

FCC BEHAVIORAL HEALTH ADULT INTENSIVE RESIDENTIAL TREATMENT SERVICES (IRTS)

**Agency Website – www.fccinc.org
1-800-356-5395 – STATEWIDE CRISIS LINE**



Your Counselor will be: _____

PROGRAM HANDBOOK

Revised: November 14, 2016
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Welcome to FCC Behavioral Health Intensive Residential Treatment Service (IRTS) Cooper Commons, Safehaven

Whether you are new to FCC Behavioral Health or returning to services, we thank you for choosing FCC Behavioral Health to help with problems that are affecting your life. During the admission you will receive information about the services we offer, the quality of service you should expect from us and the responsibilities that you have while receiving our services. If during this meeting, or at any time while you are receiving services you do not understand or need more information please ask.

To be effective our services depend on working together with you to achieve recovery goals. As the person(s)-served you have the most knowledge about your problems, history, and current needs. Providing this information, your attendance at scheduled appointments, and taking medications as prescribed will help our staff work with you to provide quality and effective care. During the admission process, you will be given the name of a Care Coordinator (CC) that will meet with you in your home and help coordinate services individualized to your strengths, needs, abilities and preferences.

Our staff at FCC Behavioral Health 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 FCC Behavioral Health staff. If you have a problem with a staff member or services are not satisfactory you can communicate your concerns to your Care Coordinator, Care Coordinator supervisor, Clinical Manager, IRTS Program Director or PSR staff. You can do this by speaking directly to staff, using the suggestion box, or voicing problems during community meetings at the clubhouse. If you continue to feel dissatisfied, a grievance process is outlined in more detail within this handbook (see table of contents).

If you do not understand information provided to you in this handbook, please ask questions. We want you to be knowledgeable about FCC Behavioral Health services and to hear your ideas about how we can best work with you.

INTENSIVE RESIDENTIAL TREATMENT SERVICE (IRTS)

COOPER COMMONS OFFICE

**579 Highway J North
Hayti, MO 63851
(573) 359-9840 – PHONE
(573) 359-6200 – FAX**

SAFEHAVEN OFFICE

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**Office Hours: Monday – Thursday from 8:00am – 6:00pm
Friday from 8:00am – 3:00pm**

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INTENSIVE RESIDENTIAL PROGRAM VISION

Through a collaborative effort, the Intensive Residential Treatment Service (IRTS) Program will work to empower individuals with severe and persistent mental illness, to develop skills and abilities that will allow them to live strong and productive lives within the community.

INTENSIVE RESIDENTIAL PROGRAM MISSION

Collaboratively engage person(s)-served to improve overall wellness by learning new skills, strengthening positive relationships, and managing both mental and physical health.

INTENSIVE RESIDENTIAL CORE VALUES

- Mental illness can be effectively treated in the community.
- Mental illness can affect all areas of life (physical, psychological, social, and school/work); therefore, treatment services will focus on wellness and integrated care to enhance functioning.
- All people should have access to the most effective, least restrictive care to promote self-determination and independent living to the greatest extent possible.
- The clinical team will assist the person served with identifying and developing person centered treatment goals and will provide person centered treatment via evidence based clinical interventions.
- Education and services will be provided to help the person served effectively manage their symptoms and problem area 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 served.
- Co-occurring services will be integrated into the program to enhance treatment to those struggling with both mental health and substance abuse issues.

INTENSIVE RESIDENTIAL PROGRAM PHILOSOPHY

FCC Behavioral Health Intensive Residential Treatment Service (IRTS) Program believes mental illnesses are treatable. Since mental illness can affect all aspects of life, including physical, psychological, social, and school/work, we believe it is critical to utilize a holistic approach and treat all aspects of functioning. The IRTS Program is committed to providing person(s)-served with the most effective treatment available and/or assisting person(s)-served in finding the most effective treatment available. The IRTS Program is committed to providing a comprehensive continuum of community based services which are designed to assist individuals with a mental illness and adjust to community living in the least restrictive environment. All services are designed to maximize independent functioning and promote community adjustment and integration.

INTENSIVE RESIDENTIAL PROGRAM KEY OUTCOMES

- Person(s)-served will demonstrate an improvement in daily living activities, overall wellness, and stabilization as evidenced by an increase in DLA-20 scores over the course of treatment which will be evaluated weekly.
- Person(s)-served will demonstrate an improvement in natural supports as evidenced by an increase in the Social Network Scale scores over the course of treatment which will be evaluated monthly.
- 100% of person(s)-served will undergo a nursing assessment and will have the opportunity to receive an annual metabolic screening to monitor potential and existing health problems.

INTENSIVE RESIDENTIAL PROGRAM ORIENTATION ACTIVITIES

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

- Rights and Responsibilities of the person(s)-served.
- Grievance Policy and Appeal Procedures.
- How the person(s)-served can provide feedback about his/her treatment experience through the use of the facility suggestion box, satisfaction surveys, and participation in program community meetings.
- Rules and Program Expectations.
- Informed Consent to Treat.
- Education on Advance Directives.
- Transition/Discharge Criteria.
- Requirements for reporting and/or follow-up for the mandated person(s)-served, regardless of his/her discharge outcome.
- After Hours/Crisis Contact Information.
- Confidentiality Policy.
- Financial Obligations and Responsibilities.
- Tour of Facility/Floor Plans and Emergency Evacuation Routes.
- Policy Regarding Use of Seclusion and/or Restraint.
- Program policy regarding use of tobacco products, possession of illegal drugs and gambling.
- Prescription medication policy.
- Program policy regarding the possession of weapons.
- Identification of the staff member responsible for service coordination.
- Assessment purpose and process.
- Description of how the person-centered care plan will be developed and the expectation of the person(s)-served to participate in this process.
- The potential course of treatment/services.
- Standards of professional conduct related to services.

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.



DESCRIPTIVE SUMMARY OF SERVICES

The Intensive Residential Treatment Service (IRTS) Program is designed to provide assistance to individuals that are residing in a residential setting that serves the adult population of mentally ill individuals who require increased structure, oversight and support in order to remain in the community. This service level may be used to assist individuals in their transition from state facilities to the community and to provide a temporary alternative setting for consumers currently in the community who are in danger of returning to inpatient care due to their clinical status or need for increased supervision. This level of service may benefit individuals that are forensic and those with intractable psychiatric symptoms; history of problematic behaviors (e.g. antisocial, elopement, substance abuse); and institutional dependency. The 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. The services provided within the program are planned and coordinated with the local mental health service delivery system. Person(s)-served may access and receive services outside our facility for which they are eligible, specifically in situations when it would further the continuity of treatment and transition to the community. The IRTS Program offers the following services:

Residential Treatment Service.

Intensive Residential Treatment Service (IRTS) offers 24-hour supervision in a residential setting, seven (7) days a week. At least four (4) hours of structured therapeutic activities are provided daily, seven (7) days per week. The residential setting shall ensure the safety and well-being of person(s)-served

Assessment, Evaluation and Consultation Services.

Person(s)-served can meet with a clinician for a thorough assessment of strengths, needs, abilities, and preferences. Upon completion of the assessment, the clinical therapist determines level/intensity of care and presents recommendations to the clinical team for review.

Crisis Assessment and Intervention.

All person(s)-served have access to emergency services, either over the phone or face-to-face, seven (7) days a week, twenty-four (24) hours per day. MOCARS, our access/ crisis hotline provides this service after hours. On some occasions, it is necessary to access involuntary admissions for person(s)-served if they pose a threat to themselves or others; however, this is utilized as a last resort. A Qualified Mental Health Professional (QMHP) makes the final determination regarding this option and follows the protocol as written.

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 person(s)-served 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 Coordination 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.

Peer Support services are person-centered with a recovery focus. Services allow individuals the opportunity to direct their own recovery and advocacy processes. Peer support promotes skills for coping with and managing symptoms while encouraging the use of natural supports and enhancement of community living skills. Services are provided by a Certified Missouri Peer Specialist.

Psychosocial Rehabilitation (PSR) Program is for individuals with a history of serious mental illness that can benefit for additional support services. The activities of the PSR Program focus on the development of behaviors and abilities that will allow the person(s)-served to return to activities that are age appropriate and based on assessed need; development of behaviors and abilities that allow the person(s)-served to participate in community living; prevention of extended hospitalizations; establish and improve an individual's desire or motivation to maximize independence; development of a personal support system and provision of meaningful activity which is appropriate to the age and interest of the person(s)-served.

The PSR program may provide illness management and recovery services that promote physical and mental wellness, well-being, self-direction, personal empowerment, respect and responsibility in individual and group settings.

Group professional PSR may be provided utilizing skills based approach to address identified behavioral problems and functional deficits relating to a mental disorder that interferes with an individual's personal, family or community adjustment.

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.

Psychosocial Rehabilitation Illness Management and Recovery services are provided individually or in a small group setting with a focus on recovery and the management of mental illness. Key service functions include:

- Psychoeducation;
- Relapse prevention; and
- Coping skills training

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.

Group Professional Psychosocial Rehabilitation.

Group mental health interventions using a skills based approach to address identified behavioral problems and functional deficits relating to a mental disorder that interferes with an individual's personal, family, or community adjustment. Maximum group size is one (1) professional to eight (8) consumers. Services must be documented according to the requirements set forth in 9 CSR 30-4.035 8 (B).

Integrated Dual Disorders Treatment (IDDT) services are provided to those identified as having both a substance use diagnosis and a mental health diagnosis. Co-occurring issues are integrated into the person centered care plan and are provided by qualified personnel.

Co-Occurring Individual Counseling is provided resolve problems related to the mental disorders and substance use disorders that interfere with functioning.

Co-Occurring Group Counseling is designed to promote individual self-understanding, self-esteem, and resolution of personal problems through personal disclosure and interpersonal interaction among group members. Group size shall not exceed ten (10) individuals.

Co-Occurring Group Education services are provided with the primary goal of restoring lost functioning and promote reintegration and recovery through knowledge of one's disease, symptoms, understanding of the precursors to crisis, crisis planning, community resources, recovery management, and medication action and interaction. Group size shall not exceed twenty (20) individuals.

Medication Management.

Psychiatry services are routinely scheduled at 2-3 month intervals with urgent appointments available every day, if needed. All psychiatrists are board certified and supervise all work of the psychiatric nurse practitioners (PMHNP). Psychiatrists/PMHNP's assume the responsibility for the medication aspects of mental health care, including: Psychiatric evaluations, medication management, review of complex cases where physical and mental health issues intersect, organicity, seizure disorders, psychosomatic disorders, and other medical and psychiatric related disorders.

Telemedicine Psychiatry services are also available through web browser Telehealth appointments at our satellite location to assist in continuity of care.

Medication Assisted Treatment (MAT) is an evidenced based practice that combines pharmacological interventions with substance abuse counseling and social support. Although not for everyone, it is an essential part of the comprehensive array of services available to people struggling with addiction to alcohol or other drugs. The LPN/RN at the Clinic delivers the injection as ordered by the psychiatrist.

Medication administration may include arranging appointments with an RN or LPN for injections of psychotropic medications as ordered by the psychiatrist as well as assistance with Patient Assistance programs for free or discounted medications as ordered by the psychiatrist.

Medication administration support may include coordination of medication needs with families, person(s)-served, and/or pharmacies (including the use of indigent drug programs); setting up medication boxes; monitoring medication compliance, person's vitals, and laboratories ordered by the psychiatrist; and perform metabolic screenings.

FCC Behavioral Health is not a doctor-only facility; therefore, it is our policy the person(s)-served is receiving additional treatment services.

Healthcare Information and Community Resource, Support and Referrals.

A Nurse Care Manager (NCM) is available to provide health home services to individuals with certain chronic illnesses. The NCM coordinates care among both primary and specialty medical care services. The NCM also promotes healthy lifestyles and supports person(s)-served in managing their chronic health conditions via education, referrals, and information and handouts.

Metabolic Syndrome Screening can be provided annually for person(s)-served who are receiving antipsychotic medications. Screening is performed for the following risk factors: obesity, hypertension, hyperlipidemia, and diabetes.

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 person(s)-served once the results are available, in order to intervene with substance use behavior. Test results and actions taken shall be documented in the person(s)-served record.

SITE POLICY

1. FCC Behavioral Health's Intensive Residential Treatment Service (IRTS) 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(s)-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 a 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 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. IRTS does not utilize seclusion or restraint as means of behavior management or modification. All staff is trained in Nonviolent Crisis Intervention Techniques.
13. IRTS 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.

HOUSE RULES

House rules are to insure the safety, health, and welfare of all residents as well as staff. Infraction of house rules may result in loss of privileges, restriction, or discharge from the program. Privileges may be restored and restriction lifted as resident demonstrates compliance with house rules. FCC Behavioral Health reserves the right to inspect or search rooms or personal belongings in order to enforce rule compliance and ensure resident safety.

MEALS/FOOD

Meals are served at approximately 8:00am, 12:00 noon and 5:00pm each day. Unless previously arranged, residents forfeit meals if not present unless a request to save a plate is made. The kitchen is closed between meal times. Residents may have a limited amount of snacks or other personal food items in their room. Meal preparation may be life skills activities at the IRTS Cooper Commons Program from time-to-time where all residents help prepare a meal for the home with the assistance of staff.

HOUSEKEEPING

Residents are responsible for getting themselves up in the mornings. An alarm clock will be provided, to be returned upon discharge from the facility. All residents should be up for chores by 8:00 a.m. Chores will be checked by 10:00 a.m. Monday through Saturday. On Sunday, there are no housekeeping chores. If you make a mess, clean it up. This includes beverage spills, bathroom, etc. Each resident is responsible for keeping his/her own bedroom and bathroom clean according to staff direction. Each resident is responsible for doing a housekeeping assignment each day.

DRESS CODE

As in any building, there are varying temperatures so dress appropriately to the weather and your level of comfort while at clubhouse. We ask that members dress in a manner that does not offend others. Shorts are to be of sufficient length for your fingertips to touch the hem, shirts/tops should be not be revealing and should not have sexual, alcohol /drug or offensive content on them.

HYGIENE

Residents are required to bathe at least five times a week unless otherwise directed. Hair must be cleaned regularly. Shoes must be worn at all times in the house – but not in your private room.

VISITORS

Visitors are limited to the common areas of the facility ONLY. Resident must be present when the visitor is in the common room. Visitors are welcome during visiting hours, except when other activities are scheduled. Visiting hours begin at 10:00 a.m. seven (7) days a week. Visiting hours' end at 8:00 p.m. (Exceptions to the stated hours may be granted by senior staff in special cases.) The staff should be informed when a visitor is in the house. The visitor must sign in upon arrival, wear a name tag, and sign out when leaving.

CURFEW/LEAVING THE FACILITY

Residents of Intensive Residential Treatment Service (IRTS) begin their stay as restricted to the grounds or other locations under direct staff supervision. As residents improve in the program, and as approved by the treatment team and guardian, residents may earn freedoms to do activities without direct supervision. Such activities will be specifically noted on the treatment plan and pre-approved by the FCC Behavioral Health treatment team, psychiatrist and the guardian. When such freedom is approved, the following rules shall apply:

- Curfew at Safehaven is 8:00pm and at Cooper Commons is 10:00pm.
- Staff should be notified immediately if a problem arises that would prevent a resident from returning home by curfew.
- Residents must sign out when leaving the house and sign in upon returning. You must state where you are going.

TELEVISION

- Majority rules on selecting television or radio programs in the common areas.
- Radios and/or televisions in common areas are to be turned off at 11:00pm.
- Radios and/or televisions in private rooms must have the volume turned off at 11:00pm or use headphones.

GENERAL

- Are expected to follow the recommendations of the treatment team.
- Uses of alcohol or non-prescribed drugs (including over-the-counter drugs) are not allowed by group home residents. Use of these substances is grounds for dismissal from program.
- Residents may be restricted to the facility when recommended by the treatment team or on-call person/caseworkers. Serious consequences may be imposed for consistent violations.
- No incoming calls for the residents are allowed after 10:00pm.
- Phone calls must be kept to a 30-minute limit. Please use timer located by the phone in the living room.
- Outgoing phone calls may be made after 10:00pm with staff's permission.

SAFETY AND SECURITY

- No cursing, threatening language or physical fighting is allowed.
- Smoking is only allowed outside in designated area. See staff for location at specific site.
- To avoid a grass fire, put cigarette butts and matches in designated containers instead of tossing them on the ground.
- No open flames (like candles or incense) allowed in the building.
- Only two electrical items can be plugged into a duplex outlet unless a surge protector is used. (See manager if you need a surge protector for your room.)
- Only electrical appliances in good shape (e.g. no frayed or exposed wires) can be used in the building.
- No cooking appliances in bedrooms (e.g., coffee pots or hot plates).
- No firearms or other weapons (e.g., knives, brass knuckles, etc.) are allowed on the premises.
- Personal items are permitted in resident rooms to the extent the items do not create a fire or environmental hazard. Items must be stored so they do not block the normal walking paths within the room.
- Residents are encouraged to mark their personal property. A permanent marker is available from the manager for resident use.
- A complete inventory of all resident property is completed by staff at admission. Residents are encouraged to update this list when they obtain or dispose of any personal property.
- Residents should report any loss or theft of property to the administrator or manager.
- Residents are encouraged to file a police report if a theft is suspected.
- Residents who have large amounts of cash are encouraged to open a bank account.
- Residents who steal another resident's property will be discharged.
- Residents are strongly discouraged from loaning money or selling items to other residents or visitors.
- Other residents and visitors are not permitted in a resident's room.

SEXUAL MISCONDUCT AND HARASSMENT

FCC Behavioral Health is a community of trust whose very existence depends on strict adherence to standards of conduct by its residents. Sexual misconduct or harassment will not be tolerated within this community. Sanctions, at staff discretion (including immediate discharge), may be imposed on any resident for sexual misconduct or harassment.

Sexual Misconduct. Any unwanted sexual exploitation, which may include, but not limited to:

1. Nonconsensual sexual intercourse

- Any sexual intercourse
- Anal, oral or vaginal
- However slight
- With any object
- By a man or a woman
- Upon a man or a woman
- Without effective consent
 - Effective consent is equal to verbal agreement; both parties have to agree to have intercourse.
 - Silence is not effective consent

2. Nonconsensual sexual contact

- Any sexual touching
- However slight
- With any object
- By a man or a woman
- Upon a man or a woman
- Without effective consent
 - Effective consent is equal to verbal agreement; both parties have to agree to have sexual contact
 - Silence is not effective consent

3. Incapacitation

- Being in a state where a person
 - Lacks the capacity to appreciate the fact that the situation is sexual
 - Cannot appreciate (rationally or reasonably) the nature and/or extent of that situation

NOTE: A physically incapacitated person is one who is physically incapacitated as a result of alcohol or other drug consumption (voluntary or involuntary), or who is unconscious, unaware, or otherwise physically helpless and incapable of giving consent. One may not engage in sexual activity with another person who one knows or should reasonably have known that person to be physically incapacitated.

Sexual Harassment. Any unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature when such conduct has the purpose of creating an intimidating, hostile or offensive environment. Some examples of sexual harassment include:

- touching of a sexual nature
- graffiti of a sexual nature
- displaying or distributing of sexually explicit drawings, pictures and written materials
- sexual gestures
- sexual or "dirty" jokes
- pressure for sexual favors
- touching oneself sexually or talking about one's sexual activity in front of others
- spreading rumors about or rating other residents as to sexual activity or performance.

Reporting. Residents who believe they have been the victim of either sexual misconduct or harassment should file a complaint with his/her case worker, the group home manager or the group home administrator.

MEDICATION

If you need to take prescribed or over the counter medication while at Clubhouse, it must be self-administered. It is your responsibility to safeguard your medication while at Clubhouse.

Medication should be carried in clearly marked packages/containers and remain with you.

- Residents are required to take their medication as prescribed by their physician or psychiatrist.
- Residents must participate in the medication level system for successful completion of the group home program.
- All medication is to be locked up by staff.
- Without physician approval, medication will not be given to residents who choose to move out of the group home against medical advice.
- Medication that residents bring to the group home may not be returned to the resident when discharged.

CLUBHOUSE RULES

The Clubhouse is here to provide a safe place for people to meet, learn and have fun. Members are expected to be respectful of others with no harassment, name calling or fighting. Rules are one way to maintain a safe and stress free environment. These rules and the consequences for breaking them have been approved by the PSR clubhouse members and staff to let all members know what is expected of them while at the clubhouse.

- Eating and drinking should be limited to the dining room area unless otherwise specified.
- The kitchen area is limited to those designated to be in that area.
- Smoking or the use of smokeless tobacco is not permitted in the building.
- No aggressive or abusive behavior will be tolerated.
- No abusive, disrespectful, obscene or demeaning language is allowed.
- Threatening behavior toward yourself or others will be treated as a crisis situation and interventions will be provided to maintain the safety of all person(s)-served.
- No services to individuals who are intoxicated or under the influence of illegal drugs, except for emergency or crisis intervention basis.
- No one should leave the Clubhouse without telling one of the staff members and being signed out.
- No stealing or destruction of property.
- No weapons are permitted to be brought onto the property with possible consequences of legal action and/or discharge from the program.
- Use of illegal, non-prescribed medications or alcohol while on FCC Behavioral Health property is prohibited and can result in discharge from services and law enforcement involvement.
- No selling of personal property, drugs/medications or tobacco products is permitted.
- The clubhouse is here to provide a safe place for people to meet, learn and have fun.

We discourage members from borrowing from others but it is your right to share money or cigarettes with others if you want. It is also your right to refuse those requests by simply telling them “No.” If the person persists and continues to ask for the item inform a staff member of the issue and they will meet with that person.

The clubhouse is here to help those who attend in recovery and to develop healthy goals. Consequences of breaking the rules will be individualized to the severity of the behavior. The PSR Supervisor will meet with the person to discuss the problem and provide interventions to prevent a reoccurrence.

TRANSITION CRITERIA

The Intensive Residential Treatment Service (IRTS) team will monitor the person's progress through ongoing consultation between all service providers, both within the agency and other outside agencies. If the person(s)-served appears to be in need of long term care, he/she will be referred to a more intensive level of care or outside agency deemed more appropriate to meet his/her needs. The person(s)-served may also transition within the program between more or less intensive levels of services.

DISCHARGE CRITERIA

The length of stay in the Intensive Residential Treatment Service (IRTS) 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.
- Individual with a conditional release will also need approval from the Forensic Review Board and their Forensic Case Monitor before they are eligible for discharge to a less-restrictive setting.

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.

Person(s)-served may be discharged from residential 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 IRTS Program or otherwise denied services. Clinical staff will proactively advocate for the needs of the person(s)-served.

The treatment team has the discretion to discharge an individual for non-compliance. These decisions will be made on a case by case basis.

Reasons for discharge include:

- Successful completion of treatment
- The person(s)-served moves out of service area
- Death of a person(s)-served
- Appointment noncompliance (See Appendix)
- Non-compliance with program rules and expectations
- Personal choice of the person(s)-served
- Medical reasons
- The IRTS Program will discharge person(s)-served that have not received services for a period exceeding 120-days.

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.
- 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 Clubhouse group topics and areas of interest for outings, crafts and personal growth.
- A Community Meeting is held monthly at Clubhouse and provide an opportunity to discuss issues with others attending Clubhouse. A Consumer Advisory Committee is voted on twice (2) yearly to choose three (3) people to discuss clubhouse business, hear problems and meet with administrative staff to discuss plans and/or problems.
- A Focus Group is held every three (3) months and is an opportunity for people who attend Clubhouse to meet with the PSR Supervisor and/or Program Director to discuss Clubhouse issues.
- Grievance policy and procedures can be found within this handbook.

RIGHTS AND RESPONSIBILITIES

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 Resident
- 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
- 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

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 or 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.

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. 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/
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

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.

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
Phone: (573) 888-5925

PRIVACY AND SECURITY OFFICER

Shirleen Sando
925 Hwy V. V.; Kennett, MO 63857
Email: 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.**

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.

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.

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
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
REASONABLE ACCOMMODATION REQUEST FORM



Name: _____ Date: _____
(LAST) (FIRST) (MI)

1. What specific accommodation are you requesting?

2. Is your accommodation request time sensitive? YES NO

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

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

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

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?

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

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

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

INTENSIVE RESIDENTIAL **TREATMENT SERVICES (IRTS)** **DISASTER PLAN**

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

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

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

NOTE: ASSEMBLY AREA:

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

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

TORNADO:

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

EARTHQUAKE:

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

STORM:

Stay in building and away from windows.

FLOOD:

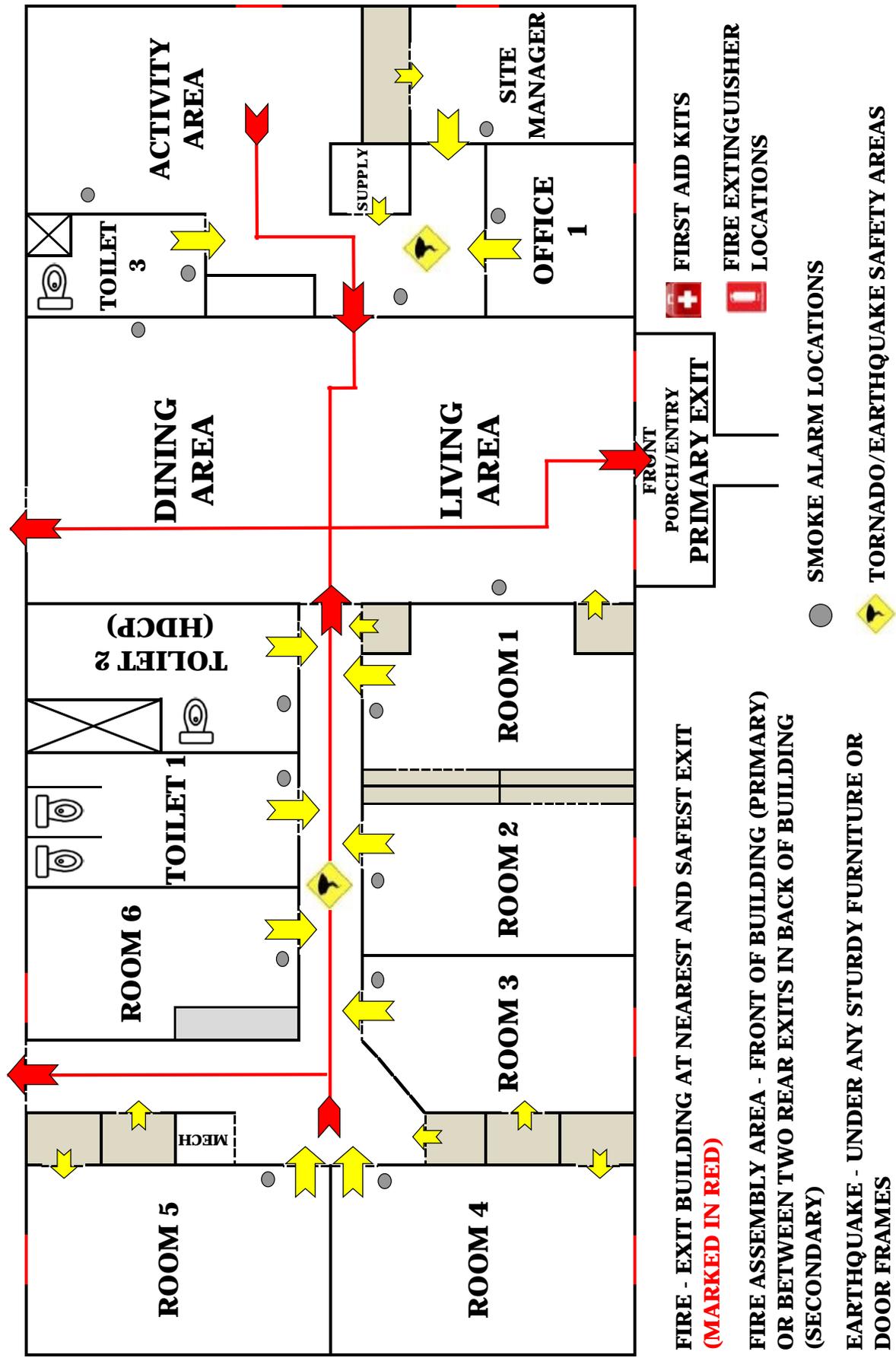
Stay in building and do not attempt to travel in your vehicle.

BOMB:

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

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

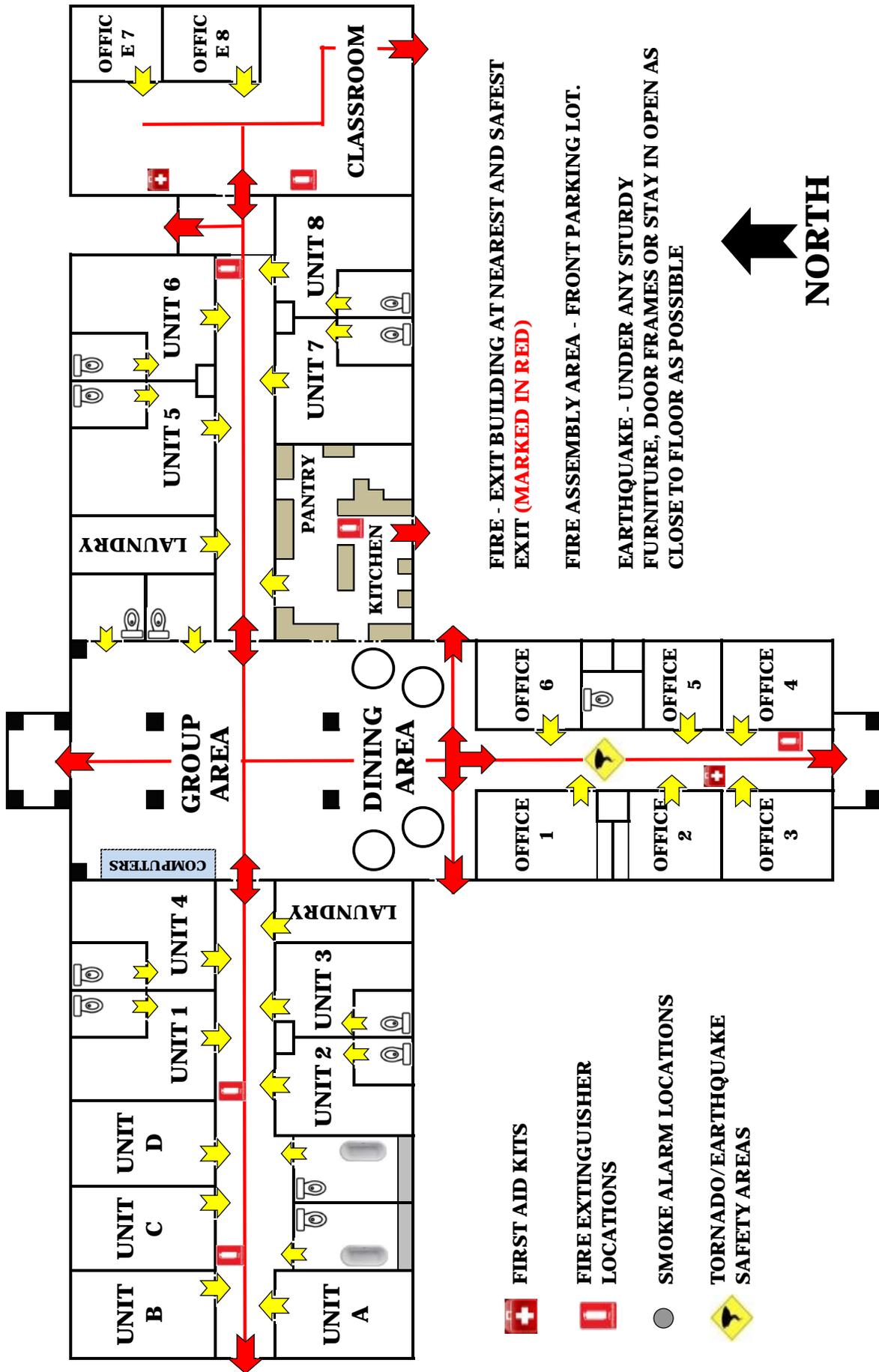
COOPER COMMONS EVACUATION PLAN



- FIRE - EXIT BUILDING AT NEAREST AND SAFEST EXIT (MARKED IN RED)**
- FIRE ASSEMBLY AREA - FRONT OF BUILDING (PRIMARY) OR BETWEEN TWO REAR EXITS IN BACK OF BUILDING (SECONDARY)**
- EARTHQUAKE - UNDER ANY STURDY FURNITURE OR DOOR FRAMES**

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

SAFEHAVEN EVACUATION PLAN



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

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

FIRE ASSEMBLY AREA - FRONT PARKING LOT.

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



COOPER COMMONS DAILY SCHEDULE

Revised: 10/19/2015

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TIME	SATURDAY	SUNDAY
7:00A 7:25A	BREAKFAST					7:00A 7:25A	BREAKFAST	
7:30A 8:55A	Leisure	leisure	Leisure	Leisure	Leisure	7:30A 8:55A	Leisure	Leisure
9:00A 9:55A	Exercise/ Fitness	Exercise/ Fitness	Exercise/ Fitness	Exercise/ Fitness	Exercise/ Fitness	9:00A 9:55A	Exercise/ Fitness	Exercise/ Fitness
10:00A 10:55A	Hygiene	Budgeting/ Financial Skills	Self-Esteem	Express your Feelings	Laundry	10:00A 10:55A	Meal Preparation	Meal Preparation
11:00A	Lunch	Lunch	Lunch	Lunch	Lunch	11:00A	Lunch	Lunch
11:30A 12:55P	Leisure	leisure	Leisure	Leisure	Budgeting/ Shopping	11:30A 12:55P	Leisure	Leisure
1:00P 1:55P	Understanding Mental Illness	Communicati on Skills	Dealing with Stigma	Coping Skills/Stress Reduction	Budgeting/ Shopping	1:00P 1:55P	Life Skills	Life Skills
2:00P 3:25P	Leisure	leisure	Leisure	Leisure	Leisure	2:00P 3:25P	Leisure	Leisure
3:30P 4:25P	Peer Lead Activity	Illness Management and Recovery	Feelings	CBT Group	Relationships/ Maintainaing Pos. Boundaries	3:30P 4:25P	Meal Preparation	Meal Preparation
4:30P	Dinner	Dinner	Dinner	Dinner	Dinner	4:30P	Dinner	Dinner
5:00P 5:55P	Daily Chores	Daily Chores	Daily Chores	Daily Chores	Daily Chores	5:00P 5:55P	Daily Chores	Daily Chores
6:00P 6:55P	Nutriton and Meal Planning	Health and Wellness	Medication Management	Health and Wellness	Anger Management	6:00P 6:55P	Goal Review	Goal Setting

** Leisure activities include games, crafts, movies, reading **

Revised: 10/27/2015

SAFEHAVEN DAILY SCHEDULE

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TIME	SATURDAY	SUNDAY
6:00A 7:45A	TAKE MEDICATION, CLEAN ROOMS, SHOWER, BREAKFAST, WORK ON INDIVIDUAL TREATMENT PLAN GOALS, ETC.					6:00A 7:45A	TAKE MEDS, SHOWER, BREAKFAST LEISURE	
7:45A	ROOM CHECKS PRIOR TO MEETINGS					7:45A	ROOM CHECKS	
8:00A 8:25A	Community Meeting	Community Meeting	Community Meeting	Community Meeting	Community Meeting	8:00A 8:25A	Community Meeting	Deep Clean Rooms, Work on Individual Treatment Plan Goals
8:30A 8:55A	Exercise/Stretching	Exercise/Stretching	Exercise/Stretching	Exercise/Stretching	Exercise/Stretching	8:30A 8:55A	Exercise/Stretching	
9:00A 9:55A	Clubhouse or Working on Individual Goals	Clubhouse or Working on Individual Goals	Clubhouse or Working on Individual Goals	Clubhouse or Working on Individual Goals	Clubhouse or Working on Individual Goals	9:00A 9:55A	Leisure	Leisure
10:00A 10:55A	Community Resources	Budgeting/Financial Skills	Relaxation Skills	Boundaries	Employment and Related Skills	10:00A 10:55A	Independent Living Skills-Household Management.	Church/Leisure
11:30A	Lunch	Lunch	Lunch	Lunch	Lunch	11:30A	Lunch	Lunch
1:00P 1:55P	Peer Lead Activity	Solution for Wellness	Anger/Stress Management	Communication	Problem Solving	1:00P 1:55P	Social and Interpersonal Skills	Leisure
2:00P 2:55P	Leisure or Non-structured Time to Work on Individual Goals					2:00P 2:55P		
3:00P 3:55P	Housing Opportunities	Coping Skills	Applications	Coping Skills	Non-structured Time to Work on Individual Goals	3:00P 3:55P	Non-structured Time to Work on Individual Goals	Non-structured Time to Work on Individual Goals
4:00P 4:55P	Illness Management and Recovery	Independent Living Skills	Leisure	Independent Living Skills		4:00P 4:55P		
5:00P	Dinner	Dinner	Dinner	Dinner	Dinner	5:00P	Dinner	Dinner
6:00P 6:55P	Nutrition	Health and Wellness	Understanding Mental Illness	Coping with Symptoms	Goal Review	6:00P 6:55P	Goal Setting	Social and Interpersonal Skills
7:00P 8:55P	Outside Meetings, Visitation, Computer Time, Leisure					7:00P 8:55P		Peer Lead Activities or Non-Structured Time to Work on Individual Goals
9:00P 10:55P	Leisure or Non-structured Time to Work on Individual Goals					9:00P 10:55P	Leisure	Leisure
11:00P 6:00A	QUIET TIME OBSERVED					11:00P 6:00A	QUIET TIME OBSERVED	

