



SUMMIT

P R O G R A M

ACH's Summit Program
helps to strengthen families
and provide a safe environment
for youth ages 10 to 17.

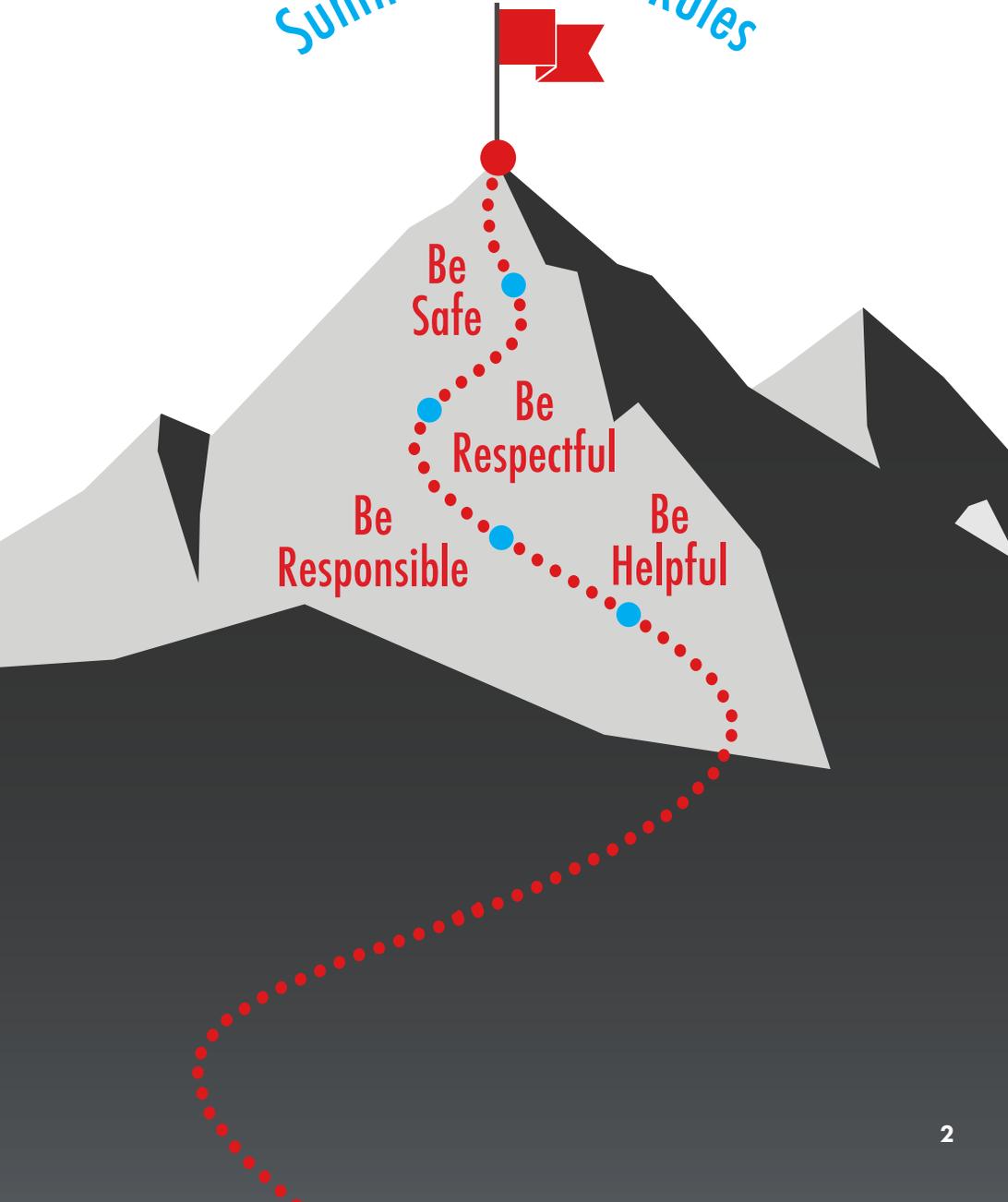
Several adults will be available to provide support, encouragement and direction while you are here. Our Youth Care Specialists will provide you with opportunities to learn skills to regulate your emotions, so you can feel more in control of your life.

It is important to us that we hear from you regarding what is working for you and how we can be a part of the solution. Staff are available 24/7 to answer your questions and help you during your stay at Summit.

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Summit Program Rules



Be Safe

Be Respectful

Be Responsible

Be Helpful

Life Skills/ Scripts



- ▶ Use good words to communicate
- ▶ Be gentle and kind
- ▶ Show respect
- ▶ Listen and learn
- ▶ Understand who is in charge
- ▶ Accept decisions of authority
- ▶ Make good choices
- ▶ Focus and finish your work
- ▶ Negotiate and compromise
- ▶ Build trusting relationships

Safety and Self-Regulation Plan



The Summit Program is a safe place.

We make sure doors are locked,
keep our hands and feet to ourselves,
and practice using kind words.

These are just a few of the things we do.

What makes you feel safe?

Who makes you feel safe?



Therapy Therapy is an important part of the program. We have individual, family, and group therapy. This will be done daily and is an opportunity for you to practice developing safety, respect for self and others, responsibility for yourself, and being helpful. This is also a time for you to talk about your needs and wants. TBRI skills building and activities daily.

School We attend school Monday-Friday from 9a.m. to 12p.m. You will have work from your school or you will participate in our computer-based learning. There will be a teacher and staff member available to help you with schoolwork.

Phone and Electronics While at the Summit Program, there is no use of electronics. These items can remain at home or we can safeguard them in lockup until discharge. While you are here, it is important to cut down on distractions while developing skills to manage life's challenges.

You are allowed to utilize the Summit Program phone to reach out to anyone on your approved contact list. Staff will make the phone call for you.

Bedtime Room time is 9 p.m. with lights out at 9:30 p.m. During room time you may take care of your hygiene needs, read, write letters or draw. This is part of the relaxing time and trains your body to get the rest you need.

Hygiene Taking care of yourself demonstrates responsibility and respect. Every youth needs to shower daily and brush their teeth. If you need any hygiene items, don't hesitate to ask.

Chores Each day you will be responsible for keeping your room neat and clean. You will also have a chore to demonstrate being helpful.

Recreation/Activities Everyone has a certain amount of energy and it changes constantly. We believe it is important to get an appropriate amount of exercise and an appropriate amount of rest. We will have scheduled activities that meet both of these needs. You will also have free time daily.

Park • Crafts • Cards/Board Games • Obstacle Course
Off-Campus Activities (occasional)

CPS Rights of Children and Youth In Foster Care

Purpose: Children and Youth in the conservatorship of DFPS must be provided with a copy of the CPS Rights of Children and Youth in Foster Care.

Directions: The caseworker must provide a copy of the CPS Rights of Children and Youth In Foster Care (Rights) to all children and youth in CPS foster care no later than seven (7) days from the date they come into care and when a placement change is made. The caseworker must review these Rights with the child or youth. Upon completion of the review, the caseworker must have the child or youth sign on the appropriate signature line and attach the Rights to the child's plan of service. The reviewed and signed Rights must be attached to the initial and any subsequent reviews of the Child's Plan of Service (COS). The child or youth must receive a copy of the Rights and a copy must be placed in the case file as well.

Youth/Child Full Name:	
Child's Date of Birth:	Date:
Placement Name and Address:	
Note if the child/youth is unable to sign and the reason.	

As a child or youth in foster care:

1. **I have the right to** good care and treatment that meets my needs in the least restrictive setting available. This means I have the right to live in a safe, healthy, and comfortable place. And I am protected from harm, treated with respect, and have some privacy for personal needs.
2. **I have the right to** know:
 - Why am I in foster care?
 - What will happen to me?
 - What is happening to my family (including brothers and sisters) and how is CPS planning for my future?
3. **I have the right to** speak and be spoken to in my own language when possible. This includes Braille if I am blind or sign language if I am deaf. If my foster parents do not know my language, CPS will give me a plan to meet my needs to communicate.
4. **I have the right to** be free from abuse, neglect, exploitation, and harassment from any person in the household or facility where I live.
5. **I have the right to** fair treatment, whatever my gender, gender identity, race, ethnicity, religion, national origin, disability, medical problems, or sexual orientation.
6. **I have the right to** be free of any harsh, cruel, unusual, unnecessary, demeaning, or humiliating punishment. This includes not being shaken, hit, spanked, or threatened, forced to do unproductive work, be denied food, sleep, access to a bathroom, mail, or family visits. No one will make fun of me or my family or threaten me with losing my placement or shelter.
7. **I have the right to** be disciplined in a manner that is appropriate to how mature I am, my developmental level, and my medical condition. I must be told why I was disciplined. Discipline does not include the use of restraint, seclusion, corporal punishment, or threat of corporal punishment.
8. **I have the right to** attend my choice of community, school, and religious services and activities (including extracurricular activities) to the extent that is right for me, as planned for and discussed by my caregiver and caseworker, and based on my caregiver's ability.
9. **I have the right to** go to school and get an education that fits my age and individual needs.
10. **I have the right to** be trained in personal care, hygiene, and grooming.
11. **I have the right to** comfortable clothing similar to clothing worn by other children in my community.
12. **I have the right to** clothing that does a good job of protecting me against natural elements such as rain, snow, wind, cold, sun, and insects.

13. **I have the right to** have personal possessions and gifts at my home and to get additional things within reasonable limits, as planned for and discussed by my caregiver and caseworker, and based on caregiver's ability.
14. **I have the right to** personal space in my bedroom to store my clothes and belongings.
15. **I have the right to** healthy foods in healthy portions proper for my age and activity level.
16. **I have the right to** good quality medical, dental, and vision care, and developmental and mental health services that adequately meet my needs.
17. **I have the right to** not take unnecessary or too much medication.
18. **I have the right to** be informed of emergency behavioral intervention policies in writing. I have the right to know how they will control me if I cannot control my behavior. To know how they will keep me and those around me safe.
19. **I have the right to** live with my siblings who are also in foster care. If I am not living with my siblings, I have the right to know why. If there are no safety reasons why I cannot live with my siblings, it is my caseworker's job to try to work hard to find a home where I can live with my siblings.
20. **I have the right to** visit and have regular contact with my family, including my brothers and sisters (unless a court order or case plan doesn't allow it) and to have my worker explain any restrictions to me and write them in my record. I have the right to file a court petition to request access to my sibling(s) if I have been separated from my sibling(s) because of an action by DFPS.
21. **I have the right to** contact my caseworker, attorneys, ad litem, probation officer, court appointed special advocate (CASA), and Disability Rights of Texas at any time. I can communicate with my caseworker, CASA, Disability Rights of Texas, or my attorney ad litem without limits in private.
22. **I have the right to** see my caseworker at least monthly and in private if necessary.
23. **I have the right to** actively participate in creating my plan for services and permanent living arrangements, and in meetings where my medical services are reviewed, as appropriate. I have a right to a copy or summary of my plan and to review it. I have the right to ask someone to act on my behalf or to support me in my participation. At age 14 and older, I have the right to invite at least two additional people of my choosing to participate in my case planning meetings that are not my foster parent or my caseworker.
24. **I have the right to** go to my court hearing and speak to the judge.
25. **I have the right to** speak to the judge at a court hearing that affects where I am living, including status of hearings and all permanency hearings.
26. **I have the right to** expect that my records and personal information will be kept private and will be discussed only when it is about my care.
27. **I have the right to** have contact with persons outside the foster care system. These visitors can be, but are not limited to, teachers, church members, mentors, and friends.
28. **I have the right to** have privacy to keep a personal journal, to send and receive unopened mail, and to make and receive private phone calls, unless an appropriate professional or a court says that restrictions are necessary for my best interests.
29. **I have the right to** be informed of search policies. I have the right to be told if certain items are forbidden (or if I am not allowed to have them) and why. If my belongings are removed, it must be documented.
30. **I have the right to** have possession of my personal earnings and to get paid for any work done, except for routine chores or work assigned as fair and reasonable discipline.
31. **I have the right to** give my permission in writing before taking part in any publicity or fund raising activity for the place where I live, including the use of my photograph.
32. **I have the right to** refuse to make public statements showing my gratitude to a foster home or agency.
33. **I have the right to** receive, refuse, or request treatment for physical, emotional, mental health, or chemical dependency needs separately from adults (other than young adults) who are receiving services.
34. **I have the right to** call the Texas Abuse/Neglect Hotline at 1-800-252-5400 to report abuse, neglect, exploitation, or violation of personal rights without fear of punishment, interference, coercion, or retaliation.

- 35. **I have the right to** complain to the DFPS Consumer Affairs Office at 1-800-720-7777 and/or Disability Rights of Texas at 1-800-252-9108 if I feel any of my rights have been violated or ignored. I cannot be punished or threatened with punishment for making complaints, and I have the right to make an anonymous complaint if I choose.
- 36. **I have the right to** be told in writing of the name, address, phone number and purpose of the Texas Protection and Advocacy System for disability assistance.
- 37. **I have the right to** not get pressured to get an abortion, give up my child for adoption, or to parent my child, if applicable.
- 38. **I have the right to** hire independent mental health professionals, medical professionals, and attorneys at my own expense.
- 39. **I have the right to** have a credit report run annually beginning at age 14, and to be informed of the results and to receive assistance in interpreting the report and disputing any inaccuracies.
- 40. **I have the right to** understand and have a copy of the Rights of Children and Youth in Foster Care.

Rights of Youth 16 and Older in Foster Care

When I am age 16 years of age or older in foster care:

- 1. **I also have the right to** attend Preparation for Adult Living (PAL) classes and activities as appropriate to my case plan.
- 2. **I also have the right to** a comprehensive transition plan that includes planning for my career and help to enroll in an educational or vocational job training program.
- 3. **I also have the right to** be told about educational opportunities when I leave care.
- 4. **I also have the right to** get help in obtaining an independent residence when aging out and information on the cost of housing so that I can plan for my future independence.
- 5. **I also have the right to** one or more Circle of Support Conferences or Transition Planning Meetings.
- 6. **I also have the right to** take part in youth leadership development opportunities.
- 7. **I also have the right to** consent to all or some of my medical care as authorized by the court and based on my maturity level. For example, if the court authorizes, I may give consent to:
 - Diagnose and treat an infectious, contagious, or communicable disease.
 - Examine and treat drug addiction.
 - Counseling related to preventing suicide, drug addiction, or sexual, physical, or emotional abuse.
 - Hospital, medical, or surgical treatment (other than abortion) related to pregnancy if I am unmarried.

If I consent to any medical care on my own, without the court or DFPS involved, then I am legally responsible for paying for my own medical care.
- 8. **I also have the right to** request a hearing from a court to determine if I have the capacity to consent to medical care (Sec 266.010).
- 9. **I also have the right to** receive help with getting my driver’s license, social security number, birth certificate, and state ID card.
- 10. **I also have the right to** seek proper employment, keep my own money, and have my own bank account in my own name, depending on my case plan and age or level of maturity.
- 11. **I also have the right to** get necessary personal information within 30 days of leaving care, including my immunization records, proof of Medicaid enrollment, Medical Power of Attorney information, and information contained in my education portfolio and health passport.

Youth/Child: X	Date:
CPS Caseworker: X	Date:



Client Complaint Form

Person presenting this grievance:

Date:

Person receiving this grievance:

Date:

What is the problem/concern or rights violated?

What have you already done to try to resolve the problem/concern?

If you have faced this problem/concern before, what have you done that has worked for you?

What would you like to see happen to address the problem/concern?

Resolution/Action Taken:

Resolution shared by:

Person presenting the grievance:

Date:

Person managing the grievance process:

Date:

Comments:



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