

# State Hospital North



## Patient Handbook



## WELCOME TO STATE HOSPITAL NORTH

We hope your stay will be beneficial and as pleasant as possible. When you leave, we hope you will be able to return to your community and add a new dimension to your life.

Interactions with other patients and staff are a necessary and often a rewarding part of your hospital stay and recovery; it can also be stressful. Certain things will be asked of you while you are here. Your cooperation allows us to help you and others while maintaining a sense of structure and safety for you and others on the units. Please read this information and keep it handy for a reference. If you have questions, ask a staff member for direction and/or advice.

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## WHAT TO EXPECT (our philosophy of treatment)

Our goal is to involve **you** as the most active person in your recovery from this episode and get you back to your life outside the hospital as soon as possible.

To do this we use an **individualized** approach to treatment. This means we look at you as a whole person, unique and special, with your own individual treatment needs.

Your **treatment plan** will be made just for you.

The people on your team will meet with you and directly involve you in the development of your treatment plan.

Your treatment plan will be your guide to **actively** work on your treatment goals. The focus of your treatment will cover three main areas:

1. **Medical/Biological:** This includes:  
Things like your genetics and inherited traits (which you cannot do much about, but understanding them can help);  
Any medical illness you have or medicines you take; Any chemical substances you use or abuse (like drugs or alcohol); Your diet, sleep and level of physical activity;  
Your brain chemistry and the medicines you are prescribed for any psychiatric symptoms.
  
2. **Personal/Psychological:** This area includes:  
How you feel about yourself and your self-esteem;  
Your values and spiritual/religious beliefs;  
Your personality style;  
The coping skills you have or could learn;  
The ways you react to stress in your life.
  
3. **Environmental/Social:** This includes:  
Your living arrangements and physical environment;  
Finances and employment;  
How you spend your time;  
Relationships and support people (friends, family, case workers, etc.)

## YOUR INTERDISCIPLINARY TREATMENT TEAM MEETING (IDT)

This is when and where **you** and the members of **your treatment team** get together to make **your treatment/recovery plan** and evaluate how well it is working for you.

They look at:

1. Your **goals**; (What you want to accomplish while in the hospital.)
2. Your **strengths**
3. Your **barriers to recovery**; (The symptoms, conditions, or behaviors that resulted in your hospitalization.)
4. Types of treatment recommended; (medicines, groups, etc.)
5. Your level of **participation**; and progress toward goals; and
6. Your **interactions** with others and your general behavior.
7. Your **diagnosis**; (the name that is given to your illness, condition, or symptoms);

They consider what changes might be made in your treatment plan and how you are progressing toward discharge. You may not always agree with your treatment team or your treatment plan, but we will do our best to listen to your concerns.

The usual schedule for your IDT meeting is:

1. The **first one within 10 days** of your admission;
2. A review will then be held every 30 days

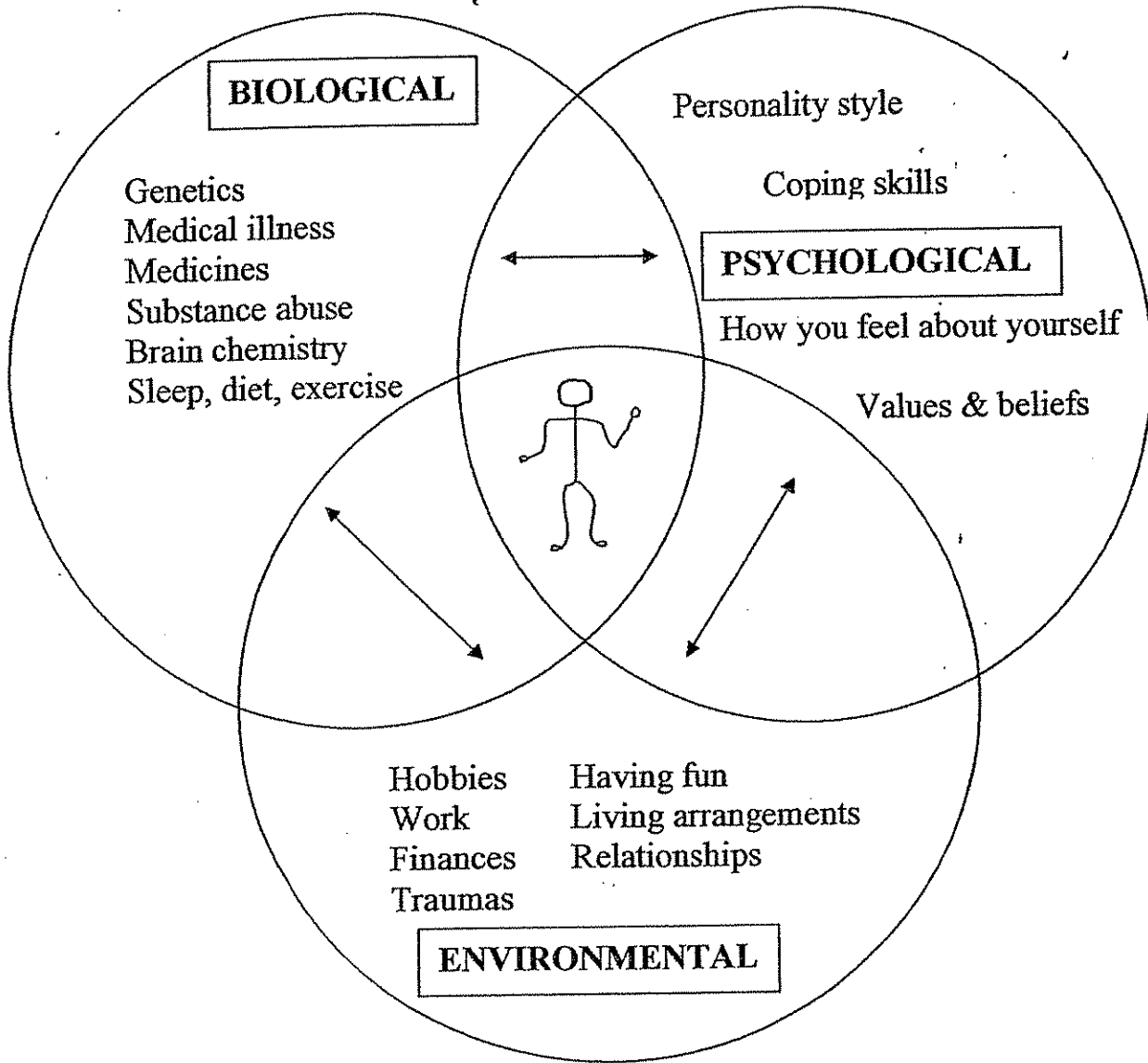
Remember that your plan is individual and so your schedule of IDT meetings could vary if needed.

### **DISCHARGE PLANNING**

Discharge planning is an important part of your treatment. The treatment team begins the discharge planning process as soon as you are admitted. During treatment planning meetings your discharge plans are discussed and can be revised by you and your treatment team. Your treatment team and our discharge coordinator will assist you in making the transition from SHN back to your

community after talking with you, your family (if this is helpful), and your community mental health team.

**Treatment will focus on 3 broad areas:**



These three areas overlap and interact and are **ALL important** – in your recovery (your ability to return to life outside the hospital), and in reducing your chances of needing to come back. That is why **ACTIVELY PARTICIPATING IN EVERY ASPECT OF YOUR TREATMENT** is important. Try not to focus on just one thing such as gym activities, or medications, or talk therapy. They are **ALL important**.

## HOW TO GET THE MOST OUT OF YOUR HOSPITAL STAY

At each IDT meeting you will want to be sure to ask any questions you have about your treatment plan.

We hope you will feel comfortable in giving feedback to your team on how you think your plan has been working so far.

You can fill them in on all the areas you have been actively participating in.

This is also your opportunity to give them any new information about yourself that you have remembered that might be helpful in your treatment.

One way to think of questions for your IDT is to go back to the three main areas we try to cover:

**MEDICAL/BIOLOGICAL:** Let the team know if you are having any problems with eating, sleeping, physical activity, or medical health. Talk about any **side effects** to your medication that you don't like. For many people, taking medications as prescribed on a regular basis is the best way to avoid another hospitalization. Now is the time to work with your doctor/practitioner to be sure you are on medication that you will feel comfortable taking after you leave the hospital. If you don't think you will keep taking your medication when you leave, let your team know that too.

Discuss how any **medical conditions** or **drug/alcohol** issue are affecting your recovery.

**PERSONAL/PSYCHOLOGICAL:** Talk with your team about your emotions and how effectively you are managing your feelings. Let us know how you are responding to stressors in your life and tell us which skills you are learning in your groups are most helpful.

**ENVIRONMENTAL/SOCIAL:**

Do you have concerns about **housing** or **money**?

What are you learning about how the way you **relate to others** affects you?

Are you working to **build a support system** for when you leave the hospital?  
Are you gaining ideas on how to spend your **free time** in healthy ways that will support your recovery?

What are your current discharge plans?

You will probably have other areas that you want to discuss in the IDT meeting. There is an IDT/Goal Review Group held each week to help you prepare for this meeting. During that time you can review your goals, make notes, and feel ready to participate in your review. Your contact person can also help through being supportive and reviewing your notes with you.

## COMMUNICATING WITH YOUR TREATMENT TEAM

Outside of your IDT meetings there are other ways to let your team know how you are doing and what you need.

You can talk to a nursing staff, especially your **Primary Nurse** or **Contact Person**. We encourage you to interact with your contact person to help you meet your treatment goals.

### **MORNING MEETING**

Members of the treatment team meet regularly on both Units to discuss how things are going with you.

Staff members who have had interactions with you recently let the rest of the team know how things are going with your treatment so far.

If you want to **meet with** a particular member of your team, or if you want to request an **increase in your privileges**, or have something else you want to communicate to the team, there is a **request form** you can fill out and it will be read in the morning meetings. (Nursing staff can help you with this.)

The nursing team leader will usually let you know the team's response to your request. If you did not get what you asked for, you will be given the **therapeutic reason** for the team's decision, as well as a clear plan for how you may achieve your request goal.

Not everyone can be seen every time they request it, but the team members will do their best.

## YOUR TREATMENT TEAM

All the following people are here to work with you on your recovery and return to your community:

**NURSING STAFF** (See page 12)

### **CLINICIANS**

Clinicians assist you with all aspects of clinical services affecting your hospitalization including treatment plan development, assisting the treatment team and you with discharge planning, answering questions, and helping you problem solve issues both at the hospital and in your life circumstance. Clinicians also offer classes designed to help you learn more about your diagnosis and ways to manage your symptoms.

**LIP** (Attending - Psychiatric doctor or Nurse Practitioner)

Your **LIP** is the psychiatrist, other physician or nurse practitioner who is assigned to lead your *treatment team* and direct your treatment while you are here. He or she does your *admission interview* when you first arrive to get to know you and tries to identify your needs and the best way to help you reach your goals. He or she is the only person who can prescribe your medications or approve medication requests. The attending reviews your progress with the rest of the team during *morning meeting* and evaluates any *requests* you have submitted. They meet with you as often as necessary to help you get the best care while you are here. They also get information on how you are doing by meeting with your nurses, Clinicians, and TR staff who see you individually and in group activities. The attendings take turns being *on call* at night and on weekends so that someone is always available for emergency needs. They check the results of any labs or other tests that you might have and they evaluate how well your medications are working. Although you have a full treatment team to work with you, it is

your attending who takes the *final responsibility* for your care and treatment while you are here.

#### **THERAPEUTIC RECREATION (TR) STAFF (See page 13)**

#### **PSYCHOLOGIST**

The Psychologist may work with you to do psychological testing and evaluation.

#### **DISCHARGE COORDINATOR**

The Discharge Coordinator (DC) is a member of the Clinician Team and works with closely with you and your treatment team to insure that the best possible discharge is arranged. As your discharge date approaches, you and your treatment team will be making arrangements for housing and mental health services. You will also be asked to attend a discharge group where your plan is discussed in detail and you can talk about any concerns you might have about leaving the hospital.

#### **MEDICAL DOCTOR (See page 14)**

#### **LAB STAFF and LAB TESTS**

The doctor or Nurse Practitioner may order various lab tests for you while you are in the hospital. These tests help them determine if you have any significant medical problems and to monitor your health and medications. Lab staff will collect blood for the tests and Medical staff will provide you information on the results of these tests.

#### **FOOD SERVICES**

The Food services staff prepare and serve you three meals and an evening snack every day. The menus are planned according to Food Pyramid Guidelines and meet the American Heart Association Guidelines of providing 30%-35% of calories from fat. Standard portions provide approximately 2000 calories and 100-150 grams of protein daily.

## CLINICAL DIETITIAN

The Clinical Dietitian is registered with the American Dietetic Association and is a licensed dietitian in the state of Idaho. She assesses every patient's nutritional status within 14 days of admission. The clinical dietitian provides medical nutrition therapy for patients with special diet needs through individual consults, nutrition evaluation groups, and nutrition therapy groups.

## HIM (Clerical)

A member of the Health Information Management (HIM) Department will record your treatment plan and reviews as you and your treatment team develop them, and they will ensure that copies are made for you and your regional case manager.

## FRONT DESK STAFF

Administration employees are located near the main entrance. We can serve you by keeping an accurate accounting of your personal funds while you are hospitalized. We require you to deposit funds over \$35 for security while you are here. We disburse your funds to you upon request (\$35.00 weekly or more with treatment team approval). We will ask you to provide information about your ability to pay for hospital services. We will explain hospital charges and ask you to sign a payment agreement prior to your discharge from the hospital. If you have questions about Administration services, stop by and ask the Receptionist.

## PATIENT REPRESENTATIVE ( See page 14)

## NURSING STAFF

The Nursing Department consists of Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Psychiatric Technicians (PTs). They are available 24 hours a day, and we encourage you to come to them with your questions and concerns. They will provide you a safe and healthy environment and assist you in learning what will be expected of you as you progress in treatment at SHN.

When you are admitted, you will be assigned a "Primary Nurse." This is the RN who will oversee your care from the nursing perspective while you are here. He/She will meet with you at least once a week throughout your stay to see how

you are progressing, answer questions and offer help as needed.

Each shift you will be assigned a "contact person." This is the staff member you can go to with your questions and concerns during that specific shift. The contact person's name is listed beside your name on the board by the nursing station.

The medication nurse will give you your medications at their ordered times. We ask that you come to the nurses' station to get your medication.

The Team Leader is the RN in charge of the unit on each shift. On day shift they will attend the Morning meeting and bring your concerns/requests to that meeting for discussion. After the meeting, he/she or a designated person will let you know the teams' decision on your request. Either the Team Leader or another RN will attend your IDTs to provide input into your treatment plan and your progress toward your treatment goals.

The Psych Techs are here to assist you with getting to the right groups, answer questions, manage the activities, and generally be available to you as needed.

Nursing staff also lead groups on the Unit, and you will be assigned to some of them. The courtyard will be closed to smoking during group times. TV and telephones are also off during groups.

The nursing department staff look forward to getting to know you as they assist you from admission to discharge.

## **THERAPEUTIC RECREATION**

Therapeutic Recreation (TR) is a treatment method used to improve physical, mental, social, and emotional abilities using therapeutic groups and activities. SHN employs four full-time Certified Therapeutic Recreation Specialists (CTRS) who adhere to the American Therapeutic Recreation Association Code of Ethics and must have at least a bachelor's degree with certification from the National Council for Therapeutic Recreation Certification (NCTRC).

TR staff are ready to assist you in acquiring needed skills and knowledge helpful in facilitating an improved quality of life. TR specialists can also assess your ability to function and live independently. The CTRS's are a part of your treatment team and will be working with you around your goals for achieving a healthier balanced

lifestyle.

## **MEDICAL DOCTOR**

The **Medical Services Doctor** provides an admission history and physical exam (H&P) for everyone admitted to State Hospital North. This is usually done the next day after your admission. The Medical Doctor also helps your **attending** to manage any physical health problems that occur during your hospital stay. You can get a request form from your contact person to be seen by medical services for any physical concerns or questions you may have. These requests are first reviewed by your attending, and when appropriate a referral is made by the attending to medical services.

The Medical Service Department can handle many emergency medical situations, recommend treatment for acute and chronic physical conditions, and can refer patients to specialists as necessary. Referrals depend on the seriousness of the physical problem, your psychiatric condition, and your ability or the State's ability to pay for the consultation.

Unfortunately State Hospital North does not have funds to pay for any medical or dental services that you receive at another hospital or medical facility while you are a patient here (See Idaho Code 66-327, *Responsibility for Costs of Commitment and Care of Patients*) and you will be listed as the responsible party for these payments. Our accounts and billing specialist will try to help you find any available sources of funding such as Medicare/Medicaid, other insurance, county indigent funds etc.

## **PATIENT REPRESENTATIVE**

State Hospital North staff respect and support the right of every patient to express concern about any aspect of his/her hospital stay. As a way to assist patient in this process, we have a Patient Representative who has been asked to help in several ways. One of the Patient Representative duties is to ensure that the legal rights you have as a patient are not violated. Another function is to ensure that you are treated with respect and dignity during your stay at the hospital.

If during the course of your hospitalization you have concerns about violations of your rights, you can report this confidentially through filling out a patient concern form. These forms can be found on each unit next to a locked container labeled "suggestion box." You may complete this form at any time and deposit it into the suggestion box which is checked daily during week days and in the morning after weekends and holidays. Unit staff can assist you in filling out these forms if you are comfortable having them involved. Collected forms are forwarded to the Patient Representative who will review them and meet with you to see if the matter can be resolved.

In addition to helping you on a personal level, the Patient Representative is a member of the Patient Concern Committee. This committee has the charge of making certain people receiving care and treatment at State Hospital North have the best care possible. All of your concerns reported to the Patient Representative are also presented to this committee at their next meeting for review, discussion, and decision making if appropriate.

The Patient Representative also acts as a contact person for the CO-AD agency (Comprehensive Advocacy, Inc.). That agency is also charged with protecting the rights of those who are in treatment at this hospital as well as those who are receiving care in other settings throughout the State. If you believe that your patient rights have been or are being violated, you can also contact CO-AD directly. Their statewide toll-free number is 1-800-632-5125.

## RULES FOR SAFETY

1. **Fire Alarm and Codes:** When the fire alarm sounds, or any other code, come to the nearest day hall and wait for staff to direct you, or if you are with staff already, (e.g. in the gym) they will direct you.

2. **Items Not Allowed in the Hospital:** Patients may not have in their possession or use any alcohol, drugs, herbs, over-the-counter medications or other non-food substances, unless prescribed by a SHN LIP.

**Other Items that are NOT allowed for Safety Reasons:** (Some can be kept at the nurses' station - check with staff.)

Any weapon or explosives

Sharp items (scissors, blades, pins, etc.)

Matches or lighters

Products that contain alcohol or volatile (strong smelling) chemicals (e.g. mouth wash, nail polish remover, etc.)

Glass (bottles, mirrors, etc.)

Disposable razors

Electric cords

Plastic bags

Metal pop cans or aerosol cans

Metal coat hangers

3. For safety reasons we need to know where you are at all times. Here is how you can help:

Do not leave the hospital boundaries. You have a map of where on the grounds it is okay to be. (See page last page of handbook for map.)

Please ask, and stick to, the limits of your privilege level. (See pages 19-20)

**Sign-out Board:** When leaving the unit for any reason, always remember to write the time you left and where you are going. When you get back please erase this information.

4. **Behavior:** To keep everyone safe we cannot allow any **assaultive** or **destructive** behavior. If you have trouble regulating your own behavior, we will do everything we can to help you and to keep the unit safe. This may include talking, offering other coping skills, as-needed medication, time in a quiet room. In extreme cases, if needed to keep everyone safe, we may use seclusion or restraints. If necessary we will have the local law enforcement officers respond.

### Information on the use of Seclusion and Restraint

It is the philosophy and policy of State Hospital North to provide an environment that is healing and therapeutic and that protects and ensures the safety of all. Our staff is trained to use every possible alternative to avoid the use of seclusion and restraint. Seclusion and restraint are used in a behavioral emergency when all other alternatives have failed.

What is Seclusion? This is when a patient is locked in a quiet, safe room with a bed that is fixed in place and no items with which they could hurt themselves.

What is Restraint? This is when a patient has lost control over their behavior and is in immediate danger of hurting someone or themselves. The patient is placed on the bed in the quiet room and held in place with restraints over their middle and/or on each arm and leg. As few restraints as possible are used to keep the patient and others safe.

What Will Happen While in Seclusion and Restraint? The patient will be continuously monitored by nursing staff through the window of the quiet room. Routinely the patient will be assessed by staff and personal needs will be addressed as well as an evaluation for release from the seclusion or restraint. The patient will be released as soon as he/she is safe again. At all times nursing staff will make it a priority to safeguard the patient's dignity, privacy, physical and psychological well-being. Seclusion and restraint is NOT punishment. It is used only when there is no other way to keep people safe and its use is discontinued as soon as possible.

How do we Try to Avoid Seclusion and Restraint? Staff will ask each patient to let them know what things work best for them to help them stay in control of their behavior. When a patient is having difficulty staying safe, staff will do as many of the following as they can:

Talk with you.	Check and adjust medications.
Ask you to do things differently.	Provide safe activities.
Provide time out.	Increase supervision.
Reduce privileges for safety.	Reassure and explain the situation.

5. **Illness or Injury:** Report any injury to staff immediately. If you have any physical problems/symptoms of illness, report them to nursing staff who will make an initial assessment and let the doctor or practitioner know if necessary.

6. **Privilege Levels:** Another way to keep everyone safe is the use of **privilege levels**. Patients are at **different** privilege levels based on their ability to regulate their own behavior and maintain safe boundaries for themselves.

If you think your privilege level should be lowered due to safety concerns, ask staff right away. Put in a **request** for an increase in privileges to your treatment team for review at their next morning meeting.

### Safe Personal Boundaries

Contact with anyone from the neighboring prison is not allowed.

Physical contact of any kind between patients is not allowed (hugs, kisses, back-rubs, sex, etc.).

Romantic relationships between patients are not allowed. (This is a time and place to focus on yourself and getting well.)

Do not enter another patient's room, even if invited.

Do not trade, lend, sell, borrow, give away, or accept any money or other items. (This includes pop, candy, smokes, clothes, gifts, etc.)

Do not ask another patient to lend, sell, borrow, give away, money or other items.

Do not steal.

Do not destroy hospital or other peoples' property or belongings.

No gambling of any kind - for money, chips, or "bets."

Do be responsible and considerate of the rights of others.

Do use appropriate language (no profanity, sexually suggestive, racist or prison slang language).

Cameras or taking pictures are not allowed by patients or visitors because of the need to protect patient confidentiality.

### SAFETY COMES BEFORE CONFIDENTIALITY

If you become aware of other patients talking about running away from the hospital, harming themselves, harming others, or having prohibited items, please share this information with staff. It could be any staff you are comfortable talking to. Do not view this as "tattling," "snitching," "narcing," etc. Patients are here under various circumstances and all have different problems and disorders, so they may be at different levels mentally, physically, and emotionally than yourself. By letting staff know, you not only may help others keep safe, but continue to feel safe yourself. Treatment is not intended to be highly restrictive, but does save lives occasionally and ensures the safety and wellbeing of all.

### DEFINITIONS OF SPECIFIC PRIVILEGE LEVELS

**A Privileges** - Patients have the freedom of their assigned unit. They can use the courtyard with staff escort. If it is necessary for them to leave their assigned unit, they need a 1:1 staff escort. They need a separate LIP order to leave the hospital. This level is mandatory for patients on close observations.

**B- Privileges** - Patients with B- privileges have all the freedoms of B privilege patients, except they also need a staff escort in the courtyard.

**B Privileges** - Patients have the freedom of their assigned unit and the courtyard when it is open. They may leave the unit with a staff escort. (This does not have to be 1:1.) These patients require staff escort and LIP approval if they have to go off campus (e.g.: Town Run or Dentist Appointment etc.)

**C- Privileges** - Patients have the freedom of their assigned unit and the courtyard when it is open. They may be unescorted within the hospital within designated boundaries during unscheduled treatment activity time. When leaving the unit for any reason they must sign out on the board and check in every 30 minutes. They need staff escort to be outside. These patients require staff escort and LIP approval to go off campus.

**C Privileges** - Patients have the freedom of their assigned unit and the courtyard when it is open. They may be unescorted within the hospital and hospital grounds within designated boundaries during unscheduled treatment activity time. When leaving the unit for any reason they must sign out on the board and check in every 30 minutes. These patients require staff escort to go off campus.

All patients, regardless of privilege level need an LIP order to leave campus without an SHN staff member (e.g.: pass with family)

**Conditional Privileges-** An order for "Conditional" privileges may be written at any level. It means the patient may be placed on a lower privilege level as judged necessary by nursing team leader and then increased back to the conditional level when judged appropriate without a separate LIP order each time.

At all levels: Patients are expected to sign out on the patient board when leaving the unit for any reason (with or without staff) by putting the time and their destination next to their name and they **must check in every half hour.**

When determining the privilege level that is appropriate for you, the staff will take into account your needs and abilities as an individual. Your privilege level may change according to your progress in treatment.

## PASSES

There are two types of passes: "on-grounds hospital pass" and "off-grounds hospital pass." A pass must be requested by you, reviewed by your treatment team, and ordered by a doctor. When on pass you must leave no earlier than or return no later than the time specified. On-grounds passes allow you to visit with guests and exempt you from program activities. Off-grounds passes allow you to leave the boundaries of the hospital grounds. While on pass you must not use alcohol, illicit drugs, or any medication not ordered. Passes must state whom you will be with and

where you will be. The staff may choose to do drug/alcohol testing upon your return from pass, if deemed appropriate. Staff must inspect all items brought back from pass. Patients on an off-grounds pass who cannot return to the hospital on time (due to unforeseen problems) should call the hospital and alert staff.

### CHURCH PASSES

You may request to attend a local church of your choice. You will need to arrange your own transportation, which many local churches provide. Requests to attend church need to be made through your treatment team. You will usually need to have attained C privileges.

### ON UNIT ACTIVITIES

Here is a list of free time activities available to you on the unit.

Board games	Drawing
Playing cards	Exercising/stretching
Letter writing material	Working with clay
Video games	Riding exercise bike
Individual crafts	Hackey sack in courtyard
Listening to music	Educational videos
Journaling	Entertainment videos
Books and magazines	Talking on the phone
Computer games	Requesting to go to the gym during free time (C privileges needed)
Coloring	Playing catch with nerf ball in courtyard
Material for collages	Writing stories, poems, rhymer
Paint by number	Ping pong
Crocheting	Bingo
Needlework	Latch hook
Exercise videos	Decorating the unit for holidays
Watching TV	Frisbee in courtyard
Socializing with peer	
Listening to relaxation tapes	

## A HEALTHY ENVIRONMENT

### Personal:

1. **Personal Cleanliness:** Personal cleanliness is very important. It is recommended that you shower and a change clothes at least every other day. This can also help us measure your readiness for an increase in privileges and for discharge.

2. **Dress Code:** You may wear your own clothes while you are here. But we ask you to follow some guidelines for everyone's comfort and safety. You may not exchange or borrow clothes with another patient. You may donate clothes to the clothing room upon discharge if you choose. Socially appropriate clothing (appropriate to the local standard) must be worn at all times. Shirts should cover the chest, midriff (belly button), shoulders and underarms. Shorts must be at least mid thigh length. Clothing with vulgar, alcohol, drug or sexual pictures or words are not allowed. No see-through clothing or clothing that is ripped, torn, or worn thin. No sexually provocative clothing and no gang related clothing. Underwear may not be worn as outside clothing. Shoes or flip flops must be worn at all times outside of your assigned room, no bare feet. No nude sleeping and you must wear at least a robe when leaving your assigned room. No boots. Pajamas are not allowed on the unit. They are to be worn in your room only. Blankets and pillows are not allowed in the day hall or side rooms. You may be requested to change your clothes in certain situations.

3. **Haircuts:** For health and safety reasons, patients are not allowed to cut other patients' hair. Every two weeks or so a beautician comes in to do haircuts at patient's expense.

4. **Laundry:** A washer, dryer, ironing board, and iron are available for your use. Please wash your clothing regularly.

5. **Mail:** You may mail letters through the nurses' station at any time. If you have no money for postage, the hospital will pay for up to five standard-sized (44 cents) letters per week, or larger packages that do not exceed a total of \$2.20 in postage a week. You may also mail personal packages or larger parcels at your own expense, and nursing staff will assist you in making these arrangements. In order to assure your mailed items reach the intended persons, we ask that you include your name and the return address of 300 Hospital Drive, Orofino, ID 83544. If

you do not wish to be identified as a patient at State Hospital North, please speak to your contact person about an alternative that is available. In-coming mail is delivered to the Units each weekday afternoon. There is no delivery on weekends or holidays. Outgoing mail has to be in our hospital mailroom by 9:30 a.m. so it is picked up from each unit early in the morning. For safety reasons, we ask that you open packages and mail in the presence of staff.

6. **Computers:** There is a computer and a printer available for patients to use on each unit. The computer is for use as a word processor only. We do not have patient access to the internet and e-mail. Any cell phones, lap top computers, or DVD players brought to the hospital will be safely stored until discharge.

7. **Personal Stereos, CD's MP3s, iPods, etc:** These devices may only be played with the use of headphones. Electrical cords are not allowed, so stereos must be battery operated. You must wear headphone while on the unit and play them at a reasonable level in your room. Headphones may not be used in scheduled groups and are not allowed to be used after 11 p.m.. Please turn them into the nurses' station every evening. If any complaints occur staff may put your stereos in storage for the remainder of your stay.

8. **Visitors:** Visitors are welcome in the hospital. Sometimes you will be asked to keep your visits to non-group times. Visits are allowed only in designated areas. No one is allowed on the unit without specific approval. Visitors may be asked to leave if they become disruptive, inappropriate, or if they appear to be under the influence of mood altering substances. Visitor's under the age of 18 must be accompanied by a parent or guardian. Visiting hours are noon-8 p.m. on weekdays and 8 a.m. - 8 p.m. on weekends and holidays.

**Your Room:** Patients may personalize their rooms within these guidelines:

1. Tape may be used on your closet, door, or desk but do not use tacks, nails or tape on any of the walls.
2. Please make your bed daily covering the bed with the colored bedspread.
3. We strongly recommend that you turn valuables into the staff for safekeeping. If you choose to not do this consider at least locking them up in your locker. Items sometimes get lost or stolen and SHN cannot be responsible for replacing them if this happens.

4. Please turn off lights when leaving your room.
5. You can keep individually wrapped hard candy and gum in your room. All other food must be stored in the unit fridge (at your own risk) or in your locker in the food closet. No food or beverages are allowed to be consumed in your room.
6. Weekly checks by staff are done in all patient rooms on Sunday to assure you do not have contraband, food or beverages. Items found at this time will be discarded.
7. Please store dirty clothes in the laundry basket provided and place the basket off the floor.
8. Please keep your room neat.

## Main Dining Room and Canteen

### Dining Room:

1. For health and sanitary reasons patients may not take food or beverages out of the Dining Room
2. If you don't like a given meal, you can have yogurt, cottage cheese or peanut butter as an alternate for the main dish.
3. Saltine crackers, ketchup, mustard packets, mayonnaise packets, jelly, jam, margarine, bacon bits, and sliced bread are available on request - one (1) each.
4. Fruit can be requested to replace a regular dessert when fruit is not the dessert for that meal.
5. Substitutions will be provided when approved by the Clinical Director, Dietary Supervisor, or LIP order.
6. Behavior toward staff and other patients must be courteous in order to get and keep dining room privileges.

Meal will be served in the dining room:

Breakfast	7:00 to 7:45 AM
Lunch	12:00 to 12:45 PM
Dinner	5:00 to 5:45 PM

The dining room will remain open for 15 minutes following the end of the serving time to allow time to finish eating your meal.

Menus are posted on the bulletin board on the unit.

### Canteen:

The canteen is only available for patient use at specific times and with staff escort. Food purchased in the canteen may be brought back to the unit.

Canteen trips are done on both units 5 (five) days a week.

## Money Matters

**Payment for Services:** According to Idaho Statutes 66-327 RESPONSIBILITY FOR COSTS OF COMMITMENT AND CARE OF PATIENTS and 66-354 MENTALLY ILL PERSON WITH ASSETS SUFFICIENT TO PAY EXPENSES, and Idaho Administrative Rule 16.04.07, RULES GOVERNING FEES FOR STATE HOSPITAL NORTH, the Hospital will charge you for services and you are responsible for payment of your hospital bill. You will be asked to provide financial information to help us determine whether you or a third party are able to pay all or part of your Hospital bill. If you have medical insurance, the Hospital will bill the insurance company and take direct payment from your insurance company. The hospital's Business Office Staff will meet with you prior to your discharge to document your financial information and establish a reasonable payment agreement with you. If you want to discuss your hospital bill, financial information or payment plan, please request a meeting with the hospital's Business Office Staff.

**Personal Funds and Valuables:** During the admission process, nursing staff will account for your money and valuables, and record it. You are responsible for any money and valuables you choose to keep in your possession. We recommend you keep a minimum amount of cash in your possession. We strongly discourage keeping more than \$35.00 on the unit. Nursing staff may require that you store your valuables in a secure storage closet on the unit rather than keep the valuables in your possession or store them in your room or locker.

For safekeeping and accountability, you may make deposits and withdrawals to a personal Trust Fund Account at the Business Office:

Front desk hours are Monday through Friday, 8 am to 3 pm, excluding holidays.

You will not have access to your personal Trust Account after hours, weekends and holidays, please plan accordingly. You may withdraw up to \$35.00 per week for incidental expenses. Your Treatment Team must approve any exceptions to this limit.

**Phone Calls and Phone Slips:** You will have access to a pay phone on the unit for your personal calls and will need to use your own funds or phone card for these calls. If you do not have any money or a phone card, you may talk to your Clinician about a

phone slip. Staff work to protect your privacy and confidentiality. We ask patients to respect each other's privacy and confidentiality when answering the patient telephone; however, when using the patient telephone or giving that number out to people to reach you, you should know that other patients may not understand confidentiality. If this is a concern for you, please discuss it with your Clinician.

**Town Runs:** TR staff will take a limited number of patients on trips to town. Please check the TR schedule for dates and times.

All items purchased on Town Runs must be checked by staff on your return to the unit. Requests for the Town Runs need to be presented to your treatment team prior to the day of the trip. You can obtain this request form at the nursing desk.

## *PATIENT RIGHTS*

*As a patient of State Hospital North, you have a right to:*

1. Communicate by sealed mail or otherwise with persons, inside or outside the facility, and to have access to reasonable amounts of letter-writing material and postage.
2. Receive visitors at reasonable times.
3. Wear your own clothes; to keep and use your own personal possessions, including toilet articles; to keep and be allowed to spend a reasonable sum of money for canteen expenses and small purchases.
4. Refuse specific modes of treatment, except in case of emergency or if a court of law determines that you are unable to make rational decisions about treatment.
5. Be visited by your attorney at all times.
6. Exercise all civil rights.
7. Have reasonable access to all records concerning yourself.
8. Communicate by sealed mail with the court of law, if any, which ordered your commitment.
9. Be treated with dignity and respect. This includes privacy with treatment and care of personal needs.
10. Your own "care plan," which includes the following:
  - a. Equal care and treatment no matter how your treatment is being paid for.
  - b. Treatment and care in the least restrictive environment allowable.
  - c. A personalized treatment plan (one designed for you alone).
11. Be informed by your doctor of your medical condition, unless the doctor believes it is not in your best interest. (This must be written in your patient

record with the reasons for withholding this information from you.)

12. Not participate in any research projects.
13. Practice your religious beliefs, and not have to practice those of others.
14. Not perform services for the facility.
15. Associate and communicate with people of your choosing. Privacy will be provided for visits with family, friends, clergy, attorney, or for business reasons.
16. Voice complaints or grievances, without reprisals, through established procedures.
17. Have these rights explained to you in words you can understand by a member of your treatment team.

The Administrator of State Hospital North may deny your rights only in the case of an emergency, or if a court of law has determined that you lack the ability to make an informed decision about your treatment. Right #5 and #6 shall not be denied under any circumstances. In this case, the reason for denial shall be part of your treatment record and a copy shall be sent to the appropriate court of law, your spouse or guardian, and your attorney. If you don't understand any of these rights, please ask a staff member to explain them to you.

**ADDITIONAL RIGHTS:** You also have other rights.

The right to have your family and personal physician notified of your admission.

The right to be free from abuse or neglect.

If you think any of your rights have been violated or if you have any other complaints, please refer to our patient concern process.

**Civil Rights Complaint Procedure:** The Idaho Department of Health and Welfare is committed to equal opportunity in the delivery of program services to patients. Anybody who feels he or she has been excluded from participation in, or denied

the benefits of, services on the basis of race, color, national origin, religion, sex, age, or handicapping condition may file a complaint with the Department within 180 days after the alleged discriminatory action has taken place. Please ask for more information and check the bulletin board.

**Legal Representation:** The following agencies are possible sources of legal representation regarding your commitment status and/or civil rights:

1. The attorney/law firm who represented you at your hearing
2. Legal Aid, telephone number 1-208-743-1556
3. CO-AD, Inc., telephone number 1-800-632-5125
4. Alison Brandt, telephone number 476-7212, attorney services available to you at no cost

**Mental Health Advocacy Services:** If you think you are being mistreated, abused, neglected, or that your rights are being/have been violated, CO-AD, Inc., may help you. CO-AD, Inc., services are free, and all inquiries are kept confidential. Call 1-800-632-5125 or write, CO-AD, Inc., 428 W. 3<sup>rd</sup> Street, Suite #2, Moscow, Idaho 83843.

## EXIT INTERVIEW

We try to provide the best inpatient care possible and like to know where you think improvements can be made. Please assist us by completing the Exit Interview Form before you leave. In most cases, an exit interview will be scheduled with an administrative staff person prior to your discharge. (See copy of exit interview on the next page.)

### We'd like your feedback.

Thanks for taking the time to read this handbook. We hope the information helps you gain the most from your hospital stay. Remember, all the staff are here to help you. Feel free to ask them any questions you have and they will help you find the answers.

We have tried to make this handbook as helpful as possible. If you have any suggestions for improvements to this handbook, please write them below and include with your Exit Interview or leave them with your contact person.



HANDBOOK IMPROVEMENT SUGGESTIONS:

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Name: \_\_\_\_\_

Medical Record #: \_\_\_\_\_

This Handbook was created for your benefit. We hope that you will find answers to some of the questions you might have during your stay. The Handbook gives you suggestions on how to get the most out of your hospital stay and explains important parts of your treatment at State Hospital North, including information about your rights.

I, \_\_\_\_\_, have received a copy of the State Hospital North Handbook, which includes information regarding my rights.

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Signature

Date

## NRI / MHSIP Inpatient Consumer Survey

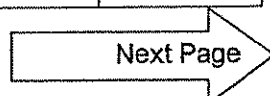
Patient ID: \_\_\_\_\_ Survey No.: \_\_\_\_\_

Date: \_\_\_\_\_

(MM/YY)

In order to provide the best possible mental health services, we need to know what you think about the services you received during this hospital stay, the people who provided it, and the results. Please indicate your level of disagreement or agreement with each of the statements below. Your answers are confidential and will not influence the services you receive. **CIRCLE THE NUMBER** in the box that best describes your answer. There is spaces at the end of the survey to comment on any of answers.

	Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree	Does Not Apply
<b><i>As a direct result of the services I received</i></b>						
1. I am better able to deal with crisis.	1	2	3	4	5	NA
2. My symptoms are not bothering me as much.	1	2	3	4	5	NA
3. The medications I am taking help me control symptoms that used to bother me.	1	2	3	4	5	NA
4. I do better in social situations.	1	2	3	4	5	NA
5. I deal more effectively with daily problems.	1	2	3	4	5	NA
<b><i>During my hospital stay:</i></b>						
6. I was treated with dignity and respect.	1	2	3	4	5	NA
7. Staff here believed that I could grow, change and recover.	1	2	3	4	5	NA
8. I felt comfortable asking questions about my treatment and medications.	1	2	3	4	5	NA
9. I was encouraged to use self-help/support groups	1	2	3	4	5	NA
10. I was given information about how to manage my medication side effects.	1	2	3	4	5	NA
11. My other medical conditions were treated.	1	2	3	4	5	NA
12. I felt this hospital stay was necessary.	1	2	3	4	5	NA
13. I felt free to complain without fear of retaliation.	1	2	3	4	5	NA
14. I felt free to refuse medication or treatment during my hospital stay.	1	2	3	4	5	NA
15. My complaints and grievances were addressed.	1	2	3	4	5	NA
16. I participated in planning my discharge.	1	2	3	4	5	NA
17. Both I and my doctor or therapist from the community were actively involved in my hospital treatment plan.	1	2	3	4	5	NA
18. I had an opportunity to talk with my doctor or therapist from the community prior to discharge.	1	2	3	4	5	NA
19. The surroundings and atmosphere at the hospital helped me get better.	1	2	3	4	5	NA
20. I felt I had enough privacy in the hospital.	1	2	3	4	5	NA
21. I felt safe while I was in the hospital.	1	2	3	4	5	NA
22. The hospital environment was clean and comfortable.	1	2	3	4	5	NA



	Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree	Does Not Apply
23. Staff were sensitive to my cultural background.	1	2	3	4	5	NA
24. My family and/or friends were able to visit me.	1	2	3	4	5	NA
25. I had a choice of treatment options.	1	2	3	4	5	NA
26. My contact with my Doctor was helpful.	1	2	3	4	5	NA
27. My contact with nurses and therapists was helpful.	1	2	3	4	5	NA
28. If I had a choice of hospital, I would still choose this one.	1	2	3	4	5	NA

Please answer the following questions to let us know a little about you.

**29. Age**

13-17

18-24

25-34

35-54

55-64

65 and older

**32. Length of Stay (This episode)**

1 week or less

1 month or less

3 months or less

More than 3 months

**34. Marital Status**

Never Married

Married

Separated

Divorced

Widowed

**30. Gender**

Male

Female

**33. Race/Ethnicity (check one)**

Native American

Asian/Pacific Islander

African American

Hispanic/Latino

White/Caucasian

Other

**35. Legal Status**

Voluntary Patient

Voluntary parent, guardian, etc.

Involuntary: Civil

Involuntary: Criminal

Involuntary: Juvenile Justice

Other: \_\_\_\_\_

**31. I am completing this survey at discharge?**

Yes

No

Comments:

Please return the completed survey to the facility. Thank you for your response.

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

- If you have any questions about this Notice, please contact the Idaho Department of Health and Welfare's Privacy Office at 208-334-6519 or by email at [PrivacyOffice@dhw.idaho.gov](mailto:PrivacyOffice@dhw.idaho.gov).
- You may request a copy of this notice at any time. Copies of this notice are available at the Department of Health and Welfare offices. This notice is also available on the Department of Health and Welfare's website at <http://www.healthandwelfare.idaho.gov>

### PURPOSE OF THIS NOTICE

This Notice of Privacy Practices describes how the Idaho Department of Health and Welfare (Department) handles confidential information, following state and federal requirements. All programs in the Department may share your confidential information with each other as needed to provide you benefits or services, and for normal business purposes. The Department may also share your confidential information with others outside of the Department as needed to provide you benefits or services.

We are dedicated to protecting your confidential information. We create records of the benefits or services you receive from the Department. We need these records to give you quality care and services. We also need these records to follow various local, state and federal laws.

We are required to:

- use and disclose confidential information as required by law;
- maintain the privacy of your information;
- give you this notice of our legal duties and privacy practices for your information; and
- follow the terms of the notice that is currently in effect.

**This Notice of Privacy Practices does not affect your eligibility for benefits or services.**

### YOUR RIGHTS ABOUT YOUR CONFIDENTIAL INFORMATION

#### 1. Right to Review and Copy

You have the right to ask to review and copy your information as allowed by law.

If you would like to ask to review and copy your information, a "Records Request" form is available at Department offices. You must complete this form and return it to a Department office for processing. The Department will respond to your request within 3 working days of receipt of your request. The Department may extend the response time to 7 additional working days if the information you have requested cannot be located or retrieved within the original 3 days. You will be sent a notification of an extension and the reason for the extension.

If you ask to receive a copy of the information, we may charge a fee. If you request 100 pages or more from our files, the fee will be 10¢ per page.

You will be told if there is information we are legally prevented from disclosing to you.

## 2. Right to Amend

You have the right to ask us to make changes to your information if you feel that the information we have about you is wrong or not complete.

If you would like to ask the Department to change your information, a "Request to Amend Records" form is available at Department offices. You must complete this form and return it to a Department office for processing. The Department will respond to your request within 10 days.

We may deny your request if you ask us to change information that:

- Was not created by the Department;
- Is not part of the information kept by or for the Department;
- Is not part of the information which you would be allowed to review and copy; or
- We determine is correct and complete.

## 3. Right to Restrict Health Information Disclosures

You have the right to ask us not to share your health information for your treatment or services, or normal business purposes. You must tell us what information you do not want us to share and who we should not share it with.

If you would like to ask the Department to not share your information, a "Request to Restrict Health Information Disclosures" form is available at Department offices. You must complete this form and return it to a Department office for processing. The Department will respond to your request within 10 days.

If we agree to your request, we will comply unless the information is needed to give you emergency treatment, or until you end the restriction.

## 4. Right to an Alternate Means of Delivery

You have the right to ask that we deliver your information to you at different mailing address. For example, you can ask that we send your information from one program to a different mailing address from other programs that you receive services or benefits from.

If you would like to ask for an alternate means of delivery for your information, a "Request for Alternate Means of Delivery" form is available at Department offices. You must complete this form and return it to a Department office for processing. The Department will respond to your request within 10 days.

We will not ask you the reason for your request. Reasonable requests will be approved.

## 5. Right to a Report of Health Information Disclosures

You have the right to ask for a report of the disclosures of your health information. This report of disclosures will not include when we have shared your health information for treatment, payment for your treatment or normal business purposes, or the times you authorized us to share your information.

If you would like to ask for a report of your health information disclosures, a "Request to Receive a Report of Health Information Disclosures" form is available at Department offices. You must complete this form and return it to a Department office for processing. The Department will respond to your request within 10 days.

The first report you ask for and receive within a calendar year will be free of charge. For additional reports within the same calendar year, we may charge you for the costs of providing the report. We will tell you the cost and you may choose to remove or change your request at that time before any costs are charged to you.

## HOW THE DEPARTMENT MAY USE AND SHARE YOUR INFORMATION

### Times when your permission is not needed

- **For Treatment.** We may use your information to give you benefits, treatment or services. We may share your information with a nurse, medical professional or other personnel who are giving you treatment or services. The programs in the Department may also share your information in order to bring together the services that you may need. We also may share your information with people outside of the Department who are involved in your care, such as family members, informal or legal representatives, or others that give you services as part of your care.
- **For Payment.** We may use and share your information so that the treatment and services you receive through the Department can be paid. For example, we may need to give your medical insurance company information about the treatment or services that you received so that your medical insurance can pay for the treatment or services.
- **For Business Operations.** We may use and share your information for business operational purposes. This is necessary for the daily operation of the Department and to make sure that all of our clients receive quality care. For example, we may use your information to review our provision of treatment and services and to evaluate the performance of our staff in providing services for you.

### Times when your permission is needed

- **For reasons other than Treatment, Payment or Business Operations.** There may be times when the Department may need to use and share your information for reasons other than for treatment, payment and business operations as explained above. For example, if the Department is asked for information from your employer or school that is not part of treatment, payment or business operations, the Department will ask you for a written authorization permitting us to share that information. If you give us permission to use or share your information, you may stop that permission at any time, if it is in writing. If you stop your permission, we will no longer use or share that information. You must understand that we are unable to take back any information already shared with your permission.
- **Individuals that are part of your care or payment for your care.** We may give your information to a family member, legal representative, or someone you designate who is part of your care. We may also give your information to someone who helps pay for your care. If you are unable to say yes or no to such a release, we may share such information as needed if we determine that it is in your best interest based on our professional opinion. Also, we may share your information in a disaster so that your family or legal representative can be told about your condition, status and location.

### Other uses and sharing of your information that may be made without your permission

- For Appointment Reminders
- For Treatment Alternatives
- As Required by Law
- For Public Health Risks
- To Law Enforcement
- For Lawsuits and Disputes
- To Coroners, Medical Examiners, Funeral Directors
- For Organ and Tissue Donation
- For Emergency Treatment
- To Prevent a Serious Threat to Health or Safety
- To Military and Veterans organizations
- For Health Oversight Activities
- For National Security and Intelligence Activities
- To Correctional Institutions

## SPECIAL REQUIREMENTS

Information that has been received from a federally funded substance abuse treatment program or through the infant and toddler program will not be released without specific authorization from the individual or legal representative.

## CHANGES TO THIS NOTICE

The Department has the right to change this notice. A copy of this notice is posted at our Department offices. The effective date of this notice is shown in the top right-hand corner of each page. If the Department makes any changes to this Notice of Privacy Practices, the Department will follow the terms of the notice that is currently in effect.

## COMPLAINTS

If you believe your confidential information privacy rights have been violated, you may file a written complaint with the Idaho Department of Health and Welfare. All complaints turned in to the Department must be in writing on the "Privacy Complaint" form that is available at Department offices. To file a complaint with the Department, send your completed Privacy Complaint form to:

Idaho Department of Health and Welfare  
Privacy Office  
P.O. Box 83720  
Boise, ID 83720-0036

If you believe your health information privacy rights have been violated, you may also file a complaint with the U.S Department of Health and Human Services. Your complaint must be in writing and you must name the organization that is the subject of your complaint and describe what you believe was violated. Send your written complaint to:

Region 10  
Office for Civil Rights  
U. S Department of Health and Human Services  
2201 Sixth Avenue-Suite 900  
Seattle, Washington 98121-1831

For all complaints filed by e-mail send to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

A complaint filed with either the Idaho Department of Health and Welfare or the Secretary of Health and Human Services must be filed within 180 days of when you believe the privacy violation occurred. This time limit for filing complaints may be waived for good cause.

**You will not be punished or retaliated against for filing a complaint.**

**Unit 3 Schedule**

START	Monday ADL's	Tuesday ADL's	Wednesday ADL's	Thursday ADL's	Friday ADL's	Saturday ADL's	Sunday ADL's
6:00 AM							
7:00 AM	<b>BREAKFAST</b>						
8:00 AM	EARLY BIRDS	EARLY BIRDS	EARLY BIRDS	EARLY BIRDS	EARLY BIRDS		
8:30 AM	RISE-N-SHINE	RISE-N-SHINE	RISE-N-SHINE	RISE-N-SHINE	RISE-N-SHINE	RISE-N-SHINE	RISE-N-SHINE
9:00 AM							
9:30 AM	WALK	WALK	WALK	WALK	WALK	FITNESS	WALK
10:00 AM	DBT (NIKKI)	CO-OCCURRING DISORDERS (SANDY)	DBT (NIKKI)	CO-OCCURRING DISORDERS (SANDY)	GETTING RESULTS FROM YOUR MEDICATION		MEET AND GREET
	UNDERSTANDING SCHIZOPHRENIA (ANGIE)	LIFESKILLS GROUP (GARY K)	UNDERSTANDING SCHIZOPHRENIA (ANGIE)	UNDERSTANDING SCHIZOPHRENIA (ANGIE)			
	FUN	FUN	FUN	FUN			
11:00 AM	UNDERSTANDING MOOD DISORDER (LAURA)	UNDERSTANDING MOOD DISORDER (LAURA)	COPING SKILLS	UNDERSTANDING MOOD DISORDER (LAURA)	SOLUTIONS FOR WELLNESS		REC THERAPY
	FOCUS	FOCUS	DISCHARGE GROUP	FOCUS			
	<b>LUNCH</b>						
12:00 PM							
1:00PM	WALK	WALK	WALK	WALK	WALK	WALK	WALK
1:45PM	CANTEEN		PET VISITATION CANTEEN		CANTEEN	CANTEEN	CANTEEN
2:00 PM	DUAL RECOVERY WITH U-4	WORKSHOP (TBA)	WORKSHOP (TBA)	DISCHARGE GROUP	WORKSHOP (TBA)		
3:00 PM		FITNESS	LEISURE LIFESTYLES	FITNESS			FITNESS
4:00 PM	YOGA	RELAXATION	YOGA	RELAXATION	YOGA	MEET & GREET PREP	
5:00 PM	<b>DINNER</b>						
5:30 PM	CRAFTS		CRAFTS		CRAFTS		CRAFTS
7:00 PM	NURSING GROUP	NURSING GROUP	ORIENTATION NURSING GROUP	NURSING GROUP	NURSING GROUP	NURSING GROUP	NURSING GROUP

**UNIT 4 SCHEDULE**

START	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6:00 AM	ADL's	ADL's	ADL's	ADL's	ADL's	ADL's	ADL's
7:00 AM	<b>BREAKFAST</b>						
8:00 AM	UNIT ACTIVITY	UNIT ACTIVITY	UNIT ACTIVITY	UNIT ACTIVITY	UNIT ACTIVITY	UNIT ACTIVITY	UNIT ACTIVITY
8:30 AM	RISE N SHINE	RISE N SHINE	RISE N SHINE	RISE N SHINE	RISE N SHINE	RISE N SHINE	RISE N SHINE
8:30 AM	EARLY BIRDS	EARLY BIRDS	EARLY BIRDS	EARLY BIRDS	EARLY BIRDS	EARLY BIRDS	EARLY BIRDS
9:00 AM	WALK	WALK	WALK	WALK	WALK	WALK	WALK
9:30 AM	RECOVERY GOALS GROUP (Robert)	UNDERSTANDING SCHIZOPHRENIA (Everyl)	UNDERSTANDING SCHIZOPHRENIA (Everyl)	UNDERSTANDING SCHIZOPHRENIA (Everyl)	CO-OCCURRING GROUP (Robert)	MILIEU ACTIVITY	MILIEU ACTIVITY
10:00 AM		UNDERSTANDING BIPOLAR - Educational (James)	UNDERSTANDING BIPOLAR - Educational (Julie)	UNDERSTANDING BIPOLAR - Education (Julie)	EDUCATIONAL GROUP (Everyl)	FITNESS GRP 1030 AM	MILIEU ACTIVITY
11:00 AM	SKILL DEVELOPMENT GROUP - PSR (Robert)	CO-OCCURRING GROUP (Robert)	DISCHARGE GROUP (Robert)	RECOVERY GOALS GROUP PSR (Robert)	SKILL DEVELOPMENT GROUP PSR (Robert)	RECREATION THERAPY	RECREATION THERAPY
	SOLUTIONS FOR WELLNESS		COPING SKILLS				
12:00 PM	<b>LUNCH</b>						
1:00 PM	EDUCATIONAL GROUP (Julie)	MILIEU ACTIVITY	MILIEU ACTIVITY	EDUCATIONAL GROUP (Everyl)	COMMUNITY INTEGRATION	MILIEU ACTIVITY	MILIEU ACTIVITY
1:30 PM	CANTEEN	CANTEEN	CANTEEN	NUTRITION GROUP QOW	CANTEEN	MILIEU ACTIVITY	MILIEU ACTIVITY
2:00 PM	DRA GROUP (Robert)	MILIEU ACTIVITY	MILIEU ACTIVITY	PET VISITATION	MILIEU ACTIVITY	MILIEU ACTIVITY	MILIEU ACTIVITY
3:00 PM	FITNESS GROUP	LEISURE LIFESTYLES	FITNESS GROUP			FITNESS GRP	FITNESS GRP
4:00 PM	YOGA	RELAXATION	YOGA	RELAXATION	YOGA		
5:00 PM	<b>DINNER</b>						
5:30 PM		CRAFTS		CRAFTS			
6:30 PM	MILIEU ACTIVITY	MILIEU ACTIVITY	MILIEU ACTIVITY	MILIEU ACTIVITY	MILIEU ACTIVITY	MILIEU ACTIVITY	MILIEU ACTIVITY
7:00 PM	WRAP UP	WRAP UP	WRAP UP	WRAP UP	WRAP UP	WRAP UP	WRAP UP

