

FCC BEHAVIORAL HEALTH ADOLESCENT RISE – WEST PLAINS

**3411 Division Drive
West Plains, MO 65775
(417) 257-9152 – PHONE
(417) 257-9162 – FAX
www.fccinc.org**

1-800-356-5395 – STATEWIDE CRISIS LINE



R.I.S.E.

Resiliency, Individuality, Serenity, Empowerment



Your assigned Counselor will be: _____

OUTPATIENT HANDBOOK

Revised: February 2, 2017
Previous Revision: 11/14/2016

RISE STAFF

CARE COORDINATOR – BRITNEY DAVIS (EXT: 2808)

NURSE – ALEISHA ROBERTSON (EXT: 2803)

FAMILY THERAPIST – SUSAN WAGGONER (EXT: 2812)

COUNSELOR: DERRICK BURTCHETT (EXT: 2805)

INTAKE STAFF – JAN KING (EXT: 2801)

COOKS – KAYLA TURNER AND SANTANA HUDSON (EXT: 2815)

RESIDENTIAL MANAGER – MERANDA BEAN (EXT: 2817)

CLINICAL MANAGER – TARA BILLINGS (EXT: 2806)

PROGRAM DIRECTOR – KELLEY WILBANKS (EXT: 2802)

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ADOLESCENT RISE PROGRAM VISION

Collaboratively engaging adolescents to achieve their unique goals and dreams.

ADOLESCENT RISE PROGRAM MISSION

Collaboratively engage adolescents to learn new skills, strengthen positive relationships, make good decisions, and enhance confidence in order to empower them to accomplish their dreams.

ADOLESCENT RISE PROGRAM CORE VALUES

- Substance use problems can effectively be treated in the community.
- Treatment services should be individualized to meet the unique needs of each adolescent served in order to improve overall wellness.
- Treatment services will be provided in the least restrictive environment.
- Staff will assist in identifying and developing individualized treatment goals and will provide person-centered treatment through the utilization of various evidence-based practices such as Motivational Interviewing, Cognitive Behavioral Therapy, Moral Reconciliation Therapy, Staying Quit, 12 Step Group and the Matrix Model.
- Education and services will be provided to help the adolescent served effectively manage their symptoms and problem areas in order to live productive lives in the community.
- Program staff will evaluate services to help improve their overall effectiveness and improve the ability to empower the recovery efforts of adolescent served.
- Family involvement will be encouraged through all aspects of treatment.
- Co-occurring services will be integrated into the program to enhance treatment to those struggling with both mental health and substance use issues.

ADOLESCENT RISE PROGRAM KEY OUTCOMES

- Adolescents will demonstrate improved academic performance as evidenced by an increase in GPA during the current episode of care.
- Adolescents 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.
- Adolescents with symptoms of anxiety will demonstrate decreased levels of anxiety as evidenced by the Generalized Anxiety Disorder 7 (GAD-7) scores obtained at time of admission compared to GAD-7 scores obtained at time of discharge.
- Adolescents with symptoms of depression will demonstrate decreased levels of depression as evidenced by the Patient Health Questionnaire (PHQ-9) scores obtained at time of admission compared to PHQ-9 scores obtained at time of discharge.

PROGRAM ORIENTATION ACTIVITIES

During the intake process, the Adolescent and his/her family receives 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/Behavior Marks and Merits/Behavior Write-ups
- Floor Plans and Emergency Evacuation Routes
- Policy Regarding Use of Seclusion and/or Restraint
- Program policy regarding use of tobacco products and gambling.
- Program policy regarding possession of illegal drugs brought into the program.
- Program policy regarding the possession of weapons.
- Identification of the staff member responsible for service coordination, which is typically the Care Coordinator.
- Prescription Medication Policy
- Crisis or after hours' emergencies
- Discharge criteria
- Relapse Policy
- Pass Policy
- Visitation Policy
- Family Therapy Agreement
- Video/Audio Surveillance Authorization
- Responsibility for Damaged Property
- Notice of Privacy Practice
- Financial Obligations and Responsibilities
- Consent to Treat
- Grievance Policy
- Notice of Ethical Practices

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

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

PROGRAM SERVICES

Services are designed and delivered to support the recovery, health and well-being of the adolescent 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 adolescent and their family. Each adolescent 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 adolescent will work with various staff members to develop specific steps for meeting these goals.

Academic Education services provided appropriate to the developmental needs of each adolescent. The Academic Coordinator (AC) works with the local school settings to address all educational needs. The AC coordinates with the community schools to facilitate reintegration. Adolescent RISE utilizes the Edmentum Plato Learning Courseware system. Plato Courseware is a standards-based online curriculum that provides a wide range of core subjects, electives and some and advanced placement offerings. The Plato Courseware system also allows the students to work on credit recovery. The AC links the student with the Plato Courseware Program in order to establish the appropriate prescribed courses that are specifically centered on the individuals' needs and abilities.

Group Counseling is face-to-face, goal oriented therapeutic interaction among a counselor and two (2) or more adolescent's as specified in individual recovery care plans designed to promote the adolescent'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) adolescent's and shall not exceed twelve (12) adolescent's in order to promote full participation, disclosure and feedback. Specialized group counseling topics include, but are not limited to: Moral Reconciliation Therapy, 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 adolescent 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 structured 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 of person(s)-served to include medication education; medication efficacy; health education; TB, HIV, STD screenings and preventative education. Primary care needs can be obtained for the adolescents 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 adolescents in services at RISE 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, consist 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 that 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.

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

Psychological Testing is provided at the in cooperation with Midwest Assessment and Psychotherapy Solutions in Springfield, MO to provide psychological testing for identified person(s)-served. Testing is provided on-site at the West Plains Adolescent RISE facility only. Payment for testing is covered through self-pay options or Medicaid.

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) adolescents.

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

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

OVERVIEW OF SERVICES

- Level II and III Outpatient services are held on Thursday evenings from 4:00pm until 8:00pm.
- Outpatient services may consist of individual counseling sessions, family therapy sessions, nursing services, group education and group counseling services, drug screening, and care coordination services. This is determined based upon the needs of the individual.
- Dinner is provided prior to group services and a light snack is offered as well.
- Special Outpatient group outings may be scheduled. When special outings are scheduled the outpatient CC will contact parent/guardian to obtain permission for attendance to the activity.

LEVEL II: STABILIZATION

Level II is typically a (90) ninety-day outpatient treatment program, the specific time frame in this level will be determined based on the individual's specific needs.

The primary goal of Level II is ***STABILIZATION***.

Stabilization is defined as the ability:

- To attend school regularly
- To follow parental directives
- To refrain from delinquent behaviors
- To maintain sobriety for a set consecutive time frame.
- To participate in weekly treatment activities.
- To show a willingness to commit to the outpatient program and a readiness to move forward to the next level of care.

LEVEL III: MAINTENANCE

Level III is typically a (90) ninety-day outpatient treatment program. In this level of care, the treatment frequency and needs are addressed based upon the individual.

Level III differs from Level II services in the fact that the individual has proven the ability to ***MAINTAIN*** abstinence, as well as improve behavior in other life areas.

The individual in Level III is able to:

- Sustain a period of abstinence
- Show a desire to participate fully in the treatment regime and maintain a drug free lifestyle
- Maintain adequate resources to support self in the community
- Resolve potential triggers for relapse by utilizing community supportive services
- Continually exhibit significant positive changes
- Maintain involvement in the community, such as family, church, employers, school, etc.

If a person(s)-served relapses while in an outpatient program, he/she could be moved to a more intensive level of care for stabilization. All decisions regarding relapse will be made on an individualized basis.

TRANSPORTATION FOR LEVEL II AND III SERVICES

FCC Behavioral Health will assist with transportation to and from evening services for clients within a 30-mile radius of the treatment center. If the person served does not act appropriately on the transport van, the parent/guardian will be responsible for providing transportation to and from services. Persons served will be picked up and dropped off either at their school or home address. If the individual needs to be picked up or dropped off at an alternate location, the parent/guardian must coordinate these arrangements in advance with one of the outpatient staff members. Parents/Guardians that are able to provide transportation to and/or from outpatient treatment services are encouraged to do so whenever possible.

ATTENDANCE POLICY

Attendance is mandatory unless the outpatient participant is sick or has a family emergency. All non-emergency medical appointments should be scheduled at times other than during outpatient treatment hours. If the adolescent is unable to attend due to a legitimate reason, the parent/guardian must contact a member of the outpatient treatment team and inform them as soon as possible. If the adolescent is absent without the prior consent from parent/guardian, the CC will contact the parent/guardian to determine the reason for the unexcused absence. If juvenile authorities or other social service agencies are involved in the adolescent's treatment, they will also be informed of all absences from outpatient treatment services.

IMPORTANT: Participants will not be allowed to leave the group without permission from an outpatient staff member. If a participant leaves services without permission from the staff members, this will be considered elopement and the proper authorities will be contacted.

SITE POLICY

1. FCC Behavioral Health's Adolescent RISE 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. It is expected that you participate in all meetings, counseling sessions, and activities except when you have an excuse from staff, your parents and/or referral sources.
4. You must respect the confidentiality of all other adolescents and not disclose information, stories, or names with anyone outside of this facility.
5. 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 are also required by law to report an adolescent that makes a threat to harm themselves, or others.
6. Do not verbally, emotionally, or physically abuse another resident or staff members.
7. You are not to become sexually or romantically involved with another adolescent or 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.
8. Complaints are to be reported to your assigned Counselor and/or Clinical Manager. Do not share complaints with someone that has no authority to deal with the situation.
9. The use of any and all tobacco products is prohibited. This also includes electronic cigarettes.
10. Gambling is not allowed on the premises.
11. 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.
12. Weapons of any kind are not permitted. All weapons will be confiscated and the proper authorities contacted as necessary to ensure safety of others.

**THE JUDGMENT OF STAFF ON DUTY IS TO BE
CONSIDERED THE FINAL AUTHORITY ON RULES!**

GENERAL RULES

1. You are not permitted to touch and/or adjust any electronic equipment without staff permission and/or supervision.
2. You are not allowed to be in the kitchen area without permission and you are not allowed to eat meals at the kitchen counter.
3. Lip medication will be allowed, but must be approved by staff.
4. You are only allowed to use pencils unless you are in a supervised group in which staff is allowing use of a different writing utensil. This includes, but not limited to, highlighters, pens and/or markers.
5. No gang writing, symbols, satanic, black magic, demonology, witchcraft symbols or paraphernalia/graffiti allowed on books, clothing, journals, etc. Staff has the final say on whether a drawing is considered appropriate. Staff will confiscate any materials deemed inappropriate.
6. Vulgar and inappropriate language will not be used under any circumstances.
7. No racial or ethnic slurs will be tolerated.
8. You must ask permission before leaving the room, getting out of your seat, going to the restroom, or going outside the building or group home.
9. Note passing is not allowed.
10. Food, candy and drink items are not allowed to be brought into the center unless approved by staff and there must be enough for everyone. Dinner and a light snack are provided.
11. You are not allowed to be in possession of any electronic equipment with photographic capabilities, including a camera. You cannot take a picture of, or be in possession of pictures, of any other resident due to confidentiality rules.
12. You are not allowed to have a MP3 player in your possession.
13. Aggressive and/or threatening behavior of any kind will NOT be tolerated under any circumstance.
14. Cell phones are not permitted in the treatment areas. They will be held by staff during service hours.
15. Disrespecting of other group members and/or staff will be not tolerated.
16. Horseplay of any kind will be not tolerated under any circumstance.
17. *ALWAYS* use appropriate lines of communication between staff and peers.

PEER GROUP/CLASSROOM RULES

1. No vulgar or profane language.
2. No sleeping.
3. No cross talking.
4. No name calling.
5. No leaving group without permission.
6. No attacking another group member.
7. No finger pointing.
8. Only one person speaks at a time.
9. Maintain good eye contact with others.
10. Stay on topic.
11. Always respect Group Leader and/or Facilitator at all times.
12. No eating in class, unless it is during the site approved snack time.

DRESS CODE AND HYGIENE POLICY

1. Hats, skullcaps and sunglasses are to be worn during outside activities only and with staff permission. They must be removed once indoors or will be confiscated.
2. No shirts with:
 - Satanic slogans and/or pictures
 - Drug or alcohol related slogans or reference
 - Gang and/or any associated gang related activity
 - Negative images and/or reference to such i.e. anti-social, foul, racist, sexist and/or of a violent nature
 - Pornographic and/or sexually related materials, pictures or innuendo.
3. Staff reserves the right to limit any clothing item they feel is inappropriate in nature.
4. Clothes must be neat and clean. No clothing with holes above the knees, unless leggings are worn underneath to prevent the exposure of skin.
5. Spandex shirts or shorts are not permitted.
6. Skirts and shorts are permitted but must be loose-fitting and no shorter than mid-thigh. Skirts and shorts will be judged for appropriate length on an individual basis.
7. Low-cut tops, halter-tops, midriff half shirts, or sleeveless shirts are not permitted.
8. Shoes and appropriate dress must be at all times.
9. Appropriate undergarments must be worn at all times. Undergarments must not be visible under any circumstance.
10. No baggy or sagging pants. Staff discretion is the final say on this issue.
11. Yoga pants and leggings are only allowed to be worn with shirts long enough to hit mid thigh.
12. Do-rags, hairnets and bandanas are permitted in rooms only when going to bed.

RIGHTS AND PRIVILEGES

Each adolescent 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 adolescent, 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 served

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

- to have nourishing, well-balanced varied diet
- to attend or not attend religious services
- to correspond by sealed mail with officials of the Department of Mental Health, a lawyer or a court
- to have private visits from a lawyer, doctor or clergyman at reasonable times
- to be paid commensurate wages for work in the program unrelated to your treatment in compliance with applicable local, state or federal requirements
- to not work unless part of the treatment plan
- to humane care and treatment
- to have the same legal rights and responsibilities as any other citizen, unless otherwise stated by law
- to have rights explained to them
- an individual will not be denied admission or services on the grounds of prior treatment, withdrawal from treatment against advise, or continuation or return if symptoms after prior treatment.

Rights and privileges, which may be limited, are:

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

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

Each individual will be entitled to see his 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.

DAMAGE/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, including, but not limited to the structures, furniture, electronic equipment, treatment materials, recreational equipment and/or van. Property damage charges will be filed with the proper authorities. Parents and/or guardians must understand they will be responsible for this compensation prior to discharge. You will also use the following treatment materials. These materials must be returned to staff as requested. If you damage any of these workbooks, or fail to return them, you will be charged for the replacement cost.

Wall Damage	\$ 40.00
How to Escape Your Prison – Juvenile MRT	\$ 25.00
Staying Quit – MRT Relapse Prevention	\$ 10.00
Coping with Anger – MRT Anger Management	\$ 10.00
Self- Management: Addiction Treatment Edition	\$ 8.50
Voices (Females Only)	\$ 9.25
My Personal Journal (Relapse Program Only)	\$ 8.00

THE TWELVE STEPS

- 1. WE ADMITTED WE WERE POWERLESS OVER OUR ADDICTION—THAT OUR LIVES HAD BECOME UNMANAGEABLE.**
- 2. CAME TO BELIEVE THAT A POWER GREATER THAN OURSELVES COULD RESTORE US TO SANITY.**
- 3. MADE A DECISION TO TURN OUR WILL AND OUR LIVES OVER TO THE CARE OF GOD AS WE UNDERSTOOD HIM.**
- 4. MADE A SEARCHING AND FEARLESS MORAL INVENTORY OF OURSELVES.**
- 5. ADMITTED TO GOD, TO OURSELVES, AND TO ANOTHER HUMAN BEING THE EXACT NATURE OF OUR WRONGS.**
- 6. WERE ENTIRELY READY TO HAVE GOD REMOVE ALL THESE DEFECTS OF CHARACTER.**
- 7. HUMBLY ASKED HIM TO REMOVE OUR SHORTCOMINGS.**
- 8. MADE A LIST OF ALL PERSONS WE HAD HARMED, AND BECAME WILLING TO MAKE AMENDS TO THEM ALL.**
- 9. MADE DIRECT AMENDS TO SUCH PEOPLE WHEREVER POSSIBLE, EXCEPT WHEN TO DO SO WOULD INJURE THEM OR OTHERS.**
- 10. CONTINUED TO TAKE PERSONAL INVENTORY AND WHEN WE WERE WRONG PROMPTLY ADMITTED IT.**
- 11. SOUGHT THROUGH PRAYER AND MEDITATION TO IMPROVE OUR CONSCIOUS CONTACT WITH GOD, AS WE UNDERSTOOD HIM, PRAYING ONLY FOR KNOWLEDGE OF HIS WILL FOR US AND THE POWER TO CARRY THAT OUT.**
- 12. HAVING HAD A SPIRITUAL AWAKENING AS THE RESULT OF THESE STEPS, WE TRIED TO CARRY THIS MESSAGE TO ALCOHOLICS, AND TO PRACTICE THESE PRINCIPLES IN ALL OUR AFFAIRS.**

SERENITY PRAYER

**GOD, GRANT ME SERENITY, TO ACCEPT THE THINGS I CANNOT CHANGE,
THE COURAGE TO CHANGE THE THINGS I CAN,
AND THE WISDOM TO KNOW THE DIFFERENCE. AMEN, GOD GIVE ME
WISDOM.**

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

ADDITIONAL INFORMATION

As an adolescent and/or Parent/Guardian of Adolescent RISE Services, we encourage you to share your ideas and suggestions with staff to help us improve the program and make it better for the adolescents. 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 served survey.
- Participate in community meetings between staff and the group members.
- File a formal grievance according to agency policy.

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

In the event of a crisis situation, staff is on call to respond on a 24-hour a day, seven (7) days a week availability. If additional assistance is needed in the event of a mental health emergency, the MOCARS crisis line is utilized. The crisis number is 1-800-356-5395. In the event of a medical emergency, 911 will be utilized.

For the purpose of safety and supervision, all adolescent FCC Behavioral Health group homes are equipped with video and audio surveillance equipment. These surveillance cameras are located within the general living area of the group homes.



ADOLESCENT RISE – WEST PLAINS

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.

- Treatment Center: Reception area, classroom, employee entrance, recreation room (located in front of building) and hallways near staff offices, break room, kitchen hallways and storage (located in rear of building)
- Group Homes: One (1) exit located in the front and rear of group home

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 parking area located in front of Treatment Center and Group Homes 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:

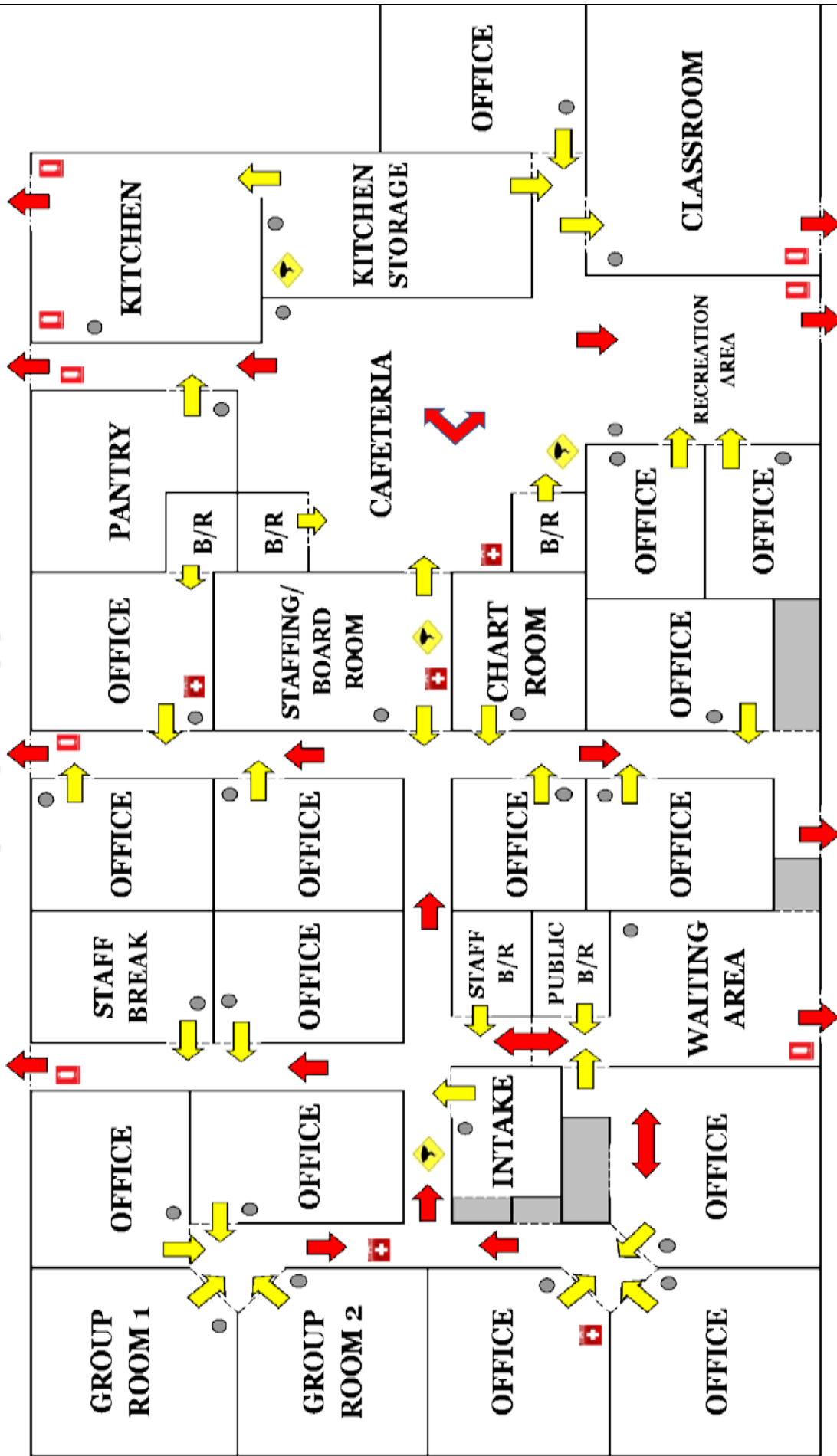
Stay in building and do not attempt to travel in your vehicle.







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.

WEST PLAINS ADOLESCENT CSTAR TREATMENT CENTER EMERGENCY FLOOR PLAN



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