

FCC BEHAVIORAL HEALTH ADULT COMPREHENSIVE SUBSTANCE TREATMENT AND REHABILITATION (CSTAR)

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Your Counselor will be: _____

PROGRAM HANDBOOK

Revised: October 5, 2017
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Welcome to FCC Behavioral Health's Adult Comprehensive Substance Treatment and Rehabilitation (CSTAR) Stapleton

The Stapleton General CSTAR Program serves male and female adults, aged 17 years plus 9 months of age and over. Individuals are accepted without regard to race, creed, national origin, gender, disability, or sexual orientation. To qualify for services, you must have a substance use disorder/dependence diagnosis as determined by a licensed/provisionally licensed diagnostician. The Stapleton General CSTAR treatment center is located at 581 Hwy J North Across from Pemiscot Memorial Health Systems in Hayti, Missouri. The Stapleton program provides social detoxification, level I residential treatment, level I day treatment, intensive outpatient treatment and outpatient supported recovery treatment services and Substance Abuse Traffic Offender Program (SATOP). The business office is open Monday – Friday 8:00AM through 5:00PM.

Stapleton General CSTAR also provides intake screening, comprehensive assessment, social detoxification, community support, group counseling, group education, co-occurring counseling, individual counseling, case management, family therapy, nursing, tele-health services, medication assisted services and drug screen services.

Funding Sources for the Stapleton General CSTAR programs include private healthcare insurance, POS funds, Medicaid and private fees. The ability to pay is based on the Department of Behavioral Health sliding scale and the income of the person(s)-served. The fees are determined by family income and number of dependents. If it is determined that a person(s)-served has a monthly fee from the sliding scale, that fee is collected upon admission and at the first of each month thereafter as long as the individual remains active in treatment services.

Person(s)-served are referred from a variety of sources to include, but not limited to, self and family referrals; probation/parole officers; court system; Division of Family Services (DFS); attorneys; hospitals; physicians; community agencies; private practitioners and community mental health centers.

This handbook provides information regarding program structure and services provided to you, your family members and referral sources upon admission into the program. The Scope of Service is also provided to payers and other relevant stakeholders as needed in order to help them understand what the program has to offer and determine whether it will meet the needs of the person(s)-served. Community relations activities also allow for the distribution of program information to the public through printed brochures, speaking engagements and at our website www.fccinc.org.

Clinical services are provided directly by program staff to include licensed social workers, licensed counselors, certified substance use professionals and nursing staff. Primary care needs are provided in cooperation with local medical providers. Mental health and psychiatric services are provided via tele-health communications.

STAPLETON STAFF

PROGRAM DIRECTOR – ANNA PATTERSON (EXT: 2605)

CLINICAL MANAGER – JOSHUA BROWN (EXT: 2607)

RESIDENTIAL MANAGER – SHAWN BELL (EXT: 2606)



TABLE OF

CONTENTS

ORIENTATION ACTIVITIES	5	ROOMS AND COMMON AREA	35
VISION, MISSION, CORE VALUES	6	COMPLIANCE/INCIDENT REPORTS	35
PROGRAM PHILOSOPHY	6	LEVEL POLICY	36
USE OF HANDBOOK	7	VISITATION	37
HOW DO I GET SERVICES	7	CUSTODY ISSUES	37
WHO PROVIDES SERVICES	7	CHORES	38
HOW DO I PAY FOR SERVICES	7	PHONE CALLS	38
WHAT TO EXPECT	8	SATOP	38
GIVING FEEDBACK	11	FOOD AND BEVERAGES	39
SUMMARY OF SERVICES	12	TRANSITION CRITERIA	40
SETTINGS	15	DISCHARGE CRITERIA	40
PRIVACY	15	FOLLOW-UP SERVICES	42
SCHEDULE	17	NON-VIOLENT PRACTICES	42
MEDICATIONS	18	RELAPSE POLICY	43
MEDICATION ASSISTED TREATMENT	19	SEARCH POLICY	44
CRISIS SITUATIONS	21	SELF-PAT SEARCH	45
MEDICAL EMERGENCIES	22	NOTICE OF ETHICAL PRACTICES	46
WHAT IF I CAN'T MAKE APPOINTMENT	23	NOTICE OF PRIVACY PRACTICES	47
RIGHTS AND RESPONSIBILITIES	24	FINANCIAL POLICY	50
CLINICAL SUPERVISION	26	GRIEVANCE POLICY AND FORM	51
WHO OWNS MY FILE	26	REASONABLE ACCOMODATIONS	55
ADVANCE DIRECTIVES	26	STAGES OF CHANGE	57
SMOKING	27	ROADMAP TO RECOVERY	58
DRUGS, ALCOHOL AND WEAPONS	27	COMMON CHALLENGES	60
VIDEO/AUDIO SURVEILLANCE	27	MOTIVATION FOR RECOVERY	61
DAMAGE/DESTRUCTION OF PROPERTY	28	ALCOHOL DISORDERS	62
WHEELCHAIR ACCESS	28	OPIATE DISORDERS	64
REFERRAL SOURCE(S)	28	DISASTER PLAN	65
TRANSPORTATION RELEASE	29	EVACUATION PLAN	66
SAFETY RULES	30	DAILY GROUP SCHEDULE(S)	67
ITEMS NOT ALLOWED	31		
TREATMENT FACILITY RULES	32		
DRESS CODE	33		
PERSONAL ITEMS	34		

PROGRAM ORIENTATION ACTIVITIES

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

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.
- 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
- 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 person(s)-served.

STAPLETON GENERAL CSTAR PROGRAM VISION

To provide person-centered, multi-dimensional care.

STAPLETON GENERAL CSTAR PROGRAM MISSION

Serving Hope as Life Continues.

STAPLETON GENERAL CSTAR CORE VALUES

- Substance use problems can effectively be treated in the community.
- Treatment services should be individualized to meet the unique needs of each person(s)-served in order to improve overall wellness.
- Treatment services will be provided in the least restrictive environment.
- Staff will assist in identifying and developing individualized treatment goals and will provide person-centered treatment through the utilization of various evidence-based practices such as Motivational Interviewing, Cognitive Behavioral Therapy, Basic, 12-Step Group and the Matrix Model and Sustainable Sobriety.
- Education and services will be provided to help the adult 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 person(s)-served.
- Family involvement will be encouraged through all aspects of treatment.
- We promote Integrated Dual Disorders Treatment and train staff in co-occurring models of therapy.

STAPLETON GENERAL CSTAR PROGRAM KEY OUTCOMES

- Person(s)-served will demonstrate an improvement in daily living activities as evidenced by an increase in DLA-20 scores from the time of admission to the time of discharge.
- A 50% increase in outpatient supported recovery services.
- A 25% increase in Medicated Assisted Treatment (MAT).

STAPLETON GENERAL CSTAR PHILOSOPHY

- Substance use problems can effectively be treated in the community.
- Treatment services should be individualized to meet the unique needs of each individual.
- Treatment services will be provided in the least restrictive environment.
- Staff will assist in identifying and developing individualized treatment goals.
- Education and services will be provided to help person(s)-served effectively manage their symptoms and problem areas in order to live healthy 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 the person(s)-served.

HOW SHOULD I USE THIS HANDBOOK?

This information will help you become familiar with the Stapleton program and the services we offer. Please review all the information. If you have questions, Stapleton staff can review the handbook with you personally.

You do not need to read the entire handbook before you receive treatment. However, you will need to sign a consent form before any of our services can begin. Please see the Financial Policy in the back of this handbook.

HOW DO I GET SERVICES?

Stapleton accepts referrals from a variety of sources such as:

- Probation and Parole Offices
- Division of Family Services
- Lawyers
- Doctors
- Courts
- Community Health Agencies such as Pemiscot Memorial and Twin Rivers Regional Medical Center
- Other community agencies

WHO PROVIDES THE SERVICES?

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

HOW DO I PAY FOR SERVICES?

Funding sources at the Stapleton General CSTAR Program include purchase-of-service (POS) funds, Insurance, Person(s)-served fees and Medicaid. The person(s)-served ability to pay is based on the Department of Behavioral Health sliding scale, depending on income and number of dependents. If it is determined that a person(s)-served has a monthly fee from the sliding scale, that fee is collected at time of admission and at the first of the month thereafter as long as the

person(s)-served remains active in treatment services. Staff will help you fill out paperwork to determine what you will pay. You might have a monthly fee for services. This means that you will pay for your first month of services when you are admitted, and again on the first of each month you remain in treatment services. Fees are based on a sliding fee scale. Many person(s)-served will pay zero out-of-pocket.

If it is determined that you have a monthly fee for services that fee is collected at time of admission and at the first of each month as long as you remain active in treatment services. Active treatment services include residential, day treatment or outpatient.

WHAT TO EXPECT WHEN YOU ENTER TREATMENT SERVICES

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

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

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

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

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

Therapeutic Process. You should know that therapy is not always easy. You may have to discuss very personal information. You could find those conversations difficult and embarrassing, and you might be very anxious during and after these conversations. Counseling is meant to make problems better, but sometimes, especially at first and when you get to the root of some things, you may feel them even stronger than in the past.

Treatment can take many forms. At first, your counselor will spend time getting to know you. In order to create a therapy plan that works for you, Stapleton counselors need to understand your concerns. Typical areas covered in this assessment include questions about:

- Your family situation
- Your strengths, weaknesses, and concerns
- If you have children, their early development (including pregnancy and delivery)
- How you cope with problems
- Possible solutions for your concerns

Counselors may talk about these topics with you over several sessions.

You will create your treatment plan with your counselor and you will sign and receive a copy of your plan. Your counselor may also consult with other Stapleton staff, including your Care Coordinator and the nurse, to develop some goals and strategies. Throughout this process, your counselor will give you strategies that you can use to help you with your problems and concerns.

Sometimes counseling means trying new ways of doing things. You will always be free to move at your own pace. We will challenge you and your old ways of thinking and doing things, but we cannot offer any promise about results. We believe all patients are important. We treat persons served in these groups first because these medical situations are very serious, and these patients need care right away:

- Suffer from a serious substance abuse disorder
- Are pregnant
- IV drug using
- Are homeless
- Are ordered by a court to receive treatment
- Need substance use crisis stabilization right away

Initial Assessment. A qualified staff member from FCC will meet with you to complete an intake assessment. They will ask about your current problems, personal history, medical problems, prior hospitalizations and other questions that are important to assist you in planning your treatment.

With your permission, the staff may interview others who have information that would help with understanding your needs and strengths. If you have friends, family or a legal guardian that could provide information that would help in planning your services please inform the person who is completing the assessment.

During this assessment process, you will be notified of the locations of the handbook; the Classroom, the Common Room, Detox, the Living Spaces and the Front Office. The handbook and other informative material you may need to refer to during services will be reviewed with you by a staff member to orient you to what you can expect from our services and what is

expected of you while receiving services. Your input is very important during the assessment to ensure the plan for treatment accurately reflects your needs, abilities, strengths and preferences for treatment. Asking questions, correcting any errors and being an active participant in planning your treatment is vital to achieving your goals for recovery.

Person-Centered Care Plan. The assessment is an important step in learning about your expectations for recovery which leads to development of a plan for change. The person-centered care plan is developed based on the problems or issues you have identified during the assessment, your strengths that will help you achieve your goals and possible barriers to success. The goals are statements of what you want to change and the objectives are the steps to work toward those goals. The person-centered care plan should reflect your choices and preferences in your own words when possible. The person-centered care plan should reflect the level of services you need according to the severity of your needs at intake and throughout your treatment. It is completed by yourself, your Care Coordinator (CC) and other staff members that are involved in your treatment.

The person-centered care plan will be reviewed and updated with you to make changes when goals are met, need to be revised or another goal or objective added. You can also request that goals be added as are deemed necessary for recovery in collaboration with your treatment team.

During the assessment and treatment planning you will begin planning for discharge from services by stating how you will know when you have achieved recovery and no longer need our services and what resources you might need to maintain recovery.

Residential Services. (Level R1) are on-site and provides 24-hours a day, seven (7) day per week staff monitoring to assure your safety. This includes a minimum of fifty (50) hours of structured activities a week consisting of group education, group counseling, individual and group counseling, community support services, nursing and outside activities.

Residential services are a family-type environment where you receive the tools you need in overcoming the problems related to alcohol, drug addiction and mental health issues. Our residential treatment program is not designed to be a permanent retreat from the demands of self-reliance, but rather a supporting therapeutic environment which provides the assistance you need in order to live a life free from the debilitating effects of substance use. The site offers a formation of new and positive relationships with the re-establishment of family and community contacts which are areas of paramount importance in the treatment process.

Day Treatment and outpatient services consist of group education, group counseling, individual and family counseling, and community support services.

Level I Day treatment services are provided Monday – Friday from 8:00am to 5:00pm. The day treatment program length of stay is based on individual needs. Group counseling and

educational classes are provided at a minimum of ten (10) hours during the week and individual counseling is scheduled once (1) a week at a minimum.

Level II intensive outpatient services are provided on multiple occasions weekly with individual counseling as scheduled with the counselor. Services include multiple occasions for: group substance use and co-occurring counseling, individual counseling, group education, community support, nursing services and drug screening.

Level III outpatient supported recovery offers services up to three (3) hours a week of: group substance use and co-occurring counseling, individual counseling, group education, community support, nursing services and drug screening; while redirecting you to community support groups and counseling interventions within the community.

HOW TO GIVE FEEDBACK ABOUT YOUR SERVICES

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

You can give feedback on our services at these times:

- When you first reach out to the Stapleton General CSTAR program
- At any time by using the suggestion box
- At scheduled staffing with the treatment team
- After your treatment with the Stapleton General CSTAR has ended
- We also encourage you to provide regular feedback to your counselor to make sure that you are working together toward your treatment goals. We will use your feedback to improve our services. The Program Director has an open-door policy and will speak with you to address concerns that you believe are not being handled the right way.
- A Satisfaction Survey is completed twice (2) a year by those receiving services. These surveys are used to evaluate program services, make needed changes or to recognize when a service or staff member has made a positive impact in your recovery. They also have been helpful in learning ideas for group topics and areas of interest for outings, crafts and personal growth.
- A Community Meeting is held monthly to provide you with an opportunity to discuss issues with others attending treatment. A Person(s)-served Advisory Committee is voted on twice (2) yearly to choose three (3) people to discuss facility business, hear problems, and meet with administrative staff to discuss plans and/or problems. If interested, you can apply to be placed on the FCC Stapleton Advisory Board.

DESCRIPTIVE SUMMARY OF SERVICES

Stapleton General CSTAR is a certified treatment program offering the component of residential care for specific needs of Adults, ages 17 and 9 months and over, addressing the issue of substance use and/or dependency. The Stapleton General CSTAR Program is compliant with applicable state and federal Medicaid requirements. Service delivery models and strategies are based on accepted practice in the field and the practice of evidence based treatment modalities. Services are designed and delivered to support the recovery, health and well-being of the person(s)-served; to enhance their quality of life, to reduce needs and build resiliency, improve functioning and support their integration back into the community.

Group Counseling is face-to-face, goal oriented therapeutic interaction among a counselor and two (2) or more persons as specified in individual recovery care plans designed to promote the individual's functioning and recovery through personal disclosure and interpersonal interaction among group members. The usual and customary size of group counseling sessions is eight (8) individuals and shall not exceed twelve (12) person's-served in order to promote full participation, disclosure and feedback. Specialized group counseling topics include, but are not limited to: Anger Management, Relapse Prevention, gender specific groups, trauma groups and co-occurring specific groups.

Individual Counseling is a structured, goal-oriented therapeutic process in which the person(s)-served interacts on a face-to-face basis with a counselor in accordance with the individual's rehabilitation plan in order to resolve problems related to substance use which interferes with the person(s)-served functioning. Various treatment modalities are provided by appropriately trained staff to include, but are not limited to: Motivational Interviewing, Cognitive Behavioral Therapy, Integrated Dual Disorders Treatment and Relapse Prevention Therapy.

Recreation/Healthy Living Activities are designed to promote development of positive leisure time activities to include the involvement in community, social, fitness, cultural, athletic and leisure activities offered as part of the program.

Nursing services are provided in order to monitor the overall health and wellness to include medication education; medication efficacy; health education; TB, HIV, STD screenings and preventative education. Primary care needs can be obtained for the person(s)-served through referral and collaboration with community resources.

Medication Assisted Treatment (MAT) is an evidenced based practice that combines pharmacological interventions with substance use counseling and social support. All individuals in services at Stapleton General CSTAR will be educated on available medication assisted treatment interventions. The program will provide staff that are trained and certified in the delivery of Medication Assisted Treatment services.

Community Support services, which consists of specific activities in collaboration with, or on behalf of the person(s)-served, are delivered in accordance with the recovery care plan. Community Support services maximize adjustment and functioning within the community while achieving sobriety and sustaining recovery, maximizing the involvement of natural support systems, and promoting independence and responsibility. Care Coordinators assist the individual in identifying available community resources and services to help them achieve recovery care plan goals. Care Coordinators have a working knowledge of health care, social services, employment, safe housing, recreational opportunities, transportation, and other services and systems available in the community. Care Coordinators also provide educational services regarding various daily living skills such as budgeting, meal planning and personal care. Care Coordinator services are provided in any setting that allows the best access to services. Settings may include the treatment center, medical clinics, schools and/or community businesses.

Co-Occurring Counseling is a service which provides counseling to those identified as having both a substance use diagnosis and a mental health diagnosis. Co-occurring issues are integrated into the recovery care plan and are provided by qualified personnel. Co-occurring specific groups are also provided. If it is determined that an individual needs a psychiatric evaluation, this service can be coordinated through the agency telemedicine program. The program is equipped with telemedicine equipment that will allow us to access agency psychiatrists as needed for routine and/or crisis psychiatry services.

Drug Screens are completed upon intake and sent to Laboratory for confirmation. Follow-up testing may be conducted at any time during treatment which could include specimens being sent to the lab for confirmation and/or an on-site dip screening test. The urine samples are collected according to recognized practice standards by trained staff. Results from drug screens are addressed with the individual once the results are available, in order to intervene with substance use behavior. Test results and actions taken shall be documented in the individual's record.

Doctor Services (Psychiatry) is provided for individuals who prefer to be treated with psychotherapy, counseling and/or case management, our staff provide medical, nursing and prescription medicine services through coordination with local agencies and follows all state and federal laws for dispensing prescription medicine.

Alcohol and Drug Education consists of the presentation of general information regarding substances of use, and the application of the information to participants through group discussion designed to promote recovery.

Group Education consists of the presentation of general information and application of the information to participants through group discussion in accordance with individualized treatment plans which are designed to promote recovery and enhance social functioning. The usual and customary size of group educational sessions shall not exceed thirty (30) person(s)-served.

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

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



SETTINGS

FCC Behavioral Health's Stapleton General CSTAR Program provides residential treatment at the location of 501 Highway J in Hayti, Missouri. Person(s)-served attend group treatment in the main administrative office and stay in the residential rooms. The residential rooms can accommodate sixteen (16) person(s)-served. Each person(s)-served is provided with a twin bed, a chest of drawers and a hanging clothes area. The person(s)-served share community bathrooms and showers.

There are washers and dryers located on-site. Person(s)-served are provided with laundry soap and fabric softeners with no additional charge for the person(s)-served while in the residential program in order to wash/dry their personal clothes and individual bed linens. Person(s)-served are provided healthy food and snacks prepared by the professional food handler staff in the commercial kitchen in the main administrative office.

PRIVACY

The Stapleton General CSTAR Program works to protect your privacy by not sharing your personal or medical information. This is called "confidentiality."

Confidentiality is very important for all agency services. We will ask you to sign consent forms to share and get information. Your doctor and/or therapist should ask for your permission to share your information with anyone outside of FCC Behavioral Health (FCC) and the Stapleton General CSTAR Program.

There are times that FCC must share information with people who are not your doctor and/or therapist. Usually this is because of a legal and/or medical situation, or because FCC uses this information internally to help improve our services.

There are different types of situations where FCC has to share information:

Because of Legal Situation

If we see and/or hear that a child may be experiencing physical, sexual, emotional abuse and/or neglect; FCC Behavioral Health (FCC) will report this to the Child Abuse Hotline.

FCC and the staff members associated with any FCC program and/or service, are mandated reporters. We are required by law to share information with the Children's Division if:

- There is an active child protection investigation, or
- The Children's Division asks for information for the purpose of case planning
- If a court orders a staff member to share information

We are required to share certain information with outside organizations that license health care providers such as nurses and/or doctors.

For Medical Reasons

We are required to report information about some contagious diseases to the Public Health department. If you are in danger of hurting yourself, we will contact local law enforcement and/or emergency services.

A clinical team reviews your case before you begin treatment to make decisions about what treatment may work for you, and to assign you to a FCC Behavioral Health clinician.

While you receive treatment, counselors work with one another. This means your doctor is supervised by another professional and can ask for input from other professionals to make sure you get the best care. This supervision and consulting is only within the program. Clinicians cannot ask for input or supervision from anyone outside of the program without your consent.

Sign acknowledgement of the Advance Directive for Behavioral Health (ADBH) form and let us know if you have one. You will receive a copy of “Life Choices” when you enter our program and someone will explain this process. An Advanced Directive for Behavioral Health (ADBH) is a legal document that allows person(s)-served, when of “sound mind,” to refuse specific treatment and/or give consent to future psychiatric treatment. An ADBH may authorize another person to make future decisions about mental health care on behalf of the person(s)-served, if he/she becomes incapacitated. This document allows a person(s)-served to make these decisions in advance about treatment if they become unable to make or to communicate reasoned decisions regarding mental health treatment. The ADBH involves the healthcare power of attorney that appoints another person to make decisions during a time when the person(s)-served is not able to make decisions.

We may work with your primary care doctor during your treatment to get information important to the treatment process. Also, if a child is admitted to the hospital, the hospital will request us to share information. If there are delays in getting signed release forms, will share information with the hospital as necessary.

To Help Improve the Quality of Care

FCC Behavioral Health keeps basic demographic information such a name, address, date of birth, phone number and similar information as well as and clinical information, like your diagnosis. Only FCC employees can see this information. FCC Behavioral Health writes a report to make sure we are giving you the best care possible using this information anonymously. If you decide to access your alcohol and/or substance use treatment services elsewhere, and if you give your consent, persons working in that agency will be able to access your information.

At different times during your treatment and after you finish treatment, we may ask you to fill out a person(s)-served satisfaction surveys. These surveys may ask you for some personal information. The surveys help us include your feedback into our agency planning.

SCHEDULE

- Wake-up time Monday through Friday is 6:30 am. Wake-up time on Saturday and Sunday is 8:00 am. Person(s)-served are NOT allowed out of their rooms any earlier than 5:00 am.
- Bedtime is 9:30 pm each day of the week to include weekends.
- Bed checks will be performed every 30-minutes throughout the night to ensure the safety and the whereabouts of the person(s)-served. Bedtime clothing must be worn.
- Discharge time is 8:00 am.
- Showers can be taken anytime from wake-up (6:30 am on weekdays and 8:00 am on the weekends) until classes start. Showers can also be taken in the evening any time after all classes are finished up until lights out (9:30 pm on weekdays and 9:30 pm on the weekend). No showers are to be taken after lights out.
- There will be NO sleeping or lying down between wake-up time and 7:00 pm, unless the person(s)-served are ill and has been given permission from a counselor.
- There is to be NO sleeping or lying down in the classroom and/or lounge areas.
- If you choose to rest during your break time, this is to be done in the extra group room only. Please respect the limited space of the extra group room and do not monopolize it.
- Medications will be given at scheduled times unless a specific prescription dictates otherwise. (See the next section regarding medications)
- Over-the-counter (OTC) medications will be given at designated times. Medications will take priority over requests for cigarettes. Please wait your turn.
- Person(s)-served are to be in their scheduled group's on-time.
- Person(s)-served are NOT to leave a group session once it has started, except for an emergency. Person(s)-served have plenty of time for the bathroom and to get a drink during their breaks. Breaks are scheduled during each hour.
- Any unauthorized absence from the facility will result in your immediate discharge.
- Laundry should be done at an appropriate time in the evening or during the weekend. Laundry should not interfere with groups. No laundry should be done after lights out.
- Please refer to the daily schedule for a breakdown of specific groups and topics. Variations may occur at staff discretion.

MEDICATIONS

All medications **MUST** be turned in at the time of admission. Prescribed drugs must be approved/verified by the prescribing physician before staff can assist you with them. If you are using a prescribed medication, you should bring a thirty (30)-day supply with you to the program.

There will be absolutely no sharing of medications. Only those medications that are prescribed to an individual may be used or over-the-counter (OTC) meds as approved by nursing staff. The day treatment nurse and evening LPN will work with the physician's orders in determining medication care and compliance.

Medications will be given at these scheduled times unless a specific prescription dictates otherwise; a note from the nurse is required to obtain your medication earlier (with the exception of PRN medication(s) authorized by a Doctors' order):

8:00-9:00 AM

12:00-1:00 PM

5:00-6:00 PM

9:00-10:00 PM

When medications are made available to you, only one (1) person at a time is allowed in the medication area.

Decisions regarding the use of OTC medications during times other than specified will be made on an individual basis. Please utilize break times if at all possible to request OTC medication, class time and group time will be honored, unless in the case of permission by the nurse or an emergency.

Staff will make trips to purchase cigarettes for you two (2) times per week. These trips will be made on Tuesday and Friday. If you need to purchase cigarettes, you will need to ensure that your order and money is turned into the detox office by 2:00 pm that day. If you miss this deadline, you will have to wait until the next scheduled day. Cigarettes may not be brought in by people in lower levels of treatment.



MEDICATION ASSISTED TREATMENT SCREENING/EDUCATION

Medication Assisted Treatment Screening/Education is provided at the time of admission. The person(s)-served will receive a screening tool to complete. After completion, if the person(s)-served is appropriate, the person(s)-served will meet with the Stapleton nurse and clinical care team. Effective treatment attends to multiple needs of the individual, not just his or her drug use.

Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction. Medications are an important element of treatment for many patients, especially when combined with counseling and behavioral therapies.

Assessment

The assessment should begin as soon as person(s)-served are admitted. It provides a basis for individualized treatment planning and increases the likelihood of positive outcomes. No single tool incorporates all the important elements for assessing patients in MAT. The Addiction Severity Index (ASI) although not comprehensive, can guide collection of the basic information needed to measure person(s)-served conditions and progress objectively.

First Contact

The screening process begins when an applicant and/or family member first contacts, often via telephone or a visit to the program. This contact is the first opportunity for treatment providers to establish an effective therapeutic alliance among staff members, patients, and patients' families.

Careful planning for and interaction with new applicants and their families contribute to positive MAT outcomes. Staff members should be prepared to provide immediate, practical information that helps potential applicants make decisions about MAT, including the approximate length of time from first contact to admission, what to expect during the admission process, and types of services offered. A brief exploration of applicants' expectations and circumstances can reveal other information they need for considering MAT.

Goals of Initial Screening

The consensus panel recommends the following goals for initial screening:

- Crisis intervention. Identification of and immediate assistance with crisis and emergency situations (see "Screening of Emergencies and Need for Emergency Care" below)
- Eligibility verification. Assurance that an applicant satisfies Federal and State regulations and program criteria for admission.
- Clarification of the treatment alliance.

- Explanation of patient and program responsibilities
- Education. Communication of essential information about MAT operations (e.g., dosing schedules, program hours, treatment requirements, addiction as a brain disease) and discussion of the benefits and drawbacks of MAT to help applicants make informed decisions about treatment
- Identification of treatment barriers.

Determination of factors that might hinder an applicant's ability to meet treatment requirements, for example, lack of childcare or transportation. Along with these primary goals, initial screening can begin to identify other medical and psychosocial risk factors that could affect treatment, including factors related to mental disorders; legal difficulties; other substance use; and vocational, financial, transportation, and family concerns. Cultural, ethnic, and spiritual factors that affect communication and might affect treatment planning should be noted as early as possible. Staff members should obtain enough information from applicants to accommodate needs arising from any of these factors if necessary.

Screening for Emergencies and Need for Emergency Care

The consensus panel recommends that providers develop medically, legally, and ethically sound policies to address patient emergencies. Emergencies can occur at any time but are most common during induction to MAT and the acute treatment phase. In particular, patients who exhibit symptoms that could jeopardize their or others' safety should be referred immediately for inpatient medical or psychiatric care. If possible, staff members who conduct initial screening and assessment should make appropriate referrals before applicants are admitted. Identifying and assessing emergencies may require staff familiarity with the components of a mental health status examination.



CRISIS SITUATIONS

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

Some emergency situations arise when a person is threatening to hurt themselves or someone else. Our staff will assess what needs to be done to keep everyone safe. We will use medical information from your record. When you begin treatment, please give us the following:

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

Medical

The RN, LPN and/or duty staff will contact 911 if an immediate crisis occurs for transport to Emergency Room. After crisis is controlled, Program Director, Clinical Manager and/or direct supervisors will be contacted.

Behavioral Crisis

Should a behavioral crisis occur on Center premises, action will be taken to protect the safety of the person(s)-served, you, visitors and personnel. Program Director, Clinical Manager and/or direct supervisors will be notified of the crisis. It will be the responsibility of the therapist to determine action to be taken. The therapist will first determine if the individual can be “talked through” the crisis. If this is not possible, the therapist will make the decision if medical and/or police intervention is necessary.

Stapleton General CSTAR Program does not use seclusion or restraint in any programs.

Stapleton General CSTAR Program staff regularly practice emergency drills to ensure that we are all prepared in the event of an emergency situation such as an earthquake, tornado, fire, and disaster emergency situations.

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

Tell a Stapleton General CSTAR Program staff member.

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

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

CRISIS LINE NUMBER

1-800-356-5395

WHO SHOULD I CALL IN CASE OF A MEDICAL EMERGENCY

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

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

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

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

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

WHAT IF I CAN'T MAKE MY APPOINTMENT?

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

A No-Show means:

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

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

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

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

OUTPATIENT NO-SHOW, MISSED APPOINTMENTS SERVICES POLICY

Stapleton Adult Treatment Center is dedicated to providing our community with quality mental health services. Appointments that are missed, cancelled, or rescheduled without sufficient notice result in the loss of an hour of therapy. It is difficult to reassign that specific hour to someone else on such short notice.

Because of our commitment to our persons served, Stapleton will utilize the following new policy. An individual will be discharged from receiving Services for Appointment non-compliance based upon **ONE** of the following:

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

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

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

RIGHTS AND RESPONSIBILITIES

Your Responsibilities. Treatment requires commitment and work from you to address the area(s) identified as benefiting from change. The most benefit will be derived from integrating the new skills developed, with the assistance of your counselor, into your life outside of the agency.

You are expected to:

- Actively participate and collaborate throughout the treatment process. Participation involves sharing your thoughts, feelings and concerns in circumstances that directly affect your treatment.
- Attend and be on time for your scheduled appointments with both Stapleton staff and outside agencies
- To inform staff of any changes in medications, home address, phone numbers, funding sources, or other important information
- To take medication as prescribed and to refrain from attending any services under the influence of non-prescribed drugs or alcohol.
- Treat others with dignity and respect.
- Respect the privacy of others accessing Stapleton services.
- To know the rules and guidelines for the Stapleton program

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

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

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

- to have nourishing, well-balanced varied diet
- to attend or not attend religious services
- to correspond by sealed mail with officials of the Department of 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/her own records except to the extent that the individual's primary therapist/counselor determines this would be detrimental. When an individual reviews his/her own record, this will be documented in the case record. If it is determined that review of the case record will be detrimental to the individual, this will be documented in the case record. Because of confidentiality standards, individuals will be advised to contact the original source of any such information. Whenever an individual accesses personal records, a staff member will be present.

Our Responsibilities.

- Give you ethical treatment based both upon laws and the agency Code of Ethical Conduct.
- Participate in treatment as required per agency schedules.
- Work with you to prepare an assessment, treatment plan, and goals.
- Make sure you get the services you need to meet your goals.
- Report to the police if we hear of, see or suspect sexual, physical or emotional abuse or neglect, as the law requires us to.
- Act on suicidal or homicidal threats or behaviors.

CLINICAL SUPERVISION

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

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

If you have questions or a problem, call us at 573-359-2600 to schedule an appointment.

WHO OWNS YOUR FILE

FCC Behavioral Health (FCC) and Stapleton General CSTAR are the legal owner of any agency file pertaining to person(s)-served.

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

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

ADVANCE DIRECTIVES

An advance directive is a legal written document to have in the event you are unable to make or communicate your wishes about your health care. This document allows you to name someone to make decisions about your care or to carry out your written directions about your treatment.

If you already have an advance directive, please allow us to make a copy for your records. If you do not have an advance directive and would like more information please ask a staff member.

SMOKING

Stapleton has a “No Tobacco” policy, this also includes electronic cigarettes and chewing tobacco. No use of tobacco is allowed inside of the building. Individual’s found using any tobacco products in the building are subject to immediate discharge

If you wish to smoke, you may do so outside the building in the smoking area. Ask Stapleton staff where the smoking area is located.

You are allowed to keep one (1) pack of cigarettes, or one container of smokeless tobacco, with you at any one time.

All tobacco products brought in from the outside will need to be in unopened packages.



DRUGS, ALCOHOL AND WEAPONS

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

If a situation is dangerous, a Stapleton employee will call local police.



AUTHORIZATION FOR VIDEO/AUDIO SURVEILLANCE

For the purpose of person(s)-served safety and supervision, Stapleton treatment centers and residential areas are equipped with video and audio surveillance equipment. These surveillance cameras are located within the general areas of the treatment center and residential areas. In order to respect person(s)-served privacy, cameras are not located in the sleeping or lavatory areas.

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



RESPONSIBILITY FOR DAMAGED/DESTRUCTION OF PROPERTY

I understand that any purposeful destruction or damage to the property of Stapleton will require monetary compensation for the repair or replacement of that property. This will include any destruction/damage done to the treatment facility and/or residential area, including but not limited to, the structure, furniture, electronic equipment, recreational equipment, and/or vehicles. I also understand that I will be responsible for this compensation to Stapleton prior to being discharged.



WHEELCHAIR ACCESS

There is a wheelchair ramp at the main entrance to our site. The Stapleton General CSTAR Program is wheelchair accessible on the main floor only. We follow the American's With Disabilities act and will make accommodations to assist you should you need them. Staff will be available to assist please call 573-359-2600 if you need access assistance.

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



REFERRAL SOURCE(S)

Stapleton accepts referrals from a host of different sources. Person(s)-served can also self-refer themselves for services. The majority of referrals for the Stapleton program are made via a telephone call from the person(s)-served themselves, a probation officer, drug court case worker, hospital social worker, family member and/or other FCC provider(s). Administrative support staff completes a screening tool and schedules a time for the person(s)-served to come to the office for an assessment.

On occasion, the Stapleton program will be contacted for an assessment by someone in crisis and in need of immediate placement. FCC Behavioral Health staff work with the person(s)-served to try and accommodate her/him or find an appropriate placement the same day.

Person(s)-served who come in for treatment but are medically unstable for services are sent for hospital services. The following are the most common used Hospitals:

- First Step (Twin Rivers Hospital)—medical detox
- Resolutions (Pemiscot Memorial Hospital)—medical detox

TRANSPORTATION RELEASE

We at FCC Behavioral Health want to provide you with all available opportunities in getting to your appointments that are vital to your treatment. These services may be, but are not guaranteed, to be provided by the Agency, in a company vehicle or by a staff member in their personal vehicle. You should understand that all programs do not give the privilege or require the agency or any of the staff to transport you to any destination to attend an appointment. If a situation were to arise, in which staff at FCC Behavioral Health deems that they can and should transport you somewhere in a vehicle, either company or personal, you must read the following information and agree to it by signing below.

If you ride in a company vehicle, staff privately owned vehicle or any other vehicle used on behalf of this facility to transport you; you will not hold Stapleton or any of its staff responsible for any events that may be cause of actions, rights, suits, or accidents that may occur during these events.

This release includes all claims, severely or otherwise, past, present, or future, which can or may ever be asserted by you as the result of injuries or death that result of you getting into an agency related vehicle.

By signing below, I make it known that I have read the above information and completely understand what the information pertains to and agree to it in its entirety.

Vehicle Transporting: ANY



SAFETY RULES FOR RESIDENTIAL FACILITIES

- No weapons allowed. No drugs /alcohol or paraphernalia allowed.
- All persons admitted to the facility must be searched including the clothing items they have on; all pockets—jeans, shirts, socks, shoes and band in jeans and collars of shirts. Search inside of lining of caps and hats. Search all cigarette packages and lighters.
- All luggage, purses, and wallets must be searched and listed on an inventory sheet. We strongly encourage you to bring belonging in trash bags. All laundry soap and dryer sheets must be searched and labeled with your name on items.
- Cigarettes and lighters are checked in and out. No food, drink or tobacco products or lighters are allowed in the bed rooms. All stop-smoking products must be checked in with the nursing staff.
- Razors must be locked up at all time, checked out when needed and brought back to staff to be placed in your basket in lock-up.
- All canes, crutches, walking sticks, walkers or wheel chairs must be checked in with the nurse and treatment team before approved. Artificial limbs, arm slings, cast and knee braces must be searched.
- Hair spray must be in pump bottle, must be new and sealed. Deodorant must be new, stick or solid form and sealed, tooth paste must be new. Mouth wash must be alcohol free and sealed when brought in to the facility. You must ask staff to use these products and return to staff after use.
- All sharp objects that appear harmful to self or others must be locked up until time of discharge.
- Any over-the-counter (OTC) medication brought into the facility must be in sealed containers and must be placed in lock up until discharge. The nursing staff must approve over the counter medication before it can be given to you. If nursing staff does not approve over the counter medication, they will be placed in lock up and you can take them with you when discharged.
- There will be **absolutely no sharing of medications**. Only those medications that are prescribed to an individual may be used or OTC medication as approved by nursing staff.
- Any food, drink, candy with soft centers or gum brought in by you will be placed in lock up and sent home with you when are discharged.
- All items placed into storage must have your name on it.
- All laundry products and tobacco product must have your name on them.

ITEMS NOT ALLOWED

Any items deemed as drug paraphernalia such as spoons, plastic baggies, syringes, and razor blades, for example.

- Pictures with glass frames.
- Metal clothes hangers.
- Any product containing alcohol or any kind. This includes Germ-X (Hand Sanitizer), mouth wash, etc.
- Hair dying products.
- Self-tanning lotions.
- Nail polish and nail polish remover.
- Waxing products.
- Nail clippers or nail files.
- Perms.
- No prescribed medication will be accepted that is not in proper prescribed and current medication bottles. It must be turned in, checked by RN and locked up. This includes over-the-counter medication(s) unless approved by RN.
- All electronics to include but not limited to; alarm clocks, radios, computers, IPADS, IPODS, Cell phones and/or batteries.
- No pocket knives, switch blades, etc.
- No thumb tacks, push pins, scotch tape high, lighter or permanent makers.
- No chains on wallets or key chains.
- Automobile keys must be turned in, labeled, and locked up.
- No clothing with hate slogans, any drug or alcohol symbols or slogans, no clothing that depicts death. Examples include but not limited to; Skulls, Pot Leaves, etc.
- No clothing that has holes where skin is showing, no bagging pants, low cut or see through clothing, no short skirts, or shorts that are not mid-thigh length. No tank tops or sleeveless shirts or blouses.
- No more than fifty (\$50.00) dollars is to be brought into the facility.
- No pillows, blankets, towels or wash clothes are to be brought in. Facility provides these items.
- No electronic cigarettes or lighter fluids.
- No glue, super glue or dental glue.
- No spray paints or hand paints are allowed.
- No aerosol can(s) or containers.
- No perfumes and/or colognes.
- No bottled water.
- No powdered drink mixes.
- No open lip gloss or Chap Stick. Must be new and sealed in original wrapping.
- No sun glasses.
- No book bags or backpacks.

Violation of any rules set forth by FCC Behavioral Health could result in discharge from the program and/or disciplinary actions established through CSTAR policies and procedures. These rules are set forth in order to protect you as well as the staff.

TREATMENT FACILITY RULES

General Information:

- The use or possession of *ALCOHOL, ILLEGAL MOOD ALTERING DRUGS, OR UNAUTHORIZED PRESCRIPTION DRUGS IS ABSOLUTELY PROHIBITED!*
- Stapleton is a residential and outpatient treatment program for men and women with alcohol and/or drug abuse problems. Treatment success depends on the individual's active participation in the treatment program. Decisions regarding discharge and successful completion of the treatment program will be made on an individual basis.
- If you are caught with contraband on the treatment center property referral source(s) will be contacted and decision made regarding the remainder of your treatment with the possibility of successful completion as a possible option.
- The theft or misuse of other persons, staff and/or center property is prohibited and may result in legal prosecution. Any illegal acts such as physical assault can result in prosecution.
- Any acts of violence are cause for immediate discharge! Weapons of any nature are prohibited. This includes pocket knives or any sharp object deemed as dangerous. This is weapons free facility.
- Personal vehicles are permitted. The keys must be turned in and all vehicles are subject to a search. Once you enter the treatment program, you will not be allowed to return to your vehicle until time of discharge, the exception is with staff supervision. Parking arrangements for your vehicle will be made by the agency. If you bring your vehicle to treatment, FCC Behavioral Health is not responsible for any damage or theft to the vehicle.
- You will not be allowed to leave the facility to run "errands;" this includes purchases of personal items; check cashing; etc. Based on staffing availability, appropriate items may be picked up.
- Males and Females are not allowed to communicate with one another, verbally or written.
- Physical intimacy between you and others or toward staff is prohibited. This includes suggestive mannerisms. You will be treated as an individual, not as couples, unless supervised by a Family Therapist.
- Family sessions will be coordinated by your counselor. The Family Therapist will determine who will be involved in this process.
- Cursing, Profanity, Vulgar Language or Gestures is strongly discouraged! Respect for self and others are part of the therapeutic experience.
- Racial comments or discriminative behavior will not be tolerated and is cause for immediate discharge. Any rumors of discriminatory behavior or discriminating verbal abuse will be immediate grounds for staffing and possible discharge. No gang affiliation material or graffiti will be tolerated.
- Gambling is not allowed on the premises.

- Person(s)-served are encouraged to address concerns with their counselor. Any questions, concerns and/or problems will be brought to the attention of appropriate personnel for follow-up.
- You, the person(s)-served, will determine whether your treatment program is a success. Everyone must work together to ensure that the program is a success for all those who are participating.
- Staff has the final say on any matter. Compliance is expected.

RESIDENT DRESS CODE

- You are to be neat and clean in appearance.
- Daily bathing and use of deodorant is a must.
- Proper daily hygiene is an expectation to increase positive esteem of self and others.
- When outside the bedroom area you must be fully dressed.
- A shirt must be worn at all times.
- Shirts must be buttoned, except for the top collar button.
- No bare feet outside of the shower, at least socks or slippers should be worn at all times.
- Everyone is required to wear underwear.

The following types of clothing are not allowed in the center:

- Low cut shirts.
- Bare midriffs.
- Muscle shirts.
- Sleeveless shirts.
- Short skirts or dresses.
- Shorts are allowed, but must be below fingertips with arms extended to sides and/or at staff discretion.
- Any clothing that is suggestive or too tight.
- No caps or head coverings including bandanas are allowed unless approved by the Program Director and/or Clinical Manager.
- Approved head covering will be allowed during the colder months for outside activities based upon staff approval.
- Any clothing with symbols of a substance use lifestyle including art work and/or any depictions of pornographic material, hate slogans and/or symbols of death such as, but not limited to, skulls.

All items brought into treatment will be inventoried. You will sign for items issued to you and you are solely responsible for these items. You are responsible for your own possessions including money and cigarettes.

Staff will lock up items that are not appropriate and/or allowed, until you are discharged. All valuables will be locked up for safe keeping until the time of necessary need.

PERSONAL ITEMS

It is suggested upon arrival at Stapleton that you transfer all items into plastic bags provided by the facility. This will ensure that personal luggage is not lost or stolen.

- Trading, loaning, or sharing clothing and personal items is strongly discouraged. If you choose to do so, it is at your own risk. Stapleton Center is not responsible for articles loaned out and not returned.
- Private radios, walk-mans, MP3 players, cell phones or batteries, televisions, stereos, iPads, iPods, alarm clocks or computers are not permitted. You are not allowed to bring your own CD's.
- Cameras of any kind (digital; video; camera phones, etc) are not allowed in the Stapleton facility. You are not allowed to photograph other people in the treatment program.
- Movies can be brought from home for leisure time. Only movies with a PG-13 or lower rating are allowed. You are responsible for the movie as this facility will not be liable for any lost, damaged, or stolen items.
- Inappropriate reading material or pictures are not allowed, including personal pictures that meet the level of gang relation or an inappropriate level of nudity.
- Stapleton Center will not be held responsible for any property left behind by you at the time of discharge. Property will be disposed of 30-days after your departure.

The following items will be locked up and kept until discharge:

- Keys
- Glass mirrors
- Glass picture frames
- Wire hangers
- Any type of needles
- Private radios, MP3 players, cell phones, & etc.

The following items are not allowed to be stored your room. These items will be placed in locked storage and made available upon need:

- Razors – Razors are to be turned into staff after use.
- Shaving cream
- Cleaning supplies
- Food and drinks
- Hair spray, only non-aerosol allowed
- Highlighters and markers
- Plastic bags
- Mirrors
- Clippers or scissors
- Electrical appliances
- Cologne and perfume
- Make up
- Personal hygiene items
- Any item that can be used for huffing or in any attempt at getting high.

RESIDENTIAL ROOMS AND COMMON AREAS

Staff reserves the right to randomly search rooms at any time. Room inspections will be completed by 10:00am each morning at the treatment center. If there are any problems with the condition of your room, you will be notified and expected to make corrections during the next scheduled break period.

- You are to sleep in assigned beds in assigned rooms.
- You are not allowed to enter any other person's room at any time. This is to prevent things from coming up missing and to prevent issues that can arise while not visible to staff.
- Once room assignments are established, there will be no changes, unless treatment team approves a change. You are not to move and/or rearrange any furniture without staff permission. Furniture in the bedrooms is to remain where it is put by staff.
- Bedroom doors are to remain open at all times.
- Do not lean back in your chair in the classroom and/or cafeteria as this can be unsafe.
- You are not to open the blinds in your rooms. Any damage caused to your room may result in discharge and prosecution of the person and/or persons' in that room.
- You are not to keep plastic bags and/or wire hangers in your rooms.
- You are not to be lying on the furniture or cushions in the TV room. You are not to place your feet on the furniture or use cushions as pillows.
- Males and Females are not allowed to sit together/beside each other without direct supervision in groups and/or classes.
- You are not permitted to watch music videos while watching television.
- You are not to go into the Detox area unless they have been given permission by staff.
- You are not permitted to go outside without a staff member present except to the designated smoke area during breaks. The outpatient counselor, based on the needs of a less restricted level, will determine the exceptions.

COMPLIANCE AND INCIDENT REPORTS

- All person(s)-served are to comply with the written rules and verbal instructions from staff. Although staff instructions may contradict the written rules at times, remember each situation is different and it is not always the best course of action to simply follow what is written in black and white. Infractions of the rules can result in loss of privileges. If a person(s)-served has suggestions regarding the rules, signed suggestions must be put in writing and given to a staff member and/or placed in suggestion box.
- Person(s)-served receiving two (2) written incident reports as a result of inappropriate and unacceptable behavior will be considered for discharge. Understand that it does not always take two (2) written incidents in all cases to prompt discharge.
- The treatment team reserves the right to make decisions of discharge based on the magnitude of the incident. Counselors have the right to make additions to rules if deemed clinically appropriate.
- Cursing, Profanity, Vulgar Language or Gestures is **STRONGLY DISCOURAGED!**

LEVEL POLICY

- Criteria for entering each level are defined in writing and stated in behavioral terms.
- Criteria are applied equally to all person(s)-served.
- Person(s)-served requesting to be considered for a level change must have all paperwork filled out and completed
- Person(s)-served must have all the appropriate signatures from Treatment Staff and Treatment Technicians
- Person(s)-served with consistent rule violations can and will be recommended for an automatic loss of level.
- All level forms must be filled out completely and neatly or they will be denied.

Criteria for Level 2 Moves

- Must have completed initial two (2) weeks of treatment.
- Must complete Peer book assignments per level of care.
- Must complete all required assignments
- Must attend as required
- Must have all negative drug screens
- Must be on structure.
- Must be actively participating in Groups.
- NO room or bed violations. (Clean and Organized)
- Respect of Peers and staff.
- Must be in compliance of all assignments given by Treatment Staff.
- Must be in compliance with your Treatment Plan assignments.

Criteria for Level 3 Moves

- Must have all clean drug screens
- Must complete required assignments
- Must complete Peer Support assignments
- No incident reports
- Respect of Peers and staff.
- Must be in compliance of all assignments given by Treatment Staff.
- Must be in compliance with your Treatment Plan assignments.

Residential Privileges

- 3 (three), 10 (ten) minute phone calls per week
- One extra store run
- Late night privileges on Friday and Saturday evenings

VISITATION

- Visitors must remain in visitation area. This is the third Tuesday of each month at 6pm-8pm. Two (2) visitors per person(s)-served. Visitors must be 18 or older.
- All visitors must be on pre-approved authorization list signed by during the admission process. Any additions to visiting list must be cleared through your counselor and the treatment team.
- If visitors bring hygiene, clothing or other items to person(s)-served during visitation, the items must be given to on duty staff member upon check in. No items will be passed from visitors to person(s)-served at any time.
- Visitors who are disruptive and/or disrespectful will be asked to leave and not be allowed to return that day, in addition they may be asked not to return on future visitation times depending on the situation.
- No pets of any kind are to be brought to the facility.
- Person(s)-served are not to leave the site with visitors during visitation for any circumstances.
- Visitors may not wear clothing that is too tight, too short, see-through, backless or is in any way considered inappropriate.
- Any failure to adhere to the visitation rules set forth by the Stapleton General CSTAR Program could and may result in the loss of all future visits.
- Bringing drugs, alcohol, or fire arms onto this facility is a crime and all parties involved with it could be prosecuted.
- Anyone visiting who is under the influence of drugs and/or alcohol will be asked to leave after we have notified the local police or sheriff's department.

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



CUSTODY ISSUES

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

CHORES

Chores are a mandatory component of the program. The chores are opportunities in learning responsibility and accountability which are often forgotten in the substance using life style. Your cooperation or lack thereof, regarding your assigned chore, will affect decisions regarding your ability to successfully complete the treatment program.

- Chores are to be done in the morning before classes begin in the treatment center and again in the evening before lights out, unless the chore states otherwise on the chore list.
- Dining room sweeping and mopping is done after each meal and are staff supervised.
- All empty beds in your room must be made to prepare for the next person(s)-served.
- Saturday and Sunday are industrial cleaning days. See staff on duty for special instructions about deep cleaning the facility.
- Sheets are to be changes and washed on a weekly basis. No exceptions.
- If you make a mess anywhere in the facility, it is your responsibility to clean it up immediately. Do not leave the mess for chore time. Do not leave unattended cups, drinks or snacks—these will be disposed of.
- It is your responsibility to check the chore list daily for changes.



If you have questions about your chore, it is your responsibility to ask staff for assistance.

Your inability to do chores and/or assigned chores will depend upon the weekly staffing with the day treatment nurse's and LPN's input.

PHONE CALLS

Phone calls can be made on Monday, Wednesday and Thursday for Male person(s)-served and Tuesday, Friday and Sunday for Female person(s)-served.

You are allowed fifteen (15) minutes per phone night, other phone time has to be approved by staff. If you do not use your phone time, you lose it. As your level of care changes, so do the restrictions on phone privileges.



SATOP

I understand that if I am interested in the SATOP comparable process that I am responsible for informing my counselor of my intent to use the residential hours toward the comparable form. The counselor will then inform the SATOP program of my intent; I willfully enter the residential program based on my knowledge of this information.

FOOD AND BEVERAGES

- Cafeteria is open at 6:30am to bedtime.
- Coffee is turned on at 6:30am and turned off at 10:00am.
- You must wear gloves while doing any job duty.
- You must attend each meal and the Serenity Prayer. While it is not mandatory that you say the Serenity Prayer, you do have to be in attendance. The prayer and the following meal will not begin until everyone is present and accounted for.
- The kitchen is off limits to you.
- Food and beverages are not allowed anywhere outside the cafeteria area when at the residential facility unless staff approves.
- Snack time is usually around 8:00 P.M., but may vary depending on the length of groups in the evening time. Women will have access to a snack when they arrive at the transitional home in the evening, follow the posted house rules.
- Absolutely no beverages or food of any kind will be allowed in the classroom, game room, TV room, bedrooms or quiet room. Food and drinks are allowed in the cafeteria/dining room only.
- You will NOT be allowed to bring hard candy in the center at any time.

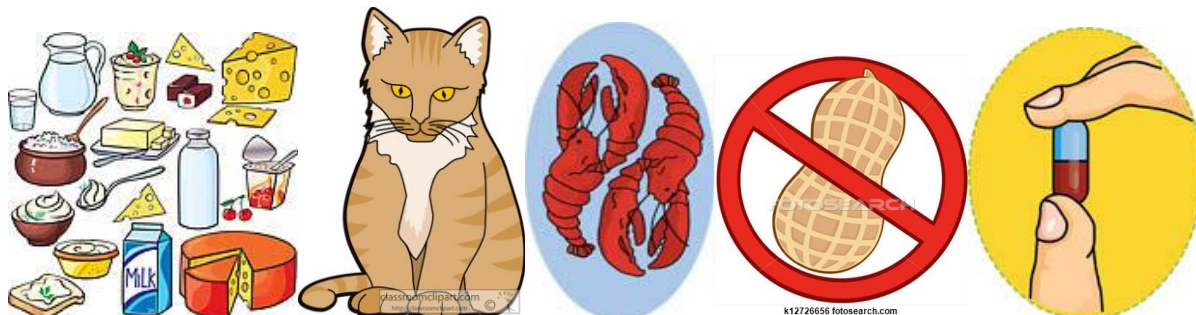
A NOTE FOR PERSON(S)-SERVED WITH ALLERGIES

It is very important that you tell Stapleton staff if you are allergic to:

- Food
- Animals
- Medicines

Snacks may be given, so our staff needs to know about your allergies.

When you begin treatment, you should also tell staff about vaccines you've had in the past for things like measles, hepatitis, and whooping cough.



TRANSITION CRITERIA

Transition criteria to Level I intensive residential treatment from an outpatient level of care:

- You have been unable to establish a period of sobriety despite active participation in the most intensive set of services available on an outpatient basis.
- There is imminent risk of serious consequences associated with substance use.

Transition criteria from Level I Residential/Level I Day Treatment to a less intensive level of care:

- Crisis situations have been stabilized.
- There has been interruption to a pattern of extensive or severe substance abuse.
- Physical, mental and emotional functioning has been restored and stabilized.
- The person(s)-served recognition of a substance use problem and its effects on his/her life have occurred.
- You have developed recovery skills, including an action plan for continuing sobriety and recovery.
- You have achieved a period of abstinence.
- You have become more motivated for recovery.
- There are increased problems in the ASAM dimensions of care criteria.

Transition criteria from Level II Intensive Outpatient Services to a less intensive level of care:

- You have established and maintained sobriety.
- You have emotional and behavioral functioning has improved.
- You have developed recovery supports in the family and community.

You will be informed of transition criteria during the orientation process.

DISCHARGE CRITERIA

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

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

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

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

Person(s)-served may be discharged from outpatient services before accomplishing these goals if:

- Person(s)-served /legal guardian requests discharge.
- Commitment to continuing services is not demonstrated by the person(s)-served.
- No further progress is imminent or likely to occur.

If there is a change in the Medicaid eligibility or financial status of the person(s)-served, the individual shall not be prematurely discharged from the CSTAR Program or otherwise denied services. Clinical staff will proactively advocate for the needs of the person(s)-served.

Transfer or Referral of Services.

Within the agency: To transition someone from one level of care to another or to refer for services not currently being provided, a referral form will be completed and pertinent information forwarded to the designated service.

Inpatient Services: In the event you need medical or mental health hospitalization the Care Coordinator (CC) will provide relevant information for the admission. A written release of information will be obtained prior to the referral with the exception of a medical emergency or mental health crisis. The CC will maintain contact while you are in the hospital and will participate in discharge planning and provide follow-up within five (5) days of discharge.

To Other Service Agencies: In the case a needed service is not offered by Stapleton, referral will be made to the appropriate agency or individual by your CC. A Resource Directory listing area agencies, contact numbers and other information is available to Stapleton staff to facilitate referral to the appropriate resource. A written release of information signed by you will allow the CC to provide pertinent information.

Successful Completion of Treatment. For you to be successfully be discharged from the Stapleton Program: You must have actively participated in all aspects of the clinical program; have been compliant with facility rules; made progress toward established treatment plan goals; and have completed the required days of treatment in agreement with a teamed staffing before transferring to a less restricted level of care.

Forced Discharge: Due to continued noncompliance with facility rules and expectations, you would be administratively discharged from the Stapleton Program prior to completion because of lack of therapeutic gain evaluated in a team staffing. Reason for discharge would be communicated to you and if needed to your referral source as part of the treatment team decision. You could reapply in 30-days for reconsideration to come back into treatment.

Discharge Against Staff Advice: Despite clinical recommendations to complete the required individualized treatment level of care at Stapleton, you voluntarily withdrew from services with proper release in hand; the referral source will be contacted.

Medical Discharge: Due to medical reasons beyond your control, you would be administratively discharged from the Stapleton Program, once your medical condition/issues had been resolved, you could return to the facility to complete the treatment program.

Unsuccessful Treatment Discharge. You would be discharged from the Stapleton Adult Treatment Program with an unsuccessful treatment level attempt, as team staffed. While the days of treatment were completed, a progression toward treatment success was not made, as evidenced by the following reasons:

- Non-compliance with facility and program rules
- Lack of participation in treatment groups
- Disrespect of staff and others
- Other reasons as specified by staff

FOLLOW-UP SERVICES

It is the policy of FCC Behavioral Health to provide targeted follow up services to person(s)-served by the agency.

Targeted follow up services will be designed to enhance the quality of services provided by the agency and assist in program development. Targeted follow up services will be coordinated by staff. Staff will notify person(s)-served referral sources upon discharge or dismissed of the programs.

NON-VIOLENT PRACTICES

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.



RELAPSE POLICY

The Stapleton General CSTAR Program has in place written policies which address the process that occurs when a person(s)-served abuses alcohol or drugs while participating in any level of care in the CSTAR Program. An individual shall not be denied services solely because of a relapse. Each case is dealt with on an individualized basis.

Written Relapse Policy

Upon entry into the program the person(s)-served and family are given the written policy of the following process which will be taken if relapse (abuse of alcohol or drugs) occurs. The consequence may be:

- Screening for Detox and possible placement in detoxification as needed.
- Referral to a more restrictive level of care within the Stapleton CSTAR Program.
- Continuation of the same level-of-care as appropriate based on the individual.
- Discharge from the program and an appropriate referral made.

Process for Implementation of Relapse Policy

If it is determined through self-disclosure; reports from family and/or referral sources; or positive drug screen results that a person(s)-served has actively used during a treatment episode, the clinical staff will hold a conference to discuss with the person(s)-served and determine an action plan for further treatment. In this conference, the staff would address the relapse (including if detoxification is needed), time in this level of care, progress in the program, and any and all related issues. At the conclusion of the conference an appropriate therapeutic recommendation would be made.

If continuation of care is recommended and the days for that level of care will exceed the Customary Service Authorization, an individualized package will be entered into CIMOR by the Clinical Manager.

Legal Involvement: If you are on probation or parole, your counselor and Care Coordinator will maintain contact and work closely with the probation/parole officer to ensure compliance with legal requirements, court appearances and appointments.

Civil Commitment: During the intake process or while participating in services, you should present a mental disorder that poses a risk to yourself or others, you may be court ordered for treatment. Based on the assessment of a Qualified Mental Health Professional (QMHP), you may be legally court ordered for treatment at an inpatient psychiatric unit.

CONTRABAND AND SEARCH POLICY

The Stapleton General CSTAR Program recognizes that each person(s)-served has a right to privacy, dignity, and to be free from unreasonable searches. Person(s)-served, staff, and visitors also have the right to a safe and therapeutic environment which under certain circumstances necessitates taking the necessary steps to ensure that all Residents are not in possession of items that may present a hazard to personal safety or the therapeutic environment. Searches of every person(s)-served and their living areas are permitted in order to prevent the possession of any potentially dangerous items or to recover stolen or missing property.

Non-Invasive measures are taken to ensure the safety of the environment, the staff members as well as all person(s)-served, through the use of initial and periodic searches. Searches are also conducted in order to identify prohibited items and to prevent the entry of prohibited items into the therapeutic environment.

Any time an individual leaves from the care of the facility with a family member or anyone that is not a member of the Stapleton General CSTAR Treatment Team, a search will be conducted to ensure the safety and security of all persons and to reduce the risk of prohibited items being brought into the facility.

Contraband is a term used to describe prohibited or unauthorized items that the Stapleton CSTAR staff consider unsafe or dangerous to you and your peers. These include weapons, illegal or unauthorized drugs, intoxicants, tobacco and tobacco products, smoking paraphernalia, flammable items and items with a sharp edge. Other items may also be considered unauthorized and the decision of the safety of those items is based upon staff discretion. In order to maintain a safe and protective environment, the treatment staff reserves the right to search you and any belongings that you wish to bring into the facility. A detailed listed of items that are permitted can be located in this handbook.

Searches of each person(s)-served will be conducted in a location which affords reasonable privacy. Same sex staff members are the **ONLY** ones who will conduct the searches. For example, Male staff members will only conduct searches with male person(s)-served and female staff members will only conduct searches with female person(s)-served. The cooperation of every person(s)-served should be solicited by explaining the reason for the search and using a sensitive and straightforward approach.

SELF-PAT INDIVIDUAL SEARCH

In the Self-Pat Individual Search, the person(s)-served will be instructed by the staff member conducting the search to participate in the following steps. Person(s)-served will PAT their own legs, arms, etc. shake out hoods on sweatshirts with staff directives. This is a Staff Member Hands-Off Search Procedure that ensures all person(s)-served receive a non-intrusive search.

CONTRABAND AND SEARCH POLICY (CONT'D):

- Instruct the individual to remove shoes, socks, hat, belt, pull-over, coat or jacket, and empty pockets – turning them inside out. Check pockets to ensure they are empty and closely examine any items that have been removed.
- Closely examine person(s)-served and look behind the ears to locate any possible concealed items. If necessary, have the individual flip their hair over and “shake out” hair.
- Ask the individual to stand with legs apart and arms extended outward. Conduct a systematic head-to-toe search as follows:
 1. Observe closely for inappropriate or unusual bulky areas, or areas that the individual may appear reluctant to reveal.
 2. Instruct the individual to run hands under shirt collar, across shoulders and down upper part of each arm to the wrists. Have the individual to shake arms to ensure no items are in the sleeves.
 3. Instruct the individual to use the back of hand, run hands inside waistband, back pockets and down each leg. Have him/her shake legs to check for unauthorized items.
 4. Check each sock and shoe.
 5. Instruct individual to shake out back of their shirt
 6. If appropriate ask to look inside the individual’s mouth. This step should be taken if it appears the individual may be holding an unauthorized item in their mouth during the search.

We make every effort to ensure that all person(s)-served are safe while in our care. Therefore, behaviors including possession of contraband, physical aggression, self-destructive behaviors, alcohol and drug use, running away from the program, property destruction, theft, verbal/emotional abuse and/or possession of weapons of any kind will result in strong action up to and including referral to a more intense level of services and/or criminal prosecution.

FCC BEHAVIORAL HEALTH

NOTICE OF ETHICAL PRACTICES



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

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

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

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

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

FCC BEHAVIORAL HEALTH

NOTICE OF PRIVACY PRACTICES



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

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

DEFINITIONS

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

YOUR PRIVACY RIGHTS

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

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

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

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

CONTACT FCC BEHAVIORAL HEALTH PRIVACY OFFICER AT:

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

CONTACT THE OFFICER OF CIVIL RIGHTS AT:

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

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

YOUR CHOICES

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

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

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

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

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

FCC BEHAVIORAL HEALTH USES AND DISCLOSURES:

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

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

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

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

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

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

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

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

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

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

We can use or share health information about you:

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

FCC BEHAVIORAL HEALTH RESPONSIBILITIES

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

CHANGE IN NOTICE OF PRIVACY PRACTICES

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

QUESTIONS

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

CONTACT INFORMATION

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

CHIEF COMPLIANCE OFFICER

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

PRIVACY AND SECURITY OFFICER

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

FCC BEHAVIORAL HEALTH

FINANCIAL POLICY



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

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

DBH PERSON(S)-SERVED:

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

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

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

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

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

NON-DBH PERSON(S)-SERVED:

Regarding Insurance:

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

Usual and Customary Rates:

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

Regarding Insurance Information:

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

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

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

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

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

STAGES OF CHANGE PHILOSOPHY

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

PRE-CONTEMPLATION:

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



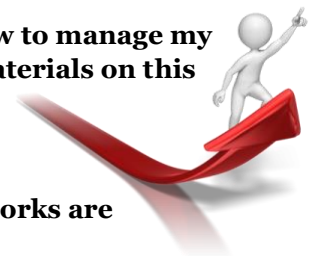
CONTEMPLATION:

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



PREPARATION:

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



ACTION:

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



MAINTENANCE:

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



FCC BEHAVIORAL HEALTH **GRIEVANCE POLICY AND PROCEDURE**



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

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

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

This form can be obtained from program staff upon request.

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

Consumer Rights Monitor

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

FCC BEHAVIORAL HEALTH COMPLAINT/GRIEVANCE FORM



Every person should have reasonable expectations of care and services provided to him/her while in the care of this agency. FCC is committed to addressing situations when those expectations are not met in a timely, reasonable and consistent manner. Your actions will not result in retaliation or barriers to services. Every effort will be made to resolve the complaint within a reasonable timeframe.

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

Address: _____

Telephone: _____ Email: _____

Please return this form to the Program Director at your site or a trusted staff member. If the grievance cannot be resolved with the staff, you, or your family member, you can submit this form to the Corporate Compliance Officer at PO Box 71, Kennett, Mo 63857 or email to compliance@fccinc.org or call the toll free number (800) 455-2723.

DETAILS OF YOUR COMPLAINT

(Please be as specific as possible with the following: [1] state your concern; [2] date of event; [3] time of event; [4] staff member(s) involved, [5] witness(es) and [6] location of event.) *(Use back of this form and/or separate sheets for further information)*

Date: _____
Signature of Patient or Legal Representative If Legal Representative, state relationship

THIS SECTION TO BE COMPLETED BY THE REVIEWER

Reviewer's Comments:

Action Taken:

Date Reviewed: _____
Compliance Officer

COMPLAINT/GRIEVANCE FORM – ADDITIONAL SPACE

Lined area for writing a complaint or grievance.

FCC BEHAVIORAL HEALTH REASONABLE ACCOMMODATION REQUEST FORM



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

1. What specific accommodation are you requesting?

2. Is your accommodation request time sensitive? YES NO

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

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

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

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

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

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

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

Signature of Patient or Legal Representative

If Legal Representative, state relationship

Telephone: _____ Email: _____

Send this completed form to the Accessibility Chair at access@fccinc.org

ROADMAP FOR RECOVERY



Recovery from a substance use disorder is not a mysterious process. After the use of substances is stopped, the brain goes through a biological readjustment. This readjustment process is essentially a “healing” of the chemical changes that were produced in the brain by substance use. It is important for people in the beginning stages of recovery to understand why they may experience some physical and emotional difficulties. The durations of the stages listed below are a rough guide of recovery, not a schedule. The length of stages will vary from person to person. The substance used will affect the person(s)-served progress through the stages, too. Individuals who had been using methamphetamine will tend to spend more time in each stage than individuals who were using cocaine or other stimulants.

THE STAGES

Withdrawal Stage (1 – 2 weeks)

During the first days after substance use is stopped, some people experience difficult symptoms. The extent of the symptoms often is related to the amount, frequency, and type of their previous substance use.

For people who use stimulants, withdrawal can be accompanied by drug craving, depression, low energy, difficulty sleeping or excessive sleep, increased appetite, and difficulty concentrating. Although people who use stimulants do not experience the same degree of physical symptoms as do people who use alcohol, the psychological symptoms of craving and depression can be quite severe. Individuals may have trouble coping with stress and may be irritable.

People who drank alcohol in large amounts may have the most severe symptoms. The symptoms can include nausea, low energy, anxiety, shakiness, depression, intense emotions, insomnia, irritability, difficulty concentrating, and memory problems. These symptoms typically last 3 to 5 days but can last up to several weeks. Some people must be hospitalized to detox safely. For people who used opioids or prescription drugs, the 7- to 10-day withdrawal period (or longer for people who use benzodiazepines) can be physically uncomfortable and may require hospitalization and medication. It is essential to have a physician closely monitor withdrawal in people dependent on these substances. Along with the physical discomfort, many people experience nervousness, trouble sleeping, depression, and difficulty concentrating. Successfully completing withdrawal from these substances is a major achievement in early recovery.



Early Abstinence (4 weeks; follows Withdrawal)

For people who used stimulants, this 4-week period is called the Honeymoon. Most people feel quite good during this period and often feel “cured.” As a result, individuals may want to drop out of treatment or stop attending 12-Step meetings during the Honeymoon period. Early abstinence should be used as an opportunity to establish a good foundation for recovery. If individuals can direct the energy, enthusiasm, and optimism felt during this period into recovery activities, they can lay the foundation for future success.

For people who used alcohol, this 4-week period is marked by the brain’s recovery. Although the physical withdrawal symptoms have ended, individuals still are getting used to the absence of substances. Thinking may be unclear, concentration may be poor, nervousness and anxiety may be troubling, sleep is often irregular, and, in many ways, life feels too intense.

For those who used opioids or prescription drugs, there is essentially a gradual normalization during this period. In many ways the process is similar to the alcohol recovery timetable. Slow, gradual improvement in symptoms is evidence that the recovery is progressing.

Protracted Abstinence (3 – 5 months; follow Early Abstinence)

From 6 weeks to 5 months after individuals stop using, they may experience a variety of annoying and troublesome symptoms. These symptoms—difficulties with thoughts and feelings—are caused by the continuing healing process in the brain. This period is called the Wall. It is important for individuals to be aware that some of the feelings during this period are the result of changes in brain chemistry. If individuals remain abstinent, the feelings will pass. The most common symptoms are depression, irritability, difficulty concentrating, low energy, and a general lack of enthusiasm. Individuals also may experience strong cravings during protracted abstinence. Relapse risk goes up during this period. Individuals must stay focused on remaining abstinent one day at a time. Exercise helps tremendously during this period. For most individuals, completing this phase in recovery is a major achievement.

Readjustment (2 months; follows Protracted Abstinence)







After 5 months, the brain has recovered substantially. Now, the individual’s main task is developing a life that has fulfilling activities that support continued recovery. Although a difficult part of recovery is over, hard work is needed to improve the quality of life. Because cravings occur less often and feel less intense 6 months into recovery, individuals may be less aware of relapse risk and put themselves in high-risk situations and increase their relapse risk.

FIVE COMMON CHALLENGES IN EARLY RECOVERY

Everyone who attempts to stop using substances runs into situations that make it difficult to maintain abstinence. Listed below are five (5) of the most common situations that are encountered during the first few weeks of treatment. Next to these problems are some suggested alternatives for handling these situations.

Challenges

New Approaches

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

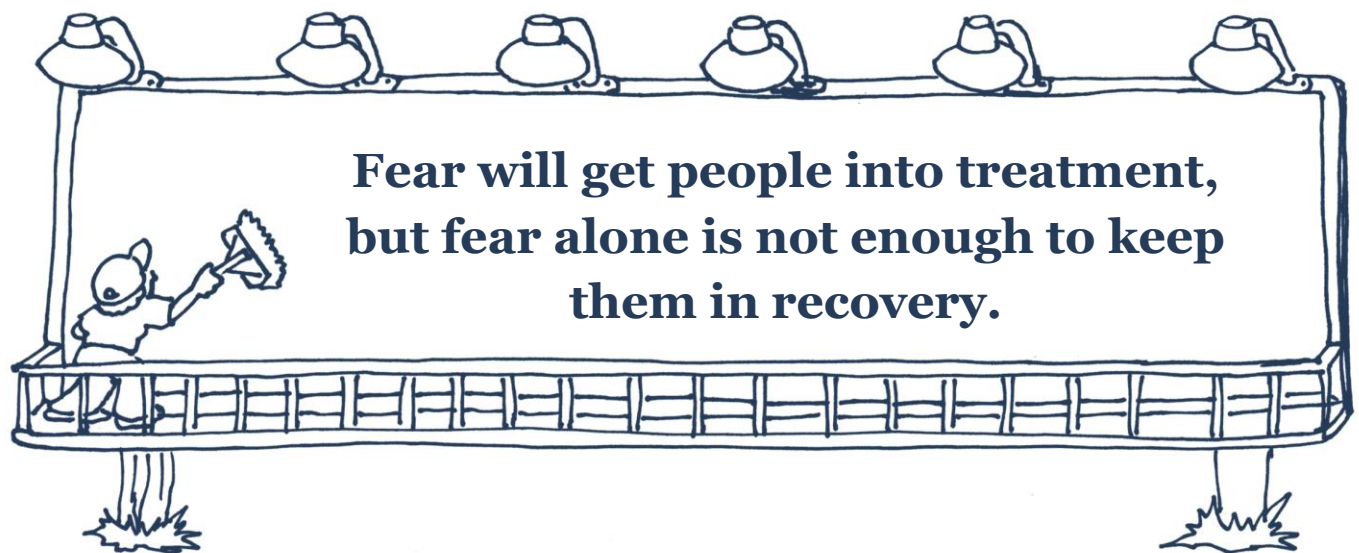
MOTIVATION FOR RECOVERY

Ask any group of people who are new to recovery why they want to stop using right now and you will get many different answers:

- I was arrested, and it's either this or jail.
- My wife says if I don't stop, we are finished.
- Last time I used I thought I was going to die; I know I'll die if use again.
- They are going to take the children from us unless we stop.
- I've been using for 20 years now; it's time to change.

Which of the people quoted is most likely to be successful in recovery? It seems logical to think that people who want to stop using for themselves and not because someone else wants them to are more likely to do well in treatment. However, that may not be true. Research shows that the reasons people stop using don't predict whether they will be able to lead substance-free lives.

What does make a difference is whether they can stay substance free long enough to appreciate the benefits of a different lifestyle. When debts are not overwhelming, relationships are rewarding, work is going well, and health is good, the person in recovery wants to stay abstinent.



ADDITIONAL INFORMATION

Alcohol Disorders

Medication Assisted Treatment (MAT) is an evidence-based practice that combines pharmacological interventions with substance use counseling and social support. Although not for everyone, it is an essential part of the comprehensive array of services available to people struggling with addiction to alcohol or other drugs.

All person(s)-served assessed and needing addiction treatment services in one of FCC Behavioral Health's (FCC) programs will be screened for potential medication assisted treatment (MAT) interventions at program admission using the Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (CIWA-Ar). This screening tool will be administered by staff who have been trained (documented) by a Registered Nurse (RN), Licensed Practical Nurse (LPN) or staff with the medication assisted recovery specialist (MARS) certification. All screening results over 10 shall be coordinated in consultation with an FCC RN for additional guidance.

For alcohol disorders, should person(s)-served have a score of 11 – 20 using the protocol noted below, the person(s)-served should receive an individual session discussing the potential benefits of MAT. Such counseling shall be conducted by a Registered Nurse (RN), Licensed Practical Nurse (LPN) or staff with the medication assisted recovery specialist (MARS) certification and with their Care Coordinator (CC) and counselor. Should the person(s)-served agree to a MAT intervention with their counseling services, the CC or RN will schedule a telehealth appointment with one of FCC's psychiatrists. For alcohol disorders, FCC physicians typically prescribe Naltrexone or Vivitrol. In rare instances, Acamprosate or Disulfiram may also be prescribed. Printed material on both of these options will be provided to person(s)-served during their initial orientation visit. Even if a person(s)-served initially declines MAT interventions, they may request to participate and be evaluated by FCC's physician for potential MAT services at any time during their treatment. MAT procedures are also detailed in the person(s)-served handbook for each site location to help person(s)-served know the MAT options for the program they are enrolled in. Should FCC's psychiatrist determine that a different medication and/or intervention is most appropriate, a referral to another agency may be made by the physician. In this case, the CC will help the person(s)-served coordinate a visit and follow-up to assure the referral occurs.

Scale for Scoring:

Total CIWA-Ar Score =	0 – 10:	Absent or minimal withdrawal
	11 – 20:	Mild to moderate withdrawal
	21 or more:	Severe withdrawal

Based on the initial screening score, the qualified and trained staff will take actions according to the protocol on next page:

Outpatient Screening Protocol

- If **INITIAL** total score is less than 10, discontinue screening
- If **INITIAL** total score is 10 – 15, make immediate referral for residential treatment services
- If **INITIAL** total score is 16 – 20, make immediate referral for social setting detox or modified medical detox
- If **INITIAL** total score is over 20, make immediate referral for modified medical detox, medical detox, or the nearest emergency room

Detox and Residential Screening Protocol

- If **INITIAL** total score is **LESS than 10:**
 - Repeat the tool every 4 hours for 24 hours
 - If each total score remains under 10, discontinue the screening
 - If any total score exceeds 10, go to the protocol below
- If **INITIAL** or **ANY** subsequent total score is **OVER 10** but **LESS than 16:**
 - Repeat the tool every 1 hour for 8 hours
 - If person(s)-served remains stable (less than 16, and scores that are not escalating with each screening), repeat tool every 2 hours for 8 hours
 - If person(s)-served remains stable (less than 16, and scores that are not escalating with each screening), repeat tool every 2 hours for 8 hours
 - If person(s)-served remains stable (less than 16, and scores that are not escalating with each screening), repeat tool every 4 hours for 8 hours
 - If each total score remains under 16, discontinue the screening
 - If any total score exceeds 16, go to the protocol below and contact the facility RN
 - If any total score is between 10 and 16, refer for possible medication-assisted treatment protocol with physician as soon as possible
- If **INITIAL** or **ANY** subsequent total score is **OVER 16:**
 - Make an immediate referral to the nearest social setting detox or modified-medical detox unit
- If **INITIAL** or **ANY** subsequent total score is **OVER 20:**
 - Make an immediate referral to the nearest modified-medical detox unit, medical detox unit, or emergency room

Opiate Disorders

Medication Assisted Treatment (MAT) is an evidence-based practice that combines pharmacological interventions with substance abuse counseling and social support. Although not for everyone, it is an essential part of the comprehensive array of services available to people struggling with addiction to alcohol or other drugs.

All person(s)-served assessed and needing addiction treatment services in one of FCC Behavioral Health's programs will be screened for potential medication assisted treatment (MAT) interventions at program admission using the Clinical Opiate Withdrawal Scale (COWS). This screening tool will be administered by staff who have been trained (documented) by a Registered Nurse (RN), Licensed Practical Nurse (LPN) or staff with the medication assisted recovery specialist (MARS) certification. All screening results over twelve (12) shall be coordinated in consultation with an FCC RN for additional guidance.

For opiate disorders, should the person served have a score of 13 – 24 using the protocol noted below, the person(s)-served will receive an individual session discussing the potential benefits of MAT. Such counseling shall be conducted by a Registered Nurse (RN), Licensed Practical Nurse (LPN) or staff with the medication assisted recovery specialist (MARS) certification and with their Care Coordinator (CC) and counselor. Should the person(s)-served agree to a MAT intervention with their counseling services, the CC or RN will schedule a telehealth appointment with one of FCC's psychiatrists. For opiate disorders, FCC physicians typically prescribe Naltrexone or Vivitrol. In some cases, the physician may opt to refer the person(s)-served for a buprenorphine or methadone intervention. Availability of buprenorphine and methadone interventions varies from program to program (and are detailed in each program's site manual and person(s)-served handbook). As a result referrals are made to the closest available resource and coordinated with the person(s)-served CC. Printed material on both of these options will be provided to person(s)-served during their initial orientation visit. Even if person(s)-served initially declines MAT interventions, they may request to participate and be evaluated by FCC's physician for potential MAT services at any time during their treatment. MAT procedures are also detailed in the person(s)-served handbook for each site location to help person(s)-served know the MAT options for the program they are enrolled in. Should FCC's psychiatrist determine that a different medication or intervention is most appropriate, a referral to another agency may be made by the physician. In this case, the CSS will help the person(s)-served to coordinate a visit and follow-up to assure the referral occurs.

Scale for Scoring:

Total COWS Score =	0 – 12:	Absent or minimal withdrawal
	13 – 24:	Moderate withdrawal
	25 – 36:	Moderate to severe withdrawal
	37 or more:	Severe withdrawal

Based on the initial screening score, the qualified and trained staff will take actions according to the protocol on next page:

Outpatient Screening Protocol

- If **INITIAL** total score is less than 12, discontinue screening
- If **INITIAL** total score is 12 – 24, make immediate referral for residential treatment services
- If **INITIAL** total score is 25 – 36, make immediate referral for social setting detox or modified medical detox
- If **INITIAL** total score is over 36, make immediate referral for modified medical detox, medical detox, or the nearest emergency room

Detox and Residential Screening Protocol

- If **INITIAL** total score is **LESS than 12**:
 - Repeat the tool every 4 hours for 24 hours
 - If each total score remains under 12, discontinue the screening
 - If any total score exceeds 12, go to the protocol below
- If **INITIAL** or **ANY** subsequent total score is **OVER 12** but **LESS than 24**:
 - Repeat the tool every 1 hour for 8 hours
 - If person(s)-served remains stable (less than 24, and scores that are not escalating with each screening), repeat tool every 2 hours for 8 hours
 - If person(s)-served remains stable (less than 24, and scores that are not escalating with each screening), repeat tool every 2 hours for 8 hours
 - If person(s)-served remains stable (less than 24, and scores that are not escalating with each screening), repeat tool every 4 hours for 8 hours
 - If each total score remains under 24, discontinue the screening
 - If any total score exceeds 24, go to the protocol below and contact the facility RN
 - If any total score is between 12 and 24, refer for possible medication-assisted treatment protocol with physician as soon as possible
- If **INITIAL** or **ANY** subsequent total score is **OVER 24**:
 - Make an immediate referral to the nearest social setting detox or modified-medical detox unit
- If **INITIAL** or **ANY** subsequent total score is **OVER 36**:
 - Make an immediate referral to the nearest modified-medical detox unit, medical detox unit, or emergency room

ADULT CSTAR – STAPLETON

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.

- Four (4) on west end of building (dining room, kitchen, SATOP office).
- Three (3) in center of building (lounge area, front lobby).
- One (1) south end of building (near living quarters).
- One (1) east end of building (near classroom)

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 off the north side of parking lot area, 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:

On-duty staff shall escort all person(s)-served and visitors to the south hallways near the men's bathroom 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:

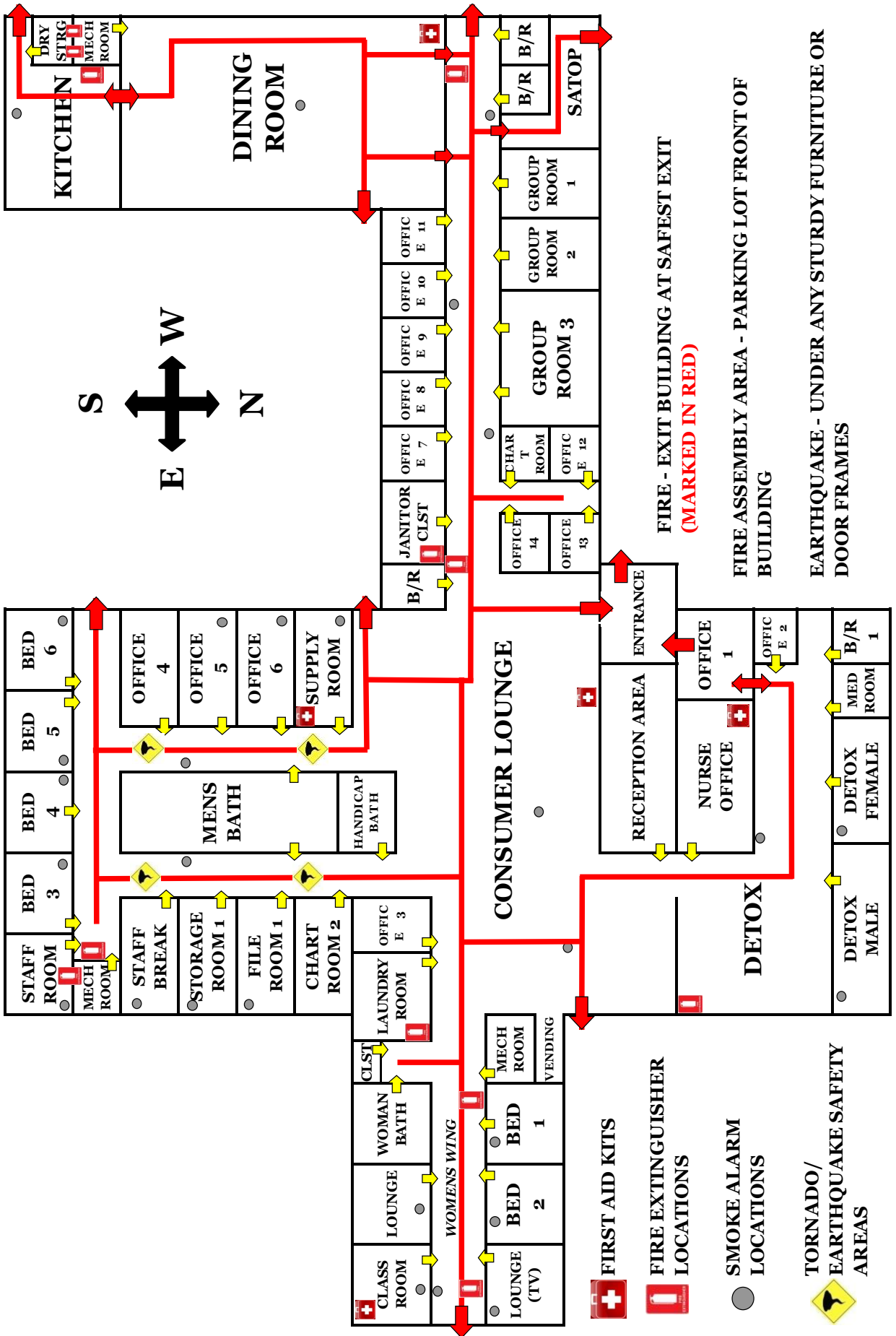
Stay in building and do not attempt to travel in your vehicle.

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.

STAPLETON CENTER



STAPLETON LEVEL I SCHEDULE

Revised: 10/4/2017

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
5:30A	Wake Up	Wake Up	Wake Up	Wake Up	Wake Up	Wake Up	Wake Up
7:00A	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
7:40A	Group Couns. Ronnie	Group Couns. Ronnie	Group Couns. Ronnie	Group Couns. Ronnie	Group Couns. Ronnie	Free Time/ Phone Time	Free Time/ Phone Time
8:40A	Peer Support 10 MIN BREAK	Peer Support 10 MIN BREAK	Peer Support 10 MIN BREAK	Peer Support 10 MIN BREAK	Peer Support 10 MIN BREAK	Free Time/ Phone Time	Free Time/ Phone Time
8:40A	Group Couns. Ronnie	Group Couns. Ronnie	Group Couns. Ronnie	Group Couns. Ronnie	Group Couns. Ronnie	Group Education Just For Today RSA	Group Education Just For Today RSA
8:50A	Peer Sprt/IDDDT 10 MIN BREAK	Peer Sprt/IDDDT 10 MIN BREAK	Peer Sprt/IDDDT 10 MIN BREAK	Peer Sprt/IDDDT 10 MIN BREAK	Peer Sprt/IDDDT 10 MIN BREAK	House Management RSA	House Management RSA
9:50A	Peer Sprt/IDDDT 10 MIN BREAK	Peer Sprt/IDDDT 10 MIN BREAK	Peer Sprt/IDDDT 10 MIN BREAK	Peer Sprt/IDDDT 10 MIN BREAK	Peer Sprt/IDDDT 10 MIN BREAK	House Management RSA	House Management RSA
10:00A	Recreation	Recreation	Recreation	Recreation	Recreation	10 MIN BREAK	10 MIN BREAK
11:00P	Peer Specialist 10 MIN BREAK	Peer Specialist 10 MIN BREAK	Peer Specialist 10 MIN BREAK	Peer Specialist 10 MIN BREAK	Peer Specialist 10 MIN BREAK	10 MIN BREAK	10 MIN BREAK
11:00A	Group Education Classroom Instr.	Group Education Classroom Instr.	Group Education Classroom Instr.	Group Education Classroom Instr.	Group Education Classroom Instr.	Group Education onstrutive Leisur RSA	Group Education onstrutive Leisur RSA
11:10A	Group Education Classroom Instr.	Group Education Classroom Instr.	Group Education Classroom Instr.	Group Education Classroom Instr.	Group Education Classroom Instr.	Lunch	Lunch
12:10P	Lunch	Lunch	Lunch	Lunch	Lunch	Group	Group
1:00P	Group Education Peer Specialist	Group Education Peer Specialist	Group Education Peer Specialist	Group Education Peer Specialist	Group Education Peer Specialist	Counseling Wknd Counselor	Counseling Wknd Counselor
2:00P	Peer Specialist 10 MIN BREAK	Peer Specialist 10 MIN BREAK	Peer Specialist 10 MIN BREAK	Peer Specialist 10 MIN BREAK	Peer Specialist 10 MIN BREAK	10 MIN BREAK	10 MIN BREAK
2:00P	Group Education Classroom Instr.	Group Education Classroom Instr.	Group Education Classroom Instr.	Group Education Classroom Instr.	Group Education Classroom Instr.	Group	Group
2:10P	Domestic Viol. Renay	Domestic Viol. Renay	Domestic Viol. Renay	Domestic Viol. Renay	Domestic Viol. Renay	Counseling Wknd Counselor	Counseling Wknd Counselor
3:10P	Peer Support	Peer Support	Peer Support	Peer Support	Peer Support	10 MIN BREAK	10 MIN BREAK
3:10P	Peer Support	Peer Support	Peer Support	Peer Support	Peer Support	Group Education Give Back to Comm RSA	Group Education Give Back to Comm RSA
3:10P	Recreation Classroom Instr.	Recreation Classroom Instr.	Recreation Classroom Instr.	Recreation Classroom Instr.	Recreation Classroom Instr.	Free Time	Free Time
4:10P	Music Therapy Ronnie	Music Therapy Ronnie	Music Therapy Ronnie	Music Therapy Ronnie	Music Therapy Ronnie	Free Time	Free Time
5:10P	Dinner Group Education RSA	Dinner Group Education RSA	Dinner Group Education RSA	Dinner Group Education RSA	Dinner Group Education RSA	Dinner	Dinner
5:10P	Group Education RSA	Group Education RSA	Group Education RSA	Group Education RSA	Group Education RSA	Group Education 12-Steps RSA	Group Education 12-Steps RSA
6:00P	House Management RSA	House Management RSA	House Management RSA	House Management RSA	House Management RSA	House Management RSA	House Management RSA
7:00P	House Management RSA	House Management RSA	House Management RSA	House Management RSA	House Management RSA	House Management RSA	House Management RSA
7:00P	Free Time/Phone Time/Hygiene	Free Time/Phone Time/Hygiene	Free Time/Phone Time/Hygiene	Free Time/Phone Time/Hygiene	Free Time/Phone Time/Hygiene	Free Time/Phone Time/Hygiene	Free Time/Phone Time/Hygiene
8:00P	Free Time/Phone Time/Hygiene	Free Time/Phone Time/Hygiene	Free Time/Phone Time/Hygiene	Free Time/Phone Time/Hygiene	Free Time/Phone Time/Hygiene	Free Time/Phone Time/Hygiene	Free Time/Phone Time/Hygiene
10:00P	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out

STAPLETON LEVEL II SCHEDULE

Revised: 10/4/2017

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
10:00A	Group Education Classroom Instructor	Group Education Classroom Instructor	Group Education Classroom Instructor	Group Education Classroom Instructor	Group Education Classroom Instructor
11:00A	10 MIN BREAK	10 MIN BREAK	10 MIN BREAK	10 MIN BREAK	10 MIN BREAK
11:10A	Group Counseling Haley	Group Counseling Haley	Group Counseling Haley	Group Counseling Haley	Group Counseling Haley
12:10P	Group Counseling IDDT Randy	Group Counseling IDDT Randy	Group Counseling IDDT Randy	Group Counseling IDDT Randy	Group Counseling IDDT Randy
12:10P	Lunch	Lunch	Lunch	Lunch	Lunch
1:00P	Group Education Classroom Instructor	Group Education Classroom Instructor	Group Education Classroom Instructor	Group Education Classroom Instructor	Group Education Classroom Instructor
1:50P	10 MIN BREAK	10 MIN BREAK	10 MIN BREAK	10 MIN BREAK	10 MIN BREAK
2:00P	Group Education Classroom Instructor	Group Education Classroom Instructor	Group Education Classroom Instructor	Group Education Classroom Instructor	Group Education Classroom Instructor
2:50P	Group Education Classroom Instructor	Group Education Classroom Instructor	Group Education Classroom Instructor	Group Education Classroom Instructor	Group Education Classroom Instructor

Combined Level 2 or 3 Evening Groups

5:00P	Group Education	Group Education	Group Education	Group Education	Group Education
6:00P	RSA	RSA	RSA	RSA	RSA
6:00P	Group Education Classroom Instructor	Group Education Classroom Instructor	Group Education Classroom Instructor	Group Education Classroom Instructor	Group Education Classroom Instructor
7:00P	Group Education Classroom Instructor	Group Education Classroom Instructor	Group Education Classroom Instructor	Group Education Classroom Instructor	Group Education Classroom Instructor

Combined Level 2 or 3 Weekend Groups

TIME	SATURDAY	SUNDAY
11:50A	Group Education	Group Education
12:50P	Wknd Counselor	Wknd Counselor
12:50P	10 MIN BREAK	10 MIN BREAK
1:00P	Group Education	Group Education
2:00P	RSA	RSA

Revised: 10/4/2017

STAPLETON LEVEL III SCHEDULE

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
11:10A 12:10P	Group Counseling Rodney IDDT Randy	Group Counseling Rodney IDDT Randy	Group Counseling Rodney IDDT Randy	Group Counseling Rodney IDDT Randy	Group Counseling Rodney IDDT Randy
11:00A	10 MIN BREAK	10 MIN BREAK	10 MIN BREAK	10 MIN BREAK	10 MIN BREAK
11:10A 12:10P	Group Education Peer Specialist	Group Education Peer Specialist	Group Education Peer Specialist	Group Education Peer Specialist	Group Education Peer Specialist

Combined Level 2 or 3 Evening Groups

5:00P 6:00P	Group Education RSA	Group Education RSA	Group Education RSA	Group Education RSA	Group Education RSA
6:00P 7:00P	Group Education Classroom Instructor	Group Education Classroom Instructor	Group Education Classroom Instructor	Group Education Classroom Instructor	Group Education Classroom Instructor

Combined Level 2 or 3 Weekend Groups

TIME	SATURDAY	SUNDAY
11:50A 12:50P	Group Education Wknd Counselor	Group Education Wknd Counselor
12:50P	10 MIN BREAK	10 MIN BREAK
1:00P 2:00P	Group Education RSA	Group Education RSA

	Level I Residential	Level I Outpatient
Max Number of Clients	16	8
Min Hours of Service	25	25
Counselor	Ronnie Sells	Ronnie Sells
Community Support	Deborah VanVickle	Deborah VanVickle
Co-Occurring	Randy Thuesen	Randy Thuesen
Nursing	Nurse	Nurse
Incentives	Continues as normal	Continues as normal

	Level II Outpatient	Level III Outpatient
Max Number of Clients	24 *See Note	48 *See Note
Min Hours of Service	10	3
Counselor	Hayley Ford	Rodney Fisher
Community Support	CC	CC
Co-Occurring	Randy Thuesen	Randy Thuesen
Nursing	Nurse	Nurse
Incentives	\$50/\$25/\$25	\$50/\$25/\$25

***Note: These numbers are not static, they can increase exponentially as long as adequate staff exists to handle the case load**

Incentives: Level I incentives will continue as normal

Level II and III clients who meet criteria will be entered into a weekly drawing for one (1) of three (3) gift cards