

SHC Community Member Handbook

Spectrum Health Care, Inc.

74-80 Pacific Avenue • Jersey City, NJ 07304
Phone (201) 451-2544 / (201) 860-6100 • Fax (201) 451-5404 / (201) 860-7864

SHC Emergency Contact (201) 401-0990

24 Hours daily

Table of Contents

Section	Page
• “Welcome to SHC”	1
• Hours of Operation	3
• Bill of Rights	4
• Confidentiality Notice	6
• SHC Code of Ethics	10
• Guidelines, Rules, Responsibilities & Expectations	12
• Grievances, Complaints & Appeals	15
• Admission & Re-Admission Criteria	17
• Causes for Detoxification & Termination	18
• Facts about Methadone	19
• Common Myths about Methadone	23
• “Being a SHC Community Member”	23
o Emergency Treatment / Contact Information	24
o Facility tour	24
o Assessment Process	24
o Treatment Planning	24
o Referrals	25
o Drug Screening & Urinalysis Collections	25
o Methadone Dispensing	26
o Take Home Bottle (THB) Privileges	28
o Travel Considerations	29
o HIV, Hepatitis & Infectious Disease Awareness & Services	30
o Pregnancy Considerations	31
o Family Participation	31
o Financial Responsibilities	32
o Prescription Renewals	32
o Illegal Drugs	32
o Legal Drugs	32
o Alcohol	33
o Smoking & Tobacco Products	33
o Cell Phones	33
o Children on Premises	33
o Food & Beverage	33
o Seclusion & Restraint	33
o Suspicion / Possession of Weapons	34
o Community Member Input	34
o Family Input	34
o Confidentiality	34
o Multiple Enrollments	35
o Medication Records	35
o Transitional Planning	35
o On-Going Recovery & Wellness	35
o Building Relapse Prevention Skills	36
• Specialized Services	37
o HIV Services	37
o Women’s Services	37
o Mental Health Services	37
o Methadone Intensive Out-Patient Services	38
o Bilingual Services	38
o Special Needs Services	38
o Family Services	38



“ Welcome to SHC “

Our mission is to provide comprehensive opioid therapy to those seeking treatment in, and around, Hudson County without separation from family, community and employment.

Our philosophy supports culturally competent care through quality service delivery in an ongoing effort to support the recovery efforts of all those seeking treatment.

Our values guide our committed and qualified staff in caring for the challenges, needs and goals of all those engaged in our treatment services:

Striving to become productive members of society without drugs and alcohol.

Providing multidisciplinary case management addressing the individual’s strengths, needs, abilities and preferences.

Educating individuals, families and communities about substance abuse and treatment services.

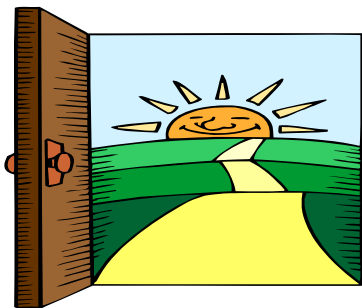
Cultivating a family atmosphere that encourages success in attaining one’s goals.

Teaching self respect and respect for others.

Responsibility for one’s actions is the first step in recovery.

Uniting clients with clinically appropriate treatment providers --
You cannot do it alone, let us guide you.

Maintaining an environment that fosters a healthy lifestyle.



Your journey begins today

as you have taken an important step in changing your life. SHC staff would like to congratulate you on accomplishing your first goal by entering treatment. You are now a member of the SHC Community. Each of us is committed to helping you as you begin on your pathway to recovery.

Remember, recovery is a lifelong process that requires your time, energy and commitment. In order to ensure a successful experience, you must make treatment a high priority, especially during your introduction into SHC services. Your participation in this initial phase of treatment will serve as the foundation for your building blocks of your stability and recovery efforts.

While involved in SHC services, you will discover the effects of your addiction in physical, mental, and spiritual terms. You will realize how and why this disease has brought you here today. You will identify your triggers and learn new coping mechanisms. You will make lasting changes and improve the quality of your life.

Your dignity and hope will return as you gain knowledge of the disease known as addiction. With hard work and determination, you will set and accomplish goals that will restore your self-worth, respect and confidence.

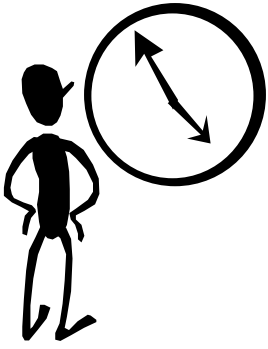
You will gain a greater understanding of yourself, your behavior, your feelings and your needs as you move forward in the treatment process. You will feel safe to share your feelings as you develop healthy relationships. Your strengths, needs, abilities and preferences will drive your treatment course.

You will begin to truly like yourself as you accomplish your goals by keeping commitments to yourself and family. You will be proud of yourself, which will strengthen your stability and continued growth. Others will celebrate your renewal and support your mission of recovery.

Being part of SHC offers you the opportunity to reconnect with family, friends and the community. You will learn tools to strengthen and build healthy relationships to strengthen your support network and recovery environment.

Many, like you, have achieved their recovery here. SHC Community Members have found security, happiness as well as a life of continuous recovery by learning and accepting the same principles and practices you are about to learn.

SHC will prepare you and guide you on your way, with the support of your family and friends, to a successful outcome on this day-to-day yet lifetime journey!



SHC HOURS OF OPERATION

BUSINESS HOURS

Monday – Friday: 6:00 a.m. - 3:00 p.m.

INTAKE HOURS

Monday – Friday: 7:00 a.m. - 12:00 p.m.
1:00 p.m. - 3:00 p.m.

DISPENSING HOURS

Monday – Friday: 6:00 a.m. - 12:00 p.m.
1:00 p.m. - 3:00 p.m.

Saturday: 7:00 a.m. - 10:00 a.m.

Sunday: 7:00 a.m. - 10:00 a.m.

Holidays: 7:00 a.m. - 10:00 a.m.

CLINICAL SERVICES

Monday – Friday: 6:00 a.m. - 12:00 p.m.
1:00 p.m. - 3:00 p.m.

HOLIDAY SCHEDULE

Martin Luther King Day
Lincoln’s Birthday
President’s Day
Good Friday
Memorial Day
Independence Day
Labor Day

Columbus Day
Election Day
Veteran’s Day
Thanksgiving Day
Day after Thanksgiving
Christmas Day
New Year’s Day

In the event of an unscheduled closing due to weather or any unforeseen emergency event, please contact the

SHC MESSAGE CENTER: 201-451-2544

OR

SHC EMERGENCY CONTACT: 551-200-0400



SHC Clients' Bill of Rights

As a valued member of the SHC Treatment community, you have the right:

- to insistence upon enforcement of all of these rights and such insistence shall not result in undesirable consequences;
- to be treated with respect and dignity at all times;
- to be free from discrimination in admission or delivery of services with regards to race, sex, creed, gender, nationality, ethical beliefs, age, source of payment, socioeconomic status, sexual orientation, sexual preference, and religious or political affiliation;
- to be fully informed, in writing and orally, of all aspects of your treatment in the program, including termination of or substantial change in treatment, and to receive the information in terms to which you can give your informed consent;
- to informed consent or refusal or expression of choice regarding service delivery, release of information, concurrent services, composition of the service delivery team and involvement in research projects, if applicable;
- to confidentiality of clinical records, and may approve or refuse their release to any individual not involved in your care except as allowed by law;
- to instruction and education about the availability of alternative medications, treatment alternatives, alternative modalities, and scientific advances affecting treatment, basic health needs, addiction, and any medical complications you may have;
- to a medically safe procedure of withdrawal;
- to receive available supportive services appropriate to your needs;
- to make a formal complaint, file a grievance, or appeal a decision made by SHC staff in accordance with the grievance policy and to not fear retribution for such actions;
- to freedom from physical abuse, sexual abuse, harassment, physical punishment, humiliation, neglect, retaliation, threatening, exploitation, emotional abuse, fiduciary (financial) abuse and may report without fear of retribution, an instance of such actions;
- to know the reason(s) for the denial of admission and may discuss the situation with appropriate personnel;
- to information about any medical diagnosis, prognosis, treatment, alternatives to care, and risks involved, unless medically contraindicated (as documented in your medical treatment), the opportunity to participate in the planning of your medical treatment, and to refuse to participate in experimental research;
- to an individualized treatment plan, participation in the development of that plan, to receive treatment based on the plan, periodic review of the plan with the primary counselor and other staff when necessary, and to information to facilitate decision making;
- to access to information pertinent to yourself in sufficient time in order to assist your decision making;

- to know the names, titles, and professional qualifications of all those involved in your treatment;
- to privacy during medical interviews, examinations, and treatments and to receive services within the least restrictive and most accommodating environment as possible;
- to be informed if outside agencies, health care, or educational institutions have been authorized to participate in the treatment process, to know the identity and function of these institutions, and to refuse participation in treatment from any outside agency, professional, or educational institution;
- to adherence to research guidelines and ethics when you are involved, if applicable;
- to information regarding any fees to be charged and the methods and schedules of payment, including the turning over of monies from public assistance, grants, Social Security Disability Income; the consequences of nonpayment of required fees; and the right to challenge the fees solicited for services without retribution occurring;
- to express preference regarding choice of case manager, therapist, or other service provider;
- to be fully informed of the SHC's policies and procedures and to give input on them through proper channels;
- to review your treatment records in accordance with SHC's policy, to rebut any information in your records by inserting a counter-statement of clarification, and to have your records corrected for accuracy;
- to coordination and continuity of care, and to transfer all health care records pertaining to you in the interest of continuation of care;
- to treatment in a safe, clean, and sanitary environment;
- to refuse observation by those not involved in your care;
- to access self-help groups and advocacy support services;
- to access or referral to legal entities for appropriate representation;
- to have your religious and spiritual beliefs respected, and to be free from having religious and spiritual practices imposed upon you;
- to notification in writing of your involuntary discharge and to have the opportunity to appeal an involuntary discharge;
- to be informed of SHC organizational information and any operational changes;
- to express your input through direct communication or written correspondence at anytime without fear of retribution;
- to terminate treatment and leave the SHC program at any time;
- to auditory and visual privacy;
- to request and receive information about advanced directives for health care;
- to investigation and resolution of alleged infringement of rights;
- to access local and state agencies that can be notified in the event you feel that your rights have been violated;
- other legal rights



Client Confidentiality Notice

Effective Date: This notice effective April 14, 2003

This notice describes how medical and drug and alcohol related information about you may be used and disclosed and how you can get access to this information. Please read it carefully. By signing you have received the Spectrum Health Care, Inc. Client Handbook, you are also indicating you have received a copy of this notice.

General Information

Information regarding your health care, including payment for health care, is protected by two federal laws:

- Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 42 U.S.C. 1320d et seq., 45 C.F.R. Parts 160 & 164,
- Confidentiality of Alcohol and Drug Abuse Patient Records, 42 U.S.C. 290dd-2, 42 C.F.R. Part 2.

Under these laws, SHC may not say to a person outside of this agency that you attend the program, nor may SHC disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by federal law.

Federal Law requires that this agency maintain privacy of protected health information about you. SHC is not allowed to use or disclose it to another person, or agency, unless SHC receives written consent or authorization signed by your, or as otherwise permitted by law.

Protected Health Information includes, but is not limited to, information that can be verbal, in writing or other recorded format, that is:

- Created by a health care provider, and
- Relates to past, present or future medical or mental health conditions, or
- Relates to the provision of health care services, or
- Relates to the past, present or future payment of health care services.

SHC has legal responsibilities with respect to protected health information about you, including the responsibility to inform you of how and when this agency might use and disclosure your protected health information. We must also inform you of your rights and our duties related to your protected health information.

◆ Spectrum Health Care Duties:

○ Confidential Facility

- Spectrum Health Care is required to safeguard your protected health information to the best of its abilities.
- Spectrum Health Care is required to develop and implement policies and procedures to assure that your protected health information remains confidential
- Spectrum Health Care is required to train its staff in procedures to assure that your information is kept strictly confidential.
- Spectrum Health Care is required to designate a staff person who is responsible for assuring the protections of health care information and for reviewing our agency's policies and procedures.
- Spectrum Health Care has the responsibility to abide by all of the information contained in this consent form. If Spectrum Health Care changes any of the information in this consent form we must notify you of any changes.

○ **Use And Disclosure Of Protected Health Information**

There are three types of disclosures related to your protected health information: those required by law, those for which we need your written consent and those that do not require your written consent. Spectrum Health Care must maintain a written record of all disclosures of your protected health information.

Required Disclosures

In some cases Spectrum Health Care may be required by law or other federal or state regulation to disclose your protected health information. This could include any of the following circumstances:

- Audits by state and federal regulatory and enforcement agencies
- Investigations of complaints by state and federal regulatory and enforcement agencies
- Reporting of communicable diseases as defined by state and federal health statutes

Disclosures requiring your consent

For all other situations, Federal law prohibits Spectrum Health Care from disclosing protected health information without your proper written consent. If Spectrum Health Care has a need to make any other disclosures of your personal health information we must obtain your written consent to do so. These may include written consent for any of the following activities:

- for purposes of treatment, payment and health care operations
- to communicate with agency staff and business associates in the coordination of your treatment and health related services
- to communicate with other treatment agencies and service providers regarding your past, present or future treatment needs and experiences
- to communicate with your family and significant others
- to communicate with criminal justice system representatives regarding your case (if applicable)

Disclosures that do not require your consent

While we may not necessarily make all of the uses and disclosures described below, federal law permits use or disclosure of protected health information without your written consent or authorization under the following circumstances:

- Your protected health information is required by a court order in a specific legal case.
- Your protected health information is necessary to help medical personnel in a medical emergency related to you.
- Your protected health information is used for the purposes of research, audit, or program evaluation.
- If Spectrum Health Care reasonably believes that you may try to harm yourself or someone else;
- If you are suspected of child abuse or neglect, or
- If you commit, or threaten to commit, a specific crime on premises or against Spectrum Health Care staff.

Record of Disclosures

Spectrum Health Care will maintain a written record of all disclosures made regarding your personal health information. This record will include the name of the person or agency to which the information was disclosed, the type of information disclosed, and the date on which the disclosure was made.

- **Access to Records**
Spectrum Health Care is required, with certain exceptions, to provide you with access to inspect and obtain a copy of health information about you that we maintain in our record system.
- **Need for Authorization**
Spectrum Health Care will not make any uses or disclosures other than those mentioned above without your written authorization in accordance with federal law.
- **Inform Client of Breach**
Spectrum Health Care reasonably believes that there has been a breach of your confidentiality, we have an obligation to inform you of the breach including the information that was shared, to whom the information was shared and our plan for corrective action.

◆ **Your Rights:**

- **Informed Consent**
Federal Law requires that you be informed of your rights in regard to your protected health information and that you authorize the use and disclosure of your protected health information at Spectrum Health Care
- **Revocation**
You have the right to revoke your consent to disclose your protected health information. You may revoke your authorization either verbally or in writing except under two conditions. Your revocation will not be effective if:
 - (1) SHC took action relying on the written authorization before it was revoked, or
 - (2) SHC obtained the authorization as a condition of a court order, probation or parole placement. In these cases we are authorized to continue to communicate with the identified court officers up to and including your discharge from treatment.
- **Restricted Access**
You have the right to request that restrictions be placed on certain uses and disclosures of your protected health information as permitted by law. To assure that Spectrum Health Care staff fully understands your wishes with regard to your protected health information you will be asked to consent to specific health information on each consent form. Such a form is attached for your review.
- **Right to Inspect Records**
You have the right to inspect and copy protected health information about you, except for any psychotherapy notes, information relating to civil, criminal, or administrative proceedings, and certain information prohibited by law from disclosure. We are allowed by law to deny access in some circumstances. Spectrum Health Care has developed policies and procedures related to access of your record. If you desire to review a copy of your record you must request access through your primary counselor.
- **Right to Amend**
You have the right to request that we amend protected health information about you maintained in our records. We are permitted to deny your request if we did not create the information in the record. We will review any such request in accordance with federal law and respond to you in writing. Any such request should be in writing addressed to the Executive Director of Spectrum Health Care. All requests for amendment should provide necessary details, including your name, address, dates of service and a reason supporting your request for the amendment.

- **Right to an Accounting**
You have the right to receive an accounting from us of disclosures of protected health information about you made for up to the six (6) years prior to your request for the accounting. This right does not apply to: disclosures made to carry out treatment, payment, or health care operations; disclosures made pursuant to an authorization in compliance with federal law; disclosures made for law enforcement purposes; disclosures authorized by law; or disclosures that occurred before April 14, 2003. Any request for an accounting should be sent to the Executive Director of Spectrum Health Care
- **Right to be informed of Breach**
You have the right to be informed of any breach of your confidential information within 4 days of the time of the breach or the time when Spectrum Health Care became aware of the breach, including the information that was shared, to whom the information was shared and our plan for corrective action.
- **Right to Complain / Grievance Procedure**
If you believe your privacy rights have been violated, you have the right to complain. You can address your complaint, in writing, to any of the following:

SHC Executive Director or Privacy Officer
Spectrum Health Care, Inc.
Complaints & Investigations
74-80 Pacific Avenue
Jersey City, NJ 07304

New Jersey Department of Human Services
Division of Addiction Services
P.O. Box 362
Trenton, NJ 08625

Secretary of the Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue
Washington, DC 20201.

Federal law prohibits retaliation against you for filing such a complaint.

◆ **Additional Information**

Under HIPAA, you have the right to request restrictions on certain uses and disclosures of your health information. SHC is not required to agree to any restrictions you request, but if it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

You have the right to request that we communicate with you by alternative means or at an alternative location. SHC will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy your own health information maintained by SHC except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances.

Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in SHC's records, and to request and receive an accounting of disclosures of your health related information made by SHC during the six years prior to your request. You also have the right to receive a paper copy of this notice.

SHC is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. SHC is required by law to abide by the terms of this notice. SHC reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. All clients will receive notice upon admission.

You may file a complaint with SHC and/or the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. If you wish to file a complaint, you may contact the SHC Privacy Officer. You will not be retaliated against for filing such a complaint.

Violation of the Confidentiality of Alcohol and Drug Abuse Patient Records by a program is a crime. Suspected violations of the Confidentiality of Alcohol and Drug Abuse Patient Records may be reported to the United States Attorney in the district where the violation occurs. SHC must obtain your written consent before it can disclose information about you for payment purposes. For example, SHC must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before SHC can share information for treatment purposes or for health care operations.

For example, SHC can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a qualified service organization/business associate agreement in place.

Before SHC can use or disclose any information about your health in a manner that is not described above, it must first obtain your specific written consent allowing it to make the disclosure. You may revoke any such written consent; however, this action must be in writing.



SHC's Code of Ethics

Professional Conduct

- Staff will not discriminate against a client on the basis of age, race, creed, sex, gender, sexual orientation, sexual preference, socioeconomic status, nationality, ethical and political beliefs, or criminal record.
- Staff will treat colleagues with respect, courtesy, fairness, and good faith and shall afford the same to others.
- Staff will exhibit courtesy and rational thinking in situations of conflict.
- Staff will commit to the provision of the highest quality of care through personal effort and the utilization of any other health professional service that may be beneficial to the client.
- Staff will adhere to the policies and procedures of Spectrum Health Care, Inc. in all instances, including the use of grievance procedure to settle differences.

Personal Behavior

- Staff will show a commitment to realistically assess his/her own personal strengths, limitations, biases, vocational strengths, and effectiveness. In addition, staff should remain open to feedback and constructive criticism from co-workers and clients.

- Staff will show a commitment to take personal responsibility for continued growth through further education and training.
- Staff will refrain from behavior that reflects badly upon him/herself or Spectrum Health Care, Inc., such as public intoxication, use of illicit drugs, abuse of licit drugs, and participation in illegal activities.
- Staff will not engage in sexual relationships of any kind with a client.
- Staff will not exploit a client for personal or financial gain.

Business Practices

- Staff will ensure that all practices of Spectrum Health Care, Inc. policy and conform to all applicable local, state, and federal laws.
- Staff will not engage in a business relationship with a client or employ a client for personal work.
- Staff will not be receptive to treatment modalities differing from Spectrum Health Care, Inc. and should be willing to assess these modalities and to utilize these agencies when in direct benefit of the client or Spectrum Health Care, Inc.

Marketing Practices

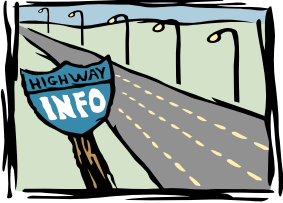
- Staff will not engage in marketing practices for personal gain at the expense or exploitation of Spectrum Health Care, Inc. or clients of Spectrum Health Care, Inc.
- Staff will not represent personal views as being representative of Spectrum Health Care, Inc.
- Staff will not misrepresent Spectrum Health Care, Inc. for personal or professional gain or monetary compensation.
- Staff will honestly respect the limits of present knowledge concerning alcohol and drug abuse, treatment, and related diseases.

Clinical Practices

- Staff will maintain all client information in the strictest confidence with regard to all applicable local, state, and federal law.
- Staff will be familiar with and at all times respect the SHC *Client's Bill of Rights*.
- Staff will respect all clients by maintaining a non-possessive and professional relationship with clients.
- Staff will recognize that the client's best interest may be served by referring or releasing him/her to another agency or professional.
- Staff will recognize a client's best interest is served through a multidisciplinary case management approach.

Conflicts of Interest

- Staff is not to actively engage in business relationships for which they may or will receive a direct or indirect profit or benefit, material or otherwise, from the relationship.
- Staff is not to actively engage in clinical relationships for which they may or will receive a direct or indirect profit or benefit, material or otherwise, from the relationship.
- Staff, when unsure of a potential conflict of interest, must consult with the Executive Director and Corporate Compliance Officer for advice.



SHC Guidelines, Rules, Responsibilities & Expectations

TREATMENT

- You are required to sign a formal agreement of Informed Consent stating that you agree to start methadone treatment at Spectrum Health Care, Inc.;
- Within established program regulations, take-home bottle (THB) dosing privileges can be obtained once you demonstrate abstinence from alcohol and illicit substances **and** compliance with SHC program requirements. You are expected to satisfy eligibility requirements indicated in THB Protocol;
- You are expected to participate in and follow through with your individual treatment plan, which includes following up with referrals for additional services as needed (such as mental health, medical, social services, education/vocational services);
- You are expected to comply with the Phase System requirements regarding counseling sessions and urinalysis collections. Meeting with your counselor on a regular basis is mandatory. Your counselor will inform you of the requirements regarding individual sessions, group sessions and urinalysis collections;
- **Random** urine screenings are conducted on a **monthly basis at minimum**. Collections are determined by your treatment status and set by the treatment team. Please do not “volunteer” a specimen; SHC clinical and medical staff set the random collection schedules. Any claims that you have difficulty submitting upon request **must** be supported by medical evidence;
- A same sex staff member will monitor your urine collection in a respectful manner. Please keep in mind that this is an observed process to ensure the integrity of the specimen;
- It is expected that UA collection requests will be satisfied in a timely manner (within 3 hours). If you are unable to satisfy this request, this unsuccessful collection will be recorded as a **refusal** considered as an inappropriate result. Your dosing may be held until you satisfy this request or assigned a 2:45 p.m. dosing clearance;
- You must inform all non-program physicians that you are on methadone. You are expected to comply with efforts to coordinate medical services with outside physicians. You are expected to provide written documentation that you are under a physicians’ care for a diagnosed medical condition. You may either provide written documentation that your private physician is aware of your methadone treatment or authorize communication between SHC staff and your private physician;
- Prescription drug use must be reported to SHC medical and clinical staff **prior** to taking any medication. Please be aware that the use of certain medications may be medically contraindicated and dangerous while on methadone. Also, certain medications may not be recommended due to the potential for misuse/abuse. SHC Medical Director will determine if the use of prescribed medications is approved and incorporated into your treatment. If prescription drug use is not approved, such use will be considered as non-compliance with treatment and all use identified by drug screening shall be considered a positive drug screening result;

- You are expected to submit to all required health screenings and medical referrals;
- You will be informed of requirements regarding eligibility for treatment privileges; remember, THB status is a privilege rather than a right;
 - Your full cooperation with SHC Rules and Regulations is appreciated and expected. Any disregard or lack of fulfillment may result in restriction of treatment privileges or termination from services;
- Please be aware that treatment privileges are granted based on compliance with SHC Rules and Regulations. Involvement in inappropriate events, behaviors, actions and/or attitudes may be considered as non-compliance and a violation of treatment privilege eligibility. Treatment privileges may be restricted and are subject to reinstatement provisions;
- You are expected to follow treatment interventions including those recommending higher levels of care, including but not limited to: group therapy; self-help groups; 12-Step Programs; in-patient treatment (detoxification or residential)

ATTENDANCE

- You are expected to report to the clinic according to your designated dosing schedule during routine program hours;
- **All** take-home bottles (THB) **must** be returned immediately following the take-home day. If you do not return your bottles **for any reason**, your THB privileges may be reduced or revoked. You may be asked to leave premises in order to retrieve any THBs that are due prior to dosing that day. If you report that your THBs have been stolen, you must submit an official police report attesting to this claim.
- Three (3) consecutive missed doses will result in termination from our program. If terminated, you may request consideration for readmission. SHCH Medical Director will determine your reinstatement eligibility based on review of your treatment status and recommendations from the Multi-disciplinary Treatment Team.
- If you miss two (2) consecutive doses, you will receive half (1/2) your dosage until seen by the SHC Medical Director;
- Patterns of poor attendance will be considered as a lack of commitment and minimal engagement in the treatment process which may interfere with earning treatment privileges and/or subject to administrative action;

BEHAVIOR

- It is **illegal** to sell, give away, or otherwise divert your dose of methadone;
- You must **not** report to the clinic under the influence of alcohol or other drugs. Your dosage may be adjusted if such is determined by direct observation from SHC Medical and Nursing services.
- If it is suspected that you may be under the influence, you will be subject to an instant urinalysis screening.
- You are expected to show respect to SHC's property, staff, visitors and fellow clients;
- You are expected to show respect to our surrounding neighbors and their property;

- **No** verbal or physical threats of violence, acts of violence, or verbal abuse toward SHC staff, visitors or other community members will be tolerated;
- **No** weapons are allowed to be on clinic property, including but not limited to knives, guns, tools, clubs, pepper spray, box cutters, etc. All such items will be confiscated immediately and you will be subject to administrative action and legal consequences;
- **No** illegal drugs are allowed on the premises. Any illegal substance found will be confiscated immediately and you will be subject to administrative action and legal consequences;
- **No** alcohol is to be brought onto the premises;
- Smoking is greatly **discouraged**; however, if you choose to do so please keep to the designated tobacco area outside of the facility. Please do your part in keeping the area clear of debris and safely extinguish all smoking related items. SHC is a smoke-free facility!

As a SHC COMMUNITY MEMBER...

- You are expected to fulfill financial obligations for SHC treatment participation. You will be informed of your financial obligations and payment schedule, if indicated;
- It is your responsibility to report any changes or limitations of your financial status. SHC will make every effort to address your financial needs and facilitate appropriate referrals;
- Payment is expected prior to services rendered. You must successfully satisfy all SHC financial obligations prior to consideration for treatment privileges;
- If waiting for appointments or transportation, you must wait in the designated waiting area. Loitering will not be tolerated in, or around, SHC and the surrounding vicinity;
- Photographic identification (i.e. license, valid NJ residency card; Employer's ID) must be submitted and is required to be maintained on your person at all times. SHC ID Card will remain on-site to ensure proper verification of enrollment;
- Please refrain, whenever possible, from bringing children. It is expected that you arrange for responsible child-care during the time you are within the facility;
- You are expected to comply with SHC policies, procedures and practices governing client conduct and treatment;
- You are expected to uphold the confidentiality and protect the privacy of all those in treatment at all times;
- You are expected to conduct yourself in a manner that helps reduce the stigma and discrimination regrettably associated with this most effective treatment approach;
- You are expected to be proud of your decision to seek treatment and actively participate in this rewarding journey;
- You are expected to respect the recovery efforts of all SHC Community members;
- You are encouraged to include your family in your treatment experience;
- You are encouraged to join in SHC's efforts to support your own recovery



Grievances, Complaints & Appeals

SHC has an established policy and procedure for handling complaints and grievances, including an appeals process. You may file a complaint if you have question or concerns related to your treatment service, status, privileges, exclusions or other issues related to your care.

You may file a grievance if you disagree with a decision by SHC about the provision of a treatment service that was based upon SHC policy, procedures, rules or regulations.

You may file an appeal if you disagree or are dissatisfied with the terms of SHC's decision in response to your complaint or grievance action.

If you choose to pursue the matter through a formal process, you should clearly express your issue to be resolved in a written format, which can be submitted to any SHC staff member for resolution. SHC Grievance Forms are readily available to you in the waiting room or by asking any SHC staff member.

LEVEL 1: INFORMAL PROBLEM AND COMPLAINT HANDLING

You are encouraged to utilize the structured peer group to discuss and attempt to resolve problems and complaints. Structured peer groups mean that a clinical staff member is present. Experience demonstrates that most difficulties are most satisfactorily dealt with in this forum. If the group cannot remedy the problem or situation, then you should arrange to meet with your primary counselor to reach an informal settlement.

Individuals and/or groups who are not an active client or not otherwise affiliated with Spectrum Health Care, Inc. are encouraged to call or write the Corporate Compliance Officer or Human Resources Department explaining the problem and make suggestions towards resolving the difficulty. Designated SHC staff will attempt an informal settlement as quickly as possible, but no later than five (5) working days, past the initiation of the complainant's contact.

In the event that the above procedure proves unsatisfactory for the complainant, than the next level of the grievance procedure is recommended.

LEVEL 2: FORMAL COMPLAINT AND PROBLEM HANDLING

When you have attempted to resolve a difficulty or a problem through Level 1 negotiations and are still dissatisfied, you are entitled to request a meeting with the Director of Clinical Services through your primary counselor. This meeting will be scheduled within five (5) working days. The Director of Clinical Services may request that the primary counselor be present; however, you have the right to elect to see the Director unaccompanied. The Director of Clinical Services, in reviewing the reports and in discussion with you, will make every reasonable effort to resolve or otherwise satisfy your grievance. The Director of Clinical Services has the authority to determine a reasonable resolution. You will be given a written and signed statement regarding the Director's decision if you so request.

If the Director's decision is not acceptable to you, then you have recourse to the next level of the grievance procedure. Also, you have the option to bypass a meeting with the Director of Clinical Services in the event that he/she is directly involved in the principal issue and proceed to the Executive Director for a resolution.

When a complainant is not a client and he/she finds the resolution determined by the Human Resources Department unsatisfactory, then he/she has the option to request a meeting with the

Director of Clinical Services. The Director will make every reasonable effort to resolve or otherwise satisfy the matter. The matter will be executed in the same manner as aforementioned. If this decision is unacceptable to the complainant, then he/she may proceed to the next level.

SHC Director of Clinical Services will promptly report the matter and confer with the SHC Executive Director during this process.

LEVEL 3: PROCEED TO THE EXECUTIVE DIRECTOR

If the resolutions determined at the previous levels are not satisfactory to you, then you will have the option to present the matter to the SHC Executive Director. The Director of Clinical Services will arrange for a meeting to be held within five (5) days of the request. In reviewing the reports and in discussion with you, every reasonable effort will be made to resolve or otherwise satisfy the grievance. The decision of the Executive Director is final. A written and signed statement regarding the Executive Director's decision will be issued if so requested.

SHC Executive Director will present a summary of the grievances chronicled on a quarterly basis to the Continuous Quality Improvement Committee as well as to the SHC Board of Trustees.

LEVEL 4: RECOURSE TO THE N.J. DEPARTMENT OF HUMAN SERVICES

You will be encouraged and assisted throughout your involvement with Spectrum Health Care, Inc. to exercise rights as a client and/or citizen, to voice grievances on behalf of yourself or others. You have a right to treatment and care established by any applicable statute, rule, regulation, or contract, and have the right to recommend changes in policies and services to facility personnel and/or outside representatives of your choice and in doing so remain free from restraint, interference, coercion, discrimination, or reprisal. Formal complaints by clients, staff, and the public may be lodged at any time with the following agencies:

**N.J. State Department of Human Services
Attn: Division of Addiction Services
PO Box 700
Trenton, NJ 08625-0212
1-800-238-2333 / 1-609-292-5760
Complaint Hotline: 1- 877-712-1868**

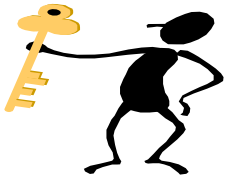
Please be aware that advocacy groups are also available to provide external support!

You can be assured that lodging a complaint or filing a grievance will not have a negative impact on your treatment. You are entitled to pursue this action at anytime either internally or with outside sources. You can be assured that such action will not result in retribution, retaliation, or restriction of services.

Upon resolution, you will receive formal notification of the outcome. You will be issued a SHC Grievance Resolution Notification form. If you disagree with the resolution outcome, you are entitled to appeal the decision. SHC Grievance Resolution Notification form will provide information regarding further action that can be taken.

You will be informed of alternate steps if a grievance is in regard to a SHC designated reporting contact to avoid any potential conflicts of interest.

SHC wants to listen to your voice! Your input is greatly appreciated and will be taken into serious consideration regarding SHC operations.



Admission & Re-admission Criteria

Admission and re-admission criteria are in accordance with those outlined in the definition of opioid dependence noted in the *Diagnostic and Statistical Manual of Mental Disorders*. Behavior supportive of a diagnosis of addiction must be indicated. Treatment admissions are in accordance to federal and state regulations. You will be informed of SHC Admission and Re-admission criteria. There are certain circumstances for priority admissions/re-admissions as well as noted exceptions to the defined criteria. Pregnancy is cause for priority admission/re-admission. Exclusionary criteria are also applicable.

Admission requests are reviewed on an individual basis. SHC Medical Director will determine if your admission is clinically justified. Enrollment decisions are based upon medical necessity as well as program eligibility. SHC Medical Director will assess your presenting substance abuse problem and need for treatment. Our SHC Medical Director is responsible for authorizing all admissions and determining treatment recommendations.

Please be aware that this agency shall give preference for admission to pregnant women, intravenous (IV) drug users and individuals who are HIV-positive. Admission criteria may also be waived for individuals seeking treatment that have been previously treated at SHC (within 2yrs. of discharge) and/or recently released (within 6 months) from a chronic care facility.

Under no circumstance will any individual be admitted to this program if he/she is unconscious at the time of admission. Also, admission will be denied to anyone demonstrating a degree of behavioral disorder that there is a danger to self others or interferes with the health, safety or welfare of staff and community members.

A thorough screening will be conducted to determine your eligibility and appropriateness for SHC services. SHC Intake Services team will inform you of the program enrollment requirements. You are expected to comply with all SHC Intake procedures including physical examinations, laboratory screenings; Tuberculosis screenings; and urinalysis screenings. Also, your ability to satisfy financial obligations will be taken into consideration.

A Transition Plan will be developed with your input to identify your needs. With your consent, input from your family, friends or referral sources may be taken into consideration. Your Transition Plan will identify available services to support your recovery and well-being.

If ineligible for SHC services, your treatment needs will be addressed through recommendations to appropriate alternative treatment services. SHC Intake unit will facilitate your referral to treatment services along the continuum of care (i.e. detox services; in-patient rehabilitation centers; therapeutic communities; etc.). Also, your individualized Transition Plan will serve as a continuing care plan to direct your recovery efforts.

SHC Medical Director will determine your eligibility for re-admission, with input from the Multi-Disciplinary Treatment Team. Consideration will be based on your treatment history; discharge status and presenting problem. All requests for re-admission will be reviewed on an individual basis and may be subject to conditions associated with your discharge status. Each discharge status has corresponding readmission criteria. SHC identifies the following discharge categories: *voluntary medical withdrawal*; *withdrawal against medical advice (AMA)*; *unknown*; and *administrative withdrawal*.

Re-admission candidates should be willing to comply with treatment recommendations as well as fulfill treatment obligations. For example, in-patient detoxification to address continuous drug use before readmission; settlement of outstanding clinic fee balances prior to readmission. Those seeking re-admission must be able to demonstrate a commitment to the treatment process and motivation to accomplish his/her treatment plan.

If you are ineligible for re-admission, you will be provided the reason for denial in writing. SHC shall provide assistance in referring you to an appropriate treatment facility or support system to ensure continuity of care. SHC is committed to provide services that promote your stabilization, recovery, well-being and re-integration into the community.



Causes for Detoxification & Termination

Withdrawal procedures may be considered as voluntary; against medical advice or the result of an administrative action. Withdrawal action is initiated only upon your request **except** under Administrative Withdrawal circumstances; such behavior includes but is not limited to:

- Non-compliance with SHC Rules & Regulations
- Trafficking, buying, selling, possessing, arranging or attempting to buy, sell or exchange any legal or illegal drugs. **Drug transactions are prohibited and illegal!**
- Selling or “giving away” methadone; diversion of your prescribed methadone dosage.
- Dual enrollment (receiving methadone) from another treatment agency or private MD
- Failure to inform SHC staff of the use of prescription drugs; refusal to authorize communication with any outside physician prescribing prescription drugs and/or failure to inform the prescribing physician of your enrollment in methadone treatment.
- Threat of or actual physical harm toward staff or other clients; verbal abuse may be considered an act of threatening behavior.
- Possession of a dangerous weapon within or around the building premises.
- Malicious destruction of or the threat of damage to property belonging to the clinic, staff, visitors, fellow clients or surrounding businesses.
- Disruption of community relations; repeated loitering in or around the facility and surrounding business areas.
- Serious or chronic involvement with the criminal justice system; Incarceration or other confinement.
- Falsification or adulteration (“tampering”) of urinalysis specimens; attempts to substitute or submit a false (“fake”) specimen; failure or refusal to submit urinalysis specimens upon **random** collection requests.
- Repeated missed days of daily dosing. Medication may be adjusted or held if you are observed to be “under the influence”; multiple episodes of attending the program while appearing intoxicated, inebriated, highly elated or over-sedated may be cause for dismissal.
 - Failure to attend the program for three (3) consecutive days will result in immediate termination.

- Any client missing two (2) consecutive days of prescribed dosage will receive 1/2 dosage until seen by the Medical Director.
- Failure to fulfill your financial responsibilities.
- Non-compliance with Phase System requirements; continuous failure to engage in required counseling sessions (individual /group) and/or failure to submit required urinalysis specimens
- Continuous failure or refusal to cooperate with staff efforts to engage in clinical operations and the treatment process.
- Refusal to comply with treatment recommendations and more intensive intervention strategies to address continuous drug abuse.

You are entitled to due process and may submit a written appeal prior to this action.



Facts about Methadone

- **What is addiction?**

Addiction is now widely accepted to be a disease or a group of diseases. Addictive disease can be characterized as a chronic, progressive, possibly lifelong, and often a fatal disorder if left untreated. The principal diagnostic features are obsession, compulsion, and continued use despite adverse consequences (loss of control). Our program provides methadone treatment and counseling services to help the client make the bio-psycho-social lifestyle changes needed to address the many dimensions associated with opiate addiction.

- **What is methadone?**

Methadone is a long-acting, synthetic (man-made) opioid medication. A single maintenance dose of methadone lasts 24 - 36 hours, taking away the craving for opiates and an absence of withdrawal symptoms (“dope sickness”). Methadone may be in liquid, powder, or tablet form, but its active ingredient is always methadone hydrochloride. It is classified as an agonist because it mimics the body’s natural response on opiate receptors in the brain. In sufficient doses, it attaches to these receptors and blocks the effects of other opioids; therefore, you cannot “feel” the effects of heroin.

- **How is methadone used at SHC?**

SHC physicians prescribe methadone as one component of our comprehensive treatment program to treat opiate dependence (such as heroin, morphine, or other opiate pain medication). Methadone is **not** prescribed for pain management at SHC. Methadone is an opioid agonist intended to relieve withdrawal symptoms without producing a “high”.

SHC opioid therapy offers a **detoxification** and **methadone maintenance** program. Both treatments involve the daily ingestion of methadone. The Medical Director will conduct an initial evaluation and shall prescribe the appropriate medication dose. Your treatment plan will be oriented based upon your needs and appropriateness for either program. SHC Admission Criteria will assess your eligibility for either program.

Detoxification allows your body to go through withdrawal from opiates over a period of time instead of abruptly. SHC offers a 30-day detoxification program. This program provides a medically supervised and gradual reduction schedule to promote the discontinuation of opiate use. By preventing the onset of withdrawal symptoms, SHC can help you focus on other aspects of your life that have contributed to your use of opiates and other drugs. SHC will provide support services throughout your participation as well as after completion.

Methadone maintenance provides for a steady-state level. Your dosage will not be tapered off over a set period of time. The Medical Director will prescribe an appropriate dosage based upon your treatment needs. This program is recommended if you have undergone two detoxifications or have been assessed as needing methadone maintenance. Methadone maintenance is intended to do the following for those who participate in their treatment planning process:

1. Prevent the onset of withdrawal;
2. Keep you comfortable and free from craving opiates;
3. “Block” the effects of opiates and discourage further opiate use;
4. Assist you in addressing other bio-psycho-social issues.

Do **not** abruptly discontinue taking your methadone daily. Be prepared, if you just stop taking your prescribed daily dose or “walk away from the program”, withdrawal symptoms may occur. If you want to adjust your dosage, please feel free to discuss the matter with your counselor or SHC nursing staff. SHC Medical Director will promptly address your dosing needs and offer recommendations regarding individualized dosing; adjustments and detoxification schedules.

- **What are the benefits of methadone treatment at SHC?**

Methadone is a legal medication that only a physician may prescribe and must be monitored carefully. Using *illicit* methadone (“street methadone” or methadone which has not been prescribed to you by a physician) or abuse of your prescribed methadone carries no benefits and can be harmful to your health. When methadone is used as prescribed and in accordance with SHC’s structured treatment program, there are many benefits:

- Methadone is administered orally, thereby reducing the dangers associated with injection drug use, particularly the spread of HIV and Hepatitis C.
- Methadone treatment offers individualized planning and comprehensive treatment services including individual, group, mental health and gender specific counseling.
- Methadone treatment provides access to medical care, preventive health services, mental health treatment, and social support services to address your needs in multiple life areas.
- Methadone treatment incorporates family and relationship involvement throughout the treatment process to support your stabilization efforts.
- When taken properly, methadone results in an even level of functioning, not the “highs and lows” associated with heroin addiction.
- Methadone has a long-lasting effect (24 – 36 hours), which may reduce the “craving” for opiates. This may also contribute to a decrease in your involvement in negative “drug seeking” behaviors.
- Pregnant women on methadone have a much better chance to give birth to healthy babies than pregnant women on heroin. Methadone treatment is a source for education and linkage regarding pre-natal, post-partum and ob/gyn needs. Gender specific health issues, relationship issues and parenting issues are addressed directly or through referral to appropriate community providers.

- **What impact does methadone have on pregnancy?**

Pregnant women, who are dependant on opiates, are encouraged to enter drug treatment as early in the pregnancy as possible. This is in an effort to help lessen the possible complications resulting from drug use. Methadone maintenance may decrease complications during pregnancy because unexpected withdrawals will not occur; overall lifestyle will generally be enhanced; and methadone prepared by SHC has not been cut or mixed to include other harmful substances (unlike street or illicit drugs). Pregnancy is considered a cause for priority admission to methadone maintenance treatment.

Please be prepared that after delivery, a child born to a mother on methadone treatment may experience a period of withdrawal. Methadone had crossed the placenta into the unborn child. Symptoms can generally be managed while the baby is in the hospital and the child will normally have fewer problems than if the mother had stayed on heroin.

- **How is methadone administered?**

Methadone is to be taken by mouth, daily, in liquid or tablet form under the supervision of our nursing/medical staff. It is recommended that you take this medication after eating. It is important to take this medication **exactly** as prescribed. Please do **not** attempt to “wean off” your daily-prescribed dose. Always discuss dosing matters with SHC staff so you can make responsible and healthy choices.

You are to take your entire prescribed dose once a day, every day. This will allow a stable dose to be in your body. If you stop taking this medication suddenly, you may experience withdrawal symptoms. At appropriate doses of methadone you should not feel “high,” be overly sedated, or be “in a nod.” You can discuss your dosage and its impact on your physical, emotional and mental well being with your counselor or nursing/medical staff.

Methadone is available in liquid and tablet forms at SHC. However, tablet preparation is an option for eligible SHC members with extended treatment privileges.

- **What are the possible reactions to methadone? Side Effects & Overdose**

Methadone can cause an upset stomach, blurred vision, drowsiness, constipation, increased sweating, dry mouth, lightheadedness, dizziness and a decreased libido (sex drive). If you experience any of these symptoms, contact your counselor or the medical staff. SHC Medical Director will determine if a dose adjustment is needed. Keep in mind, these symptoms usually go away with time.

Notify the SHC Medical / Nursing staff immediately if you develop any of the following reactions: rapid heart rate; fainting; breathing difficulties; skin rash; mood changes; increased irritability; anxiety; auditory or visual hallucinations; mental confusion; tremors; increased nervousness; or depression. **If any of these symptoms become severe call 911!**

If an overdose is suspected, seek help immediately! Methadone can be deadly for children or adults without a tolerance for it! If you suspect that methadone was accidentally ingested or taken improperly, **call 911 immediately!** Do not leave the person alone! If possible place the person on their side to prevent choking. You must also promptly report the matter to SHC staff.

Do **not** mix other drugs or alcohol with methadone. The combination can cause dangerous interactions and/or contribute to harmful behavior.

Always use caution when performing activities requiring mental alertness if you experience dizziness or drowsiness. The proper use of methadone should not interfere with your ability to make responsible decisions. When taken as prescribed, methadone is safe and effective.

- **Why must other health care providers be informed of your methadone treatment?**

If you are under medical care for any reason, you must inform your private physicians, dentist and/or psychiatrist of your methadone treatment. Disclosure is a medical necessity and your responsibility. Honest and open communication will ensure that you receive proper care.

Prescription medications can interact with methadone. Certain medicines may inhibit or potentially alter the dose of methadone and impact its effectiveness. Also, methadone can impact the effectiveness of certain prescription medications. For any procedure that requires anesthesia (medical, dental or surgical), you must report to your attending physician that you are on methadone. Please be responsible with all your health care needs!

- **What about drug interactions with methadone?**

Always tell all of your doctors and pharmacists of any over-the-counter (OTC) or prescription medications you may be taking, including methadone. Some medications interact with the metabolism of methadone.

Like any medication, methadone can interact with other types of medicines and with street drugs. The body is a complex system, and it is possible that foods, hormones, weight changes, and stress will each also affect the way in which methadone works in your body.

Many substances may interact by either accelerating or slowing the metabolism rate of methadone. The following medicines cause the liver to metabolize methadone more quickly and may cause a need for an increased methadone dose:

- Carbamazepin (Tegretol)
- Phenytoin (Dilantin)
- Nevirapine (Viramune)
- Rifampin
- Ritonavir (Norvir-less of an effect)

Some medicines slow the metabolism rate of methadone, which will extend its duration. The effects of methadone may be increased by use of the following medications or withdrawal symptoms may appear if these medications are discontinued:

- Amitriptyline (Elavil)
- Cimetidine (Tagamet)
- Fluvoxamine (Luvox)
- Ketoconazole (Nizoral)

The following medications are opioid enhancers and **should not be taken while on methadone:**

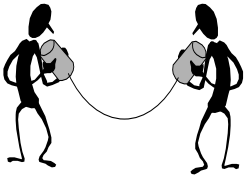
- Benzodiazepines (Xanax, Valium)
- Alcohol, including over-the-counter items containing alcohol
- Barbiturates

Other medications with interactive effects:

- Cocaine can increase the dose of methadone required.
- Methadone increases the level of AZT and desipramine in the blood.

Always keep this in mind when it comes to potential methadone interactions:

1. Methadone is not responsible for every new feeling you have – physical or emotional!
2. Methadone will not be affected by most medications or changes in your life conditions.



Common Myths about Methadone

Many people believe that methadone is actually “bad” for you. SHC wants you to understand some of the myths about methadone and let you know the real truth!

MYTH: *“Methadone gets into your bones and rots your teeth.”*

TRUTH: Methadone is a safe medication that does not harm the skeletal system or teeth. Tooth decay is due generally to neglect. Methadone has been studied for 30 years and there has been **no** evidence that long-term use causes physical damage.

MYTH: *“Methadone is harder to get off than heroin.”*

TRUTH: Stopping methadone *is* different from stopping heroin. Methadone withdrawal generally lasts longer. However, it has been reported that methadone withdrawal is milder than heroin withdrawal.

MYTH: *“Methadone is treatment for life.”*

TRUTH: Some people need longer treatment than others do, and length of treatment is positively related to treatment success. Treatment duration is individualized and should be agreed upon client, physician, and counselor. Clients for 10 or more years are a minority (5-20%). There is no specific set time that works best. Some clients prefer to remain in treatment to support continued success.

MYTH: *“The lower the dose of methadone, the better the outcome.”*

TRUTH: Low or inappropriate dose levels contribute to treatment failures. Just like any other drug treatment, your dose must be individually determined.



“Being a SHC Community Member”

- **EMERGENCY TREATMENT**

If you have a **medical or psychiatric emergency, call 911 or report to the nearest hospital Emergency Room immediately.** Inform your Doctor, or hospital, that you are a SHC client receiving methadone services, and they will contact us about your treatment needs.

SHC Message Center provides access to support **24 hours daily / 7 days a week.** You will be directed to the appropriate contact to provide assistance regarding medical, mental health, drug related and non-medical emergencies.

SHC Contact #s:

- **Non-medical Emergencies:**
 - **Daily: 201-451-2544 or 201-860-6100**
 - **After Hours (24 hrs.) 201-401-0990**
 - **SHC Message Center: 201-451-2544**
- **Inclement Weather:** SHC provides services during inclement weather. Contact the SHC Message Center regarding possible changes in the hours of operation.
- **Unscheduled Closing:** In the event of an emergency closing, SHC Message Center will provide instruction on a designated alternate medication site.

SHC Message Center may also be used by you, your family & support networks to serve any communication needs!

• **SHC FACILITY**

You will be given a tour of the building to ensure that you are aware of emergency exits and fire extinguisher locations. Fire exits are located in the front of the building, the stairwells and at the rear of the building. For safe passage, exit signs are illuminated and SHC Emergency Exit Plans are conspicuously posted to direct you in the event of an evacuation. Please note that certain areas are for SHC staff access only.

• **ASSESSMENT PROCESS**

Bio-psycho-social assessments are conducted to help guide your treatment process. You will be asked to provide personal current and historical information in multiple life areas. The purpose is to identify your needs, diagnosis and appropriate services to be provided. Information gathered will serve in the development of individualized and goal-oriented treatment plans. This process will incorporate your goals, strengths, needs, abilities, aptitudes, skills, interests and presenting problems.

This is an opportunity to discover your expectations-- "***What do you want to get from your treatment experience?***" "***What do you expect to get from SHC?***" This process should help identify what you want and why you are seeking SHC services. SHC will address your identified needs directly or through referral to appropriate service providers. On-going assessments will be conducted to respond to your changing needs.

Qualified staff will conduct interviews in a respectful manner and we ask that you provide accurate information to best serve your needs. In an effort to gather complete and thorough primary assessment data, you will also be asked to complete the Addiction Severity Index and SHC Supplemental Assessment questionnaires.

Your honest input regarding life situation information will contribute to the development of an Interpretive Summary and treatment plan. With your consent, your family, support network and referral sources may also contribute pertinent information. SHC strongly encourages your family, friends and peers to actively participate in the treatment process.

• **TREATMENT PLANNING PROCESS**

Individual planning is an essential component of the treatment process. You will be actively involved in determining the direction of your treatment plan. This process will address significant life factors, or events, that may impact your stability and treatment efforts.

You will be asked to identify your goals and objectives while involved in SHC services.

Treatment plans are developed to guide your efforts in addressing your identified problems and challenges. Your goals and objectives will incorporate your expectations, strengths, needs, abilities and preferences in order to promote successful outcomes.

SHC will provide services directly or facilitate referrals to appropriate support systems. Your primary counselor will be responsible for coordination of such services. You will be responsible to actively engage in intervention strategies and activities identified in your treatment plan.

We strongly encourage you to include your family in this process as well as your involvement in community support systems to accomplish your goal and objectives. Treatment plans are developed to address your needs and promote your stabilization efforts. Treatment planning is an on-going process considering your changing needs and accomplishments. Your treatment plan is unique. It can be considered a “contract” between yourself and the treatment team. It will serve as a guide to identify “action steps” to accomplish your goals.

- **REFERRALS**

In an effort to serve your identified needs, SHC may facilitate your linkage with outside support systems. These services may address your medical, mental health, financial, social, vocational and educational needs. Your counselor will facilitate the referral process by identifying appropriate community agencies and providers. It is your responsibility to follow-up on all appointments, visits or telephone contacts.

Throughout the treatment process, you may be referred to various community support services and resources to serve your on going and changing needs. Our *SHC Community Resource Directory* includes listings for a broad range of social services and support systems available to assist in your stability and recovery efforts.

- **DRUG SCREENINGS & URINALYSIS COLLECTIONS**

An important part of your drug treatment is the screening for substance use through random urinalysis collections. Please be assured that urinalysis collection methods are reasonable and not unfairly discriminatory. Same-sex staff members will monitor the collection in order to stop any attempt at diversion (fake specimen). Although you may still feel uncomfortable with the monitoring process, observed urinalysis collections are mandatory. SHC professional staff conducts this process in which you are treated with courtesy, consideration and respect.

Requests for urinalysis screenings are **random and at least monthly**. Your required amount of monthly collections is based upon your Phase System status and stability in treatment. Your primary counselor will inform you of your urinalysis collection requirements.

SHC Clinical Staff is responsible to set the collection schedule; you are responsible to submit a specimen in a timely manner (within 3 hours). You should be prepared to satisfy a request at any time. Water fountains are conveniently located. Bathroom facilities are available to accommodate your needs if a collection is not requested. However, please be aware that SHC staff must accompany you in the bathroom at all times.

You are expected to satisfy a collection request **prior** to receiving your dosage. If a specimen is submitted within the set timeframe (3 hours), your medication is dispensed **after** the successful collection. If you are unable, or unwilling, to satisfy the request, your medication will be dispensed at 2:45 p.m. in an effort to deter further non-compliance. If you present such a pattern of behavior (3 unsuccessful episodes), you must meet with the SHC Medical Director for further recommendations and/or administrative action. Such behavior may result in restriction of your treatment privileges or discontinuation of your treatment.

A urinalysis collection request should be a simple process. This system has been designed in consideration of your time and outside obligations. Exceptions may be granted on an individual basis as determined by SHC staff. If you are unable to fulfill these expectations due to a medical condition, verification from your physician is required.

Any **unsuccessful collection attempt** will be considered as non-compliance and recorded as a *refusal*. Remember, it is expected that random urinalysis collections be satisfied upon request. Your primary counselor may determine if you are to be excused or re-scheduled. SHC Clinical Supervisory Staff will authorize this action if your counselor is unavailable. In the consideration of time schedules, please coordinate the collection with staff when you are confident that you can satisfy the request.

Urine specimens are tested for typical drugs of abuse. Laboratory services conduct routine screenings for opiates, methadone, cocaine, benzodiazepines, barbiturates and amphetamines. You can also be screened for alcohol, marijuana and other drugs if indicated. Also, instant urinalysis screening kits are available.

It is your responsibility to report any medications you have been prescribed. Certain medications may be detected in urinalysis screenings; therefore, it is your responsibility to obtain approval for such use prior to detection. Documentation for the medical necessity of such prescription drug use is required. SHC Medical Director is responsible to authorize approval, denial or alternative treatment recommendations. It is your responsibility to promptly report any medications that you have been prescribed. SHC Medical Director must approve the use of such medications **prior** to detection in your urinalysis screenings. Failure to obtain approval is considered non-compliance and inappropriate drug screenings will be considered positive results. You cannot claim that a positive result is due to a prescription medication after detection.

Positive urinalysis results will be addressed to determine what treatment is necessary to assist you in your goal of drug freedom. Also, positive urinalysis results will impact your eligibility for treatment privileges and/or continuation in this program.

• **METHADONE DISPENSING**

SHC dispenses Methadone Hydrochloride. Methadone is available in either liquid or tablet forms. A computerized pump dispenses the medicine in liquid form. Tablet preparation is an available option for clients with Extended Take Home Bottle privileges. Both forms of methadone, liquid or tablet, contain the same medication.

DAILY DOSING PRACTICES:

After entering the building, you will go to the card box window and clearly tell the Identification Clerk your name. SHC Identification Clerk will verify your identity and issue your medication card. The medication card records your name; ID #; digital photo; signature; attendance (date/time); designated counselor and attending Medication Nurse. An adhered computerized scan code label will confirm your identity (D.O.B./ S.S. #) when presented at the dispensing station. You are responsible to check the card to make sure it is your name!

SHC Identification Clerk will inform you if a **“hold”** has been placed on your card. A **“hold”** must be satisfied prior to dosing. For example, you may be directed to meet with your counselor, the billing department, submit a urine specimen, etc. You are expected to satisfy the request **before** you can be medicated. The Identification Clerk will not release your medication card until given authorization to do so by staff.

You must have verification of your identification on you at all times. Once you are issued your medication card, provide your signature on the corresponding date and proceed to the community area. In an effort to respect your privacy as well as that of all SHC clientele, you are asked to observe postings noted in the medication dispensing area.

We appreciate your cooperation and patience while waiting to proceed to the dispensing window. SHC Medication Nurse will direct you to proceed to the appropriate window. Next, present your medication card to the Medication Nurse. The Medication Nurse will confirm your identity to ensure proper dosing. The attending Medication Nurse will also observe you to determine if dosing is appropriate. The Medication Nurse will scan your medication card code label or assess the computer directly to obtain your medication information. Once you have satisfied all requirements, the Medication Nurse will authorize your prescribed dosage to be dispensed.

Methadone dispensed in liquid form is a clear solution. SHC methadone appears “pink” because it is prepared with colored water. Colored water is added directly into the cup after your prescribed dosage is dispensed. The colored water is only vegetable dye food coloring and will not interfere with your dosage. The “pink” preparation is to confirm ingestion in the event that you vomit. You can only be re-dosed if this occurrence is directly observed and confirmed by a SHC staff member. **If you are not feeling well, do not leave!** Once you leave clinic, you cannot be dispensed a 2ND dosage.

It is recommended that you eat before you drink your methadone. After you have swallowed your dose, please follow with water (cup provided) to ensure that you ingest your entire dose.

Your cooperation with these simple & safe dispensing procedures is expected at all times:

- Remove sunglasses at the window -- your eyes must be visible.
- Open containers or bags, including handbags, are not allowed in the dispensing area;
- Food and/or beverages are not permitted within this area;
- Open your secured THB storage containers directly in front of the Medication Nurse.
- Before you leave the dispensing window, you **must** speak to the nurse to confirm that you have swallowed your dose.
- Discard empty cups in the receptacles directly provided next to the dispensing area;
- Check the label on any take home bottles issued to verify it is your medication;
- Children are not allowed at the dispensing window. SHC staff will be available to briefly tend to your childcare needs during dosing services. Under no circumstances should you leave your children unattended!
- Patience is expected in order to guarantee the safety of dosing services. We kindly ask that you are **not** disruptive in line and keep your place until called.
- You should not ask for someone to “hold” your place in line if you need to leave the area for any purpose.
- Promptly leave the area after you have received your dosage and/or take home bottles.

In order for your medication to be dispensed, you are expected to fully satisfy these conditions; your disregard will be considered as non-compliance and subject to administrative action.

Your patience and cooperation with dispensing practices is appreciated. A “line system” is directed by SHC staff to ensure fairness and safety to all clientele. Efforts have been made to protect your privacy and that of your fellow community members. It is expected that you set your personal schedule to allow sufficient time for all services.

Please be aware that there are exceptions to the dispensing practices. Arrangements can be made to accommodate any person with special needs. Such situations may involve an individual's inability to walk up to the window or enter the facility. SHC facility is handicapped accessible. SHC Nursing Staff can coordinate dosing services to accommodate special circumstances.

DOSING CONSIDERATIONS:

If you are suspected to be under the influence of any substance, you **must** be evaluated prior to dosing. In consideration of your health and sound medical practices, SHC Medical Director may adjust your prescribed dosage based on findings from a physical assessment and/or instant urinalysis screening.

Under the direction of the Medical Director, the Medication Nurse may not administer a dose to anyone noticeably "high" (incoherent, unsteady, impaired speech, etc.). Also, THB doses can be held if this behavior is observed. Repeated episodes of this inappropriate behavior may be considered as non-compliance and subject to administrative withdrawal.

You are strongly encouraged to discuss any concerns or questions you have regarding dosing changes or issues. You can share your concerns with your primary counselor or SHC Nursing Services at anytime or request an appointment with the SHC Medical Director.

- **TAKE HOME BOTTLE (THB) DOSING PRIVILEGES**

Take home bottle doses are a privilege based upon your rehabilitation status, not a right. As you progress in treatment, you report to the clinic on a less frequent basis, giving you more control over your own life. SHC Medical Director, in consideration with recommendations from the Multi-Disciplinary Treatment Team, makes decisions about THB privileges. The Multi-Disciplinary treatment team consists, at a minimum, of your primary counselor, Clinical Supervisors, Director of Clinical Services, Clinical Services Counseling staff, Nursing Services staff, Director of Nursing and SHC Medical Director.

THB doses are not merely issued on a set time schedule. Eligibility is determined on an individual basis in accordance with set criteria. Length of treatment, urinalysis results, life style change and stability are all taken into consideration. With your participation, a thorough assessment of your stability in all life areas will be conducted addressing the following: drug/alcohol use, criminal activity, behavioral problems, home environment, living situations, and social relationships. Also, your SHC participation, treatment progress, financial obligation and attendance will also be reviewed. You must fully satisfy the requirements outlined by the SHC Take Home Medication Request Form. Once you are eligible, you and your counselor will thoroughly cover all the expectations of a THB carrier.

THB eligibility also depends upon the amount of time you have been involved in treatment:

- **2 THB:** after 3 consecutive months of negative drug screens
- **3 THB:** after an additional 3 consecutive months of negative screens **(6 months total)**
- **4THB:** after an additional 3 consecutive months of negative screens **(9 months total)**
- **5THB:** after an additional 3 consecutive months of negative screens **(12 months total)**
- **6THB:** after an additional 6 consecutive months of negative screens **(18 months total)**
- **13THB:** after an additional 6 consecutive months of negative screens **(24 months total)**
- **27THB:** after an additional 12 consecutive months of negative screens **(36 months total)**

Remember, THB privileges are not just granted on a set time schedule! This schedule serves as a guide for the timeframe you may be considered as a candidate for this treatment privilege.

Relapse to drug use, psychosocial instability, or non-compliance with SHC rules may result in a loss of take home privileges. Your counselor will fully inform you of the THB Protocol. It is expected that you fulfill the following conditions:

- You agree to take your medication only as prescribed. Any change in dosing must be done in consultation with SHC Medical Director.
- You agree to comply with Phase System requirements. You are expected to meet with your counselor at a frequency established by the multidisciplinary team and to leave a urine sample at least monthly for drug screening.
- You agree to keep scheduled appointments to pick up medication. If you cannot keep an appointment, you agree to inform the nursing staff with as much advance notice as possible.
- You agree to comply with the Call-back procedure. It is expected that when randomly called by SHC, you will present at the clinic all remaining medication within forty-eight (48) hours. You also agree to leave a drug screen when returning to the clinic for a call-back. You also agree that failure to comply will result in removal of take home privileges.
- You agree to inform SHC of your current address and phone number. You are responsible to inform SHC of any changes that may occur. Information must be provided regarding how to be reached for call-backs.
- You agree that you **must** store medication in a safe place, away from children and preferably in a locked box or cabinet. You agree to handle your medication responsibly. Loss or theft of medication will result in re-evaluation of your status. You agree to provide a police report to support your claim.
- You agree to clearly mark your medication as such, to help prevent anyone else from taking it. You understand methadone is a strong narcotic drug and that even a small amount could kill a child or an adult who does not have a tolerance to narcotics.
- You agree to **call 911 immediately** if anyone in your home accidentally drinks your methadone and to inform the SHC nursing staff as soon as possible.
- You agree to pay the clinic fee in advance of receiving medication.
- You indicate you understand and agree that you can decline advancing to any phase and that you will not be penalized for the decision.
- You indicate that you understand and agree that at your preference you can progress to a higher phase of treatment without increasing the number of take home bottles.
- You indicate you understand and agree to possibly be included on a central register that will be confidentially maintained with the State Department of Health for clients with extended take home medication.

- **TRAVEL CONSIDERATIONS: Vacation & Guest Medication Requests**

Vacation and emergency travel take home doses will be accommodated based on your progress in treatment. You must notify your counselor well in advance (at least 2 weeks) for vacation requests as well as provide confirmation of your travel plans.

In the event of unforeseen travel events, it is requested that you provide at least 24 hours notification (when possible) in emergency cases. Promptly notify your counselor to arrange for either Guest Medication or Take Home Bottle dosing. Your request will be presented to the

SHC Medical Director and be determined upon an individual basis depending on treatment factors.

When take home doses are not approved, we will make every effort to have your medication temporarily transferred to another clinic (*guest medication*) near your destination. Please be aware that individual policies for guest medication are made by the receiving clinic, where there is typically a daily fee that you must pay.

Please be aware that in order to be eligible for vacation and emergency travel THB doses, your financial obligations to SHC must be satisfied. You must pay clinic fees in advance for services during the duration of your travel plans.

- **HIV, HEPATITIS & INFECTIOUS DISEASE AWARENESS**

SHC is a source for education, prevention and treatment of infectious diseases. Health related issues such as HIV, Hepatitis (B/C), Tuberculosis and Sexually Transmitted Diseases are addressed. Screening services and treatment may be available at SHC directly or through referral to community health care providers.

Upon admission, you will meet with an HIV Specialist. This educational session will focus upon health related issues. You will be educated on the behavioral risk factors associated with the transmission of HIV and Hepatitis (HBV, HCV). You will be asked to complete a risk factor assessment to address your involvement in such behavior, past or present. Available screening tests and treatment options will also be discussed.

Drug use, especially injecting (IV/"shooting"), is an identified means of contracting infectious diseases. Unprotected sexual activity also puts you at risk for HIV and sexually transmitted diseases. You may not even be aware that you are exposing yourself to many serious health conditions! When under the influence, you cannot guarantee you are capable of making safe and responsible decisions.

HIV SERVICES

SHC wants you to know that there have been tremendous strides in successful treatment options. First step is to know your health status. SHC provides HIV Counseling and Testing Services directly on-site. An HIV Pre-test and counseling session will be conducted with your HIV Specialist. Next, a personal Risk Factor Assessment will be completed and HIV testing will be offered.

Confidential HIV screenings are available to you, your significant others and anyone seeking testing, at no cost. Also, semi-annual screenings are offered to our Methadone Maintenance population to continuously address your health needs.

At any time you feel you may have put yourself at risk, please meet with an HIV Specialist or discuss the matter with your counselor. Early detection is the key to successful treatment!

HEPATITIS

Hepatitis is an inflammation of the liver caused by a virus, drugs or other factors. There are different types of Hepatitis (A,B,C,D,E & G) with different transmission modes. Some types are milder while other types have potential to seriously damage your liver. Your HIV Specialist will inform you of the dynamics of Hepatitis. The focus will be primarily on Hepatitis B (HBV) and Hepatitis C (HCV) due to their prevalence. Associated risk factors, symptoms, screening and treatment considerations will be addressed.

Please be aware that Hepatitis C (HCV) is common in drug abusing communities. HCV may be contracted by blood exposure through needle contact (IV drug use, tattooing, piercing) and

unprotected sexual activity. It is not spread through casual contact. HCV affects the liver and may be a potentially life-threatening condition. HCV may or may not cause physical complications, so you may not even know that you have it. Early detection and diagnosis is crucial for proper treatment. As with all health conditions, it is recommended that you stop any illicit drug and alcohol use.

INFECTIOUS DISEASE SCREENINGS

SHC conducts **mandatory** screenings for certain conditions in order to protect your health as well as that of other clientele, staff and community members. SHC complies with all N.J. Department of Health regulations on communicable diseases and reporting requirements.

Tuberculin (TB) testing is conducted upon admission and every 6 months while in treatment. Verification of your current TB status is required. A skin test (PPD) or confirmation of previous reactive results is mandatory. Chest x-rays may be required if medically indicated. SHC Nursing staff will fully inform you of your TB screening requirements and follow-up procedures. Failure to comply with required procedures is considered as non-compliance and cause for treatment termination. Also, you may be subject to further action by local and state health authorities.

Upon admission, you are expected to submit to laboratory blood-work to conduct a screening test for syphilis. Syphilis is a **sexually transmitted disease**. An RPR screening is conducted and all reactive results are reported accordingly. SHC will arrange for follow-up care as indicated. If you are concerned about any sexually transmitted disease, SHC will facilitate your referral to an appropriate healthcare provider.

Feel free to address **any** health issues with SHC medical or clinical staff. Depending on the nature of your health concerns, SHC may be able to address your medical needs directly or through referral to appropriate healthcare providers. To promote your well-being, efforts will be made to coordinate healthcare treatment with your primary care provider.

• PREGNANCY CONSIDERATIONS

Females of childbearing age are required to submit to a pregnancy screening upon admission. Exceptions are based on verification of menopause, tubal ligation (“tubes tied”) or other medical conditions. If you suspect or know you are pregnant, it is expected that you report it immediately! Specialized services are provided to promote proper pre-natal care.

Pregnancy is a consideration for priority admission to detoxification and methadone maintenance programs. Methadone maintenance is recommended for pregnant clients. Verification of pregnancy is required for a priority admission.

Pregnancy is also a consideration regarding detoxification plans. A pregnancy screening will be conducted to determine appropriate treatment recommendations. Although SHC does not encourage detoxification while pregnant, it is not prohibited. Such action is determined on an individual basis and subject to the Medical Director’s discretion. Therefore, a pregnancy test will be performed prior to the implementation of this action.

• FAMILY PARTICIPATION

SHC strongly encourages you to include your family, friends and support network into your treatment process. Please be aware that information directly pertaining to your treatment will only be shared with your written consent. However, interested parties can contact SHC to discuss general questions regarding services, operations as well as substance abuse and treatment opportunities.



MORE YOU NEED TO KNOW...

- **FINANCIAL RESPONSIBILITIES**

You are expected to satisfy all financial obligations as per your Cost Sharing Agreement. If you are Full Fee status, payment is expected on a weekly basis in order to keep your account current and ensure continuity of services. If you fail to submit 2 consecutive weekly payments, your account is considered delinquent and subject to administrative withdrawal action (non-payment detoxification).

It is your responsibility to **promptly** report any financial hardships or limitations in order for SHC staff to provide assistance. SHC will make every effort to address your financial needs and accommodate a payment schedule. However, your hardship claims must be valid and not due to continuous drug use or unwillingness to submit payments. Billing agreements may be arranged provided you are stable in treatment and follow-up with recommendations to resolve your financial situation.

Failure to fulfill financial obligations may result in administrative withdrawal action (non-payment detox). A non-payment detoxification schedule will begin after the 2nd Friday in the billing cycle. SHC Billing Clerk is available, Monday-Friday, to address your account status and payment inquiries.

If you are a Medicaid recipient, it is your responsibility to present your **current** Medicaid card to the front desk by the 5th of each new month. It is also your responsibility to report any changes in your Medicaid status. Failure to provide verification of your active Medicaid enrollment, may also be subject to administrative withdrawal action (non-payment detox). Promptly report any concerns in order for SHC to address your financial needs.

- **PRESCRIPTION RENEWALS**

Methadone is a prescription medication. You will be informed of your requirements for renewal visits with the Medical Director. Medicaid recipients are required to have methadone doses renewed on a monthly basis. It is expected that renewals be completed within the 1st week of every month, no later than the 15th of the month under unavoidable circumstances. Renewals for full fee clientele are conducted during the required annual physical examination with our SHC Medical Director.

- **ILLEGAL DRUGS**

This includes all illegal controlled substances, narcotics, street drugs and any drug not prescribed to you by your physician. It is prohibited to bring illegal substances onto SHC property. If it is suspected that you are in possession of any illegal drugs while attending the program, you may be subject to a search. If discovered, you may be subject to administrative action. Be aware, this behavior is **illegal** and also subject to legal action!

- **LEGAL DRUGS**

Legal drugs may include over-the-counter, vitamins, herbs and/or any medication prescribed to you by your physician for medicinal purposes. Whenever possible, it is recommended that you do not bring such drugs to the clinic unless medically indicated or at the request of SHC. You are expected to provide evidence that such medication is prescribed to you. If your medication

regimen requires dosing while at the clinic, you must take your medicine in front of SHC staff. Unobserved dosing may be considered as involvement in inappropriate behavior. Also, do **not** supply anyone else with any medication for any reason. Such behavior may result in sanctions up to and including administrative withdrawal action.

- **ALCOHOL**

Alcohol is strictly prohibited on SHC premises. If discovered, you will be asked to discard it immediately. If the odor of alcohol is detected on your breath or clothing, you will be monitored by SHC Medical / Nursing services to determine proper dosing.

- **SMOKING & TOBACCO PRODUCTS**

SHC is a smoke and tobacco free facility. Smoking or chewing tobacco is **prohibited** while you are in the building. Smoking is permitted outside of the front of the building. However, we ask that you respect this facility. Please refrain from congregating in the parking lot, side or rear entrances. Please keep the area free of smoking debris, cigarette butts and related materials. Properly extinguish all lit materials in the ash receptacles to ensure a safe, healthy, and clean environment.

Nicotine is a highly addictive drug and known cause of multiple health problems. SHC is committed to efforts to encourage you and your loved ones to stop smoking! Your counselor has information regarding **NJQuit** and nicotine replacement therapies. Please do not hesitate to ask for smoking cessation information for your family and friends!

- **CELL PHONES**

Cell phone use is **not** allowed in the building to conduct personal communications. Your primary counselor may accommodate all reasonable requests to use SHC telephones. Kindly ask that you keep your cell phone on vibrate while in the building to limit noise distractions.

- **CHILDREN ON PREMISES**

Whenever possible, children should not accompany you to the clinic. Please make alternative and responsible child care arrangements. SHC is not a childcare center and can provide only limited accommodations. Never leave your child unattended, either at home, in the car or on the premises!

- **FOOD & BEVERAGE**

Eating inside the building is **prohibited** unless medically necessary. If this is the case, then it must be authorized by SHC Medical / Nursing services. Open food and/or beverage containers are not allowed in the facility including vending machine items. You will be asked to leave the building or discard the items. Your full cooperation is appreciated in making sure that this facility remains a clean, sanitary and healthy environment!

- **SECLUSION & RESTRAINT**

SHC does **not** engage in seclusion or restraint as a means of consequence, coercion, discipline or retaliation. In the risk of immediate aggression or life-threatening behavior toward self or others, SHC Security staff may intervene if it is the only means to de-escalate the situation. SHC Security staff members have been formally trained to take appropriate measures to protect the person and all others from injury or serious harm.

- **SUSPICION / POSSESSION OF WEAPONS**

A weapon is any physical instrument, including but not limited to a firearm, explosive, knife, box cutter, blunt object, or any other instrument that may be used with the primary intent of inflicting bodily harm on an individual. Possession of a weapon on or inside the premises is **strictly** prohibited and will not be tolerated! This behavior may result in administrative and legal action.

- **COMMUNITY MEMBER INPUT**

You are free to share your comments, suggestions, questions, concerns, and grievances regarding your treatment and SHC at anytime. Your voice can be shared through available mechanisms, including but not limited to, direct communication, written correspondence, survey responses, Grievance Forms, Suggestion Box and SHC Message Center contact. SHC appreciates your thoughts and feedback about the quality of care provided as well as your satisfaction with SHC and your treatment experience.

You may be asked to participate in SHC Community Member Surveys throughout the treatment process. This is an opportunity to conduct an assessment of SHC services, your satisfaction as well as the overall satisfaction of our treatment population. Information gathered will contribute to key-decision making by SHC leadership regarding program operations. SHC is committed to the continuous improvement of service delivery and overall satisfaction of all clientele.

SHC strives to collect information throughout the treatment experience. You may be asked to participate in a random group in which information is collected on a routine basis. Also, SHC will attempt to collect information after discharge as well. We ask that you cooperate and provide honest responses. Your input will provide valuable information regarding SHC services and the effectiveness of your treatment experience.

SHC leadership is committed to solving problems and improving service delivery. All verbal and written input will be taken into serious consideration and may contribute to modifications in our treatment program and services. SHC strives to continuously provide quality services in support of your efforts to establish a lifestyle free from the harmful and damaging effects of addiction.

- **FAMILY INPUT**

SHC strongly encourages your family members to share their voice. "Family" members are considered parents, spouse, siblings, relatives, guardians or significant others impacting your life, behavior and your treatment.

Your family members may also use available mechanisms to serve any communication needs. All input will be taken into consideration by SHC leadership and may contribute to key decision-making regarding SHC operations. Information from your family members will help evaluate and improve SHC services and serve to reflect upon the accomplishment of SHC goals.

- **CONFIDENTIALITY**

SHC is committed to the protection of your confidentiality. SHC strictly adheres to provisions noted in the *SHC Client Confidentiality Notice*. Drug and alcohol related information is protected under 2 Federal laws:

- Health Insurance and Portability Act of 1996 ("HIPAA")
- Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2

Generally, information regarding your direct treatment may only be disclosed with your written consent. You will be informed of Record Release Authorization procedures and revocation actions. Federal law does permit disclosure without written permission only under certain circumstances.

Every effort is made to protect your auditory and visual privacy. We ask that you fully cooperate by respecting the confidentiality and privacy of all clientele.

- **MULTIPLE ENROLLMENTS**

All reasonable efforts are made by SHC to ensure that you are **not** enrolled or seeking dual enrollment in alternate methadone centers. Only **1** authorized treatment provider may dispense your methadone.

You are to self-disclose any involvement in an alternate methadone treatment service(s). With your consent, local treatment centers will be contacted to verify that you are **not** in treatment elsewhere. Failure to consent will result in denial of your admission request.

If, at any time during your treatment episode, it is discovered that you are dually enrolled, immediate action will be taken by SHC. It is vital to your health and safety that you are not receiving improper dosing services. This behavior will be immediately interrupted and is subject to administrative action.

SHC staff will facilitate any requests for Treatment Transfers and Guest Medication. SHC staff will establish direct communication with the alternate methadone center to ensure that only 1 provider has dispensed your daily dosage. Your full cooperation is vital to ensure that your treatment is not interrupted.

Please be aware that this agency participates in **NJ-SAMS** (New Jersey Substance Abuse Monitoring System). As part of this statewide reporting system, an alert will inform us if you are already enrolled with another treatment provider. If you are transferring services, please let us know and tell us why you are seeking services with SHC at this time.

- **MEDICATION RECORDS**

In order to provide safe and sound medical practices, you are expected to provide an up-to-date record of all your medications, prescription & nonprescription. SHC Nursing / Medical Services will review your regimen to address your medication management efforts, effectiveness, potential side effects and any contraindications.

It is important to coordinate a care plan with any other physician(s) providing primary care needs. You are encouraged to include a family member into your healthcare plans. SHC Nursing / Medical Services are available to provide education and instruction on proper medication management regimens, wellness management and recovery planning.

- **TRANSITIONAL PLANNING**

Upon entering treatment, you will begin to set a continuing care plan to address any needs and services required to support you throughout your treatment experience. You may be linked with referral sources, community services and support groups to maintain your gains achieved while in treatment. The aim is to ensure a smooth transition between phases, levels of care or following discharge. Transitional services are vital to your on-going recovery and wellness efforts.

- **ON-GOING RECOVERY & WELLNESS**

SHC will continue to be an integral part of your support network, even after you are no longer an active member. You are strongly encouraged to contact us if you are in need of information and/or services to support your recovery and wellness plans.

Feel free to speak to SHC clinical and medical/nursing service staff to enhance your awareness

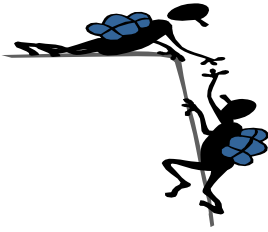
and address any concerns you may have about issues that may impact your stability and overall wellness. Your needs and interests may include, but are not limited to, addiction, family interaction, relationships, healthy living skills, nutrition, community integration and basic living skills. SHC has available reference materials, brochures and Internet access to obtain pertinent educational materials.

After leaving our direct services, feel free to contact us at anytime regarding any matter that may interrupt or impact your well-being. With your permission, SHC will attempt to contact you to discuss your life conditions since leaving our care. This is also an opportunity for you to share input regarding your experience with SHC.

• **BUILDING RELAPSE PREVENTION SKILLS**

Education is key to help avoid a severe relapse episode. You can learn strategies and skills to prevent or limit the degree of any potential relapse. Although relapse is common in the addiction experience, it does not have to be an inevitable part of your treatment experience. Please take time to build the following skills so that you may be better prepared and more successful preventing a relapse:

- Understand that relapse is a process, not an event;
- Develop new coping skills for high-risk situations;
- Make lifestyle changes to decrease the need for drugs;
- Increase participation in healthy activities;
- Understand and address social pressures to use substances;
- Develop a supportive relapse prevention network;
- Develop methods of coping with negative emotional states;
- Learn methods of coping with irrational thoughts;
- Develop an actual plan to interrupt a slip or relapse;
- Recognize relapse warning signs, including internal & external triggers;
- Combat memories of drug abuse-associated euphoria;
- Avoid “war-stories” which tend to glorify or brag about your drug use experience;
- Reinforce recollections of negative aspects of drug use;
- Overcome the desire to attempt to regain control over your use (illegal drugs or abuse of alcohol and prescription drugs); not a “recreational user”;
- Develop pleasurable and rewarding alternatives to drug use;
- Avoid people, places and things that might trigger drug use;
- Invest time and energy into accomplishing your dreams & goals that may have been interrupted by your drug use;
- Remember, that being drug free is simple but not always easy;
- Realize that a “drug-free” life still presents everyday issues and problems but that having a clean mind, body and spirit will empower you to overcome obstacles;
- Do not define yourself by negative labels; make steps to reduce the stigma and stereotypes of those affected by drug abuse;
- Actively participate in your treatment planning;
- Be an advocate or member of a recovery community;
- Be proud of yourself and the positive changes you have made;
- Ask for help whenever you are in need of support!



SHC SPECIALIZED SERVICES

SHC provides comprehensive care and offers specialized services based upon your needs. Services may be provided directly or through referral to appropriate community resources. Medical, mental health care, housing, vocational, educational, legal aid, family and social support needs are addressed.

HIV Services

- On-site Early Intervention Program providing infectious disease treatment
- Support group meetings on-site weekly
- Specialized case management / Active Case Management services by HIV Specialists
- Medical referral and follow up
- Mental health referrals
- HIV testing and education
- Medication management

Women's Services

- Individual Counseling / Gender Specific Issues
- Weekly on-site support groups
- Prenatal and high risk pregnancy referral
- Specialized case management
- Priority admission for pregnant clients
- Mental Health Service needs
- Referrals for family counseling / therapy
- Pregnancy Testing
- Obstetrics /Gynecology referrals
- Gender specific health issues
- Parenting issues
- Relationship issues
- Domestic Violence Issues
- Life Skills education

Mental Health Services

- Mental Health assessments
- Co-occurring Services specialized counseling
- Referrals to appropriate community Mental Health Care practitioners
- Supportive Medication management
- Specialized support group meeting

Methadone Intensive Outpatient Services (MIOP) -- SISTA Program

- Specialized women & children services
- Individual, Group & Family Interventions
- Screening & Assessment of Parental Capacity
- Risk for Relapse Assessment
- Individualized Treatment Planning
- Gender specific issues
- Psychological consultations
- Family reunification focus

Bilingual Services

- SHC staff available for those requiring communications in Spanish
- Additional needs for interpretation services will be accommodated within 24 hours
- Spanish versions of SHC literature and educational materials are available

Special Needs Services

- SHC is a handicapped accessible facility
- Alternate accommodations can be made to provide treatment services for those who cannot physically attend the clinic
- Telecommunication access (TTY/TDD) to provide services for the hearing impaired
- Guide dogs permitted for anyone visually impaired requiring such assistance

Family Services

- Family participation is encouraged throughout every aspect of the treatment process
- Family members may be directly involved in counseling sessions with client's consent
- Family consultation may be conducted to address related needs and facilitate referral to community agencies providing family counseling services
- SHC staff may address general inquiries regarding SHC operations, policies, procedures and practices
- SHC staff and reference material may be available to family members as an educational resource regarding substance use, abuse and treatment related issues
- Family members may voice any comments or questions through direct communication with staff, written correspondence; SHC Suggestion Box input or SHC Message Center.

