

# ***FCC BEHAVIORAL HEALTH ADOLESCENT RISE – WEST PLAINS***

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## **R.I.S.E.**

**Resiliency, Individuality, Serenity, Empowerment**



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

## **PROGRAM HANDBOOK**

Revised: August 24, 2017  
Previous Revision: 2/2/2017

## RISE STAFF

CARE COORDINATOR – BRITNEY DAVIS (EXT: 2813)

NURSE – ALEISHA ROBERTSON (EXT: 2803)

FAMILY THERAPIST – SUSAN WAGGONER (EXT: 2812)

COUNSELOR – DERRICK BURTCHETT (EXT: 2805)

COUNSELOR – KARRIE ALTERMATT (EXT: 2808)

EDUCATION COORDINATOR – SHARON MITCHELL (EXT: 2818)

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INTAKE STAFF – JAN KING (EXT: 2801)

COOKS – LAURA BROUSSARD AND TERESA COLLINS (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**

Inspiring Resilience and Promoting Wellness

## **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 tools/practices such as Motivational Interviewing, Cognitive Behavioral Therapy, Moral Reconciliation Therapy, Staying Quit, 12-Step Group, the Matrix Model, and myStrength.
- 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 adolescents 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/Wellness 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

## **LEVEL POLICY**

You enter the program at a Level 1. At the time of admission, you will be given individualized assignments and will participate in education and counseling activities. In order to move to a higher level within the program, you must complete the requirements of each level, complete assignments, participate actively in groups and follow the rules. With each level move, you earn additional privileges as outlined below. You must ask staff to review your assignments and grade them in order for you can request a level move. Assignments will also be processed with your counselor prior to asking for a level move. It is highly recommended that you do not wait until the day of staffing to obtain needed signatures.

**Staff will rate the quality of the packets based on the following scale:**

- 1 = *Poor Effort***
- 2 = *Below Average***
- 3 = *Average***
- 4 = *Above Average***
- 5 = *Excellent***

Occasionally, the staffing team will award a 4<sup>th</sup> Level, considered the

### ***“RISE AWARD.”***

This honor is reserved for those who have demonstrated exceptional motivation for treatment and have consistently set a leadership example, or for someone who has made vast improvement throughout the course of treatment. They are a positive role model for others. Special privileges may also be awarded by the program. Adolescents, family, and referral sources should be very proud of this accomplishment. Staff will make nominations for LEVEL IV.



# ADOLESCENT RISE – STAFFING WEEK 1

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MRT STEP: \_\_\_\_\_ COPING WITH ANGER: \_\_\_\_\_ STAYING QUIT: \_\_\_\_\_

**EXPLAIN HOW YOU ARE STAYING POSITIVE, WORKING THE PROGRAM, AND MAKING GOOD CHOICES:**

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**EXPLAIN YOUR CURRENT PROGRESS IN THE MRT (*HOW TO ESCAPE YOUR PRISON*), COPING WITH ANGER, AND STAYING QUIT CURRICULUM:**

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**MUST HAVE AT LEAST (2) TWO TREATMENT TECHNICIANS FROM THE GROUP HOME INITIAL THE FOLLOWING. TT'S WILL ONLY INITIAL THE BEHAVIORS THEY HAVE WITNESSED YOU DISPLAY OVER THE PAST WEEK.**

MAINTAINS POSITIVE ATTITUDE, DESPITE NOT GETTING HIS/HER WAY.			
PARTICIPATES AND RELATES WELL IN GROUPS.			
IS SHOWING RESPONSIBILITY INSIDE THE GROUP HOMES.			
SEEMS SINCERE ABOUT HIS/HER TREATMENT.			
COMPLETES CHORES WILLINGLY AND THOROUGHLY.			
HAS TEASED AND/OR HARASSED ANOTHER GROUP MEMBER.			
HAS MADE INAPPROPRIATE COMMENTS TO STAFF AND/OR PEERS.			
HAS BEEN NON-COMPLIANT AND DIFFICULT TO RE-DIRECT.			
HAS BEEN DISRUPTIVE/DISTRACTING TO THE GROUP.			
NOT COMPLETING ASSIGNMENTS AS REQUIRED BY PROGRAM.			

**ADOLESCENT SIGNATURE:** \_\_\_\_\_



**BASIC REQUIREMENTS FOR COMPLETION OF  
LEVEL I – MOVE TO LEVEL II**

**HONESTY**

REQUIREMENTS	DATE COMPLETED	STAFF INITIALS
1. Complete “Getting Your Bearings” packet concerning how the use of substances has affected my life.		COUNSELOR
2. Complete and successfully pass an A&D exam and meet other requirements for A&D class. Full participation and cooperation with academic education.		EDUCATION
3. Complete all education assignments to the approval of the Academic Coordinator.		EDUCATION
4. Participate during recreation on a consistent basis.		RECREATION
5. Complete journal work. Present to staff and request staff to sign and score journal content based on motivation and effort.		COUNSELOR
6. Complete weekly staffing summary assignments.		COUNSELOR
7. Must obtain a minimum of <b>100</b> positive behavior marks and NO more than <b>20</b> negative behavior marks per week.		COUNSELOR

**Journal work required from the Self-Management workbook: Pages 1-34**

**1(Poor); 2(Below Average); 3(Average); 4(Above Average); 5(Excellent)**

**Moving from Level I to Level II status requires an average score of (3).**

**Following staff have reviewed my packets and have given the following scores:**

STAFF	SCORE	STAFF	SCORE
1.		2.	
3.		4.	
5.		6.	
7.		8.	

**LEVEL II AWARDED ON: \_\_\_\_\_**



## **GETTING YOUR BEARINGS**

### **HOW HAS THE USE OF SUBSTANCES AFFECTED MY LIFE?**

- 1. How has the use of alcohol or other drugs changed your relationships with non-using friends and acquaintances?**

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

- 2. How has the use of alcohol and other drugs affected your relationships with family members? (Include mother, father, brothers, sisters, and grandparents).**

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

- 3. How has alcohol and other drug use changed how you spend your free time? What activities have you given up due to your drug use?**

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

- 4. How has your alcohol or drug use effected your education, relationship with classmates, teachers, and your grades?**

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

**5. How has your alcohol or drug use hurt or changed your physical and mental health? (Breathing problems, short term memory, energy).**

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

**6. How has your alcohol or drug use changed your sexuality, whom you date, promiscuity, or dating behaviors?**

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

**7. How have your decisions, behavior, and substance use resulted in Legal Issues? (Probation, detention, community service, custody, or legal charges).**

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

**8. Have you ever done anything you could have been arrested for if you were caught? If so, what were those things?**

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## **BASIC REQUIREMENTS FOR MOVE TO LEVEL 2**

**COUNSELOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**EDUCATION COORD.** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**RECREATION COORD.** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**MUST HAVE AT LEAST (3) THREE TREATMENT TECHNICIANS FROM THE GROUP HOME INITIAL THE FOLLOWING. TT'S WILL ONLY INITIAL THE BEHAVIORS THEY HAVE WITNESSED YOU DISPLAY OVER THE PAST WEEK.**

MAINTAINS POSITIVE ATTITUDE, DESPITE NOT GETTING WAY.				
PARTICIPATES AND RELATES WELL IN GROUPS.				
DEMONSTRATES WILLINGNESS TO ENGAGE IN TREATMENT.				
HAS VOLUNTEERED FOR A TASK NOT REQUIRED OF HIM/HER.				
HAS HELPED OUT ANOTHER MEMBER OF THE GROUP				
HAS SHOWN RESPONSIBILITY.				
SEEMS SINCERE ABOUT HIS/HER TREATMENT.				
COMPLETES CHORES WILLINGLY AND THOROUGHLY.				
HAS BEGUN TO SHOW LEADERSHIP ABILITIES.				
STAYING ON TASK W/GROUP MATERIALS, NOT WORKING AHEAD.				
RECOMMEND CONSUMER FOR LEVEL 2.				
HAS TEASED AND/OR HARASSED ANOTHER GROUP MEMBER.				
HAS MADE INAPPROPRIATE COMMENTS TO STAFF <b>AND/OR</b> PEERS.				
HAS BEEN NON-COMPLIANT OR HARD TO RE-DIRECT.				
HAS BEEN BOSSY AND/OR OVERBEARING.				
HAS BEEN DISRUPTIVE/DISTRACTING TO THE GROUP.				
HAS BEEN DISHONEST ABOUT ANY EVENT.				
HAS BEEN GLORIFYING DRUG USE.				
NOT COMPLETING ASSIGNMENTS AS REQUIRED BY PROGRAM.				
DO NOT RECOMMEND CONSUMER FOR LEVEL 2. <b>(EXPLAIN REASON IN WEEKLY REPORT TO SUPERVISOR)</b>				

**LEVEL 2 PRIVILEGES INCLUDE:**

2 (TWO) 5 MINUTE PHONE CALLS PER WEEK OR 1 (ONE) 10 MINUTE PHONE CALL PER WEEK.

**\*\*\*THE TREATMENT TEAM MAY GRANT A LEVEL MOVE WITH RESTRICTIONS PLACED ON THE PRIVILEGES LISTED ABOVE\*\*\***

# ADOLESCENT RISE

STAFFING WEEK 2 – (LEVEL MOVE 1 to 2; If Eligible)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MRT STEP: \_\_\_\_\_ COPING WITH ANGER: \_\_\_\_\_ STAYING QUIT: \_\_\_\_\_

**EXPLAIN HOW YOU ARE STAYING POSITIVE, WORKING THE PROGRAM, AND MAKING GOOD CHOICES:**

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**EXPLAIN YOUR CURRENT PROGRESS IN THE MRT (*HOW TO ESCAPE YOUR PRISON*), COPING WITH ANGER, AND STAYING QUIT CURRICULUM:**

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**LIST (3) THREE GOALS YOU HAVE ACCOMPLISHED SINCE YOU ACHIEVED YOUR CURRENT LEVEL:**

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**LIST (3) THREE GOALS YOU WILL BE WORKING ON IF YOU OBTAIN YOUR DESIRED LEVEL CHANGE:**

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**EXPLAIN WHAT YOU THINK STAFF SHOULD CONSIDER WHEN REVIEWING YOUR REQUEST:**

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**ADOLESCENT SIGNATURE:** \_\_\_\_\_



## ADOLESCENT RISE – STAFFING WEEK 3

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MRT STEP: \_\_\_\_\_ COPING WITH ANGER: \_\_\_\_\_ STAYING QUIT: \_\_\_\_\_

**EXPLAIN HOW YOU ARE STAYING POSITIVE, WORKING THE PROGRAM, AND MAKING GOOD CHOICES:**

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**EXPLAIN YOUR CURRENT PROGRESS IN THE MRT (*HOW TO ESCAPE YOUR PRISON*), COPING WITH ANGER, AND STAYING QUIT CURRICULUM:**

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**MUST HAVE AT LEAST (2) TWO TREATMENT TECHNICIANS FROM THE GROUP HOME INITIAL THE FOLLOWING. TT'S WILL ONLY INITIAL THE BEHAVIORS THEY HAVE WITNESSED YOU DISPLAY OVER THE PAST WEEK.**

MAINTAINS POSITIVE ATTITUDE, DESPITE NOT GETTING HIS/HER WAY.			
PARTICIPATES AND RELATES WELL IN GROUPS.			
IS SHOWING RESPONSIBILITY INSIDE THE GROUP HOMES.			
SEEMS SINCERE ABOUT HIS/HER TREATMENT.			
COMPLETES CHORES WILLINGLY AND THOROUGHLY.			
HAS TEASED AND/OR HARASSED ANOTHER GROUP MEMBER.			
HAS MADE INAPPROPRIATE COMMENTS TO STAFF AND/OR PEERS.			
HAS BEEN NON-COMPLIANT AND DIFFICULT TO RE-DIRECT.			
HAS BEEN DISRUPTIVE/DISTRACTING TO THE GROUP.			
NOT COMPLETING ASSIGNMENTS AS REQUIRED BY PROGRAM.			

**ADOLESCENT SIGNATURE:** \_\_\_\_\_



## ADOLESCENT RISE – STAFFING WEEK 4

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MRT STEP: \_\_\_\_\_ COPING WITH ANGER: \_\_\_\_\_ STAYING QUIT: \_\_\_\_\_

**EXPLAIN HOW YOU ARE STAYING POSITIVE, WORKING THE PROGRAM, AND MAKING GOOD CHOICES:**

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**EXPLAIN YOUR CURRENT PROGRESS IN THE MRT (*HOW TO ESCAPE YOUR PRISON*), COPING WITH ANGER, AND STAYING QUIT CURRICULUM:**

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**MUST HAVE AT LEAST (2) TWO TREATMENT TECHNICIANS FROM THE GROUP HOME INITIAL THE FOLLOWING. TT'S WILL ONLY INITIAL THE BEHAVIORS THEY HAVE WITNESSED YOU DISPLAY OVER THE PAST WEEK.**

MAINTAINS POSITIVE ATTITUDE, DESPITE NOT GETTING HIS/HER WAY.			
PARTICIPATES AND RELATES WELL IN GROUPS.			
IS SHOWING RESPONSIBILITY INSIDE THE GROUP HOMES.			
SEEMS SINCERE ABOUT HIS/HER TREATMENT.			
COMPLETES CHORES WILLINGLY AND THOROUGHLY.			
HAS TEASED AND/OR HARASSED ANOTHER GROUP MEMBER.			
HAS MADE INAPPROPRIATE COMMENTS TO STAFF AND/OR PEERS.			
HAS BEEN NON-COMPLIANT AND DIFFICULT TO RE-DIRECT.			
HAS BEEN DISRUPTIVE/DISTRACTING TO THE GROUP.			
NOT COMPLETING ASSIGNMENTS AS REQUIRED BY PROGRAM.			

**ADOLESCENT SIGNATURE:** \_\_\_\_\_



**BASIC REQUIREMENTS FOR COMPLETION OF LEVEL II**  
**– MOVE TO LEVEL III**

**OPEN-MINDEDNESS**

REQUIREMENTS	DATE COMPLETED	STAFF INITIALS
1. Demonstrate positive behavior and set a leadership example in the group homes.		TT STAFF
2. Present a history of substance abuse at an NA/AA meeting and discuss how the 12 steps relate to your personal recovery.		TT STAFF
3. Complete all education assignments to the approval of the Academic Coordinator.		EDUCATION
4. Participate during recreation on a consistent basis.		RECREATION
5. Complete journal work. Present to staff and request staff to sign and score journal content based on motivation and effort.		COUNSELOR
6. Complete weekly staffing summary assignments.		COUNSELOR
7. Must obtain a minimum of <b><u>150</u></b> positive behavior marks and NO more than <b><u>20</u></b> negative behavior marks per week.		COUNSELOR

**Journal work required from the Self-Management workbook: Pages 35-88**

**1(Poor); 2(Below Average); 3(Average); 4(Above Average); 5(Excellent)**

**Moving from Level II to Level III status requires an average score of (3).**

**Following staff have reviewed my packets and have given the following scores:**

STAFF	SCORE	STAFF	SCORE
<b>1.</b>		<b>2.</b>	
<b>3.</b>		<b>4.</b>	
<b>5.</b>		<b>6.</b>	
<b>7.</b>		<b>8.</b>	

**LEVEL III AWARDED ON: \_\_\_\_\_**



## **BASIC REQUIREMENTS FOR MOVE TO LEVEL 3**

**COUNSELOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**EDUCATION COORD.** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**RECREATION COORD.** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**MUST HAVE AT LEAST (3) THREE TREATMENT TECHNICIANS FROM THE GROUP HOME INITIAL THE FOLLOWING. TT'S WILL ONLY INITIAL THE BEHAVIORS THEY HAVE WITNESSED YOU DISPLAY OVER THE PAST WEEK.**

MAINTAINS POSITIVE ATTITUDE, DESPITE NOT GETTING WAY.				
PARTICIPATES AND RELATES WELL IN GROUPS.				
DEMONSTRATES WILLINGNESS TO ENGAGE IN TREATMENT.				
HAS VOLUNTEERED FOR A TASK NOT REQUIRED OF HIM/HER.				
HAS HELPED OUT ANOTHER MEMBER OF THE GROUP				
HAS SHOWN RESPONSIBILITY.				
SEEMS SINCERE ABOUT HIS/HER TREATMENT.				
COMPLETES CHORES WILLINGLY AND THOROUGHLY.				
HAS BEGUN TO SHOW LEADERSHIP ABILITIES.				
STAYING ON TASK W/GROUP MATERIALS, NOT WORKING AHEAD.				
RECOMMEND CONSUMER FOR LEVEL 3.				
HAS TEASED AND/OR HARASSED ANOTHER GROUP MEMBER.				
HAS MADE INAPPROPRIATE COMMENTS TO STAFF <b>AND/OR</b> PEERS.				
HAS BEEN NON-COMPLIANT OR HARD TO RE-DIRECT.				
HAS BEEN BOSSY AND/OR OVERBEARING.				
HAS BEEN DISRUPTIVE/DISTRACTING TO THE GROUP.				
HAS BEEN DISHONEST ABOUT ANY EVENT.				
HAS BEEN GLORIFYING DRUG USE.				
NOT COMPLETING ASSIGNMENTS AS REQUIRED BY PROGRAM.				
DO NOT RECOMMEND CONSUMER FOR LEVEL 3. <b>(EXPLAIN REASON IN WEEKLY REPORT TO SUPERVISOR)</b>				

**LEVEL 3 PRIVILEGES INCLUDE:**

2 (TWO) 10 MINUTE CALLS PER WEEK. YOU MAY ALSO BE ELIGIBLE FOR A PASS WITH FAMILY. THIS IS DETERMINED BY THE TREATMENT TEAM AND IS BASED ON FAMILY PARTICIPATION IN FAMILY THERAPY.

**\*\*\*THE TREATMENT TEAM MAY GRANT A LEVEL MOVE WITH RESTRICTIONS PLACED ON THE PRIVILEGES LISTED ABOVE\*\*\***

# ADOLESCENT RISE

STAFFING WEEK 5 – (LEVEL MOVE 2 to 3; If Eligible)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MRT COPING STAYING  
STEP: \_\_\_\_\_ WITH ANGER: \_\_\_\_\_ QUIT: \_\_\_\_\_

**EXPLAIN HOW YOU ARE STAYING POSITIVE, WORKING THE PROGRAM, AND MAKING GOOD CHOICES:**

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**EXPLAIN YOUR CURRENT PROGRESS IN THE MRT (*HOW TO ESCAPE YOUR PRISON*), COPING WITH ANGER, AND STAYING QUIT CURRICULUM:**

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**LIST (3) THREE GOALS YOU HAVE ACCOMPLISHED SINCE YOU ACHIEVED YOUR CURRENT LEVEL:**

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**LIST (3) THREE GOALS YOU WILL BE WORKING ON IF YOU OBTAIN YOUR DESIRED LEVEL CHANGE:**

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**EXPLAIN WHAT YOU THINK STAFF SHOULD CONSIDER WHEN REVIEWING YOUR REQUEST:**

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**ADOLESCENT SIGNATURE:** \_\_\_\_\_



## ADOLESCENT RISE – STAFFING WEEK 6

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MRT STEP: \_\_\_\_\_ COPING WITH ANGER: \_\_\_\_\_ STAYING QUIT: \_\_\_\_\_

**EXPLAIN HOW YOU ARE STAYING POSITIVE, WORKING THE PROGRAM, AND MAKING GOOD CHOICES:**

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**EXPLAIN YOUR CURRENT PROGRESS IN THE MRT (*HOW TO ESCAPE YOUR PRISON*), COPING WITH ANGER, AND STAYING QUIT CURRICULUM:**

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**MUST HAVE AT LEAST (2) TWO TREATMENT TECHNICIANS FROM THE GROUP HOME INITIAL THE FOLLOWING. TT'S WILL ONLY INITIAL THE BEHAVIORS THEY HAVE WITNESSED YOU DISPLAY OVER THE PAST WEEK.**

MAINTAINS POSITIVE ATTITUDE, DESPITE NOT GETTING HIS/HER WAY.			
PARTICIPATES AND RELATES WELL IN GROUPS.			
IS SHOWING RESPONSIBILITY INSIDE THE GROUP HOMES.			
SEEMS SINCERE ABOUT HIS/HER TREATMENT.			
COMPLETES CHORES WILLINGLY AND THOROUGHLY.			
HAS TEASED AND/OR HARASSED ANOTHER GROUP MEMBER.			
HAS MADE INAPPROPRIATE COMMENTS TO STAFF AND/OR PEERS.			
HAS BEEN NON-COMPLIANT AND DIFFICULT TO RE-DIRECT.			
HAS BEEN DISRUPTIVE/DISTRACTING TO THE GROUP.			
NOT COMPLETING ASSIGNMENTS AS REQUIRED BY PROGRAM.			

**ADOLESCENT SIGNATURE:** \_\_\_\_\_



## ADOLESCENT RISE – STAFFING WEEK 7

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MRT STEP: \_\_\_\_\_ COPING WITH ANGER: \_\_\_\_\_ STAYING QUIT: \_\_\_\_\_

**EXPLAIN HOW YOU ARE STAYING POSITIVE, WORKING THE PROGRAM, AND MAKING GOOD CHOICES:**

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**EXPLAIN YOUR CURRENT PROGRESS IN THE MRT (*HOW TO ESCAPE YOUR PRISON*), COPING WITH ANGER, AND STAYING QUIT CURRICULUM:**

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**MUST HAVE AT LEAST (2) TWO TREATMENT TECHNICIANS FROM THE GROUP HOME INITIAL THE FOLLOWING. TT'S WILL ONLY INITIAL THE BEHAVIORS THEY HAVE WITNESSED YOU DISPLAY OVER THE PAST WEEK.**

MAINTAINS POSITIVE ATTITUDE, DESPITE NOT GETTING HIS/HER WAY.			
PARTICIPATES AND RELATES WELL IN GROUPS.			
IS SHOWING RESPONSIBILITY INSIDE THE GROUP HOMES.			
SEEMS SINCERE ABOUT HIS/HER TREATMENT.			
COMPLETES CHORES WILLINGLY AND THOROUGHLY.			
HAS TEASED AND/OR HARASSED ANOTHER GROUP MEMBER.			
HAS MADE INAPPROPRIATE COMMENTS TO STAFF AND/OR PEERS.			
HAS BEEN NON-COMPLIANT AND DIFFICULT TO RE-DIRECT.			
HAS BEEN DISRUPTIVE/DISTRACTING TO THE GROUP.			
NOT COMPLETING ASSIGNMENTS AS REQUIRED BY PROGRAM.			

**ADOLESCENT SIGNATURE:** \_\_\_\_\_



## ADOLESCENT RISE – STAFFING WEEK 8

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MRT STEP: \_\_\_\_\_ COPING WITH ANGER: \_\_\_\_\_ STAYING QUIT: \_\_\_\_\_

**EXPLAIN HOW YOU ARE STAYING POSITIVE, WORKING THE PROGRAM, AND MAKING GOOD CHOICES:**

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**EXPLAIN YOUR CURRENT PROGRESS IN THE MRT (*HOW TO ESCAPE YOUR PRISON*), COPING WITH ANGER, AND STAYING QUIT CURRICULUM:**

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**MUST HAVE AT LEAST (2) TWO TREATMENT TECHNICIANS FROM THE GROUP HOME INITIAL THE FOLLOWING. TT'S WILL ONLY INITIAL THE BEHAVIORS THEY HAVE WITNESSED YOU DISPLAY OVER THE PAST WEEK.**

MAINTAINS POSITIVE ATTITUDE, DESPITE NOT GETTING HIS/HER WAY.			
PARTICIPATES AND RELATES WELL IN GROUPS.			
IS SHOWING RESPONSIBILITY INSIDE THE GROUP HOMES.			
SEEMS SINCERE ABOUT HIS/HER TREATMENT.			
COMPLETES CHORES WILLINGLY AND THOROUGHLY.			
RECOMMEND FOR SUCCESSFUL COMPLETION OF PROGRAM.			
HAS TEASED AND/OR HARASSED ANOTHER GROUP MEMBER.			
HAS MADE INAPPROPRIATE COMMENTS TO STAFF AND/OR PEERS.			
HAS BEEN NON-COMPLIANT AND DIFFICULT TO RE-DIRECT.			
HAS BEEN DISRUPTIVE/DISTRACTING TO THE GROUP.			
NOT COMPLETING ASSIGNMENTS AS REQUIRED BY PROGRAM.			

**ADOLESCENT SIGNATURE:** \_\_\_\_\_



## ADOLESCENT RISE – STAFFING WEEK 9

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MRT STEP: \_\_\_\_\_ COPING WITH ANGER: \_\_\_\_\_ STAYING QUIT: \_\_\_\_\_

**EXPLAIN HOW YOU ARE STAYING POSITIVE, WORKING THE PROGRAM, AND MAKING GOOD CHOICES:**

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**EXPLAIN YOUR CURRENT PROGRESS IN THE MRT (*HOW TO ESCAPE YOUR PRISON*), COPING WITH ANGER, AND STAYING QUIT CURRICULUM:**

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**MUST HAVE AT LEAST (2) TWO TREATMENT TECHNICIANS FROM THE GROUP HOME INITIAL THE FOLLOWING. TT'S WILL ONLY INITIAL THE BEHAVIORS THEY HAVE WITNESSED YOU DISPLAY OVER THE PAST WEEK.**

MAINTAINS POSITIVE ATTITUDE, DESPITE NOT GETTING HIS/HER WAY.			
PARTICIPATES AND RELATES WELL IN GROUPS.			
IS SHOWING RESPONSIBILITY INSIDE THE GROUP HOMES.			
SEEMS SINCERE ABOUT HIS/HER TREATMENT.			
COMPLETES CHORES WILLINGLY AND THOROUGHLY.			
RECOMMEND FOR SUCCESSFUL COMPLETION OF PROGRAM.			
HAS TEASED AND/OR HARASSED ANOTHER GROUP MEMBER.			
HAS MADE INAPPROPRIATE COMMENTS TO STAFF AND/OR PEERS.			
HAS BEEN NON-COMPLIANT AND DIFFICULT TO RE-DIRECT.			
HAS BEEN DISRUPTIVE/DISTRACTING TO THE GROUP.			
NOT COMPLETING ASSIGNMENTS AS REQUIRED BY PROGRAM.			

**ADOLESCENT SIGNATURE:** \_\_\_\_\_





## ADOLESCENT RISE – STAFFING WEEK 10

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MRT STEP: \_\_\_\_\_ COPING WITH ANGER: \_\_\_\_\_ STAYING QUIT: \_\_\_\_\_

**EXPLAIN HOW YOU ARE STAYING POSITIVE, WORKING THE PROGRAM, AND MAKING GOOD CHOICES:**

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**EXPLAIN YOUR CURRENT PROGRESS IN THE MRT (*HOW TO ESCAPE YOUR PRISON*), COPING WITH ANGER, AND STAYING QUIT CURRICULUM:**

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**MUST HAVE AT LEAST (2) TWO TREATMENT TECHNICIANS FROM THE GROUP HOME INITIAL THE FOLLOWING. TT'S WILL ONLY INITIAL THE BEHAVIORS THEY HAVE WITNESSED YOU DISPLAY OVER THE PAST WEEK.**

MAINTAINS POSITIVE ATTITUDE, DESPITE NOT GETTING HIS/HER WAY.			
PARTICIPATES AND RELATES WELL IN GROUPS.			
IS SHOWING RESPONSIBILITY INSIDE THE GROUP HOMES.			
SEEMS SINCERE ABOUT HIS/HER TREATMENT.			
COMPLETES CHORES WILLINGLY AND THOROUGHLY.			
RECOMMEND FOR SUCCESSFUL COMPLETION OF PROGRAM.			
HAS TEASED AND/OR HARASSED ANOTHER GROUP MEMBER.			
HAS MADE INAPPROPRIATE COMMENTS TO STAFF AND/OR PEERS.			
HAS BEEN NON-COMPLIANT AND DIFFICULT TO RE-DIRECT.			
HAS BEEN DISRUPTIVE/DISTRACTING TO THE GROUP.			
NOT COMPLETING ASSIGNMENTS AS REQUIRED BY PROGRAM.			

**ADOLESCENT SIGNATURE:** \_\_\_\_\_



## **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. If you abscond (run away) from the treatment program, we will keep your belongings for thirty (30) days. After 30 days, all belongings will be disposed.
3. In the event that you abscond (run away) from this treatment program, you do so with the understanding that FCC Behavioral Health's Adolescent RISE is not responsible for the safe keeping of your property and that you are not guaranteed its full return.
4. Drug screen testing can be conducted at any time during the course of treatment. You are expected to fully cooperate with drug screen requests.
5. It is expected that you participate in all meetings, counseling sessions, and activities except when you have an excuse from staff.
6. You must respect the confidentiality of all other adolescents and not disclose information, stories, or names with anyone outside of this facility.
7. 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.
8. Do not verbally, emotionally, or physically abuse another resident or staff members.
9. 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.
10. 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.
11. You are expected to maintain your assigned room, including your bed and closet space, in a neat and orderly manner. You will be assigned chores at the treatment center and group home as part of your treatment program.
12. The use of any and all tobacco products is prohibited. This also includes electronic cigarettes.
13. Gambling is not allowed on the premises.
14. 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.
15. Weapons of any kind are not permitted. All weapons will be confiscated and the proper authorities contacted as necessary to ensure safety of others.
16. All of your belongings will be searched and inventoried on your first evening of treatment. All belongings will be labeled with your initials and a written description of

them will be documented on an inventory sheet for you to sign. It is your responsibility to keep up with your belongings. Sharing or loaning your belongings is strongly discouraged. Neither FCC Behavioral Health nor the RISE Program can be held responsible for any lost or stolen property.

17. All prescription medication will be collected at time of admission. The nurse will contact the prescribing physician and/or filling pharmacy to verify your medication dosage and schedule. Your medication will be made available to you at prescribed times for you to self-administer under staff supervision. All medication will be kept under two locks at all times.

## **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. CD players, MP3, IPod and personal radios with headphones are allowed. Parental approval is assumed. These devices are not allowed if they have photographic, internet capability, video or voice recording capabilities.
4. No personal softballs, Frisbees, games, pool sticks, musical instruments, cards, dice, hacky sacks, sports equipment, etc.
5. Glass items, including, but not limited to, mirrors, picture frames, glass vases and glass figurines, etc. is not permitted while in treatment.
6. Pictures of family and friends are allowed as long as the content of the picture is appropriate. Staff will be the final judge of a picture's appropriateness. You are not allowed to give a picture of yourself to any other person for keeping.
7. Lip medication will be allowed, but must be approved by staff.
8. All reading material must be appropriate and approved by staff.
9. 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.
10. 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.

11. Vulgar and inappropriate language will not be used under any circumstances.
12. No racial or ethnic slurs will be tolerated.
13. 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.
14. You are **NOT** allowed to borrow, exchange, loan, trade or give clothing, jewelry or any other personal items to another person. If you choose to violate this rule, staff is not responsible for broken, damaged, stolen or lost items.
15. Journals are to be carried at all times.
16. Staff has the right to search any room, journal, person, or personal property at any time.
17. Note passing is not allowed.
18. 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. There are sodas and snacks available on site for purchase in the RISE Store.
19. You are not allowed to view movies with a rating higher than PG-13. All movies are subject to staff approval.
20. 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.
21. No ***shared*** listening on iPods, MP3 players, etc. You are not allowed to listen to music in the cafeteria until after the serenity prayer and everyone has been served their food. Staff always reserves the right to request that music be turned off. Music is not allowed during the class or any time staff is talking to the group as a whole. MP3 players can and will be confiscated if misused.
22. You are allowed to have one iPod/MP3 player in your possession.
23. No metal or spiral bound notebooks are allowed.
24. Aggressive and/or threatening behavior of any kind will NOT be tolerated under any circumstance.
25. Aerosol products of any kind are not permitted while in treatment.
26. Cell phones are not permitted on RISE property.
27. Disrespecting of other group members and/or staff will be not tolerated.
28. Horseplay of any kind will be not tolerated under any circumstance.
29. Plastic bags of any kind are not permitted.
30. You are not allowed to have any physical contact (touching, poking, hugging, etc.) with other adolescents.
31. ***ALWAYS*** use appropriate lines of communication between staff and peers.

## **GROUP HOME RULES**

1. Dirty clothes are to be kept in hampers with the lid kept closed at all times.
2. Closets will be kept neat, clean, and organized at all times.
3. Assigned chores must be completed on a daily basis. Beds must be neatly made each morning to the satisfaction of staff member on duty.
4. You are NOT to enter another adolescent's room under any circumstance and are ONLY allowed to enter your own with staff permission.
5. No personal blankets or stuffed animals will be allowed on-site, UNLESS permission is given by parents/guardian that these items can be washed prior to use. Pillows will be allowed only if they are brought to the center in the original, unopened plastic.
6. Hairbrushes, combs and/or makeup will not be brought to the treatment center at any time. These items will be confiscated and locked up if in possession outside of group homes and/or caught sharing with others.
7. Food and/or drink is not permitted inside of the bedrooms for any reason. Food is only to be eaten at designated times and locations.

## **PEER GROUP/CLASSROOM RULES**

1. No vulgar or profane language.
2. No sleeping.
3. No talking without permission.
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. The computers in the classroom are to be used for educational purposes only. You are not allowed to check personal email, Facebook accounts or search any unapproved sites.
13. No eating in class, unless it is during the site approved snack time.

## **DRESS CODE AND HYGIENE POLICY**

1. Hats, stocking caps 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. You are allowed to wear a wristwatch. All other jewelry is not allowed.
9. If you have a piercing, you are allowed to wear a plastic plug only. No tapers are allowed.
10. Shoes and appropriate dress must be worn at all times. No house slippers or pajama bottoms are allowed outside of group homes.
11. You are to be fully dressed at ALL times. Females are to wear at minimum shorts and a t-shirt, or pajamas, to bed. Males are to wear at minimum, shorts and a t-shirt. Males are permitted to sleep without shirt, but when exiting bedroom, t-shirt MUST be worn.
12. Appropriate undergarments must be worn at all times. Undergarments must not be visible under any circumstance.
13. You are NOT allowed to braid or style another person's hair, this includes cutting hair.
14. You are required to take a shower daily, to include washing your hair and using deodorant.
15. Males are to be clean-shaven. If you are admitted with an established mustache or beard, you may keep them, provided they are maintained. Once they are shaved off, you may not grow another while in this facility.
16. No baggy or sagging pants. Staff discretion is the final say on this issue.
17. No sentimental or expensive clothing/jewelry/personal items should be brought to treatment as they may be ruined in the washing process, torn in recreation or stolen

by another person. We make every attempt to inventory and monitor this issue; however, there are situations beyond staff control. FCC Behavioral Health will not be held responsible for any missing or damaged items. If you chose to keep such an item at RISE upon admission, it is your sole responsibility.

18. Males and Females MUST wear appropriate pants, shirts, and tennis shoes at all times during recreation/outdoor activities. NO flip flops are permitted during outdoor recreational activities.
19. You are only allowed to use an electric razor for shaving. Due to safety concerns, straight or disposable razors are not allowed.
20. Yoga pants and leggings are only allowed to be worn with shirts long enough to hit mid-thigh.
21. Do-rags, hairnets and bandanas are permitted in rooms only when going to bed.

## **PASS REQUIREMENTS/AGREEMENT**

Certain requirements must be met before you are eligible for a therapeutic pass. You must reach a Level III to be eligible for passes. In addition, the family must actively participate in at least three (3) family therapy sessions. Family therapy plays an important role in the treatment program. First, it seeks to use your family's strengths and resources to help you find or develop ways to live without substances. Second, it helps reduce the impact of substance abuse on both you and your family. The treatment team will determine the length of all passes based upon family goals developed and achieved.

All passes are considered to be therapeutic passes. A therapeutic pass is a contractual commitment to treatment goals between the Adolescent, the treatment team and his/her parents/guardians. Parents/Guardians are responsible for re-enforcing treatment goals while the Adolescent is on pass. Parents/Guardians are to ensure that pass time is spent with family members only; not boyfriends/girlfriends or friends that may be considered negative influences. Adolescents and their family members are encouraged to attend community NA/AA meetings during pass time.

Staff may request to check the identification of any person picking up adolescents, in our care, for their pass.



## RULES FOR VISITATION

1. Visitation hours are from 1:30pm-4:30pm beginning on the second (2<sup>nd</sup>) Sunday following admission.
2. Due to space constraints within the facility, only **two (2)** visitors per adolescent are allowed at one time. Visitation will be allowed with adult, immediate family members to include parents/guardians, grandparents, siblings, aunts and/or uncles. Siblings under the age of 18 must be accompanied by an adult visitor at all times. In families with divorced parents, it is suggested that the family make arrangements for the visitation time to be split in half, with each parent taking part in the visitation.
3. Staff may request to check the identification of any person visiting.
4. Visitors must leave all personal items such as purses, handbags, cameras, cell phones, etc. in the vehicle during visitation.
5. Visitors are not allowed to smoke in the presence of the adolescents. Smoking is to be done outside of the facility.
6. Adolescents are NOT to leave the building with visitors under any circumstance.
7. Visitors are NOT allowed to leave the building and then re-enter the building (for smoke breaks, etc.). If someone leaves the visitation area, they will not be allowed to return. Adolescents look forward to this time all week and we encourage you to spend the entire visitation time with your child.
8. Visitors are not allowed to bring any food or drink into the facility.
9. Visitors are not to give anything to an adolescent without checking in with staff first. All items must be approved and inventoried by staff. Give all personal items to staff prior to visitation. Staff will give items to adolescents after they are inventoried.
10. Adolescents are not allowed to have money in their possession. Any money that is left must be checked in with staff for lock up. We request that no more than \$10.00 be left at any one time.
11. Visitors suspected of using alcohol and/or drugs will be required to leave.
12. Visitors are responsible for the supervision of children which accompany them to visitation. They are to be in the sight of the parent at all times. Visitors must remain in visitation area.
13. If a visitor becomes disruptive, or is upsetting to an adolescent, they will be required to leave.
14. Adolescents are not forced to have visitation with any person whom they do not wish to visit.
15. No pets of any kind are to be brought to the facility.
16. Visitation will be held at the treatment center.
17. All visitors must be on pre-approved list signed by parent/guardian during the admission process. Any additions to visitor list must be cleared through Clinical Manager.
18. Visitors that are wearing clothing that is too tight, too short, see-through, backless or is in any way considered inappropriate, will be requested to leave by staff on duty.
19. Any failure to strictly adhere to these rules will result in visitors being prohibited from returning for future visits.

## **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 and/or group home, 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.

<b>Mattress</b>	<b>\$ 225.00</b>
<b>Pillow</b>	<b>\$ 30.00</b>
<b>Comforter Set</b>	<b>\$ 35.00</b>

Upon admission to the program, you will be issued the following treatment materials for your use. These materials must be returned to staff at time of discharge. If you damage any of these workbooks, or fail to return them, you will be charged for the replacement cost.

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

## **BEHAVIOR MARKS**

These violations will be submitted to Treatment Staff for resolution.

1. Not up on time after two (2) warnings
  2. Disruption of group
  3. Food in bedroom
  4. Room not properly cleaned and/or maintained
  5. Incomplete cleaning chore
  6. Inappropriate verbal comment/reaction
  7. Vulgar language (Cursing/Gestures)
  8. Negative attitude/behavior
  9. Borrowing items from another resident (MP3 Players included)
  10. Trading items with another peer
  11. Inappropriate wearing of clothes (i.e. sagging pants)
  12. Continuous sleeping in group
  13. Non-compliance with staff directives
  14. Horseplay of any kind
  15. Disrespectful behavior toward staff
  16. Disrespectful behavior toward another peer
  17. Refusal to participate in group
  18. MISCELLANEOUS –behaviors not listed that needs addressing
- Receiving 25+ Behavior Marks during the course of a staffing week (Wednesday all day through the following Tuesday all day) will result in a Negative Behavior Write-Up.
- Receiving excessive Behavior Marks during the course of a staffing week may result in the denial of a level move and/or loss of current level status.

**STAFF MEMBERS HAVE FINAL AUTHORITY  
REGARDING BEHAVIOR MARKS**

## **BEHAVIOR WRITE-UP POLICY**

The Behavior Write-Up is an important document that carries with it several options in order for the Treatment Team to make a decision on how to address specific behaviors that you display and to help you to improve and/or make better choices in the future. This form can be used to either to address negative behaviors or it can be used to address the positive behaviors that may not be exhibited on a daily basis so that it can be recognized and rewarded accordingly in the hopes that in doing so will encourage you to continue practicing said behavior in the future. Our main goal is to address the negative behaviors that they exhibit by helping you to find other positive avenues in which to deal with certain situations and to re-direct said behavior so that you can better recognize them sooner and make better choices. Below is a list of some negative behaviors that requires an automatic Write-Up along with the consequences that come with them...

FOR THE FOLLOWING, YOU WILL LOSE ALL PRIVILEGES FOR ONE (1) WEEK (INCLUDING NO LATE NIGHT, NO PHONE CALLS, NO VISITS, NO STORE PRIVILEGES, NO MAIL, NO OUTINGS AND DEPENDING UPON THE SEVERITY OF THE SITUATION, POSSIBLE LEVEL DROP AND ORDER IMMEDIATE DISMISSAL FROM PROGRAM) AND WILL PARTICIPATE IN A CONFERENCE CALL WITH EITHER PARENTS AND/OR REFERRAL SOURCE TO DISCUSS SAID BEHAVIOR.

- **Leaving group room/classroom without permission.**
- **Entering another adolescent's room.**
- **Receiving 25 or more negative Behavior Marks during the course of a staffing week.**
- **Physical aggression of any kind – charges will be filed. (including Horseplay)**
- **Destruction of facility property in any way – charges will be filed.**
- **Verbally assaulting another adolescent and/or staff member.**
- **Threatening of physical aggression to another adolescent and/or staff member – charges will be filed.**
- **Any action deemed dangerous to self, peers and/or staff members.**
- **Absconding from the facility – Police will be contacted immediately.**
- **Possessing any items against facility rules.**
- **Touching any other adolescent in a sexual and/or inappropriate manner**

## **BEHAVIOR WRITE-UP POLICY (CONT'D)**

FOR THE FOLLOWING, YOU WILL LOSE ALL PRIVILEGES FOR ONE (1) WEEK (INCLUDING NO LATE NIGHT, NO PHONE CALLS, NO VISITS, NO STORE PRIVILEGES, NO MAIL AND POSSIBLE LEVEL DROP) AND YOU WILL NEED TO COMPLETE THE ADDITIONAL CONSEQUENCE LISTED BELOW THE BEHAVIOR DISPLAYED. THE ADDITIONAL CONSEQUENCE MUST BE COMPLETED WITHIN ONE (1) WEEK OR YOUR PRIVILEGES WILL NOT BE REINSTATED UNTIL IT IS COMPLETED.

- **Continued non-compliance after several warnings.**
  - **ADDITIONAL CONSEQUENCE – THREE (3) PAGE PAPER ON THE IMPORTANCE OF STRUCTURE/ RULES/ COMPLIANCE PRESENTED IN GENDER SPECIFIC GROUP COUNSELING.**
- **Continued behavior that displays disrespect towards staff.**
  - **ADDITIONAL CONSEQUENCE – APOLOGY LETTER WRITTEN TO THE STAFF MEMBER AND PRESENTED TO STAFF MEMBER IN FRONT OF FACILITY MANAGER AND CLINICAL MANAGER.**
- **Continued behavior that displays disrespect towards another peer.**
  - **ADDITIONAL CONSEQUENCE – APOLOGY LETTER READ IN FRONT OF THE GROUP IN GENDER SPECIFIC GROUP COUNSELING.**
- **Continually pursuing a relationship with another peer after warnings have been given.**
  - **ADDITIONAL CONSEQUENCE – THREE (3) PAGE RESEARCHED ARTICLE ON HEALTHY BOUNDARIES PRESENTED IN GENDER SPECIFIC GROUP COUNSELING.**
- **Smoking cigarettes on property.**
  - **ADDITIONAL CONSEQUENCE – THREE (3) PAGE RESEARCHED ARTICLE ON THE DANGERS OF TOBACCO USE PRESENTED IN A&D EDUCATION (INFORMATION CAN BE RETRIEVED THROUGH THE HELP OF ACADEMIC COORDINATOR)**
- **Stealing another peer's belongings.**
  - **ADDITIONAL CONSEQUENCE – THREE (3) PAGE PAPER ON THE CONSEQUENCES OF STEALING TO BE PRESENTED IN GROUP COUNSELING. IN ADDITION, AN APOLOGY LETTER TO THE VICTIM TO BE PRESENTED IN GROUP COUNSELING. YOU MAY ALSO BE RESPONSIBLE FOR THE REPLACEMENT OF STOLEN/DAMAGED ITEM.**

### **NOTE:**

**Every Write-Up will be reviewed by the Clinical Manager to determine if discharge is appropriate. Anyone who receives a behavior write-up for running (absconding) away from the facility may lose all pass privileges for the remainder of your time in treatment. This will be determined by the treatment team.**

## **BEHAVIOR MERITS**

Although rules are an important part of ensuring order within the facility and respect amongst the adolescents and staff, it is important to recognize the positive behaviors exhibited by each individual in order to better ensure their recovery process not only in treatment but once they have discharged from the program.

Adolescents are given points based on the positive behaviors they exhibit during all phases of the inpatient treatment process to go toward purchasing items set up to encourage positive behavior and positive peer support amongst the group and are based on the following criteria: **LEADERSHIP, RESPONSIBILITY, FOCUS, HONESTY, SUPPORT OF PEERS, ATTITUDE, PARTICIPATION, INITIATIVE, RESPECT AND FEEDBACK.**

## **POSITIVE BEHAVIOR SUPPORTS**

The Behavior Write-Up can also be used to address the positive behaviors that are exhibited as well. Examples of this can be you having some difficulty getting acclimated to the program and therefore have been displaying constant negative behavior and/or attitude and then out of nowhere you begin showing signs of improvement such as mentoring a new resident or trying to re-direct another peer by giving advice as to what behaviors can get them into trouble through examples of situations that you have encountered personally. Once the facts have been entered into the Behavior Write-Up, the observing staff will then give a recommendation of an appropriate consequence, or in the case of a positive behavior, an appropriate reward to include (but not limited to) ...

**Extra Phone Call**

**Lunch with Staff**

**Extra Time on Pass**

**Extra Merits for RISE Store**

## **RISE STORE ITEMS FOR PURCHASE**

Here at RISE we have put together a “Store” in order for residents to purchase items by using the Merits they earn on a daily basis. Many of the small tier items are for everyday use and then there are larger items such as journals, plastic water bottles and extra phone calls. Consumers have to display all the requirements listed under the Behavior Merits section by fully participating in groups and showing leadership amongst your peers.

The items currently in stock in the store, as well as the transaction sheet, are listed on the following pages. The transaction sheet is your way of keeping track of the merits you earn each week so that way you can see how much you have earned and how much you have to spend. Keep in mind to look upon this as money; if you do not have the merits (money) you cannot purchase the item, so if you are wanting a higher tier item, you will have to save for it.



<b><u>STORE ITEM</u></b>	<b>PRICE (IN MERITS)</b>
<b>CANDY (NERDS, LAFFY TAFFY, SWEET TARTS, ETC)</b>	<b>100</b>
<b>BOTTLED WATER</b>	<b>100</b>
<b>CANDY BARS (SKITTLES, STARBURST, SNICKERS, ETC)</b>	<b>125</b>
<b>TRAIL MIX</b>	<b>125</b>
<b>POWERADE</b>	<b>125</b>
<b>CAN SODA</b>	<b>150</b>
<b>POPCORN</b>	<b>150</b>
<b>STAMP</b>	<b>25</b>
<b>ENVELOPE</b>	<b>25</b>
<b>LIP BALM</b>	<b>75</b>
<b>SQUEEZE BALLS (STRESS BALLS)</b>	<b>150</b>
<b>WORD PUZZLES</b>	<b>150</b>
<b>SMALL PHOTO ALBUM</b>	<b>200</b>
<b>WATER BOTTLE (PLASTIC)</b>	<b>350</b>
<b>HEADPHONES/EAR BUDS</b>	<b>500</b>
<b>CAP ERASERS</b>	<b>25</b>
<b>WOOD PENCIL</b>	<b>25</b>
<b>PENCIL GRIP</b>	<b>25</b>
<b>BIG ERASERS</b>	<b>50</b>
<b>MECHANICAL PENCIL</b>	<b>50</b>
<b>POCKET FOLDER (ANY COLOR)</b>	<b>75</b>
<b>CRAYONS</b>	<b>100</b>
<b>MINI COMPOSITION NOTEBOOK</b>	<b>150</b>
<b>COMPOSITION NOTEBOOK/JOURNAL</b>	<b>175</b>
<b>LEGAL SIZE NOTEPADS</b>	<b>175</b>
<b>COLORED PENCILS</b>	<b>250</b>
<b>BINDER</b>	<b>300</b>
<b>SKETCH PAD</b>	<b>350</b>
<b>EXTRA 5 (FIVE) MIN IN SHOWER (ONE USE AT A TIME)</b>	<b>100</b>
<b>5 (FIVE) MIN PHONE CALL</b>	<b>150</b>
<b>EXTRA LATE NIGHT (FOR ADOLESCENTS ON LEVEL 2)</b>	<b>300</b>
<b>10 (TEN) MIN PHONE CALL</b>	<b>350</b>
<b>TOOTHPASTE</b>	<b>75</b>
<b>TOOTHBRUSH</b>	<b>75</b>
<b>DEODORANT</b>	<b>100</b>
<b>BODY WASH</b>	<b>100</b>
<b>SHAMPOO</b>	<b>100</b>
<b>CONDITIONER</b>	<b>100</b>
<b>LOTION</b>	<b>150</b>
<b>COMB</b>	<b>150</b>
<b>HAIR GEL</b>	<b>175</b>
<b>LOOFAH</b>	<b>200</b>
<b>BRUSH</b>	<b>200</b>
<b>ICE CREAM TREAT (DAIRY QUEEN, SONIC, ETC)</b>	<b>750</b>
<b>OUTSIDE MEAL (McDONALDS, SONIC, CHINESE)</b>	<b>1000</b>



## **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.

## **RELAPSE POLICY**

The RISE program has in place written policies which address the process that occurs when an adolescent abuses alcohol and/or drugs while participating in a level of care in the RISE program. Individuals will not be denied services solely because of a relapse. Each case is dealt with on an individualized basis.

In the event of a relapse, the following process will be followed:

- Staff will review the possible need for medical detoxification.
- Referral to a more restrictive level of care within the RISE program if deemed appropriate.
- Continuation of the same level-of-care.
- Discharge from the program and an appropriate referral made.

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

## **DISCHARGE/TRANSITION CRITERIA**

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

- You should demonstrate recognition and understanding of his/her substance abuse problem and its impact.
- You should achieve an initial period of sobriety and accept the need for continued care.
- You have developed a plan for continuing recovery and sobriety.
- You have taken initial steps to mobilize supports in the community for continuing recovery, and have demonstrated improvement in problem areas related to the ASAM dimensions of care.
- You have reached an internal level three (3) within the residential program by active participation, completion of journal assignments and cooperation with program rules.

You 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 individual.

The length of stay in Level I day treatment services shall be individualized based on the individual's needs and progress in achieving treatment goals. The Resident should be considered for successful completion and discharge from outpatient services when:

- You demonstrate recognition and understanding of his/her substance abuse problem and its impact.
- You have achieved a continuous period of sobriety.
- There is absence of immediate or recurring crisis that poses a substantial risk of relapse.
- Emotional symptoms have stabilized.
- You have demonstrated independent living skills.
- You have implemented a relapse prevention plan.
- You have developed family and/or social networks which support recovery and a continuing recovery plan.
- You have demonstrated continued improvement and stabilization of problem areas related to the ASAM dimensions of care.

You may be discharged from day treatment services before accomplishing these goals if;

- There is no commitment to continuing services.
- No further progress imminent or likely to occur.

***Treatment Team has the discretion to discharge any Adolescent due to issues of non-compliance. These decisions will be made on a case by case basis.***

## 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](mailto:compliance@fccinc.org). Anonymous reports are difficult to investigate, but we will do all that we can to investigate anonymous reports.

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

# FCC BEHAVIORAL HEALTH

## NOTICE OF PRIVACY PRACTICES



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

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

### DEFINITIONS

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

### YOUR PRIVACY RIGHTS

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

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

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

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

**CONTACT FCC BEHAVIORAL HEALTH PRIVACY OFFICER AT:**

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

**CONTACT THE OFFICER OF CIVIL RIGHTS AT:**

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

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

## YOUR CHOICES

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

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

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

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

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

## FCC BEHAVIORAL HEALTH USES AND DISCLOSURES:

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

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

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

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

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

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

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

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

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

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

**We can use or share health information about you:**

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

## **FCC BEHAVIORAL HEALTH RESPONSIBILITIES**

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

## **CHANGE IN NOTICE OF PRIVACY PRACTICES**

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

## **QUESTIONS**

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

## **CONTACT INFORMATION**

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

### **CHIEF COMPLIANCE OFFICER**

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

### **PRIVACY AND SECURITY OFFICER**

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



# FCC BEHAVIORAL HEALTH

## FINANCIAL POLICY



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

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

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### **DBH PERSON(S)-SERVED:**

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

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

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

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

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

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### **NON-DBH PERSON(S)-SERVED:**

#### **Regarding Insurance:**

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

#### **Usual and Customary Rates:**

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

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#### **Regarding Insurance Information:**

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

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

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

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

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

# **FCC BEHAVIORAL HEALTH** **GRIEVANCE POLICY AND PROCEDURE**



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

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

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

This form can be obtained from program staff upon request.

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

## **Consumer Rights Monitor**

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





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



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

1. What specific accommodation are you requesting?

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2. Is your accommodation request time sensitive? YES NO

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

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

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

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

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

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

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

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

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

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

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



## **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 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, 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 FCC Behavioral Health adolescent group homes are equipped with video and audio surveillance equipment. These surveillance cameras are located within the general living area of the group homes.

The Adolescent RISE program is a therapeutic treatment center, not a correctional facility. Therefore, the center is NOT a locked facility. While there are mechanisms in place to prevent unauthorized individuals from entering the building, we do not prevent adolescents from leaving the facility if they choose to do so. Every effort will be made verbally to prevent an adolescent from absconding. In the event an adolescent does abscond, law enforcement will be contacted and a missing person report will be filed.

# 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.

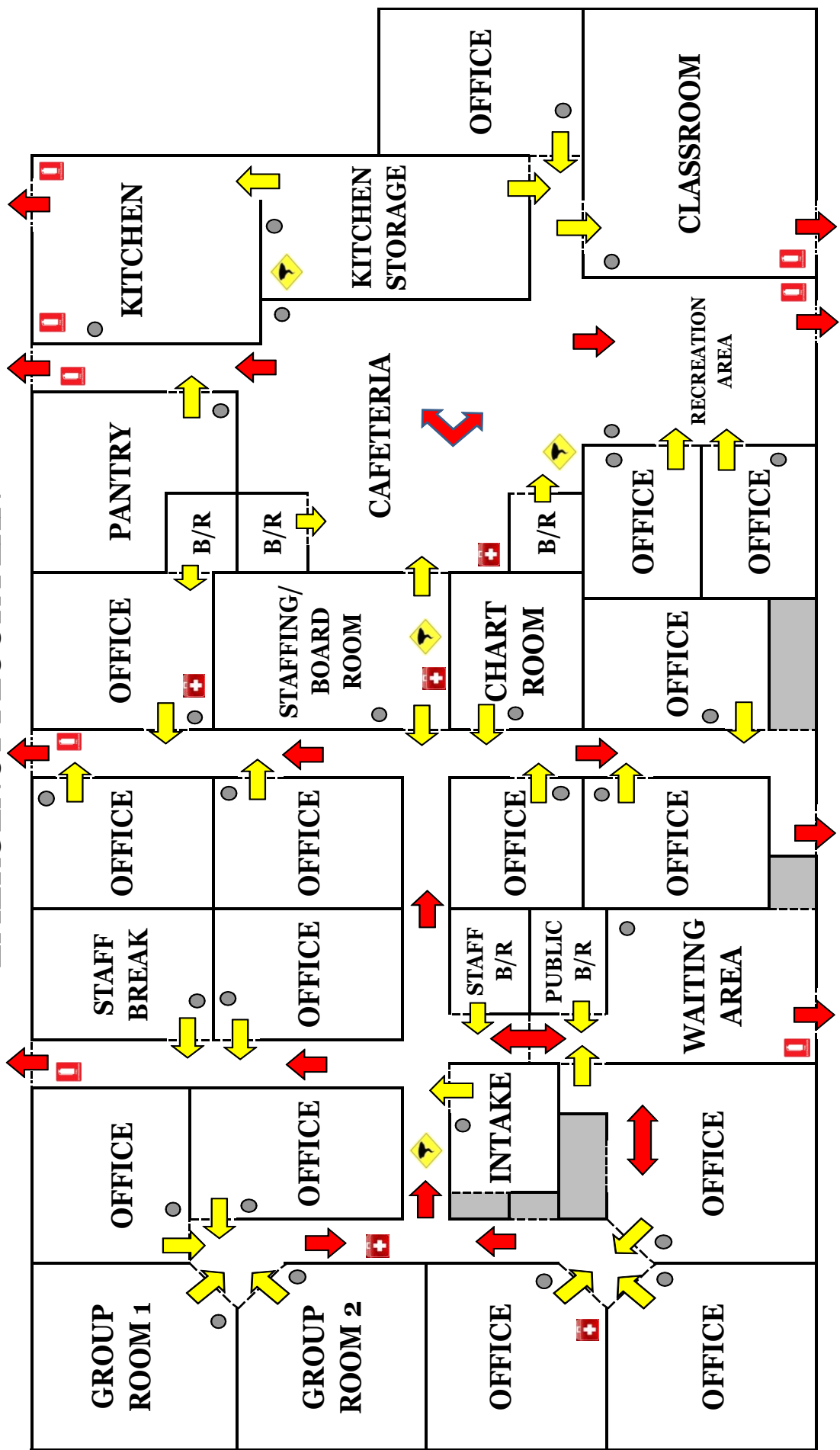
### **BOMB:**

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

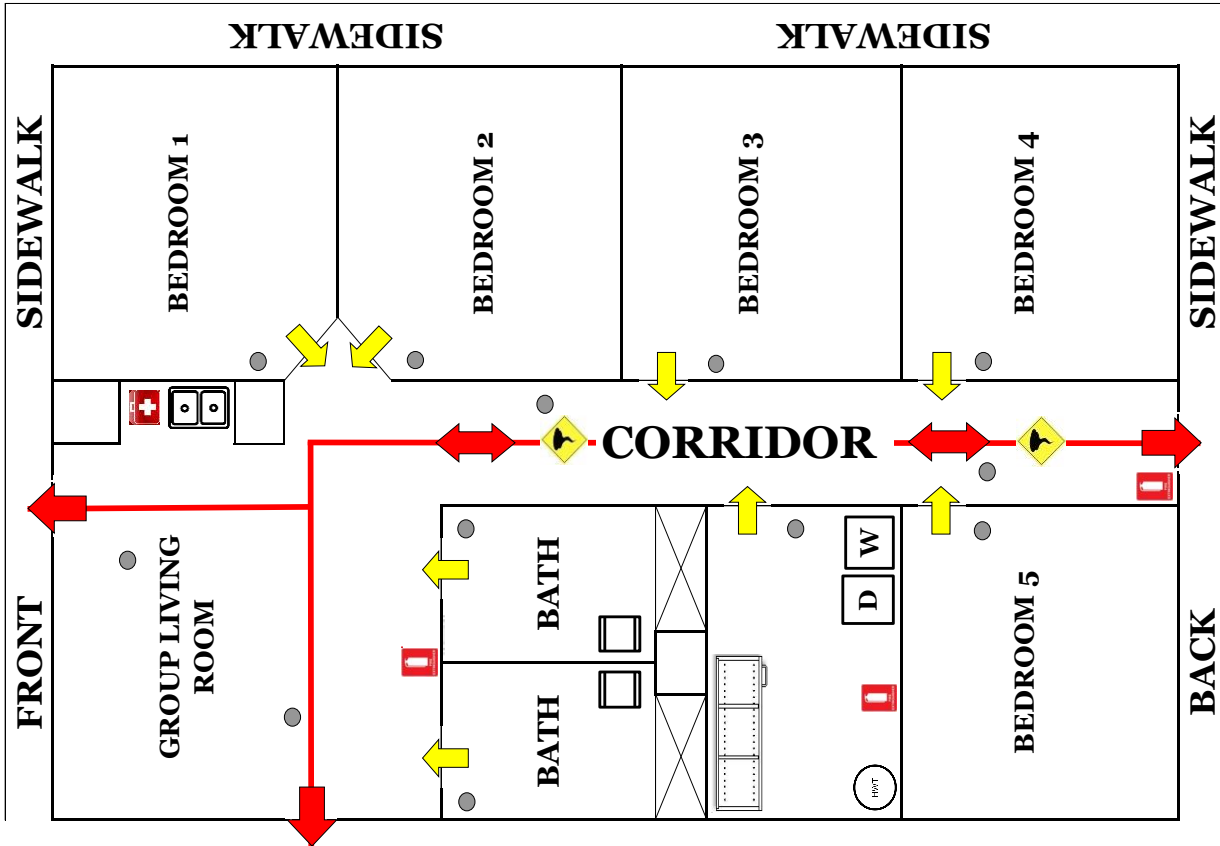


TORNADO/EARTHQUAKE SAFETY AREAS

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

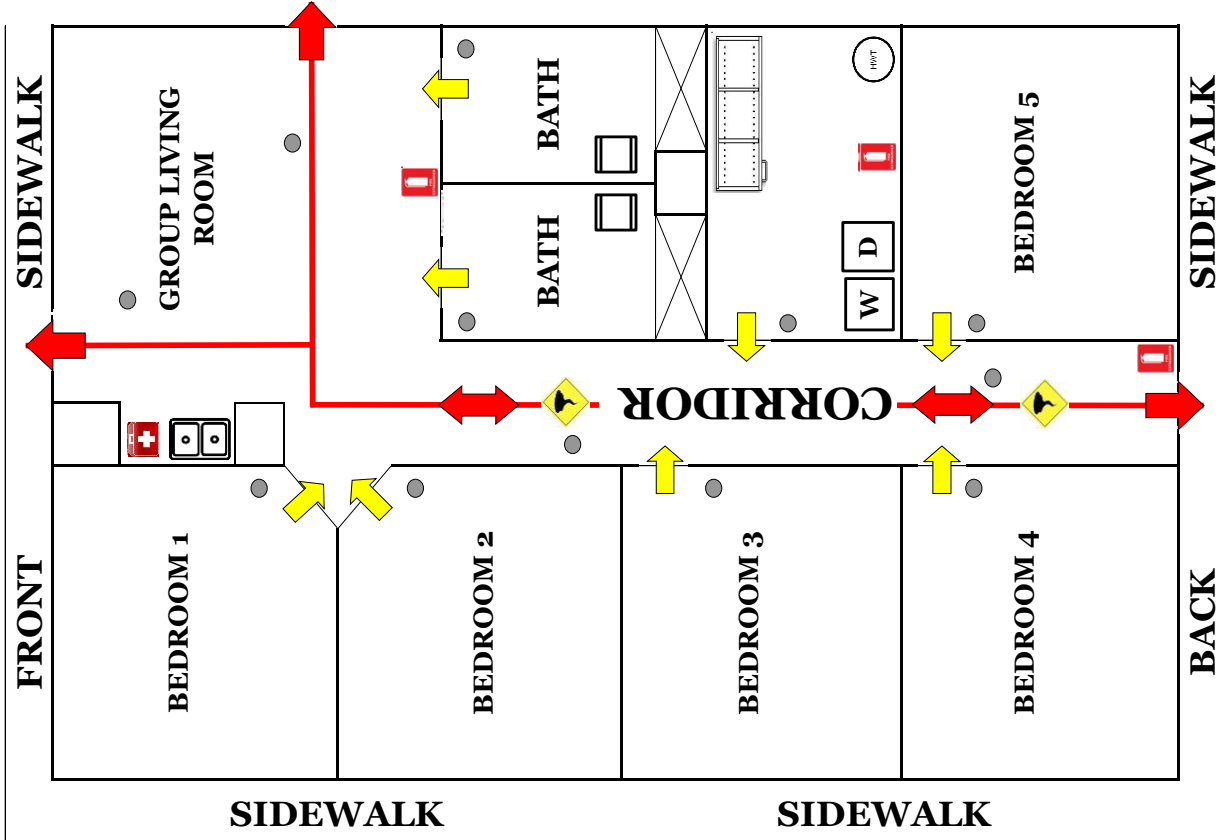
FIRE ASSEMBLY AREA - PARKING LOT FRONT OF BUILDING

WEST PLAINS ADOLESCENT CSTAR MALE GROUP HOME  
EMERGENCY FLOOR PLAN



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

WEST PLAINS ADOLESCENT CSTAR FEMALE GROUP HOME  
EMERGENCY FLOOR PLAN



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