

# ***RESIDENTIAL HANDBOOK***



*“Helping families put their lives back together,  
one piece at a time.”*

**CAROLINA DUNES BEHAVIORAL HEALTH**

*2050 Mercantile Drive, Leland, NC 28451 • Phone: 910-371-2500 • Fax: 910-371-2508*

[www.carolinadunesbh.com](http://www.carolinadunesbh.com)

**Scheduled Phone Calls:**

**Phone calls occur as schedule allows.**

**Please note:** Minors, at all reasonable times, have the right to make telephone calls to parents or legal guardians, legal counsel and/or client advocates. **Residents call out only.**

**Parent/Family Visitation Times:**

**PRTF:**

**Monday-Friday  
6:30 PM-8:30 PM**

**Saturday/Sunday  
12:30 PM- 3:30 PM**

Additional times available as needed

**PRIMARY THERAPIST:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**RESIDENT HALL:** \_\_\_\_\_

**RESIDENT CODE:** \_\_\_\_\_

**NURSE:** \_\_\_\_\_

**DOCTOR:** \_\_\_\_\_



# Welcome

You are in the right place. We recognize this can be a very challenging time, and we are here to help. At Carolina Dunes Behavioral Health (CDBH), we will do whatever it takes so that you have a positive and rewarding treatment experience. Our goal is to provide safety, stability, and healing so that you can successfully return to a healthy environment as soon as you are able. This extends beyond our immediate care, as we are hopeful for lasting change.

Your commitment and active engagement in this treatment process will be essential and expected. We will provide the information, the environment, the services, and the resources, but you and your family have to provide the motivation to get better.

Whether you are a resident, parent, relative, friend, or mentor, please take the time to read this handbook. There is a lot of information here. Feel free to ask questions. We want you to know who we are and how our program will contribute to a hopeful and healing environment.

# Your Program

When first entering our program, we will use a variety of assessment tools to better understand your needs. This will help us develop a plan of care to meet your individual needs. Our therapeutic program is founded on trauma-informed, family-driven, youth guided best practices to support positive outcomes. This means we want to work with you and your family to address any hurt, fear, sadness, and anger to name a few anticipated feelings that may be driving unhealthy choices and bad decisions. A licensed therapist will be assigned to you and your family who will serve as your primary guide from admission to discharge. The various components of our treatment program are supported by research and we are dedicated to positive results.

Before anything else, we are committed to providing a safe environment. Safety allows for healing to begin.

## Your Team

Throughout your stay, you will be working with the following team members:

- Psychiatrists
- Therapists (primary source of contact)
- Nurses
- Educational Staff
- Recreation Therapists
- Mental Health Technicians
- Administrative support
- Animal Assisted Interventions (Facility dog-HELO)
- Resident Advocates

## The Phases of Change

Experts know that positive change in behavioral health, regardless of how big or small, takes time. During treatment, you will probably move through a series of phases while working toward improving your life. During the first day or so, it is likely you may feel like you do not even need to be here at all. We understand. We are here to make your stay as comfortable and safe as possible.

You will start to feel better. You will find yourself increasingly motivated to make some positive changes. This process is not easy though. Do not be too hard on yourself. Your parents, school, and those who care for you, understand that real change does not happen overnight or in just a few days.

We provide motivation along the way to grow in our program by encouraging good choices and behavior represented by the phases of **Learning, Accepting, Willing, and Succeeding**. Because we focus on the individual, plans can be tailored to meet your needs. We are here to support you. The process of being evaluated for next “phase of change” will occur prior to treatment team meetings. However, if you exhibit consistent positive behavior and are participating in programming, your treatment team may meet and decide you have earned a move to the next phase. **This process is not based on time. It is based on consistently meeting individualized goals and objectives.**



To simplify the phases of change, we use the following terms:

## “Learning, Accepting, Willing, & Succeeding”

### Learning

Everyone begins treatment by Learning. Learning is to demonstrate and apply concepts important to your growth. This is a foundational stage where you can just focus on the basics. **Therapist and Resident will establish resident goals and crisis plan at first meeting. MHT advocate will review residential handbook at their first meeting.**

1. All residents begin treatment at CDBH on the Learning phase. The learning phase offers residents time to get to know staff and peers, and to learn about our hospital.
2. This is a time to become familiar with expectations and the process of treatment at our facility.
3. The learning phase is also for residents who are not yet invested in the process of treatment or are unable to demonstrate that they are applying concepts they have learned. This is a phase where residents can focus on the basics.
4. Residents are expected to have zero incidents of physical aggression toward staff or peers.
5. Residents will have zero episodes of self injurious behavior.











## Willing

Being Willing is a big sign of progress in your treatment and recognizes that you are ready to change. You are proving, through words and actions, that you understand your issues and are making clear efforts to address your issues every day. You are able to talk about your treatment goals and how you are achieving them. You are positive. You demonstrate honesty. You keep appropriate boundaries in your relationships, and you set a good example for others. You are also identifying good coping skills. You lead with actions, not just words!

### Willing

1. Continue to follow program expectations.
2. Do not promote negative behavior.
3. No instigating or bullying.
4. Zero acts of physical aggression
5. Zero episodes of self injurious behaviors.
6. No inappropriate relationships with residents/staff.
7. Follow rules with limited redirection.
8. Learn and demonstrate all Values and 6 Program Terms.
9. Express desire to follow treatment program and work toward discharge.
10. Work with your therapist and treatment team to review and revise (if needed) your treatment goals, setting clear goals to work on and ways of meeting these goals.
11. Program in all scheduled activities consistently.
12. Actively participate in group and family sessions on a regular basis.
13. Able to participate in Socials.
14. Eligible for off campus outings.
15. Eligible for special movie nights or activities.
16. Ability to select activities (e.g. movies)
17. Able to be a Peer Group leader in activities.
18. Eligible for special activities as scheduled.
19. Special therapeutic outings, which are outside the norm, can be arranged by treatment team (i.e. meals out, off campus trip to the park, etc.). These special outings may be individual or with another resident on equal or higher phase, this is determined by the treatment team.
20. Later bedtime options.



### NOTES:

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## Succeeding

Succeeding means you set a good example for other residents to follow. Moving to the Succeeding phase indicates a resident is at, or near, discharge. Maintaining your growth is one of the more difficult challenges you will face in treatment. Succeeding involves honesty, responsibility, accountability, and consistency in treatment over a significant period of time. Residents make clear and genuine efforts to change problem behaviors on a daily basis. In some cases, many issues have been resolved or the resident has learned to cope with those issues in a healthy manner. Residents are prepared and able to verbalize understanding of their discharge plans and a plan for coping outside of treatment. Succeeding residents can identify and demonstrate appropriate coping skills on a consistent basis. Residents are expected to attend and participate in group therapy, town hall meetings, recreation therapy, community groups and social skills groups. Succeeding residents may be asked to fill a Mentor Role with a new resident.

### Succeeding:

1. Eligible for community leadership roles.
2. Continue to follow all lower stage expectations.
3. No physical aggression, zero episodes of self injurious behaviors.
4. No inappropriate relationships with residents/staff.
5. Follow rules with limited redirection required.
6. Develop an aftercare plan with therapist and treatment team, which focuses on successful strategies and healthy coping skills.
7. Set a discharge date and communicate with discharge placement about any personal concerns and expectations.
8. Sets a positive example for other residents.
9. Able to Participate in Socials.
10. Eligible for off campus outings.
11. Eligible for special movie nights or activities.
12. Ability to select activities (e.g. movies)
13. Able to be a Peer Group leader in activities.
14. Eligible for special activities as scheduled.
15. Eligible to be a Mentor for other residents, as assigned by staff.
16. Special therapeutic outings, which are outside the norm, can be arranged by treatment team (i.e. meals out, off campus trip to the park, etc.). These special outings may be individual or with another resident on equal or higher stage, this is determined by the treatment team.
17. Later bedtime options.

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# VALUES

- ❖ **Be Honest** vs. lying
  
- ❖ **Be Respectful** vs. gossiping or bullying
  
- ❖ **Use Time Wisely** vs. sleeping or talking
  
- ❖ **Follow Directions** vs. ignoring staff requests
  
- ❖ **Respect Property** vs. destroying property
  
- ❖ **Remain in Area** vs. entering areas without permission
  
- ❖ **Be Considerate** vs. being disruptive
  
- ❖ **Be Responsible** vs. being unprepared
  
- ❖ **Be Safe** vs. being aggressive

# PROGRAM TERMS

**Honesty:** Being open and truthful about past and present behaviors, thoughts, and feelings.

**Respect:** Showing consideration without intruding upon the rights of others or authority.

**Authority:** Person or institution responsible for setting limits and establishing consequences for rules violations.

**Arguing:** Statements used to defy a rule, push a limit, avoid consequences, or gain power in a verbal interaction with an authority figure. These statements often involve what is “right” or “fair”.

**Excuses:** Statements used to avoid accepting responsibility for your behavior.

**Maturity:** Willingness to do what is best even when it is not what you want to do.

**Acceptance:** The willingness to comply with set limits - whether you agree with them or not.

**Willingness:** Putting forth effort to accomplish a task, regardless of how hard, frustrating, scary, etc. This means 100% effort even without success.

**Anger Formula:** Fear + Hurt + Frustration = Anger (Fears may include fear of failure, fear of rejection, fear of abandonment, fear of being alone).

**Anger Management:** Controlling your behavior even when your feelings are powerful.

**Self-Control:** Controlling your behavior even when feelings, thoughts, and/or wishes are powerful. This involves a three-step process: 1) Stop 2) Think 3) Make a Good Choice.

**Compromise:** Being open to negotiating by making an appropriate request or accepting.



# PURPOSE PREP

**This is a Research Based program intended to facilitate social and emotional development.  
The following is called the Purpose Prep Pledge.**

Today:

I choose to embrace my purpose

I choose to be grateful

I choose to win and let others win

I choose to change and grow

I choose to be humble and serve others

I choose to have passion and compassion

I choose to focus and dream the impossible

I choose to honor everyone and be inspired

I choose the unstoppable power of love

I choose to be free and trustworthy

Today, I choose to be a better human!



# Your Responsibilities

As part of working through the stages of change, the following items are examples of choices and behaviors that **do not** reflect progress in treatment:

1. Threats or actions of violence.
2. Unapproved items in the facility.
3. Borrowing, lending, or stealing of other's items.
4. Not respecting others boundaries.
5. Using profanity, name-calling, racial slurs, gang signs, or symbols.
6. Residents are not permitted to enter each other's rooms.
7. Writing, passing, or receiving notes to/for other residents.
8. Horseplay or disruptive behavior.
9. Not allowing staff to handle situations with other residents.
10. Not asking for permission to leave room.
11. Not completing daily hygiene.
12. Tattooing, piercing, or writing on body or the body of others.
13. Not respecting other's privacy. The exception would be when safety is a concern.

## **WHEN IN GROUP**

1. Respect confidentiality - what is said in group stays in group. The exception would be when safety is a concern.
2. Be respectful. Listen and do not interrupt when others are speaking.
3. Remain in group unless staff has given permission to leave.
4. Group attendance is encouraged.



## **WHEN IN YOUR ROOM**

1. Doors stay open at all times.
2. You are to stay out of your doorway.
3. Make your bed in the morning and after room time.
4. Respect your roommate's property.
5. Do not write or draw on furniture or walls.

## **RESPECTING OURSELVES AND OTHERS**

1. Change clothes in bathroom.
2. Knock on the door and wait for a response before ever opening the door.
3. One person at a time in the bathroom.



## Feedback Process

You will receive feedback from staff during each day. The feedback received represents your progress in treatment and ability to make good choices. Daily goals are set each morning based upon the Values and Program Terms. Goals are part of your treatment plan. Progress in treatment is applauded. This system encourages good decision making, patience, and an overall feeling of accomplishment.



## Education

Educational success is an important aspect of child and adolescent development. You will attend school on site. We offer classes in Math, Language Arts, Social Studies, and Science. Your classroom activities will be similar to what you have done in your previous school. We will work to meet your specific academic needs. Educational instruction will be provided by licensed/certified teachers and teacher assistants. Communication with home schools will be available. Tutoring is available.

In the classroom, we follow the **LEARN** concept: **L**- Listen and follow directions; **E**- Engage in activity; **A**-Attend all classes; **R**-Respect learning and learners; **N**- Never Give up.

## Resident Chores

You are responsible for tasks that represent daily living. This includes keeping personal space clean, making your bed daily, doing your laundry, keeping clothing picked up, etc. You should help keep common areas clean by picking up personal belongings, throwing away trash, and returning furniture to its appropriate place. Additional chores may be assigned as well. Leadership roles are available and encouraged for residents to contribute to their living areas.



## Personal Belongings

Again, safety is our priority. All of your belongings will be searched, inspected, and inventoried on a form which you will sign upon admission. If you have belongings that are not appropriate, they will be sent home with your parents/guardians. All luggage will be required to be taken home at the time of admission. For identification purposes, all clothing labels will be marked with your initials in permanent marker - which staff will provide. You are responsible for keeping your own clothing clean and neatly stored in your bedroom. You are encouraged to report missing clothing to staff immediately. You are strongly discouraged from bringing expensive clothing or expensive/valuable personal items that could be lost or stolen. **CDBH staff will conduct clothing inventory audits to ensure patient belongings are not misplaced.**

**CAROLINA DUNES BEHAVIORAL HEALTH IS NOT RESPONSIBLE FOR DAMAGED, LOST, OR STOLEN ITEMS.**  
***Residents are not permitted to sell, buy, give away, borrow, lend, trade or exchange clothing or personal items.***

### **ITEMS YOU WILL NEED TO BRING:**

- ❖ One pair of tennis shoes (Velcro type preferred – laces are not permitted)
- ❖ One pair of flip flops
- ❖ One pair of house shoes
- ❖ One additional pair of shoes, if desired
- ❖ Three of each of the following:
  - shirts
  - pants
  - shorts
  - underwear/bras (no underwires)
- ❖ Two sets of pajamas
- ❖ One jacket
- ❖ All hygiene products and toiletries will be provided by the facility.

**STAFF RESERVES THE RIGHT TO PROHIBIT WEARING OF ANY ITEM THAT IS NOT ON THIS LIST. STAFF WILL ALSO DETERMINE THE APPROPRIATENESS OF ATTIRE BASED UPON WEATHER CONDITIONS.**

Personal items are encouraged, but please keep them to a reasonable minimum. You are encouraged to bring the following:

- ❖ Personal photos (no frames)
- ❖ Personal books/magazines for reading – four **(4)** –Therapist approval will need to be obtained before Residents will be allowed access to reading material
- ❖ One **(1)** Journal (no metal)
- ❖ One **(1)** Sketch Pad (no metal)
- ❖ Religious/spiritual materials  
Blanket 5x7 Throw only

Clothing and dress standards are as follows:

No article of clothing may be worn if it shows or suggests:

- Sexual inappropriateness
- Alcohol or Drug use
- Gang signs/affiliation
- Inappropriate language/pictures (derogatory, negative, curse words)
- Racial slurs
- Discrimination in any fashion (age, gender, sexual orientation, religion, race, disabilities etc.)
- Vulgarity
- Violence
- No bandanas, hats, scarves, or belts
- Spandex and other tight-fitting clothing is not permitted
- Shorts must be appropriate in length (no more than 2-3 inches above the knee)
- All clothing must be in good condition (no rips, holes, frayed edges, etc.)
- Clothing may not have hoods and no hats or headwear of any kind may be worn

Clothing must fit appropriately

- No sagging pants
- No low-cut shirts/blouses
- No wearing of see through/thin apparel

Appropriate pajamas/night clothes must be worn

- Comfortable
- No nightgowns
- Appropriately covers body -no revealing clothing

Button down and zipped shirts

- The collar button maybe undone but all other buttons shall remain buttoned
- Zipped shirts shall be unzipped no lower than the opening of a buttoned shirt (as described above)

Underwear/Undergarments

- Males must wear a shirt at all times
- Males must wear underwear at all times (boxers, briefs etc.)
- Females must wear a bra under all shirts (the only exception is at bedtime)
- Females must wear underwear at all times (panties etc.)

Appropriate footwear must be worn at all times

- Shoes
- Slippers
- Socks are to be worn with shoes

# Prohibited/Contraband Items

Staff reserves the right to remove items from you or your room that he/she feels are dangerous to that you or to others. Below is a list of some of the items that you should leave behind. ***This is NOT a complete list of prohibited items.***

- ❖ Electronic or battery-operated items
- ❖ Alarm Clocks
- ❖ Lamps
- ❖ Mirrors
- ❖ Fans
- ❖ Perfume / Cologne
- ❖ Cell Phones
- ❖ Glass/metal/ceramic items
- ❖ Food/snacks/gum/candy
- ❖ Non-prescription Medications
- ❖ Jewelry
- ❖ Acrylic or stick on Fingernails



- ❖ Bandanas
- ❖ Alcohol / Drugs and/or paraphernalia
- ❖ Explosives (e.g. firecrackers)
- ❖ Flammable liquids
- ❖ Weapons
- ❖ Laser Pointer
- ❖ Tobacco products/ lighters/matches
- ❖ Syringes
- ❖ Razors - Sharp or unsafe items
- ❖ Wallet Chains
- ❖ Toxic Markers
- ❖ Stuffed Animals of any size

## Storage for Belongings

Upon admission, a list of your personal items will be made. If you have items that are not allowed and these items are unable to be sent with your parent/guardian, they will be labeled with your name in a storage room. These items will be given back to your parent/guardian the next time they visit the facility.

## Entertainment

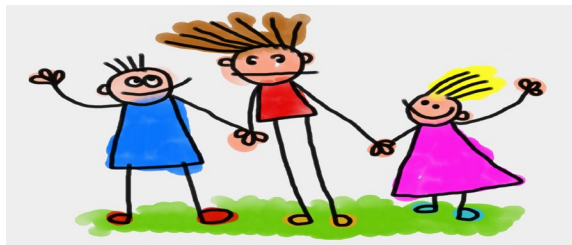
You are able to watch select movies through Disney Plus and play certain video games unless your parent/legal guardian has placed restrictions on viewing. Residents are given an MP3 player shortly after admission. Staff will download music for residents. Residents may ask therapist for three new songs at each treatment team. Each resident hall has a hall speaker that staff will make available when programming allows. Residents have scheduled access to the gym and outside recreation, weather permitting.

## Seven Challenges

Carolina Dunes Behavioral Health offers specific programming for those residents who have issues with substance use. This program is designed specifically for adolescents due to their unique circumstances and issues. The program encourages thoughtful decision making and open discussion about life skills, situational problems, and mental health issues. Residents are assessed upon admission for appropriateness for this program.

# Mixing of Residents

- ❖ Residents are encouraged to develop relationships in treatment that model appropriate boundaries and encourage a focus on treatment rather than social relationships
  - Residents cannot gather together (one on one) at any time.
  - Residents cannot engage in “boyfriend” or “girlfriend” relationships while in the program.
  - Residents cannot send notes/messages to each other regardless of gender.
- ❖ Males and females may interact with one another during select activities.



# Family Programming

Caregiver/family involvement is a major focus of treatment. There are guidelines designed to ensure your safety. Therefore, it is important that these are followed by all visitors. We ask that visitors keep ALL purses, cell phones and other personal items locked in their vehicles. Any alcohol, tobacco products, illegal drugs, weapons, or sharp objects are not permitted on the premises. We ask that no cards, games, or items of this nature be brought in. There are recreational items that Carolina Dunes behavioral Health will provide which may be utilized during visitation.

Visitation is limited to parents/guardians/primary caregivers (such as grandparents or foster parents) – only (2) visitors allowed at a time. Visitors should be sure to sign-in at the receptionist desk. Visitors will be asked to read the guidelines and sign at the bottom during their first visitation.

**Visitors must be on the approved visitation/call list. This list is therapist approved prior to any visits.**

- ❖ Any additional visitors must be set up and approved through your therapist.
- ❖ Visitors will need to present the Resident’s identification number before being allowed to visit.
- ❖ Visits are supervised, unless otherwise indicated by the treatment team.
- ❖ *Please allow 15 minutes for staff to arrange for the visit.*
- ❖ An announcement prompting visitors that visitation is coming to an end will be made. Visitors will have approximately ten (10) minutes to say their good-byes. After saying their good-byes, visitors should gather their belongings and promptly depart from the visitation area.
- ❖ Families and/or caregivers will be expected to attend family sessions, multifamily group, and any scheduled meetings regarding treatment planning.

## Guidelines for Mail

- ❖ You may write letters and receive mail only from parents/legal guardians and others listed on your contact list. Therapists will ensure that incoming and outgoing mail is addressed to/from an approved person.



## Phone Calls

**Resident will be given an identification code upon intake. This code must be given to staff prior to resident speaking to, or meeting with, guardian.**

- ❖ You have the right for you and guardians to decide whom you can talk to on the phone.
- ❖ Only parents/legal guardians with consent will be allowed to call for updates. Parents/legal guardians should contact the nurse or therapist for information regarding their child.
- ❖ Minors, at all reasonable times, have the right to make telephone calls to parents or legal guardians, legal counsel and/or client advocates. “At all reasonable times” shall not be construed to permit limitations on the number of times per day or per week you may assert these rights.



## Guidelines for Passes

- ❖ Residents may leave the facility for short periods of time during his or her stay at CDBH. The following are pass guidelines:
  - Length of time will vary from a couple hours to up to four nights. Length of time is determined in collaboration with the resident, family, and treatment team.
  - Passes are submitted one week in advance for treatment team review. Final determination will be made by the resident’s attending physician and may be changed at any time at the discretion of the treatment team.
  - Passes should be therapeutic in nature and contribute to the treatment of the resident.
  - Feedback sheets for the resident to be completed by accompanying adult will be available while on pass.

# We want to hear from you!

Residents are encouraged to communicate openly about concerns they may have. We have an onsite Patient Advocate, Ms. Marylou. Her extension is -4100. You may also fill out a Grievance form and put it in one of the black boxes on the halls. Ms. Marylou checks them Monday-Friday. She will meet with you, to discuss any program or safety concerns you may have.

1. **Town Hall**-updates from leadership to keep residents informed about programming
2. **Community Group**-provides residents a chance to lead and to provide feedback about programming and any unmet needs, including areas of improvement.
3. **Assembly**-opportunity for residents to be recognized for achievement
4. **Grievance Procedure**-residents are encouraged to provide information to staff to provide feedback regarding any concerns related to their stay. See below for more information.

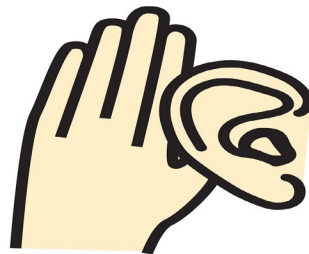
## GRIEVANCES

If you have a grievance, there are several ways to voice the concern. The resident should ask any staff member for a grievance form. The resident fills out the grievance form and places it in one of the grievance drop boxes. If the issue cannot be resolved with clinical and/or residential staff, the patient advocate and the resident will meet to discuss the problem and attempt to resolve the issue. If a resolution is not met, the grievance will be forwarded to the Clinical Director.

A response to your grievance will be made in a timely manner, usually within five (5) business days. Residents are encouraged to use Town Hall meetings and Community group times to tell express concerns and suggestions. The Patient Advocate is the internal resident advocate.

## MEETINGS

- ❖ Occurs three (3) times during the day – morning (Goals Group), afternoon (Wrap-Up) evening (Evening Wrap-Up Group). You will complete a daily “Get to know me card” in your Goals Group. This will be an index card on which you will put your daily goals.
- ❖ Residents will identify their goals for the day in the morning and receive feedback at each meeting.
- ❖ Residents will discuss how they are doing as well as provide each other with feedback on how they feel others are doing for that day.
- ❖ They will hold each other accountable for behaviors/choices during these meetings as well.
- ❖ Residents and staff evaluate goals and discuss in each meeting if residents are achieving their goals.
- ❖ Residents who have had difficulty with their behaviors will have an opportunity to gain feedback and guidance from the group.
- ❖ Reviews for progress in treatment will occur during weekly Community Meetings.



## Recreation

Recreation is an important aspect of our care. Each resident will receive a recreation assessment and is a part of our daily schedules. In addition, we want to know what makes you feel safer and be more active in your treatment. If there are certain activities you enjoy, like sports, music, art, etc., let us know so we can better serve you. Every resident will have their own MP3 player, with downloaded music.



**VALUES and PROGRAM TERMS** – Staff provide role modeling of the specific values and program terms. At times certain events or people can upset us. These are known as “triggers”. We want to help you identify your triggers to prevent conflict before it happens. Our goal is to understand our values to serve as guidance. We strive for you to develop the ability to self-regulate your emotions.

**Positive Change Reflection Form (PCR)**- Residents will make mistakes. The PCR is a therapeutic tool to be used by staff and reviewed with the therapist and resident. This process allows residents to identify the problem and provide possible solutions to their behaviors.

**Redirection** – You will be given a verbal prompt when behaviors are not representative of the values and program terms.

**Time Away** – Getting away from the immediate environment. We encourage you to be aware of your feelings and needs. This may require a time away to reflect and collect your thoughts and emotions. You may ask staff for a Time Away from the current situation/environment in order to gain self-control and refocus. Staff may also ask you to take a Time Away as well.

## Court Procedures

In accordance with NC General Statute 122C-224 – Judicial Review of Voluntary Admissions, each resident’s admission will be reviewed by the appropriate county court system. The resident is represented by a court appointed lawyer who meets with the resident prior to the hearing. Residents may waive their right to testify, appear, or both. Residents may also choose to address the court in person. Patients will attend court at this facility, so no transport is needed. The Judicial Staff hold court sessions here on a regular basis. Guardians will be notified by mail of the date and time of the hearing and are welcome, but **not required** to attend.





# Your Rights

Being youth-guided means YOU have rights and expectations within the program. There are also certain times when changes may be made for your safety. You may ask staff any questions you have regarding your rights at any time.

1. The right for you and your guardians to decide whom can visit you.
2. The right for you and guardians to decide whom you can talk to on the phone.
3. The right for the people who take care of you to decide if they want you to take medication or get care from the doctor.
4. The right to contact the Resident Advocate at Carolina Dunes Behavioral Health about any concern you have while hospitalized.
5. The right to file a grievance and receive a written response.

## **These are your rights while in the hospital:**

1. The right to be taken care of and make good changes in your life.
2. The right to be by yourself at times when they are safe and in control.
3. The right to have your information kept private from others.
4. The right to have privileges as long as you are safe, and your behavior is under control.
5. The right to be taken care of if you are sick or injured.
6. The right to talk to your doctor about their problems.
7. The right to know what your medications are and what they do.
8. The right to talk about your ideas of where you will live after you leave the hospital and how you will keep making good changes in your life.
9. The right to have approved visitors during visiting hours.
10. The right to be kept safe when you may have a hard time controlling behavior by yourself.
11. The right to have your doctor decide when you might need special safety help - like closer observation or the quiet room.
12. The right to talk to your priest, rabbi, or clergy with the permission of the people who take care of you.
13. The right to wear your own clothes as long as you are safe and in control of your behavior.
14. The right to send and receive mail authorized by your parents/guardians. You must open all mail in front of staff so they can check for contraband.
15. **Grievances:** If you have a grievance, there are several ways to voice the concern. You may speak to any staff member or voice your concerns at any community group. If not resolved, you should ask any staff member for a grievance form. You should fill out the grievance form and place it in one of the grievance drop boxes. The grievance will be reviewed by the Resident advocate and forwarded to the appropriate staff for follow up. If a resolution is not met, the grievance will be forwarded to the Clinical Director. A response to the grievance will be made in a timely manner and a written response will be provided. Ms. Marylou- extension 4100.

**LOCAL MANAGED CARE ORGANIZATION:** Contact your therapist for this information.

### **STATE AGENCIES:**

Disability Rights of North Carolina

1-877- 235-4210

Joint Commission Complaint Hotline:

1-800-994-6610

**Again, welcome to CDBH. Please let us know if we can help answer any questions at any time.**

**Thank you.**



Resident Sticker Here

## Carolina Dunes Behavioral Health Resident Handbook Checklist

The following program topics were explained to me and all my questions were answered.

Resident Initials:

- |   |  |
|---|--|
| <input type="checkbox"/> Phone Calls/mail           | <input type="checkbox"/> My Chores                             |
| <input type="checkbox"/> Visitation                 | <input type="checkbox"/> Personal Belongings                   |
| <input type="checkbox"/> My treatment team          | <input type="checkbox"/> Prohibited Items                      |
| <input type="checkbox"/> My Resident Code           | <input type="checkbox"/> Storing Belongings                    |
| <input type="checkbox"/> Phases of Change (L,A,W,S) | <input type="checkbox"/> Entertainment                         |
| <input type="checkbox"/> Program terms and values   | <input type="checkbox"/> Seven Challenges                      |
| <input type="checkbox"/> Why Try/Purpose Prep       | <input type="checkbox"/> Mixing of Residents                   |
| <input type="checkbox"/> My responsibilities        | <input type="checkbox"/> Family Programming                    |
| <input type="checkbox"/> Receiving feedback         | <input type="checkbox"/> Passes/Leave                          |
| <input type="checkbox"/> Educational Overview       | <input type="checkbox"/> Voicing Concerns                      |
| <input type="checkbox"/> Get to know me card        | <input type="checkbox"/> Positive Change Reflection form (PCR) |
| <input type="checkbox"/> Court                      | <input type="checkbox"/> My Rights                             |

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Staff name (print/sign)

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Resident name (print/sign)

\_\_\_\_\_  
Date: