

# ***FCC BEHAVIORAL HEALTH DEPARTMENT OF CORRECTIONS/DRUG COURT CSTAR PROGRAM***

**Agency Website – [www.fccinc.org](http://www.fccinc.org)  
1-800-356-5395 – STATEWIDE CRISIS LINE**



*Welcome to FCC Behavioral Health's Department of Corrections/Drug Court Comprehensive Substance Treatment and Rehabilitation (CSTAR). This information is provided to help you become familiar with our program and available services. Please review all the information. Staff and/or a Peer Specialist will be made available to review this handbook with you. You will need to sign a consent form before any of our services can begin.*

**Your Contact Person will be:** \_\_\_\_\_

## **PROGRAM HANDBOOK**

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## **DEPT. OF CORRECTIONS/DRUG COURT VISION STATEMENT**

Through a collaborative effort, program staff will provide person centered, multi-dimensional care to any person(s)-served in need of comprehensive substance use treatment using effective, evidence-based clinical practices.

## **DEPT. OF CORRECTIONS/DRUG COURT PROGRAM VISION**

To continue to earn the respect and trust of our person(s)-served and our profession, and the recognition as one of the premier providers of addiction treatment services in Missouri. Through a collaborative staff effort, the Department of Corrections/Drug Court program staff will provide person-centered, multi-dimensional care to any person(s)-served in need of comprehensive substance use treatment using effective, evidence-based clinical practices.

## **DEPT. OF CORRECTIONS/DRUG COURT MISSION**

To empower person(s)-served to be alcohol/drug free, independent and productive members of society.

## **DEPT. OF CORRECTIONS/DRUG COURT PHILOSOPHY**

- Substance use problems can effectively be treated in the community.
- Treatment services should be individualized to meet the unique needs of each person(s)-served in order to improve overall wellness.
- Treatment services will be provided in the least restrictive environment.
- Staff will assist in identifying and developing individualized treatment goals and will provide person-centered treatment through the utilization of various evidence-based practices such as Motivational Interviewing, Cognitive Behavioral Therapy, Moral Recognition Therapy, Staying Sober, 12-Step Group and the Matrix Model.
- Education and services will be provided to help the person(s)-served effectively manage their symptoms and problem areas in order to live productive lives in the community.
- Program staff will evaluate services to help improve their overall effectiveness and improve the ability to empower the recovery efforts of person(s)-served.

## **DEPT. OF CORRECTIONS/DRUG COURT KEY OUTCOMES**

- Person(s)-served will demonstrate an improvement in daily living activities as evidenced by an increase in DLA-20 scores from the time of admission to the time of discharge.
- Person(s)-served will demonstrate a decreased level of anxiety as evidenced by initial Generalized Anxiety Disorder scale (GAD-7) compared to final anxiety score.
- A 25% increase in outpatient supported recovery services.
- A 25% increase in Medicated Assisted Treatment (MAT).

## **HOW SHOULD I USE THIS HANDBOOK?**

This information will help you become familiar with the program and the services we offer. Please review all the information. If you have questions, program staff can review the handbook with you personally.

You do not need to read the entire handbook before you receive treatment. However, you will need to sign a consent form before any of our services can begin. Please see the Financial Policy in the back of this handbook.

## **ABOUT US**

### **Days/Hours of Service**

See hours posted at your facility.

### **Frequency of Services/Schedule**

See Group Schedule posted at your facility.

## **POPULATION SERVED**

Adult Men and Women ages 18 and over with an Axis I diagnosis of substance use and/or dependence. Special provisions can also be made for pregnant women under the age of 18, or adolescent females whose level of addiction has manifested in adult behaviors and drug use patterns. We accept person(s)-served without regard to race, religion, national origin, disability, or sexual orientation.

## **SETTINGS**

FCC Behavioral Health – Department of Corrections/Drug Court Enhanced General CSTAR provides outpatient treatment in the following locations:

### **Department of Corrections Offices**

1401 Laura Drive, Kennett, MO  
915 Hwy 84 West, Caruthersville, MO  
#1 Courthouse Square, New Madrid, MO  
1905 N. Douglas, Malden, MO  
581 Hwy J, Hayti, MO  
624 Walnut St., Steele, MO

### **Drug Court Offices**

103 S. Main Suite C., Kennett, MO  
1201 Ely St. Kennett, MO  
3001 Warrior Lane, Poplar Bluff, MO  
209 W. Hwy St. Suite C, Doniphan, MO  
8405 Outer Road, Mountain Grove, MO  
203 South 2<sup>nd</sup> St, Ava, MO  
18 Court Square, Gainesville, MO  
1719 A Business 60, Dexter, MO

## **REFERRAL SOURCE**

Department of Corrections/Drug Court Program accepts person(s)-served from a host of different referral sources. The majority of referrals for the DOC/Drug Court program are made via a phone call from a probation officer, drug court case worker, Missouri Children's Division caseworker, hospital social worker or other FCC Behavioral Health provider. Administrative support staff completes a screening tool and schedules a time for the person(s)-served to come to the office for an assessment.

On occasion, the Department of Corrections/Drug Court Program will be contacted for an assessment by someone in crisis and in need of immediate placement. FCC Behavioral Health staff work with the person(s)-served to try and accommodate her/him or find an appropriate placement the same day.

Person(s)-served who come in for treatment but are medically unstable for services are sent for hospital services. The following are the most common used Hospitals:

- First Step (Twin Rivers Hospital)—medical detox
- Resolutions (Pemiscot Memorial Hospital)—medical detox

## **ACCESS TO AFTER HOURS SERVICES**

1-800-356-5395 Crisis Line

## **HOW DO I GET SERVICES?**

Department of Corrections/Drug Court accepts referrals from a variety of sources such as:

- Probation and Parole Offices
- Division of Family Services
- Lawyers
- Doctors
- Courts
- Other community agencies

## **FOLLOW-UP SERVICES**

It is the policy of FCC Behavioral Health to provide targeted follow-up services to person(s)-served by the agency. Targeted follow up services will be designed to enhance the quality of services provided by the agency and assist in program development. Targeted follow-up services will be coordinated by staff. Staff will notify person(s)-served referral sources upon discharge or dismissed of the programs.

## **WHO PROVIDES THE SERVICE(S)?**

Our licensed therapist and certified substance use counselors provide clinical services. We work with local providers to help patients get the medical and dental services they need. FCC Behavioral Health providers or other local community mental health care providers offer mental health and psychiatric services.

## **HOW DO I PAY FOR THE SERVICE(S)?**

You can pay for services out of pocket, with insurance, or Medicaid. The amount you have to pay depends on your income and how many dependents you have. Staff will help you fill out the necessary paperwork to determine what you will pay. Payer sources are determined by the Department of Behavioral Health (DBH) and are based on a sliding scale fee. Department of Corrections/Drug Court accepts Medicaid, Medicare, POS funds, some insurances and private pay. Only Missouri person(s)-served who qualify are notified before treatment services begin of their calculated fee for services. The person(s)-served signature acknowledges understanding and commitment to contribute financially to treatment. Many person(s)-served will pay zero out-of-pocket. You might have a monthly fee for services. This means that you will pay for your first month of services when you are admitted, and again on the first of each month you remain in treatment services.

## **WHAT TO EXPECT WHEN YOU ENTER SERVICES**

You will first have an “intake appointment” with admission specialists. The purpose of this appointment is to make sure we understand your situation. At this appointment, you will talk about your concerns and give staff some information about yourself. Our staff will match you to a program at or refer you to other services. The intake process takes approximately 1-2 hours.

After this appointment, a licensed mental health professional will choose your priority level for service. We believe that all individuals are important. Considering there are many that request our services, we must use a priority system to make sure that person(s)-served and their families with the most urgent needs, receive services in a timely manner.

We assign a Care Coordinator (CC) to all person(s)-served who are accepted for services. The CC will become your contact person within FCC Behavioral Health and the Department of Corrections/Drug Court Program. Depending on which site you receive services, a licensed clinician may meet with you to give you a diagnosis within three (3) days of the intake process. If you would like to be seen by the psychiatrist, a referral appointment can be made at one of our sister facilities.

## **Therapeutic Process.**

You should know that therapy is not always easy. You may have to discuss very personal information. You could find those conversations difficult and embarrassing, and you might be very anxious during and after these conversations. Counseling is meant to make problems better, but sometimes, especially at first and when you get to the root of some things, you may feel them even stronger than in the past.

Treatment can take many forms. At first, your counselor will spend time getting to know you, your child and your family. In order to create a therapy plan that works for you, counselors need to understand your concerns. Typical areas covered in this assessment include questions about:

- Your family situation
- Your strengths, weaknesses, and concerns
- How you cope with problems
- Possible solutions for your concerns

Counselors may talk about these topics with you over several sessions.

Sometimes counseling means trying new ways of doing things. You will always be free to move at your own pace. We will challenge you and your old ways of thinking and doing things, but we cannot offer any promise about results. We believe all patients are important. We treat person(s)-served in these groups first because these medical situations are very serious, and these patients need care right away:

- Suffer from a serious substance use disorder
- Are pregnant
- IV drug using
- Are homeless
- Are ordered by a court to receive treatment
- Need substance use crisis stabilization right away

You will create your treatment plan with your counselor and you will sign and receive a copy of your plan. Your counselor may also consult with other FCC Behavioral Health staff, including your case manager and/or psychiatrist, to develop some goals and strategies. Throughout this process, your counselor will give you strategies that you can use to help you with your problems and concerns.

## **CLINICAL SUPERVISION**

Part of treatment involves watching your progress. Provides both individual and team supervision. This team includes your counselor, Care Coordinator, nurses and program directors and supervisors and may include consultation with the psychiatrist. Will write a report for you. You and your team will review this with you at least every three (3) months. At this time, you can

work with the team and your counselor individually to develop new goals for your treatment plan if you need it.

The most successful changes may happen in your first six (6) sessions. However, each case is different. You might need longer service. After three (3) months, you and your treatment team will review the goals of your treatment plan and note in what ways you have been successful. If you continue treatment, you will set new goals. If you do not need more treatment because you have met all of your goals, you and your treatment team will talk about the ending your treatment.

## **WHO OWNS YOUR FILE**

FCC Behavioral Health is the legal owner of any agency file pertaining to person(s)-served.

FCC Behavioral Health wants to assure you that you are receiving safe and confidential services while being provided any services at any FCC Program. The implications of file ownership do not allow unauthorized access to your file information. The HIPAA law governs any person or office's access to a file.

If you have any questions or concerns, please discuss them with your clinician or you may meet with the Clinical Director to further discuss FCC Behavioral Health's requirements, including HIPAA law.

## **HOW TO GIVE FEEDBACK ABOUT YOUR SERVICES**

Whether new to FCC Behavioral Health or returning for services, we want to hear your ideas and concerns about how we provide services. Knowing if something is not working, getting ideas for further improvement of services or getting recognized for a job well done is important to us as an agency and for individual staff members. Your feedback is important. It helps us make sure we provide the best care we can.

You can give feedback on our services at these times:

- When you first reach out to the program
- At any time by using the suggestion box in the lobby
- At scheduled staffing with the treatment team
- After your treatment at has ended

We encourage you to provide regular feedback to your counselor to make sure you are working together toward your treatment goals. We will use your feedback to improve our services.



# **WHAT IF I CAN'T MAKE MY APPOINTMENT?**

## **Cancellation/Missed Appointments/No-Show/No-Call Policy**

Department of Corrections/Drug Court and FCC Behavioral Health (FCC) require notification **24-hours** prior notice of a change and/or cancel an appointment. However, if you have cancelled two (2) appointments in a row, within 24-hours of the scheduled appointment, we will carefully review whether or not your file should remain open. Cancellations may also result in delays for certain services.

If you do not inform us more than **24-hours** ahead of time and do not attend your scheduled appointment, we will consider this a "No-Show." Two (2) consecutive no-shows, regardless of the service scheduled, will result in your file being reviewed and possibly referred to an alternative service and/or closed, discharging you from services with FCC. This policy must be followed due to extensive requests for the services of FCC.

- All person(s)-served must call if missing groups.
- All person(s)-served must bring reasonable proof of excuse as to why they were absent.
- All person(s)-served will have to make up any missed days.
- If a person(s)-served misses three (3) days without proof of excuse, person(s)-served will be terminated.
- If a person(s)-served does not give a drug screen as requested, person(s)-served will be terminated.

A No-Show means:

- Person(s)-served did not call and did not cancel the scheduled appointment.
- Person(s)-served called and canceled the scheduled appointment less than 24-hours before the appointment and rescheduled the appointment.
- Person(s)-served called and cancelled the scheduled appointment less than 24-hours before the appointment and did not want to reschedule the appointment.

After two (2) No-Show's in a row for any service, we will review your file and may:

- Refer you to another service like case management or group therapy. If you do not show for these services, we will discharge you from the program.
- Put you on a waiting list
- Close your file
- Discharge you from the program

Other patients request our services. Out of fairness, we have to follow this policy. An alternative service may include: case management, group, waiting list and/or discharged from the current service. If person(s)-served does not show for the alternative service, after being reminded, then discharge is appropriate.

## **PROGRAM ORIENTATION ACTIVITIES**

During the intake process, the person(s)-served/legal guardian/referral source receives an orientation to the program which is also included in the handbook. The orientation addresses:

Located in this handbook:

- Rights and Responsibilities
- Grievance Policy and Appeal Procedures
- How to provide feedback about their treatment experience through the use of the facility suggestion box; satisfaction surveys and participation in program community meetings.
- Program Schedule
- Rules and Program Expectations
- Handling of personal belonging brought into the facility.
- Floor Plans and Emergency Evacuation Routes
- Policy Regarding Use of Seclusion and/or Restraint
- Program policy regarding use of tobacco products and gambling.
- Program policy regarding possession of illegal drugs brought into the program.
- Program policy regarding the possession of weapons.
- Identification of the staff member responsible for service coordination, which is typically the Care Coordinator.
- Crisis or after hours' emergencies
- Discharge criteria
- Relapse Policy
- Responsibility for Damaged Property

Documents you will sign and that each be explained to you in detail:

- Notice of Privacy Practice
- Financial Obligations and Responsibilities
- Consent to Treat
- Grievance Policy
- Notice of Ethical Practices
- Medication Management Authorization form

Other orientation activities which will occur during the first day of services:

- Tour of Facility
- Assessment purpose and process.
- Description of how the individualized recovery care plan will be developed and the expectations regarding participation in this process by the person-served.

## **DESCRIPTIVE SUMMARY OF SERVICES**

### **Assessment:**

During the assessment process, a variety of assessment tools are utilized to obtain a comprehensive overview of the person(s)-served and their family. Each person(s)-served will meet face-to-face with a licensed clinician to establish person-centered care plan goals based on the individual's strengths, needs, abilities and preferences. Once the goals are established, the person(s)-served will work with various staff members to develop specific steps for meeting these goals.

**Group Therapy** is a way to stay in contact and keep up your progress. Group Therapy also helps you stay independent and integrate into the community outside of Treatment. Recovery will focus on developing new meaning and purposes as you grow beyond the problems and concerns that led you to seek treatment. We offer new groups all the time. If you are interested in group therapy, ask the receptionist and/or your therapist.

**Individual Counseling** is a structured, goal-oriented therapeutic process in which the person(s)-served interacts on a face-to-face basis with a counselor in accordance with the individual's rehabilitation plan in order to resolve problems related to substance use which interferes with the person(s)-served functioning. Various treatment modalities are provided by appropriately trained staff to include, but are not limited to: Motivational Interviewing, Cognitive Behavioral Therapy, Integrated Dual Disorders Treatment and Relapse Prevention Therapy.

**Medication Assisted Treatment (MAT)** is an evidenced based practice that combines pharmacological interventions with substance use counseling and social support. All individuals in services at Stapleton General CSTAR will be educated on available medication assisted treatment interventions. The program will provide staff that are trained and certified in the delivery of Medication Assisted Treatment services.

**Community Support** services, which consists of specific activities in collaboration with, or on behalf of the person(s)-served, are delivered in accordance with the recovery care plan. Community Support services maximize adjustment and functioning within the community while achieving sobriety and sustaining recovery, maximizing the involvement of natural support systems, and promoting independence and responsibility. Care Coordinators assist the individual in identifying available community resources and services to help them achieve recovery care plan goals. Care Coordinators have a working knowledge of health care, social services, employment, safe housing, recreational opportunities, transportation, and other services and systems available in the community. Care Coordinators also provide educational services regarding various daily living skills such as budgeting, meal planning and personal care. Care Coordinator services are provided in any setting that allows the best access to services. Settings may include the treatment center, medical clinics, schools and/or community businesses.

**Drug Screens** are completed upon intake and sent to Laboratory for confirmation. Follow-up testing may be conducted at any time during treatment which could include specimens being sent to the lab for confirmation and/or an on-site dip screening test. The urine samples are collected according to recognized practice standards by trained staff. Results from drug screens are addressed with the individual once the results are available, in order to intervene with substance use behavior. Test results and actions taken shall be documented in the individual's record.

**Doctor Services (Psychiatry)** is provided for individuals who prefer to be treated with psychotherapy, counseling and/or case management, our staff provide medical, nursing and prescription medicine services through coordination with local agencies and follows all state and federal laws for dispensing prescription medicine.

**Alcohol and Drug Education** consists of the presentation of general information regarding substances of use, and the application of the information to participants through group discussion designed to promote recovery.

**Group Education** consists of the presentation of general information and application of the information to participants through group discussion in accordance with individualized treatment plans which are designed to promote recovery and enhance social functioning. The usual and customary size of group educational sessions shall not exceed thirty (30) person(s)-served.

Examples of topics discussed in group education are, but not limited to:

- Anger management
- Wellness/Health
- PAWS symptoms
- Gender specific issues
- Domestic violence
- Vocational Skills
- Criminal Thinking
- Critical Thinking
- Community Living Skills
- Substance use and its effects
- Decision Making
- Emergency Preparedness and Personal Safety
- Self-esteem
- Family issues
- Adult issues
- Relapse prevention strategies
- Co-occurring issues
- Peer Support Groups
- Suicide Prevention
- Problem Solving
- Social Skills
- Sexual issues/sex education
- Budgeting and Money Management Skills
- Communication
- Coping skills
- Life skills
- Early recovery
- 12-Steps
- Study Skills
- Self Harm Prevention
- Nutrition
- Social Supports
- Parenting

## **CARDINAL RULES**

- The use or possession of **ALCOHOL, ILLEGAL MOOD ALTERING DRUGS, OR UNAUTHORIZED PRESCRIPTION DRUGS IS ABSOLUTELY PROHIBITED!**
- Department of Corrections/Drug Court is an outpatient treatment program for men and women with alcohol and/or drug use problems. Treatment success depends on the Person(s)-served active participation in the treatment program. Decisions regarding discharge and successful completion of the treatment program will be made on an individual basis.
- Person(s)-served are encouraged to address concerns with their counselor. Any questions, concerns and/or problems will be brought to the attention of appropriate personnel for follow up.
- The theft or misuse of person(s)-served, staff, or center property is prohibited and may result in legal prosecution. Any illegal acts such as physical assault will also result in prosecution.
- Personal vehicles are permitted. The keys must be turned in and all vehicles are subject to a search. Once you enter the treatment program, you will not be allowed to return to your vehicle until time of discharge. Parking arrangements for your vehicle will be made by the agency. If you bring your vehicle to treatment, FCC Behavioral Health and the Department of Corrections/Drug Court Programs are not responsible for any damage or theft of the vehicle.
- If you are caught with contraband on the treatment center property your referral source will be contacted and arrangements regarding the remainder of your treatment program will be made.
- Any acts of violence are cause for IMMEDIATE DISCHARGE! Weapons of any nature are prohibited. This includes pocket knives.
- Physical intimacy between person(s)-served and/or toward staff, is prohibited. This includes suggestive mannerisms.
- Racial comments or discriminative behavior will not be tolerated and is cause for immediate discharge.
- You, the person(s)-served, will determine whether your treatment program is a success. Everyone must work together to ensure that the program is a success for all those who are participating.
- Staff has the final say on any matter. Compliance is expected.
- Family sessions will be coordinated by your counselor. The counselor will determine who will be involved in this process.

*Violation of any rules set forth by FCC Behavioral Health could result in discharge from the program and/or disciplinary actions established through DOC/DRUG COURT policies and procedures. These rules are set forth in order to protect the person(s)-served as well as the staff.*

## **GROUP RULES**

Must be on time. Must not sleep in group. Do not lean back in your chair. Do not wear anything on your head. Do not side talk. Do not leave during group unless you are sick. Always have your work books, assignments, ink pen and folder.

## **COMPLIANCE AND INCIDENT REPORTS**

### **Behavioral Expectations of the Person(s)-Served**

- All person(s)-served are to comply with the written rules and verbal instructions from staff. Although staff instructions may contradict the written rules at times, remember each situation is different and it is not always the best course of action to simply follow what is written in black and white. Infractions of the rules can result in loss of privileges. If a person(s)-served has suggestions regarding the rules, signed suggestions must be put in writing and given to a staff member.
- The treatment team reserves the right to make decisions of discharge based on the magnitude of the incident. Counselors have the right to make additions to rules if deemed clinically appropriate.
- Cursing, Profanity, Vulgar Language or Gestures is **STRONGLY DISCOURAGED!**

## **ADVANCE DIRECTIVES**

An advance directive is a legal written document to have in the event you are unable to make or communicate your wishes about your health care. This document allows you to name someone to make decisions about your care or to carry out your written directions about your treatment.

If you already have an advance directive, please allow us to make a copy for your records. If you do not have an advance directive and would like more information, please ask a staff member.

## **DRUGS, ALCOHOL AND WEAPONS**

In order to maintain a safe and supportive environment, alcohol, street drugs, and weapons are not allowed on any Department of Corrections/Drug Court Facilities. If you arrive intoxicated or under-the-influence (“high”), your officer /judge will be notified, possible inpatient, possible sanctions and/or other consequences will be enforced.

If a situation is dangerous, local law enforcement will be contacted.



## **SMOKING**

Department of Corrections/Drug Court Facilities has a “No Tobacco” policy, this also includes electronic cigarettes and chewing tobacco. No use of tobacco is allowed inside of the building. Individual’s found using any tobacco products in the building are subject to immediate discharge.



If you wish to smoke, you may do so outside the building in the smoking area. Ask the Program Director where the smoking area is located.

## **WHEELCHAIR ACCESS**

All Sites are wheelchair accessible. Staff will be available to assist. We will make every effort to ensure that all services are available to you.

## **DRESS CODE**

All person(s)-served are to be neat and clean in appearance. Daily bathing and the use of deodorant is a **MUST**. Shirts must be buttoned, except for the top collar button. No bare feet.

The following types of clothing are NOT allowed in the center:

- Tank Tops, Muscle Shirts and/or Sleeveless Shirts
- Cut-off Shorts
- Any clothing that is suggestive and/or too tight
- Any clothing containing pictures and/or slogans of drugs, alcohol, drug paraphernalia and/or hate messages
- No Pajamas
- Wearing head garments and/or sunglasses are not permitted at any time

## **CRISIS SITUATIONS**

Some emergency situations arise when a person is threatening to hurt themselves or someone else. Our staff will assess what needs to be done to keep everyone safe. We will use medical information from your record. When you begin treatment, please give us the following information:

- The name and phone number of someone we can call in case of an emergency
- Describe their relationship to you. For example, mother, husband, or child.
- The names of any medicines you are taking
- Any diseases or sicknesses you have
- Any allergies you have, and what your reactions are

## **Behavioral Crisis**

Should a behavioral crisis occur on Department of Corrections (DOC)/Drug Court premises, action will be taken to protect the safety of the person(s)-served, you, visitors and personnel. It will be the responsibility of the therapist to determine action to be taken. The therapist will first determine if the individual can be “talked through” the crisis. If this is not possible, the therapist will make the decision if medical and/or police intervention is necessary.

DOC/Drug Court Programs do not use seclusion or restraint in any programs.

DOC/Drug Court Program staff regularly practice emergency drills to ensure that we are all prepared in the event of an emergency situation such as an earthquake, tornado, fire, and disaster emergency situations.

## **CRISIS LINE NUMBER 1-800-356-5395**

### **WHO SHOULD I CALL IN CASE OF A MEDICAL EMERGENCY**

If you have a medical emergency while on premises or during treatment, if you can, tell a staff member. This staff member will:

- Use CPR or other first aid measures, if trained
- If needed, call “911”
- Alert other staff, including the nurse on site if there is one
- Call other local law enforcement

We will use medical information from your record. When you begin treatment, please give us the following information:

- The name and phone number of someone we can call in case of an emergency
- Describe their relationship to you. For example, mother, husband, or child.
- The names of any medicines you are taking
- Any diseases or sicknesses you have
- Any allergies you have, and what your reactions are

Staff has basic first aid kits accessible at agency sites, in all agency-owned vehicles and in case manager vehicles.



## **RELAPSE POLICY**

Relapse can be a part of the treatment and recovery process. It is the belief of the program treatment team that in order to address the relapse, honesty is a vital part of the treatment process. Ultimately the goal of recovering from a relapse would be for the person(s)-served to work directly with the treatment team on identifying ways to avoid future relapse, identify triggers and/or stressors that contributed to the relapse and restructure the relapse prevention plan.

The program has in place written policies which address the process that occurs if a person(s)-served uses alcohol and/or drugs while in any level of care within the program. Based on these policies, an individual shall not be denied services solely because of a relapse. Each case will be dealt with on an individualized basis.

### **Written Relapse Policy**

Upon entry into the program the person(s)-served and family are given the written policy of the following process which will be taken if relapse (abuse of alcohol or drugs) occurs. The consequence may be:

- In the event of a relapse the following may apply:
- Medical Detoxification and/or Medical stabilization when applicable.
- Treatment Team review of the particular individual's situation to determine the next course of action.
- Referral to a more intensive level of care within the program.
- Continuation with the same level of care with the possibility of the person(s)-served being "frozen" in that level for additional time until he/she can re-establish stability.
- Unsuccessful Discharge from the program with an appropriate referral made

### **Process for Implementation of Relapse Policy**

If it is determined that the person(s)-served is been using drugs and/or alcohol during an Episode of Care, the Relapse Policy goes into effect by the treatment team members conferring in order to establish the plan of action for the individual. An appropriate therapeutic recommendation would be made based upon the individual's needs and circumstances. If continuation of care is recommended as the next course of action and the additional services provided will result in the person(s)-served exceeding the Customary Service Authorization Package, a clinical review through CIMOR will be initiated by the Program Director.

## **RIGHTS AND RESPONSIBILITIES**

**Your Responsibilities.** Treatment requires commitment and work from you to address the area(s) identified as benefiting from change. The most benefit will be derived from integrating the new skills developed, with the assistance of your counselor, into your life outside of the agency.

You are expected to:

- Actively participate and collaborate throughout the treatment process. Participation involves sharing your thoughts, feelings and concerns in circumstances that directly affect your treatment.
- Attend and be on time for your scheduled appointments.
- Make sure that you are not under the influence of alcohol and/or drugs before a session
- Let us know 24-hours ahead of time if you cannot attend a scheduled appointment.
- Treat others with dignity and respect.
- Respect the privacy of others accessing program services. Do not share information outside of FCC Behavioral Health with others.
- To know the rules and guidelines for the Turning Leaf program

**Your Rights.** We are committed to delivering high quality services and protecting your rights. Our services must be delivered in a respectful and professional manner that preserves the human dignity, health, and safety of you and all people.

Each person(s)-served will be entitled to the following rights and privileges without limitation:

- You must be treated with dignity and respect, free from any verbal, sexual or physical abuse.
- You should not tolerate or be inflicted with psychological abuse, including actions that humiliate, scare, or exploit you.
- You cannot be treated differently because of your race, nationality or background, sex, religion, disability, sexual orientation, or health.
- We must give you treatment that is prompt, thorough, and that uses the resources has available.
- You must be allowed to participate in all aspects of the planning of your treatment.
- You must give your consent before any exchange of personal and confidential information, within the boundaries of the legal limits of confidentiality.
- You have the right to know how long you will be in counseling and how often you will receive treatment.
- You have the right to know in advance if we stop treatment with you, and to know the reason why.
- You have the right to take control over your own life and make choices that meet your personal needs and responsibilities.
- You have the right to raise any concern or complaint about an employee, a program procedure, a breach of confidentiality, or any infringement of your basic rights, to the Program Director and/or Clinical Director.
- Staff must make fair and reasonable decisions about your treatment. Staff must communicate this to you clearly in a way that you can understand.

Rights and privileges, which may be limited, are:

- to wear own clothes and use personal articles
- to keep some money for expenses and small purchases
- to send and receive mail
- to have visitors at reasonable times
- to see own records
- to have physical exercise and outdoor recreation
- to have access to current newspapers, magazines and radio and television programming
- to be free from chemical or physical restraint, seclusion or isolation
- to use the telephone at reasonable times

When it becomes necessary to limit rights, the limitations will be done on an individualized basis, be clinically justified and such will be documented in your record for administrative review by the program director/supervisor. As soon as it is clinically feasible, the limited right(s) will be restored. Any limitation of a right will be re-evaluated at each review of the treatment/rehabilitation plan, or more often if necessary.

Person(s)-served are expected to:

- Actively participate and collaborate throughout the treatment process. Participation involves sharing your thoughts, feelings and concerns in circumstances that directly affect your treatment.
- Attend and be on time for your scheduled appointments.
- Ensure that you are not under the influence of alcohol and/or drugs prior to commencing sessions.
- Inform us ahead of time (preferably 24-hours) if unable to attend your appointment.
- Treat others with dignity and respect.
- Respect the privacy of others accessing FCC Behavioral Health's Department of Corrections/Drug Court services.

### **Our Responsibilities.**

- Give you ethical treatment based both upon laws and the agency Code of Ethical Conduct.
- Participate in treatment as required per agency schedules.
- Work with you to prepare an assessment, treatment plan, and goals.
- Make sure you get the services you need to meet your goals.
- Report to the police if we hear of, see or suspect sexual, physical or emotional abuse or neglect, as the law requires us to.
- Act on suicidal or homicidal threats or behaviors.

Treatment requires commitment and work from the person(s)-served and/or family members to address the area(s) identified as benefiting from change. The most benefit will be derived from integrating the new skills developed, with the assistance of your clinician, into your life outside of the agency.

# **PRIVACY**

The program works to protect your privacy by not sharing your personal or medical information. This is called “confidentiality.”

Confidentiality is very important for all agency services. We will ask you to sign consent forms to share and get information. Your doctor and/or therapist should ask for your permission to share your information with anyone outside of FCC Behavioral Health (FCC) and the Department of Correction/Drug Court services program(s).

There are times that FCC must share information with people who are not your doctor and/or therapist. Usually this is because of a legal and/or medical situation, or because FCC uses this information internally to help improve our services.

There are different types of situations where FCC has to share information:

## **Because of Legal Situation**

If we see and/or hear that a child may be experiencing physical, sexual, emotional abuse and/or neglect; FCC Behavioral Health (FCC) will report this to the Child Abuse Hotline.

FCC and the staff members associated with any FCC program and/or service, are mandated reporters. We are required by law to share information with the Children’s Division if:

- There is an active child protection investigation, or
- The Children’s Division asks for information for the purpose of case planning
- If a court orders a staff member to share information

We are required to share certain information with outside organizations that license health care providers such as nurses and/or doctors.

## **For Medical Reasons**

We are required to report information about some contagious diseases to the Public Health department. If you are in danger of hurting yourself, we will contact local law enforcement and/or emergency services.

A clinical team reviews your case before you begin treatment to make decisions about what treatment may work for you, and to assign you to a FCC Behavioral Health clinician.

While you receive treatment, counselors work with one another. This means your doctor is supervised by another professional and can ask for input from other professionals to make sure you get the best care. This supervision and consulting is only within the program. Clinicians cannot ask for input or supervision from anyone outside of the program without your consent.

Sign acknowledgement of the Advance Directive for Behavioral Health (ADBH) form and let us know if you have one. You will receive a copy of “Life Choices” when you enter our program and someone will explain this process. An Advanced Directive for Behavioral Health (ADBH) is a legal document that allows person(s)-served, when of “sound mind,” to refuse specific treatment and/or give consent to future psychiatric treatment. An ADBH may authorize another person to make future decisions about mental health care on behalf of the person(s)-served, if he/she becomes incapacitated. This document allows a person(s)-served to make these decisions in advance about treatment if they become unable to make or to communicate reasoned decisions regarding mental health treatment. The ADBH involves the healthcare power of attorney that appoints another person to make decisions during a time when the person(s)-served is not able to make decisions.

We may work with your primary care doctor during your treatment to get information important to the treatment process. Also, if a child is admitted to the hospital, the hospital will request us to share information. If there are delays in getting signed release forms, will share information with the hospital as necessary.

### **To Help Improve the Quality of Care**

FCC Behavioral Health keeps basic demographic information such a name, address, date of birth, phone number and similar information as well as and clinical information, like your diagnosis. Only employees can see this information. FCC Behavioral Health writes a report to make sure we are giving you the best care possible using this information anonymously. If you decide to access your alcohol and/or substance use treatment services elsewhere, and if you give your consent, persons working in that agency will be able to access your information.

At different times during your treatment and after you finish treatment, we may ask you to fill out a person(s)-served satisfaction surveys. These surveys may ask you for some personal information. The surveys help us include your feedback into our agency planning.

## **MEDICATION ASSISTED TREATMENT SCREENING/EDUCATION**

Medication Assistant Treatment (MAT) Screening/Education is provided at the time of admission. The person(s)-served will receive a screening tool to complete. After completion, if the person(s)-served is appropriate, the person(s)-served will meet with the Department of Corrections/Drug Court nurse and clinical care team. Effective treatment attends to multiple needs of the individual, not just his/her drug use.

Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction.

Medications are an important element of treatment for many patients, especially when combined with counseling and behavioral therapies.

## **Assessment**

Should begin as soon as a person(s)-served is admitted. It provides a basis for individualized treatment planning and increases the likelihood of positive outcomes. No single tool incorporates all the important elements for assessing patients in MAT. The Addiction Severity Index (ASI) although not comprehensive, can guide collection of the basic information needed to measure patient conditions and progress objectively.

## **First Contact**

The screening process begins when an applicant or family member first contacts, often via telephone or a visit to the program. This contact is the first opportunity for treatment providers to establish an effective therapeutic alliance among staff members, patients, and patients' families.

Careful planning for and interaction with new applicants and their families contribute to positive MAT outcomes. Staff members should be prepared to provide immediate, practical information that helps potential applicants make decisions about MAT, including the approximate length of time from first contact to admission, what to expect during the admission process, and types of services offered. A brief exploration of applicants' expectations and circumstances can reveal other information they need for considering MAT.

## **Goals of Initial Screening**

The consensus panel recommends the following goals for initial screening:

- Crisis intervention – Identification of immediate assistance with crisis and emergency situations (see “Screening of Emergencies and Need for Emergency Care” below)
- Eligibility verification – Assurance that an applicant satisfies Federal and State regulations and program criteria for admission.
- Clarification of the treatment alliance – Explanation of patient and program responsibilities
- Education – Communication of essential information about MAT operations (e.g., dosing schedules, program hours, treatment requirements, addiction as a brain disease) and discussion of the benefits and drawbacks of MAT to help applicants make informed decisions about treatment
- Identification of treatment barriers – Determination of factors that might hinder an applicant's ability to meet treatment requirements, for example, lack of childcare or transportation.

Along with these primary goals, initial screening can begin to identify other medical and psychosocial risk factors that could affect treatment, including factors related to mental disorders, legal difficulties, other substance use, vocational, financial, transportation and

family concerns. Cultural, ethnic, and spiritual factors that affect communication and might affect treatment planning should be noted as early as possible. Staff members should obtain enough information from applicants to accommodate needs arising from any of these factors if necessary.

### **Screening of Emergencies and Need for Emergency Care**

The consensus panel recommends that providers develop medically, legally, and ethically sound policies to address patient emergencies. Emergencies can occur at any time but are most common during induction to MAT and the acute treatment phase. In particular, patients who exhibit symptoms that could jeopardize their or others' safety should be referred immediately for inpatient medical or psychiatric care. If possible, staff members who conduct initial screening and assessment should make appropriate referrals before applicants are admitted. Identifying and assessing emergencies may require staff familiarity with the components of a mental health status examination.

## **SUCCESSFUL DISCHARGE**

To avoid unsuccessful discharge:

- Person(s)-served should demonstrate recognition and understanding of his/her substance use problem and its impact.
- Person(s)-served should achieve an initial period of sobriety and accept the need for continued care.
- Person(s)-served has developed a plan for continuing recovery and sobriety.
- Person(s)-served has taken initial steps to mobilize supports in the community for continuing recovery.

## **MEDICATION**

FCC Behavioral Health's Department of Corrections/Drug Court Program will allow individuals to take prescribed medication as directed. If, however, it is believed that the medication(s) prescribed to person(s)-served is subject to abuse or is suspected of interfering with treatment, staff shall attempt to engage the prescribing physician in discussion regarding the medication and the treatment planning process. A second opinion may be utilized as deemed appropriate.

FCC Behavioral Health and the Department of Corrections/Drug Court Program will not deny services to an individual based on the individual's refusal to take prescribed medications. However, if an individual is unable to adequately participate in, and benefit from treatment services due to not taking medication as directed, they will be reviewed for discharge.

## **DENTAL CARE**

Person(s)-served may present for treatment with dental problems. At the time of this writing, Medicaid does not cover dental care unless the person(s)-served is pregnant, blind or in a nursing home. The Nurse or Care Coordinator may also attempt to find the person(s)-served low-cost or pro bono dental services, especially in cases of significant dental complaints that are interfering with a person(s)-served participation in treatment. Otherwise, the person(s)-served and their family will be financially responsible for dental care services.

Dependent children of person(s)-served in need of dental care will be assisted in setting up appointments with local dentists that accept insurance/Medicaid.

## **ADDITIONAL INFORMATION**

As a person(s)-served and/or Parent/Guardian of Department of Corrections/Drug Court services, we encourage you to share your ideas and suggestions with staff to help us improve the program and make it better for our person(s)-served. You can express your ideas and suggestions in the following ways:

- Use the site suggestion box. (Refer to staff for location)
- Include information on your person(s)-served survey.
- Participate in community meetings between staff and the group members.
- File a formal grievance according to agency policy.

FCC Behavioral Health does not practice seclusion or restraint at its facilities. All staff are trained in Nonviolent Crisis Intervention Techniques in the event of a situation which would require staff intervention.

Gambling is not allowed on the premises.



# **FCC BEHAVIORAL HEALTH**

## **NOTICE OF ETHICAL PRACTICES**



FCC Behavioral Health is committed to providing you with the best available care in a caring, respectful and ethical manner. FCC Behavioral Health has corporate compliance policies in place to assure that billing procedures adhere to legal and ethical rules and standards according to the Missouri Department of Behavioral Health (DBH), Missouri Department of Social Services, and other state and/or federal agencies that fund health care services to community mental health centers.

We want to assure that all person(s)-served have the ability to report any suspicious activity concerning any insurance, Medicaid, Medicare or other claims filed by our organization in our service to you. Reporting can be done in-person, over the phone, by mail, or via email. You have the right to remain anonymous; however, it may prove difficult to investigate anonymous reports.

Should you need to file a complaint or concern about services billed, please use any one of the following methods:

1. Report the incident, **in-person**, to the Facility Director. You may ask the front desk who the Director is and request to see them.
2. Report the incident, **over the phone**, to the Chief Compliance Officer. Please call the toll free number (800) 455-2723 to report a concern over a private line (anonymous) or through the agency phone at (573) 888-6545. You may leave your name and number or, if you choose, you may remain anonymous. Anonymous reports are difficult to investigate, but we will do all that we can to investigate anonymous reports.
3. Report the incident, **by mail**, to the Chief Compliance Officer. Please send your report to:  
FCC Behavioral Health, Inc. ATTN: Chief Compliance Officer, 925 Highway V V, PO Box 71, Kennett, MO 63857.  
Anonymous reports are difficult to investigate, but we will do all that we can to investigate anonymous reports.
4. Report the incident, **by email**, to the Chief Compliance Officer at [compliance@fccinc.org](mailto:compliance@fccinc.org). Anonymous reports are difficult to investigate, but we will do all that we can to investigate anonymous reports.

We appreciate your confidence in FCC Behavioral Health's reputation as a quality provider of behavioral health services to Southern Missouri since 1976. If there is anything that we can do to enhance the services our agency is providing to you, please do not hesitate to let one of our staff members know.

# FCC BEHAVIORAL HEALTH

## NOTICE OF PRIVACY PRACTICES



**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

FCC Behavioral Health is committed to providing quality healthcare services to you. An important part of that is protecting your medical information according to applicable law. This notice ("Notice") describes your rights and our duties under Federal Law, as well as other pertinent information. We are happy to answer any questions you may have regarding this Notice. Our staff will briefly review the key points contained herein once you have had an opportunity to read and sign. PHI includes any information that relates to (1) your past, present, or future physical or mental health or condition; (2) providing health care to you; and (d) the past, present, or future payment of your health care. FCC Behavioral Health participates in a clinically integrated health care setting which is considered an organized health care provider. Each entity within the agency's arrangements will be able to access and use your PHI to carry out treatment, payment, or health care operations. The terms of this notice shall apply to FCC Behavioral Health privacy practices until it is changed by FCC Behavioral Health.

### DEFINITIONS

- 1. Healthcare Operations.** "Healthcare Operations" means business activities that we engage in so as to provide healthcare services to you, including but not limited to, quality assessment and improvement activities, personnel training and evaluation, business planning and development, and other administrative and managerial functions.
- 2. Payment.** "Payment" means activities that we undertake as a healthcare provider to obtain reimbursement for the provision of healthcare to you which include, but are not limited to: determinations of eligibility or coverage (including coordination of benefits or the determination of cost sharing amounts), and processing health benefit claims.
- 3. Protected Health Information.** "Protected Health Information" or "PHI" means information which identifies you (e.g. name, address, social security number, etc.) and relates to your past, present, or future physical or mental health or condition; the provision of healthcare to you; or the past, present, or future payment for the provision of healthcare to you.
- 4. Treatment.** "Treatment" means the provision, coordination, or management of healthcare and related services on your behalf, including the coordination or management of healthcare with a third party; consultation between FCC Behavioral Health and other healthcare providers relating to your care; or the referral by FCC Behavioral Health of your care to another healthcare provider.
- 5. Appointment Reminders.** FCC Behavioral Health may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

### YOUR PRIVACY RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- **Get an electronic or paper copy of your medical record.** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Ask us to correct your medical record.** You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days.
- **Request confidential communication.** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.
- **Ask us to limit what we use and share.** You can ask us NOT to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment, or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- **Get a list of those with whom we've shared information.** You can ask for a list (accounting of disclosure) of the times we've shared your health information for six years prior to the date you ask, who we shared it with,

and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide accounting once a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12-months.

- **Get a copy of this privacy notice.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive this notice electronically. We will provide you with a paper copy promptly.
- **Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- **File a written complaint if you feel your rights are violated.** You may file a written complaint in one (1) of the following ways;

**CONTACT FCC BEHAVIORAL HEALTH PRIVACY OFFICER AT:**

HIPAA Privacy and Security Officer  
925 Highway V V, Kennett, MO 63857  
Email: shirleens@fccinc.org  
Phone: (573) 888-5925; Ext: 1027

**CONTACT THE OFFICER OF CIVIL RIGHTS AT:**

United States Dept. of Health and Human Services  
[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)  
Phone: (816) 436-7279

We will **NOT** retaliate or take action against you for filing a complaint.

## **YOUR CHOICES**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

### **I. In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care;
- Share information in a disaster relief situation;
- If you are not able to tell us your preference, for example, if you are unconscious, we may share your information if we believe it is in your best interest.
- We may also share your information when needed to lessen a serious and imminent threat to health or safety.

### **II. In these cases we will never share your information unless you give us written permission:**

- Marketing purposes;
- Sale of your information;
- Sharing of psychotherapy notes

## **FCC BEHAVIORAL HEALTH USES AND DISCLOSURES:**

How do we typically use or share your health information? We typically use or share your health information in the following ways.

The following uses do **NOT** require your authorization, except where required by Missouri law.

- **Treat you.** We can use your health information and share it with other professionals who are treating you. For example: a doctor treating you for an injury asks another doctor about your overall health condition.
- **Run our organization.** We can use and share your health information to run our practice, improve your care, and contact you when necessary. For example, we use health information about you to manage your treatment and services.
- **Bill for your services.** We can use and share your health information to bill and get payment from health plans or other entities. For example, we give information about you to your health insurance plan so it will pay for your services.
- **In the case of fundraising.** We may use your PHI to contact you for fundraising efforts. We must include in any fundraising material you receive a description of how you may opt out of receiving future fundraising communications.
- How else can we use or share your health information? We are allowed or required to share your information in other ways-usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

**Help with public health and safety issues.** We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

**Conducting Research.** We can use or share your information for health research.

**Comply with the law.** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Respond to organ and tissue donation requests.** We can share health information about you with organ procurement organizations.

**Work with a medical examiner or funeral director.** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers' compensation, law enforcement, and other government request.**

**We can use or share health information about you:**

- For workers' compensation claims;
- For law enforcement purposes or with a law enforcement official;
- With health oversight agencies for activities authorized by law;
- For special government functions such as military, national security, and presidential protective services;
- Respond to lawsuits and legal actions.

## **FCC BEHAVIORAL HEALTH RESPONSIBILITIES**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

## **CHANGE IN NOTICE OF PRIVACY PRACTICES**

FCC Behavioral Health reserves the right to change the terms of this notice, and the changes will apply to all information we have about you. The notice will be available upon request, in our office, and on our website.

## **QUESTIONS**

If you have any questions about this notice or would like additional information, please contact the privacy official at the address and telephone number listed below or you may visit our web site at [www.fccinc.org](http://www.fccinc.org).

## **CONTACT INFORMATION**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your

### **CHIEF COMPLIANCE OFFICER**

Tracy Ellis  
925 Hwy V. V.; Kennett, MO 63857  
Email: [tracye@fccinc.org](mailto:tracye@fccinc.org)  
Phone: (573) 888-5925

### **PRIVACY AND SECURITY OFFICER**

Shirleen Sando  
925 Hwy V. V.; Kennett, MO 63857  
Email: [shirleens@fccinc.org](mailto:shirleens@fccinc.org)  
Phone: (573) 888-5925 Ext. 1027

# **FCC BEHAVIORAL HEALTH**

## **FINANCIAL POLICY**



Thank you for choosing our Agency as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you to read prior to any treatment. All person(s)-served must complete our Admission and Insurance Form before seeing a doctor/counselor.

**PAYMENT IS DUE AT THE TIME OF SERVICE.  
WE ACCEPT CASH, MONEY ORDERS, CASHIER CHECKS, CHECKS,  
etc. SORRY NO CREDIT CARDS.**

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### **DBH PERSON(S)-SERVED:**

#### **Regarding Department of Mental Health Standard Means Form (Partial Fee):**

FCC Behavioral Health abides by the policy set forth by the State of Missouri. The policy states that the Standard Means must be done on all Missouri residents in our catchment area to determine if they have the ability to partially pay for treatment (the first days of treatment each month, then the State will pay the rest). If an ability to pay is found, the Partial Fee is due upon admission of the person(s)-served and on every month thereafter.

**EX: person(s)-served admission 2-28-04, fee \$300.00, person(s)-served discharge 3-1-04, fee \$300.00, Balance Due \$600.00.**

The policy also states that the PARTIAL FEE NOT EXCEED CHARGES for any one (1) month.

**EX: If person(s)-served has a Partial Fee of \$300.00 per month, but has only accumulated \$100.00 worth of services, then your Partial Fee would be \$100.00 instead of \$300.00 for that month. Only one (1) Partial Fee can be charged per family, please notify us if any other family members are being treated at any DBH facility in Missouri.**

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### **NON-DBH PERSON(S)-SERVED:**

#### **Regarding Insurance:**

All co-pays and deductibles are due at the time of treatment. The balance of charges due is your responsibility, whether your insurance company pays or not.

#### **Usual and Customary Rates:**

FCC Behavioral Health is committed to providing the best treatment for our person(s)-served and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

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#### **Regarding Insurance Information:**

FCC Behavioral Health will accept assignment of insurance benefits. However, we cannot bill your insurance company unless you provide us with your insurance information.

**Regarding Failure to Pay:** FCC Behavioral Health may take action to collect any unpaid amounts.

**Minors:** The Parent/Guardian accompanying a minor is responsible for payment.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

FCC Behavioral Health's billing department can be reached at (573) 888-9525

# **FCC BEHAVIORAL HEALTH** **GRIEVANCE POLICY AND PROCEDURE**



As a person(s)-served of FCC Behavioral Health, you have the right to be given basic information regarding how complaints and grievances are addressed.

1. FCC Behavioral Health provides you with a means of expressing and resolving complaints or appeals.
2. If you, or your family, have a grievance, you should inform the staff, or the site's Clinical Manager. You may discuss your concerns with the Clinical Manager at your convenience. If the grievance cannot be resolved with the staff, you may request a meeting with the site's Program Director. This will be scheduled at an agreed upon time by both parties.
3. If the grievance cannot be resolved with the staff, you, or your family member, you can complete the agency Complaint/Grievance Form and submit to the

FCC Behavioral Health  
Chief Compliance Officer  
PO Box 71, Kennett, MO 63857  
OR Email complaint to [compliance@fccinc.org](mailto:compliance@fccinc.org)  
OR call toll free number (800) 455-2723

This form can be obtained from program staff upon request.

4. The written grievance will be handled in the following manner:
  - The department program director will be informed of the grievance.
  - You, or your family, will receive a response concerning the grievance from the Chief Compliance Officer within five (5) working days.
  - If you or your family is dissatisfied with the response, a meeting can be arranged within three (3) working days with the Chief Executive Officer and the appropriate staff.
  - The final disposition for grievances rests with the Chief Executive Officer.
  - If you are still dissatisfied with the response obtained in the above stated manner, the Chief Executive Officer will assist you with contacting the Consumer's Rights Monitor at the Department of Behavioral Health (DBH).

## **Consumer Rights Monitor**

*Department of Behavioral Health*  
*P.O. Box 687*  
*Jefferson City, Mo 65102*  
*1-800-364-9687*











# **STAGES OF CHANGE PHILOSOPHY**

**We believe in a philosophy of change that is internally motivated from the individual. What's going on in your life that has you or the people around you concerned and how can we work together to reach goals of change in these areas? Many people come to treatment not really sure what the problems are or that they really have a problem at all. The Stages of Change allow people to start right where they are in their own process of change.**

## **PRE-CONTEMPLATION:**

**"I don't think I have a problem at all, everything is going just fine in my life." Packets and material on this stage of change helps people to take a look at potentially risky behaviors and discuss the pros and cons of behaviors that can be self-harmful. Exercises are designed to encourage individuals to contemplate their lives and set goals for change.**



## **CONTEMPLATION:**

**"I might have a problem, but I'm still gathering information and thinking about it." Packets and material on this stage of change helps people prepare for change by taking an in depth look at personal substance use behavior, learning about addiction and recovery, identifying triggers, identifying relapse warning signs, identifying barriers to change, and identifying what recovery skills will help to achieve personal goals.**



## **PREPARATION:**

**"I know I have a problem and I need to learn as much as possible about how to manage my problem so that I can move forward into an active change." Packets and materials on this stage of change helps teach recovery skills that are based in Cognitive Behavioral Therapy such as: Craving Management, Refusal Skills, Trigger Management, Relapse Prevention Skills, Communication Skills, Anger Management Skills, and Stress Management Skills. Recovery support networks are identified and Emergency Plans using these supports are developed.**



## **ACTION:**

**"I have begun applying the skills that I have learned. I can actually see some of the benefits of my changes and I have a desire to keep moving forward" Packets and materials on this stage of change help individuals on restructuring cues and social supports., helps enhance confidence in dealing with obstacles. Provides support on how to continue developing and refining the skills learned.**



## **MAINTENANCE:**

**"I am stable and doing well. What can I do to continue with my ongoing recovery?" Packets and materials on this stage of change help individuals continue to build their tool kit of recovery skills. At this stage individuals are increasingly more confident that they can continue on their path of recovery.**



## **ROADMAP FOR RECOVERY**



Recovery from a substance use disorder is not a mysterious process. After the use of substances is stopped, the brain goes through a biological readjustment. This readjustment process is essentially a “healing” of the chemical changes that were produced in the brain by substance use. It is important for people in the beginning stages of recovery to understand why they may experience some physical and emotional difficulties. The durations of the stages listed below are a rough guide of recovery, not a schedule. The length of stages will vary from person to person. The substance used will affect the client’s progress through the stages, too. Individuals who had been using methamphetamine will tend to spend more time in each stage than individuals who were using cocaine or other stimulants.

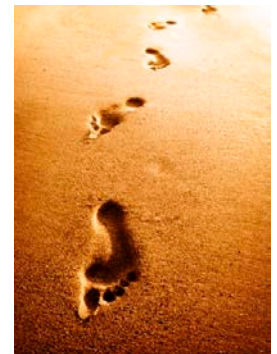
## **THE STAGES**

### **Withdrawal Stage (1 – 2 weeks)**

During the first days after substance use is stopped, some people experience difficult symptoms. The extent of the symptoms often is related to the amount, frequency, and type of their previous substance use.

For people who use stimulants, withdrawal can be accompanied by drug craving, depression, low energy, difficulty sleeping or excessive sleep, increased appetite, and difficulty concentrating. Although people who use stimulants do not experience the same degree of physical symptoms as do people who use alcohol, the psychological symptoms of craving and depression can be quite severe. Individuals may have trouble coping with stress and may be irritable.

People who drank alcohol in large amounts may have the most severe symptoms. The symptoms can include nausea, low energy, anxiety, shakiness, depression, intense emotions, insomnia, irritability, difficulty concentrating, and memory problems. These symptoms typically last 3 to 5 days but can last up to several weeks. Some people must be hospitalized to detox safely. For people who used opioids or prescription drugs, the 7- to 10-day withdrawal period (or longer for people who use benzodiazepines) can be physically uncomfortable and may require hospitalization and medication. It is essential to have a physician closely monitor withdrawal in people dependent on these substances. Along with the physical discomfort, many people experience nervousness, trouble sleeping, depression, and difficulty concentrating. Successfully completing withdrawal from these substances is a major achievement in early recovery.



### **Early Abstinence (4 weeks; follows Withdrawal)**

For people who used stimulants, this 4-week period is called the Honeymoon. Most people feel quite good during this period and often feel “cured.” As a result, individuals may want to drop out of treatment or stop attending 12-Step meetings during the Honeymoon period. Early abstinence should be used as an opportunity to establish a good foundation for recovery. If individuals can direct the energy, enthusiasm, and optimism felt during this period into recovery activities, they can lay the foundation for future success.

For people who used alcohol, this 4-week period is marked by the brain’s recovery. Although the physical withdrawal symptoms have ended, individuals still are getting used to the absence of substances. Thinking may be unclear, concentration may be poor, nervousness and anxiety may be troubling, sleep is often irregular, and, in many ways, life feels too intense.

For those who used opioids or prescription drugs, there is essentially a gradual normalization during this period. In many ways the process is similar to the alcohol recovery timetable. Slow, gradual improvement in symptoms is evidence that the recovery is progressing.

### **Protracted Abstinence (3 – 5 months; follow Early Abstinence)**

From 6 weeks to 5 months after individuals stop using, they may experience a variety of annoying and troublesome symptoms. These symptoms—difficulties with thoughts and feelings—are caused by the continuing healing process in the brain. This period is called the Wall. It is important for individuals to be aware that some of the feelings during this period are the result of changes in brain chemistry. If individuals remain abstinent, the feelings will pass. The most common symptoms are depression, irritability, difficulty concentrating, low energy, and a general lack of enthusiasm. Individuals also may experience strong cravings during protracted abstinence. Relapse risk goes up during this period. Individuals must stay focused on remaining abstinent one day at a time. Exercise helps tremendously during this period. For most individuals, completing this phase in recovery is a major achievement.

### **Readjustment (2 months; follows Protracted Abstinence)**







After 5 months, the brain has recovered substantially. Now, the individual’s main task is developing a life that has fulfilling activities that support continued recovery. Although a difficult part of recovery is over, hard work is needed to improve the quality of life. Because cravings occur less often and feel less intense 6 months into recovery, individuals may be less aware of relapse risk and put themselves in high-risk situations and increase their relapse risk.

# FIVE COMMON CHALLENGES IN EARLY RECOVERY

Everyone who attempts to stop using substances runs into situations that make it difficult to maintain abstinence. Listed below are five (5) of the most common situations that are encountered during the first few weeks of treatment. Next to these problems are some suggested alternatives for handling these situations.

## Challenges

## New Approaches

 <p><b>1 Friends &amp; Associates who use:</b> You want to continue associations with old friends or friends who use.</p>	<ul style="list-style-type: none"> <li>➤ Try to make new friends at 12-sStep or mutual-help meetings</li> <li>➤ Participate in new activities or hobbies that will increase your chances of meeting abstinent people.</li> <li>➤ Plan activities with abstinent friends or family members.</li> </ul>
 <p><b>2 Anger, irritability:</b> Small events can create feelings of anger that seem to preoccupy your thoughts and can lead to relapse.</p>	<ul style="list-style-type: none"> <li>➤ Remind yourself that recovery involves a healing of brain chemistry. Strong, unpredictable emotions are a natural part of recovery.</li> <li>➤ Engage in exercise.</li> <li>➤ Talk to a counselor or a supportive friend.</li> </ul>
 <p><b>3 Substances in the home:</b> You have decided to stop using, but others in your house may still be using.</p>	<ul style="list-style-type: none"> <li>➤ Get rid of all drugs and alcohol.</li> <li>➤ Ask others to refrain from using and drinking at home.</li> <li>➤ If you continue to have a problem, think about moving out for a while.</li> </ul> 
 <p><b>4 Boredom, Loneliness:</b> Stopping substance use often means that activities you did for fun and the people with whom you did them must be avoided.</p>	<ul style="list-style-type: none"> <li>➤ Put new activities in your schedule.</li> <li>➤ Go back to activities you enjoyed before your addiction took over.</li> <li>➤ Develop new friends at 12-Step or mutual-help meetings.</li> </ul>
 <p><b>5 Special occasions:</b> Parties, dinners, business meetings, and holidays without substance use can be difficult.</p>	<ul style="list-style-type: none"> <li>➤ Have a plan for answering questions about not using substances.</li> <li>➤ Start your own abstinent celebrations and traditions.</li> <li>➤ Have your own transportation to and from events.</li> <li>➤ Leave if you get uncomfortable or start feeling deprived.</li> </ul>

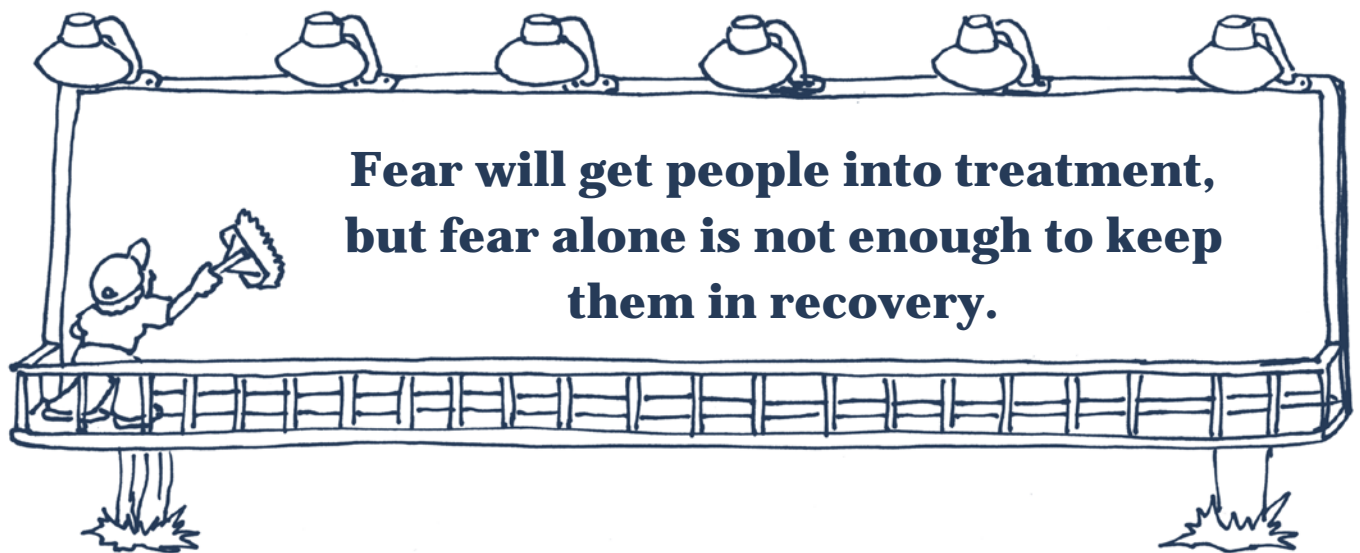
## **MOTIVATION FOR RECOVERY**

Ask any group of people who are new to recovery why they want to stop using right now and you will get many different answers:

- I was arrested, and it's either this or jail.
- My wife says if I don't stop, we are finished.
- Last time I used I thought I was going to die; I know I'll die if use again.
- They are going to take the children from us unless we stop.
- I've been using for 20 years now; it's time to change.

Which of the people quoted is most likely to be successful in recovery? It seems logical to think that people who want to stop using for themselves and not because someone else wants them to are more likely to do well in treatment. However, that may not be true. Research shows that the reasons people stop using don't predict whether they will be able to lead substance-free lives.

What does make a difference is whether they can stay substance free long enough to appreciate the benefits of a different lifestyle. When debts are not overwhelming, relationships are rewarding, work is going well, and health is good, the person in recovery wants to stay abstinent.







## **COMMON TERMINOLOGY/LANGUAGE**

Acting Out	Occurs when someone feels the need to shock and attract attention, usually by acting silly or childish, or by other inappropriate behaviors.
Bad Rapping	Belittling someone who is not present in the conversation.
Being Aware	Knowing what is going on at all times around you.
Cardinal Rules	These rules protect the facility from behaviors that threaten the viability of the facility and the services provided. An infraction will warrant severe consequences or removal from treatment.
Care and Concern	Demonstration of interest in the well-being of a fellow peer. Can be expressed in a variety of interactions to express the message, "The reason I am bringing this to your attention is because I care about you and do not want to see you mess up your life."
Disrespect	To insult, act rude, impolite and/or offensive to and/or towards others.
Flip-It	Occurs when a group member who is being confronted for inappropriate behavior tries to make it look like the person confronting him/her is the one who is really at fault.
Focus-Up	To make someone aware of their negative behavior in order to raise their awareness of the behavior. To reinforce attitudes of mutual self-help. To make each person(s)-served more accountable for his/her actions and behaviors.
Guilt	Feelings of remorse for behaviors and actions.
Hang-Up	Having trouble with problem solving.
Horseplay	Any kind of rough or rowdy play that can result in either intentional or unintentional physical harm to self of others.
Incident Report	Form that is filled out in order to document the exact details of an occurrence or behavior that occurs while in treatment. The person(s)-served will lose all privileges for (1) one week from the date of the issuance of IR.
Jailing	Holding on to negative behavior patterns.
Leaking	May occur in a person(s)-served who has an understanding of program concepts but reverts to old attitudes and behaviors. Displaying negative attitude and behavior in group setting. It is also a form of negative verbal feedback.
Level Move	Person(s)-served can request a change in level status at the discretion of the treatment team.
Level Status	Current level of treatment in which the person(s)-served is on.
Negative	A value, attitude or behavior that is destructive to the individual and/ or others.
Non-Compliance	Failure or refusal of the person(s)-served to conform to or follow rules, regulations, advice or wishes of the Staff Members.
Peer Group	Weekly session held on Wednesdays before Staffing, involving Staff Members and person(s)-served in which the behaviors, both positive and negative, are addressed.

Personalizing	Taking anything that someone says in general as a personal remark.
Person(s)-Served	Term used when referring to the participants in the program. Person(s)-served are the same meaning as the terms, client or consumer..
Positive	A value, attitude, or behavior that is constructive and goal directed.
Program Levels	States what level of services are being provided to the person(s)-served. Can be through either inpatient services, outpatient services, or day treatment services.
Projection	Consciously or unconsciously assigning your own ideas, impulses or motives to someone else.
Rat Pack	Two (2) or more persons verbally attacking an individual in group.
Sense of Entitlement	Feeling above others.
Shooting a Curve	Going to another individual when someone has already told you what the answer was (by passing or going around until you get the answer you want).
Staffing	Weekly session where the Treatment Team makes decisions regarding level moves as well as addressing Treatment Goals with each person(s)-served in treatment.
Stuffing Feelings	Keeping feelings locked up inside, which may result in physical illness or explosions of anger.
Support	Acknowledgement of positive attitude and behavior. Examples are supportive statements, applause, handshakes and back pats.
Talking To	When an individual is given information in a positive manner after displaying a negative behavior.
Therapeutic Community	A person(s)-served, drug-free treatment modality that is highly structured and ritualized. person(s)-served confront one another negative attitudes and/or behaviors and work together to achieve a positive goal-oriented change.
Trafficking/Trading	When an person(s)-served receives or exchanges personal item that go against the program rules and regulations.
Treatment Goals	Goals outlined by the person(s)-served and staff as to what he/she will work towards while in treatment. The treatment team will guide the individual through the treatment planning process.
Treatment Team	A group of people, including the person(s)-served, who make decisions about substance use treatment. Team members may include any and all staff members employed by FCC Behavioral Health and the Department of Corrections/Drug Court program.

***Welcome to your FCC Behavioral Health Program.  
We are here to work with you.***

# **DEPARTMENT OF CORRECTIONS/** **DRUG COURT SERVICES** **DISASTER PLAN**

**FIRE:** Exit the building through the NEAREST and SAFEST available EXIT.

*NOTE: Fire exits and location of fire extinguishers are clearly marked throughout the facility. Never use the elevator in any type of evacuation, ALWAYS use stairs.*

*Fire safety and evacuation drills are conducted on a regular basis.*

## **NOTE: ASSEMBLY AREA:**

*Follow directions of Staff Members located at your site during any type of emergency and/or drill.*

*For further information seek guidance from Staff or look for Emergency Evacuation Plan located throughout the facility as well as in your Handbook given to you upon admission*

## **TORNADO:**

All Staff Members on duty shall escort all person(s)-served and visitors to a safe and secure location away from windows and wait for instructions from staff and/or emergency personnel. If time does not allow, escort person(s)-served and visitors to the nearest main hallway. (*Refer to the Emergency Evacuation Plan located throughout the facility*)

## **EARTHQUAKE:**

Take cover under sturdy furniture (desk, flipped couch, etc.) or supported doorway.

## **STORM:**

Stay in building and away from windows.

## **FLOOD:**

Stay in building and do not attempt to travel in your vehicle.

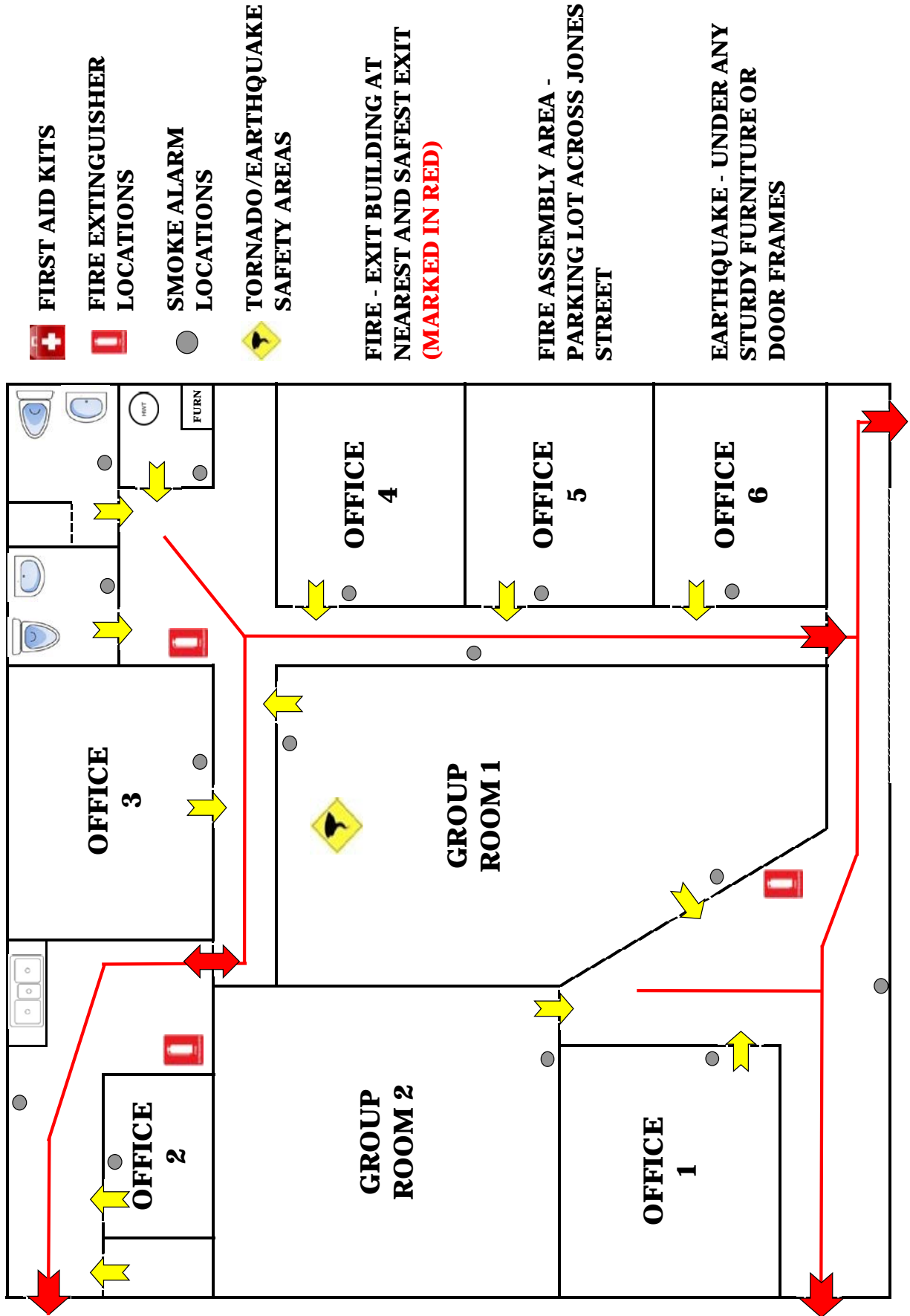
## **BOMB:**

Exit the building through the NEAREST and SAFEST available exit. Meet in the assembly area, away from the route of emergency personnel/vehicles.

*NOTE: DO NOT for any reason use a cellular telephone or any other electronic device, until given the clear from emergency personnel.*

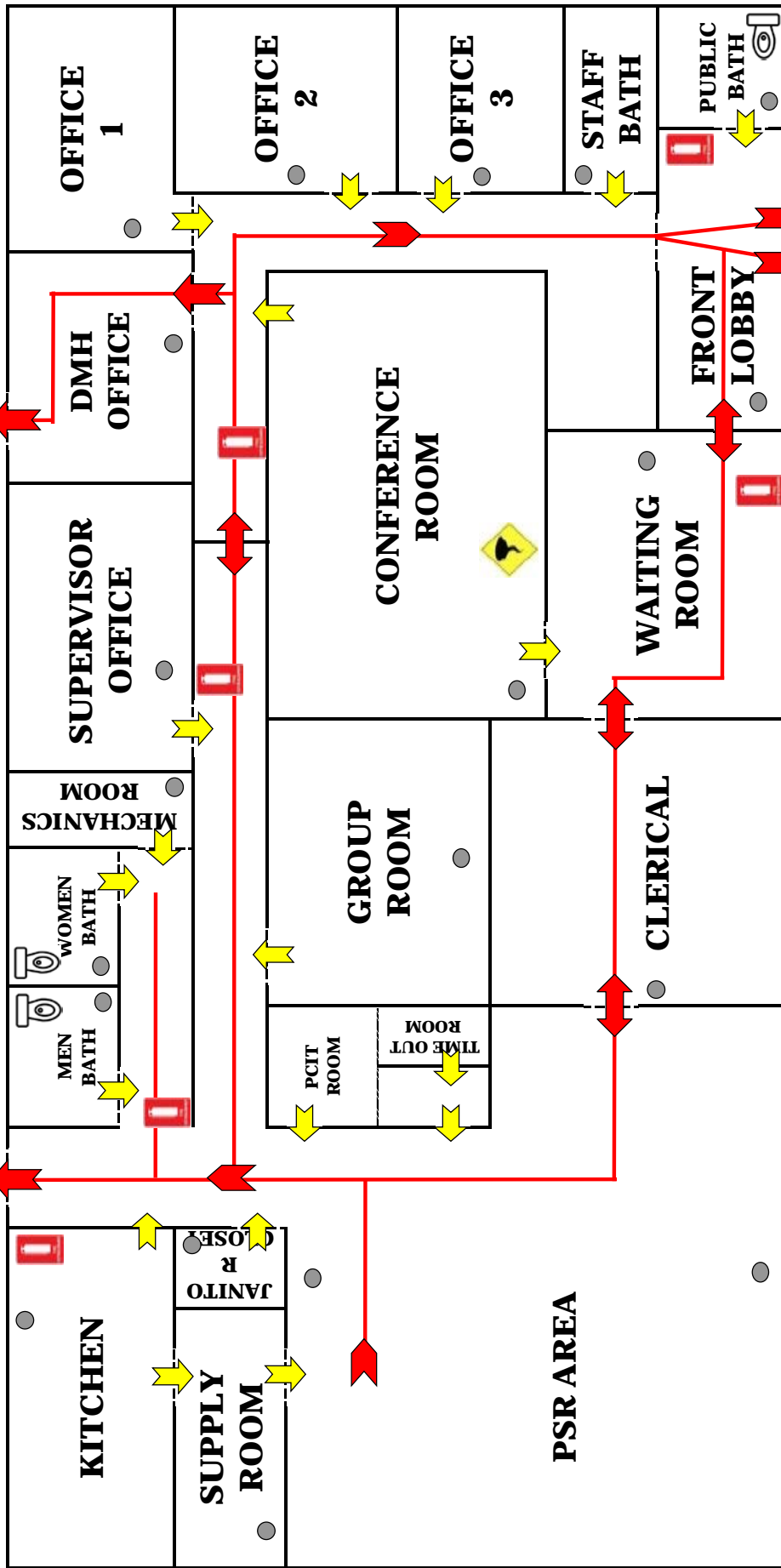



# KENNETT DRUG COURT/DRUG MANAGEMENT





# CARUTHERSVILLE EVACUATION PLAN



 FIRST AID KITS

 FIRE EXTINGUISHER LOCATIONS

 SMOKE ALARM LOCATIONS

 TORNADO/EARTHQUAKE SAFETY AREAS

FIRE - EXIT BUILDING AT NEAREST AND SAFEST EXIT (**MARKED IN RED**)

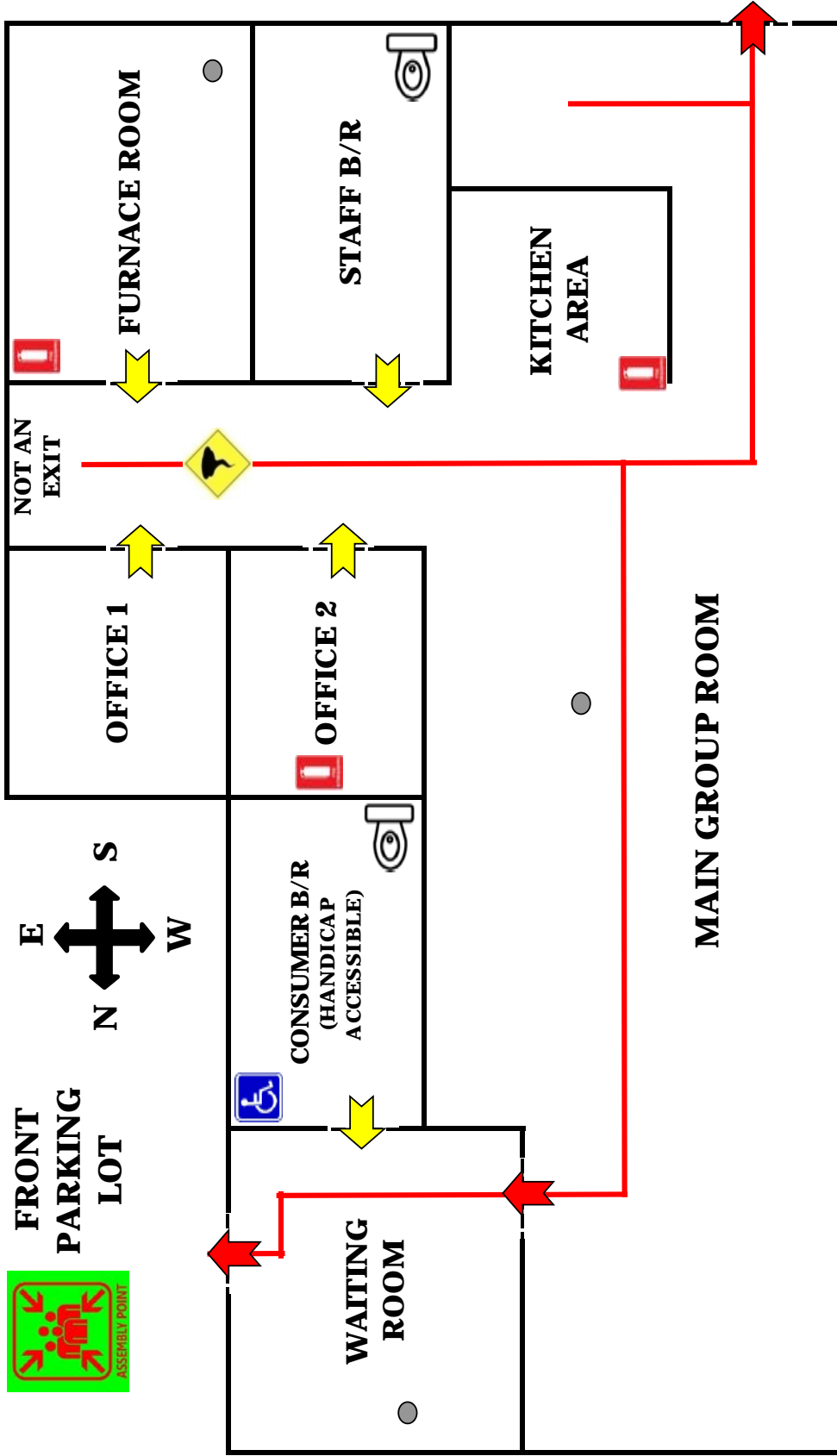
FIRE ASSEMBLY AREA - PARKING LOT FRONT OF BUILDING





EARTHQUAKE - UNDER ANY STURDY FURNITURE OR DOOR FRAMES





# NEW MADRID DOC/DRUG COURT EVACUATION PLAN

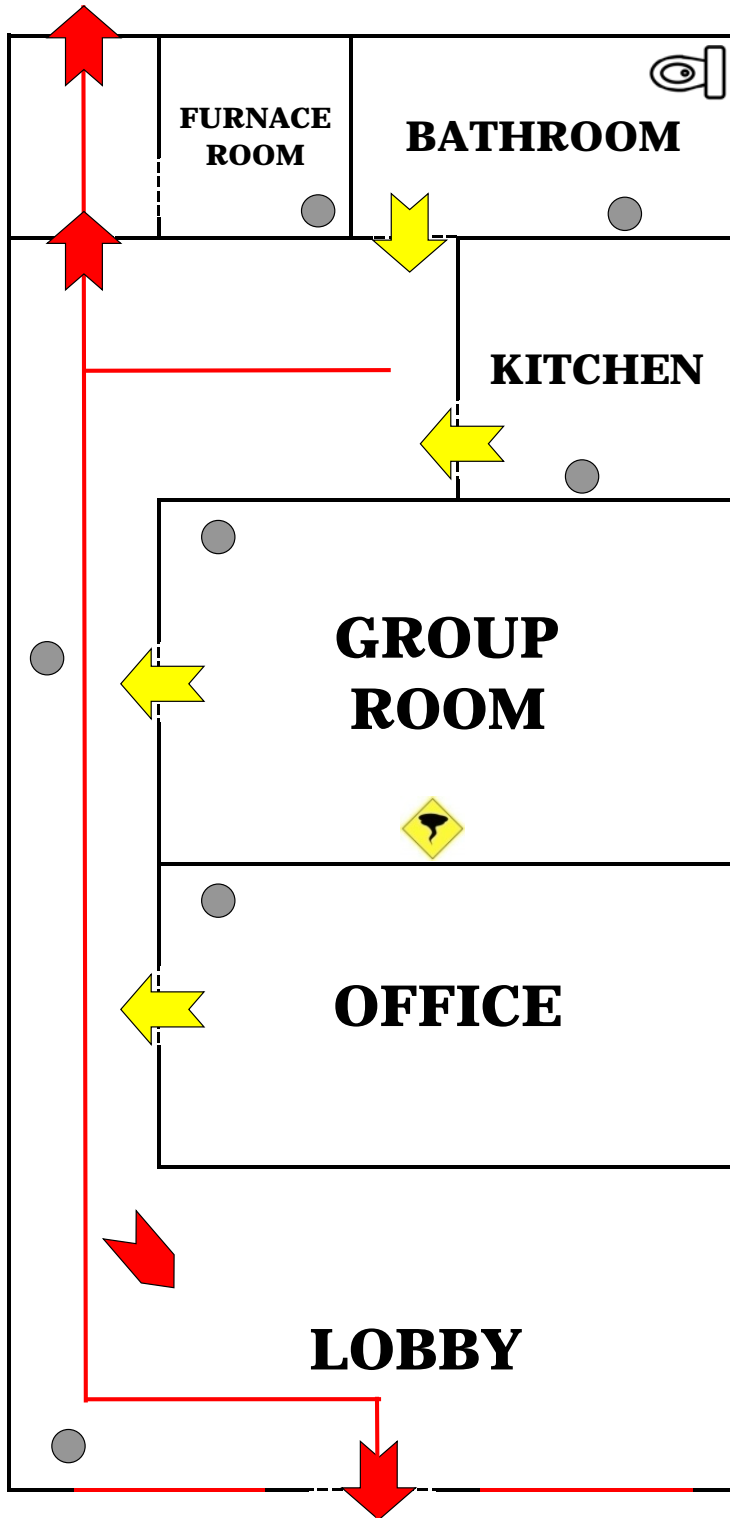


-  **FIRST AID KITS**
-  **FIRE EXTINGUISHER LOCATIONS**
-  **SMOKE ALARM LOCATIONS**
-  **TORNADO/EARTHQUAKE SAFETY AREAS**
- FIRE - EXIT BUILDING AT NEAREST AND SAFEST EXIT (MARKED IN RED)**
- FIRE ASSEMBLY AREA - PARKING LOT FRONT OF BUILDING**
- EARTHQUAKE - UNDER ANY STURDY FURNITURE OR DOOR FRAMES**



# MALDEN EVACUATION PLAN

**\*\*\*BACK OF BUILDING\*\*\***



 **FIRST AID KITS**

 **FIRE EXTINGUISHER LOCATIONS**

 **SMOKE ALARMS**

 **TORNADO/ EARTHQUAKE SAFETY AREAS. ASSEMBLE IN HALLWAY**

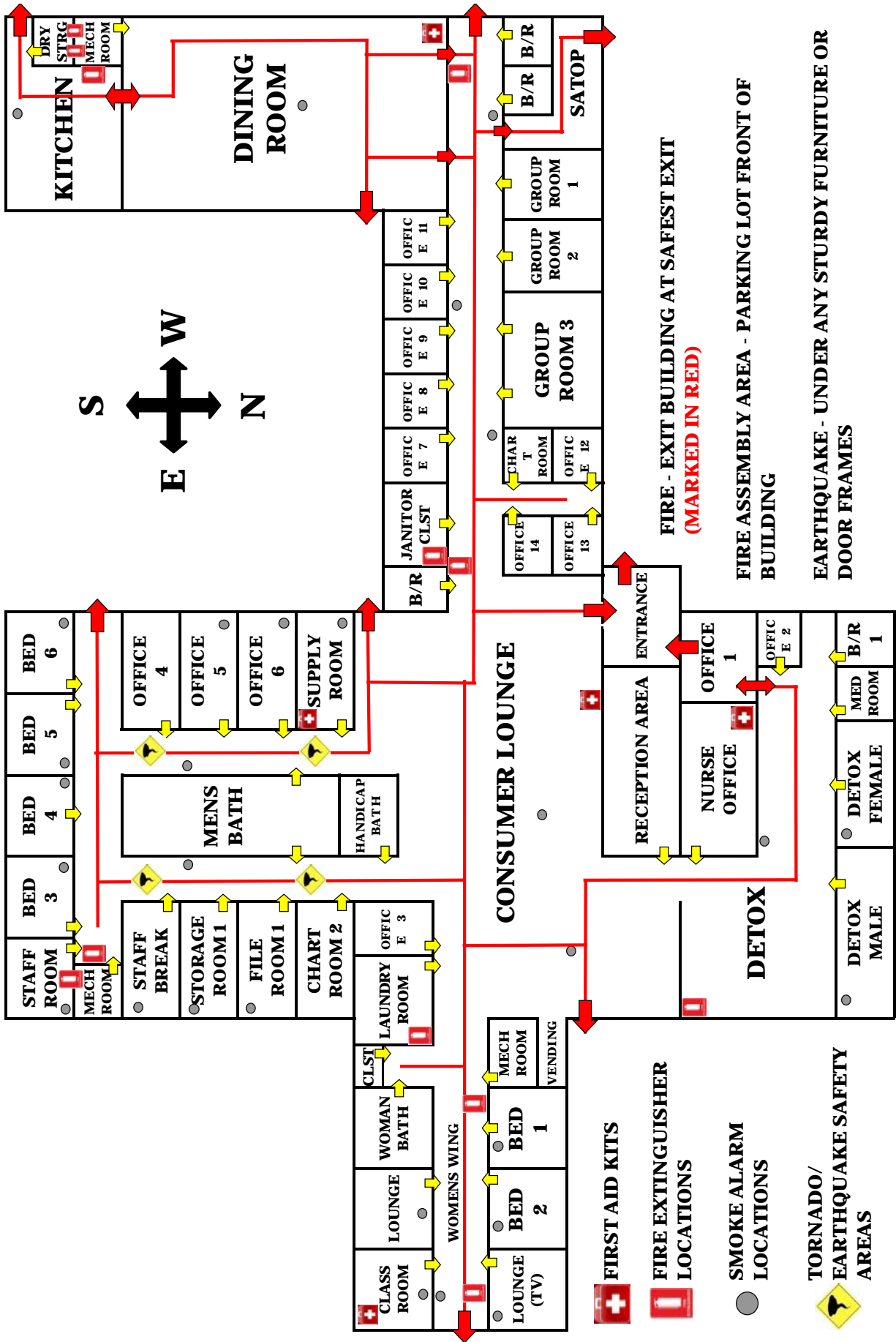
**FIRE ASSEMBLY AREA - CORNER OF PARKING LOT WHERE SPRIGG AND INDEPENDENCE STREET MEET.**

**\*\*\*FRONT OF BUILDING\*\*\***

**FIRE - EXIT BUILDING AT SAFEST EXIT  
(MARKED IN RED)**

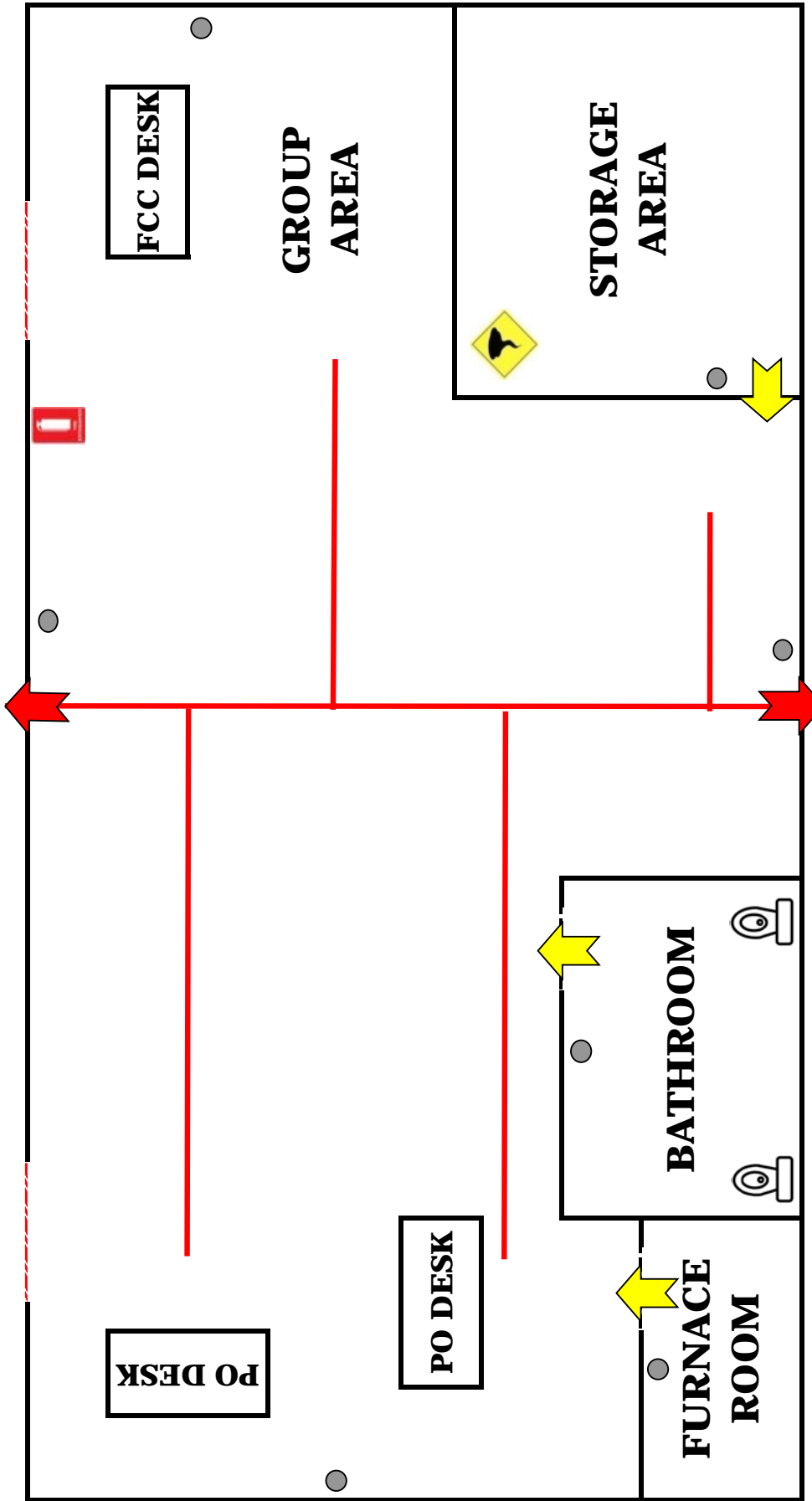









# STAPLETON CENTER





# STEELE EVACUATION PLAN

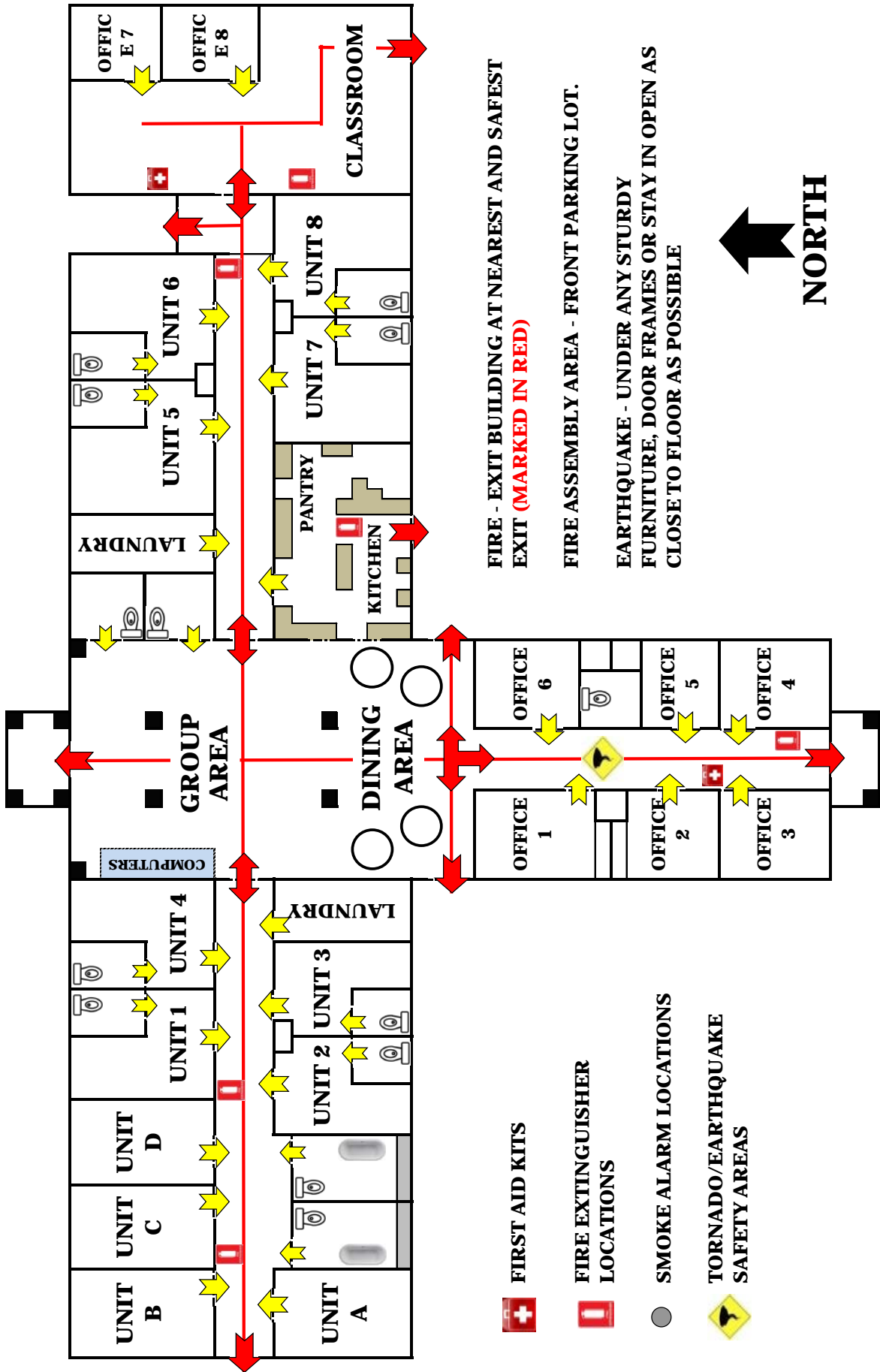


-  FIRST AID KITS
-  FIRE EXTINGUISHER LOCATIONS
-  SMOKE ALARM LOCATIONS
-  TORNADO/EARTHQUAKE SAFETY AREAS
-  FIRE - EXIT BUILDING AT NEAREST AND SAFEST EXIT (MARKED IN RED)
-  FIRE ASSEMBLY AREA - PARKING LOT REAR OF BUILDING
-  EARTHQUAKE - UNDER ANY STURDY FURNITURE OR DOOR FRAMES





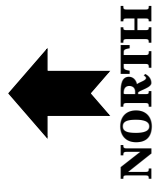
# SAFEHAVEN EVACUATION PLAN







FIRE - EXIT BUILDING AT NEAREST AND SAFEST EXIT (MARKED IN RED)

FIRE ASSEMBLY AREA - FRONT PARKING LOT.

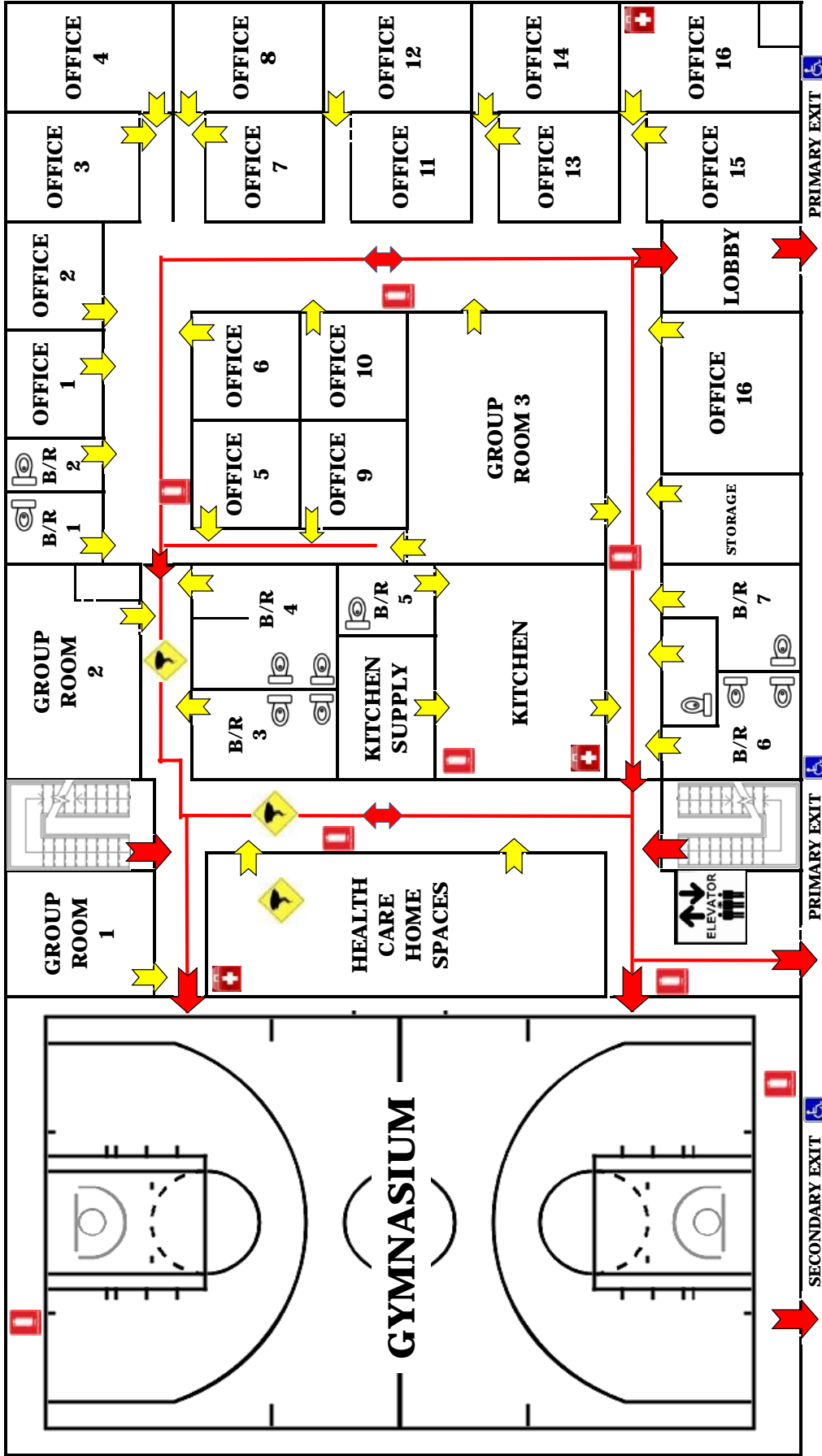
EARTHQUAKE - UNDER ANY STURDY FURNITURE, DOOR FRAMES OR STAY IN OPEN AS CLOSE TO FLOOR AS POSSIBLE



-  FIRST AID KITS
-  FIRE EXTINGUISHER LOCATIONS
-  SMOKE ALARM LOCATIONS
-  TORNADO/EARTHQUAKE SAFETY AREAS



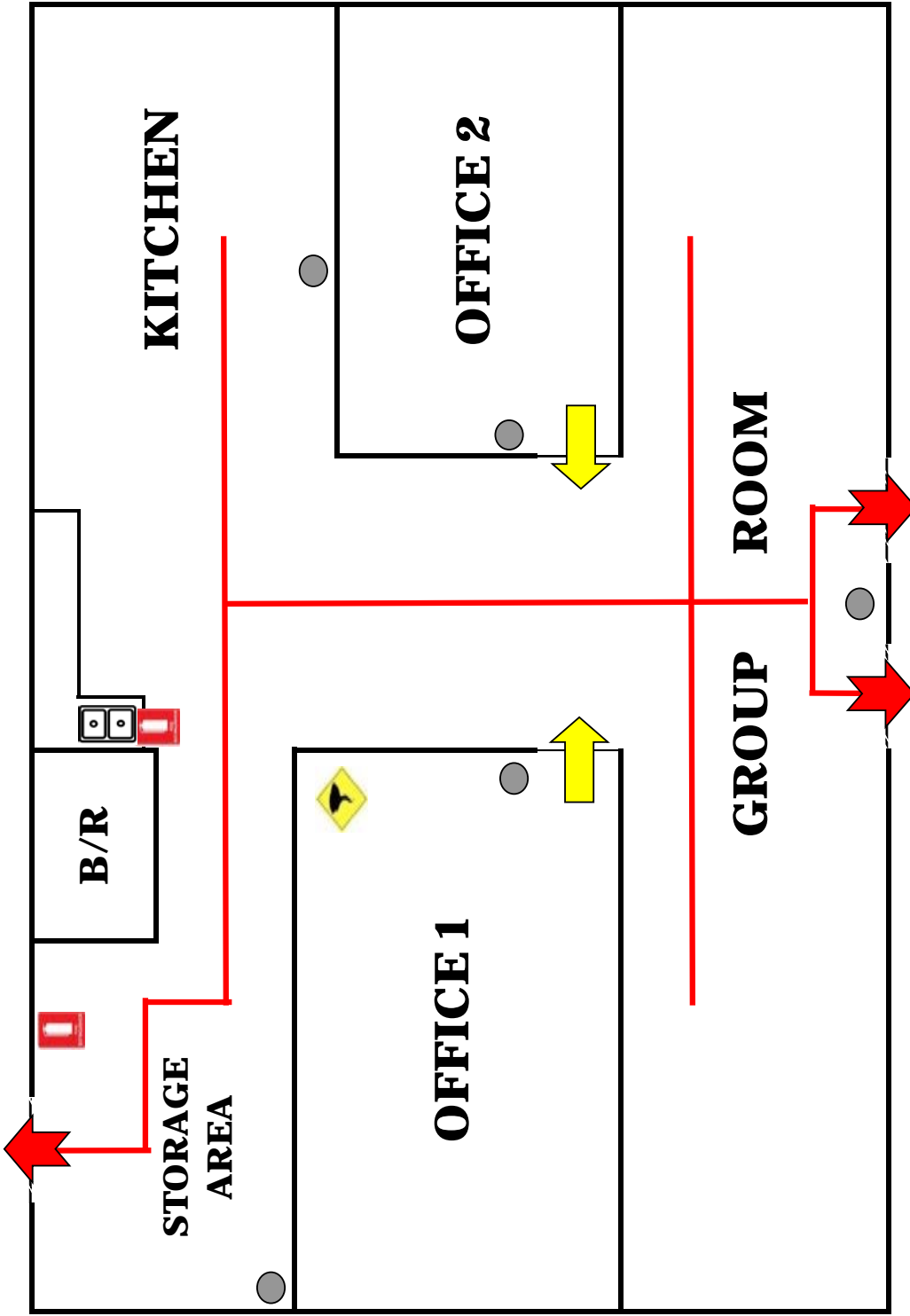
# POPLAR BLUFF (DOWNSTAIRS) EVACUATION PLAN









-  FIRST AID KITS
-  FIRE EXTINGUISHER LOCATIONS
-  TORNADO/EARTHQUAKE SAFETY AREAS
-  FIRE - EXIT BUILDING AT NEAREST AND SAFEST EXIT (MARKED IN RED)
-  FIRE ASSEMBLY AREA - PARKING LOT BACK OF BUILDING



# MOUNTAIN GROVE EVACUATION PLAN



-  FIRST AID KITS
-  FIRE EXTINGUISHER LOCATIONS
-  SMOKE ALARM LOCATIONS
-  TORNADO/EARTHQUAKE SAFETY AREAS
-  FIRE - EXIT BUILDING AT SAFEST EXIT (MARKED IN RED)
-  FIRE ASSEMBLY AREA - PARKING LOT FRONT OF BUILDING



# GAINESVILLE EVACUATION PLAN

