



Client Handbook

An Overview of Our Programs and Philosophy



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Mission Statement

The organization's mission is to listen to our community, our important clients, and continue to imagine creative ways in which to responsibly develop treatment/behavioral/educational and other systems and facilities that meet their needs in a manner that allows all parties fair value, self sufficiency and humble efficacy.

As an organization we view ourselves as someone carefully crossing an iced-over stream. Alert as a warrior in enemy territory...

- Do we have the patience to wait until the mud settles and the water is clear?
- Can we remain unmoving until the right action arises by itself?

The organization does not seek fulfillment. Not seeking, not expecting; we are only present and can welcome all things.

Treatment Philosophy

At STOP, we view Substance Use Disorders as just that – a disorder that is a treatable disease of the body, mind, and spirit; a disease or progressive illness that affects the sufferer mentally, physically, and spiritually. The individual suffers from a serotonin release that produces a physical compulsion once the substance is consumed, causing a cycle of use and abuse of the substance – making that person completely powerless. Here we strive to be by your side throughout your recovery process and teach you how to overcome your addiction.

We believe:

- People with Substance Use Disorders can recover and can remain sober through education and treatment.
- Recovery is an on-going process that must be taken one day, and one step at a time.
- Affordability is crucial, as this will make our program accessible to everyone.
- Successful recovery from a Substance Use Disorder patient requires total abstinence from all mood/mind altering substances unless competently prescribed.

In all, we want to be by your side throughout your recovery and be there for you every step of the way.

Brief Description of Services Offered

Substance Use Disorder / DUI Assessment – Substance Use Disorder / DUI assessments are conducted wherein a client has a face-to-face diagnostic interview that includes diagnostic testing, bio-psycho-social history, demographics and treatment placement, information documented, examined, and evaluated. This process includes all pertinent DUI assessment criteria in the WAC. The process for evaluation/assessment and recommendation is about one and a half hours in length.

Intensive Outpatient Treatment (IOP) – A fully accredited primary recovery program as outlines here in our operations manual that provides a minimum of 36 hours of education and 36 hours of therapy within a 12-week time frame for adults, and 16 weeks for youth. No more than 20 percent of the education shall consist of film or video tape presentation. Not all participants may require the exact same amount of treatment and may be discharged earlier or later based on individual needs – unless a type of program is court ordered and requires a completion of that many hours (I.E. Deferred Prosecution). All group counseling services shall be limited to twelve or less patients.

Adolescent Outpatient Services – Services vary in length from a 6-hour Alcohol/Drug Education class to a 1-year program that consists of intensive outpatient treatment, individual sessions, aftercare and follow up counseling. Adolescent Outpatient Treatment services will be based on the individual patients assessed needs as outlined under outpatient treatment found in our operations manual. No one shall be seen on an outpatient basis less than one time per month. Only 20 percent of the education may be film or video tape. Intensive Outpatient services for youth will be provided a minimum of 36 hours of education and 36 hours of therapy within a 16-week time frame.

Aftercare – Aftercare therapy programs are designed to reinforce the abstinence achieved and assess ongoing recovery needs. All Patients in aftercare treatment shall receive up to 24 hours of therapy or education in a 6-month period. No more than 20 percent of education may be film or video tape. All group counseling services shall be limited to twelve or less patients.

Brief Description of Services Offered (Continued)

Follow-Up Monitoring (Phase III of Deferred Prosecution, DOL Abuse or Dependence)

– This consists of monthly sessions at a minimum of one hour each. The primary purpose of this session is to have patients reflect upon their recovery and maintain legal compliance. Counselors shall collect self-help verification forms and select individuals for random urinalysis. Counselors shall also listen for relapse signs. All group counseling services shall be limited to twelve or less patients.

Alcohol/Drug Information School (State Certified Information School) – Consisting of eight hours in one day of education. A six-hour alcohol/drug education class is offered for adolescent patients only.

Domestic Violence – The program focuses on abusive power and control issues in relationships that often result in physical or emotional battery through Cognitive Behavioral Therapy (CBT). Relationships not only include husband and wife, but also immediate and extended families of significant other in “live (or lived) together” relationships.

Anger Management – The program focuses on explosive, contrary or emotional outburst that result in physical or emotional battery with acquaintances other than family or significant others.

Mental Health – The program focuses on underlying moods or personality disorders that may have caused the individual objectionable behavior. The program works closely with attorneys, the medical community, probation and the judiciary performing evaluations and implementing treatment protocols for district and municipal court misdemeanor deferred prosecution programs.

Brief Description of Services Offered (Continued)

Domestic Violence Victim Impact Panel – This is a two-hour educational program that interfaces domestic violence victims with defendants accused of domestic violence violations. The class always includes victims, but may also include emergency room doctors, police personnel, probation authorities, attorneys, and other individuals with particular expertise or experience concerning domestic violence.

DUI Victim Impact Panel – This is a two-hour educational component required by the Washington State Law for DUI recipients. Class members are interfaced with victims of alcohol/drug related accidents. This class impacts on a feeling level. Lessons are carried away that you felt, instead of thought about. Images of families and children who will never be here again will be carried with you.

Treatment Responsibilities & Expectations

- I agree to attend all sessions, scheduled during the entire treatment program. I know that attendance at all sessions is mandatory in order for me to maintain continuity; absences will be excused only in the event of a true emergency and any excused absences must be made up before I can complete my program.
- I agree to arrive promptly, in time for all sessions, with the understanding that my inability to arrive on time could result in revision of my treatment plan.
- I agree to attend two community based culturally appropriate sober support group meetings per week (AA or NA) during the course of my treatment at Social Treatment Opportunity Programs. I understand that meetings are held throughout the community at all hours. I may attend more meetings at my own discretion and may be asked to increase my attendance by my counselor.
- I understand that this program will not work without abstinence from alcohol and all non-prescribed mood alerting substances. I commit to give myself the opportunity to become and remain alcohol and drug free. As a viable component in supporting my commitment, I will undergo random urinalysis or breath testing as required by staff. I understand that urinalysis fees are to be paid separately and are not included in program cost. I agree that my refusal to undergo testing may result in discharge.
- I may ask my adult family members or significant other(s) to participate in family sessions if I so desire.
- I will meet and pay my financial expectation as contracted. I understand that non-compliance will result in termination of services.

Treatment Responsibilities & Expectations

- I will notify my counselor immediately if, *A) my physician prescribes a drug; B) my address and/or phone number changes; C) my legal status changes; D) I relapse.*
- I agree that if I relapse or if any progress does not meet minimal standards of my treatment, that my treatment plan will be revised. I understand this may result in a referral to a more appropriate program.
- No violence or threats of violence are tolerated within the program. The consequence for acts of violence is a warning and a review by staff. The consequence for acts of violence is discharge from the program.
- No weapons are allowed within the facility. The consequence for having weapons on your person is a warning, staff review, and possible discharge.
- Not more than 30 days can elapse between face-to-face visits with your counselor without being terminated from our programs. The only exception to this is if prior arrangements are made and a valid reason is written, e.g., vacations, works, death in the family, etc.
- No attempt on your part will be made to subvert the purpose of urinalysis. The consequence for attempted subversion shall be cause for a non-compliance report, review by staff, and possible discharge.
- You will always be prompt in showing up for appointments. If this is impossible, please call in advance. The consequence for being late is you may have to make up an appointment.

Treatment Responsibilities & Expectations

- You will make an honest effort in your treatment and keep your counselor advised of any way he/she/they can help you.
- If problems arise between you and your counselor or the program, always remember you have the right to grieve any adverse action. Don't be afraid to use this avenue. It is there for your protection.
- I understand that I am required to submit proof of a negative tuberculosis PPD skin test to my counselor within 30 days of treatment start date.

Please remember that we consider counseling and treatment a two-way street. In other words, we expect to learn as much from you as you can learn from us. We need your help as much as you need ours.

The policy of this program regarding Advance Directive is not to honor such Advance Directives. Should a life-threatening situation occur, resuscitation would be administered. If you have an Advance Directive, it needs to be brought to this agency and placed in your record. This would accompany you to the hospital in the event of an emergency.

Group Rules and Expectations

1. Be prepared to begin session on time.
2. Confidentiality – what goes on in group stays in group.
3. Focus on the “here and now.”
4. No physical violence.
5. Your attendance is very important; if you are unable to attend a session, let your counselor know within 24 hours. Unexcused absence from more than two sessions may result in non-compliance and termination from group.
6. Give and accept feedback.
7. No rescuing.
8. Client suspected of being under the influence of alcohol or other drugs will submit a breathalyzer and/or urinalysis at time of incident.

Member Expectations for Group Participation (Goals)

1. Willingness to self-disclose/share.
2. Honestly about feelings towards oneself and other members.
3. Non-defensiveness.
4. Interest in and acceptance of others.
5. Supportive toward other members.
6. Offering honest feedback.
7. Demonstrate care and concern for others. Working towards primary goals.
8. Resolving own personal problems.

Privacy Notice

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Our “Notice of Privacy Practices” complies with the requirements of 45 Code of Federal Regulation (CFR) Parts 160 and Subparts A and E of Part 164, effective April 14, 2003. It provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this notice. Our “Notice of Privacy Practices” is posted near the entrance that patients use. The terms of our notice may change, and a copy will be provided to you if you requested.

In some instances, another Federal Law (42 CFR) requires us to obtain your permission to disclose ANY treatment information, including your enrollment or attendance at Social Treatment Opportunity Programs and to inform those that receive the information that they may not further disclose your protected health information without a specific release. The law allows exceptions that are describe on our releases. You will be asked to sign release, which identify specific information and specific persons or organizations that will receive the information.

Confidentiality of Records

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal laws regulations (42 CFR, Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPPA), 45 CFR, Pts 160 & 164). Generally speaking, the programs may not say to a person outside the program that a person attends the programs, nor disclose any information identifying a patient unless one of the following is true:

1. The patient consents in writing;
2. The disclosure is allowed by a court order;
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluations;
4. The patient commits or threatens to commit a crime either at the program or against any person who works for the program.

Violation of the Federal law and regulations by a program is a crime. Suspected violation may be reported to the United States Attorney in the district where the violation occurs.

Federal law and regulations **DO NOT** protect any information about suspected child abuse or neglect from being reported under state law to appropriate state and local authorities.

I understand that I am protected under these laws and regulations. I also hereby agree to maintain public and private confidentiality regarding any aspect of who or what I may see, hear, or read at this agency with special attention to other participants' information, records, or involvement in accordance with CFR 42 part 2.

This means that I will not talk about I see here (even if they tell me I can), or the specific stories they share. I can talk about what I learn, for and about. If I violate someone else's confidentiality, I know I am breaking federal law and can be punished accordingly.

Client Rights

As a client of Social Treatment Opportunity Programs, you are assured the following rights:

1. To be treated without regard to race, color, creed, national origin, religion, sex, sexual orientation, age, or disability.
2. To be reasonably accommodated in the event of sensory or physical disability, limited ability to communicate, limited English proficiency, and cultural differences.
3. To be treated in a manner sensitive to individual needs and which promotes dignity and self-respect.
4. To be protected from invasion of privacy except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on premises.
5. To have all clinical and personal information treated in accord with state and federal confidentiality regulations.
6. To have the opportunity to review your own treatment records in the presence of the administrator or designee when this would not interrupt a treatment session.
7. To have the opportunity to have clinical contact with a same gender counselor, if requested and determined appropriate, either at the agency or by referral.
8. To be fully informed regarding fees charges, including fees for copying records to verify treatment and methods of payment.
9. To be provided reasonable opportunity to practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service; and to refuse to participate in any religious practice.
10. To be allowed necessary communication between a minor and custodial parent or legal guardian; with an attorney or in an emergency situation.
11. To be protected from abuse by staff at all times, or from other clients on agency premises, including sexual abuse or harassment, sexual or financial exploitation, racism or racial harassment, and physical abuse or punishment.
12. To be fully informed and receive a copy of counselor disclosure requirements described under RCW 18.19.060.
13. To receive a copy of Patient Grievance Procedures upon request.

Client Rights

(Continued)

14. To receive a copy of all correspondence related to the patient, including reports of non-compliance, and a copy of the continuing care plan and discharge summary, signed and dated by the counselor and patient upon request.
15. In the event of an agency closure or treatment service cancellation, to be given applicable refunds, and advised how to access necessary records.
16. To have their confidentiality respected in every way, with the service provider properly filling out a Release of Confidential Information for every person or entity receiving confidential information regarding the patient.
17. To be notified by program staff of any outside persons or organizations who provide services to the agency who are covered by service provider agreements.

Patient Grievance Policy

The program recognizes the importance and desirability of settling grievances between clients and the program promptly and fairly. A grievance is defined as any issue raised by a client relating to abuse, a client's status, or dissatisfaction with any of the services provided by the program or any interaction of a client with a staff member of the program. Every effort will be made to settle grievances at the lowest possible level of supervision. Clients will be unimpeded and free from restraint, interference, coercion, discrimination, or reprisal in seeking adjudication of their grievances. The official client grievance procedure (see below) shall be followed. Program staff members shall notify an aggrieved client of the existence of the grievance procedure immediately upon receiving complaint from client. The program staff member shall also provide the aggrieved client with a copy grievance procedure if desired by the client.

Grievance Procedure:

Clients who feel their rights have been violated or who have a grievance arising from agency decisions or against agency personnel may submit the grievance, in writing, to the Program Manager within 24 hours.

The grievance will carefully review and, if the grievance is not resolved with the Program Manager within two working days after the grievance is submitted, the aggrieved client and the Program Manager must submit full statements reciting details of the grievance and its circumstances to the Program Director.

The Program Director shall determine within two working days what disposition will be made of the grievance.

The client may appeal the decision, in writing, to the Board of Advisors no later than one month following the date of the decision. The Board will review and render a decision within one month of the receipt of the written appeal. Upon completion of the Board's decision, the aggrieved party is free to pursue redress as the individual sees fit.

TB Testing

All patients attending treatment services at Social Treatment Opportunity Programs will be required to provide verification of TB Testing **within 30 days**. This is to conform with Washington Administration Code (WAC) 388-805-300 which states that all outpatient substance use disorder treatment facilities have Tuberculosis screening policies and procedures for staff and patients and that TB test results must be included in all patient records.

You will need to contact either your private physician or a clinic to have the TB testing done.

After the results are read, provide the results to your counselor for inclusion into your patient file.

[illegible]



Locations

Tacoma, WA 98409...4301 S. Pine Street, Suite 112...253-471-0890

Puyallup, WA 98373...13921 E. Meridian, Suite 101...253-770-4720

Kent, WA 98032...610 W. Meeker St, Suite 103...253-234-1190

Shelton, WA 98548...610 W. Cota Street...360-426-5654

Aberdeen, WA 98520...114 N. Park Street...360-533-4997

Moses Lake, WA 98837...104 W. Broadway Ave...509-855-3668

Othello, WA 99344...600 S. 1st Ave...509-331-7654

Spokane, WA 99202...104 S. Freya St, Suite 206...509-927-3668

Payment Policy –

Most health insurance companies cover Alcoholism and Substance Use Disorder.

Without coverage, convenient payment plans are available.

www.stopwa.com