

Inpatient Rehabilitation Substance Use Disorder Services Participant Handbook

Inpatient Rehabilitation Services:

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Welcome to the St. Lawrence Health Inpatient Substance Use Disorder Services

We realize asking for help is not an easy thing to do. We are here for you and thank you for including St Lawrence Health in your road to recovery. Throughout your stay in treatment, you can be certain that all of the individuals you will be working with are qualified and competent to provide you with compassionate care. Staff members are required to comply with a professional code of ethics and conduct. They have an obligation to participants, their families, the community, referral sources, and funding sources to conduct service activities in a responsible and ethical manner.

We are committed to providing quality, professional services and believe your treatment experience here will result in finding solutions to the condition(s) you are experiencing. We support and encourage your efforts as you begin the recovery process.

Be sure to read this handbook carefully, as it is designed to help you understand your benefits and responsibilities as a participant of St Lawrence Health's Substance Use Disorder Services. We recommended that you keep this handbook with you throughout your stay in treatment and use it to find information you may need.

If you have questions about any of the topics discussed within these pages, staff will ensure they are addressed and answered in a timely and effective manner.

We Believe In You

Our Treatment Philosophy

Our Vision

Through St. Lawrence Health, our vision is to be the preferred provider offering evidence based, person-centered, trauma-informed care and support in the Region.

Our Philosophy

St. Lawrence Health Substance Use Disorder Services recognizes addiction is a chronic disease and provides a continuum of care for individuals with substance use and co-occurring disorders. Our treatment team prides themselves in offering integrated, holistic, cognitive behavioral therapy, which is both comprehensive and individualized in nature.

We treat addiction as a primary, chronic disease of brain reward, motivation, memory, and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social, and spiritual manifestations. Like other chronic diseases, addiction often involves cycles of re-occurrence and remission. Without treatment or engagement in recovery activities, addiction is progressive.

Our clinicians support our participants by providing individual and group counseling, as well as psychoeducational group therapy. The treatment program encompasses a holistic approach to recovery, including a diverse range of content to explore each participant's emotional, intellectual, psychological, occupational, physical, social, and spiritual feelings and standings. Each clinician has a commitment to helping individuals explore how their lives became unmanageable through substance use. Each patient's unique and individual journey to wellness and recovery will be offered with dignity, compassion, and respect.

Our Motto

H.O.P.E (Honest, Optimistic, Passionate, Empathetic)

Recovery Oriented Care

According to the Substance Abuse and Mental Health Services Administration (SAMSHA), recovery is "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."

St. Lawrence Health believes in the principles of recovery-oriented care. We understand that Recovery:

- Is possible, even from the most tragic of circumstances.
- Is the expectation. We are to have an expectation that people will find recovery, and by working in this fashion, they will also come to have that expectation of themselves.
- Can occur without professional intervention. Many people never walk through our doors and find recovery through other means.
- Involves more than symptom reduction and can occur even though symptoms reoccur. Recovery is not linear. Setbacks will occur, but when we believe in people and provide them with the hope and expectation of recovery, they are able to be resilient and bounce-back from adversity quicker.
- Is a highly individualized process. By practicing recovery-oriented care, we support a person's uniqueness and their individual recovery path.
- Occurs in the presence of someone who believes in and stands by the person. In understanding this, it becomes even more critical that we help people to build a natural support system. Where there are frayed relationships, we can help them to be mended, thus increasing their recovery success without the ties to services. However, until this is possible, we can be that person who believes in and stands by them.

- From an illness is sometimes more difficult than recovering from the illness itself. Consequences can be damaging and life changing. They can include frayed relationships, substance use, prison or other judicial system involvement, debt, and having your children removed and your parenting rights terminated.

(Anthony, W.A. (2000). *Psychiatric Rehabilitation Journal*, 24(2), 159-168)

Services Available to Participants

Animal Assisted Therapy: Employee owned, trained, and certified canines will be available on a voluntary and therapeutic basis for those who wish to participate in the program. Possible benefits: sessions can be enhanced through visual, physical, tactile, emotional, and social stimulation. Restrictions: allergies, fear of animals, aggressive behavior, open sores or exposed areas of skin, infection or immunoglobulin deficiencies. If you have pet allergies or a fear of pets, please inform staff so we can ensure your comfort while in treatment. Please do not agitate the animals or attempt to handle agitated or aggressive animals. Any animal brought to the unit by staff will remain under the supervision of staff at all times.

Case Management and Primary Counselor: Participants are asked upon admission if they have a preference on counselor style, personality, or gender identity. Each Participant will then be assigned to work with a counselor, as well as a case manager who will provide assessments, evaluations, education, counseling, referrals, and case management. Participants will work with their case managers to meet and address their needs and connect with outside resources as well. If at any point throughout treatment a participant feels as though a therapeutic connection cannot be developed and/or maintained with the primary counselor or case manager, the participant is encouraged to request reassignment to another primary counselor who they feel would be a better therapeutic match. In order to do so, participants should speak with one of the counselors who will bring the request to the Clinical Nurse Manager.

Coping Skills: All participants attend classes that are focused on the treatment of both mental health and substance use. Throughout these classes, participants are given the opportunity to identify patterns of self-destructive behaviors, learn effective coping skills, and implement skills in a therapeutic and beneficial manner.

Group Counseling: Group therapy provides an opportunity to receive genuine support, honest feedback, and useful alternatives from peers. The goal is for participants to discover themselves and others as feeling persons, and to identify the defenses that prevent this discovery. In an effort to further promote cultural inclusiveness, participants will be given the option to choose their preference for attending Feminine Topic Group or Masculine Topic Group weekly during treatment.

Care Partners in Recovery: Our program recognizes that addiction is a family disease. A family is defined by the participant along with any important person in the participant's life the participant would like to partner in their care. This includes significant others, extended family, chosen family, a close friend, or mentor. This treatment strongly promotes the inclusion of care partners in the recovery process. Therefore, all participants are encouraged to engage in one session with a care partner during treatment to discuss the development of a safe and supportive discharge plan. The individual receiving treatment remains the primary focus during the session. All patients will be offered to identify a care partner and sign a consent to release information and coordinate care. Due to the hospital-based inpatient rehab setting and level of care, we unfortunately are unable to coordinate family visits while in treatment.

Gambling Treatment: Assessment for problem gambling is part of our intake process as well as evaluation throughout treatment. Patients can be referred to Central New York Program Gambling Resource Center and be connected with certified gambling specialists free of charge.

Individual Counseling: One-on-one counseling provides a safe and therapeutic environment to process trauma, addiction and build a life in recovery. Participants are expected to meet with their primary counselor for a one-on-one session a minimum of twice a week and are encouraged to utilize all counselors on the unit for support. Please note the counselors' styles are varied, drawing from evidence-based practices including but not limited to trauma-informed care, cognitive behavioral, solution-focused, motivational interviewing, and psychodynamic therapies, to support and encourage healthy changes.

LGBTQ+ Affirming Care: St. Lawrence Health provides safe and affirming care for all patients regardless of sexual orientation, gender identity, and/or expression. We are dedicated to providing gender affirming care, which is inclusive to LGBTQ+ and Transgender/Gender non-conforming (TGNG) and respectful of your preferences of name, orientation, expression and identification, as you feel comfortable in an environment, which prohibits harassment, and to have all grievances reviewed. All patients have a choice in what sexual orientation and gender identity information will or will not be shared with whom and how. Within our electronic medical record and professional communication, we are committed to respecting your identified name, orientation and/or expression with our clinic and or the hospital system as a whole. Minors have the right to confidentiality in this area and does not need to be disclosed to family. We may need to disclose with your consent sexual orientation and gender identity information for referrals to best meet your needs. There may be some situations that require us to use your legal name such as insurance claims or legal documents.

All patients and/or their families have access to our Liaison as a resource. Leslie Wilson may be reached at 315.261.2312

Medication Assisted Recovery (MAR): Medical and clinical staff evaluate for, and prescribes medications (when appropriate) to assist with cravings, withdrawal symptoms, and recovery from addiction. This program offers Buprenorphine, oral Naltrexone, Campral, Vivitrol, Gabapentin, Serotonin Reuptake Inhibitors, and a variety of medications tailored to your unique symptoms. Assessment for MAR will begin at evaluation and continue throughout the course of treatment. Assessment information will be gathered by the care team, including the clinical staff, medical staff, patient's family, and any other provider agencies involved (primary care, mental health, legal, previous providers). Benefits of this approach include but are not limited to, a decrease in incidence of overdose, illicit drug use, criminal activity, risk of contracting or spreading communicable diseases, an increase in engagement and retention in treatment, ability to obtain and maintain employment, and stable housing. Risks are not limited to, but may include, precipitated withdrawal, medication interactions and side effects, and the need for medical supervision of controlled substances.

Maternal Wraparound Program (M-WRAP): Provides comprehensive care coordination and recovery support services to pregnant and postpartum parents (up to six months after the birth event) with a substance use disorder to alleviate barriers to healthcare services. The goal of M-WRAP is to promote maternal health, improve birth outcomes, and reduce the risks and adverse consequences of prenatal substance exposure. The program connects women with support services, including MAT, counseling, peer recovery support, services to support family members,

shelter, food, personal safety, clothing, prenatal and primary care, transportation, child care, employment, continuing education, parenting classes, and breastfeeding education.

Mental Health Counseling: All participants will be offered the opportunity to receive mental health counseling while in treatment. Participants are encouraged to address and explore the relationship between mental health and substance use with the diverse clinical team available to them throughout treatment.

Medical Treatment: Participants will be examined by a medical provider within 24-hours of admission. During this time, participants should bring up any questions or concerns pertaining to physical and mental health, and medications. For participants who are in good health, this may be the only medical attention they will need during their stay. Please note that participant health must be stable enough so it does not interfere with participant focus on treatment. If participants experience symptoms they feel need medical attention while in treatment, they should inform the registered nurse on duty to arrange a time to meet with our providers. Routine medical concerns will be handled efficiently and appropriately throughout your stay in treatment.

Peer Advocate Services: Consists of services for connecting individuals in treatment to community-based recovery supports during the treatment/recovery plan. The service can be provided to individuals before or after admission, and for those receiving continuing care services. Peer services are specifically designed to support the individual in recovery from the unique perspective of someone who shares similar experiences.

Recreation Therapy: Refers to treatment services designed to restore and rehabilitate a person's level of functioning and independence in life activities, to promote health and wellness, as well as reduce or eliminate the activity limitations and restrictions that a person may have. Our counselors work with participants to restore motor, social, and cognitive functioning; build confidence; develop coping skills; and integrate skills learned in treatment settings into community settings. Examples of activities offered include creative arts, sports, dance/movement, yoga, and leisure education.

Recovery Maintenance: Throughout the treatment process, Participants will learn and develop an understanding of recovery maintenance. Participants will work with the treatment team to develop a personalized relapse prevention plan prior to their discharge.

Individualized Treatment Planning

Within the first week of treatment, a comprehensive, individualized treatment plan will be developed with all participants to support them in playing an active role in developing their individualized treatment goals. The treatment plan will also help participants look at other needs such as medical, mental health, employment, relationships, education, etc. Individualized treatment planning is also known as person-centered planning, and is designed to help participants identify areas they see as needing improvement in their lives.

Individual Treatment Planning: Participants are encouraged to be open and honest with staff regarding what they feel, as this will be beneficial for them to receive throughout treatment. Individual treatment planning is about making choices, building on strengths, allowing autonomy (choice) with respect to continuing treatment efforts both during and after discharge. Individual treatment planning permits skills to be developed in a safe, supportive, and healthy environment.

Daily Schedule

All participants will be woken by staff at 7:00am and are required to check in at the nurse's station by 7:15am daily. Participants are responsible for maintaining daily personal hygiene and grooming. Please ensure that doing so does not interfere with the morning's scheduled activities and medication time. Due to the COVID-19 pandemic, participants are expected to wear a face mask at all times during treatment, are encouraged to maintain social distancing from other participants, take "mask breaks" when alone in their bedrooms. Failure to follow mask expectations throughout treatment may result in premature discharge due to safety concerns.

Safe-space checks of bedrooms will take place daily with a staff member. Your bedrooms should represent your commitment to recovery (kept clean and orderly).

Participants are expected to attend all groups and activities on the unit unless they have been excused by the registered nurse on duty. Please refrain from cross-talking, disrespecting, and distracting behavior in order to allow participants to focus on the content being presented, process what they are learning, and feel safe and respected sharing their stories/reflections.

Following evening self-help exploration group, all participants will join together to close the evening in a gratitude circle. Following this ritual, the last medication time of the day will begin. Participants are then permitted free time until 10:30pm Sunday through Thursday, and 11:00pm on Friday and Saturday.

For further details regarding the daily schedule for the unit, please refer to the schedule that was provided to you upon admission. This schedule is updated periodically and available for reference throughout the unit.

Program Rules and Regulations

Program rules and regulations may change periodically to meet the needs of the unit. Any changes to the program rules will be outlined and reviewed with participants in an updated version of the participant handbook. In the event participants are experiencing challenges in following unit rules to the degree it is interfering with engagement and progress in treatment, a meeting will be requested with a participant and one or more members of the treatment team to identify and process concerns and discuss how treatment is being affected, establish a Recommitment to Treatment, and/or be administratively discharged.

Admissions Process: Upon admission, each participant will meet with staff members who will perform a person and belongings search, per hospital policy, to ensure safety of the unit. During this process, participants will change into hospital clothing. Once cleared, participants will re-dress into to street clothes. Participants will be allowed to select a maximum number of items per Unit Policy to keep with them throughout treatment. Extra items not permitted will be locked away until participant's discharge. Exchanging of items or replacing used items during treatment will not be permitted. Any property placed in storage at admission will not be available to the participant until the time of discharge.

- 1. Accommodations:** Special needs will be addressed on a person-to-person basis and handled accordingly at the discretion of the treatment team. If you have a special need, please make it known to your counselor as soon as possible. Participants are not permitted to have money or other items dropped off during treatment. However, if admitted directly from another inpatient facility or incarceration, participants should seek out their primary counselor to discuss their needs.

2. **Appropriate Boundaries with Other Participants:** Participants are prohibited from standing in the doorway and/or entering the room of another participant on the unit. The only exception to this rule is in the event that two participants share the same living space throughout treatment. Close, physical contact is not beneficial to recovery; therefore, participants are prohibited from engaging in sexual acts throughout the time they are in treatment. Participants are not permitted to engage in pairing-off, which includes close friendships and relationships of a romantic nature. Participants also cannot lend, borrow or share money, clothing, body products, or other personal items throughout their time in treatment.
3. **Appropriate Boundaries with Staff:** Participants are prohibited from entering staff offices throughout the unit unless accompanied by a staff member. In addition, participants are not permitted to answer office phones throughout the unit, or utilize an office phone, unless supervised by staff. All staff are required to abide by the CASAC Canon of Ethical Principles. Some of these standards relate to interactions with participants and former participants. An ethical principle to note is for staff to abstain from having a dual-relationship with a participant, present or past. Staff are prohibited from dating or engaging in sexual acts with participants. In addition, staff cannot give advice (professional counseling is not advice), lodging or money; and cannot sponsor a participant throughout the individual's self-help involvement. Staff are also prohibited from engaging with current or past participants via social media, via personal cell phones, or via other modes of communication/interaction. Any contact with a past participant will take place via a rehab phone.
4. **Automobiles:** Participants are not allowed to have access to personal vehicles while in treatment, unless they are accompanied by a staff member. In the event a participant transports him/herself to treatment via a personal vehicle, they must ensure their keys are turned in to staff upon their admission to treatment.
5. **Community Roles:** Every week participants are encouraged to sign-up for a community role to aid in promoting personal responsibility and creating routine in early recovery. Community role job descriptions are available with the posted community roles assignments for the week in the activities room. Participant roles change each Monday.
6. **Confidentiality:** All information about your presence in treatment and progress will be kept in confidence in accordance with state and federal regulations. All staff must adhere to New York State and federal regulations governing participant confidentiality. Information of any kind will not be given to any person without your written permission and consent. It is our expectation that you will also guard your fellow participants' anonymity, privacy, and confidentiality and not discuss or disclose their presence here at our facility, nor other details, with another person.
7. **Cultural Inclusiveness:** This treatment does not discriminate on any basis, including gender, race, creed, citizenship, marital status, color, age, disability, national origin, sexual orientation, treatment history, sponsor, history of contact with criminal justice system, or any other basis. We are committed to providing a safe environment of diversity and inclusion, offering culturally competent care that embraces and nurtures each participant throughout their treatment.
8. **Doors:** All bedroom doors must be opened enough for staff to observe safety of participants both day and night. The only exception would be when participants are changing.
9. **Safe Space Checks:** In order to ensure the unit is safe and therapeutic, staff will conduct

daily safe space checks of all rooms, including participant bedrooms. This will consist of a visual inspection of each room and bathroom. If there appear to be any concerns in a bedroom, a staff member will ask the participant(s) residing in the room to be present to discuss and address any noted safety concerns.

- 10. Dress Code:** All participants are to be dressed appropriately at all times. Hats, hoods, and sunglasses are prohibited while inside the building. Anything appearing to be associated with gangs, as well as clothing with drug, alcohol, sexual logos or slogans, are prohibited from being worn on the unit. Slippers and socks are only permitted if there are treads on the bottom to increase safety.

Please note: all articles of clothing are to be neat, clean, conservative, and in good repair. Clothing of a revealing nature is not permitted on the unit, such as spaghetti strap tops (only permitted as undergarments), crop tops, cut off t-shirts, bottoms with an inseam of less than 4 inches, or see-through clothing. You may be asked to change if staff feel your clothing is inappropriate. The appropriateness of your clothing will be at staff's discretion, per Unit Policy.

- 11. Electronics:** Personal electronics with headphones used for the purpose of playing music are not permitted (iPods, MP3 players, Kindles, cell phones, etc.). There are radios, CD players, and televisions available on the unit that participants can utilize to listen to music with the permission of staff. Personal radios and CD players without headphones may be permitted with staff approval.

Participants can watch television at the designated times below, and must refrain from watching or listening to programs or music with excessively foul language, to include sexually explicit or potentially triggering content. The news or music may be played in the activities room from 5:00am - 9:00am. The TV must be turned off for the remainder of the day while groups are in session. On occasion, at the discretion of staff, specific programming may be viewed. Television privilege in any area may be limited at any point in time, per staff's discretion.

Lounge Television Hours (during free time)

Monday – Thursday, 4:00pm - 10:30pm

Friday, 4:00pm – 11:00pm

Saturday, 4:00pm – 11:00pm

Sunday, 4:00pm – 10:30pm

- 12. Exercise and Meditation Rooms:** At the discretion of staff and staff availability, these rooms can be accessible for participants to utilize.
- 13. Fire and Safety Procedures:** During a fire and/or fire drill, all participants are to report to the main doors and with a staff member, exit the building to the driveway at the end of the sidewalk. The registered nurse on duty will check ill participants and awaken them. Once outside, a staff member will complete a head count, ensuring all participants are present and accounted for. Participants will be expected to follow all directions. Upon admission, participants will be made aware of the emergency exits on the unit.
- 14. Gambling:** Under no circumstances is gambling permitted on the unit. This includes pull tabs, lottery tickets, 50-50 tickets, poker, dice, etc.
- 15. Going Outside (Signing In and Signing Out):** Participants may go outside for scheduled groups, classes, and during free time only when accompanied by a staff member, during day

light hours, and weather permitting. Participants must remain within the boundary of the lawn area and basketball hoop; the parking lot is off limits. Appropriate footwear must be worn outside at all times.

Participants are prohibited from exiting the unit to go outside until after Morning Meditation (9:30am). Exceptions may be made for participants to spend time outdoors in the morning for therapeutic rituals only when approved and accompanied by staff, such as smudging/meditating.

In the event participants are interested in going outside during free time, there must be a staff member able to accompany them. Participants must sign themselves out at the nurse's station, and sign themselves in upon their re-entrance to the unit. Participants are not permitted to sign other participants out.

16. Items Left on Unit Following Discharge: Items will be held for 30 days following discharge date. If items are not collected within 30 days, they will be disposed of or donated to the unit to help those participants in need.

17. Items Not Permitted During Treatment: The following items are not permitted in treatment. In the event such items are found, they will be confiscated, disposed of when appropriate, or placed in the participant storage pending discharge.

- a. Energy drinks
- b. Scented body products (all AXE and any heavily scented products are not permitted), perfumes, colognes, aftershaves, hairsprays. These items are prohibited due to the possibility of others having allergies to them. Lightly scented body products are permitted and encouraged.
- c. Items containing alcohol, such as mouthwash, aftershave, or hand sanitizer.
- d. Posters or pictures that promote the use of alcohol and/or drugs.
- e. Personal electronics such as cameras, cell phones, tablets, laptops, or personal music devices.
- f. Personal food or beverages (including candy). All food and beverages will be provided by CPH throughout your stay.
- g. Personal laundry detergent, fabric softener, dryer sheets, or perineal cloths.
- h. Jewelry containing any receptacle in which contraband may be stored.
- i. Sexual toys, pornography, or posters/pictures that are sexually explicit in nature.
- j. Drugs of any kind, alcohol, tobacco products, lighters, matches.

18. Laundry: A washer and dryer, with laundry detergent and dryer sheets are made available for use throughout treatment. The laundry is to be used only during appropriate times of the day as indicated on the "Laundry Sign-Up" sheets located outside the shower and laundry room area. Male and female participants are to do laundry at separate times of the day. The washer and dryer are available at no cost to participants. Participants are not permitted to launder their items with items of another participant, or launder the items of another participant. Towels and bed linens are provided under the supervision of the Housekeeping Department, which launders these items. *The hospital assumes no responsibility to any damage caused to clothing.*

19. Medication Time: Upon admission, any home medications will be collected, verified by the registered nurse on duty and locked in the medication storage unit until participants are discharged. Participants will not have access to these home medications until discharge. ***There are three medication times each day (7:30am, 12:30pm, and 9pm).*** Participants are responsible for going to the nurse when notified for medications each day on a first-come, first-serve basis similar to a doctor's office. Some medications will also be due outside

of the designated times and those with alternate times will be made aware and expected to arrive for medications at those times.

During medication time, participants should wait in the library or activities room area to allow confidentiality at the nurse's station. Participants are prohibited from openly discussing their medications with peers, as this is only to be done individually with staff, when pertinent.

- 20. Meals and Nutrition:** Each participant will receive three nourishing meals and healthy snacks each day, provided by the main hospital kitchen. No food should be made or consumed during groups throughout treatment, unless specifically noted on special occasions or holidays. There may be instances when the meal cart arrives early or late. Regardless of the time the meal cart arrives, all participants should gather to eat upon its arrival. If indicated, a special diet will be ordered by a provider and delivered for the given participant with the regular scheduled meal cart(s). All participants are encouraged to be aware of their intake of caffeine, sugar, and fat in the development of a healthy eating pattern. Participants will be served up to two cups of coffee each morning to maintain moderate daily caffeine intake. Food is not allowed out of the kitchen area, unless permitted by staff on special occasions. Only beverages in a container with a lid will be permitted outside the kitchen. The participant kitchen closes daily from the hours of 10:30pm - 6:00am. Participants will be served by staff and eat together in a family-style setting, and are encouraged to converse throughout mealtime. After breakfast, participants should remain in the kitchen area until they have seen the RN for morning medications. For lunch and dinner, participants are to remain in the kitchen for 20 minutes after the last person is served. During lunch and dinner, the television in the Activities Room is to be turned off. During meal times the microwave and toaster may be used when necessary. In addition to the above, there is to be no reading, writing, etc. at mealtime.
- 21. Packing Prior to Discharge:** Packing for discharge should be done the evening prior to discharge. Participants will generally have a morning discharge from treatment to accommodate incoming admissions and housekeeping duties. However, accommodations can be made with the treatment team should there be transportation concerns. In the event discharge is scheduled later in the day, participation in treatment and groups is still mandatory. Items should be out of bedrooms and placed in the front office to accommodate housekeeping and new admissions.
- 22. Participant Valuables and Money:** Participants are encouraged to place valuables in the unit safe. St. Lawrence Health will not be held responsible for valuables, including money, if participants choose to retain their property while on the unit. Participants are encouraged to place cash in the participant safe for safekeeping until discharge. Please be advised participants will not be permitted to use EBT cards throughout treatment and will be permitted to keep a maximum of \$10 on their person. If at any point additional money is needed, the participant may discuss this with their primary counselor.
- 23. Postal System:** Staff will distribute available mail at approximately 12:00pm each day (Monday through Friday; there is no mail on the weekends or major holidays). To ensure safety, all packages must be opened by staff in front of the intended recipient. Please have all mail to the main office before 10:30am for it to be mailed out that day. Stamps are not provided by the unit, but envelopes are available upon request. Participants are not permitted to have drop-offs (either sent or brought to the unit) unless coming directly from another inpatient facility or incarceration. These instances would require team approval prior to the drop-off. If they are considered donations, they will be held for 30 days before being donated.

- 24. Reading Materials:** Participants may bring reading materials, per allowed admissions items list. The only exception would be material suggestive of drugs and/or alcohol, or is of the sexually-explicit nature. Major religious books are available or will be obtained upon request. Other reading material may be provided by staff as an adjunct to treatment planning. There is also a participant library available for participants to utilize.
- 25. Self-Help Exploration:** The self-help exploration groups cover a variety of recovery topics, including a range of self-help groups, relapse prevention, and substance use education, and are to be attended in their entirety with respect given to all participants.
- 26. Showers:** Participants are to always shower at identified times of the day based on gender in which they identify, as indicated on the shower “Sign-Up” sheet located outside the shower and laundry room area. Participants must adhere to the shower sign-up sheet and schedule at all times. Participants should seek-out staff with any questions about the shower schedule. Participants must spray down the shower with cleaner, which is provided by staff, after each shower. Hygiene supplies such as razors, hair dryers, nail clippers/tweezers, etc. will be kept locked behind the nurse’s station in a personal bin for each participant. Upon request, staff can provide hygiene items to participants who do not have an adequate supply of personal care products (shampoo, toothbrush, tooth paste, combs, and deodorant, lotion, and bar soap).
- 27. Sleeping and Accommodations:** Participants are assigned rooms and beds for the duration of their stay. Per discretion of staff, room re-assignments may need to occur during treatment due to safety and/or medical reasons. All participants should retire for the night at an hour that will permit them to wake the next morning and carry out the tasks and duties of the day. It is expected that pajamas or other clothing will be worn to bed. The library may be used briefly during the night by participants who are unable to sleep or who have had sleep interrupted. Bathrobe, pajamas and slippers are worn when using this area at night. Participants are to remain in bed at lights out for at least an hour and a half. If unable to sleep after this time, participants may get up at 30 minute intervals throughout the night to read, have a small snack, or sit quietly in the library. Participants who oversleep, refuse to wake, or are found back to sleep without permission, will be addressed by staff for non-compliance of unit rules.
- 28. Substance Use and Contraband:** The St. Lawrence Health Inpatient Rehabilitation Unit promotes the abstinence of alcohol, drugs, non-prescription medications, and tobacco products at any and all times during the treatment process. Staff will be available daily for 24 hours to provide support and guidance in utilizing coping skills to address cravings. All substance use disorder treatment and prevention providers are required through New York State to promote tobacco-free facilities, grounds, and vehicles. Tobacco-Free refers to ANY form of tobacco which is prohibited from being present on campus grounds, (including both indoors and outdoors). This also includes being off grounds as participants would still be considered in treatment. Nicotine replacement therapy is available, in the form of gum and/or nicotine patches for participants to utilize throughout their time in treatment.

Staff members may utilize an alcohol-sensor test with participants at any point during treatment (at the discretion of staff concern). At the time of admission, participants consent to completing toxicology screens as needed throughout treatment. Staff also reserves the right to conduct random room inspections, which includes all personal belongings of participants.

This unit is equipped with multiple naloxone emergency overdose prevention kits. In the event of an emergency, participants should seek staff immediately as the unit will have an authorized administering staff member present at all times.

29. Telephone Calls: Phone calls will be permitted only during free times in the treatment schedule. Participants are not permitted to use the phone during scheduled groups, activities, or meal times. The phone is to be answered only by participants and only with "Hello;" no identification of the hospital or unit should be given. Phone calls are limited to 10 minutes per person, and are not intended to be made daily. Many times participants and their families may find phone calls are responsible for losing focus on treatment, and unhealthy dynamics unfortunately may interfere with recovery. If this becomes a pattern, phone privileges may be revoked in your best interest.

30. Threats of Violence and Aggressive Behaviors: In order to promote a safe environment, our program does not tolerate any acts of aggression, threats of violence, or sexual harassment. Any form of verbal or physical aggression directed towards other participants and/or staff will not be permitted and a zero-tolerance policy is in place.

31. Participant Feedback during the treatment process: On Mondays and Fridays at 9:30am, the treatment team will meet to review participant cases and discuss their progress. During this time, the team will also review participant feedback, including Sunday processing group feedback. The treatment team will provide a response to participant feedback every Monday after treatment team. Participants are also encouraged to share their feedback during initial treatment interviews and exit interviews, as well as confidentially in the suggestion box on the unit. We care about your thoughts and feelings regarding our program, and this feedback helps us in continuing to develop our treatment program and meet your unique needs.

COVID-19 precautions will follow the most current hospital, local, and OASAS guidelines. Staff will provide regular updates as needed and are here to answer any questions you may have to ensure understanding of expectations and safety of all participants and staff.

Behavioral Concerns

Inpatient Rehabilitation Substance Use Disorder Services staff make every effort to individually address participant behavioral concerns as they arise, and to help support participants in identifying and addressing unhealthy behaviors. Participants found to be in violation of the unit rules, negatively distracting other participants in treatment, or who are not engaged in treatment, may meet with members of the treatment team to discuss one of the following:

Recommitment to Treatment: In the event participants are experiencing challenges following unit rules to the degree it is interfering with engagement and progress in treatment, a meeting will be requested with a participant and one or more members of the treatment team. Discussion will identify and process concerns, and discuss how treatment is being affected, as well as motivation/goals for remaining in treatment.

The treatment team may or may not establish a "Recommitment to Treatment" document with the participant during this time, depending on the specific behavioral concern(s) and anticipated ability of participant to use this document as an opportunity to refocus on treatment goals.

Discharge Process: All successful and planned discharges will include a discharge or level of care transition plan that have been collaboratively developed with the patient and clinician, and reviewed by the supervisor and/or multidisciplinary team. The participant will receive a copy of this plan which include the need for continued services, referrals and appointments, medications, and individualized recovery maintenance recommendations.

Administrative Discharge: The treatment team may make the decision to administratively discharge a participant from treatment if they feel the participant has clearly violated the unit rules and/or is not engaged in treatment, despite efforts from staff to support the participant's success in treatment. Participants who are administratively discharged have the right to appeal the treatment team decision within 24 hours, and will receive a letter at the time of administrative discharge outlining this right and steps the participant can take in order to follow through with the appeal process.

Emergency Discharge: The treatment team will need to make an emergency discharge if a participant presents a threat to safety for themselves or others. The team will make immediate arrangements for the participant to be discharged safely from the unit. Every effort will be made to provide participant with aftercare options.

Post-Discharge Follow-Up: All patients will be contacted by the program within 72 hours of discharge regardless of discharge status, to assess status and help resolve and address any needs or barriers for the continuation of their recovery plan and connection to other services.

Confidentiality Summary

HIPAA Rights: 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 review it carefully.

General Information about your treatment and care, including payment for care, is protected by two federal laws: The Health Insurance Portability and Accountability Act of 1996 ("HIPAA")*, and the Confidentiality Law**. Under these laws, the program may not say to a person outside of the program that you attend the program, nor may the program disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information, except as permitted by the federal laws referenced below. The program must obtain your written consent before it can disclose information about you for payment purposes. For example, the program must obtain your written consent before it can disclose information to your health insurer in order payment of services to be made. Generally, you must also sign a written consent before the program can share information for treatment purposes or for health care operations.

Federal law does permits the program to disclose information in the following circumstances without your written permission:

1. Clinical records
2. Pursuant to an agreement with a business associate (e.g. clinical laboratories, pharmacy, record storage services, billing services)
3. For research, audit, or evaluations (e.g. State licensing review, accreditation, program data reporting as required by the State and/or Federal government)
4. To report a crime committed on the program's premises or against program personnel
5. To medical personnel in a medical/psychiatric emergency
6. To appropriate authorities to report suspected child abuse or neglect
7. To report certain infectious illnesses as required by State law, as allowed by a court order.

Before the program can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing the disclosure to be made. Any such written consent may be revoked by you in writing.

Revoking consent to disclose information to a court, probation department, parole office, etc. may violate an agreement you have with that organization. Such a violation may result in legal consequences for you.

** 42 U.S.C. § 130d et. seq., 45 C.F.R. Parts 160 & 164*

*** 42 U.S.C. § 290dd-2, 42 C.F.R. Part*

Participant Rights

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health and treatment information. The program is not required to agree to any restrictions that you request, but if it does agree with them, 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 we communicate with you by alternative means or at an alternative location (e.g. another address). The program will accommodate such requests that are reasonable and will not request an explanation from you. • Under HIPAA you have the right to inspect and copy your own health and treatment information maintained by the program, 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 have the right, with some exceptions, to amend health care information maintained in the program's records, and to request and receive an accounting of disclosures of your health related information made by the program during the six (6) years prior to your request. • If your request to any of the above is denied, you have the right to request a review of the denial by the program Administrator. • To make any of the above requests, you must fill out the appropriate form that will be provided by the program. • You also have the right to receive a paper copy of this notice.

The Use of Your Information at the Program

In order to provide you with the best care, the program will use your health and treatment information in the following ways: • Communication among program staff (including students or other interns) for the purposes of treatment needs, treatment planning, progress reporting and review, staff supervision, incident reporting, medication administration, billing operations, medical record maintenance, discharge planning, and other treatment related processes. • Communication with Business Associates such as clinical laboratories (blood work, urinalysis), food service (special dietary needs), agencies that provide on-site services (lectures, group therapy) long term record storage. • Reporting data to the NYS OASAS Client Data System.

The Program's Duties

The program 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. The program is required by law to abide by the terms of this notice. The program reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. The program will provide current participants with an updated notice, and will provide affected former participants with new notices when substantive changes are made in the notice.

Complaints and Reporting Violations

Participants have the right to make a complaint about the confidentiality and privacy of their health information. The participant may complete a complaint form (per program grievance procedure) and/or submit a complaint directly to: Colin Brotherton, Clinical Nurse Manager.

Participant may also register a complaint with:

Office for Civil Rights, U.S. Department of Health and Human Services, Jacob Javits Federal Building,
26 Federal Plaza--Suite 3313, New York, New York, 10278
Phone: 212.264.3313; fax: 212.264.3039; TDD: 212.264.2355; OCR Hotlines-Voice: 800.368.1019

A participant **will not be retaliated against** for filing any complaint. Violation of the confidentiality law by a program is a crime. Suspected violations of the confidentiality law may be reported to the United States Attorney in the district where the violation occurs.

Voluntary Participation

Treatment services are provided on a voluntary basis; all participants have the right to discharge themselves from treatment at any time. If treatment has been mandated there may be consequences for leaving prematurely, but participant participation remains a voluntary choice.

THE JUSTICE CENTER

The Justice Center was established for the protection of people with special needs and is dedicated to supporting and protecting them. The center serves as a law enforcement agency which seeks to ensure individuals who receive service from a facility or provider are protected from abuse, neglect, and mistreatment. The Justice Center is a daily 24-hour hotline for anyone who has witnessed, or has reasonable cause to suspect a person with special needs as been abused or neglected, or in danger of so to make a report. The Justice Center then works to remove staff who should not be caring for people with special needs. **The Vulnerable Persons Central Register Hotline Number is 855.373.2122.**

Treatment Concerns

You are encouraged to discuss your complaint/grievance when the staff member you see regularly. Staff will welcome a discussion with you regarding your concerns. If you feel unable to bring your concern or problem directly to the staff member, or if you did, but still feel dissatisfied, please arrange a meeting with any of the administrative staff member's below:

Nurse Manager Kendra Delorme
Clinical Manager Phil Lavoie
Director Emily Marquart.

You may also Notify:

- St. Lawrence Health Patient Experience 315-261-5314/315-261-5042
- Leslie Wilson LGBTQ+ Coordinator 315.261.2312
- OASAS Patient Advocacy line at 800.553.5790
- Governor Kathy Hochul or Commissioner Chinazo Cunningham MD of OASAS at 518.485.2312
- The Justice Center 855.373.2122
- Carmelita Cruz Executive Equity office of Justice, Equity, Diversity and Inclusion at 518.485.6671

Participant Rights and Responsibilities

Each Participant Has the Right to:

1. Receive services that are responsive to individual needs in accord with an individualized treatment plan, which the patient helps develop and periodically update.
2. Receive services from provider staff who are competent, respectful of participant dignity and personal integrity, and in sufficient numbers to deliver needed services consistent with the requirements of the provider's operating certificate.
3. Receive services in a therapeutic environment that are safe, sanitary, and free from the presence of addictive substances.
4. Know the name, position, and function of any person providing treatment, and to communicate with the provider director, medical director, board of directors, other responsible staff or the Commissioner.
5. Receive information concerning treatment, such as diagnosis, condition or prognosis in understandable terms, and to receive services requiring a medical order only after such order is executed by an appropriate medical professional working within their scope of practice.
6. Receive information about provider services available on site or through referral, and how to access such services.
7. Receive a prompt and reasonable response to requests for provider services, or a stated future time to receive such services in accordance with an individual treatment plan.
8. To be informed of and to understand the standards that apply to their conduct, to receive timely warnings for conduct that could lead to discharge and to receive incremental interventions that are strength-based, person centered and trauma-informed for conduct contrary to program rules.
9. Receive in writing the reasons of a recommendation of discharge and be informed of the process to appeal a discharge recommendation.
10. Voice a grievance, file a complaint, or recommend a change in procedure or service to provider staff and/or the office, free from intimidation, reprisal or threat.
11. Examine, obtain a receipt, and receive an explanation of provider bills, charges, and payments, regardless of payment source.
12. Receive a copy of their records for a reasonable fee.
13. Be free from physical, verbal, or psychological abuse.
14. Be treated by provider staff who are not under the influence of substances that would impair their ability to perform the duties stated in their job description
15. Be free from any staff or participant coercion, undue influence, intimate relationships, and personal financial transactions.
16. Be free from performing labor or personal services solely for provider or staff benefit, that are not consistent with treatment goals, and to receive compensation for any labor or employment services in accordance with applicable State and federal law.
17. The following rights apply to participants who reside in an inpatient/residential setting.
The ability to:
 - a. Practice religion in a reasonable manner not inconsistent with treatment plans or goals, and/or have access to spiritual counseling if available.
 - b. Communicate with outside persons in accord with the individualized treatment/recovery plan and/or have access to spiritual counseling if available;
 - c. Freely communicate with the office, public officials, clergy, and attorney.
 - d. To receive visitors at reasonable times in relative privacy in accordance with the individualized treatment/recovery plan
 - e. Be free from restraint or seclusion.
 - f. Have a reasonable degree of privacy in living quarters and a reasonable amount of safe, personal storage space.

- g. Retain ownership of personal belongings to the extent such belongings are not contrary to treatment goals.
- h. Have a balanced and nutritious diet.
- 18. Participant referred to a faith-based provider have the right to be given a referral to a non-faith based provider.
- 19. Patients have the right to placement in gender-segregated settings based on their gender identity or expression.
- 20. Patients have the right to culturally appropriate and affirming care and to be free from harassment and/or discrimination
- 21. Prohibition against discrimination in admission. No individual that meets level of care criteria for admission shall be denied admission to any program based solely on the following factors, including but not limited to:
prior treatment history; referral source; pregnancy; history of contact with the criminal justice system; HIV status; physical or mental disability; lack of cooperation by significant others in the treatment process; toxicology test results; use of any substance, including but not limited to, benzodiazepines; or use of medications for substance use disorder prescribed and monitored by an appropriate practitioner; actual or perceived gender or gender identity; national origin; race or ethnicity; actual or perceived sexual orientation; marital status; military status; familial status; or religion; or age.
- 22. Patients have the following rights with regard to access to medication for addiction treatment: Medication for Addiction Treatment (MAT) for Substance Use Disorder.
(i) Patients have the right to be offered or maintained on all forms of approved medication for substance use disorder treatment when admitted or seeking admission to any Office certified program, in accordance with guidance issued by the Office.
(ii) Patients have the right to be educated about all forms of FDA approved medications for the treatment of substance use disorders, including the benefits, risks and alternatives.
- 23. Overdose Prevention Education. Patients have the right to receive overdose prevention education and naloxone education and training, and a naloxone kit or prescription.

Participant Responsibilities

While in treatment through the CPH Substance Use Disorder program, each participant is responsible for:

- (a.) Participating in and showing a continued desire to change lifestyle habits, and acting responsibly and cooperatively with provider staff in accordance with their individual treatment plan and reasonable provider procedures. Therefore, each participant is expected to:
 - 1. Work toward the goal of abstinence/harm-reduction from drug, alcohol, and tobacco use.
 - 2. Treat staff and other participants with courtesy and respect.
 - 3. Respect other participants' rights to confidentiality.
 - 4. Participate in developing and following a treatment/recovery plan.
 - 5. Become involved in productive activities according to ability.
 - 6. Pay for services on a timely basis according to financial means.
 - 7. Participate in individual counseling and/or group and/or family counseling sessions as applicable.
 - 8. Inform medical staff if receiving outside medical services.
 - 9. Address all personal issues adversely affecting treatment.
 - 10. Act responsibly and observe all provider rules, regulations, and policies.
- (b.) Understanding consequences for participants who are in non-compliance:
 - 1. Provider policies and procedures to address participant non-compliance shall be designed to support their positive response to treatment. Such policies and procedures must specify standards and expectations for patient behavior, and any

consequences of non-compliance, including behavior which may result in treatment termination.

2. Providers shall address patient non-compliance with timely and appropriate incremental interventions designed to assist patients in responding positively to treatment. Such incremental interventions shall be incorporated in the patient's treatment plan, be time-limited, and be documented in the patient's record.
3. No treatment intervention or action can include delay or denial of any clinical, medical, or other required service vital to the health or recovery of the patient.
4. Providers shall first warn patients of any conduct that could result in a recommendation of discharge with continued non-compliance, and must document such warning(s) in the patient's record.

Administrative Staff and Providers

Name	Position
Mariam Asar, MD	Medical Director
Jayne Smith, Psy.D.	Senior Director of Behavioral Health Services
Emily Marquart, LMHC, CASAC	Inpatient Director
Kendra Delorme, RN	Clinical Nurse Manager
Aimee Raymonda, NP	Health Coordinator/Nurse Practitioner
Phil Lavoie	Clinical Manager
Leslie Wilson	LGBTQ+ Liaison
<i>Nursing staff is available 24/7.</i>	

Participant Satisfaction

Canton-Potsdam Hospital Substance Use Disorder Services staff want to be sure they are offering the best behavioral health services possible.

Opportunities to Participate

One way to measure how well we are doing is by asking you. Only you can let us know what is, or is not, working. We invite you to take part in planning our services.

You can do this in many ways, including:

- Telling us what you think during your individual treatment sessions, initial treatment interview, and exit interview.
- Learning about, or take part in local community substance use disorder resources.

Opportunities to Provide Information

One of the ways CPH assures it is doing a good job is by getting information from the people who use our services. Information sharing is conducted in several ways and gives you many chances to talk with us.

- Satisfaction Surveys
- Health and Career Fairs
- Community Groups

If you....

- Have a suggestion to improve CPH Substance Use Disorder Services
- Want to become more involved in our efforts to improve quality
- Would like to request additional information
- Are dissatisfied with services that Do NOT involve Clients Rights

... please speak with rehabilitation staff to discuss further.

Inpatient Rehabilitation Group Rules

1. **Promptness:** All participants are expected to be on time for group unless excused by the nurse.
2. **Participation:** All participants are expected to participate on some level during each group. This includes active listening as well as verbal responses.
3. **Confidentiality:** Everything that is shared in group by other participants must be kept confidential. Staff facilitating group are required to document group content as well as share any pertinent clinical information with the treatment team.
4. **Equality:** All participants are valued equally. The newest member of group has as much value as the “oldest” member.
5. **No leaving group:** Participants may leave group for emergency reasons only. Participants must ask permission to leave group and return as soon as possible. Please use the restroom prior to group.
6. **Safety:** Group is a therapeutic space. No threats or acts of violence will be tolerated. Refrain from discrimination, harassment, or hate speech against others on the basis of: sexual orientation, gender identity/expression, race, ethnicity, national origin, religion, or age.
7. **Feelings:** Group is an opportunity to get in touch with your feelings. This is not always easy but a necessary process to your recovery and healing journey.
8. **Respect:** Participants will respect themselves and all members of group, allowing all members appropriate time to process their individual needs.
9. **No rescuing or stranding:** Please do not respond for others; allow each member to have their own voice. When an emotional subject is brought up, please do not interrupt the process and leave someone without resolution.
10. **No cross-talking:** Group process allows for each member to be heard without interruption. Display active listening, empathy, and acceptance for group member differences.
11. **Address the group with “I” statements:** Accept responsibility for your shared feelings and allow for the individuality of each member.
12. **Disruptions to group:** Participants are not permitted to make food or eat during group. Beverages are only allowed if group is held in the kitchen, the drink is not distracting to others, and the drink is prepared prior to start of group.

***Hate speech is defined as “communications that intend to insult, offend, or intimidate a person or group based on a trait or attribute such as race, sexual orientation, gender identity, disability, religion, or country of origin.”**