

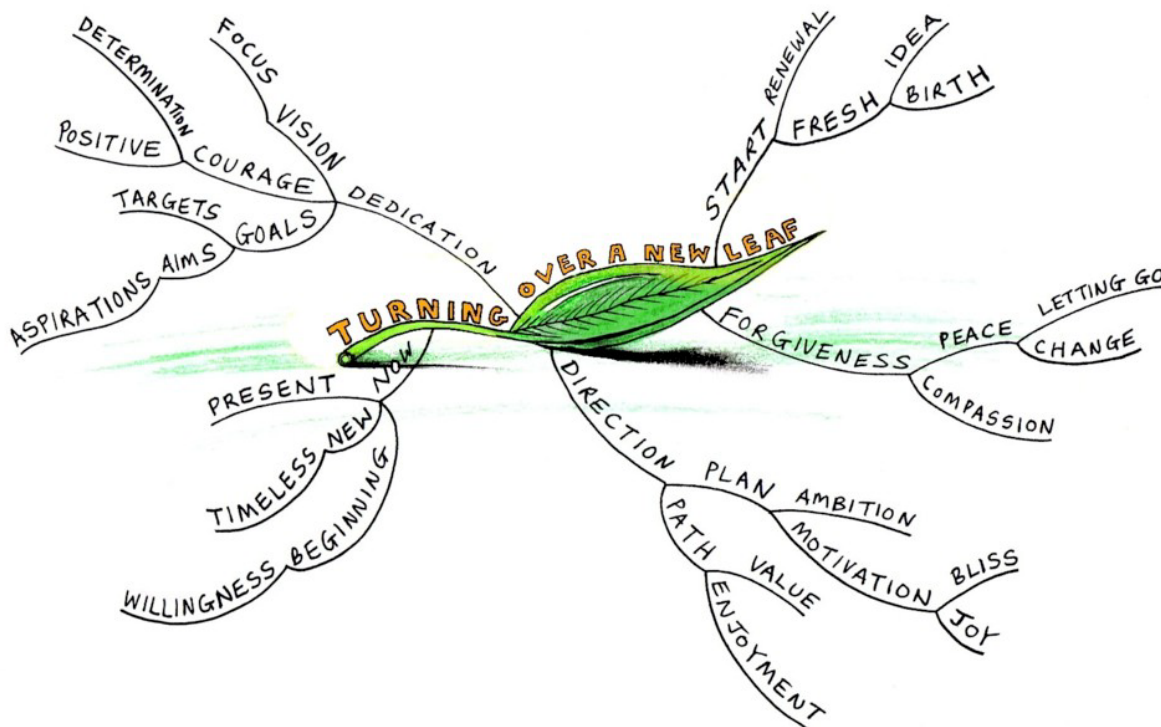
# **FCC BEHAVIORAL HEALTH ADULT COMPREHENSIVE SUBSTANCE TREATMENT AND REHABILITATION (CSTAR)**



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**Your Counselor will be:** \_\_\_\_\_

## **PROGRAM HANDBOOK**

Revised: November 14, 2016  
Previous Revision: 7/24/2016

# **Welcome to FCC Behavioral Health Adult Comprehensive Substance Treatment and Rehabilitation (CSTAR) Turning Leaf**

Whether you are new to Turning Leaf or returning, we thank you for choosing Turning Leaf to help you with issues that are affecting your life. During your assessment, you will receive information about the services we offer the quality of service you should expect from us and the responsibilities you will have while you are receiving our services. If during this assessment or at any time while you are receiving services, you do not understand or need more information, please ask. Your counselor or other treatment staff will direct you to the answers you are seeking.

To be effective our services depend on working together with you to achieve recovery goals. As the person-served, you have the most knowledge about your problems, history, and current needs; by providing this information, informing us of your scheduled appointments and taking your medications as prescribed, you will help us to provide you with quality and effective care.

Our staff here at Turning Leaf will give you a team approach, individualized treatment, and person centered therapy for the best results for recovery. The licensed certified staff are challenged to establish the recovery stage for self-inventoried investment and self-engagement. The treatment process insures the safety of self and others to fulfill the integrity of understanding recovery. This journey of treatment here at Turning Leaf is established by:

**“TURNING OVER A NEW LEAF THROUGH UNDERSTANDING AN OLD ONE,”  
“IT IS TIME TO CHANGE.”**

Our staff at Turning Leaf will do our best to ensure you are involved and have a voice in your services, that your needs are met and your concerns addressed as quickly as possible. You can expect to be treated with dignity and respect by all Turning Leaf staff. If you have a problem with a staff member or services are not satisfactory, you can communicate your concerns to the director of our program or the clinical manager.

## **MISSION**

**EMPOWERING PERSON CENTERED RECOVERY**

**WE HERE AT TURNING LEAF TREATMENT CENTER BELIEVE:**

**IN HOPE,**

*which strengthens endurance and overcoming in the face of adversity;*

**IN THE POWER OF CHANGE AND GROWTH**

*in individuals, groups, and communities;*

**IN HUMAN INTEGRITY,**

*which builds belief, loyalty, and commitment to a higher cause;*

**BUT OUR UTMOST BELIEF IS IN YOU,**

**COME JOIN OUR TEAM IN BELIEVING!**

### **TURNING LEAF CSTAR STAFF**

**PROGRAM DIRECTOR – CYNTHIA MELTON (EXT: 3066)**

**CLINICAL MANAGER – DR. KENNETH TOMBLEY (EXT: 3003)**

**RESIDENTIAL MANAGER – DAWN COOLBAUGH (EXT: 3006)**



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## **PROGRAM ORIENTATION ACTIVITIES**

During the intake process, the person-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.
- Prescription Medication Policy
- Crisis or after hours' emergencies
- Discharge criteria
- Relapse Policy
- Pass Policy
- Visitation Policy
- Video/Audio Surveillance Authorization
- Responsibility for Damaged Property
- Notice of Privacy Practice
- Financial Obligations and Responsibilities
- Consent to Treat
- Grievance Policy
- Notice of Ethical Practices

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(s)-served.

## **TURNING LEAF CSTAR PROGRAM VISION**

To provide person-centered, multi-dimensional care.

## **TURNING LEAF CSTAR PROGRAM MISSION**

To deliver quality, evidence-based clinical care to empower the unique recovery goals of each person(s)-served.

## **TURNING LEAF CSTAR CORE VALUES**

- 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, Staying Sober, 12-Step Group and the Matrix Model, The Basics and Sustainable Sobriety.
- 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.
- Family involvement will be encouraged through all aspects of treatment.
- We promote Integrated Dual Disorders Treatment and train staff in co-occurring models of therapy.

## **TURNING LEAF CSTAR PROGRAM 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.
- A 25% increase in outpatient supported recovery services.
- A 25% increase in Medicated Assisted Treatment (MAT).

## **TURNING LEAF CSTAR PHILOSOPHY**

- Substance use problems can effectively be treated in the community.
- Treatment services should be individualized to meet the unique needs of each individual.
- Treatment services will be provided in the least restrictive environment.
- Staff will assist in identifying and developing individualized treatment goals.
- Education and services will be provided to help person(s)-served effectively manage their symptoms and problem areas in order to live healthy 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 the person(s)-served.

## **SITE POLICY**

1. FCC Behavioral Health's Turning Leaf Comprehensive Substance Treatment and Rehabilitation (CSTAR) Program and its staff, are not responsible for damage to your personal property or loss due to theft, accident, or illness.
2. Drug screen testing can be conducted at any time during the course of treatment. You are expected to fully cooperate with drug screen requests.
3. You must respect the confidentiality of all other person-served and not disclose information, stories, or names with anyone outside of this facility.
4. Do not verbally, emotionally or physically abuse another person(s)-served or staff members.
5. You are not to become sexually or romantically involved with staff member. This includes any attempt to initiate an intimate relationship with others by means of talking, physical contact, letter writing, etc. Focus should remain on treatment. If you are seeking an inappropriate relationship with another person, you are unable to focus completely on treatment. Consequences, to include loss of privileges and/or possible discharge, will be given for any inappropriate relationships.
6. All staff at the facility are mandated reporters and required by law to report any information related to child abuse and elder abuse. In addition, staff is also required by law to report any person that makes a threat to harm self and/or others.
7. Complaints are to be reported to your assigned Care Coordinator. Do not share complaints with someone that has no authority to deal with the situation.
8. Tobacco products are allowed outside the building. No tobacco products are allowed inside the building or on agency vans. Please dispose of tobacco products, including smokeless tobacco, in the receptacle provided.
9. Gambling is not allowed on the premises.
10. In the event that illegal drugs or unauthorized prescription medication is brought into the facility for the purpose of illegal use or distribution, local law enforcement will be contacted and possible charges filed.
11. Weapons of any kind are not permitted. All weapons will be confiscated and the proper authorities contacted as necessary to ensure safety of others.
12. CSTAR does not utilize seclusion or restraint as means of behavior management or modification. All staff is trained in Nonviolent Crisis Intervention Techniques.
13. CSTAR does not participate in the writing of Advance Directives; however, all person(s)-served are provided information and education on how to initiate an Advance Directive. If person(s)-served have an Advance Directive, a copy will be obtained and kept in medical records.

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

This information will help you become familiar with the Turning Leaf program and the services we offer. Please review all the information. If you have questions, Turning Leaf 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.

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

Turning Leaf accepts referrals from a variety of sources such as:

- Probation and Parole Offices
- Division of Family Services
- Lawyers
- Doctors
- Courts
- Community Health Agencies such as Ozark Medical and Behavioral Health Centers
- Other community agencies

## **WHO PROVIDES THE SERVICES?**

Our staff of licensed professionals consisting of social workers, therapists, certified substance abuse counselors, and nursing staff will provide onsite clinical services. We work with local providers such as Ozarks Medical Center to help patients get the medical and dental services they need, FCC providers or other local community mental health care providers such as Behavioral Health Center offer mental health and psychiatric services.

## **HOW DO I PAY FOR SERVICES?**

Funding for ADA services may come from several different sources including Medicaid, Medicare, Department of Behavioral Health, private pay, and private insurance. At admission, please have your funding information available to be reviewed and copied for your record. A Standard Means test will be completed according to the policy of the State of Missouri to determine ability to pay and a partial fee may be assessed.

The amount you have to pay is based on the Department of Mental Health sliding scale, depending on income and the number of dependents.

If it is determined that you have a monthly fee for services that fee is collected at time of admission and at the first of each month as long as you remain active in treatment services. Active treatment services include residential, day treatment or out-patient.



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

**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. In order to create a therapy plan that works for you, Turning Leaf 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.

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 Turning Leaf staff, including your case manager and the nurse, 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.

Turning Leaf offers residential, intensive outpatient, outpatient, day treatment, social detoxification and SATOP services.

**Initial Assessment.** A qualified staff member from FCC will meet with you to complete an intake assessment. They will ask about your current problems, personal history, medical problems, prior hospitalizations and other questions that are important to assist you in planning your treatment.

With your permission, the staff may interview others who have information that would help with understanding your needs and strengths. If you have friends, family or a legal guardian that could provide information that would help in planning your services please inform the person who is completing the assessment.

During this assessment process, you will be notified of the locations of the handbook; the Classroom, the Common Room, Detox, and the Front Office. The handbook and other informative material you may need to refer to during services will be reviewed with you by a staff member to orient you to what you can expect from our services and what is expected of you while receiving services. Your input is very important during the assessment to ensure the plan for treatment accurately reflects your needs, abilities, strengths and preferences for treatment. Asking questions, correcting any errors and being an active participant in planning your treatment is vital to achieving your goals for recovery.

**Person-Centered Care Plan.** The assessment is an important step in learning about your expectations for recovery which leads to development of a plan for change. The person-centered care plan is developed based on the problems or issues you have identified during the assessment, your strengths that will help you achieve your goals and possible barriers to success. The goals are statements of what you want to change and the objectives are the steps to work toward those goals. The person-centered care plan should reflect your choices and preferences in your own words when possible. The person-centered care plan should reflect the level of services you need according to the severity of your needs at intake and throughout your treatment. It is completed by yourself, your Care Coordinator (CC) and other staff members that are involved in your treatment.

The person-centered care plan will be reviewed and updated with you to make changes when goals are met, need to be revised or another goal or objective added. You can also request that goals be added as are deemed necessary for recovery in collaboration with your treatment team.

During the assessment and treatment planning you will begin planning for discharge from services by stating how you will know when you have achieved recovery and no longer need our services and what resources you might need to maintain recovery.

**Residential Services. (Level R1)** are on-site and provides 24-hours a day, seven (7) day per week staff monitoring to assure your safety. This includes a minimum of sixty (60) hours of structured activities a week consisting of group education, group counseling, individual counseling, community support services, nursing and outside activities.

Residential services are a family-type environment where you receive the tools you need in overcoming the problems related to alcohol, drug addiction and mental health issues. Our residential treatment program is not designed to be a permanent retreat from the demands of self-reliance, but rather a supporting therapeutic environment which provides the assistance you need in order to live a life free from the debilitating effects of substance use. The site offers a formation of new and positive relationships with the re-establishment of family and community contacts which are areas of paramount importance in the treatment process.

Day Treatment and outpatient services consist of group education, group counseling, individual counseling and community support services.

**Level I** Day treatment services are provided Monday – Friday, 9:30 a.m. to 4:00 p.m. The day treatment program length of stay is based on individual needs. Group counseling and educational classes are provided at a minimum of five (5) hours during the week and individual counseling is scheduled once (1) a week at a minimum.

**Level II** intensive outpatient services are provided on multiple occasions weekly with individual counseling as scheduled with the counselor. Services include multiple occasions for: group substance use and co-occurring counseling, individual counseling, group education, community support, nursing services and drug screening.

**Level III** outpatient supported recovery offers services up to eight (8) hours a week of: group substance use and co-occurring counseling, individual counseling, group education, community support, nursing services and drug screening; while redirecting you to community support groups and counseling interventions within the community.

**Alumni Group (Keeping it Clean)** is a group of individuals that have completed the program at Turning Leaf, that provide support and mentoring to person(s)-served at Turning Leaf as part of their own recovery plan.

## **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.

Following is a list of ways to share your ideas, suggestions and concerns:

- Suggestion boxes are placed in each FCC Behavioral Health facility. Please share your opinion and give us feedback about your services. The Suggestion Box for the Turning Leaf CSTAR Facility is located in the Dining Room.
- A Satisfaction Survey is completed twice (2) a year by those receiving services. These surveys are used to evaluate program services, make needed changes or to recognize when a service or staff member has made a positive impact in your recovery. They also have been helpful in learning ideas for group topics and areas of interest for outings, crafts and personal growth.
- A Community Meeting is held monthly to provide you with an opportunity to discuss issues with others attending treatment. A Consumer Advisory Committee is voted on twice (2) yearly to choose three (3) people to discuss facility business, hear problems, and meet with administrative staff to discuss plans and/or problems. If interested, you can apply to be placed on the FCC Turning Leaf Advisory Board.

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

## **DESCRIPTIVE SUMMARY OF SERVICES**

**Turning Leaf General CSTAR** is a certified treatment program offering the component of residential care for specific needs of Adults, ages 17 and 9 month and over, addressing the issue of substance use and/or dependency. The Turning Leaf General CSTAR Program is compliant with applicable state and federal Medicaid requirements. Service delivery models and strategies are based on accepted practice in the field and the practice of evidence based treatment modalities. Services are designed and delivered to support the recovery, health and well-being of the person(s)-served; to enhance their quality of life, to reduce needs and build resiliency, improve functioning and support their integration back into the community.

**Group Counseling** is face-to-face, goal oriented therapeutic interaction among a counselor and two (2) or more person's as specified in individual recovery care plans designed to promote the individual's functioning and recovery through personal disclosure and interpersonal interaction among group members. The usual and customary size of group counseling sessions is eight (8) individuals and shall not exceed twelve (12) person's-served in order to promote full participation, disclosure and feedback. Specialized group counseling topics include, but are not limited to: Anger Management, Relapse Prevention, gender specific groups, trauma groups and co-occurring specific groups.

**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.

**Recreation/Healthy Living Activities** are designed to promote development of positive leisure time activities to include the involvement in community, social, fitness, cultural, athletic and leisure activities offered as part of the program.

**Nursing services** are provided in order to monitor the overall health and wellness to include medication education; medication efficacy; health education; TB, HIV, STD screenings and preventative education. Primary care needs can be obtained for the person(s)-served through referral and collaboration with community resources.

**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.

**Co-Occurring Counseling** is a service which provides counseling to those identified as having both a substance use diagnosis and a mental health diagnosis. Co-occurring issues are integrated into the recovery care plan and are provided by qualified personnel. Co-occurring specific groups are also provided. If it is determined that an individual needs a psychiatric evaluation, this service can be coordinated through the agency telemedicine program. The program is equipped with telemedicine equipment that will allow us to access agency psychiatrists as needed for routine and/or crisis psychiatry services.

**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



## **TRANSITION CRITERIA**

Transition criteria to Level I intensive residential treatment from an outpatient level of care:

- You have been unable to establish a period of sobriety despite active participation in the most intensive set of services available on an outpatient basis.
- There is imminent risk of serious consequences associated with substance abuse.

Transition criteria from Level I Residential/Level I Day Treatment to a less intensive level of care:

- Crisis situations have been stabilized.
- There has been interruption to a pattern of extensive or severe substance abuse.
- Physical, mental and emotional functioning has been restored and stabilized.
- The person(s)-served recognition of a substance use problem and its effects on his/her life have occurred.
- You have developed recovery skills, including an action plan for continuing sobriety and recovery.
- You have achieved a period of abstinence.
- You have become more motivated for recovery.
- There are increased problems in the ASAM dimensions of care criteria.

Transition criteria from Level II Intensive Outpatient Services to a less intensive level of care:

- You have established and maintained sobriety.
- You have emotional and behavioral functioning has improved.
- You have developed recovery supports in the family and community.

You will be informed of transition criteria during the orientation process.



## **DISCHARGE CRITERIA**

The length of stay in the General CSTAR Program shall be individualized based on the individual's needs and progress in achieving treatment goals. To qualify for successful completion and discharge from treatment:

- Individual should demonstrate recognition and understanding of his/her mental illness and impact.
- Individual should achieve maintained mental health stabilization.
- Individual has developed a plan for continuing recovery.
- Individual has taken initial steps to mobilize supports in the community for continuing recovery, and has demonstrated improvement in functioning as evidenced by the DLA-20.

A person(s)-served may be discharged before accomplishing these goals if maximum benefit has been achieved and:

- There is no further progress imminent or likely to occur;
- Clinically appropriate therapeutic efforts have been made by staff; and
- Commitment to continuing care and recovery is not demonstrated by the person(s)-served.

A person-served may be discharged from outpatient services before accomplishing these goals if:

- Person(s)-served/legal guardian requests discharge.
- Commitment to continuing services is not demonstrated by the person(s)-served.
- No further progress is imminent or likely to occur.

If there is a change in the Medicaid eligibility or financial status of the person(s)-served, the individual shall not be prematurely discharged from the Adult CSTAR Program or otherwise denied services. Clinical staff will proactively advocate for the needs of the person(s)-served.

### **Transfer or Referral of Services.**

**Within the agency:** To transition someone from one level of care to another or to refer for services not currently being provided, a referral form will be completed and pertinent information forwarded to the designated service.

**Inpatient Services:** In the event you need medical or mental health hospitalization the Care Coordinator (CC) will provide relevant information for the admission. A written release of information will be obtained prior to the referral with the exception of a medical emergency or mental health crisis. The CC will maintain contact while you are in the hospital and will participate in discharge planning and provide follow-up within five (5) days of discharge.



**To Other Service Agencies:** In the case a needed service is not offered by Turning Leaf, referral will be made to the appropriate agency or individual by your Care Coordinator (CC). A Resource Directory listing area agencies, contact numbers and other information is available to Turning Leaf staff to facilitate referral to the appropriate resource. A written release of information signed by you will allow the CC to provide pertinent information.

### **Successful Completion of Treatment.**

For you to be successfully be discharged from the Turning Leaf Program: You must have actively participated in all aspects of the clinical program; have been compliant with facility rules; made progress toward established treatment plan goals; and have completed the required days of treatment in agreement with a teamed staffing before transferring to a less restricted level of care.

**Forced Discharge:** Due to continued noncompliance with facility rules and expectations, you would be administratively discharged from the Turning Leaf Program prior to completion because of lack of therapeutic gain evaluated in a team staffing. Reason for discharge would be communicated to you and if needed to your referral source as part of the treatment team decision. You could re-apply in 30-days for reconsideration to come back into treatment.

**Discharge against Staff Advice:** Despite clinical recommendations to complete the required individualized treatment level of care at Turning Leaf, you voluntarily withdrew from services with proper release in hand; the referral source will be contacted.

**Medical Discharge:** Due to medical reasons beyond your control, you would be administratively discharged from the Turning Leaf Program, once your medical condition/issues had been resolved, you could return to the facility to complete the treatment program.

**Unsuccessful Treatment Discharge.** You would be discharged from the Turning Leaf Adult Treatment Program with an unsuccessful treatment level attempt, as team staffed. While the days of treatment were completed, a progression toward treatment success was not made, as evidenced by the following reasons:

- Non-compliance with facility and program rules
- Lack of participation in treatment groups
- Disrespect of staff and others
- Other reasons as specified by staff

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

Turning Leaf Adult Treatment Center is dedicated to providing our community with quality mental health services. Appointments that are missed, cancelled or rescheduled without sufficient notice result in the loss of an hour of therapy. It is difficult to reassign that specific hour to someone else on such short notice.

Regular attendance is necessary to remain in the program. You must call into the program personally if you will not be in attendance. The number is (417) 256-2570. Absences will be reviewed on a case by case basis, but please understand that regular attendance is expected.

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 or closed, discharging you from services with FCC Behavioral Health.

## **OUTPATIENT NO-SHOW, MISSED APPOINTMENTS SERVICES POLICY**

Turning Leaf Adult Treatment Center is dedicated to providing our community with quality mental health services. Appointments that are missed, cancelled, or rescheduled without sufficient notice result in the loss of an hour of therapy. It is difficult to reassign that specific hour to someone else on such short notice.

Because of our commitment to our person(s)-served, Turning Leaf will utilize the following new policy. An individual will be discharged from receiving Services for Appointment non-compliance based upon **ONE** of the following:

- 1) If you miss (2) two consecutive appointments;**
- 2) If you fail to participate in face-to-face activity for 180-days;**
- 3) If you fail to provide at least a 24-hour "notice" when you cannot make your schedule appointment;**
- 4) If you fail to respond to FCC Behavioral Health's efforts to reschedule your appointments.**

If you fit any of the four (4) categories listed above, you will need to find another healthcare provider. Lists of alternate treatment sources in the area are included with this notice.

Should you require **emergency services**, before you have time to transfer your care to another provider, please call our 24-hour mental health **Crisis Hotline at (800) 356-5395** and our staff will assist you.

## **SAFETY RULES FOR RESIDENTIAL FACILITIES**

- No weapons allowed. No drugs /alcohol or paraphernalia allowed.
- All persons admitted to the facility must be searched including the clothing items they have on; all pockets—jeans, shirts, socks, shoes and band in jeans and collars of shirts. Search inside of lining of caps and hats. Search all cigarette packages and lighters.
- All luggage, purses and wallets must be searched and listed on an inventory sheet. We strongly encourage you to bring belonging in trash bags.
- Cigarettes and lighters are checked in and out. No food, drink or tobacco products or lighters are allowed in the bed rooms. All stop-smoking products must be checked in with the nursing staff.
- Razors must be locked up at all time, checked out when needed and brought back to staff to be placed in your basket in lock-up.
- All canes, crutches, walking sticks, walkers or wheel chairs must be checked in with the nurse and treatment team before approved. Artificial limbs, arm slings, cast and knee braces must be searched.
- Hair spray must be in pump bottle, must be new and sealed. Deodorant must be new, stick or solid form and sealed, tooth paste must be new. Mouth wash must be alcohol free and sealed when brought in to the facility. You must ask staff to use these products and return to staff after use.
- All sharp objects that appear harmful to self or others must be locked up until time of discharge.
- Any over-the-counter (OTC) medication brought into the facility must be in sealed containers and must be placed in lock up until discharge. The nursing staff must approve over the counter medication before it can be given to you. If nursing staff does not approve over the counter medication, they will be placed in lock up and you can take them with you when discharged.
- There will be **absolutely no sharing of medications**. Only those medications that are prescribed to an individual may be used or OTC medication as approved by nursing staff.
- Any food, drink, candy with soft centers or gum brought in by you will be placed in lock up and sent home with you when are discharged.
- All items placed into storage must have your name on it.
- All tobacco product must have your name on them.

## **ITEMS NOT ALLOWED**

Any items deemed as drug paraphernalia such as spoons, plastic baggies, syringes and razor blades, for example.

- Pictures with glass frames.
- Metal clothes hangers.
- Any product containing alcohol or any kind. This includes Germ-X (Hand Sanitizer), mouth wash, etc.
- Hair dying products.
- Self-tanning lotions.
- Nail polish and nail polish remover.
- Waxing products.
- Nail clippers or nail files.
- Perms.
- No prescribed medication will be accepted that is not in proper prescribed and current medication bottles. It must be turned in, checked by RN and locked up. This includes over-the-counter medication(s) unless approved by RN.
- All electronics to include but not limited to; alarm clocks, radios, computers, IPADS, IPODS, Cell phones and/or batteries.
- No pocket knives, switch blades, etc.
- No thumb tacks, push pins, scotch tape high, lighter or permanent makers.
- No chains on wallets or key chains.
- Automobile keys must be turned in, labeled, and locked up.
- No clothing with hate slogans, any drug or alcohol symbols or slogans, no clothing that depicts death. Examples include but not limited to; Skulls, Pot Leaves, etc.
- No clothing that has holes where skin is showing, no bagging pants, low cut or see through clothing, no short skirts, or shorts that are not mid-thigh length. No tank tops or sleeveless shirts or blouses.
- No more than fifty (\$50.00) dollars is to be brought into the facility.
- No pillows, blankets, towels or wash clothes are to be brought in. Facility provides these items.
- No electronic cigarettes or lighter fluids.
- No glue, super glue or dental glue.
- No spray paints or hand paints are allowed.
- No aerosol can(s) or containers.
- No perfumes and/or colognes.
- No bottled water.
- No powdered drink mixes.
- No open lip gloss or Chap Stick. Must be new and sealed in original wrapping.
- No sun glasses.
- No book bags or backpacks.

***Violation of any rules set forth by FCC Behavioral Health could result in discharge from the program and/or disciplinary actions established through CSTAR policies and procedures. These rules are set forth in order to protect you as well as the staff.***

# **TREATMENT FACILITY RULES**

## *General Information:*

- If you are caught with contraband on the treatment center property your referral source will be contacted and decisions regarding the remainder of your treatment program will be made with the possibility of successful completion as a possible option.
- The theft or misuse of other persons, staff or center property is prohibited and may result in legal prosecution. Any illegal acts such as physical assault can result in prosecution.
- Any acts of violence are cause for immediate discharge! Weapons of any nature are prohibited. This includes pocket knives or any sharp object deemed as dangerous. This is weapons free facility.
- 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, the exception is with staff supervision. Parking arrangements for your vehicle will be made by the agency. If you bring your vehicle to treatment, FCC Behavioral Health is not responsible for any damage or theft to the vehicle.
- You will not be allowed to leave the facility to run “errands;” this includes purchases of personal items; check cashing; etc. Based on staffing availability, appropriate items may be picked up.
- Males and Females are not allowed to communicate with one another, verbally or written.
- Physical intimacy between you and others or toward staff is prohibited. This includes suggestive mannerisms. You will be treated as an individual, not as couples, unless supervised by staff member.
- Cursing, Profanity, Vulgar Language or Gestures is strongly discouraged! Respect for self and others are part of the therapeutic experience.
- Racial comments or discriminative behavior will not be tolerated and is cause for immediate discharge. Any rumors of discriminatory behavior or discriminating verbal abuse will be immediate grounds for staffing and possible discharge. No gang affiliation material or graffiti will be tolerated.
- Gambling is not allowed on the premises.

## **GROUP RULES**

You are not to leave an educational, process or group session once it has started, except for an emergency. You have plenty of time for the bathroom and to get a drink during their breaks. Breaks are scheduled during each hour.

You are to be in your scheduled groups on time; signed in or with a legitimate excuse; a pattern of disregard will be individually staffed.

## **GENERAL RULES**

- Wake-up time each day is 5:30 A.M.
- Showers can be taken anytime from wake-up until breakfast is served. Showers can also be taken in the evening any time after all classes are finished until lights out (10:30 P.M. on weekdays and 11:00 P.M. on the weekend). No showers are to be taken after lights out.
- There will be NO sleeping or lying down between wake-up time and 8:00 P.M., unless you are ill and have permission from the nurse (or a director/clinical manager in absence of the nurse).
- There is to be NO sleeping or lying down in the classroom, lounge areas or day room.
- Cigarettes can be given at wake-up, lunch, or dinner. Please wait your turn.
- Medications will take priority over request for cigarettes. Please wait your turn.
- Bedtime, which means being in your assigned room with lights out, is 10:30 P.M. Sunday through Thursday and 11:00 P.M. on Friday and Saturday.
- Bed checks will be performed every thirty minutes, or as necessary, throughout the night to ensure the safety and the whereabouts of everyone.
- Any unauthorized absence from the facility, without proper permission, will result in your immediate discharge.
- Laundry should be done at an appropriate time in the evening or during the weekend. Laundry should not interfere with groups. No laundry should be done after lights out.
- Please refer to the daily schedule for a breakdown of specific groups and topics. Variations may occur at staff discretion.
- No visitation is allowed except for Family Night.
- Discharge time is 10:30 A.M. or as arranged by a counselor.

## **RESIDENT DRESS CODE**

- You are to be neat and clean in appearance.
- Daily bathing and use of deodorant is a must.
- When outside the bedroom area you must be fully dressed.
- Shirts must be buttoned, except for the top collar button.
- No bare feet outside of the shower, at least socks or slippers should be worn at all times.
- No flip-flops, sandals, or open toe shoes will be allowed during recreational time.
- A shirt must be worn at all times.
- Proper daily hygiene is an expectation to increase positive esteem of self and others.
- Everyone is required to wear underwear.
- All females are required to wear a brassiere; except while sleeping.
- All residents must wear bed clothing (pajamas, etc) to sleep in.

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

- Low cut shirts.
- Bare midriffs.
- Muscle shirts.
- Sleeveless shirts.
- Short skirts or dresses.
- Shorts are allowed, but must be below fingertips with arms extended to sides and/or at staff discretion.
- Any clothing that is suggestive or too tight.
- No caps or head coverings including bandanas are allowed unless approved by the Program Director and/or Clinical Manager.
- Approved head covering will be allowed during the colder months for outside activities based upon staff approval.
- Any clothing with symbols of a substance use lifestyle including art work and/or any depictions of pornographic material, hate slogans and/or symbols of death such as, but not limited to, skulls.

If you bring these items into treatment they will be placed in lock up until you are discharged.

All items brought into treatment will be inventoried. You will sign for items issued to you and you are solely responsible for these items. You are responsible for you own possessions including money and cigarettes.

Staff will lock up items that are not appropriate or allowed. All valuables will be locked up for safe keeping until the time of necessary need.

## **PERSONAL ITEMS**

It is suggested upon arrival at Turning Leaf that you transfer all items into plastic bags provided by the facility. This ensures that personal luggage is not lost or stolen.

- Trading, loaning, or sharing clothing and personal items is strongly discouraged. If you choose to do so, it is at your own risk. Turning Leaf Center is not responsible for articles loaned out and not returned.
- Private radios, walk-mans, mp3 players, cell phones or batteries, televisions, stereos, iPads, iPods, alarm clocks or computers are not permitted. You are not allowed to bring your own CD's.
- Cameras of any kind (digital; video; camera phones, etc) are not allowed in the Turning Leaf facility. You are not allowed to photograph other people in the treatment program.
- Movies can be brought from home for leisure time. Only movies with a PG-13 or lower rating are allowed. You are responsible for the movie as this facility will not be liable for any lost, damaged, or stolen items.
- Inappropriate reading material or pictures are not allowed, including personal pictures that meet the level of gang relation or an inappropriate level of nudity.
- Turning Leaf Center will not be held responsible for any property left behind by you at the time of discharge. Property will be disposed of 30-days after your departure.

The following items will be locked up and kept until discharge:

- Keys
- Glass mirrors
- Glass picture frames
- Wire hangers
- Any type of needles
- Private radios, MP3 players, cell phones and etc.
- Highlighters and markers

The following items are not allowed to be stored your room. These items will be placed in locked storage and made available upon need:

- Razors – Razors are to be turned into staff after use.
- Shaving cream
- Cleaning supplies
- Food and drinks
- Hair spray, only non-aerosol allowed
- Plastic bags
- Mirrors
- Clippers or scissors
- Electrical appliances
- Cologne and perfume
- Make up
- Personal hygiene items
- Any item that can be used for huffing or in any attempt at getting high.



## **RESIDENTIAL ROOMS AND COMMON AREAS**

Staff reserves the right to randomly search rooms at any time.

Room inspections will be completed by 8:00 A.M. every morning at the treatment center. If there are any problems with the condition of your room, you will be notified and will be expected to make corrections during the next scheduled break period, women will be expected to make immediate corrections before leaving the group home.

- You are to sleep in assigned beds in assigned rooms.
- You are not allowed to enter any other person's room at any time. This is to prevent things from coming up missing and also to prevent issues that can arise while you are not visible to staff.
- Once room assignments are established, there will be no changes, unless treatment team approves a change.
- You are not to move or rearrange any furniture without staff permission. Furniture in the bedrooms is to remain where it is put by staff.
- Do not lean back in your chair in the classroom or cafeteria as this can be unsafe.
- You are not to open the blinds in your rooms. Any damage caused to your room may result in discharge and prosecution of the person and/or persons in that room.
- You are not to keep plastic bags or wire hangers in your rooms.
- You are not to be lying on the furniture or cushions in the TV room. You are not to place your feet on the furniture or use cushions as pillows.
- Males and Females are not allowed to sit together/beside each other without direct supervision in groups or classes.
- You are not permitted to watch music videos while watching television.
- You are not to go into the Detox area unless they have been given permission by staff.
- You are not permitted to go outside without a staff member present except to the designated smoke area during breaks. The outpatient counselor, based on the needs of a less restricted level, will determine the exceptions.
- You are not allowed to stand on the benches in the gazebo area.
- While you are in residential you are not allowed to talk to people over the fence or through the fence 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

### **Medical**

The RN, LPN, or Detox staff will contact 911 if an immediate crisis occurs for transport to Ozarks Medical Center Emergency Room. After crisis is controlled, Program Director, Clinical Manager and/or direct supervisors will be contacted.

### **Behavioral Crisis**

Should a behavioral crisis occur on Center premises, action will be taken to protect the safety of the person-served, you, visitors and personnel. Program Director, Clinical Manager and/or direct supervisors will be notified of the crisis. 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 or police intervention is necessary.

Turning Leaf does not use seclusion or restraint in any programs.

Turning Leaf 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**

## **CHORES**

Chores are a mandatory component of the program. The chores are opportunities in learning responsibility and accountability which are often forgotten in the substance using life style. Your cooperation or lack thereof, regarding your assigned chore, will affect decisions regarding your ability to successfully complete the treatment program.

- Chores are to be done in the morning before classes begin for the treatment center, and again in the evening before lights out, unless the chore states otherwise on the chore list.
- Dining room sweeping and mopping is done after each meal and are staff supervised. Tables are to set back up with salt and pepper shakers in the middle.
- Saturday and Sunday are industrial cleaning days. See staff on duty for special instructions about deep cleaning the facility.
- Sheets are to be changes and washed on a weekly basis. No exceptions.
- If you make a mess anywhere in the facility, it is your responsibility to clean it up immediately. Do not leave the mess for chore time. Do not leave unattended cups, drinks or snacks—these will be disposed of.
- It is your responsibility to check the chore list daily for changes.

If you have questions about your chore, it is your responsibility to ask staff for assistance.

Your inability to do chores or a chore assigned will depend upon the weekly staffing with the day treatment nurse's and LPN's input.

## **SMOKING**

Turning Leaf has a “No Tobacco” policy, this also includes electronic cigarettes. 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 Turning Leaf staff where the smoking area is located.

You are allowed to keep one pack of cigarettes, or one container of smokeless tobacco, with you at any one time. All other packs will remain locked up with staff and will be distributed as needed at the designated times.

All tobacco products and lighters will be turned into staff on duty at bedtime. You are allowed to smoke at night, but you must check in at the detox office to request a cigarette. This will be allowed at staff's discretion and in moderation. You will only be allowed to smoke and must immediately return to your room. Anyone determined to abuse this policy will be addressed individually.

All tobacco products brought in from the outside will need to be in unopened packages.

## **MEDICATIONS**

All medications **MUST** be turned in at the time of admission. Prescribed drugs must be approved/ verified by the prescribing physician before staff can assist you with them.

If you are using a prescribed medication, you should bring a thirty (30)-day supply with you to the program.

There will be absolutely no sharing of medications. Only those medications that are prescribed to an individual may be used or over-the-counter (OTC) meds as approved by nursing staff.

The day treatment nurse and evening LPN will work with the physician's orders in determining medication care and compliance.

Medications will be given at these scheduled times unless a specific prescription dictates otherwise; a note from the nurse is required to obtain your medication earlier:

**5:30-7:30 AM**

**12:30-1:00 PM**

**5:00-6:00 PM**

**7:00-10:00 PM**

***(With the exception of PRNs authorized by a Doctor's order)***

When medications are made available to you, only one person at a time is allowed in the medication area.

Decisions regarding the use of OTC medications during times other than specified will be made on an individual basis. Please utilize break times if at all possible to request OTC medication, class time and group time will be honored, unless in the case of permission by the nurse or an emergency.

Staff will make trips to purchase cigarettes for you two (2) times per week. These trips will be made on Tuesday and Friday. If you need to purchase cigarettes, you will need to ensure that your order and money is turned into the detox office by 2:00 P.M. that day. If you miss this deadline, you will have to wait until the next scheduled day. Cigarettes may not be brought in by people in lower levels of treatment.

## **PHONE CALLS**

Phone calls can be made on Sunday, Tuesday, and Thursday from 8:00 to 10:00 P.M. for men/women in residential. You are allowed ten (10) minutes per phone night, other phone time has to be approved by staff. If you do not use your phone time, you lose it. As your level of care changes, so do the restrictions on phone privileges.

## **FOOD AND BEVERAGES**

- You must wear gloves while doing any job duty.
- You must attend each meal and the Serenity Prayer. While it is not mandatory that you say the Serenity Prayer, you do have to be in attendance. The prayer and the following meal will not begin until everyone is present and accounted for.
- The kitchen is off limits to you.
- Food and beverages are not allowed anywhere outside the cafeteria area when at the residential facility unless staff approves.
- Snack time is usually around 8:00 P.M., but may vary depending on the length of groups in the evening time.
- Absolutely no beverages or food of any kind will be allowed in the classroom, game room, TV room, bedrooms or quiet room. Food and drinks are allowed in the cafeteria/dining room only.
- You will be allowed to bring hard candy in the center after inspected by staff.

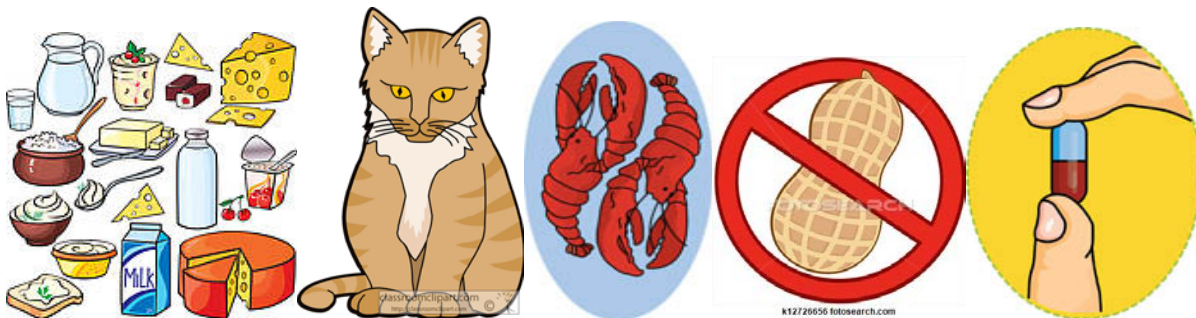
## **A NOTE FOR CONSUMERS WITH ALLERGIES**

It is very important that you tell Turning Leaf staff if you are allergic to:

- Food
- Animals
- Medicines

Snacks may be given, so our staff needs to know about your allergies.

When you begin treatment, you should also tell staff about vaccines you've had in the past for things like measles, hepatitis, and whooping cough.



## **DRUGS, ALCOHOL AND WEAPONS**

In order to maintain a safe and supportive environment, alcohol, street drugs, and weapons are not allowed on Turning Leaf premises, in agency vans, or at any activity of the agency. If you arrive or become intoxicated or under-the-influence (“high”), we will separate you from other consumers. We may also ask you to leave. Always exit in an orderly manner.



If a situation is dangerous, a Turning Leaf employee will call local police.

## **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.

## **WHEELCHAIR ACCESS**

There is a wheelchair ramp at the main entrance to our site. Staff will be available to assist. We will make every effort to ensure that all services are available to you.

## **TRANSPORTATION RELEASE**

We at FCC Behavioral Health want to provide you with all available opportunities in getting to your appointments that are vital to your treatment. These services may be, but are not guaranteed, to be provided by the Agency, in a company vehicle or by a staff member in their personal vehicle. You should understand that all programs do not give the privilege or require the agency or any of the staff to transport you to any destination to attend an appointment. If a situation were to arise, in which staff at FCC Behavioral Health deems that they can and should transport you somewhere in a vehicle, either company or personal, you must read the following information and agree to it by signing below.

If you ride in a company vehicle, staff privately owned vehicle or any other vehicle used on behalf of this facility to transport you; you will not hold Turning Leaf or any of its staff responsible for any events that may be cause of actions, rights, suits, or accidents that may occur during these events.

This release includes all claims, severely or otherwise, past, present, or future, which can or may ever be asserted by you as the result of injuries or death that result of you getting into an agency related vehicle.

By signing below, I make it known that I have read the above information and completely understand what the information pertains to and agree to it in its entirety.

Vehicle Transporting: ANY

## **AUTHORIZATION FOR VIDEO/AUDIO SURVEILLANCE**

For the purpose of consumer safety and supervision, Turning Leaf treatment centers and residential/group homes are equipped with video and audio surveillance equipment. These surveillance cameras are located within the general areas of the treatment center and residential/group homes. In order to respect consumer privacy, cameras are not located in the sleeping or lavatory areas.

The surveillance cameras are equipped with both video and audio capabilities and can be reviewed by management personnel as need arises.

## **RESPONSIBILITY FOR DAMAGED/DESTRUCTION OF PROPERTY**

I understand that any purposeful destruction or damage to the property of Turning Leaf will require monetary compensation for the repair or replacement of that property. This will include any destruction/damage done to the treatment facility and/or group home, including but not limited to, the structure, furniture, electronic equipment, recreational equipment, and/or vehicles. I also understand that I will be responsible for this compensation to Turning Leaf prior to being discharged.

## **SATOP**

I understand that if I am interested in the SATOP comparable process that I am responsible for informing my counselor of my intent to use the residential hours toward the comparable form. The counselor will then inform the SATOP program of my intent; I willfully enter the residential program based on my knowledge of this information.

## **ADDITIONAL INFORMATION**

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.

## **RELAPSE POLICY**

The Turning Leaf General CSTAR Program has in place written policies which address the process that occurs when a person-served abuses alcohol or drugs while participating in any level of care in the CSTAR Program. An individual shall not be denied services solely because of a relapse. Each case is 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:

- Screening for Detox and possible placement in detoxification as needed.
- Referral to a more restrictive level of care within the Turning Leaf CSTAR Program.
- Continuation of the same level-of-care as appropriate based on the individual.
- Discharge from the program and an appropriate referral made.

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

If it is determined through self-disclosure; reports from family and/or referral sources; or positive drug screen results that a person-served has actively used during a treatment episode, the clinical staff will hold a conference to discuss with the person-served and determine an action plan for further treatment. In this conference the staff would address the relapse (including if detoxification is needed), time in this level of care, progress in the program, and any and all related issues. At the conclusion of the conference an appropriate therapeutic recommendation would be made.

If continuation of care is recommended and the days for that level of care will exceed the Customary Service Authorization, an individualized package will be entered into CIMOR by the Clinical Manager.

**Legal Involvement:** If you are on probation or parole, your counselor and Care Coordinator will maintain contact and work closely with the probation/parole officer to ensure compliance with legal requirements, court appearances and appointments.

**Civil Commitment:** During the intake process or while participating in services, you should present a mental disorder that poses a risk to yourself or others, you may be court ordered for treatment. Based on the assessment of a Qualified Mental Health Professional (QMHP), you may be legally court ordered for treatment at an inpatient psychiatric unit.



## **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 with both Turning Leaf staff and outside agencies
- To inform staff of any changes in medications, home address, phone numbers, funding sources, or other important information
- To take medication as prescribed and to refrain from attending any services under the influence of non-prescribed drugs or alcohol.
- Treat others with dignity and respect.
- Respect the privacy of others accessing Turning Leaf services.
- To know the rules and guidelines for the Turning Leaf program

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

- to receive prompt evaluation, care and treatment
- to be evaluated and cared for in the least restrictive environment
- to receive services in a safe and clean setting
- to not be denied admission or services because of race, sex, creed, sexual preference, color, religion, marital status, national origin or handicap
- to have records kept confidential in accordance with federal and state law regulation
- to be treated with respect and dignity as a human being in an age appropriate manner
- to be free from abuse, neglect, corporal punishment and other mistreatment such as humiliation, threats or exploitation
- To be free from misuse of funds or property
- to be subject of an experiment only with the consent of the person(s)-served, or the consent of a person legally authorized to act on behalf of person(s)-served
- to medical care and treatment in accordance with the highest standards accepted of medical practice, if the program offers medical care and treatment
- to consult with a private practitioner at the expense of the person(s)-served

**Additional Rights and Privileges Applicable to Individuals in Residential Setting and Where Otherwise Applicable:**

- to have nourishing, well-balanced varied diet
- to attend or not attend religious services
- to correspond by sealed mail with officials of the Department of Mental Health, a lawyer or a court
- to have private visits from a lawyer, doctor or clergyman at reasonable times

- to be paid commensurate wages for work in the program unrelated to your treatment in compliance with applicable local, state or federal requirements
- to not work unless part of the treatment plan
- to humane care and treatment
- to have the same legal rights and responsibilities as any other citizen, unless otherwise stated by law
- to have rights explained to them
- an individual will not be denied admission or services on the grounds of prior treatment, withdrawal from treatment against advise, or continuation or return if symptoms after prior treatment.

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.

Each individual will be entitled to see his/her own records except to the extent that the individual's primary therapist/counselor determines this would be detrimental. When an individual reviews his/her own record, this will be documented in the case record. If it is determined that review of the case record will be detrimental to the individual, this will be documented in the case record. Because of confidentiality standards, individuals will be advised to contact the original source of any such information. Whenever an individual accesses personal records, a staff member will be present.

### **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.

## **CONTRABAND AND SEARCH POLICY**

The Turning Leaf General CSTAR Program recognizes that each person-served has a right to privacy, dignity and to be free from unreasonable searches. Person(s)-served, staff, and visitors also have the right to a safe and therapeutic environment which under certain circumstances necessitates taking the necessary steps to ensure that all Residents are not in possession of items that may present a hazard to personal safety or the therapeutic environment. Searches of every person-served and their living areas are permitted in order to prevent the possession of any potentially dangerous items or to recover stolen or missing property.

Non-Invasive measures are taken to ensure the safety of the environment, the staff members as well as all person(s)-served, through the use of initial and periodic searches. Searches are also conducted in order to identify prohibited items and to prevent the entry of prohibited items into the therapeutic environment.

Any time an individual leaves from the care of the facility with a family member or anyone that is not a member of the Turning Leaf General CSTAR Treatment Team, a search will be conducted to ensure the safety and security of all persons and to reduce the risk of prohibited items being brought into the facility.

Contraband is a term used to describe prohibited or unauthorized items that the Turning Leaf CSTAR staff consider unsafe or dangerous to you and your peers. These include weapons, illegal or unauthorized drugs, intoxicants, tobacco and tobacco products, smoking paraphernalia, flammable items and items with a sharp edge. Other items may also be considered unauthorized and the decision of the safety of those items is based upon staff discretion. In order to maintain a safe and protective environment, the treatment staff reserves the right to search you and any belongings that you wish to bring into the facility. A detailed listed of items that are permitted can be located in this handbook.

Searches of each person-served will be conducted in a location which affords reasonable privacy. Same sex staff members are the **ONLY** ones who will conduct the searches. For example, Male staff members will only conduct searches with male person(s)-served and female staff members will only conduct searches with female person(s)-served. The cooperation of every person-served should be solicited by explaining the reason for the search and using a sensitive and straightforward approach.

## **SELF-PAT INDIVIDUAL SEARCH**

In the Self-Pat Individual Search, the person-served will be instructed by the staff member conducting the search to participate in the following steps. Person(s)-served will PAT their own legs, arms, etc., shake out hoods on sweatshirts with staff directives. This is a Staff Member Hands-Off Search Procedure that ensures all person(s)-served receive a non-intrusive search.

### **CONTRABAND AND SEARCH POLICY (CONT'D):**

- Instruct the individual to remove shoes, socks, hat, belt, pull-over, coat or jacket, and empty pockets – turning them inside out. Check pockets to ensure they are empty and closely examine any items that have been removed.
- Closely examine clients and look behind the ears to locate any possible concealed items. If necessary, have the individual flip their hair over and “shake out” hair.
- Ask the individual to stand with legs apart and arms extended outward. Conduct a systematic head-to-toe search as follows:
  1. Observe closely for inappropriate or unusual bulky areas, or areas that the individual may appear reluctant to reveal.
  2. Instruct the individual to run hands under shirt collar, across shoulders and down upper part of each arm to the wrists. Have the individual to shake arms to ensure no items are in the sleeves.
  3. Instruct the individual to use the back of hand, run hands inside waistband, back pockets and down each leg. Have him/her shake legs to check for unauthorized items.
  4. Check each sock and shoe.
  5. Instruct individual to shake out back of their shirt
  6. If appropriate ask to look inside the individual’s mouth. This step should be taken if it appears the individual may be holding an unauthorized item in their mouth during the search.

We make every effort to ensure that all person(s)-served are safe while in our care. Therefore, behaviors including possession of contraband, physical aggression, self-destructive behaviors, alcohol and drug use, running away from the program, property destruction, theft, verbal/emotional abuse and/or possession of weapons of any kind will result in strong action up to and including referral to a more intense level of services and/or criminal prosecution.

# **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*

# FCC BEHAVIORAL HEALTH COMPLAINT/GRIEVANCE FORM



Every person should have reasonable expectations of care and services provided to him/her while in the care of this agency. FCC is committed to addressing situations when those expectations are not met in a timely, reasonable and consistent manner. Your actions will not result in retaliation or barriers to services. Every effort will be made to resolve the complaint within a reasonable timeframe.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(LAST) (FIRST) (MI)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Please return this form to the Program Director at your site or a trusted staff member. If the grievance cannot be resolved with the staff, you, or your family member, you can submit this form to the Corporate Compliance Officer at PO Box 71, Kennett, Mo 63857 or email to [compliance@fccinc.org](mailto:compliance@fccinc.org) or call the toll free number (800) 455-2723.

## DETAILS OF YOUR COMPLAINT

(Please be as specific as possible with the following: [1] state your concern; [2] date of event; [3] time of event; [4] staff member(s) involved, [5] witness(es) and [6] location of event.) *(Use back of this form and/or separate sheets for further information)*

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Date: \_\_\_\_\_  
Signature of Patient or Legal Representative If Legal Representative, state relationship

## THIS SECTION TO BE COMPLETED BY THE REVIEWER

Reviewer's Comments:  
\_\_\_\_\_  
\_\_\_\_\_

Action Taken:  
\_\_\_\_\_  
\_\_\_\_\_

Date Reviewed: \_\_\_\_\_  
Compliance Officer



**FCC BEHAVIORAL HEALTH**  
**REASONABLE ACCOMMODATION REQUEST FORM**



Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(LAST) (FIRST) (MI)

1. What specific accommodation are you requesting?

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2. Is your accommodation request time sensitive? YES NO

3. What, if any, function are you having difficulty performing?

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4. What, if any, benefit/service are you having difficulty accessing?

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5. What limitation is interfering with your ability to function or access a benefit/service?

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6. Have you had any accommodations in the past for this same limitation? YES NO

If yes, what were they and how effective were they?

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7. If you are requesting a specific accommodation, how will that accommodation assist you?

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Please provide any additional information that might be useful in processing your accommodation request.

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\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
If Legal Representative, state relationship

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Send this completed form to the Accessibility Chair at [access@fccinc.org](mailto:access@fccinc.org)**



# **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.

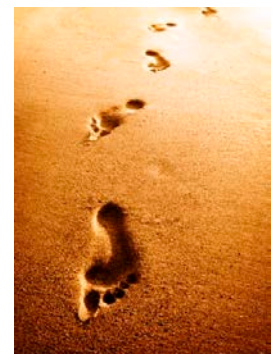
## **THE STAGES**

### **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>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>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>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>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>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>

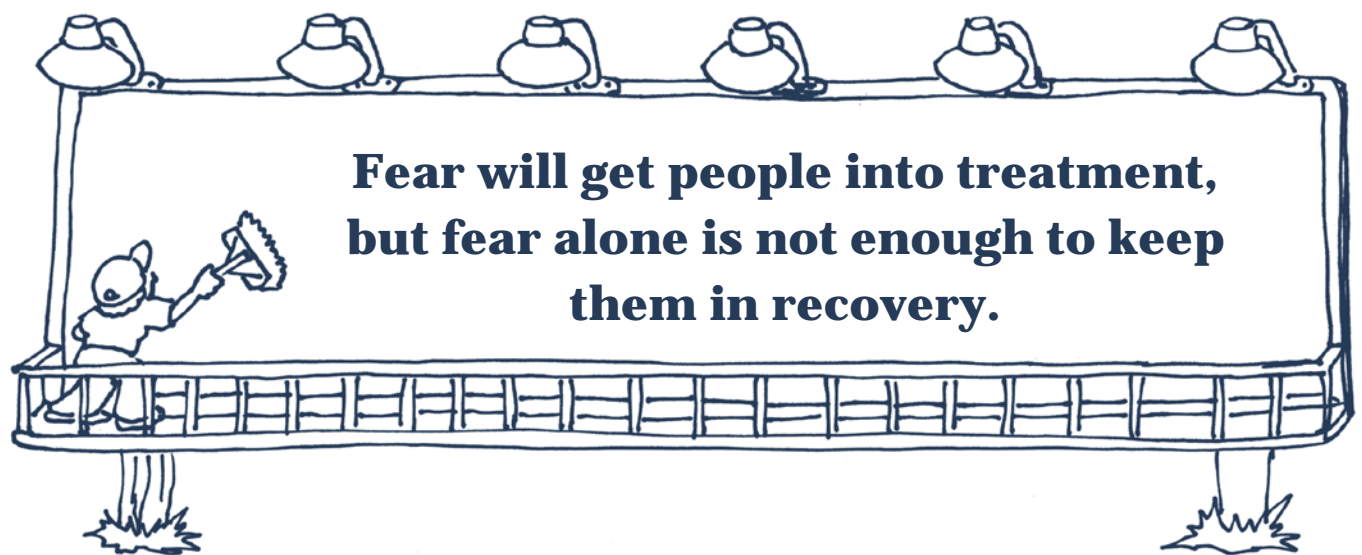
## MOTIVATION FOR RECOVERY

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.





# **ADULT CSTAR – TURNING LEAF**

## **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.*

- Three (3) exits in front of building (north and south hallways and greeting area).
- Two (2) exits in middle of building (dining room and classroom).
- Two (2) exits in back of building located on the north and south wings.

*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.*

- All persons will muster in front of the Treatment Center near the flag pole, away from emergency personnel and vehicles.

*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:**

On-duty staff shall escort all person(s)-served and visitors to the recreation room located in the center of the building 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:**

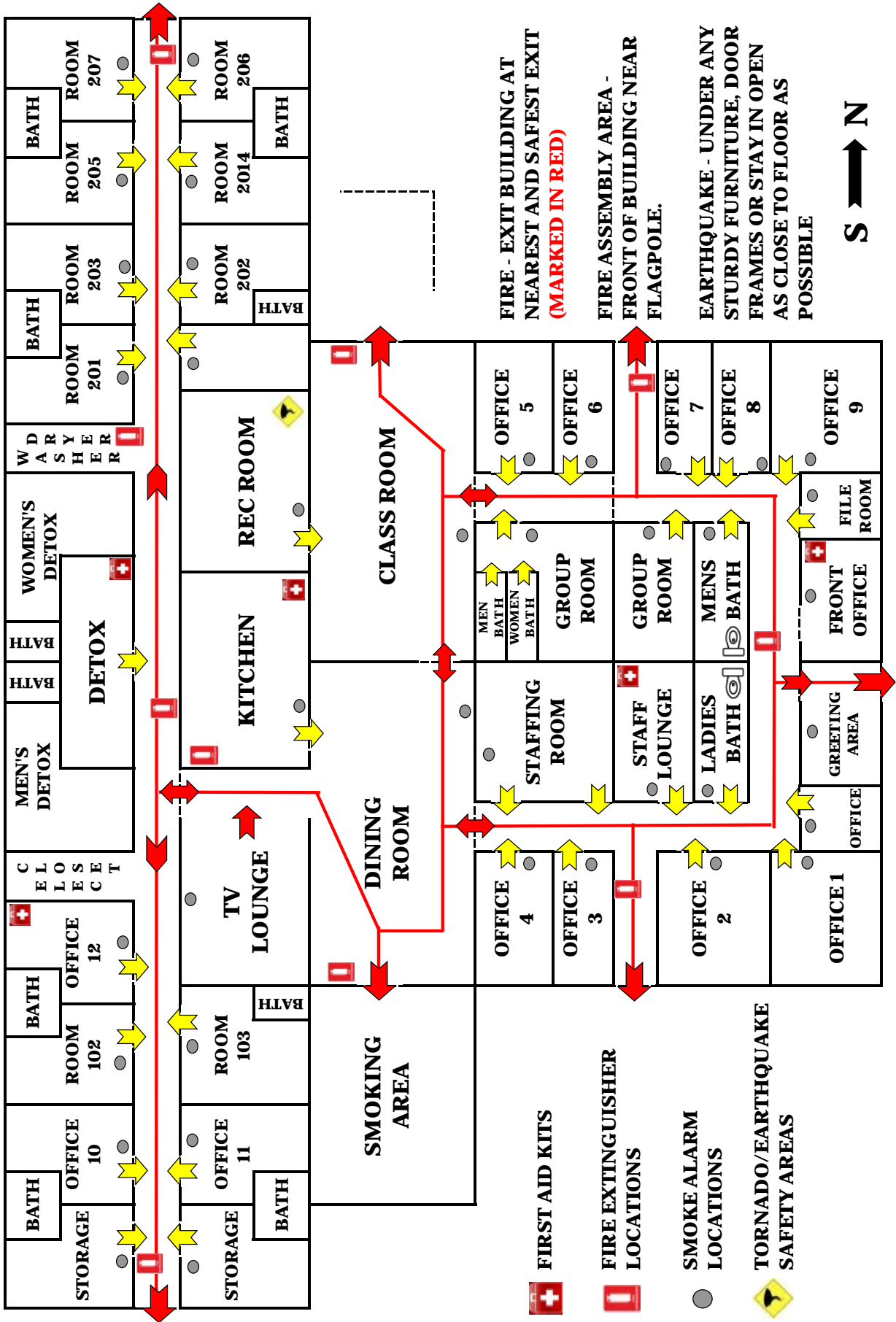
Stay in building and do not attempt to travel in your vehicle.

### **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.*

# TURNING LEAF EVACUATION PLAN







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

**FIRE ASSEMBLY AREA - FRONT OF BUILDING NEAR FLAGPOLE.**

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

**S** → **N**

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

# WEST PLAINS TURNING LEAF WOMEN'S RESIDENTIAL SCHEDULE

Revised: 10/14/2015

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TIME	SATURDAY	SUNDAY
5:30A	Wake Up	Wake Up	Wake Up	Wake Up	Wake Up	5:30A	Wake Up	Wake Up
7:00A	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	7:00A	Breakfast	Breakfast
7:30A	Group Education Just For Today Crystal	Group Education Just For Today Crystal	Group Education Just For Today Crystal	Group Education Just For Today Crystal	Group Education Just For Today Crystal	7:30A	Group Education Just For Today Ali	Group Education Just For Today Ali
8:25A	Group Education Nurse Wellness RN	Group Education Nurse Wellness RN	Group Education Nurse Wellness RN	Group Education Nurse Wellness RN	Group Education Nurse Wellness RN	8:25A	Group Education AA Book Ali	Group Education AA Book Ali
8:30A	Group Couns. Co-Occuring/ Basics Donna	Group Couns. Co-Occuring/ Basics Donna	Group Couns. Co-Occuring/ Basics Donna	Group Couns. Co-Occuring/ Basics Donna	Group Couns. Co-Occuring/ Basics Donna	8:30A	Group Education Health and Wellness Ali	Group Education Health and Wellness Ali
9:30A	GC (Gender Fem.) Recovery/ Matrix Frank	GC (Gender Fem.) Recovery/ Matrix Frank	GC (Gender Fem.) Recovery/ Matrix Frank	GC (Gender Fem.) Recovery/ Matrix Frank	GC (Gender Fem.) Recovery/ Matrix Frank	9:30A	GE - Coping Sk. Ali	Group Education Coping Skills
10:30A	Group Education NA Step Wrk Guide Crystal	Group Education NA Step Wrk Guide Crystal	Group Education NA Step Wrk Guide Crystal	Group Education NA Step Wrk Guide Crystal	Group Education NA Step Wrk Guide Crystal	10:30A	GC - Matrix Ali	Ali
11:25A	Group Education Parenting Crystal	Group Education Parenting Crystal	Group Education Parenting Crystal	Group Education Parenting Crystal	Group Education Parenting Crystal	11:25A	Group Education Stop the Chaos Ali	Group Education Stop the Chaos Ali
11:30A	Lunch - Teresa	Lunch - Donna	Lunch - Crystal	Lunch - Dawn	Lunch - Frank	11:30A	Lunch	Lunch
12:25P	Group Education Staying Sober Crystal	Group Education Staying Sober Crystal	Group Education Staying Sober Crystal	Group Education Staying Sober Crystal	Group Education Staying Sober Crystal	12:25P	Group Education NA Step Wk Guide Ali	Group Education NA Step Wk Guide Ali
12:30P	Group Couns. GC (Gender Fem.) Addiction/Najavit Donna	Group Couns. GC (Gender Fem.) Addiction/Najavit Donna	Group Couns. GC (Gender Fem.) Addiction/Najavit Donna	Group Couns. GC (Gender Fem.) Addiction/Najavit Donna	Group Couns. GC (Gender Fem.) Addiction/Najavit Donna	12:30P	Group Education Staying Sober Ali	Group Education Staying Sober Ali
1:00P	Group Education Accountability Crystal	Group Education Accountability Crystal	Group Education Accountability Crystal	Group Education Accountability Crystal	Group Education Accountability Crystal	1:00P	Group Education Study Group Ali	Group Education Sun. Service/SG Ali
1:55P	Group Education Serenity Wkbk Crystal	Group Education Serenity Wkbk Crystal	Group Education Serenity Wkbk Crystal	Group Education Serenity Wkbk Crystal	Group Education Serenity Wkbk Crystal	1:55P	House Mgmt (TT Staff) Dinner	House Mgmt (TT Staff) Dinner
2:00P	Group Education Dinner	Group Education Dinner	Group Education Dinner	Group Education Dinner	Group Education Dinner	2:00P	Group Education 12-Step Meeting Tx Tech	Group Education 12-Step Meeting Tx Tech
2:55P	Group Education Job Duties/ Snacks/ Showers/ Homework	Group Education Job Duties/ Snacks/ Showers/ Homework	Group Education Job Duties/ Snacks/ Showers/ Homework	Group Education Job Duties/ Snacks/ Showers/ Homework	Group Education Job Duties/ Snacks/ Showers/ Homework	2:55P	Job Duties/ Snacks/ Showers/ Prep Lights Out	Job Duties/ Snacks/ Showers/ Prep Lights Out
3:00P	Group Education 12-Step Meeting Tx Tech	Group Education 12-Step Meeting Tx Tech	Group Education 12-Step Meeting Tx Tech	Group Education 12-Step Meeting Tx Tech	Group Education 12-Step Meeting Tx Tech	3:00P	Prep Lights Out	Prep Lights Out
3:55P	Group Education Job Duties/ Snacks/ Showers/ Homework	Group Education Job Duties/ Snacks/ Showers/ Homework	Group Education Job Duties/ Snacks/ Showers/ Homework	Group Education Job Duties/ Snacks/ Showers/ Homework	Group Education Job Duties/ Snacks/ Showers/ Homework	3:55P	Lights Out	Lights Out
4:00P	Group Education Dinner	Group Education Dinner	Group Education Dinner	Group Education Dinner	Group Education Dinner	4:00P	Group Education 12-Step Meeting Tx Tech	Group Education 12-Step Meeting Tx Tech
4:55P	Group Education Serenity Wkbk Crystal	Group Education Serenity Wkbk Crystal	Group Education Serenity Wkbk Crystal	Group Education Serenity Wkbk Crystal	Group Education Serenity Wkbk Crystal	4:55P	Job Duties/ Snacks/ Showers/ Prep Lights Out	Job Duties/ Snacks/ Showers/ Prep Lights Out
5:00P	Group Education Job Duties/ Snacks/ Showers/ Homework	Group Education Job Duties/ Snacks/ Showers/ Homework	Group Education Job Duties/ Snacks/ Showers/ Homework	Group Education Job Duties/ Snacks/ Showers/ Homework	Group Education Job Duties/ Snacks/ Showers/ Homework	5:00P	Lights Out	Lights Out
6:00P	Group Education 12-Step Meeting Tx Tech	Group Education 12-Step Meeting Tx Tech	Group Education 12-Step Meeting Tx Tech	Group Education 12-Step Meeting Tx Tech	Group Education 12-Step Meeting Tx Tech	6:00P	Group Education 12-Step Meeting Tx Tech	Group Education 12-Step Meeting Tx Tech
6:55P	Group Education Job Duties/ Snacks/ Showers/ Homework	Group Education Job Duties/ Snacks/ Showers/ Homework	Group Education Job Duties/ Snacks/ Showers/ Homework	Group Education Job Duties/ Snacks/ Showers/ Homework	Group Education Job Duties/ Snacks/ Showers/ Homework	6:55P	Job Duties/ Snacks/ Showers/ Prep Lights Out	Job Duties/ Snacks/ Showers/ Prep Lights Out
7:00P	Group Education 12-Step Meeting Tx Tech	Group Education 12-Step Meeting Tx Tech	Group Education 12-Step Meeting Tx Tech	Group Education 12-Step Meeting Tx Tech	Group Education 12-Step Meeting Tx Tech	7:00P	Prep Lights Out	Prep Lights Out
10:00P	Group Education Job Duties/ Snacks/ Showers/ Homework	Group Education Job Duties/ Snacks/ Showers/ Homework	Group Education Job Duties/ Snacks/ Showers/ Homework	Group Education Job Duties/ Snacks/ Showers/ Homework	Group Education Job Duties/ Snacks/ Showers/ Homework	10:00P	Lights Out	Lights Out
10:30P	Group Education 12-Step Meeting Tx Tech	Group Education 12-Step Meeting Tx Tech	Group Education 12-Step Meeting Tx Tech	Group Education 12-Step Meeting Tx Tech	Group Education 12-Step Meeting Tx Tech	10:30P	Group Education 12-Step Meeting Tx Tech	Group Education 12-Step Meeting Tx Tech

# WEST PLAINS TURNING LEAF MEN'S RESIDENTIAL SCHEDULE

Revised: 10/14/2015

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
5:30A	Wake Up	Wake Up	Wake Up	Wake Up	Wake Up	Wake Up	Wake Up
7:00A	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
7:30A	Group Education	Group Education	Group Education	Group Education	Group Education	Group Education	Group Education
8:25A	Just For Today Crystal	Just For Today Crystal	Just For Today Crystal	Just For Today Crystal	Just For Today Crystal	Just For Today Ali	Just For Today Ali
8:30A	Group Education	Group Education	Group Education	Group Education	Group Education	Group Education	Group Education
9:25A	Nurse Wellness RN	Nurse Wellness RN	Nurse Wellness RN	Nurse Wellness RN	Nurse Wellness RN	AA Book Ali	AA Book Ali
9:30A	Group Couns. Co-Occuring/ Basics Frank	Group Couns. Co-Occuring/ Basics Frank	Group Couns. Co-Occuring/ Basics Brandy	Group Couns. Co-Occuring/ Basics Frank	Group Couns. Co-Occuring/ Basics Frank	Group Education Health and Wellness Ali	Group Education Health and Wellness Ali
10:30A	GC (Gender Male) Trauma/ Najavit Donna	Group Couns. Co-Occuring/ Basics Frank	Group Couns. Co-Occuring/ Basics Brandy	Group Couns. Co-Occuring/ Basics Frank	Group Couns. Co-Occuring/ Basics Frank	Group Education Coping Skills Ali	Group Education Coping Skills Ali
11:30A	Group Education	Group Education	Group Education	Group Education	Group Education	Group Education	Group Education
12:25P	NA Step Wrk Guide Crystal	Parenting Crystal	NA Step Wrk Guide Crystal	NA Step Wrk Guide Crystal	NA Step Wrk Guide Crystal	Stop the Chaos Ali	Stop the Chaos Ali
12:30P	Lunch - Teresa	Lunch - Donna	Lunch - Crystal	Lunch - Dawn	Lunch - Frank	Lunch	Lunch
1:00P	Group Education	Group Education	Group Education	Group Education	Group Education	Group Education	Group Education
1:55P	Staying Sober Crystal	Parenting Crystal	NA Step Wrk Guide Crystal	Staying Sober Crystal	Domestic Violence Crystal	NA Step Wk Guide Ali	NA Step Wk Guide Ali
2:00P	Group Couns. Relapse Prev. Frank	GC (Gender Male) Co-Occur/Basics Frank	Group Couns. Relapse Prev. Brandy	GC (Gender Male) Co-Occur/Basics Frank	Group Couns. Fam. Relationships Frank	Group Education Staying Sober Ali	Group Education Staying Sober Ali
3:00P	Group Education	Group Education	Group Education	Group Education	Group Education	Group Education	Group Education
3:55P	Accountability Crystal	Accountability Crystal	Accountability Crystal	Accountability Crystal	Accountability Crystal	Study Group Ali	Sun. Service/SG Ali
4:00P	Group Education	Group Education	Group Education	Group Education	Group Education	House Mgmt (TT Staff)	House Mgmt (TT Staff)
4:55P	Serenity Wkbb Crystal	Serenity Wkbb Crystal	Serenity Wkbb Crystal	Serenity Wkbb Crystal	Serenity Wkbb Crystal	Dinner (TT Staff)	Dinner (TT Staff)
5:00P	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
6:00P	Group Education	Group Education	Group Education	Group Education	Group Education	Group Education	Group Education
6:55P	12-Step Meeting Tx Tech	12-Step Meeting Tx Tech	12-Step Meeting Tx Tech	12-Step Meeting Tx Tech	12-Step Meeting Tx Tech	12-Step Meeting Tx Tech	12-Step Meeting Tx Tech
7:00P	Job Duties/ Snacks/ Showers/ Homework	Job Duties/ Snacks/ Showers/ Homework	Job Duties/ Snacks/ Showers/ Homework	Job Duties/ Snacks/ Showers/ Homework	Job Duties/ Snacks/ Showers/ Homework	Job Duties/ Snacks/ Showers/ Homework	Job Duties/ Snacks/ Showers/ Homework
10:00P	Prep Lights Out	Prep Lights Out	Prep Lights Out	Prep Lights Out	Prep Lights Out	Prep Lights Out	Prep Lights Out
10:30P	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out



## WEST PLAINS TURNING LEAF MEN/WOMEN'S OUTPATIENT SCHEDULE

Revised: 10/14/2015

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9:30A 10:25A	Group Counseling Matrix IOP Teresa	Group Counseling Matrix IOP Teresa	Group Counseling Co-Occuring/Basics Teresa	Group Counseling Matrix IOP Teresa	Group Counseling Matrix IOP Teresa
10:30A 11:25A	Group Counseling Matrix IOP Teresa	Group Counseling Matrix IOP Teresa	Group Counseling Co-Occuring/Basics Teresa	Group Counseling Matrix IOP Teresa	Group Counseling Matrix IOP Teresa
11:30A 12:25P	Group Education NA Step Wrk Guide Crystal	Group Education Parenting Crystal	Group Education NA Step Wrk Guide Crystal	Group Education NA Step Wrk Guide Crystal	Group Education Domestic Violence Crystal
12:00P	Lunch	Lunch	Lunch	Lunch	Lunch
12:30P 12:55P	Group Education Staying Sober Crystal	Group Education Parenting Crystal	Group Education Staying Sober Crystal	Group Education Staying Sober Crystal	Group Education Domestic Violence Crystal
10:30A 11:25A	Group Counseling Criminal Thinking Teresa	Group Counseling Anger Management Teresa	Group Counseling Relapse Prev./Matrix Teresa	Group Counseling Criminal Thinking Teresa	Group Counseling Family Relationships Teresa
12:30P 12:55P	Group Education Accountability Crystal	Group Education Accountability Crystal	Group Education Accountability Crystal	Group Education Accountability Crystal	Group Education Accountability Crystal

# WEST PLAINS TURNING LEAF RESIDENTIAL SCHEDULE

Revised: 10/14/2015

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
5:30A	Wake Up	Wake Up	Wake Up	Wake Up	Wake Up	Wake Up	Wake Up
7:00A	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
7:30A	Group Education	Group Education	Group Education	Group Education	Group Education	Group Education	Group Education
8:25A	Just For Today Crystal	Just For Today Crystal	Just For Today Crystal	Just For Today Crystal	Just For Today Crystal	Just For Today Ali	Just For Today Ali
8:30A	Group Education	Group Education	Group Education	Group Education	Group Education	Group Education	Group Education
9:25A	Nurse Wellness RN	Nurse Wellness RN	Nurse Wellness RN	Nurse Wellness RN	GE Wellness RN Teresa	AA Book Ali	AA Book Ali
9:30A	GC (Basics) Donna/Frank	GC Basics-Frank GC Denial-Donna	GC Basics-Brandy GC Denial-Donna	GC (Basics) Donna/Frank	GC (Basics) Donna/Frank	Group Education	Group Education
10:25A	GC OP (Matrix) Teresa	GC OP (Matrix) Teresa	GC OP (Matrix) Teresa	GC OP (Matrix) Teresa	GC OP (Matrix) Teresa	Health and Wellness Ali	Health and Wellness Ali
10:30A	GS Najavi - Donna	GC Basics-Frank	GC Basics-Brandy	GC Basics-Frank	GC (Basics)	GE - Coping Sk.	Group Education
11:25A	GS Matrix - Frank	GC Denial-Donna	GC Denial-Donna	GC Denial-Donna	Donna/Frank	Ali	Coping Skills
11:30A	GC OP (Matrix) Teresa	GC OP (Matrix) Teresa	GC OP (Matrix) Teresa	GC OP (Matrix) Teresa	GC OP (Matrix) Teresa	GC Women-Matrix Ali	Ali
11:30A	Group Education	Group Education	Group Education	Group Education	Group Education	Group Education	Group Education
12:25P	NA Step Wrk Guide Crystal	Parenting Crystal	NA Step Wrk Guide Crystal	NA Step Wrk Guide Crystal	Domestic Violence Crystal	Stop the Chaos Ali	Stop the Chaos Ali
12:30P	Lunch - Teresa	Lunch - Donna	Lunch - Crystal	Lunch - Dawn	Lunch - Frank	Lunch	Lunch
1:00P	Group Education	Group Education	Group Education	Group Education	Group Education	Group Education	Group Education
1:55P	Staying Sober Crystal	Parenting Crystal	Staying Sober Crystal	Staying Sober Crystal	Domestic Violence Crystal	NA Step Wk Guide Ali	NA Step Wk Guide Ali
2:00p	GC Basics-Donna	GS Najavi-Donna	GC Basics-Donna	GS Basics-Donna	Group Couns.	Group Education	Group Education
2:55P	GC Rel Prev-Frank	GS Basics-Frank	GC St Sober-Brandy	GS Basics-Frank	Fam. Relationships Donna, Frank	Staying Sober Ali	Staying Sober Ali
	GC OP (Crim Think) Teresa	GC OP (Anger) Teresa	GC OP (Crim Think) Teresa	GC OP (Crim Think) Teresa	GC OP (Crim Think) Teresa	Staying Sober Ali	Staying Sober Ali
3:00P	GE Acctblty Crystal	Group Education Accountability Crystal	GE Acctbly Crystal	Group Education Accountability Crystal	Group Education Accountability Crystal	Group Education	Group Education
3:55P	Crystal	Crystal	Donna	Crystal	Crystal	Study Group Ali	Sun. Service/SG Ali
4:00P	Group Education	Group Education	Group Education	Group Education	Group Education	House Mgmt (TT Staff)	House Mgmt (TT Staff)
4:55P	Serenity Wkbk Crystal	Serenity Wkbk Crystal	Serenity Wkbk Crystal	Serenity Wkbk Crystal	Serenity Wkbk Crystal	House Mgmt (TT Staff)	House Mgmt (TT Staff)
5:00P	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
6:00P	Group Education	Group Education	Group Education	Group Education	Group Education	Group Education	Group Education
6:55P	12-Step Meeting Tx Tech	12-Step Meeting Tx Tech	12-Step Meeting Tx Tech	12-Step Meeting Tx Tech	12-Step Meeting Tx Tech	12-Step Meeting Tx Tech	12-Step Meeting Tx Tech
7:00P	Job Duties/ Snacks/ Showers/ Homework	Job Duties/ Snacks/ Showers/ Homework	Job Duties/ Snacks/ Showers/ Homework	Job Duties/ Snacks/ Showers/ Homework	Job Duties/ Snacks/ Showers/ Homework	Job Duties/ Snacks/ Showers/ Prep Lights Out	Job Duties/ Snacks/ Showers/ Prep Lights Out
10:00P	Prep Lights Out	Prep Lights Out	Prep Lights Out	Prep Lights Out	Prep Lights Out	Prep Lights Out	Prep Lights Out
10:30P	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out