

FCC BEHAVIORAL HEALTH WOMEN AND CHILDREN'S COMPREHENSIVE SUBSTANCE TREATMENT AND REHABILITATION (CSTAR)



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Cape Girardeau, MO 63701
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Office Hours: 8:00am – 5:00pm
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's Women and Children's Comprehensive Substance Treatment and Rehabilitation (CSTAR) Cape Girardeau

Whether you are new to Women and Children's CSTAR Program or returning, we thank you for choosing our program 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(s)-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. 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 here at FCC Behavioral Health and Women's CSTAR Program 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.

Our staff at Women and Children's CSTAR 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 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.

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.

CSTAR STAFF

CLINICAL STAFF

CARE COORDINATOR – LEAH KIRK (EXT: 2208)
CARE COORDINATOR – THERESA SMALLEN (EXT: 2217)
NURSE – TINA RILEY, RN (EXT: 2213)
NURSE – STACEY PLOTT, LPN (EXT: 2214)
DIAGNOSTICIAN – MISTY BRAZEL (EXT: 2204)
COUNSELOR – KELLI YOUNT (EXT: 2215)
COD THERAPIST – CHARLIE HARRISON (EXT: 22--)
COUNSELOR – APRIL UMFLEET (EXT: 22--)
COUNSELOR – ENDA BARRETT (EXT: 22--)
COUNSELOR – GINA CROWLEY (EXT: 2219)
COUNSELOR – LORI CHAPMAN (EXT: 2206)
CLASSROOM INSTRUCTOR – CHRISSY COLBURN
ACCESS COORDINATOR – SHEILA EVANS (EXT: 2201)
RESIDENTIAL MANAGER – KAYLA THOMAS (EXT: 2212)
CLINICAL MANAGER – CRYSTAL JENKINS (EXT: 2203)
PROGRAM DIRECTOR – RAYMOND REEVES (EXT: 2202)

RECOVERY SUPPORT AIDE STAFF

MS. LINDA PARKER	MS. MICHELLE GREANEY
MS. LAUREN LACAVICH	MS. ELIZABETH BIRI
MS. CHLOE PRATT	MS. ADRIANA TOVAR
MS. AUTUMN SMITH	MS. JILL EDWARDS
OPEN	MS. CHELSEY COBB

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PROGRAM ORIENTATION ACTIVITIES

During the intake process, you and/or your family will receive an orientation to the Program and the services provided. The orientation process includes the following:

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.
- Earning and Loss of Privileges/Level System
- 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
- Family Therapy Agreement
- Video/Audio Surveillance Authorization
- Responsibility for Damaged Property

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

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

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

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

CAPE WOMEN AND CHILDREN'S CSTAR PROGRAM VISION

Empower women and their families to achieve overall wellness.

CAPE WOMEN AND CHILDREN'S CSTAR PROGRAM MISSION

Develop a path of wellness for women and their children using person-centered care.

CAPE WOMEN AND CHILDREN'S 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 in order to improve overall wellness.
- Treatment services will be provided in the least restrictive environment.
- Recovery and wellness are achievable.
- Relapse risks can be minimized.
- Use of Medication Assisted Treatment as appropriate.
- We promote Integrated Dual Disorders Treatment and train staff in co-occurring models of therapy.
- Program staff will evaluate services to help improve their overall effectiveness and improve the ability to empower the recovery efforts of person(s)-served.
- Use of psychotropic medications as appropriate.
- Person-centered care and individual choice.
- Trauma-Informed Care.
- Stage-wise interventions.
- Gender responsive care.
- Family involvement will be encouraged through all aspects of recovery.

CAPE WOMEN AND CHILDREN'S 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.
- 100% of infants born with mother's who are in active treatment will be free from drug exposure symptoms.
- A 25% increase in outpatient supported recovery services.
- A 25% increase in Medicated Assisted Treatment (MAT).

HOURS OF SERVICE

The Cape Women and Children's CSTAR program offers outpatient, intensive out-patient, residential treatment, and day treatment services. All treatment services are provided at the treatment center to include community support, group education, academic education, group counseling, nursing, recreation, family therapy, individual counseling and co-occurring services (co-occurring services are for the many people who have both a mental health diagnosis and a substance use disorder diagnosis). Drug screening services are provided in all levels of care.

The Cape Women's and Children's CSTAR business office is open Monday through Friday from 8:00am to 5:00pm. Admissions are completed at the treatment center.

Day treatment, intensive outpatient, and outpatient treatment services are provided Monday through Friday from 8:00am to 5:00pm.

Services include community support, group education, group counseling, family therapy, nursing and individual counseling.

The residential treatment program at Cape Women's and Children's CSTAR program provides 24-hour supervision, with up to 60-hours of structured therapeutic activities per week. Services are provided seven (7) days a week.

Our Transitional Program provides up to 60-hours of structured services however; person(s)-served in the Transitional Program are not supervised 24-hours per day. Person(s)-served in the Transitional Program can leave site without staff supervision during non-clinical care times and return to housing prior to the Transitional House curfew.

If you are staying at the Women and Children's CSTAR facility, you may not be able to start inpatient treatment right away because a bed might not be available, however you may be able to enter our intensive outpatient services immediately even if a bed is not currently available.

HOW SHOULD I USE THIS HANDBOOK?

This information will help you become familiar with the Women and Children's CSTAR program and the services we offer. Please review all the information. If you have questions, CSTAR 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.

WHO PROVIDES THE SERVICES?

Diagnoses are completed within three (3) business days of your admission by a Licensed Social Worker, or Licensed Therapist. Our licensed social workers, licensed therapist, certified alcohol and substance use counselors, Recognized Associate Substance Use Counselors, Care Coordinator, Missouri Recovery Support Specialist-Peers and nursing staff provide clinical care and treatment services. In addition to our in-house staff we also work with local providers to help you get the medical and dental services you need. FCC Behavioral Health (FCC) providers or other local community mental health care providers offer mental health and psychiatric services. FCC Psychiatrists are Medical Doctors who are Board Certified Psychiatrist and can provide telehealth psychiatric services for clients here in CSTAR. If you would like to be seen by the psychiatrist, a nurse will work with you to make an appointment.

HOW DO I PAY FOR SERVICES?

Funding sources at the Cape Girardeau CSTAR Program include purchase-of-service (POS) funds, Insurance, Consumer fees and Medicaid. The Consumer's ability to pay is based on the Department of Behavioral Health sliding scale, depending on income and number of dependents. If it is determined that a person(s)-served has a monthly fee from the sliding scale, that fee is collected at time of admission and at the first of the month thereafter as long as the person(s)-served remains active in treatment services. Staff will help you fill out paperwork to determine what you will pay. You might have a monthly fee for services. This means that you will pay for your first month of services when you are admitted, and again on the first of each month you remain in treatment services. Fees are based on a sliding fee scale. Many person(s)-served will pay zero out-of-pocket.

WHAT TO EXPECT WHEN YOU ENTER TREATMENT SERVICES

You will first have an "intake appointment" with admission specialists. The purpose of this appointment is to make sure we understand your situation. At this appointment, you will talk about your concerns and give staff some information about yourself. Our staff will match you to a program at Women and Children's CSTAR or refer you to other services.

A counselor will also interview you and assist you in completing the Addiction Severity Index Multimedia Version (ASI-MV). The intake counselor will ask questions and gather some important information to allow Women and Children's CSTAR clinical team to begin to accurately understand your situation. The intake appointment takes approximately 1-2 hours.

After this appointment, a licensed mental health professional will choose your priority level for service. We believe that all person(s)-served are important. Many person(s)-served request our services; we must use a priority system to make sure that person(s)-served and their families with the most urgent needs get service quickly.

We assign a Care Coordinator (CC) to all person(s)-served who are accepted for services. The CC will become your contact person within FCC and the Women's CSTAR Program.

A licensed clinician will meet with you to identify your individual symptoms and provide a diagnosis of substance use disorder and/or co-occurring mental health disorder within three (3) days of the intake appointment.

THERAPEUTIC PROCESS

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, Women and Children's CSTAR counselors need to understand your concerns. Typical areas covered in this assessment include questions about:

- Your family situation
- You and your families' strengths, weaknesses, and concerns
- If you have children, their early development (including pregnancy and delivery)
- How you and your family 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 FCC Behavioral Health staff, including your case manager, nurse and admission specialist 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.

One tool we use is the Critical Intervention Plan, soon after entering treatment you will meet with a staff member to identify the best way to assist you in case of a situation that could lead to a crisis or in case of an emergency.

CLINICAL SUPERVISION

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

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

WHO OWNS YOUR FILE

FCC Behavioral Health (FCC) and the Women and Children's CSTAR Program are the legal owner of any agency file pertaining to person(s)-served.

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

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

CONSENT TO TREATMENT AND LIMITS OF CONFIDENTIALITY

The Women and Children's CSTAR program works to protect your privacy by not sharing your personal or medical information. This is called "confidentiality."

Confidentiality is very important for all agency services. We will ask you to sign consent forms to share and get information. Your doctor and/or therapist should ask for your permission to share your information with anyone outside of the agency program.

The principle of confidentiality is of utmost importance in all work undertaken by FCC Behavioral Health (FCC) Women's CSTAR. There are however, some limitations to confidentiality that occur for legal, clinical and/or administrative reasons. Some of these reasons are as follows:

Legally

- FCC and Women and Children's CSTAR staff members are a mandated reporter. That means that if there is information that indicated that a child may be experiencing physical, sexual, emotional abuse or neglect, then FCC and Women and Children's CSTAR will report this to the Child Abuse Hotline.
- If there is an active child protection investigation or information is requested for the purposes of case planning by the Children's Division then, by law, relevant information will be shared with the Children's Division.
- If a staff member of FCC and Women's CSTAR is court ordered, the requested information will be shared with the court.
- As per Communicable Disease Regulations, information regarding specified infectious diseases may be reported the Public Health.
- We are required to share certain information, including billing, clinical care and treatment plans, and other protected health information with organizations that license health care providers like nurses and doctors.

Clinically

- If it is assessed that the client is at risk of hurting him/herself, or someone else, then this may be reported to the appropriate person(s).
- After you complete the intake process, your case will be reviewed with a clinical team to make decisions about treatment possibilities and assignment to a primary clinician.
- During the treatment process, clinicians receive supervision and can request input from other clinicians to ensure that proper treatment approaches are used. This supervision and consulting process occurs within FCC and Women's CSTAR. External consultation or supervision would require a separate consent for disclosure of information.
- FCC and Women's CSTAR work collaboratively with your primary care provider over the course of treatment. This involves the releasing and obtaining of information relevant to the treatment process. Also, if a child is admitted for hospital services, releases to share information will be sought. If there are delays in obtaining signed releases, FCC and Women's CSTAR will share information with the hospital unit staff as necessary.
- Other reporting may occur as directed by Licensing Authorities that govern professional practitioners.
- Sign acknowledgement of the Advance Directive for Behavioral Health (ADBH) form and let us know if you have one. You will receive a copy of "Life Choices" when you enter our program and someone will explain this process. An Advanced Directive for Behavioral Health (ADBH) is a legal document that allows person(s)-served, when of "sound mind," to refuse specific treatment or give consent to future psychiatric treatment. An ADBH may authorize another person to make future decisions about mental health care on behalf of the person(s)-served, if he/she becomes incapacitated. This document allows a person(s)-served to make these decisions in advance about treatment if they become unable to make or to communicate reasoned decisions regarding mental health treatment. The ADBH involves the healthcare power of attorney that appoints another person to make decisions during a time when the person(s)-served is not able to make decisions.
- If you sign a release of information Women's CSTAR may work with your primary care doctor during your treatment to get information important to the treatment process.

Administratively

- For quality assurance purposes as well as to develop service planning policies, non-identifiable basic demographic and diagnostic clinical information will be provided in a quality assurance data report. Access to past or present detailed person(s)-served information is controlled by security profiles and is only available to employees working within FCC and Women's CSTAR. Should you decide to access your alcohol and substance use treatment services elsewhere, persons working in that agency will be able to access your information with your consent.
- Clinical records may be disclosed to accrediting bodies for review.

- At different times throughout your treatment and after discharge, you may be asked to complete a number of satisfaction surveys to allow us an opportunity to include your feedback into the organizational planning.
- Our Patient Quality Initiative (PQI) Committee works with the Executive Team, and the Management Team Directors to help facilitate evidence based practice in caring for person(s)-served.

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.

HOW TO GIVE FEEDBACK ABOUT YOUR SERVICES

Your feedback is important. It helps us make sure we provide the best care we can. You can give feedback on our services at these times:

- When you first reach out to the Women and Children's CSTAR program
- At any time by using the suggestion box in the lobby
- At scheduled staffing with the treatment team
- After your treatment with the Women and Children's CSTAR has ended
- 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. The Program Director has an open door policy and will speak with you to address concerns that you believe are not being handled the right way.

CRISIS SITUATIONS

All our person(s)-served develop a personal organized way to self-care and/or get help from someone else in case of a crisis. You will work with our treatment team to establish a personal critical intervention strategies safety plan. It will make it easier for you and us to understand how to best do something to help you when you need it most. It might include your taking a time-out in a safe location, or you taking calming relaxing breaths, or you doing a face-to-face or telephone intervention with a qualified mental health professional, attending an NA/AA meeting, speaking with a sponsor and/or a person that will support you in your recovery.

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:

- 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 and/or duty staff will contact 911 if an immediate crisis occurs for transport to 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(s)-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 and/or police intervention is necessary.

Women and Children’s CSTAR does not use seclusion or restraint in any programs.

Women and Children’s CSTAR 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.

If Someone Threatens to Hurt Themselves or Someone Else, You Can:

Tell a Women and Children’s CSTAR staff member.

Call the Missouri Crisis Access Response System (MOCARS) Crisis toll free hotline. This number is staffed 24-hours a day, seven (7) days a week. MOCARS staff will connect you to someone outside of Women and Children’s CSTAR who can help.

They will talk with you about your crisis and help you determine what further help is needed, for example, a telephone conversation to provide understanding and support, a face-to-face intervention, an appointment the next day with a mental health professional or perhaps an alternative service that best meets your needs. They may give you other resources or services within your community to provide you with ongoing care following your crisis. All calls are strictly confidential.

CRISIS LINE NUMBER
1-800-356-5395

WHO SHOULD I CALL IN CASE OF A MEDICAL EMERGENCY

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

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

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

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

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

WHAT IF I CAN'T MAKE MY APPOINTMENT?

If you do not inform us more than **24-hours** ahead of time and do not attend your scheduled appointment and/or outpatient service, we will consider this a “No-Show.”

A No-Show means:

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

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

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

Other person(s)-served request our services. Out of fairness, we have to follow this policy.

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 Women and Children's CSTAR 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 Women and Children's CSTAR services.
- To know the rules and guidelines for the Women and Children's CSTAR 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 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

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 Behavioral 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.

DESCRIPTIVE SUMMARY OF SERVICES

Cape Women and Children's 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.

Assessment:

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

Group 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, Moral Reconciliation 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 the Women and Children's CSTAR Program 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.

Family Therapy is strongly encouraged and is scheduled on a case-by-case basis in order to promote access to services. The Family Therapist works directly with the family to schedule appointments. Family Therapy is a planned, face-to-face, goal oriented therapeutic interaction with a qualified staff member in accordance with an individualized recovery care plan. The Family Therapist works with each family to identify family strengths, needs and preferences. The purpose of family therapy is to address and resolve problems in family interaction related to the substance use problem and recovery.

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.

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:

- 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
- Community Meetings with person(s)-served to discuss program operations, concerns, problems and plans.
- 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

PROGRAM AGREEMENT/ COMMUNITY AGREEMENT

- _____ I agree to release FCC Behavioral Health (FCC), the Women and Children's CSTAR Program and its staff from financial responsibility for damage to my property or loss due to theft, accident, or illness.
- _____ I agree that the management of the Women and Children's CSTAR Program may dispose of my personal property remaining at the center over thirty (30) days after the date of my discharge, and I will not hold the management or staff responsible for the safekeeping of said property during the thirty (30) day period.
- _____ In the event that I leave treatment against staff advice, I do so with the understanding that Women and Children's CSTAR Program is not responsible for the safekeeping of my property and that I am not guaranteed its full return.
- _____ I consent to targeted follow-up services by FCC.
- _____ I consent for drug screen urinalysis to be conducted at any time during my course of treatment.
- _____ I agree to participate in all meetings, counseling sessions, and activities except when I have an excuse from staff. Additionally, I will not intentionally attempt to sleep, read, write letters, hold side conversations, and engage in purposefully distracting activities while in group services.
- _____ I agree to respect the confidentiality of all other person(s)-served and not disclose information, stories or names with anyone outside of this facility.
- _____ I agree not to verbally, emotionally or physically abuse another peer and/or staff members.
- _____ I agree to not become sexually or romantically involved with another peer and/or staff member during my treatment. 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(s)-served, you are unable to focus completely on treatment. Consequences, to include possible unsuccessful discharge, will be given for any inappropriate relationships.
- _____ I agree to handle any complaints I may have by communicating them only in community meetings or to someone who can do something about the situation. I agree not to criticize or complain to someone who cannot do anything about it. I agree not to listen to complaints that I cannot do something about, but redirect the individual to someone who can do something about it.
- _____ I agree to maintain my assigned room (including my bed and closet space) in a neat and orderly manner. I agree to make my own bed and keep my personal effects put neatly away in my assigned closet space. I also agree to complete my assigned chores.

- _____ I agree to wash my own clothing, ensuring that dirty clothes and bed linens are washed weekly.
- _____ I agree to use FCC transportation while receiving residential services, unless given permission by staff. I agree not to ride in vehicles of other FCC person(s)-served. If I do, I understand that FCC Behavioral Health is not responsible for any actions, rights, suites, or accidents that may occur.
- _____ FCC does not practice seclusion or restraint at its facilities. All staff are trained in Nonviolent Physical Crisis Intervention (NPCI) Techniques in the event of a situation which would require staff intervention.
- _____ Gambling is not allowed on the premises.
- _____ All of your belongings will be searched and inventoried on your first evening of treatment. All belongings will be labeled with your initials and a written description of them will be documented on an inventory sheet for you to sign. It is your responsibility to keep up with your belongings. Sharing or loaning your belongings is strongly discouraged. This program is not responsible for lost and/or stolen property.

LEVEL POLICY

Each week you will meet with your CC, counselor, and other staff members to go over how you are doing. You will talk about when you can expect to leave treatment and what you have to do to gain more privileges.

- Criteria for entering each level are defined in writing and stated in behavioral terms in your individual treatment plan.
- Level changes will occur according to your individual treatment plan and will be different for other people in treatment. We are not a “one-size-fits-all” treatment program.
- Person(s)-served with either consistent minor rule violations and/or even one (1) serious rule violations can be recommended for loss of level privileges.

Criterial for Level Moves

- Must be actively participating in Groups and individual treatment sessions.
- No room or expected common area chore violations. (Clean and Organized)
- Respect of Peers and staff as evidenced by your working with politely and well with others.
- Must be in compliance of all assignments given by Treatment Staff including treatment technicians, group process and education, individual counseling and nursing staff.
- Must be in compliance with your Treatment Plan assignments.

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 use.

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 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.

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 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 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 the Women and Children's CSTAR Program, referral will be made to the appropriate agency or individual by your CC. A Resource Directory listing area agencies, contact numbers and other information is available to Women's CSTAR 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 Women and Children's CSTAR 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 non-compliance with facility rules and expectations, you would be administratively discharged from the Women and Children's CSTAR 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 reapply 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 CSTAR, 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 discharged administratively from the 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 Women and Children's CSTAR 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

To avoid unsuccessful discharge:

- Stay on site and participate in treatment
- Follow rules and be cooperative with staff
- Be respectful to others

SUCCESSFUL DISCHARGE

If you do not need more treatment at the Women and Children's CSTAR Program, either because you have met all of your goals or are being transferred to another location for treatment, you and your CSTAR treatment team will talk about ending your services from CSTAR. Individual treatment plans and individuals differ so it is difficult to say exactly what would give you a successful discharge. It is not just meeting a certain number of times with your counselor or doing so many assignments or for that matter just showing up for groups. It is about you making progress on your treatment plan goals and changes to help you remain active in recovery.

SAFETY RULES

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. FCC Behavioral Health Women and Children's CSTAR has a zero tolerance policy and will not tolerate behavior that creates an unsafe treatment program.

Safety is our FIRST Priority here at the FCC Behavioral Health's Cape Women and Children's CSTAR Program:

- All prescription medication will be collected at time of admission. The nurse will contact the prescribing physician and/or filling pharmacy to verify your medication dosage and schedule. Your medication will be made available to you at prescribed times for you to self-administer under staff supervision. All medication will be kept under two (2) locks at all times.
- We are a substance and alcohol free location. Bringing alcohol and/or other drugs into our facility will not be tolerated. It could result in your being referred to a detoxification or other treatment setting, losing FCC Behavioral Health Women's CSTAR treatment center housing or being referred to another program and/or being discharged from FCC Behavioral Health's Women's CSTAR.
- No one is allowed to bully, threaten or intimidate others.
- We are a weapon free site. Knives, guns, clubs, and chemicals such as mace, are not allowed on site. Handcuffs or objects used to restrain others are not allowed on site.
- We protect the health of you and others by having a clean and orderly environment.
- You are expected to be responsible and respectful of others by cleaning up after yourself, for example:
 - Loading your own dishes in the residential or transitional house dishwasher.
 - Washing and drying your own clothes and personal items and putting them away or hanging them in a neat manner.
 - Keeping the tops of dressers cleaned off and room dusted and wiped down.
 - Vacuuming and doing routine common area, room and house chores.
 - Use only sheets, pillow cases, and other bed linens provided by Women's CSTAR and do not bring any of those items into our facility from outside.
 - Leaving the rooms furniture in place and not rearranging the rooms. They are set up to allow easy exit in case of fire or other emergency and are arranged to allow a space between the walls and furniture so that our pest control team can safely treat the site.
 - No lamps, furniture or other items brought into your room.
 - Keep your area neat and organized. Clutter and fire hazards will not be allowed.
 - Limits are placed on the amount of personal items you may have in your personal living space. Seven (7) days' worth of clothing and personal items.
 - Eat only in the dining areas or common area of the house.

- No open beverages, food or items that grow mold and/or attract gnats, ants, or other bugs are allowed in your room.

Showing Respect for Others to Include:

- Having lights out at ten o'clock at night.
- Keeping voice down.
- Keeping conversations positive by avoiding "war stories" that can trigger craving.
- Use appropriate language, "F" word and similar language is discouraged and could result in your being held accountable, going before the treatment team to discuss your behavior and/or up to being discharged from our program. Appropriate language helps create a safe and wholesome environment free from excessive profanity and tension created by disrespectful language.
- You as well as everyone else at FCC Behavioral Health's Women's CSTAR are expected to be sensitive to race, sexual orientations, religion and other cultural beliefs by avoiding use of words or actions that are racist, demeaning or sexually harassing.
- Keep your own property and only your property. Do not borrow or lend items.
- Theft will be met with consequences that may include losing housing in our residential or transitional housing programs, loss of privileges or level reduction; your being referred to another treatment center and/or being discontinued from our services.
- Gambling is not allowed on the premises.

DAMAGED/DESTRUCTION OF PROPERTY LIABILITY NOTICE

In the event that you purposefully damage or destroy any property of FCC Behavioral Health, you will be required to repair or replace such property. This will include any destruction or damage done to the treatment facility and/or group home, including, but not limited to the structures, furniture, electronic equipment, recreational equipment and/or van. Property damage charges will be filed with the proper authorities. Person(s)-served and/or legal guardians must understand they will be responsible for this compensation prior to discharge.

VIDEO/AUDIO SURVEILLANCE

For the purposes of the person(s)-served and the staff members' safety and supervision, all FCC Behavioral Health facilities and programs are equipped with video and audio surveillance equipment. These surveillance cameras are located within the general areas of the treatment facilities. In order to respect the privacy of person(s)-served, cameras are not located in the lavatory areas.

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

GENERAL HOUSE RULES

- No smoking in the house
- Clean up dishes and messes behind yourselves
- Make sure beds are made and rooms are clean every morning
- Follow directions
- Go to bed by curfew (10:30 every night except, 11:00 on Fri. and Sat.)
- Be respectful to one another
- Do not go into another's bedrooms for any reason
- Shower Daily
- Do your laundry on designated nights
- Bring towels to laundry room when done with them
- Take bedroom trash out of bedrooms every morning
- No holes in jeans
- No see through shirts or low cut shirts
- Any distribution of drugs or alcohol will be discharged and referred to a higher level of care

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
- Highlighters and markers
- 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 HOUSE RULES

Due to the FCC Behavioral Health Women and Children's CSTAR Residential House being a location for people to stabilize and avoid alcohol and/or other drugs as well as relapse triggers several rules are in place to lower the risk of person(s)-served living in the residential house having access to things that could be miss used to harm self or others. The structured setting helps person(s)-served avoid relapse using common household products that can pose a risk to some in recovery.

- Personal Hygiene items are stored in a container in a locked cabinet and given to you by staff.
- No razors, nail files, scissors, hair sprays, and other personal items are stored in rooms.
- Once you have used your razor, perfume, make-up and other personal hygiene items they are returned to staff in the container to again be stored in a locked cabinet.
- Person(s)-served in residential level of housing do not leave Women's CSTAR without supervision of staff or other responsible party. Passes, leaves and recreational activities are more structured and limited in this phase of treatment.
- Cell phones are stored by staff and given to person(s)-served at designated times only.

TRANSITIONAL HOUSE RULES

Due to the FCC Behavioral Health Women and Children's CSTAR Residential House being a location for people to stabilize and avoid alcohol and/or other drugs as well as relapse triggers several rules are in place to lower the risk of person(s)-served living in the residential house having access to things that could be miss used to harm self and/or others. The structured setting helps person(s)-served avoid relapse using common household products that can pose a risk to some in recovery.

- More freedoms and privileges are earned in this phase of treatment. You are expected to abide by Women and Children's CSTAR house rules, failure to do so may result in loss of level privileges, losing on site housing, being referred to other programs and/or being discharged from the Women and Children's CSTAR Program.
- Leave the rooms arranged the way they are and do not bring in furniture, lamps, linens or more than seven (7) days' worth of clothes and personal items into the room.
- Do not bring your cellular telephones to the administration main building for classes, groups and/or during structured activities. They are to remain in your room or you can have staff secure them for you in the cellular telephone storage location.
- Schedule your own wake up and be responsible for your house and individual chores.
 - Provide your own transportation to non-FCC Behavioral Health scheduled recreational, social and/or after treatment hour's events.
- You are able to leave the site after completing your treatment obligations for the day and are expected to return on or before curfew at ten P.M.

GROUP RULES

Safety is the most important rule. It is not acceptable to make it unsafe in group. Threats, abusive language, moving too close to someone “getting in their space” and/or other behaviors that are considered unsafe will result in consequences including at a minimum leaving the group and possibly referred to other treatment options and/or discharged from FCC Behavioral Health’s Women and Children’s CSTAR Program.

- Stay awake and involved in the group. Sleeping or showing disinterest and not being involved in a group is disrespectful to members and facilitator and is not allowed.
- While it is often said the phrase, “What is said in group stays in group” is not just a saying and is a vitally important part of group rules. You are expected to stay in your own groups conversations and not share what you learned in group with other people including peers that are in treatment that were not in your group. Confidential means private and not shared with others. There are limits to confidentiality for example if someone says in a group that they are going to hurt you and/or themselves’ for safety this information would be made available to staff and/or others that need to know. For more information on the limits see the form—limits to confidentiality—in this handbook. Continued violation of others confidentiality in group settings could result in your being referred to another program and/or discharged from the Women’s CSTAR Program.
- Allow others to explore and speak without being interrupted. Cross talk (speaking while someone else has the floor) or talking over someone (speaking at the same time as someone that has the floor in a loud voice to “drown them out” is not allowed in group.

DRESS CODE

- “Dress for success” we encourage a holistic health recovery environment.
- You may not wear clothing that is too tight, too short, see-through, backless or is in any way considered inappropriate.
- You are expected to dress in a business casual fashion; clothing shall fit in a manner and be worn in a fashion to avoid distractions and problems to you and those around you.
 - Tank tops, sleeveless blouses, revealing tops, see through shirts, clothing that is tight and revealing is not allowed to be worn at FCC Behavioral Health’s Women and Children’s CSTAR Program.
- Clothes with holes that skin shows through, cut offs, shorts that do not adequately cover the body, pajamas, low rider pants and/or any clothing that does not adequately cover a person modestly is not to be worn.
- We value freedom of expression but reserve the right to limit expressions that are deemed offensive to others, or are possible promotions of alcohol or other drugs. No beer or alcohol, tobacco and other drugs logos are to be displayed on clothing.

- You are to be neat and clean in appearance.
- 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. At the transitional home only house shoes or socks are allowed inside.
- 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.

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.

VISITATION

Visitation hours are from 2:00 pm-4:00 pm each Sunday. Please do not allow people to show up during the week unannounced unless already planned with your counselor and/or other staff ahead of time. If you violate visitation policy your guest may be asked to leave and you may be held accountable.

- Due to limited space in visiting area only 2 (two) adults per person(s)-served are allowed at one time. Children under 12 years of age will be permitted to visit but must be approved before hand and must have parental supervision at all times.
- Visitors are limited to immediate family members, children, parents/guardians and siblings.
- Visitors must remain in visitation area.
- All visitors must be on pre-approved authorization list signed by during the admission process. Any additions to visiting list must be cleared through your counselor and the treatment team.
- If visitors bring hygiene, clothing or other items to person(s)-served during visitation, the items must be given to on duty staff member upon check in. No items will be passed from visitors to person(s)-served at any time.
- Visitors who are disruptive and/or disrespectful will be asked to leave and not be allowed to return that day, in addition they may be asked not to return on future visitation times depending on the situation.
- No pets of any kind are to be brought to the facility.
- Person(s)-served are not to leave the site with visitors during visitation for any circumstances.
- Visitors may not wear clothing that is too tight, too short, see-through, backless or is in any way considered inappropriate.
- Any failure to adhere to the visitation rules set forth by the Women and Children's CSTAR Program could and may result in the loss of all future visits.
- Bringing drugs, alcohol, or fire arms onto this facility is a crime and all parties involved with it could be prosecuted.
- Anyone visiting who is under the influence of drugs and/or alcohol will be asked to leave after we have notified the local police or sheriff's department.

On duty staff members have the final authority regarding the visitation procedures.

CUSTODY ISSUES

FCC Behavioral Health's Women and Children's CSTAR Program does not get involved in custody disputes, court procedures and is here for your addiction treatment. Women's CSTAR does not provide any form of assessment and/or report for child custody procedures.

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 leaving the group home for the transitional home; 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.
- 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.

SMOKING

FCC Behavioral Health and the Women and Children’s CSTAR Program has a “No Tobacco” policy inside all facilities and agency vehicles, this also includes electronic cigarettes. No use of tobacco is allowed inside of the building. During designated times if you wish to use tobacco you may do so outside the building in the tobacco use/smoking area. Ask the Women and Children’s CSTAR staff where tobacco use is allowed. Use of Electronic Cigarettes, Vapor units and similar e-cigarettes also are to be used only in the designated for tobacco, nicotine use areas.



DRUGS, ALCOHOL AND WEAPONS

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



If a situation is dangerous, a Women’s CSTAR employee will call local police.

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. Women will have access to a snack when they arrive at the transitional home in the evening, follow the posted house rules.
- 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.

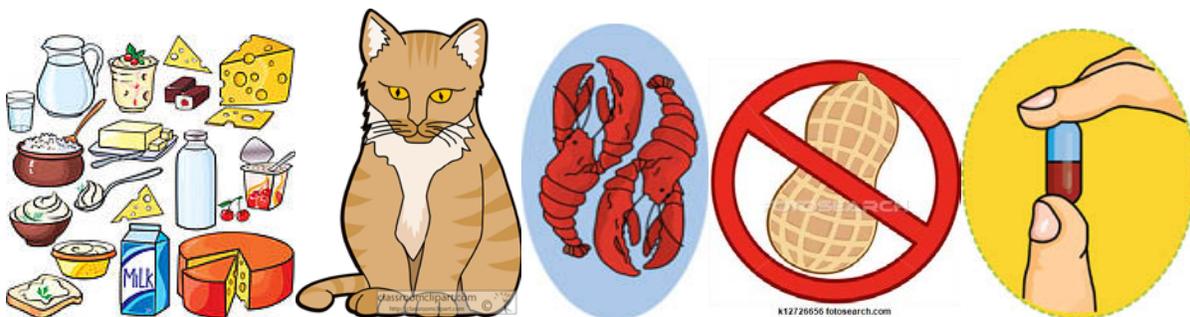
A NOTE FOR INDIVIDUALS WITH ALLERGIES

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.



WHEELCHAIR ACCESS

There is a wheelchair ramp at the main entrance to our site. The Cape Women and Children's CSTAR Program is wheelchair accessible on the main floor only. We follow the American's with Disabilities act and will make accommodations to assist you should you need them. Staff will be available to assist please call 573-651-4177 if you need access assistance.

We will make every effort to ensure that all services are available to you.

ADDITIONAL INFORMATION

FCC Behavioral Health's Women and Children's CSTAR Program encourages you to share your ideas and suggestions with staff to help us improve the program and make it better for our Residents. You can express your ideas and suggestions in the following ways:

- Use the site suggestion box which is located in the hallway, outside of the group room, across from the staffing room.
- Include information on your person(s)-served survey.
- Participate in community meetings between staff and the group members.
- File a formal grievance according to agency policy.

RELAPSE POLICY

The Cape Women and Children's CSTAR Program has in place written policies which address the process that occurs when a person(s)-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 Cape Women and Children's 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(s)-served has actively used during a treatment episode, the clinical staff will hold a conference to discuss with the person(s)-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.

CONTRABAND AND SEARCH POLICY

The Cape Women and Children's CSTAR Program recognizes that each person(s)-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(s)-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 Women and Children's 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 Women and Children's 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(s)-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(s)-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(s)-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 the individual 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. 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

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

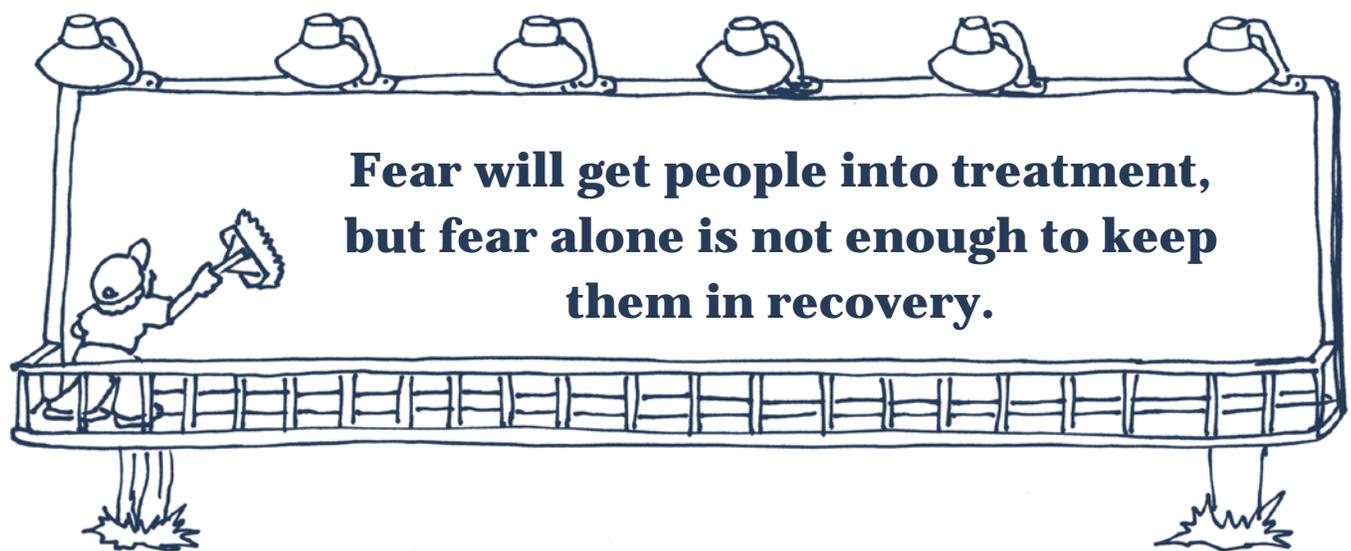
MOTIVATION FOR RECOVERY

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.



WOMEN AND CHILDREN'S CSTAR

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.

- Four (4) exits located at the front of building (hallway between Office 3 and 4, Group Room 1, hallway between Office 7 and Reception Area and Office 8)
- Two (2) exits towards front of building (Nurse office and Common area)
- Three (3) exits located at the north, south and west ends of building (hallway between storage area and restroom to the north, hallway between Consumer Room 3 and 4 to the south and hallway between Office 1 and Storage room to the west)

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 the corner of parking lot near the receptacle where Sprigg and Independence meet 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:

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:

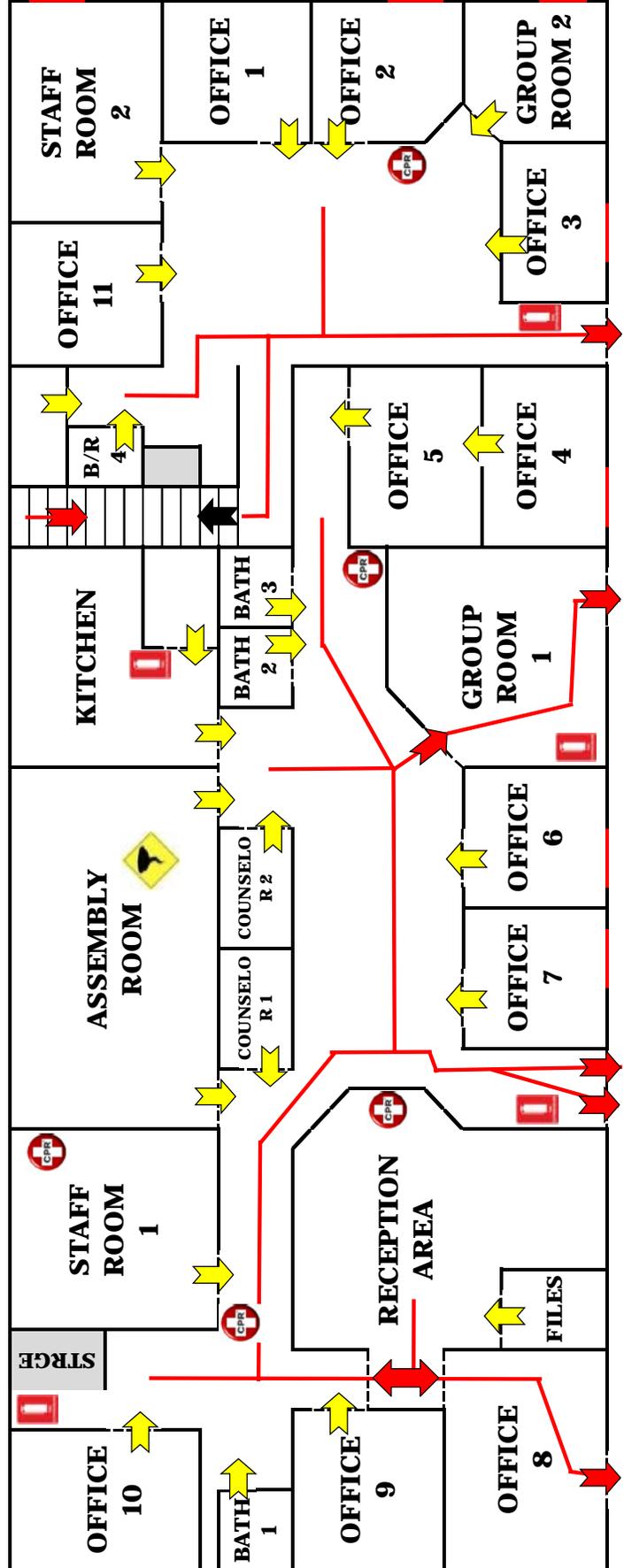
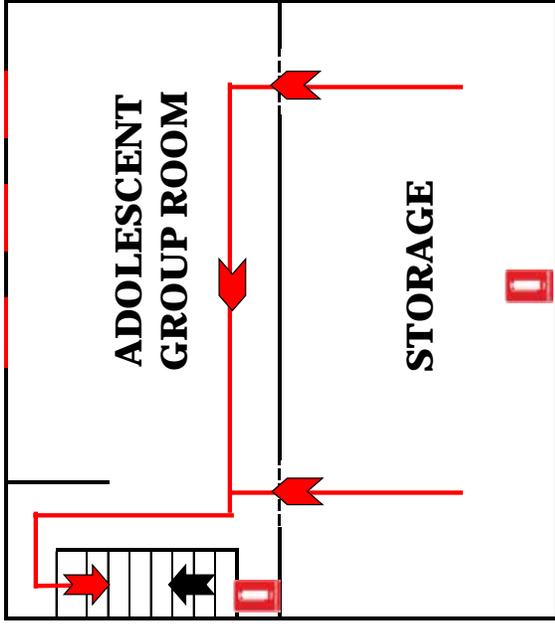
Exit the building through the NEAREST and SAFEST available exit. Meet in the assembly area, away from the route of emergency personnel/vehicles.

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

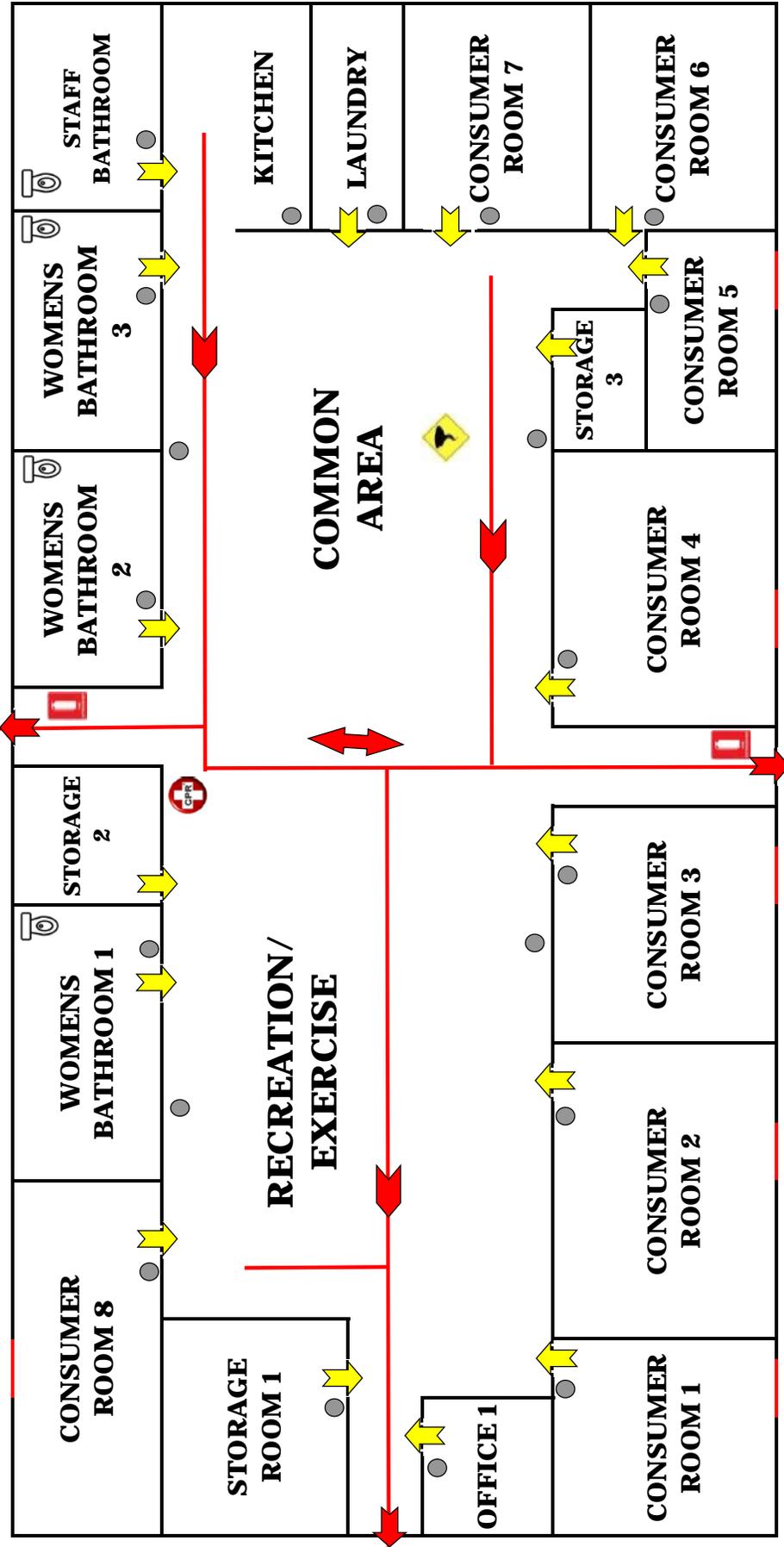
CAPE GIRARDEAU MAIN TREATMENT CENTER

-  FIRST AID KITS
 -  FIRE EXTINGUISHER LOCATIONS
 -  SMOKE ALARMS
 -  CPR MASKS AND GLOVES
 -  TORNADO/EARTHQUAKE SAFETY AREAS
- FIRE - EXIT BUILDING AT SAFEST EXIT
(MARKED IN RED)**

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

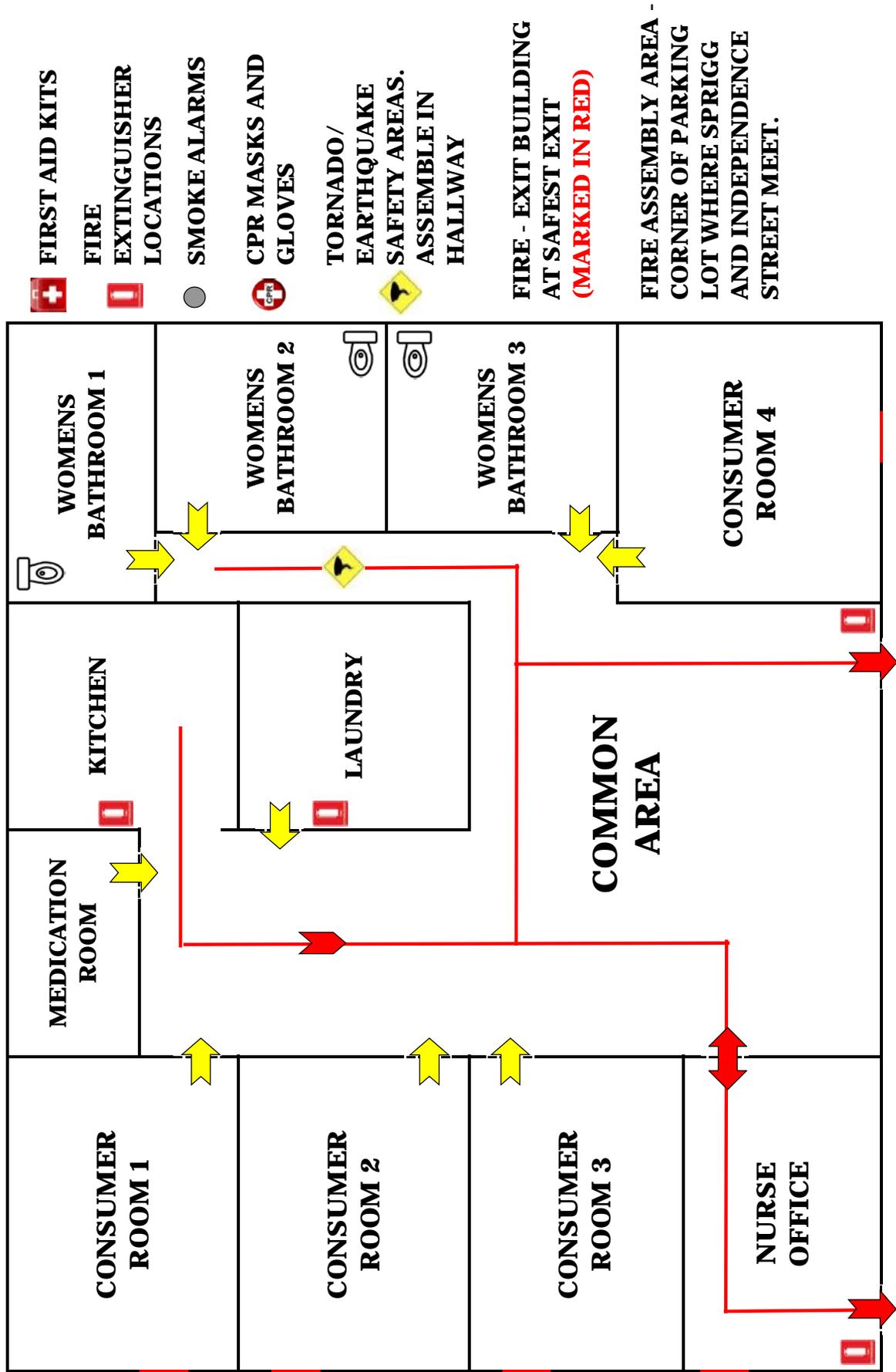


CAPE GIRARDEAU CSTAR TRANSITIONAL HOME



-  **FIRST AID KITS**
-  **FIRE EXTINGUISHER LOCATIONS**
-  **SMOKE ALARM LOCATIONS**
-  **CPR MASKS AND GLOVES**
-  **TORNADO/EARTHQUAKE SAFETY AREAS**
- FIRE - EXIT BUILDING AT SAFEST EXIT (MARKED IN RED)**
- FIRE ASSEMBLY AREA - CORNER OF PARKING LOT WHERE SPRIGG AND INDEPENDENCE STREET MEET.**

CAPE GIRARDEAU CSTAR RESIDENTIAL HOME



CAPE WOMEN AND CHILDREN'S CSTAR LVL I DAILY SCHEDULE

WOMEN CSTAR LEVEL I GROUP SCHEDULE

Revised: 10/13/2015

TIME	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		TIME	SATURDAY	SUNDAY
	Wake Up	Breakfast											
6:30A											6:30A		
7:30A											7:30A		
8:00A	Group Education Christina Colburn (BU-Enter Name)	8:00A	Free Time/ Sleep/Hygiene	Free Time/ Sleep/Hygiene									
8:55A											8:30A		
9:00A	Group Couns. ENTER GROUP Gina/Lori	9:00A	House Mgmt (TT Staff)	Free Time/ Sleep/Hygiene									
9:55A											9:55A	Main Building Mgmt (TT Staff)	House Mgmt (TT Staff)
10:00A	Group Couns. ENTER GROUP Gina/Lori	10:00A	Group Education (TT Staff)	Group Education (TT Staff)									
10:55A											10:55A	Lunch	Lunch
11:00A	Group Education Christina Colburn (BU-Enter Name)	11:00A	Group Couns. ENTER GROUP Gina/Lori	Phone Time (TT Staff)									
11:55A											11:55A	Group Couns. ENTER GROUP RASAC II	Family Visits (TT Staff)
12:00P	Lunch	12:00P	Group Couns. ENTER GROUP RASAC II	Family Visits (TT Staff)									
1:00P	Group Couns. ENTER GROUP Gina/Lori	12:30P	Group Couns. ENTER GROUP RASAC II	Phone Time (TT Staff)									
1:55P											1:25P	Group Couns. ENTER GROUP RASAC II	Family Visits (TT Staff)
2:00P	Grp Ed. Peer Spt Christina Colburn (BU-Enter Name)	1:30P	Phone Time (TT Staff)	Family Visits (TT Staff)									
2:55P											2:25P	Phone Time (TT Staff)	Free Time
3:00P	Grp Ed. Peer Spt Christina Colburn (BU-Enter Name)	2:30P	Dinner	Dinner									
3:55P											3:25P	Group Education (TT Staff)	Group Education (TT Staff)
4:00P	Group Education Christina Colburn (BU-Enter Name)	3:30P	Group Education (TT Staff)	Study Skills (TT Staff)									
4:55P											4:25P	Group Education (TT Staff)	Main Building Mgmt (TT Staff)
5:00P	Dinner	4:30P	Group Education (TT Staff)	Free Time/ Sleep/Hygiene									
6:00P	Phone Time (TT Staff)	5:00P	Group Education (TT Staff)	Prep Lights Out Lights Out									
6:55P											5:55P	Group Education (TT Staff)	Prep Lights Out Lights Out
7:00P	Group Education (TT Staff)	6:00P	Group Education (TT Staff)	Prep Lights Out Lights Out									
7:55P											6:55P	Group Education (TT Staff)	Prep Lights Out Lights Out
8:00P	Study Hour (TT Staff)	7:00P	Free Time	Free Time/ Sleep/Hygiene									
8:55P											7:55P	Free Time	Free Time/ Sleep/Hygiene
9:00P	House Mgmt (TT Staff)	8:00P	Free Time	Free Time/ Sleep/Hygiene									
9:55P											8:55P	Free Time/ Sleep/Hygiene	Free Time/ Sleep/Hygiene
10:00P	Free Time/ Sleep/Hygiene	9:00P	Free Time/ Sleep/Hygiene	Free Time/ Sleep/Hygiene									
10:55P											9:55P	Prep Lights Out Lights Out	Prep Lights Out Lights Out
11:00P	Prep Lights Out Lights Out	10:00P	Prep Lights Out Lights Out	Prep Lights Out Lights Out									
11:30P											10:30P	Prep Lights Out Lights Out	Prep Lights Out Lights Out

CAPE WOMEN AND CHILDREN'S CSTAR LVL II & III DAILY SCHEDULE

WOMEN CSTAR LEVEL II & III GROUP SCHEDULE

Revised: 10/13/2015

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TIME	SATURDAY	SUNDAY
6:30A	Wake Up	6:30A						
7:30A	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	7:30A		
8:00A	Psycho Educ.	8:00A	Free Time	Free Time				
8:55A	Trauma Group	8:30A	Morning Routine	Morning Routine				
	Crystal Jenkins	9:00A						
9:00A	Group Couns.	9:00A	House Mgmt	Free Time				
9:55A	ENTER GROUP	9:55A	(TT Staff)	Morning Routine				
	April/Enda	April/Enda	April/Enda	April/Enda	April/Enda	10:00A		
10:00A	Group Couns.	10:00A	Main Building	House Mgmt				
10:55A	ENTER GROUP	10:55A	(TT Staff)	(TT Staff)				
	April/Enda	April/Enda	April/Enda	April/Enda	April/Enda	11:00A		
11:00A	Group Education	11:00A	Group Education	Group Education				
11:55A	Staying Sober	11:55A	(TT Staff)	(TT Staff)				
	Enda	Enda	Enda	Enda	Enda	12:00P		
12:00P	Lunch	Lunch	Lunch	Lunch	Lunch	12:00P	Lunch	Lunch
1:00P	IDDT/Grp Coun	12:30P	Group Couns.	Free Time/Off-				
1:55P	Crystal Jenkins	Crystal Jenkins	Christina Colburn	Crystal Jenkins	Crystal Jenkins	1:25P	ENTER GROUP	Campus
	April/Enda	April/Enda	(BU-Enter Name)	April/Enda	April/Enda		RASAC II	Privilege
2:00P	Grp Ed. SSE	Grp Ed. SSE	Group Education	Grp Ed. SSE	Grp Ed. SSE	1:30P	Group Couns.	Family Visits
2:55P	Christina Colburn	Christina Colburn	Kelli Yount	Christina Colburn	Christina Colburn	2:25P	ENTER GROUP	(TT Staff)
	(BU-Enter Name)		RASAC II					
3:00P	Grp Ed. SSE	Grp Ed. SSE	Group Education	Grp Ed. SSE	Grp Ed. SSE	2:30P	Free Time/Off-	Family Visits
3:55P	Christina Colburn	Christina Colburn	Kelli Yount	Christina Colburn	Christina Colburn	3:25P	Campus	(TT Staff)
	(BU-Enter Name)		Privilege					
4:00P	Group Education	3:30P	Free Time/Off-	Free Time/Off-				
4:55P	(TT Staff)	4:25P	Campus	Campus				
							Privilege	Privilege
5:00P	Dinner	Dinner	Dinner	Dinner	Dinner	4:30P	Dinner	Dinner
6:00P	Free Time/ Off-	5:00P	Group	Group				
6:55P	Campus	Campus	Campus	Campus	Campus	5:55P	Education	Education
	Privilege/	Privilege/	Privilege/	Privilege/	Privilege/	6:00P	(Optional)	(Optional)
7:00P	Outside 12-Step	6:55P	(TT Staff)	(TT Staff)				
7:55P	Meetings	Meetings	Meetings	Meetings	Meetings	7:00P	Free Time/Off-	Study Skills
						7:55P	Campus	(TT Staff)
8:00P	Study Hour	8:00P	House Mgmt	Main Building				
8:55P	(TT Staff)	8:55P	(TT Staff)	Mgmt				
								(TT Staff)
9:00P	House Mgmt	9:00P	Free Time/	Free Time/				
9:55P	(TT Staff)	9:55P	Sleep/Hygiene	Sleep/Hygiene				
						10:00P	Prep Lights Out	Prep Lights Out
10:00P	Free Time/	10:30P	Lights Out	Lights Out				
10:55P	Sleep/Hygiene	Sleep/Hygiene	Sleep/Hygiene	Sleep/Hygiene	Sleep/Hygiene			
11:00P	Prep Lights Out							
11:30P	Lights Out							