



# **Client and Family Handbook**

**(and New Employees Too!)**

**2017**

# Table of Contents

- Welcome - Introduction ..... 6
  - Why am I here? ..... 6
  - What happens during my first few days? ..... 6
  - Safety ..... 6
  - Philosophy on Seclusion and Restraint Use ..... 7
  - Personal Belongings ..... 7
- A Letter from the Chief Operating Officer ..... 9
- Visitation ..... 10
  - Visiting Hours and Days ..... 10
  - Visitor Parking ..... 10
  - Directions ..... 10
- Mission, Vision, and Values ..... 12
  - Department of Mental Health ..... 12



## Mission

**Prevention, Treatment, and  
Promotion of Public Understanding**  
for Missourians with mental illnesses,  
developmental disabilities, and addictions.

## Vision

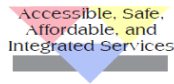
**Hope ▼ Opportunity ▼ Community Inclusion**

*Missourians receiving mental health services will have the  
opportunity to pursue their dreams and live their lives as  
valued members of their communities.*

## Values



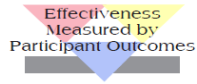
Missourians who participate in mental health services are welcomed and equally included in education, work, housing, and social opportunities in their communities.



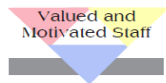
Missourians with mental health needs easily access safe, affordable, and integrated medical and behavioral services.



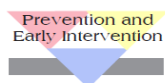
Missourians participating in mental health services are active partners in designing their services and supports.



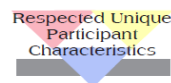
The effectiveness of Missouri's mental health services is measured by meaningful outcomes experienced by the people receiving them.



Missourians receive mental health services from competent, motivated, and highly valued staff serving as effective stewards of the public trust.



Emphasizing prevention and early intervention strategies avoids or minimizes the mental health problems of Missourians.



Missourians participating in mental health services are valued for their uniqueness and diversity and respected without regard to age, ethnicity, gender, race, religion, sexual preference, or socio-economic condition.

January 2008

.....	12
St. Louis Psychiatric Rehabilitation Center .....	14
A Brief Overview of Our Programs.....	15
What's a "program"?	15
Residential Programs .....	15
Non-Residential Programs .....	16

Our History.....	17
Rehabilitation, Recovery, and Return .....	18
What is psychosocial rehabilitation? And what is recovery? .....	18
What is an Individualized Treatment Plan (ITP)?.....	18
What does my diagnosis mean? .....	18
When will I get better? .....	19
When can I leave the facility grounds?.....	19
When will I move back into the community? .....	19
What is a community mental health center (CMHC)?.....	19
What do I need to know about treatment and rehabilitation services I will receive? .....	20
Are there work opportunities? .....	20
What recreational activities are available?.....	20
What do I need to know about medications? .....	21
What if I have other health problems?.....	21
Are dental services available?.....	21
Can I obtain spiritual support?.....	21
Is there support for me from the community from volunteers and advocacy groups?.....	21
Getting Acquainted with the Facility .....	23
Canteen/Gift Shop .....	23
Vending Machines.....	24
Food .....	24
Telephones.....	24
Televisions, Radios, CD/DVD and MP3 Players .....	25
Cameras, Computers, and Cell Phones .....	25
Exercise .....	25
Special Services .....	25
Library Services .....	25
Staff.....	26
Treatment and Rehabilitation Staff .....	26
Administrative and Support Staff .....	27
Other Departments.....	28
Psychosocial Rehabilitation Programs .....	30

Cognitive Behavior Program .....	30
Social Learning Program .....	33
Transitional Rehabilitation Program .....	36
New Outlook Program .....	38
Deaf Services Program .....	40
Client Rights and Privileges .....	42
Other Rights and Responsibilities of Which You Should be Aware .....	45
Non-Discrimination .....	45
Confidentiality.....	45
Can I make telephone calls to my family and friends? .....	45
What happens if my rights are violated or I am the victim of abuse or neglect?.....	45
What are my responsibilities while I am a client? .....	46
What legal services are available to me?.....	46
Videotaping and audio taping.....	46
Searches of Person and Property.....	47
Advance Directives/Durable Power of Attorney for Health Care .....	47
Access to the Client Rights and Ethics Committee .....	47
Educational Rights.....	47
Useful Telephone Numbers .....	48
Index.....	52

# Welcome - Introduction

**This booklet was written to help you understand what will happen while you're here at St. Louis Psychiatric Rehabilitation Center (SLPRC). We look forward to working with you!**

## **Why am I here?**

You are participating in a Recovery based Psychosocial Rehabilitation program in partnership with the staff at St. Louis Psychiatric Rehabilitation Center. This means that you are at SLPRC to develop the skills needed to achieve your individual goals for returning to the community. Your goals may include such things as choosing the type of housing you want and where it's located, and selecting the social, occupational, educational and recreational activities you want to pursue.

You can make these goals come true, and we want to help you do that. How? We will work together to take advantage of your strengths and resources, and to address whatever barriers to success may be blocking your path. Important barriers may include the limitations associated with your mental illness, or the need to assure both your safety and the safety of others in the community.

## **What happens during my first few days?**

- You will be assigned to a program designed to meet your needs.
- You will be introduced to members of your treatment/rehabilitation team.
- You will be assigned to a room.
- Your clothing and valuables will be checked and stored in your room or another location.
- A physician will conduct a complete physical examination (within 24 hours of your arrival).
- You will participate in an evaluation and planning process designed to develop a far-reaching, personalized plan for your rehabilitation.
- You will assist in developing an individual schedule of treatment and rehabilitation activities from among those generally available within your program (the Master Schedule). You also may add activities unique to your treatment/rehabilitation plan.
- You will begin to participate in some of those scheduled activities.
- You will receive medication appropriate to your mental illness and physical condition.
- You will begin moving toward discharge and your eventual return to the community!

## **Safety**

Your safety and well-being is one of our highest concerns. Upon your arrival, glass containers, sharp objects and other potentially dangerous items will be identified as contraband and taken away for storage outside the unit or for appropriate disposition with

family or friends. Items such as drugs, alcohol or weapons will be disposed of appropriately.

Thereafter, staff members will work with you to keep you safe. The residential areas in St. Louis Psychiatric Rehabilitation Center are staffed 24 hours a day, seven days a week, with security guards on duty at all times. If you are ever threatened by another client, please report your concerns to the nearest staff member. In fact, if anyone, client, staff, volunteer or visitor, demonstrates any behavior that is abusive, please report this immediately so an appropriate investigation can take place (see **Rights, Responsibilities and Privileges**). In the event of a major injury, we will transport you to a community hospital for appropriate care.

As part of the evaluation process described above, your psychiatrist will carefully evaluate your ability to keep yourself and others safe and assign you a “risk rating.” This will influence the treatment/rehabilitation process and your freedom to move about without supervision (see the *Privileges and Curfew* heading under **Getting Acquainted**).

We ask that you please help to keep yourself and others safe by respecting facility rules.

### **Philosophy on Seclusion and Restraint Use**

St. Louis Psychiatric Rehabilitation Center disavows use of seclusion and strives to be a restraint free environment. Integral to this effort is our client centered treatment, our recovery based, psychosocial treatment approaches, and our respect for the rights and dignity of our clients. The facility remains committed to improving methods that enhance mental health, reduce risk of harm, and ensure the safety of clients and others, enabling our clients to safely manage and reduce feelings anger, despair, confusion and fear.

Whenever possible, we emphasize early and appropriate intervention during psychiatric emergencies to reduce the need for restraints. A key tool is the use of a Team Support approach to ensure that staff familiar with the client respond to any psychiatric emergency, drawing upon their knowledge of the individual’s psychiatric history, as well as the client’s own self-soothing preferences noted on a Personal Safety Plan which documents what has proven effective in the past. Afterwards, staff are committed to debriefing any Team Support in general, and any usage of restraint in particular to determine what we could do differently in the future.

### **Personal Belongings**

Upon arrival, you will be provided access to a lockable closet or wardrobe, a small bedside table, a storage bin and a laundry basket. Most clients will be able to carry a key to the closet or wardrobe, but if your level is such that this is not possible, access will be provided to you by your staff. Be aware that theft can occur, so safeguard your valuables accordingly. You will be asked to document your belongings and sign a waiver that they are yours to keep safe. The facility cannot assume responsibility for theft or loss, but will make every effort to help you recover your belongings in such an event.

You can wear your own clothes under most circumstances, though some items are not permitted (e.g., heavy boots, metal or sharp accessories, etc.) Many items are prohibited on the ward (e.g., lighters, matches, glass, alcohol and drugs, weapons or other dangerous objects, etc.) These should have been taken from you when you were admitted and you should have received a receipt for them. They will not be permitted on the ward if brought by visitors. Food is also restricted to certain areas on the ward and may not be kept in your rooms. Please be aware that the hospital also has rules governing the amount and kinds of belongings that you may keep with you. If you are uncertain as to whether you have too much clothing or other personal items, ask your treatment staff for clarification.

You may store jewelry, credit cards, and other small valuables in the Cashier's safe (see *Cashier Services* under **Getting Acquainted**).



## A Letter from the Chief Operating Officer

In this letter, I briefly want to introduce the concept of recovery, since it is so important to what we do here. Recovery is really an experience we are already familiar with from our daily lives. We recover from colds or the flu. We recover from personal losses—of jobs, friends, or loved ones. When we recover, it usually means that we go through change. In the process of change, we get on with our lives as people who have been through something difficult, but who have survived and even thrived, becoming stronger and (one hopes) wiser.

At St. Louis Psychiatric Rehabilitation Center, we view recovery from mental illness as a special challenge. Recovery does not mean cure – we presently lack the technology to cure most psychiatric disabilities. It may not even mean that all the symptoms of mental illness go away. Rather, recovery means that we have learned the skills and obtained the resources necessary to cope with our mental illness and to capture a rich and meaningful life beyond the limitations it may impose or the symptoms we still experience. Here at the Rehabilitation Center we have at your disposal various programs, groups, classes, work opportunities, a range of therapies, and so much more. But, the most important thing is how you make use of what is available in pursuit of your personal and unique recovery.

Recovery is not simple or easy, and it does not happen like magic. It is a complex and time consuming process that requires a high degree of commitment and a lot of hard work. But we believe that all individuals can recover—at their own pace and in their own way—if they are willing to work at it. We are here to assist you in doing exactly that.

I want to welcome you and wish you a productive stay. This information packet was designed to inform you about the resources and options we have available, and about how you can use them. Increasing your own awareness of the kinds of support available to you can be an important first step in your recovery, so we hope that you will read this packet carefully and save it for future reference.

Sincerely,

A handwritten signature in cursive script that reads "Felix T. Vincenz, Ph.D.".

Felix T. Vincenz, Ph.D.  
Chief Operating Officer

# Visitation

## Visiting Hours and Days

In order to help you maintain and strengthen your social network, we have made visiting hours quite broad, which are noted in the Facility Visitors' Policy. When visitors present themselves to the switchboard information office in the Administration Building, the switchboard staff will notify the Security desk where your visitor signs in and notifies your residential area of their arrival. But, **to protect your right to privacy**, the staff will not acknowledge your presence unless you give permission to receive visitors.

It also is important that visitors not interfere with your individual schedule of treatment and rehabilitation services, unless it is an emergency. So, it is wise to tell your visitors to call beforehand to set a mutually convenient time.

## Visitor Parking

Visitors may park in spaces with a Visitors sign. Visitors enter the parking area from Arsenal Street. Visitors, people with handicaps and volunteers are allowed to park in this area. Parking is also available on the street and on various lots surrounding the facility. For parking information, call **Security. Phone: 75900**

Visitors must enter the facility at the main entrance.

## Directions

**5300 Arsenal Street  
St. Louis, Missouri 63139  
(314) 877-6501**

From: I-40 (or also named 64)  
Proceed East or West to Hampton Avenue  
Exit Hampton Avenue South –  
Turn Left onto Southwest Ave.  
Turn Right onto S. 59<sup>th</sup> Street – Turn Left onto Arsenal  
*Proceed to 5300 Arsenal*  
Facility is on Right Hand Side of Arsenal  
Will See a Dome Building – Cannot Miss  
Turn onto Grounds of Dome Building and  
Turn Left to a Long New Building  
Park and Enter. Go to Front Desk

From I- 44  
Proceed East West to Hampton Avenue –  
Exit Hampton Avenue South – Turn Left onto Southwest Avenue  
Turn Right onto S. 59<sup>th</sup> Street – Turn Left onto Arsenal

*Proceed to 5300 Arsenal*

Facility is on Right Hand Side of Arsenal  
Will See a Dome Building – Cannot Miss  
Turn onto Grounds of Dome Building and  
Turn Left to a Long New Building  
Park and Enter. Go to Front Desk

From I- 270: Proceed to either I- 40 or I- 44 and follow directions above

From I- 55: Proceed North to I-270 West to I-44 and then follow directions above for I-44 East

From I-70: Proceed to I-270 South and follow direction above for I-40 East

# Mission, Vision, and Values

## Department of Mental Health



### Mission

**Prevention, Treatment, and Promotion of Public Understanding**  
for Missourians with mental illnesses, developmental disabilities, and addictions.

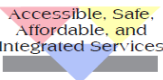
### Vision

**Hope ▼ Opportunity ▼ Community Inclusion**  
*Missourians receiving mental health services will have the opportunity to pursue their dreams and live their lives as valued members of their communities.*

### Values



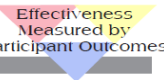
**Community Inclusion**  
Missourians who participate in mental health services are welcomed and equally included in education, work, housing, and social opportunities in their communities.



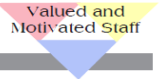
**Accessible, Safe, Affordable, and Integrated Services**  
Missourians with mental health needs easily access safe, affordable, and integrated medical and behavioral services.



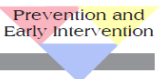
**Partners in Personal Service Design**  
Missourians participating in mental health services are active partners in designing their services and supports.



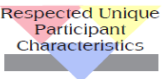
**Effectiveness Measured by Participant Outcomes**  
The effectiveness of Missouri's mental health services is measured by meaningful outcomes experienced by the people receiving them.



**Valued and Motivated Staff**  
Missourians receive mental health services from competent, motivated, and highly valued staff serving as effective stewards of the public trust.



**Prevention and Early Intervention**  
Emphasizing prevention and early intervention strategies avoids or minimizes the mental health problems of Missourians.



**Respected Unique Participant Characteristics**  
Missourians participating in mental health services are valued for their uniqueness and diversity and respected without regard to age, ethnicity, gender, race, religion, sexual preference, or socio-economic condition.

January 2008



# St. Louis Psychiatric Rehabilitation Center

## St. Louis Psychiatric Rehabilitation Center

### MISSION

**WHAT WE DO:** Provide quality long-term forensic inpatient treatment and psychiatric rehabilitation

**FOR WHOM:** Missourians who are recovering from a serious and persistent mental illness for which they were criminally committed

**WHY WE DO IT:** To enable those we serve to safely return to the community so they can love, learn, work and have meaningful lives

### VISION

*“Excellence in Service of Recovery”*

On behalf of those we serve, we are dedicated to providing excellence in all we do

### VALUES

#### Partnership

- We believe in partnership
- Among clients served, their families and friends, staff and community providers
- With the communities we serve primarily in the Eastern Region
- That stresses communication across all levels of the organization
- That bridges cultural differences that might otherwise divide us
- That supports and maximizes the range of available choices

#### Responsiveness

- We support an array of services
- That are accessible
- That validate our clients' needs, requests and concerns
- That are culturally competent
- That are tailored to individual needs and goals
- That encourage hope, engagement in treatment, and increased freedom within our hospital
- That enable clients to succeed by achieving a meaningful life in the community

**P - partnership**  
**R - responsiveness**  
**I - integrity**  
**D - dignity**  
**E - empowerment**

#### Integrity

- We expect ourselves to be accountable
- To deliver the best possible outcomes effectively and compassionately
- To provide the tools, training and resources needed by staff to do their jobs safely and well
- To use funds and resources responsibly and to be good stewards of the public trust
- To recognize & celebrate excellence in all of our staff
- To provide the follow-up and transition services necessary for community success
- To advocate tirelessly for those who struggle with mental illness, developmental disability, or substance abuse/addiction

#### Dignity

- We recognize the aspirations of our clients
- For respect and dignity
- To fulfill hopes for growth, change and recovery
- To achieve a balance among choice, personal responsibility and socially acceptable behavior
- To increase their independence and the quality of their lives
- To live as they choose within the limitations of the legal system and public safety in the most independent environment possible
- To be treated sensitively in respect to their trauma history

#### Empowerment

- We value *clients'* ability
- To make choices and direct their lives, in keeping with their own values and goals
- To use their individual talents and resources
- To work productively
- To achieve their own personal recovery
- We value our *employees'* ability
- To participate in decision-making at all levels of the hospital
- To improve processes and systems that impact their area of work

# A Brief Overview of Our Programs

## What's a "program"?

At St. Louis Psychiatric Rehabilitation Center, you are assigned to a *residential program* based on your needs. You live in the residential area for that program; participate in the activities designed for that program, and work together with the staff and other clients in that program. Your program has its own rules, and its own unique set of rehabilitation and treatment activities. These are designed to help you get to know yourself better and work toward your own recovery.

First, we will describe the residential program you've been assigned. You'll find out about the goals of your program and how it works. You'll find out about your responsibilities as a member of the program, and how you can work to make this program truly your own.

Second, you will find out about our *non-residential programs* at the facility. These programs do have areas for you to live in, but they do provide services that you may be eligible to take part in. You can read more about these programs in the pamphlets included in this folder.

## Residential Programs

### *Transitional Rehabilitation Program (TRP)*

TRP focuses clients preparing clients for independent or semi-independent living in the community. The focus is on the learning the practical skills and achieving the resources needed to achieve their goals.

### *Social Learning Program (SLP)*

SLP is highly structured behavior therapy program designed to help clients learn basic life skills and manage severe psychiatric symptoms in preparation for making more of their own decisions.

### *Cognitive Behavior Program (CBP)*

CBP encourages clients to assume responsibility for their own actions and make more effective and responsible choices so they can live as safe and productive individuals in the community.

### *New Outlook Program (NOP)*

NOP enables clients to better regulate their emotional reactions to both internal mental states and external events in their environment, and to better understand the functions of their behavior.

### ***Deaf Services Program (DSP)***

DSP provides a culturally sensitive and affirmative environment for deaf clients to enable them to socialize and communicate more effectively while they address the symptoms of a major mental illness.

## **Non-Residential Programs**

### ***Client Work Program (CWP)***

This program serves all SLPRC clients, providing three levels of work for client participation: basic skills workshop, in-hospital enclave employment, and work in the community.

### ***Freedom Bound (FB)***

FB is an alcohol and substance abuse program serving all SLPRC clients who need its assistance. The primary program is offered four times a year and lasts for 10 weeks, followed by weekly support groups for graduates.

### ***Centralized Services (CS)***

Centralized Services (CS) provides recreational and diversional services to the hospital as a whole, including access to a gymnasium, canteen, social recreation area, and fully outfitted fitness room.

### ***Pastoral Services***

Liturgical services and pastoral care is offered to all clients who are interested in accessing religious services or in focusing upon the importance of spirituality for their recovery.

### ***Educational Services***

Clients who have yet to obtain a high school degree or a GED, or who are interested in basic survival literacy, are able to obtain such services upon referral.

### ***Medical Clinic***

The Medical Clinic provides medical care, dental care, laboratory services and referrals.



## Our History

St. Louis State Hospital opened its doors to 150 clients on April 23, 1869, at 5400 Arsenal Street. It was originally designed and built by William Rumbold, an architect famous for the cast-iron double dome design of the Old Courthouse and for his work on the dome on the Capitol Building in Washington, D.C.

Located atop the second highest hill in St. Louis, the hospital provided state-of-the-art care for people with mental illness during a time of sweeping social reform and high public interest in humane treatment. Over time, the hospital expanded its facilities to accommodate more than 3800 clients in the mid-to-late 1950s.

Beginning in the 1960s, with the more widespread use of psychotropic medications, and a commitment to community based treatment, many people were able to leave the hospital and return to the community. So successful have these modern treatments become that our client population has been reduced to 180 people. The hospital moved to its current site on existing campus in the Fall of 1997, after construction of a new hospital building, flanked by 14 cottages, all designed to accommodate new treatment and rehabilitation methods. The name of the facility was changed to St. Louis Psychiatric Rehabilitation Center.

St. Louis Psychiatric Rehabilitation Center is accredited by the Joint Commission on Accreditation of Healthcare Organizations. In addition, St. Louis Psychiatric Rehabilitation Center is certified to provide Medicare/Medicaid services by the Centers for Medicare & Medicaid Services (CMS).

# Rehabilitation, Recovery, and Return

## What is psychosocial rehabilitation? And what is recovery?

*Psychosocial rehabilitation* is a general term for the type of treatment/rehabilitation offered to clients at St. Louis Psychiatric Rehabilitation Center. Let's break down exactly what it means:

- *Psycho* = (short for Psychological), refers to things inside you -- how you feel...what you think, etc.
- *Social* = just that -- social things are things outside of you... like how you get along with people, etc.
- *Rehab* = (short for Rehabilitation), or to learn how to get back into the community, work, organizations - LIFE! - and get more out of it!

Psychosocial Rehabilitation includes working with the things inside you (the psychological part) and the things around you (the social part) in a rehabilitation program designed to help you return to the community. It means developing the skills necessary to realize your goals for living, learning, working and socializing. It means RECOVERY! Recovery is finding a valued role in life.

Psychosocial Rehabilitation concepts are included in everyone's program. To understand more about how these concepts work to assist you in your recovery, we direct you to your **Program** description in this packet.

## What is an Individualized Treatment Plan (ITP)?

Upon entering the hospital, a unique plan is worked out between you and your treatment team called an Individual Treatment Plan (ITP). This plan will focus on what you and your treatment team identify as necessary for you to address and resolve in treatment, prior to your return to the community. At that time, you will be given more details about available treatment modules. You will initially be assigned to an array of basic groups, such as the Medications for Mental Illness Group, Achievement Group, Stress Management, and so on. Psychological and other assessments may begin upon your entry into the program. This information will be useful in helping your treatment team assess specific skill and learning deficits you may have, and identifying your specific treatment needs. This information will be used to assist the team in assigning you to the various core and skills groups.

There will be a number of people with whom you will interact and this may be confusing at first. Some names may be familiar to you, while others are not. Please see the section labeled **Staff**. The descriptions you find there will help you understand the roles various people will have in your rehabilitation process.

## What does my diagnosis mean?

It is important to remember that you are a **person** first, not a diagnosis. Your diagnosis is simply a psychiatric term used to describe the group of symptoms you experience. Part of your recovery will be to develop a better understanding of your diagnosis and to learn how to function with the symptoms you have.

### **When will I get better?**

Everyone's recovery is different. Some people recover much faster than others. Our goal is to help you recover as soon as possible and as completely as possible. Your team will be working with you in setting goals and watching your progress. If your recovery isn't going as quickly as you would like, don't get discouraged! By working in partnership with the staff, you too can recover and return to living in the community.

### **When can I leave the facility grounds?**

You can earn privileges and passes to leave the facility. This will depend upon your behavior, court decisions and safety concerns. You can learn more about this process from (1) your program staff, (2) referring to *Privileges and Curfew* under **Getting Acquainted with the Facility** or (3) from your own program information in this packet.

### **When will I move back into the community?**

One of the first questions many people ask is how long they will be here. The answer differs for each person. It depends upon how quickly you respond to treatment, how soon you take responsibility for yourself and how well you work with the treatment team earning privileges and moving to a less restrictive setting (e.g., cottage, community).

The facility is working in partnership with you, your community mental health center and, sometimes, the courts to build toward your return to the community. The key to this partnership is your individual recovery. Everyone's recovery is different and does not operate on a set time-schedule. From the moment of your arrival, you, your team and the community mental health center develop a personalized plan to support your recovery. This plan includes the specific treatment and rehabilitation services you'll receive to assist you in achieving your goals.

If you are committed as a result of a finding of Not Guilty by Reason of Mental Disease or Defect (NGRI), you will remain here until the court determines that you can safely be integrated into society. The length of time depends upon your progress in treatment, the success of your rehabilitation, your ability to follow rules, your ability to avoid drugs and alcohol, and the seriousness of your NGRI crime. The court makes the final decision about when a person is ready to be in the community.

### **What is a community mental health center (CMHC)?**

Community mental health centers have the primary responsibility for coordinating and delivering mental health services and housing to all Department of Mental Health clients within specific geographical areas. If you did not obtain services from such an agency

prior to your admission to St. Louis Psychiatric Rehabilitation Center, one has been assigned to you, based on where you live.

Your CMHC exists to offer you support services. Wherever and whenever possible, these services are provided in a community (as opposed to institutional) setting. However, if the agency and the courts (if you are criminally committed) determine that you are unable to be safely maintained in the community, they seek hospitalization for you. If you require acute care (short-term hospitalization) due to a momentary worsening of your mental illness, admission to a private community based hospital is pursued. If your condition requires longer term hospitalization, admission is requested to St. Louis Psychiatric Rehabilitation Center. In either case, the community mental health center will work with you, the facility team, and the courts.

### **What do I need to know about treatment and rehabilitation services I will receive?**

The services offered are bundled together in various programs. Each program consists of core treatment and rehabilitation activities especially developed to address your mental health needs.

They build on your strengths and move you as quickly as possible into the community. These include individual and group psychotherapy, work, and a variety of classes or “modules.” Besides these core activities, each program includes a number of other services designed to advance your progress towards discharge, enrich your facility stay and enhance your quality of life. (See your individual **Program** description.)

### **Are there work opportunities?**

Because work is a vital part of living and part of your return to the community, we will make every effort to provide you with a meaningful work experience. As part of the process of preparing you for competitive employment, you may be referred to the Client Work Program for evaluation and placement in one of many different work sites. This program gives you a chance to earn some money and take advantage of its many learning opportunities for employment or volunteer work. Whenever possible, we will coordinate your work experience with the vocational rehabilitation programs provided by a number of community-based organizations. (See the **Client Work Program** brochure in this packet.)

### **What recreational activities are available?**

Centralized Services and each individual rehabilitation program offer many different leisure time and recreational activities, including access to a gymnasium and a fully outfitted Fitness Room. Besides those available within your program area, facility-wide activities are posted monthly. Within the Social Recreation area, you’ll find a pool table, video games, movies, TV and board games. These pastimes are designed for both individuals and groups. (See *Exercise* or *Library Services* under **Getting Acquainted with the Facility** or see the **Central Activity Therapy** brochure in this packet.)

## **What do I need to know about medications?**

Medications for your mental illness are part of your treatment program. Your psychiatrist, other team members and the pharmacy staff will explain what your medications are and how they are to be taken. If and when your medications are changed, be sure to ask for new information. Also, some pamphlets about medications in general and those specific to your needs are available in your residential area and in the Client Library.

## **What if I have other health problems?**

Upon admission, you will receive a complete physical exam by a qualified general physician. Thereafter, you will receive an annual physical. If treatment is indicated at any time in your stay, it will be provided here in the Medical Clinic or scheduled external to the facility with specialty medical providers. Should your health needs change over time, regular clinic appointments will be made for you. If emergency services are needed, they will be provided at area hospitals.

## **Are dental services available?**

Yes. You can work with your team to schedule appointments with the dentist on staff.

## **Can I obtain spiritual support?**

A full-time chaplain is here to help you. You may obtain a schedule of religious services on weekends and holy days for Protestant and Roman Catholic faiths. Upon request, the chaplain will make arrangements for services with other faith groups. Non-denominational prayer groups are offered in the chapel (D106). See the listing of services in this packet or call **Pastoral Services. Phone: 877-6138**

## **Is there support for me from the community from volunteers and advocacy groups?**

Nearly 300 volunteers provide support to make your stay here more pleasant and convenient. They staff the Canteen, the Pre-owned Clothing Shop, the Chapel, and provide services to medical records, the print shop, dietary, nursing, psychology, social work and activity therapy. They also provide legal assistance and may help out during special events. Many are students from area high schools and universities, while others are caring members of the community.

Among them are The Auxiliary of St. Louis Psychiatric Rehabilitation Center, which raises money to fund the cost of dance bands, pizza parties, and other special occasions. They underwrite "Canteen Cards" for those who have no spending money. The Auxiliary also provides funding for special equipment and needs throughout the facility. Volunteers provide you with free popcorn on Thursdays, bingo prizes, ice cream and watermelon socials, new shoes, socks and underwear. Volunteers may monitor your treatment and living conditions while advocating for you with the Department of Mental Health and the state legislators.

Other advocacy groups for mental health issues include: the Alliance for the Mentally Ill, the Missouri Religious Network on Mental Illness, Missouri Protection and Advocacy, the St. Louis Mental Health Association, and Mental Health America. (See **Useful Telephone Numbers** or call Volunteer Services, **Phone: 877-6113**)

# Getting Acquainted with the Facility

## Canteen/Gift Shop

To buy sodas, snacks, cigarettes, candy, gifts and personal items, visit the Canteen/Gift Shop, operated by The Auxiliary and located on the first floor across from the gym. You may be eligible to participate in the “Canteen Card” system (a computerized system for making purchases there). Under this system, the Auxiliary volunteers provide clients without funds a small monthly allowance. Ask your Social Worker or Case Manager for more information.

## Cash, Access to Funds, and the Client Budget

While cash is NOT considered contraband in the hospital, there are limits on the amount of money that a client may have in his or her possession, given the potential for exploitation of vulnerable individuals and to minimize the potential for problematic behaviors in the secure perimeter or risks to public safety (e.g., escape). However, clients are provided access to their funds, either through accounts established on their behalf with the hospital Canteen/Gift Shop Clients (see above), or through purchases made from moneys held in the Cashier’s Office through the Client Budget system, accessed by your treatment team social worker. Certain cash withdrawals for out-trips or passes may also be made available to you for use outside the hospital during hospital approved passes, also provided through the Cashier’s Office using the Client Budget Process.

The cash limits for clients are as follows:

- Clients on the Wards (E, F, G and H) are not allowed to carry ANY cash, as these are our most restrictive environments for our most vulnerable clients.
- Clients in the Secure Cottages (Cottages A, B and D) may carry up to \$13.75 on their person, as they are stepping down from our ward environments to a less secure setting, provided that this money is in their client budget.
- Clients in the Open Cottages (Cottages C, 2, 4, 6, 8, 10 and 12) are allowed to carry money up to the limits in their Client Budget, as they are being prepared for living in independent environments in the community. However, they are only able to carry up to \$22 when in the secure perimeter.

Family and friends who are looking to provide money to clients should make arrangements with the team social worker to have those funds deposited to the client’s accounts maintained in the cashier. **NO FUNDS ARE TO BE PROVIDED DURING VISITATION.** Should security discover cash on the person of a visitor intended for a client, they will intercept the money, and:

- EITHER return it to the visitor;  
OR
- If the visitor still wishes the client to have it, the money will be placed in an envelope, identifying the intended client, the amount intercepted, and the intended use, and

arrange for its deposit with the cashier (for deposit in the secure cashier's slot during non-routine work hours) for placement in the client's fund.

Should a client be discovered with cash **IN EXCESS OF THE LIMITS ABOVE**, either after a visit or at any other time, that cash **WILL BE CONFISCATED** and will be deposited in a **GENERAL** mental health trust fund for use on behalf of all clients, **RATHER THAN IN THE CLIENT'S OWN INDIVIDUAL CASHIER'S FUND.**

### **Vending Machines**

Snacks, sodas and food items are available in the vending machines located next to the Canteen. If you lose money in any of them, report it to the Canteen manager. (**Phone: 76114**)

### **Food**

The cafeteria serves three meals daily on a schedule for clients living on wards E, F, G, and H. Generally, breakfast is served as early as 7:15 a.m. and as late as 7:55 a.m. Lunch begins as early as 11:45 a.m. and as late as 12:55 p.m. Dinner starts in some dining areas at 5:15 p.m. and as late as 6:00 p.m. in others. Clients residing in cottages eat breakfast and dinner in the cottage, but each lunch in the cafeteria. Check with your program staff about when meals are served.

Special menus for holidays and other occasions are served in the cafeteria on a quarterly basis. Picnic menus also are available for out trips or if you are in the Client Work Program off grounds. Clients who live in cottages eat breakfast and supper in the cottage.

Snack time for everyone is 8:00 p.m. nightly. Snacks also are served to those with special diets at 10:00 a.m. and 3:00 p.m.

Leftovers must be kept in refrigerators or other designated storage areas. No food may be stored in your room. Check with your program staff for procedures and requirements on ordering food.

Special dietary needs also are provided for by nutritionists who plan balanced, healthful meals for everyone. Any special diet prescribed by a physician is provided for those with diabetes, high cholesterol, etc. Supplementary foods also are provided. If you require a diet prescribed by your faith, you may make special arrangements with dietary staff. Talk with your team.

### **Smoking**

Smoking is not permitted at all on the campus of St. Louis Psychiatric Rehabilitation Center. Being caught with cigarettes and lighters is a violation of ward/cottage rules.

### **Telephones**



Each program area provides a client phone. You will need authorization from the staff for long distance calls made from those phones. The switchboard then will assist you with the calls. Dial "O" to get the operator. A client phone also is available in the Social Recreation Room.

### **Televisions, Radios, CD/DVD and MP3 Players**

Televisions and radios will be provided in each residential area. Personal televisions, game systems, and radios may also be purchased and stored in your room, depending upon your treatment level and the residential area in which you live. CDs will not be allowed within the main building and DVDs only upon check out from the hospital library. However, there are no such restrictions in the campus security cottages. The hospital will also provide you the opportunity to purchase MP3 players, provided that they do not have blue tooth, WiFi (internet), or camera/video phones capacity.

### **Cameras, Computers, and Cell Phones**

Supervised computer usage is available within the client library. However, personal cameras, computers and cell phones are not permitted within the hospital and will be considered contraband, given the need to protect the confidentiality of our clients, and to ensure that neither consumer nor public safety are in any way compromised.

### **Exercise**

Opportunities to exercise are available in the facility. The Gymnasium is located across from the Canteen. The Fitness Center which contains exercise equipment such as treadmills and weight machines is located behind the Gym in room. Call for schedule information. **Phone: 75965**

### **Special Services**

Your treatment team will work with you to provide for your special needs. For example, interpretive services can be arranged through the Deaf Services Program. Foreign language services are provided by staff members, volunteers or outside agencies.

### **Library Services**

The Client Library is located in room B107. This library offers popular reading and audio/visual materials. Tutors to assist you with reading, writing and math are also available. The client library is a pleasant, quiet place in which to relax and read. Computers with supervised internet access are also provided. Call for library hours. **Phone: 75967**

Professional journals and texts, inter-library loans and computer searches may also be made available to you through the State library. Hours are Monday to Friday, 8:00 a.m. to 5:00 p.m. **Phone: 76515**

# Staff

While you are a client at St. Louis Psychiatric Rehabilitation Center, you will encounter a wide variety of staff. Some of the staff are here to work with you directly to support your treatment and rehabilitation. Others contribute to the treatment and rehabilitation process less directly, working as administrative and support staff to make sure that the facility runs smoothly. This section of the information packet gives a brief description of some of the staff people you may meet during your stay here.

## **Treatment and Rehabilitation Staff**

These staff members will be working in partnership with you, in the living and program areas, to promote and support your recovery.

- Rehab Services***                      Persons with specialized training in the areas of occupational therapy, recreational therapy, vocational rehabilitation, dual diagnosis - substance abuse, and/or education (having a bachelor's or master's degree). These individuals may assist you with preparing to live in your own apartment, finding a job, getting your GED, or developing your own recreational activities. Central Activity Therapy staff also provides regularly scheduled recreational, fitness, and social events.
- Registered Nurse***                      A person with special training in nursing care (usually an RN or LPN) who will give you your medication, work with you in your program and residential areas, and assist you with your individual rehabilitation program and with the groups in which you participate.
- Program Nurse Manager***                      A senior nurse within your program who is responsible for supervising all aspects of your nursing care. Your Nurse Manager will also work with you, your psychiatrist and your physician when you require medical or special psychiatric care outside your program or the facility.
- Physician***                                  A medical doctor with training in general medicine. Your physician is here to treat any physical ailment that you might have, and to help support your general good health.
- Psychiatrist***                              A medical doctor with special training in the treatment of mental illness. It's the psychiatrist's job to diagnose different types of mental illness, prescribe appropriate medications, and work with you to control side effects and make any other needed adjustments in your medication regimen.

<b><i>Psychologist</i></b>	A person with special training in psychology (having an M.A. or Ph.D. degree) who may provide you with individual or group therapy and perform psychological testing.
<b><i>Psychiatric Technician</i></b>	A staff member who will be involved in your day-to-day treatment and rehabilitation, working together with you and the professional staff on your team to assure that you receive the best care possible.
<b><i>Team Leader</i></b>	A person on the team whose specific responsibilities are to direct the activities of the treatment team in implementing the program on a given residential area of the hospital.
<b><i>Social Worker</i></b>	A person with special training in social work (holding a Master's degree). A social worker may help you with daily rehabilitation activities, discuss important issues with your family, coordinate off-ground or weekend passes for you (depending on your eligibility), and help plan your discharge back to the community.
<b><i>Vocational Rehabilitation Specialist</i></b>	This staff person is associated with the Client Work Program (CWP). A vocational rehabilitation specialist (VRS) holds a Master's degree in Rehabilitation Counseling or a related field. A VRS may help you with obtaining and maintaining a job here at SLPRC or in the community, and help you develop work related goals and skills.
<b><i>Dietitian</i></b>	A dietitian has specialized training in applying the science of nutrition in helping people eat healthier. A registered, licensed dietitian (having a bachelor's or master's degree and a dietetic internship) will tailor an eating plan for your medical condition and lifestyle, provide objective nutrition information, separate facts from fads, and translate scientific findings into easy-to-understand nutrition information.
<b><i>Peer Specialist</i></b>	This employee is a consumer of mental health services who has specialized training in providing peer support services. Peer Specialists might help you by sharing their own experiences of recovery and encouraging you to set and achieve recovery goals.

### **Administrative and Support Staff**

These staff members are also here to support your recovery, but they do so less directly than the treatment staff. Administrative and support staff are responsible for such things as the smooth running of the facility, maintenance and safety, heating and housekeeping, hiring and paying staff, supporting the treatment staff and helping to set facility policies and procedures. The Executive Committee has the overall responsibility for running the facility, and its members are listed here.

### **Executive Committee**

<b><i>Regional Executive Officer</i></b>	In charge of the overall operation of the Eastern Missouri Psychiatric Hospital System.
<b><i>Chief Operating Officer</i></b>	Responsible for overseeing all aspects of treatment and rehabilitation at St. Louis Psychiatric Rehabilitation Center.
<b><i>Chief Financial Officer</i></b>	Responsible for the physical operation (maintenance, housekeeping, heating, etc.) and the business affairs (accounting, paying bills, etc.) of the Eastern Missouri Psychiatric Hospital System.
<b><i>Director of Human Resources</i></b>	Oversees employment/employee issues such as hiring, dismissal, employee grievances, and benefits for the Eastern Missouri Psychiatric Hospital System.
<b><i>Chief Nurse Executive</i></b>	Coordinates nursing policy and staffing with treatment needs.
<b><i>Quality Improvement Director</i></b>	Assists the Eastern Missouri Psychiatric Hospital System to improve facility performance and comply with standards set forth by accrediting bodies.
<b><i>Quality Improvement Specialist</i></b>	Assists the Quality Improvement Director and Chief Operating Officer in regard to performance improvement initiatives.
<b><i>Medical Director</i></b>	Supervises all aspects of medical treatment at the facility.
<b><i>Director of Clinical Services</i></b>	Oversees the clinical programs to improve adherence to treatment models. Oversees and implements special clinical projects and the Departments of Social Services, Psychology, and Rehabilitation Services.
<b><i>Program Directors</i></b>	Program Directors work with the treatment and rehabilitation staff in a given program. It is his or her job to develop the overall treatment/rehabilitation program, to organize training for the staff, and to evaluate and help make improvements in the program.

### Other Departments

All of the departments listed below have directors or department heads who are responsible for that area of the facility.

<b><i>Accounting</i></b>	Financial records and disbursement of funds.
<b><i>Dietetic Services</i></b>	Coordinates food and nutrition services in the facility; meal planning, food purchasing, preparation, delivery and service; nutrition education; nutrition care and treatment; Client Work Therapy site training.

<b><i>Fire and Safety</i></b>	Fire prevention and control; safety of clients, staff and visitors.
<b><i>Health Information Management Services (HIMS)</i></b>	Maintaining the client medical records.
<b><i>Housekeeping</i></b>	Keeping the living and working areas clean and sanitary.
<b><i>Office of Information Systems</i></b>	Oversees the facility's computerized information systems.
<b><i>FMDC ( Facility Maintenance)</i></b>	Repairs and maintenance of physical plant.
<b><i>Pastoral Services</i></b>	Spiritual support and information for clients.
<b><i>Security</i></b>	A safe, secure environment for clients, staff, and visitors.
<b><i>SPD (Supply, Purchasing and Distribution)</i></b>	Purchasing and distribution of supplies and equipment.
<b><i>Volunteer Services</i></b>	Support and oversight for volunteers at the facility.

# Psychosocial Rehabilitation Programs

## Cognitive Behavior Program

### **What is the Cognitive Behavior Program (CBP) all about?**

The Cognitive-Behavioral Program is here to help you participate responsibly as part of the wider society we live in. Society operates with expected social values and behaviors. The Cognitive Behavior staff will help you to recognize thoughts and behaviors that may violate those expected social values and behaviors and which do not work well for you. The staff will also help you to develop skills and ways of functioning which are more socially acceptable and which work better for you. We believe that recovery is a process in which you choose to think in different, more responsible ways. The ultimate goal is for you to be a successful and satisfied member of society able to function within societal norms, demonstrating respect for yourself and others. The Cognitive Behavior staff are here to work in partnership with you to support your recovery.

### **On what is the Cognitive Behavior Program based?**

Those who are part of the Cognitive Behavior Program are seen as having a high risk of behavior that will bring them into conflict with the law and members of society because of a severe *personality disorder*. For more information on these concepts, see *What is psychosocial rehabilitation?* and *What does my diagnosis mean?* under the **Rehabilitation, Recovery, and Return** section of this packet.

The basis for much of the work you will do in this program is *cognitive-behavioral therapy*, which seeks to identify errors in thinking which can lead to antisocial behaviors. You may not be able to control those thoughts but you can learn to recognize when they are occurring and how to respond in ways acceptable to society when those thoughts occur.

The Cognitive Behavioral Program also provides more basic psychosocial rehabilitation treatment activities, as some clients admitted to the program have not done well in other program structures, for a variety of reasons. If you fit into this category, your treatment will be focused more on learning how to more effectively handle the symptoms of your illness, skills building in a variety of areas, and appropriate socialization.

As a participant in Cognitive Behavior, you may also participate in other programs in the facility, such as Freedom Bound and the Client Work Program.

### **What are the core parts of Cognitive Behavior?**

There are two components of Cognitive Behavior that are identified as “core” treatment groups.

One is known as *TruThought*. This treatment is designed to assist you in identifying and correcting dysfunctional thought and behavior patterns, and to teach effective problem solving strategies.

The second core group is the *Sex Offenders Group*. The purpose of this treatment is to teach clients more effective and socially acceptable ways to express their sexuality, to accept full responsibility for their sexually inappropriate behaviors, and to understand the negative impact of those behaviors on their victims.

### **Do I have to participate in TruThought?**

Most clients participating in Cognitive Behavior can expect to be placed in one or more TruThought based treatment groups. Clients referred for treatment in this program are assessed as engaging in the dysfunctional thought and behavior patterns that are characteristic of individuals with personality disorders, and therefore, may be benefited by this form of treatment. The client will almost always be expected to be included in TruThought at some point in their treatment stay, although the assessment of when they are clinically “ready” for that treatment may vary on an individual basis. A variety of TruThought-based treatment is offered so that all clients may participate in some level of it.

### **Who attends the Sex Offenders Group?**

Assessment for appropriateness for inclusion in the Sex Offenders Group is a clinical decision, and is provided for those clients who have acted out in sexually inappropriate ways, as established by legal, social and/or clinical history information. Behavior Therapy provides an additional focus on those individuals who have effective and socially acceptable ways to express their sexuality.

### **What is the Level System?**

Cognitive Behavior has an established Level System that provides an opportunity for each client to advance through the program, earning increasing levels of privileges, opportunities, and choices based on progress in treatment. Level advancement is assessed on a weekly basis by the treatment team. Decisions about changes in your level system status are determined following a careful review of staff’s ratings of your progress on multiple factors for the preceding week. These factors or criteria are specified in the Level System. Clients entering Cognitive Behavior will be provided a handout that will explain how the Level System works, and what each of you must do to progress on a weekly basis. Unit staff will also be available to assist you in learning about how the Level System works. Provisions are made to allow for a fair assignment of clients transferring from other units within the facility or from other DMH facilities.

### **Your living environment**

Living on a ward or in a cottage is much like living in a large extended family. There is always a need for give and take. There are some rules and expectations and these will be explained to you when you are admitted. Cooperation with ward rules is expected, as is respect for the rights and feelings of others. You may help or hurt your progress depending

on how you choose to handle yourself. If you cooperate with ward rules, it will show the treatment team that you have self-control, which is an important part of being ready to move to a higher level of privileges. If you violate ward rules, greater restrictions will be placed upon your freedom and it will not help you in moving towards discharge.

### **Laundry**

Clients are responsible for doing their own laundry. You will need to speak with staff concerning when and where you can access the laundry to do your wash. The wards and cottages have their own facilities and these are available to you as per the rules for you area.

### **Cleanliness**

Clients are expected to do their hygiene daily and keep the area around their bed tidy. Staff can assist clients in learning basic skills for these activities of daily living, along with encouragement, but the expectation is that clients will do these things themselves.



## **Social Learning Program**

### **What's the Social Learning Program (SLP) all about?**

The Social Learning Program is designed for individuals who have been in a psychiatric facility for a long time. The Social Learning Program is designed to benefit clients who lack the skills necessary to live in the community and who may rely on socially inappropriate behavior in an attempt to get their needs met. The focus of the program is on the development of the skills--in living, working, learning, and socializing-- which are necessary to live independently in the community.

The Social Learning Program is based upon the following principles:

- All of us can and do learn.
- You have the right to active treatment so that you can learn new skills, or relearn forgotten skills.
- All your interactions with staff and other clients have the potential to be therapeutic.

### **How does the Social Learning Program work?**

All of the staff are here to help you learn. Our job is to teach.

As you make choices, staff will discuss with you the consequences of your choices and any other possible options. Using this style of teaching and coaching, people can learn from their own behaviors and decisions. Below are some key features of the program:

- You learn by having the freedom and responsibility to make daily choices.
- As you learn to make better choices, your life becomes more and more like living in the community.

### **Tell Me More**

All residential areas of SLP have the same rehabilitation goals. Wards G and H utilize tokens as a method to help individuals maintain focus upon specific skills. When clients progress toward their goals, they may be transferred to one of the Social Learning cottages. In these cottages, clients continue to practice independent living skills and attend therapy groups. Cottage clients have both increasing freedoms and responsibilities.

The program has a system in which you may exchange tokens for items and privileges in the same way you use money in the community. Earning tokens will remind you that you are on the right track. A token store is located in your assigned area. The store is stocked with a wide variety of items based upon input from both staff and clients. Just a few of the options for "spending" tokens include: extra snacks and drinks, time off from class, sleeping late and special outings (for example, movies).

Just as money is earned in the community, tokens may be earned in the program. There are over 20 opportunities to earn tokens each day. People earn tokens for these and many other reasons:

- Getting up on time
- Housekeeping skills
- Appropriate appearance
- Attending Classes
- Participating in Classes
- Developing Skills

Another part of the program that resembles life in the community involves fines for law violations. People are fined for assaulting others, stealing, destroying property and threatening to harm others. Token fines are also imposed when an individual disrupts the treatment for other clients, directly violates the rights of others or disrupts the security of the building. In addition to token fines, clients are sometimes asked to go to “time out”. Time out occurs when a client is too upset to control his or her behavior. When a person is timed out, he or she is removed from the activity in progress for a short time.

### **Cottages**

Clients who live in SLP cottages no longer use tokens. These individuals may use either a “token credit card” which supplies them with varying amounts of spending power based upon their demonstrated level of functioning. In many cases, these clients will transition from token credit cards to using money as they will in the community. As these individuals demonstrate that they are ready for more independence, many privileges will be provided without charge provided they continue to attend therapy groups and refrain from infractions.

### **What Will I Learn?**

The Social Learning Program staff teaches people skills within a variety of rehabilitation programs offered, such as:

#### Self Care Skills

- delivered by all staff through daily routines
- Including classes on dressing, tooth brushing, eating appropriately, making a bed appropriately, clothing care, etc.

#### Social Skills

- delivered by all staff through formal and informal interactions
- Includes classes on how to hold a conversation, how to participate in a group, problem solving, etc.

#### Employment and Job Training

- adjusted to individual skills levels
- where possible, tailored to individual preferences

### Leisure Activities

- teaches the use of leisure time including games, dances, hobbies, aerobics and active sports
- adapts to each person's preferences and skill level

### **Laundry**

Washers and dryers are available on the unit. Everyone is assigned at least one time per week but can have access during other times when the facilities are not scheduled for others. You are encouraged to attain the highest level of independence possible with regard to clothing care, but assistance will be offered to you if you need it.

### **Personalizing Your Room**

You are encouraged to personalize your room with your own pictures, bedspreads, plants, etc. There is also a variety of room accessories which may be of interest to you in the token store or facility canteen.

### **Televisions and Radios**

Televisions and radios are provided to anyone who wishes to purchase this service on Ward G and in the cottages. Depending on your level of independence, you may be able to keep your personal television or radio in your room. However, if necessary, staff will store the item(s) for safekeeping.

## **Transitional Rehabilitation Program**

### **What's the Transitional Rehabilitation Program (TRP) all about?**

The Transitional Rehabilitation Program (TRP) is designed for clients who are likely to be placed in independent or semi-independent living arrangements in the community when their stay at St. Louis Psychiatric Rehabilitation Center is concluded. The focus of the program is, therefore, the development of the skills--in living, working, learning, and socializing--necessary for functioning independently as a member of the community.

The TRP staff will work in partnership with you through the different phases of the TRP Program – the program begins at your level of commitment and effort to work at your treatment/rehabilitation goals. Everyone is treated as a responsible adult. You will be responsible for attending groups, work (if working), take medications, keep your room clean, and go about your daily activities with few reminders from staff. TRP helps clients think and prepare beyond the institution.

### **Can you tell me more about how TRP works? What can I expect?**

In the initial stages of your admission, the work you do during this stage will also help you to build trust and let others get to know you better. This trust will be important as you develop a support group for your recovery. If NGRI, you will work on legal issues, victim empathy, relapse and risk management. When these issues are addressed to the level of meeting requirements for release, we may apply for a discharge or partial release without discharge.

Once you and your team have an understanding of your situation and your goals, we begin to work on living outside this facility. This usually means spending some time away from the facility on your own; either with family, working or self-passes.

During this stage, you may also go out into the community to visit different living spaces, work places, learning places and places where people socialize. By going to these places, then talking about what you saw, you'll get a clearer and more realistic picture of what your goals really are.

As you get out in the community, a whole new set of problems or obstacles arise. You and the team tackle these by giving you skills to deal with them on your own or find resources and help to be successful.

Finally, you've demonstrated you can follow conditions of release and have the ability to live in the community. Now you and your team will work on identifying a proper place for you to live. This is a time consuming and lengthy process. Patience and communication is important in this stage. You've completed the program and now are in the placement stage.

## **You're Living Environment**

Clients in TRP live in cottages. There are eight clients in each cottage, each with his/her own room. Bathrooms are shared. Living in the cottage is much like living in a large family. There is always a need for give and take. There are some rules and expectations and these will be explained to you when you enter the program. Cooperation with program rules is expected, as is respect for the rights and feelings of others.

## **Is there a Level System?**

TRP does not have a Level System because we treat and expect clients to act like responsible adults. You are still expected to follow the rules of the facility and the laws of the State of Missouri. Any rule violation or conditional release violations are dealt with by the team in an individual manner.

## **Laundry**

Clients are responsible for doing their own laundry. You will need to speak with staff concerning when and where you can access the laundry to do your wash. The cottages have their own facilities and these are available to you per the rules for you area.

## **Cleanliness**

Clients are expected to do their hygiene daily and keep their room tidy. You won't be here forever so keep the room clean for the next client. . Staff can assist clients in learning basic skills for these activities of daily living, along with encouragement, but the expectation is that clients will do these things themselves.

## **Personalizing Your Room**

You are encouraged to personalize your room with your own pictures, bedspreads, plants, etc. There is also a variety of room accessories which may be of interest to you in the token store or facility canteen.

## **New Outlook Program**

### **What is the New Outlook Program (NOP) all about?**

The New Outlook Program was developed to provide hope for people who have severe emotional/mood problems and behaviorally act out. This program uses a combination of Dialectical Behavior Therapy (DBT) and Positive Behavior Support. DBT was developed by Marsha Linehan who believed that one of the main reasons that people do these desperate behaviors is that they have learned ineffective skills for coping with strong emotions, particularly painful emotions.

### **Who can this program help?**

People who:

Lead confusing and stressful lives

Sometimes feel suicidal

Hurt themselves on purpose

Hurt or threaten other people

Feel nervous, upset, or worried

Sometimes feel like they're not themselves when very upset

Feel depressed or sad a lot

Feel lonely, bored, or empty inside

Feel wild and out of control

Refuse or overuse medication

Eat and/or sleep too much or too little

Sometimes people have had painful experiences that they can't stop thinking about. They can't sleep without nightmares or they feel angry or sad a lot of the time. They may abuse substances in order to feel better, or they may hurt themselves and others. They often feel misunderstood, hurt, angry, or afraid that others don't like them.

No single treatment can "fix" all problems, but the New Outlook Program has treatment to help people live better lives. In the New Outlook Program, we work on painful feelings and want to help you handle them better, instead of avoiding them.

### **How does the New Outlook Program work?**

The New Outlook Program consists of two treatment tracks, DBT and the Alternative Track. Clients in DBT are assigned an individual therapist, provided skills training groups, and offered "coaching calls." The Alternative Track was made to accommodate clients who do not wish to participate in DBT or for whom DBT is not the best treatment. Clients in both tracks are expected to learn new strategies for coping with emotions, improving relationships and interactions with others, and managing personal crises.

Program staff are expected to provide supportive relationships to clients and to assist clients to achieve greater independence in decision-making, self-management, and pursuit of personal goals. Commonly, clients admitted to the New Outlook Program have resided in residential treatment facilities and other such setting for many years and become dependent

upon them. Therefore, it is the program's goal to decrease clients' dependence on staff and program structures and pursue a life of their choosing.

### **Does the New Outlook Program have a Level System?**

The New Outlook Program does not utilize a level system to determine privileges. Privileges such as Unescorted within the Perimeter Privileges and Escorted Community Activities are earned by maintaining safety. The program relies upon limited use of punishments and consequences. Instead, clients are encouraged to engage in treatment programming and to pursue increasing levels of independence and discharge to less restrictive settings.

### **Laundry**

Clients are responsible for doing their own laundry. You will need to speak with staff concerning when and where you can access the laundry to do your wash. The ward has its own facilities and these are available to you as per the rules for your area.

### **Cleanliness**

Clients are expected to do their hygiene daily and keep the area around their bed tidy. Staff can assist clients in learning basic skills for these activities of daily living, along with encouragement, but the expectation is that clients will do these things themselves.

## **Deaf Services Program**

### **What is the Deaf Services Program (DSP) all about?**

The Deaf Services Program serves Deaf and Hard of Hearing clients who have mental illnesses and require intermediate to long-term inpatient treatment to address emotional, behavioral, and communication challenges. Our staff is trained in the unique culture of the Deaf community and offer a therapeutic environment that is both socially and environmentally designed to meet the specific needs of Deaf and Hard of Hearing clients.

### **How does the Deaf Services Program work?**

The Deaf Services program must treat clients whose clinical presentations are very diverse, other than being inclusive of hearing loss, with many demonstrating a wide variety of language, emotional and behavioral challenges, many of them severe in nature. This requires a programming approach that is eclectic and generalist in nature, targeting the individual and heterogeneous treatment needs of each client, encompassing a range of therapeutic approaches, including cognitive behavior therapy, illness management and recovery, and behavior therapy. There is a focus on teaching basic and advanced social skills, including coping, conflict resolution, communication, interpersonal, and problem solving. In addition, the staff interpreter conducts a Communication assessment to identify communication strategies that are most effective for use with each client, ensuring that all treatment team members are familiar with a client's preferred modes of communication.

All interventions are informed by the values of Recovery and Psychosocial Rehabilitation, emphasizing client strengths and the empowerment necessary to make informed choices. The emphasis on strengths and skills teaching facilitates engagement in treatment for clients who have likely been marginalized and have had limited opportunities to benefit from treatment.

The Deaf Services Program will emphasize a culturally affirmative approach with most services being offered to the clients as a group. Group work is most effective with deaf peers and a variety of visual methods should be used. When clinically appropriate, other deaf clients at SLPRC who cannot be safely housed with those in Cottage C may participate in services offered to Cottage C clients. Clients will also participate in programming broadly offered to all SLPRC clients, such as the Client Work Program (CWP) and Central Activity Therapy. In addition, when indicated in their treatment plans, clients will have the opportunity to participate in select, specialized groups available in other rehabilitation programs such as Sex Offender Group.

### **Laundry**

Clients are responsible for doing their own laundry. You will need to speak with staff concerning when and where you can access the laundry to do your wash. The ward has its own facilities and these are available to you as per the rules for your area.

### **Cleanliness**



Clients are expected to do their hygiene daily and keep the area around their bed tidy. Staff can assist clients in learning basic skills for these activities of daily living, along with encouragement, but the expectation is that clients will do these things themselves.

# Client Rights and Privileges

As a client here, you have certain rights in addition to special responsibilities. Your rights are defined by the laws of the State of Missouri (RSMo 630.125), and you will find these rights displayed in living areas and program areas. Also, a copy of your rights as a client can be found on pages 40 and 41 of this booklet. (see **Client Rights and Privileges**). It is important that you be familiar with all of your rights.

There are times when some of these rights may be limited. You can see which rights these are by looking at the **Client Rights and Privileges** section, under *The Following Rights and Privileges may be Limited, if Necessary*. Note, however, that those rights and privileges can be limited only if they are interfering with your treatment and rehabilitation goals, or if they would place either your safety or that of others in jeopardy. Other of your rights and privileges--such as the right to not be discriminated against based on race, sex, or disability--can never be suspended or subjected to limitations.

Your responsibilities include working with us so that you can return to the community as soon as possible. The headings below address some of the topics that we are asked about most frequently.

**As a client of the Department of Mental Health, the laws of Missouri state that you are entitled to the following without limitation:**

1. To humane care and treatment;
2. To the extent that the facilities, equipment and personnel are available, to medical care and treatment in accordance with the highest standards accepted in medical practice;
3. To safe and sanitary housing;
4. To not participate in non-therapeutic labor;
5. To attend or not attend religious services;
6. To receive prompt evaluation and care, treatment, habilitation or rehabilitation about which the individual is informed insofar as the person is capable of understanding;
7. To be treated with dignity as a human being;
8. To not be the subject of experimental research without prior written and informed consent or that of a parent, if a minor, or guardian, except that no involuntary client shall be subject to experimental research, except as provided by statute;
9. To decide not to participate or may withdraw from any research at any time for any reason;
10. To have access to consultation with a private physician at own expense.
11. To be evaluated, treated or habilitated in the least restrictive environment;
12. To not be subjected to any hazardous treatment or surgical procedure unless individual, parent or guardian consents; unless such treatment or surgical procedure is ordered by a court of competent jurisdiction;

13. In the case of hazardous treatment or irreversible surgical procedures, to have, upon request, an impartial review prior to implementation, except in case of emergency procedures required for the preservation of life;
14. To a nourishing, well balanced and varied diet; and
15. To be free from verbal, physical, and sexual abuse.

**Missouri law also gives clients the following rights that MAY be limited based on safety or therapeutic issues:**

16. To wear one's own clothes and to keep and use personal possessions;
17. To keep and be allowed to spend a reasonable sum of own money for canteen expenses and small purchases;
18. To communicate by sealed mail or otherwise with persons including agencies inside or outside the facility;
19. To receive visitors of own choosing at reasonable times;
20. To have reasonable access to a telephone both to make and receive confidential calls;
21. To have access to one's mental and medical records;
22. To have opportunities for physical exercise and outdoor recreation; and
23. To have reasonable, prompt access to current newspapers, magazines and radio and television programming.

**Hospitals accredited by The Joint Commission (TJC) must also assure the following standards are met in serving clients**

24. Personal dignity and services considerate and respectful of personal values and beliefs;
25. Information about hospital rules and regulations concerning conduct of patients;
26. Informed participation in decisions regarding treatment;
27. Participation in treatment planning;
28. Appropriate assessment and management of pain;
29. Individualized treatment;
30. Personal privacy and confidentiality of information; and
31. Opportunity to identify a surrogate decision maker if a patient is incapable of understanding a proposed course of treatment or is unable to communicate regarding treatment as part of an advance directive.

**As a participant of the Medicaid and Medicare programs, this facility agrees to protect and promote each of the rights listed below:**

32. To be informed of rights before furnishing or discontinuing patient care, when possible;
33. To establish a grievance procedure and inform each client whom to contact to file a grievance;
34. To participate in the development and implementation of one's plan of care;
35. To make informed decisions regarding one's care;
36. To formulate an advance directive;
37. To have a family member or chosen representative be notified promptly of admission;
38. To personal privacy;
39. To receive care in a safe setting;
40. To be free from all forms of abuse or harassment;

41. To confidentiality of one's clinical information;
42. To access information contained in one's clinical records within a reasonable time frame;
43. To be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
44. To safe implementation of restraint or seclusion by trained staff.
45. Federal law provides consumers the right to reasonable access to treatment regardless of race, sex, creed, marital status, national orientation, handicap or age.
46. To receive or deny visitors of your choosing and to be informed of any clinical restriction or limitation of that right. In order to protect the privacy, rights and safety of yourself and others, the facility may restrict the available time and place of visitation.

### **Rights Monitors**

<b>SLPRC Client Rights Monitor</b>	<b>877-3380, SLPRC 5300 Arsenal, St. Louis, MO 63139</b>
<b>DMH Client Rights Monitor</b>	<b>8-800-364-9687, P.O. Box 687, Jefferson City, MO 65102</b>
<b>Missouri Protection and Advocacy</b>	<b>8-800-392-8667</b>
<b>Missouri Department of Health and Senior Services Bureau of Health Services Regulation</b>	<b>Monday through Friday from 8 a.m. to 5 p.m. at: 8-800-392-0210</b>
<b>The Joint Commission</b>	<b>8-800-994-6610</b>

# Other Rights and Responsibilities of Which You Should be Aware

## Non-Discrimination

One of your important rights as a client is the right to not be discriminated against or refused services on the basis of race, sex, creed, marital status, national origin, disability or age.

## Confidentiality

To protect your right to privacy, we will not reveal your presence here to people who inquire about you by telephone or who visit the facility unless you give us permission by signing a release of information form.

In general your records are confidential. They cannot be released to anyone without your permission. There are some exceptions, including sharing information with your community mental health center, the police, and/or courts, or other agencies which may be involved in your rehabilitation.

## Can I make telephone calls to my family and friends?

Yes, you have the right to telephone anyone outside the hospital within normal hours (usually between 7 a.m. and 10 p.m.). This right may be withdrawn if complaints are received about your use of the phone. Also, please remember, you need to be respectful of other clients' needs to use the phone.

## What happens if my rights are violated or I am the victim of abuse or neglect?

If you believe your rights have been violated, you can submit a grievance to the SLPRC Client Rights Monitor in writing (using a **Grievance form**). *A copy of this form can be found in the left-hand side of this packet*, and copies are also available from your Program Director. To ensure that we take your grievances seriously, a three part form has been developed, enabling you to retain one portion, provide another to a team member, and file the third in a locked grievance book accessible only by the Facility Client Rights Monitor. The review process for grievances begins with your team, and if you disagree with their decision about the grievance, it can be appealed all the way to the Chief Operating Officer and beyond.

If you believe you have been a victim of either abuse or neglect, our first concern is that you receive appropriate treatment and counseling to assist you in recovering from the incident. Please contact the nearest available staff member. They will see that you get whatever help you need, and will also assist you in completing the appropriate form(s). We will initiate an investigation immediately and a verbal report of the findings will be given you and/or your family.

### **What are my responsibilities while I am a client?**

From the moment of admission, you are moving towards your discharge. Your first responsibility is to work with your team in a cooperative fashion so that you can return to the community as fast as possible. This means that you provide us with reliable information about your history, your mental illness, personal skills and assets, and rehabilitation goals.

Your second responsibility is to build on your strengths and develop the skills and resources necessary to achieve your goals. This involves learning about your mental illness, as well as any other health problems you may have, so that they can be safely and effectively managed.

Your third responsibility is to learn how to get along with the other clients and the staff. Living on a ward or in a cottage is like living in a very large family. There are those you will like more than others. Like any family member, you have to work and live with others as best you can.

### **What legal services are available to me?**

The Client Library has copies of the Missouri Statutes. There is a computer with internet access in the Client Library also so you may look up information concerning your legal issues.

If you are a forensic client, and are ready for Conditional Release, in all likelihood you and the facility will be represented by the Attorney General of the State of Missouri in the release proceedings. If you wish to pursue Conditional Release on your own, you will need to obtain your own legal representation, either privately or through the Public Defender's Office. Your treatment team will help you access legal assistance.

### **Videotaping and audio taping**

On occasion, the treatment and rehabilitation services you receive will be videotaped or audio taped: this is done for staff training and your own education. These materials will be kept confidential and will be destroyed after having served their educational and training purposes. You sign a consent form for any photographs, videotaping or audio taping. Routine security camera taping and the audio taping performed at a transfer hearing are exceptions – you do not sign a consent for these.

In addition, the facility reserves the right to make audio and videotapes of public areas of the hospital, exclusive of bathrooms and client bedrooms to ensure that we are properly attending to client safety. Such tapes are used to assist with any inquiries and investigations needed for employee abuse and neglect or misconduct allegations, and to ensure that clients are being provided the appropriate care and treatment and to assist with maintaining a safe and secure treatment environment.

### **Searches of Person and Property**

Because this is a minimum security forensic hospital, we have obligations to do whatever we can to help keep our environment safe for the clients, staff and visitors. As a result, we have policies regarding contraband (see the Contraband Policy toward the end of this handbook) to which both clients and staff are expected to adhere, and we reserve the right to conduct searches on both a random and for cause basis to verify that there is no contraband available or other items that could be used to harm self or others. These can involve a search of the client's person, belonging or living area, and vary by certain levels of intensity based on the clinical or safety concerns involved.

### **Advance Directives/Durable Power of Attorney for Health Care**

In the left-hand side of this packet, you will find a brochure explaining Advance Directives. In an Advance Directive, you state what healthcare decisions you wish to be taken on your behalf in the event that you become incapacitated. It is important that you let us know whether you already have an Advance Directive, so that we may include a copy with your chart, and honor it if necessary. However, there are exceptions to honoring it in a few very specific situations. These are explained in the enclosed material.

Durable power of attorney for health care is a document designating whom you want to act on your behalf for health care decisions in cases where you are unable to make such decisions. In cases where you are unable to make decisions you will need to determine who takes that responsibility and in what circumstances. An attorney can assist you.

### **Access to the Client Rights and Ethics Committee**

Clients, guardians and your significant others also have the right to access the SLPRC Client Rights and Ethics Committee for consultation on ethical dilemmas in care and treatment. Please contact the Client Rights Monitor for more information.

### **Educational Rights**

Clients under the age of 22 years have the right to secondary education. An education packet will be sent to the client's Social Worker/Case Manager when a client under 22 years is admitted to SLPRC. Please contact your Social Worker/Case Manager for more information.

# Useful Telephone Numbers

My Living Area is \_\_\_\_\_

Phone: (314) 877-\_\_\_\_\_

I am part of the \_\_\_\_\_ Program

Switchboard: (314) 877-6501

**My Treatment Team:** (please fill in)

Role	Person	Phone
Team Leader		
Psychiatrist		
Psychologist (or LPC)		
Registered Nurse		
Social Worker		
Rehab Services		

**Community Mental Health Center:**

Agency	Contact	Phone Number

**Administrators:**

Chief Operating Officer		877-5987
Medical Director		877-5777
Director of Clinical Services		877-5789
Chief Nurse Executive		877-5991
Program Director		877-
Program Nurse Manager		

**Helpful Organizations:**

Organization	Phone
Missouri Protection and Advocacy	8-800-392-8667
Alliance for the Mentally Ill (Missouri)	8-800-374-2138
The Self Help Center	(314) 200-4357
Mental Health Association	(314) 773-1399
SLPRC Client Rights Monitor	(314) 877-3388
DMH Client Rights Monitor (Office of Constituent Services)	8-800-364-9687
The Joint Commission	1-800-994-6610



# Contraband

PC.06;.04i 10/22/15

## SLPRC OFFICIAL CONTRABAND LIST – CLIENTS CONTRABAND ITEMS

Contraband definition –

Clients **MAY NOT** purchase these items or **MAY NOT** keep these items on SLPRC grounds

\*This list is not exhaustive. Other items may be considered contraband at the discretion of the Treatment Teams, SLPRC Unit Directors, Executive Committee and/or DMH.

<p><b>Weapons:</b> guns, firearms of any type, any type of knives, tasers, mace, brass knuckles, handcuffs, chains of any size, ammunition, explosives, martial arts equipment (e.g., throwing stars, nunchaku, etc.)</p>
<p><b>Items on sharps list:</b> box cutters, matte knives, rotary cutters, scalpels, scissors and/or sharp objects that could inflict harm</p>
<p><b>Kitchen utensils:</b> non plastic knives/forks/spoons, ice picks, cans, can openers, corkscrews, sharp kitchen utensils</p>
<p><b>Medical products, Alcohol, Other Drugs or Drug Paraphernalia:</b> non-prescribed inhalants (including glue), *ace bandages, non-prescribed medications, over the counter medications, vitamins, herbal remedies, supplements, unmarked or unidentified powders or liquids, dried plant material, patches, any illegal drugs, any drug paraphernalia, poisonous chemicals</p>
<p><b>Recreational equipment that could be used as weapons:</b> pool sticks, bats, gardening tools, dumbbells, jump ropes, stretch bands, baseballs, softballs, pool balls, tennis rackets, etc.</p>
<p><b>Tools:</b> screwdrivers, hammers, saws, bolts, other hardware equipment or accessories</p>
<p><b>Cosmetic products:</b> mirrors, mirrored compacts, metal nail files, aerosol cans, tweezers, curling irons, flat irons, hair dryers, chemicals to dye hair or clothing, highlight/relax/perm hair products, combs (will be provided), brushes, hairpieces or hair accessories with metal parts, deodorant (not issued by the facility)</p>
<p><b>Clothing apparel:</b> short shorts, cropped tops, over tight or obscene clothing, wire hangers, shoulder bags, bags, shoe boxes, backpacks (non clear), briefcases, luggage, umbrellas w/ metal tip.</p>
<p><b>Footwear that could serve as weapons:</b> Footwear with steel toes; Footwear with steel shanks; footwear with heels exceeding two inches; Footwear with excessive metal; Footwear that is excessively heavy; Footwear with sharp pointed toes; Boots (must be approved by treatment team)</p>
<p><b>Office equipment:</b> paper clips, safety pins, staples, tacks, computers, type writers, laser pointers, laptops, wire ties, pointed or sharp objects that could inflict harm, *badges, *keys, *key chains, pencil, pencil sharpeners, staple remover, metal trash cans, phone, tape dispenser, non state issued furniture</p>

<b>Tobacco products or paraphernalia:</b> cigarettes, lighters, matches, lighter fluid, rolling papers, tobacco, chewing tobacco, snuff, cigars, pipes, incense, candles, gasoline
<b>Electronics:</b> cell phones, cameras, audio recording, video recording devices, pagers, memory cards or sticks, PDAs, blackberries, VCR tapes, DVDs, CDs, magazines or books, etc. in violation of hospital policy (content of these items may be more restrictive on an individual basis if clinically indicated!!!), outside appliances i.e. lamps, mini-fridge, etc., chargers, external radio or TV antennae, laptops or tablets, MP3 players or similar electronic devices that have wireless internet capacity
<b>Items that can be Fabricated into Weapons:</b> Lanyards, rope, Ace bandage clips, anything made of glass (except eyeglasses), metal products (including trash cans or containers), plastic bags, pointed or sharp objects that could inflict harm, any glass items, straight or safety razors
<b>Other items:</b> keys, forms of identification, credit cards, checkbooks, non-prepaid phone cards, debit cards, books/magazines/papers with explicit-provocative materials, sewing kits, knitting needles, sewing needles, seam rippers, crochet hooks, latch hooks, glue, any art supplies or craft items outside therapeutic groups, board games with dice, recreational materials (bats, balls, Frisbee, etc.), empty bottles, empty cans, empty boxes and throw rugs, money orders, wire transfers.
<b>Cash:</b> Cash is <b>not</b> contraband in Minimum Security. However: (a) clients on the wards are not to have ANY cash in their possession; (b) Minimum Security cottage (Cottages A, B and D) may carry up to \$13.75, provided that this is listed in their individual budget; and (c) Campus security clients (including Cottage C) are not to have any amount in excess of \$22 when inside the secure perimeter. Any amount in excess of these respective limits is to be confiscated and deposited in the Mental Health Trust Fund, per policy PC.06.04 on Client Searches.

**Restricted items:**

Clients **MAY NOT** keep these items in their possession and only used under the supervision of staff members. These items should be handled as "sharps": Sewing or knitting needles, seam rippers, metal nail files and nail clippers, Canes and crutches, Piercings, Dental Floss, Interproximal Brush, Beard and mustache trimmer.

Electronic razors will be purchased on behalf of clients for their usage, using client funds where available, and will be stored by staff and distributed for either time-limited, independent usage or supervised usage, in accordance with the Self Injurious Behavior Protocol (PC.07.02.i).

DVDs purchased by clients will be stored in the Client Library and can be signed out for time-limited usage, provided that they are in keeping with hospital policy.

MP3 players, iPOD shuffles can be purchased by clients, but must not have wireless internet capacity. Items utilized on such players must be legally obtained from the appropriate retailer.

Battery Limitations: 1) Any combination of 6 - AAA or AA batteries; 2) Two 9 Volt batteries can be substituted for 2 batteries in #1. Batteries can be purchased through the canteen. Any battery accumulations in excess of these will be treated as contraband and will be confiscated.

Regular pens and pencils are permissible in campus security, and on a client by client basis in minimum security per treatment team approval. However, no pens or pencils are to be brought into minimum security by campus security clients. Clients may use flex pens in minimum security.

\*These items are considered as contraband if not state issued.

# Index

- Access to the Client Rights and Ethics Committee, 46
- Accounting, 27
- Administrative and Support Staff, 26
- Advance Directives/Durable Power of Attorney for Health Care, 46
- Are there work opportunities?, 19
- Brief Overview of Our Programs, 14
- Brief Overview of Our Programs Residential Programs, 14
- Brief Overview of Our Programs Non-Residential Programs, 15
- Cameras, Computers, and Cell Phones, 23
- Can I make telephone calls to my family and friends?, 44
- Canteen/Gift Shop, 22
- Chief Financial Officer, 27
- Chief Nurse Executive, 27
- Chief Operating Officer, 27
- Client Rights and Privileges, 41
  - Client Rights from Medicaid and Medicare, 42
  - Client Rights from The Joint Commission, 42
  - Client Rights Monitors, 43
  - Client Rights With Limitation, 42
  - Client Rights without Limitation, 41
- Client Rights from Medicaid and Medicare, 42
- Client Rights from The Joint Commission, 42
- Client Rights Monitors, 43
- Client Rights With Limitation, 42
- Client Rights without Limitation, 41
- Cognitive Behavior Program, 29
- Community Mental Health Center, 18
- Confidentiality, 44
- Deaf Services Program, 39
- Dental Services, 20
- Department of Mental Health Governing Ideas, 12
- Diagnosis, 17
- Dietetic Services, 27
- Dietitian, 26
- Directions, 10
- Director of Human Resources, 27
- Educational Rights, 46
- Exercise, 23
- Fire and Safety, 27
- FMDC ( Facility Maintenance), 28
- Food, 22
- Getting Acquainted with the Facility, 22
  - Cameras, Computes, and Cell Phones, 23
  - Canteen/Gift Shop, 22
  - Exercise, 23
  - Library Services, 23
  - Smoking, 23
  - Special Services, 23
  - Telephones, 23
  - Televisions, Radios, CD/DVD and MP3 Players, 23
  - Vending Machines, 22
- Health Information Management Services (HIMS), 28
- Housekeeping, 28
- Individualized Treatment Plan, 17
- Key Rights and Responsibilities of Which You Should be Aware, 44
  - Access to the Client Rights and Ethics Committee, 46
  - Advance Directives/Durable Power of Attorney for Health Care, 46
  - Can I make telephone calls to my family and friends?, 44
  - Confidentiality, 44
  - Educational Rights, 46
  - Non-Discrimination, 44
  - Searches of Person and Property, 46
  - Videotaping and Audiotaping, 45
  - What are my responsibilities while I am a client?, 45
  - What happens if my rights are violated or I am the victim of abuse or neglect?, 44
  - What legal services are available to me?, 45
- Letter from the Chief Operating Officer, 9
- Library Services, 23
- Medical Director, 27

Mission, Vision, and Values, 12  
     Department of Mental Health, 12  
 New Outlook Program, 37  
 Non-Discrimination, 44  
 Non-Residential Programs, 15  
 Not Guilty by Reason of Mental Disease or  
     Defect (NGRI), 18  
 Office of Information Systems, 28  
 Our History, 16  
 Pastoral Services, 28  
 Personal Belongings, 7  
 Personal Safety Plan, 7  
 Philosophy on Seclusion and Restraint Use,  
     7  
 Physician, 25  
 Program Director, 27  
 Program Nurse Manager, 25  
 Psychiatric Technician, 26  
 Psychiatrist, 25  
 Psychologist, 25  
 Psychosocial Rehabilitation, 17  
 Psychosocial Rehabilitation Programs, 29  
     Cognitive Behavior Program, 29  
     Deaf Services Program, 39  
     New Outlook Program, 37  
     Social Learning Program, 32  
     Transitional Rehabilitation Program, 35  
 Quality Improvement Director, 27  
 Quality Improvement Specialist, 27  
 Recovery, 17  
 Regional Executive Officer, 27  
 Registered Nurse, 25  
 Rehab Services, 25  
 Rehabilitation, Recovery, and Return, 17  
     Are there work opportunities?, 19  
     Community Mental Health Center, 18  
     Dental Services, 20  
     Diagnosis, 17  
     Individualized Treatment Plan, 17  
     Psychosocial Rehabilitation, 17  
     Recovery, 17  
     Spiritual Support, 20  
     Volunteers and Advocacy Groups, 20  
     What do I need to know about  
         medications?, 20  
     What do I need to know about treatment  
         and rehabilitation services I receive?,  
         19  
     What if I have other health problems?, 20  
     What recreational activities are  
         available?, 19  
     When can I leave the facility grounds?, 18  
     When will I get better?, 18  
     When will I move back into the  
         community?, 18  
 Residential Programs, 14  
 Safety, 6  
 Searches of Person and Property, 46  
 Sex Offenders Group, 30  
 Smoking, 23  
 Social Learning Program, 32  
 Social Worker, 26  
 SPD (Supply, Purchasing and Distribution),  
     28  
 Special Services, 23  
 Spiritual Support, 20  
 Staff, 25  
     Administrative and Support Staff, 26  
     Treatment and Rehabilitation Staff, 25  
 Team Leader, 26  
 Telephones, 23  
 Televisions, Radios, CD/DVD and MP3  
     Players, 23  
 The Auxiliary of St. Louis Psychiatric  
     Rehabilitation Center, 20  
 Transitional Rehabilitation Program, 35  
 Treatment and Rehabilitation Staff, 25  
 TruThought, 30  
 Useful Telephone Numbers, 48  
 Vending Machines, 22  
 Videotaping and Audiotaping, 45  
 Visitation, 10  
     Directions, 10  
     Visiting Hours and Days, 10  
     Visitor Parking, 10  
 Visiting Hours and Days, 10  
 Visitor Parking, 10  
 Vocational Rehabilitation Specialist, 26  
 Volunteer Services, 28  
 Volunteers and Advocacy Groups, 20  
 Welcome - Introduction, 6

Personal Belongings, 7  
Philosophy on Seclusion and Restraint  
Use, 7  
Safety, 6  
What happens during my first few days?,  
6  
Why am I here?, 6  
What are my responsibilities while I am a  
client?, 45  
What do I need to know about  
medications?, 20  
What do I need to know about treatment  
and rehabilitation services I will receive?,  
19

What happens during my first few days?, 6  
What happens if my rights are violated or I  
am the victim of abuse or neglect?, 44  
What if I have other health problems?, 20  
What legal services are available to me?, 45  
What recreational activities are available?,  
19  
When can I leave the facility grounds?, 18  
When will I get better?, 18  
When will I move back into the  
community?, 18  
Why am I here?, 6