Study Group Travel	5:30-6PM	Dinner		8:00PM-8:35PM	Hygiene
7:00PM-7:55PM	Recovery Group	6-6:55PM	Study Group Phone Calls		8:35PM-8:50PM	Closing Group
8:00PM-8:35PM	Hygiene	7:00PM-7:55PM	Recovery Group		8:50PM-9:30PM	Meds/Reflection/Quiet Time in Comm. Room
8:35PM-8:50PM	Closing Group	8:00PM-8:55PM	Hygiene/ Phone Calls		9:30PM	Room Time/Lights out
8:50PM-9:15PM	Meds/Reflection/Quiet Time in Comm. Room	9:00-9:15P	Closing Group/Meds			
9:15PM-9:30PM	Room Time/Lights out	9:15PM-9:45PM	Meds/Reflection/Quiet Time in Comm. Room			

PHASES OF TREATMENT

The Recovery Centered Community utilizes a Phases of Treatment model as a tool for assessing patient progress, level of care recommendations, and discharge planning. There are 4 Phases of Treatment which will help you and your therapist address issues related to your substance abuse/addiction. Your therapist will review the specific expectations and goals of the Phases of Treatment with you. The Phases of Treatment are not related to privileges; however, your progress in the phases will be used to determine your safety for therapeutic outings, your ability to apply for Senior Peer status, and your readiness for discharge.

4 Phases of Treatment

To Complete Phase 1

- Able to identify:
 - The need for treatment, need for help, defenses, feelings, that using alcohol/drugs is a problem
 - This is done through completion of Step 1 education & assignments
- Attending all scheduled activities on time
- Following RCC Rules
- Attendance at a minimum of 1 AA/NA meeting per week
- Clean/Sober time for a minimum of 2 weeks

To Complete Phase 2

- Honest participation
 - Sharing, giving/receiving feedback, discussing defenses
- Acknowledgment of a Higher Power
 - Done through Step 2 assignments and exploring spirituality, values & beliefs
- Able to see healthy/unhealthy relationships and recognize barriers to recovery
- Early Recovery Goals
 - Identify home recovery meeting/group, develop recovery contacts & supports
 - Identify relapse triggers
- Clean/sober time at least 1-2 months

To Complete Phase 3

- Increased Motivation
 - Wants to go to meetings, doing things on own without prompting
- Has a sponsor & regular attendance at meetings
- Demonstrate/ “Doing” recovery skills

- Making healthy choices and recognizing bad decisions
- Develop Relapse Prevention Plan
 - Developing healthy skills to cope with triggers & life stressors
- Actively working Steps 1-3
- Has had a minimum of one Family session
- Recovery time at least 2-3 months

To Complete Phase 4

- Regular contact with recovery supports
 - Sponsor, family, church, friends, meetings
- Has developed long-term goals for life and recovery
 - Has a job or attending school
 - Maintaining balance in life/recovery
- Positive role-model for others
 - Supporting others, helping out at meetings
- Working Steps 4 & 5
- Recovery time at least 3-6 months

SENIOR PEERS

The Recovery Centered Community uses the term “Senior Peer” to describe individuals who are working a program of recovery and who are positive leaders and role models for their peers. In order to earn Senior Peer status, you must achieve a certain amount of clean and sober time and consistently demonstrate recovery behaviors. There is an application process for becoming a Senior Peer which involves requesting and completing an application, turning your application in for review by the Treatment Team, and a presentation of your application to your peers during Community Group. There are daily responsibilities and privileges associated with being a Senior Peer. Below are the criteria for becoming a Senior Peer as well as the expectations of Senior Peers. If you have specific questions, you can contact your community’s Milieu Coordinator.

Patients demonstrate the following actions which indicate they are ready to be a Senior Peer:

- Role-models RCC thinking & behaviors.
- Takes responsibility for own actions.
- Holds peers accountable.
- Encourages others to follow RCC expectations and to work a program of recovery.
- Actively works on treatment goals.
- Completes assignments and is an active participant in group activities.
- Uses healthy coping skills.
- Is in Phase 2 or 3 of treatment.

Senior Peer Expectations:

- Role model RCC and recovery behaviors.
- Lead in-house meetings.
- Assign and check chores/shower monitor.
- Read during groups.
- Sign off on assignments of peers.
- Line leader and closer.
- Help others-service work.
- Hold others accountable.
- Community issues may be brought to them outside of Community Group.

Senior Peer Privileges:

- On Family Day, Senior Peers are able to go off-site with Family Members from 3:45-6 p.m.
- One additional 10 minute phone call per week.
- Special Senior Peer meeting weekly.
- Late bedtime on Friday and Saturday nights.
- Approved television.

PHYSICAL INTERVENTIONS

Physical interventions are not a consequence nor can they be used to force youth to comply with a directive. Physical interventions are to be employed only to prevent the child from injuring himself/herself or others. Physical intervention is defined as a technique used to manually restrain a patient during the time when there is a need to provide physical safety. This does not involve the use of objects of restraint or psychopharmacological medications. Jackson Recovery Centers does not utilize seclusion as a result of out of control behavior. Patients may be encouraged to take a time out in their room, but will not be physically prevented from leaving the time out area. Patients and families may receive a copy of the agency policy on physical intervention at any time.

PSYCHIATRIC HOSPITALIZATION

When deemed therapeutic for a patient based on his/her behavior, he/she may be placed in our Crisis/Stabilization Unit or another psychiatric hospital. This placement is generally for a brief period of time to help the patient gain enough stability to return to the CARH. The Treatment Team will always utilize the lowest level of care possible to meet the needs of our patients.

MEDICAL SERVICES

Nursing staff are available for you daily Monday-Friday and on an on-call basis over the weekends. Utilize the nursing staff for questions and concerns related to health issues and medications. Please inform the staff or nurse if you have a fever or are ill.

Medical care is provided on site and is available on both a regular and as needed basis.

Unity Point and Mercy Medical Center are utilized for emergency medical or psychiatric services.

Medical and Psychiatric services are provided by our professionally trained treatment team including:

- Dr. Richard Brown, MD – Psychiatrist Specializing in Children & Adolescents
- Dr. David Paulsrud, MD – Medical Director of Jackson Recovery Centers
- Rachel Wurth, ARNP – Assistant Medical Director of Jackson Recovery Centers
- Jodi Best, ARNP
- Shawn Salmen, ARNP
- Andrea Harris, ARNP

A Clinical Psychologist is available for consultation, evaluation, and testing as recommended.

The nursing staff will inform you if you have medications ordered and the times they are to be taken. If you cannot remember these times, please write them down. If for some reason you are choosing not to take a prescribed medication, you will need to sign a refusal of medication form for our records.

Please note that if you are placed on a medication for a contagious medical condition, and/or are running a fever, you will be quarantined to your room for at least 24 hours, to allow your medication to take effect.

MEDICATION

Staff are trained to administer medications and maintain the proper documentation in the patient's Medication Administration Record (MAR). This record is reviewed by the child's physician and contracted pharmacist monthly, and the overall medication administration process by a pharmacist and Registered Nurse quarterly.

All medications in the form of a phone order or written script from a licensed practitioner will be filled at the contracted pharmacy by a registered pharmacist.

The agency employs and/or contracts with physicians who treat and prescribe medications according to the diagnosis. Parental consent may be required prior to implementation of a new medication.

PASTORAL SERVICES

The CARH is not affiliated with any specific church, denomination, or religion. The CARH does not impose upon the religious freedom of the patients in any way and does not force a patient to go to any specific church. All patients are afforded the opportunity for one hour of devotion per week. Participation is at the discretion of the individual youth.

SCHOOL

The CARH provides regular education and special education in an on-campus program – "The Learning Place". The program maintains contact with the patient's home school in order to keep the patient on track with their educational needs. Patients attend school year round with short breaks throughout the summer months.

COMMUNICATION

Mail - Patients are allowed to send and receive mail. The patient will be expected to open the mail in front of the staff to establish that there is no contraband or inappropriate materials present in the mailed item. If the patient refuses to allow this, the mailed item

will be returned to the sender. The staff members will read the content of the mail only at the patient's request. If there is concern about the sender of the mail, the patient may be asked to read the letter in front of staff. The patient will be expected to close outgoing mail in front of the staff to establish that the patient is not attempting to send any items out via the mail.

Telephone - Patients are allowed to call their attorney, guardian ad-litem, or caseworker at their request. If the patient is displaying inappropriate behavior, the call may be **delayed** until the patient is calm. The call may not be delayed longer than 24 hours. Patients are allowed to make phone calls to or receive calls from family members. Phone days/times are assigned by the Therapist and will occur during assigned community phone times. Due to the large volume of calls and the limited time available, patients will need to adhere to their scheduled times or will forfeit their phone call for that day. Families will need to provide phone cards if the patients will be calling out. Jackson does not assume the financial cost for long distance phone calls.

SEARCH POLICY

Patients will routinely be searched along with their possessions at the time of intake, before leaving the CARH property for a period of time without staff supervision, and when returning to the CARH property. This is done to ensure the safety of all patients.

If patients give staff cause to believe that they are in possession of drugs or weapons, staff may use "pat" searches to locate such contraband. "Pat" searches include patting the patient down to locate the contraband and are conducted by nursing staff. Staff may also search the patients' rooms to locate such contraband. This will be conducted respectfully and everything moved during the search will be replaced. The rooms searched will not be left in disarray.

PERSONAL HYGIENE/LINEN AND LAUNDRY

Good standards of personal hygiene and grooming are taught to and maintained by the patient. Staff provides personal guidance to those patients needing help in such areas. The patients are then expected to assume the responsibility for self-care.

Articles for proper grooming and personal hygiene will be provided by family members. Items will be stored in a locked storage area to ensure safety for all patients.

****All items must be alcohol-free except for shampoo, conditioner, body lotion, and deodorant.**

Clean towels and bed linens will be provided. Patients are to change bed linens weekly. Dirty towels and linens must be placed in the linen cart daily. Washers and dryers are

provided for clothing. Please complete laundry in a timely manner. Laundry soap will be provided by family members. Wash, dry, and fold all laundry; being mindful to not leave clothes in the washer or dryer. While completing your laundry, if you encounter laundry left in the washer or dryer by another patient, please approach them to remove their laundry, and do not just take the laundry out and leave it sitting.

VALUABLES AND PERSONAL POSSESSIONS

It is suggested that patients **do not** bring items of significant monetary or sentimental value into the program. This avoids the possibility of items being lost, stolen, damaged or misused by others. **The CARH will not be held responsible for these items.** If a patient is discharged from the program unexpectedly, their belongings will be returned at the family's expense. ****All patient belongings not claimed and picked up within 10 days following discharge (either scheduled or unexpected), will be disposed of or donated.**

PARENT'S/GUARDIAN'S FINANCIAL RESPONSIBILITY

Parents/Guardians are expected to speak with our intake staff prior to their child being admitted, and throughout their child's treatment stay as needed to determine their individual responsibility. Parents/Guardians will be expected to provide hygiene products and clothing throughout their child's treatment stay.

GRIEVANCES

Patients have the right to express written or verbal opinions, recommendations and grievances regarding the treatment program and the care provided. Grievance forms are available upon request. If you do not have a form available to you, you may write your grievance on a sheet of paper or ask to speak with the Milieu Coordinator in regard to your grievance. Place your grievance in a sealed envelope signing over the seal.

Upon receiving a written or verbal grievance from a patient, the Milieu Coordinator, Clinical Coordinator, or Program Manager of the Inpatient program will complete a formal investigation of the report within 5 working days. Upon completion of the investigation, the Milieu Coordinator, Clinical Coordinator, or Program Manager will take any action appropriate to resolve the issue.

If you do not find the outcome of the investigation satisfactory, the Administrative Director of Adolescent Operations, or the designee is open to all grievances and will receive such communication from any patient.

You have the right to refuse treatment and request discharge.

If you have any questions or concerns regarding these Patient Rights, please ask the staff. If you feel these rights have been violated in any way, please inform the staff immediately. These rights are in conjunction with the Patient Rights and Responsibilities you were informed of during your orientation.

DISCHARGE POLICY

Discharge planning is included in the Individual Treatment Plan. Discharge planning begins right away and is reviewed constantly throughout treatment to ensure the best possible care and future planning for the patient. Aftercare is arranged and recommendations made for all patients that are successfully completing the program. If the Treatment Team deems the patient has reached maximum benefit or that it is in the patient's best interest, a premature discharge may occur. The patient's parents and/or guardian will be notified as soon as possible of the decision and any further recommendations. Whenever possible, the patient will be referred to a more appropriate program that can better meet their needs.