

FCC BEHAVIORAL HEALTH YOUTH COMMUNITY PSYCHIATRIC REHABILITATION

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



Your Care Coordinator will be: _____

PROGRAM HANDBOOK

Revised: November 14, 2016
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Welcome to FCC Behavioral Health Youth Community Psychiatric Rehabilitation (Kennett, Poplar Bluff, Caruthersville)

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

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

Our staff at FCC will do our best to ensure you are involved and have a voice in your services, that your needs are met and your concerns addressed as quickly as possible. You can expect to be treated with dignity and respect by all FCC staff. If you have a problem with a staff member or services are not satisfactory you can communicate your concerns to your Care Coordinator, Care Coordinator Supervisor, and Clinical Manager, Program Director and/or PSR staff. You can do this by speaking directly to staff, using the suggestion box, or voicing problems during community meetings at the clubhouse. If you continue to feel dissatisfied, a grievance process is outlined in more detail in this handbook (see table of contents).

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

YOUTH CPR SERVICES LOCATIONS

KENNETT, MO OFFICE

1075 Jones Street
Kennett, MO 63857
(573) 559-2440 – PHONE
(573) 559-2442 – FAX

POPLAR BLUFF, MO OFFICE

3001 Warrior Lane
Poplar Bluff, MO 63901
(573) 686-1200 – PHONE
(573) 686-1029 – FAX

CARUTHERSVILLE, MO OFFICE

915 Highway 84 West
Caruthersville, MO 63830
(573) 333-5875 – PHONE
(573) 333-5876 – FAX

Office Hours: Monday – Thursday, 8:00am – 6:00pm

Kennett Youth PSR: Mon – Thurs, 3:00pm – 6:00pm

Caruthersville Youth PSR: Mon – Thurs, 4:00pm – 6:00pm

(All offices are closed on Fridays)

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YOUTH CPR PROGRAM VISION

Through a collaborative effort, the Community Psychiatric Rehabilitation (CPR) Program will work to empower individuals, with severe and persistent mental illness, to develop skills and abilities that will allow them to live strong and productive lives within the community.

YOUTH CPR PROGRAM MISSION

Collaboratively engage persons to improve overall wellness by learning new skills, strengthening positive relationships, and managing both mental and physical health.

YOUTH CPR CORE VALUES

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

YOUTH CPR PROGRAM PHILOSOPHY

Through a collaborative effort, the Youth CPR Program will work to empower individuals, with severe and persistent mental illness, to develop skills and abilities that will allow them to live strong and productive lives within the community.

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

YOUTH CPR PROGRAM KEY OUTCOMES

- Person(s)-served will demonstrate an improvement in daily living activities, overall wellness, and stabilization as evidenced by an increase in DLA-20 scores over the course of treatment which will be evaluated annually.
- Person(s)-served will demonstrate an improvement in natural supports as evidenced by an increase in the Social Network Scale scores over the course of treatment which will be evaluated annually.
- 80% of person(s)-served will receive an annual metabolic screening to monitor potential and existing health problems.

CPR YOUTH PROGRAM ORIENTATION ACTIVITIES

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

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

STAGES OF CHANGE PHILOSOPHY

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

PRE-CONTEMPLATION:

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



CONTEMPLATION:

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



PREPARATION:

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



ACTION:

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



MAINTENANCE:

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



DESCRIPTIVE SUMMARY OF SERVICES

The Youth CPR Program is a person-centered approach that emphasizes individual choices and needs; features flexible community-based services and supports; uses existing community resources and natural support systems; and promotes independence and the pursuit of meaningful living, working, learning, and leisure-time activities in normal community settings. The program provides an array of key services to persons with severe, disabling mental illnesses. The Youth CPR Program offers interventions designed to help person(s)-served with chronic and persistent mental health disorders, to reduce psychiatric hospitalizations and to continue to live within the community. The Youth CPR 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, enhance quality of life, reduce needs and build resiliency, improve functioning and support community integration.

Assessment, Evaluation and Consultation Services.

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

Crisis Assessment and Intervention.

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

Community Support services, consists of specific activities in collaboration with, or on behalf of the person(s)-served, and delivered in accordance with the person-centered care plan. Services are provided to maximize an individual's immediate and continued community functioning while achieving and sustaining recovery/resiliency from mental illness and/or substance use disorders. These services are delivered in an amount and scope defined by each individual care. Services are provided by a qualified Care Coordinator (CC) and focus on the four dimensions of recovery: Health, Home, Purpose and Community. CC's work with person(s)-served to help develop skills, access resources and learn to manage illness in order to be successful in the living, working, learning and social environments of their choice. CC's teach, model, and practice skills with person(s)-served in order to increase self-sufficiency and independence.

CC's have a working knowledge of health care, social services, employment, safe housing, recreational opportunities, transportation and other services and systems available in the community. CC's also provide educational services regarding various daily living skills such as budgeting, meal planning and personal care. Services are provided in any setting that allows the best access to services.

Peer Support services are person-centered with a recovery focus. Services allow individuals the opportunity to direct their own recovery and advocacy processes. Peer support promotes skills

for coping with and managing symptoms while encouraging the use of natural supports and enhancement of community living skills. Services are provided by a Certified Missouri Peer Specialist.

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

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

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

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

Individual Professional Psychosocial Rehabilitation.

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

Group Professional Psychosocial Rehabilitation.

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

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

Co-Occurring 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 a person(s)-served 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.

Co-Occurring Group Education.

The primary goal is to restore lost functioning and promote reintegration and recovery through knowledge of one's disease, symptoms, understanding of the precursors to crisis, crisis planning, community resources, recovery management, and medication action and interaction. Group size shall not exceed twenty (20) individuals.

Medication Management.

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

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

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

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

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

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

Healthcare Information and Community Resource, Support and Referrals.

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

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

SITE POLICY

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

RESPONSIBILITY

Family involvement and participation is encouraged and needed within the Youth Program. In order for progress to be made it is important that the youth's primary support system play an active role in the treatment efforts and establish an understanding of the problems that exist and how these issues can and will be addressed. Families will be notified about up-coming events that they can become involved in through the Care Coordinator (CC) personally as well as through fliers and mailers sent by the agency.

We welcome you to the Youth Program and hope that you find your experience with our agency rewarding.

The Youth Program is designed to empower individuals with severe and persistent mental illness and/or emotional disturbance to develop skills and abilities that will allow them to live strong and productive lives within the community.

PSR RULES

1. Everyone is expected to serve as a role model to new members attending groups and welcome new members.
2. Youth are expected to help keep the groups running smoothly and assist when needed.
3. Each youth should be courteous and polite.
4. You are responsible for your own belongings and should not share your personal items with other members.
5. No alcohol or drugs of any kind will be allowed at the youth PSR program.
6. No youth is allowed outside of the program area without a staff member present.
7. A community outing is one that takes place away from the facility and youth are expected to abide by all rules.

DRESS CODE

Youth are expected to present themselves in a clean and non-offensive manner while at the facility and also during community outing. Staff has the right to request that a youth change clothes if they believe it is suggestive or offensive. As in any building, there are varying temperatures so dress appropriately to the weather and your level of comfort while at clubhouse.

LANGUAGE

Abusive, disrespectful, obscene, or demeaning language is not allowed at any time. Remember you must treat others as you wish to be treated.

PERSONAL SPACE

Youth should respect the personal space of other members and staff. Some people prefer not to be touched by others in any manner. Please be respectful of each other's personal space and do not touch each other at any time.

HYGIENE

All youth should practice good hygiene at all times by presenting for group each day in clean clothes and having appropriately bathed.

After using the restroom and before entering the dining area for meals and before eating snacks youth should wash their hands properly.

Youth will also be responsible for assisting in cleaning following snacks by wiping off tables and picking up after each meal.

NOTE:

- If you have nits or lice, you may not attend PSR groups without a doctor's release.
- If you have pink eye, you may not attend groups without a doctor's release.
- If you have an illness that is contagious please do not attend PSR groups and must **provide a doctor's excuse upon return.**

BEHAVIOR

1. Initial violation of rules and or codes of conduct will result in a verbal warning.
2. The second and third violation will result in corrective action and a written incident report. (incident reports will be passed on for review by the treatment team) The second and third incident can also result in loss of privileges.
3. After the third incident the treatment team will meet to decide on what action to take.
4. Understand that depending upon the magnitude of the actions of the child, three (3) incidents may not be warranted before a meeting of the treatment team for action.

DISCIPLINE

Parents are asked to reinforce consequences assigned to the youth. Positive reinforcement is incorporated as the key aspect of behavior modification. The person(s)-served is made fully aware of the benefits of acting in a positive and appropriate manner in treatment and is encouraged to meet goals that will result in positive rewards.

Offenses that may be addressed or viewed as disruptive are but not limited to the following:

- Negative Behavior
- Disrupting Group
- Refusal to attend group
- Removal from group due to negative/ disruptive behavior
- Sleeping in group
- Vulgar language
- Horseplay
- Non-compliance with Staff guidance
- Disrespect toward other person(s)-served or staff
- Fighting

Continuous behavioral issues and/ or noncompliance that have to be addressed time and time again by treatment staff will result in a meeting of the treatment team and guardian. Staff has the ultimate decision in restriction of services. Normally upon the first offense youth are excused from outing activities. If the behavior is persistent the treatment team may determine to remove the youth from group for a specified length of time deemed adequate for the youth's behavior.

MEALS

Lunch is served daily to Youth members. Lunches are free and provide a nutritious afternoon meal.

TRANSPORTATION

You may ride the van to the Clubhouse, drive your own vehicle or have someone bring you. You will sign in when arriving at Clubhouse and have the opportunity to visit with other members before morning group begins. If you drive yourself or get a ride to clubhouse we ask that you not go to the parking lot or to your vehicle until you are ready to leave.

PRESCRIPTION/OVER-THE-COUNTER MEDICATION

If you need to take prescribed or over-the-counter (OTC) medication while at Clubhouse, it must be self administered. It is your responsibility to safeguard your medication while at Clubhouse. Medication should be carried in clearly marked packages/containers and remain with you.

MISSED APPOINTMENTS

If a person(s)-served in the Youth CPRC program misses a scheduled appointment for any prescribed services, a staff member will attempt to contact the individual within 48-hours of the missed appt.

If a Care Coordinator (CC) attempts a visit and the person(s)-served is unavailable, the CC will leave a message at the individual's residence to contact the CC. If the CC does not have contact with the individual within 72-hours, the CC will attempt to contact by phone. If unable to make contact, the CC will attempt a follow-up face-to-face within 48-hours. If unable to make contact, the CC will contact a person listed on the Critical Intervention Plan (CIP) or an individual that we have permission to contact to check on well-being of the person(s)-served. The CC will initiate contact sooner depending on the clinical need and seriousness of the disability.

If a Clubhouse member misses two (2) consecutive sessions of planned attendance, PSR Staff will attempt to make contact within five (5) calendar days of the second absence in order to encourage continued participation. The PSR Staff will notify the assigned CC of the absence. The CC may initiate contact sooner if needed.

NOTICE OF PSYCHIATRIC OUTPATIENT NO-SHOW, MISSED APPOINTMENTS SERVICES POLICY

If you see one of the doctors or therapists at FCC Behavioral Health please remember that it is important to keep all schedule appointments. Appointments that are missed, cancelled or rescheduled without sufficient notice result in the loss of an hour of therapy. It is difficult to reassign that specific hour to someone else on such notice.

An individual will be discharged from receiving Services for Appointment non-compliance based upon **ONE** of the following:

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

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

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

TRANSITION CRITERIA

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

DISCHARGE CRITERIA

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

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

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

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

A person(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 Youth CPR Program or otherwise denied services. Clinical staff will proactively advocate for the needs of the person(s)-served.

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

Reasons for discharge include:

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

HOW TO GIVE FEEDBACK ABOUT YOUR SERVICES

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

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

- Suggestion boxes are placed in each FCC Behavioral Health facility. Please share your opinion and give us feedback about your services.
- A Satisfaction Survey is completed twice a year by those receiving services. These surveys are used to evaluate program services, make needed changes or to recognize when a service or staff member has made a positive impact in your recovery. They also have been helpful in learning ideas for Clubhouse group topics and areas of interest for outings, crafts and personal growth.
- A Community Meeting is held monthly at Clubhouse and provide an opportunity to discuss issues with others attending Clubhouse. A Consumer Advisory Committee is voted on twice (2) yearly to choose three (3) people to discuss clubhouse business, hear problems and meet with administrative staff to discuss plans and/or problems.
- A Focus Group is held every three (3) months and is an opportunity for people who attend Clubhouse to meet with the PSR Supervisor and/or Youth CPR Program Director to discuss Clubhouse issues.
- Grievance policy and procedures can be found within this handbook.

RIGHTS AND RESPONSIBILITIES

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

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

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

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

FCC BEHAVIORAL HEALTH

NOTICE OF ETHICAL PRACTICES



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

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

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

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

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

FCC BEHAVIORAL HEALTH

NOTICE OF PRIVACY PRACTICES



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

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

DEFINITIONS

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

YOUR PRIVACY RIGHTS

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

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

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

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

CONTACT FCC BEHAVIORAL HEALTH PRIVACY OFFICER AT:

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

CONTACT THE OFFICER OF CIVIL RIGHTS AT:

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

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

YOUR CHOICES

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

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

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

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

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

FCC BEHAVIORAL HEALTH USES AND DISCLOSURES:

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

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

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

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

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

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

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

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

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

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

We can use or share health information about you:

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

FCC BEHAVIORAL HEALTH RESPONSIBILITIES

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

CHANGE IN NOTICE OF PRIVACY PRACTICES

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

QUESTIONS

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

CONTACT INFORMATION

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

CHIEF COMPLIANCE OFFICER

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

PRIVACY AND SECURITY OFFICER

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

FCC BEHAVIORAL HEALTH

FINANCIAL POLICY



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

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

DBH PERSON(S)-SERVED:

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

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

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

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

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

NON-DBH PERSON(S)-SERVED:

Regarding Insurance:

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

Usual and Customary Rates:

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

Regarding Insurance Information:

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

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

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

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

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

FCC BEHAVIORAL HEALTH **GRIEVANCE POLICY AND PROCEDURE**



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

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

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

This form can be obtained from program staff upon request.

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

Consumer Rights Monitor

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

YOUTH COMMUNITY PSYCHIATRIC REHABILITATION (CPR) PROGRAM

DISASTER PLAN

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

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

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

NOTE: ASSEMBLY AREA:

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

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

TORNADO:

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

EARTHQUAKE:

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

STORM:

Stay in building and away from windows.

FLOOD:

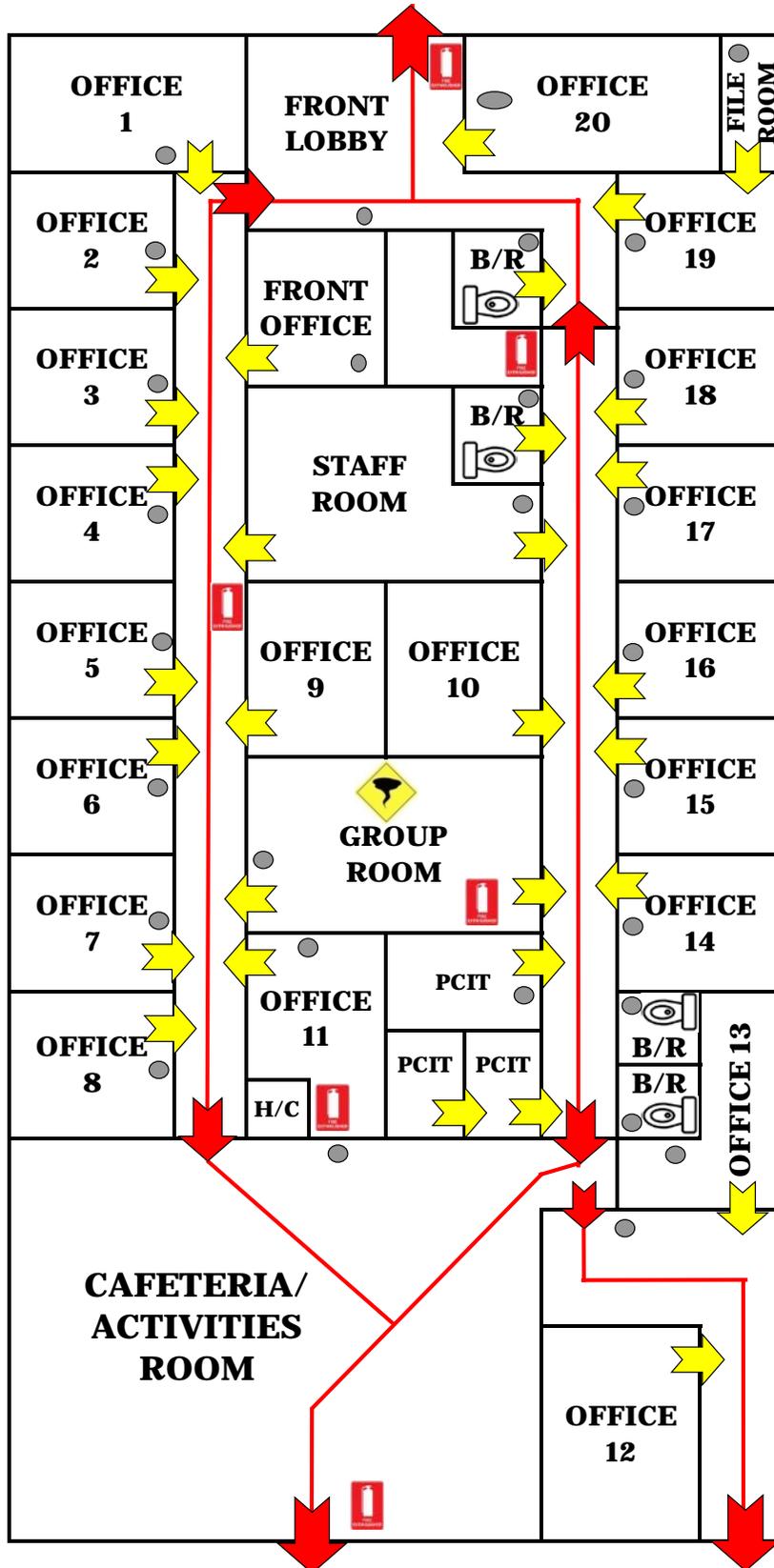
Stay in building and do not attempt to travel in your vehicle.

BOMB:

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

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

OUTPATIENT AND YOUTH MENTAL HEALTH



FIRST AID KITS



FIRE EXTINGUISHER LOCATIONS



SMOKE ALARMS



TORNADO/ EARTHQUAKE SAFETY AREAS. ASSEMBLE IN GROUP ROOM

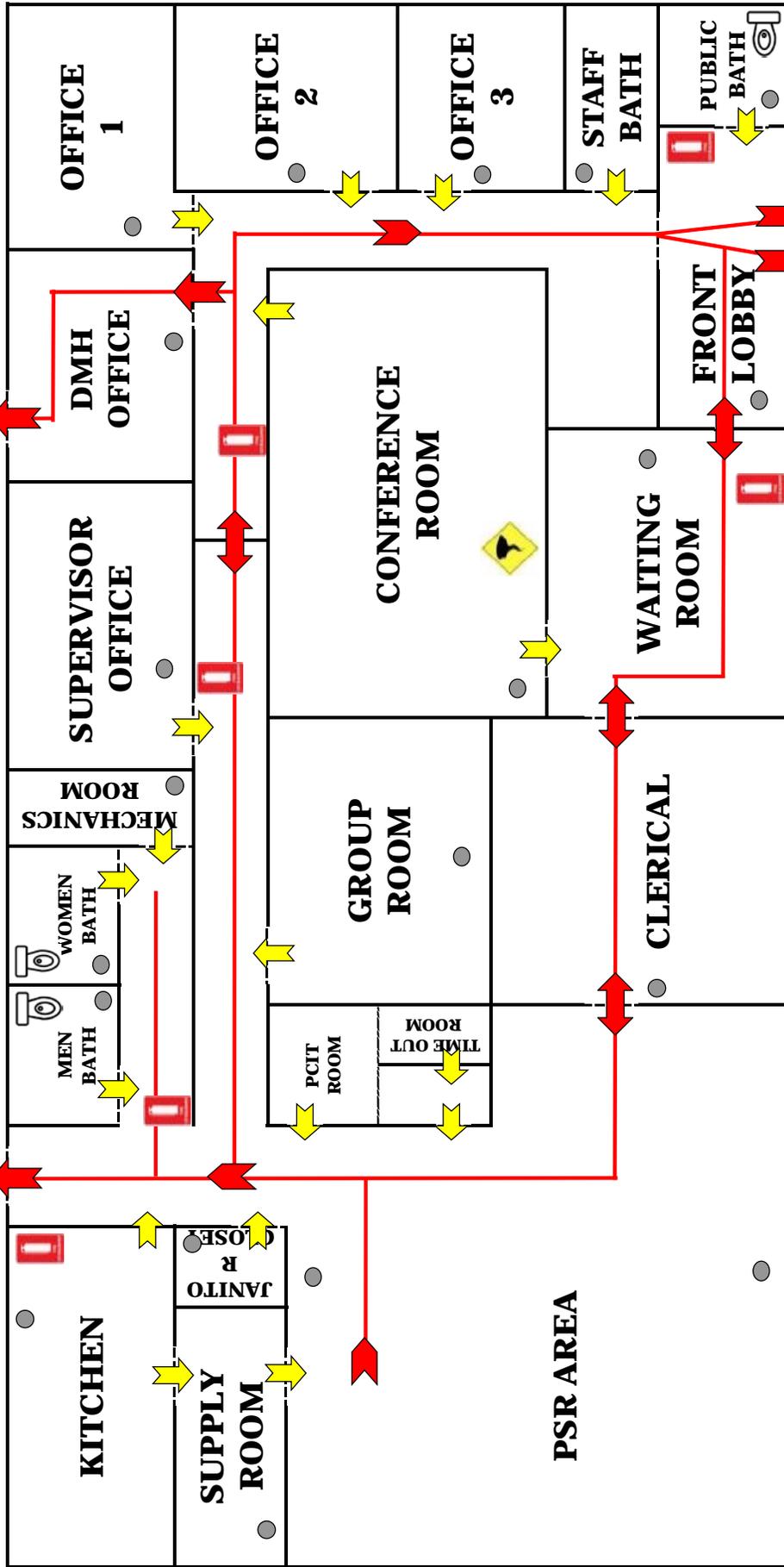


FIRE ASSEMBLY AREA - GRASSY FIELD AREA LOCATED TO THE BACK OF THE BUILDING

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

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

CARUTHERSVILLE EVACUATION PLAN



 FIRST AID KITS

 FIRE EXTINGUISHER LOCATIONS

 SMOKE ALARM LOCATIONS

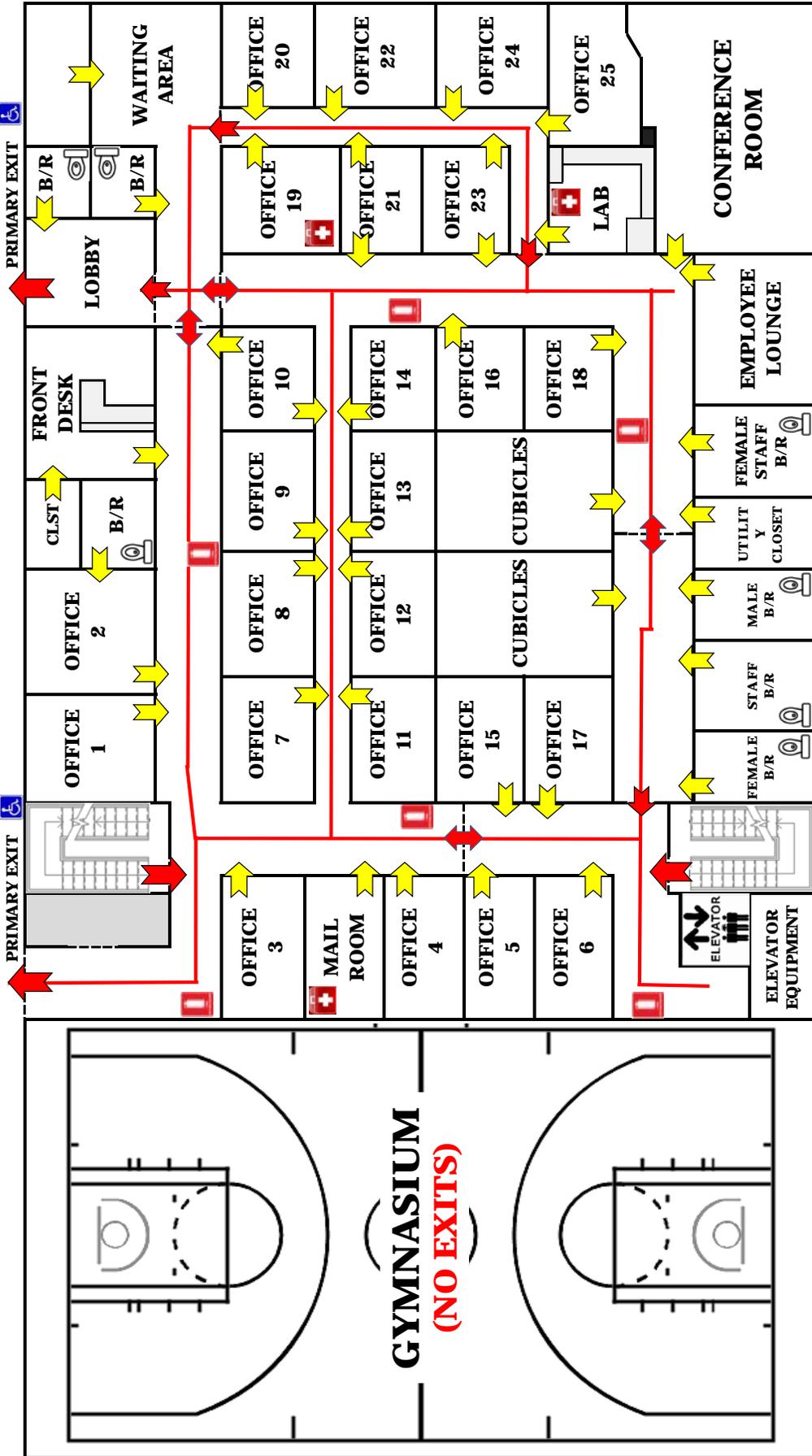
 TORNADO/EARTHQUAKE SAFETY AREAS

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

FIRE ASSEMBLY AREA - PARKING LOT FRONT OF BUILDING

EARTHQUAKE - UNDER ANY STURDY FURNITURE OR DOOR FRAMES

POPLAR BLUFF (UPSTAIRS) EVACUATION PLAN



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

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

FIRE ASSEMBLY AREA - PARKING LOT FRONT OF BUILDING

PSR Youth Monthly Schedule

Each Month is designed with a specific Theme Such as Healthy Growth or various other focuses

Week	Monday	Tuesday	Wednesday	Thursday
1	Life Skills Social Skills Leisure	Community Integration Social Skills	Social Skills Wellness(Nurse) Health & Safety	Community Integration Social Skills
2	Anger Management In-house enrichment	Community Integration Social Skills	Daily Motivator Arts/ Crafts	Community Integration Social Skills
3	Daily Motivator Team Building	Community Integration Social Skills	Emergency Drill Self-Esteem Hygiene	Community Integration Social Skills
4	Life Skills Social Skills Leisure	Community Integration Social Skills	Social Skills Wellness(Nurse) Health & Safety	Community Integration Social Skills

Youth are picked up by agency van and transported to events and then taken home.

Group hours vary by site. See your Care Coordinator for more details.

Additional hours may be added depending on activities and also hours are adjusted during the months of June – July – August while school is not in session.