Rights of Children in a Facility

Ref #4463, Version 2

Date Implemented: 07/16/2011

Next Review: 07/16/2014

General Statement

The Behavioral Health Center (hereinafter BHC), through its staff and director, shall protect and maintain the rights of all children admitted as patients to treatment in order to support the fundamental human dignity and the civil, constitutional and statutory rights of each child.

Procedure

1. The following rights are extended to each child without reservation or limitation:
   - A. No right of any child shall be denied or reduced solely by the reason of the child having been evaluated or treated under Idaho's Children's Mental Health Services Act.
   - B. A finding of lack of capacity to make an informed decision under Idaho's Children's Mental Health Services Act shall not by itself establish lack of competence for any other purpose.
   - C. The right to receive individualized treatment, including the provision of an individualized treatment plan, active participation in the development of the treatment plan by the patient, to the extent to which the patient is able (or parent/legal guardian if less than 12 years of age), with periodic review of the plan by staff, implementation and supervision of the plan by qualified professional staff, with documentation of the level of patient involvement.
   - D. Children subject to an involuntary treatment under the Idaho Children's Mental Health Services Act shall have the right to treatment to the extent provided by said Act.
   - E. Every child shall have the right to a healthful and humane environment.
   - F. The facility shall provide a clean, safe and comfortable environment in a structure that complies with the applicable licensing requirement governing physical facilities, nutrition, health and safety and medical services, and for aspects of care for which there are no mandatory requirements consistent with the generally accepted professional standards in the State of Idaho.
   - G. Every child shall have the right to a humane psychological environment that protects him/her from harm or abuse and provides reasonable privacy, promotes personal dignity and provides opportunity for improved functioning.
   - H. The child's parent or guardian shall be notified before any leave of absence occurs and in the event that a child is away without authorization, the parent or guardian shall be notified immediately.
   - I. Every child shall have the right to be free from corporal punishment.
   - J. Every child shall have the right to a nutritionally sound and medically appropriate diet.
2. The following rights are extended to each child:
   - A. Every child shall be granted leaves of absences in appropriate cases at the discretion of the treatment facility.
   - B. Every child shall have the right to be free from unnecessary or inappropriate restraints or seclusion consistent with the least restrictive alternative principle.
   - C. Restrains and seclusion shall be administered only in conformity with the rules adopted by the Department of Health and Welfare.
   - D. Every child shall have reasonable opportunity for physical and outdoor exercise and access to recreational equipment. Reasonable limitations may be set by general rules or for clinical reasons in particular cases.
   - E. Every child shall have the right to receive visitors with reasonable privacy as is consistent with the treatment plan.
     - i. Hours during which visitors may be received shall be limited only in the interests of effective treatment and efficiency of the facility and shall be sufficiently flexible to accommodate the individual needs of the child and his visitors.
     - ii. Notwithstanding the above, each resident has the right to receive visits from his physician, psychologist, clergyman or social worker in private, irrespective of visiting hours, provided that the visitors shows reasonable cause for visiting at times other than normal visiting hours.
     - iii. A facility may impose conditions on visits and privacy of visits if it is reasonably believed that a visitor poses a substantial risk of harm to the child or to others.

F. Every child shall have the right to send and receive mail. Reasonable rules governing inspection (but not reading) of incoming mail may be established, provided that they are necessary for substantial health care purposes and that they preserve the child's rights of privacy to the extent compatible with his clinical status.

G. Every child shall have the right to reasonable private access to telephones, including the right to make long - distance calls to the extent he/she can arrange for payment for such calls.

H. The treatment facility shall provide reasonable assistance to children in exercising their communication rights. Reasonable limitations on the use of the mail and telephones may be set by general rules. In cases of personal emergencies when other means of communication are not satisfactory, the child shall be afforded reasonable use of long - distance calls. A child who is indigent shall be furnished writing, postage and telephone facilities without charge.

I. Every child shall have the right to practice or refrain from practice of a religion. No child shall be subjected to pressure, rewards or punishment based upon his decision to practice or refrain from practice of religion or of any particular religion. The treatment facility is not required to provide special assistance to persons so that they may practice a religion.

J. Every child shall have the right to keep, use and store personal possessions and to maintain and use bank accounts and other sources of personal funds, unless precluded from doing so by order of the court. Reasonable limitations may be set by general rules or for clinical reasons in particular cases.

K. No child shall be subjected to retaliation or to any adverse change of conditions or treatment because of having asserted his/her rights.

L. A child may at any time have a telephone conversation with or be visited by his lawyer or any employee of his attorney's firm or a representative of the state protection and advocacy system.

M. Every child has a right to be free from unnecessary or excessive medication.

N. A child who is in a treatment facility shall be provided education and training as necessary to encourage and stimulate developmental progress and achievement as provided by state and federal law. In no event shall a child be allowed to remain in a treatment facility for more than ten (10) days without receiving educational services.

O. All certificates, applications, records and reports directly or indirectly identifying a patient or former patient or an individual whose involuntary treatment has been sought under Idaho's version of the Children's Mental Health Services Act shall be kept confidential and shall not be disclosed by any person except with the consent of the person identified or his/her legal guardian, if any, or as disclosure may be necessary to carry out any of the provisions of Idaho's Children's Mental Health Services Act, or as a court may direct upon its determination the disclosure is necessary and that failure to make such disclosure be contrary to public interest.

P. No person in possession of confidential statements made by a child over the age of fourteen (14) years in the course of treatment may disclose such information to the child's parents or others without the written permission of the child, unless such disclosure is necessary to obtain insurance coverage, to carry out the treatment plan or to prevent harm to the child or others, or unless authorized to disclose such information by order of the court.

Q. A child has a right of access to information regarding his treatment and has the right to have copies of information and to submit clarifying or correcting statements and other documentation of reasonable length (for inclusion with his treatment record). Nothing in ¶¶ o, p, q shall prohibit the denial of access to records by a child when a physician or other mental health professional believes notes in the child's medical records that the disclosure of information and/or records would be damaging to the child. In any case, the child has a right to petition a court for an order granting access.

Notification of Rights

At the time of admission to a facility, whether the admission is voluntary or involuntary, the facility shall assure that the child is fully informed of his/her rights in terms that he/she can understand. This information shall be provided both orally and in writing. Copies of the written explanation of the child's rights and a written, signed acknowledgment by the child and his/her parent that he/she has read and understands the rights, shall be kept in the child's records and made available for inspection by representatives of the child and employees of the state protection and advocacy system. A statement of rights shall be posted in the common area of the facility available to residences and plainly visible.

BHC - Patient Use of Telephones

Ref #4477, Version 4

Date Implemented: 09/03/2014

Next Review: 09/30/2016

General Statement

Patients have the right to use the telephone to communicate with individuals outside of the hospital. Denial of calls must be clearly explained to the patient and documented.

Procedure

1. The patient and family are informed of the telephone regulations during admission.
2. Telephone calls may not interrupt treatment or activities, unless an emergency.
3. Telephones are shared, so calls are limited to ten (10) minutes each if possible.
4. Telephone privileges for adult patients may be restricted or modified by physician order. The reason for this clinical decision must be stated in the patient's medical record.
5. If appropriate, the family will be told of the reason for this decision.
6. Children and adolescents will be allowed to make and receive phone calls only from parents or legal guardians unless approved by physician and/or primary therapist. (Refer to unit handbooks for specific guidelines)
7. Telephone calls to or from a patient's CASA worker, guardian ad litem, or attorney may not be restricted.

BHC - Patient Visitation

Ref #4503, Version 4

Date Implemented: 10/01/2013

Next Review: 10/01/2014

Policy:

The Behavioral Health Center recognizes the right of patients to receive visits from family members and other significant support persons. It is further recognized that such visits can be helpful in facilitating the treatment process of patients. There are some situations in which visits may be non-therapeutic or detrimental to the safety and security of the patient, other patients, staff and/or the order of this facility, in which case appropriate action will be taken to limit or prohibit visiting privileges. The patient's attorney or other court appointed officials may visit the patient on request and a private area will be provided for such visits.

Procedure:

1. Orientation: At admission, staff will explain the policies regarding visitors to the patient, verbally and/or in writing. The staff member responsible for orienting the new patient will request that the parents or guardian(s) of adolescent and pediatric patients complete a visitor/phone consent form which will identify the patient's visitors, pending approval of BHC Administration or their designated representative.
2. Schedule and Visiting Time: Visits should be limited to fit the patient's tolerance level and space availability. The schedule for visiting hours will be provided to patients and their families, and the hours will be posted in the reception area. Visits not occurring at designated hours will require the approval of the BHC Clinical Supervisor, the unit Charge RN, or another member of the treatment team. These exceptions will be communicated to unit staff in advance of the visit.
3. Visitor Criteria: All visitors must have the patient's security code number and the patient must be willing to accept a visit from the person. Patients should limit visitors to three persons at one time unless pre-approved by the unit Charge Nurse.
4. Children: Children under the age of 18 may not visit patients on the Child/Adolescent acute unit or the Teton Peaks unit. Any special accommodations for off-unit visits to these patients must be approved in advance by the treatment team. Children under the age of 18 may visit on the Daybreak Unit if accompanied by an authorized adult and may visit Adult Special Care patients in a designated area off the unit. The patient must be a Precaution Level 2, and staff must be available to continue required 15 minute checks. In order to accommodate families with minor children who wish to visit an adult patient, the small consult room near the receptionists' office may be scheduled in advance for this purpose. Scheduling can be done through the reception desk. Three 30-minute visits per evening/afternoon

are possible. Patients are not allowed to visit in any other locations off the unit. Visitors and patients are not allowed to loiter or be in any other part of the building during visitation time.

5. Visitor Agreement & Information Form: Visitors must complete the Visitor Agreement & Information form (form # 721006) that includes an inventory of belongings being brought in. These logs will be stored in the patient's chart behind the Inventory of Belongings form.
6. Privileged Visitors: Lawyers, clergy, court-appointed officials or other court-authorized personnel may visit a patient who is designated as their client at any time that does not interfere significantly with regular treatment programming. Staff will arrange for a place that the visit can take place in a confidential manner if requested. . Whenever possible, these visitors will be encouraged to make appointments so that prior arrangements can be made to accommodate the visit.
7. Termination of Visits: The BHC staff is authorized to enforce this visitation policy. The staff is further authorized to terminate visits when visitors are intoxicated, under the influence of substances, giving contraband to patients, causing disturbances or giving any other indication of threatening the safety and security of the patients, staff or property. BHC staff is also authorized to inspect, monitor, limit or prohibit any items visitors may bring into the facility.
8. Signing in: In addition to signing in at the front desk and filling out the visitor agreement, Teton Peaks visitors must also sign in and out on the Teton Peaks visitation form that is in the chart of the patient they are visiting.
9. Personal Items: Visitors will be asked to leave purses, bags, cell phones, or other personal items in their vehicle or at the nurses' station on the unit.

BHC - Patient Mail

Ref #1927, Version 3

Date Implemented: 02/08/2012

Next Review: 02/08/2016

General Statement

Each patient is assured the right to send and receive mail without hindrance or censorship unless it adversely affects his/her treatment.

1. Patients may receive mail and, during admission, the patient and family are told of the procedure.
2. Incoming mail is given to patients after mail delivery to the unit and should be opened in the presence of staff. Letters will not be read by staff but checked for contraband. On the Teton Peaks Unit, all packages and letters will be logged by the RN, LPN or Program Leader in the mail log binder which is kept on the nurses' station.
3. When packages are opened, a staff member must be present to check for any possible contraband.
4. Outgoing mail, with appropriate postage, should be given to a staff member at the nurse's station for mailing. On Teton Peaks, outgoing letters shall be given to Unit Staff unsealed to be inspected for contraband (unless it is privileged mail such as mail to an attorney).
5. When it is deemed necessary by the physician and/or parent/guardian that the mail is counterproductive to treatment, it may be restricted. Reasons for doing so will be documented, and the patient and parent/guardian will be informed of the reasons for restricting. A physician order will be obtained and documented.

BHC - Behavioral Management (Residential Unit)

Ref #1497, Version 5

Date Implemented: 16/18/2013

Next Review: 06/18/2016

Purpose:

The purpose of this policy is to ensure that the safety and dignity of the residents is maintained during behavior management interventions and to ensure that the least restrictive methods are being utilized. This will include direct oversight by the program Medical Director of the use of behavior management interventions.

Procedure:
Interventions for behavioral management must be safe and, whenever possible, therapeutic for the patient. Physical interventions are used only as a last resort, and must be consistent with hospital policy and approved training. NVCI as outlined by the Crisis Prevention Institute will be the standard for de-escalation and physical intervention techniques. Each staff will be NVCI certified within 90 days of hire and re-certified annually.

The following staff interventions are specifically prohibited:

1. Physical force, except in an emergency and as permitted in accordance with Non-Violent Crisis Intervention procedures and restraint policies (See BHC BHC - RESTRAINT AND/OR SECLUSION FOR BEHAVIORAL MANAGEMENT and the Idaho Dept. of Health & Welfare Child Care Licensing Code #16.06.02766 & 16.06.02767).
2. Any kind of punishment inflicted upon the body, including spanking, hitting, slapping, spitting, kicking, shaking, pulling hair, pinching skin, twisting of an arm or leg in a way that would cause pain or injury to the child, kneeling and sitting on the chest of a child, placing a choke hold on a child, bending back a finger and shoving or pushing a child into a wall, floor or other stationary object.
3. Placing of anything in or on a child's mouth.
4. Cruel and unusual physical exercise, including forcing the resident to assume an unusual position.
5. Verbal abuse, ridicule, humiliation, profanity and other forms of degradation directed at a resident or a resident's family.
6. Locked confinement in an area except in the approved seclusion rooms and only if the least restrictive methods have been exhausted.
7. Withholding of necessary food, clothing, bedding, rest, toilet use or bathing facilities.
8. Denial of visits or communication with the resident's family except as specified in the resident's treatment plan or court order.
9. Denial of necessary educational, medical, counseling or social services.
10. Physical or work assignments that produce unreasonable discomfort or pain.
11. Disciplining a group of children for the actions of one child.

Disciplinary action will be taken for any staff member involved in any of the above-mentioned actions.

Appropriate forms of behavior management include:

1. Behavioral contracts
2. Time-out (see BHC - TIME OUT POLICY)
3. Verbal redirection
4. Giving or taking points based on the observed behaviors of patients
5. Use of other aspects of the treatment structure by the Treatment Team including kudos, tier advancements/demotions and earning of privilege requests.

All time out incidents will be reviewed by the program Medical Director or another designated psychiatrist in the absence of the Medical Director. The Medical Director will also be informed of specific individual behavior management interventions that are developed by the treatment team outside of the typical program structure. On a daily basis, the medical director or clinical director reviews all incidents involving time-outs, physical holds, restraints, and seclusions, and investigates unusual or unwarranted patterns of use.

DJC Licensing addendums:

1. Supervision of juveniles includes managing juvenile movement within the program, including timely transfer of behavioral information about juveniles from staff at shift change.
2. Documentation and reporting of critical incidents to the manager of child and adolescent services will be done by the staff who witnessed the incident, and that information will be passed on to the therapist and others on the community treatment team.
3. A suicide risk assessment will be completed by a mental health professional within 2 hours of admission, for the purpose of determining the level of immediate risk of a juvenile attempting suicide.
    a. The screening will be a system of structured and documented observation, interview, and review of behavioral, medical, and mental health information.
    b. The mental health professional completing the suicide risk assessment will contact the appropriate health authorities and the department, and implementing a plan of direct supervision of the juvenile.
    c. A reassessment of suicide risk will be made at a time determined by the same mental health professional who completed the original assessment.