

Receipt for Community Residential Services Handbook

Name: _____ Admission Date: _____ Case #: _____

Patient/Resident Attestation Statement

Rules/Regulations, Client Rights and Voluntary Basis

• I have been provided with a copy of the Patient/Resident Handbook which contains Program Rules and Regulations, Patient Rights and Responsibilities and a summary of the Federal Confidentiality Regulations/Rights under HIPAA. I have been given the opportunity to discuss these documents and to have my questions answered. By signing this form, I am indicating that I understand these rules, rights and regulations.

• I also understand that all treatment services are provided on a voluntary basis and that I have the right to discharge myself from treatment at any time. If I have been mandated to treatment, there may be consequences for leaving treatment prematurely, but my participation remains a voluntary choice.

Patient/Resident Signature

Date

(This page to be placed in the patient/client case record)

Section 5: Community Residential Services Handbook

Growth and change are vital to the health of both individuals and organizations. Review and revision of this handbook occurs regularly.

Complete Review for Compliance with new Chemical Dependence Residential Services Regulations January 2003

01/01/2008 Major Revisions	07/01/08 Tobacco-Free Rev.
09/14/2008 Regulation 815 compliance	02/03/11 Cell Phone Rev.
03/05/11 Sabotaging Behaviors Addressed	08/16/11 Revised Resident Bill of Rights
10/20/11 Adjustment Period added to Resident Handbook and some rule changes	02/07/12 Revised Discharge against Resident Wishes Section
04/08/12 Minor Revisions	
01/01/13 Significant changes to address security issues	08/12/13 Added HIPAA Rights
03/06/14 What Can and Can Not be brought revised	09/12/17 Significant changes Revised Discharge against Resident Wishes Section
10/03/18 HIPPA Revisions	
04/30/19 Major Revisions	

North
Country
Freedom
Homes Inc.

Community Residential Services Handbook 2019

If you are reading this handbook in preparation for an interview, please write down any questions about anything in the handbook or about our program in general. We will start the interview by answering your questions.

April 30, 2019 Revision

North Country Freedom Homes, Inc. Community Residential Services Handbook

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Preface

This Handbook sets forth expectations for both Residents and Staff.

Residents are expected to follow both specific rules and live by the principles behind those rules. In order to attain their goal of recovery.

Staff is expected to treat Residents with courtesy and respect. Staff is also responsible to objectively ensure that the rules are being followed and more importantly instruct and guide Residents in growing in the principles behind the rules.

Sometimes blindly following a specific rule will violate the more important principle of doing what is in the best interests of all concerned in a specific situation.

At other times an incident may occur that does not break a specific rule but requires consequences because a larger principle is being violated.

Staff of NCFH reserves the right to make decisions based upon the content of this Handbook, all other information available, our experience and judgment.

Mission Statement

North Country Freedom Homes, Inc. offers a clean, inclusive, and safe living environment for individuals seeking to maintain abstinence from alcohol and/or other mood-altering substances – men whose lives require therapeutic support to better establish sober personal, social, and vocational skills.

Vision Statement

North Country Freedom Homes, Inc. seeks to affect, in a positive manner, the lives of the men in our care. Our home will be a safe haven for them as they and their families develop recovery skills and begin new lives.

Foreword

NCFH, a not-for-profit corporation, provides whole person care to individuals seriously debilitated by chemical dependency.

We recognize chemical dependency as a chronic and primary disease. If left untreated, it is both progressive and predictable in its devastation. We believe that, with proper diagnosis, treatment and continual personal growth, chemical dependency can be permanently arrested.

Although not affiliated with Smart Recovery, Alcoholics Anonymous, Narcotics Anonymous, Celebrate Recovery, or other Self-Help Programs, we encourage, though do not require, active participation. We believe that active participation in and the support offered by these programs is a vital part of the recovery process.

We will provide transportation for those wishing to attend these group meetings when there is enough residents attending both in town and out of town meetings. To assist us in planning we ask that residents that wish to attend Self-Help meetings sign up for meetings. Using the established process.

Various components of our program address basic physiological needs, increase knowledge about alcohol and other substances, as well as teach the skills necessary to maintain an alcohol/drug free lifestyle.

Our overall goal is to provide a program and atmosphere that will help develop the insights, attitudes, skills and knowledge necessary to continue growth in recovery regardless of the problem substance.

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This Handbook Edition

If you were given this handbook to read as part of our pre-admission process and to prepare for an Admission Interview there may be a newer addition in effect at our residences. Some changes may have been made to daily operations. There may be rule variations. What there won't be are changes to our overall approach to recovery.

Any Handbook will give someone considering admission an accurate idea of both what can be expected of us and what we expect from our residents.

Every resident is given a current edition of the handbook on the day of admission.

Quick Overview

Everyone that is admitted has agreed to complete our entire program. Any resident that chooses to leave before completing their program, as outlined in their individual Service Plan, will be discharged as positively as possible. If there is a verifiable personal emergency or medical need the discharge will reflect this.

The program begins with an Orientation and Assessment period (Level I). During this period an Initial Service Plan and Comprehensive Service Plan based upon individual needs are written. The individual will work on his individual goals while participating with all other residents in the general program.

Human behavior, to a large degree, is based upon beliefs about self, others and rules. All three of these vary from culture to culture and from individual to individual.

The chemically dependent person has a set of rules based upon the same factors as everyone else but are further complicated by the impact of his addiction. As a result, the beliefs a resident has about self, others and society in general are at best distorted and at worst completely wrong. These beliefs also support the addiction and are often in direct conflict with beliefs that nurture change and recovery.

Our program helps the individual identify these damaging, distorted or erroneous beliefs. Once identified the resident is expected to choose new beliefs and behaviors that support both recovery and his own individuality. Actual change from living by distorted beliefs to ones that support recovery must include behavior change. Behavior change to support new beliefs is a major focus of our program.

NCFH's Duties

NCFH 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. NCFH is required by law to abide by the terms of this notice

Should the Notice of Information be revised, it will be delivered either in writing, electronically, or in person.

Voluntary Admission

Individuals referred to our program have very different life histories and circumstances. Frequently there are legal difficulties that may include pending legal action, parole, probation, acceptance of treatment as an alternative to incarceration, etc. No matter what an individual's status is with the legal system, Department of Social Services or other governmental agency, admission is voluntary. NCFH Inc. admits individuals based upon their own free choice.

Is This the Right Half Way House for Me?

This handbook contains detailed information about our program and should be read carefully, before deciding about joining us. Answering the following questions will tell you whether you should continue considering us.

1. Is there a serious desire to recover and not just be alcohol and/or drug free?
2. Are you willing to give up your drug using values and lifestyle?

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3. Is there a desire to discover the real you?
4. Are you willing to lower your defenses and become vulnerable?
5. Are you willing to accept that your thoughts and behavior are your choice; not caused by someone or something else?
6. Are you willing to change behaviors, attitudes and values as suggested, sometimes before fully understanding why the change is necessary?
7. Growing in recovery requires hard work. Both your chemical dependency and previous life style will make it even more difficult. Are you willing to do the work to make necessary changes?

Why Our Program Is the Way That It Is

Our program is now about Forty years old. There have been many changes, each of them designed to make us a little bit better. Without exception, they started with the question, "How can we help this individual with this problem?" or, "How can we get this group unstuck?"

The hard part of our job is that individuals keep coming up with new problems and groups continue to get stuck. The rewarding part is that we keep finding answers. This process will continue as long as there are people wanting to recover and others with the desire to help. For these reasons, our program today is not what it was in the past nor is it what it will be in the future.

Though change will continue to occur in our program, we have discovered that one thing must remain constant. That one thing is **safety**, safety for the body, the spirit and the mind. Anything that threatens safety must go. A significant portion of our program exists to create, maintain and protect this safety.

Over the years, the people we serve tend to be earlier in their addiction and as a result are still in denial about being addicted, it's impact upon them and their need to change. Those in denial tend to continue acting in ways consistent with active addiction. Behaviors consistent with active addiction can be of danger to all concerned. Because of these behaviors, we have implemented numerous security measures. See the Security section for details.

Another of our 'truths' is that individuals need five things before our program can be of value to them:

- Abstinence from all substances that can be used to change reality.
- An acceptance of their chemical dependency
- A desire and willingness to change their lifestyle
- Courageous honesty
- A willingness to discover their true selves. Since the majority of our new residents have a very powerful negative self-image, there is considerable resistance to this process of self-discovery. Much of our program is designed to give the residents an opportunity to work through this resistance, instill hope, find themselves and develop a more accurate image of self

We help residents develop a lifestyle consistent with recovery. Our rules reflect much of what is expected of anyone with a job that requires interaction with others. These rules provide a structured day and include time for personal hygiene, upkeep of living quarters, meaningful daytime activity, and evening socialization in a non-using setting and respectful treatment of others. All of these life skills are necessary for continued recovery, successful employment, or schooling.

In brief, we create an atmosphere of safety so that one can discover oneself and practice day-to-day living skills that are necessary for continued recovery.

The single best, and most important, reason that we do what we do, is that it works. There are many alumni continuing in recovery that keep in touch.

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Don't Bring

***Any tobacco products**

***Any clothing or fabric item that can't be put in a dryer on high heat**

***Anything containing alcohol or any substance that may be abused**

***Any health food supplements, liquids or powders to promote muscle growth etc. are not allowed.**

***Valuable Personal Possessions**

NCFH will not be responsible for loss or damage to personal property. Don't bring anything that is of high financial, sentimental or emotional value to you.

If circumstances require possession of more than pocket money or items of high value to you, NCFH may accept money or other items and hold them in safe keeping. A written receipt will be given for anything we accept for safekeeping. What is accepted for safekeeping is at the sole discretion of North County Freedom Homes. Accepted items that you have receipts for are the only things we accept responsibility for.

***Miscellaneous**

Bedding, pillows, towels, wash cloths, fabrics etc. of any kind except those listed in the "You May Bring" section. We have bedding, towels and washcloths you may use while here.

- Stuffed toys, animals etc.
- Suitcases, other storage containers or items that can't be put through the dryer will be bagged and stored. Anything else that exceeds what you can bring will be bagged and stored. Access to stored items will be granted, on a day of our choosing, at the beginning of each of the 4 seasons. Because of limited space we would appreciate it if you wouldn't bring any of these unless you have no choice.

***Over the Counter Medications and Supplements**

Residents of Community Residences may not possess any Over the Counter Medications (OTC's). NCFH cannot dispense any OTC's without either a written prescription or a standing order from a prescribing physician.

If you believe that you need to be able to access these types of medications talk with your Residence Manager. An appointment will be scheduled with an appropriate local care giver. Discuss your concerns and what kind of medication(s) you wish to access at that appointment. If you are given written permission, you **still cannot have any OTC's in your possession without the written approval of the Executive Director**. We will purchase and keep needed OTC's with a Standing Order, we will give you access to those meds. If you have a prescription, we will need it on file and then OTC's will be handled in the same manner as prescription Drugs.

Any supplements used as a diet additive or similar products.

Any energy drinks with high levels of caffeine or other stimulants are not allowed.

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***Adult Materials**

Pornographic tapes, disc- pornography of any description will be confiscated and destroyed. How an item will be disposed of depends on what it is and what we believe is appropriate.

***Bigoted and/or Prejudicial Items by our Judgment**

Anything that we Determine to be demeaning or offensive to anyone based on race, color, creed, gender, disability, orientation or ethnic origin will be confiscated and destroyed.

If you have question if something is any of the above (before staff knows of it being here) ask the Residence Manager not the cooks or RA's. If you have asked and are told the material is not acceptable we will allow a reasonable length of time to get it off our property. In the interval, they must be kept totally out of view. We will not store them. If you do not get something unacceptable off the property as agreed, it will be confiscated.

Anything confiscated will not be returned.

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Cell Phones and All Other Electronic Devices

NCFH is not responsible for loss, damage or theft of any cell phone or electronic device at any time whether in our possession or not.

Having a cell phone or other allowable electronic device is at your own risk. Upon admission you will sign a liability waiver

Use means any use including texting

Allowable electronic devices include iPod, MP3 players, tablets, laptops and cell phones

- All electronic devices must remain in your room between the hours of 8:00 am to 5:00 pm. All electronic devices are allowed from 5:00 pm to 8:00am weekdays and on weekends. If you are going to an outside appointment you may take your phone with you. Upon your return it needs to be put back in your room.

Cell Phone Courtesy

To respect others these rules are to be followed:

- No use of cell phones at meals
- Cell phones/electronic devices are not to be used in Lobby and/or Administrative Hallway
- Use the phone in private.
- Use the phone quietly. Do not yell.
- No use of cell phones/electronic devices while in the van.
- When attending Self-Help program meetings and in similar situations turn the phone off. Do not get up and leave a meeting to answer or use the phone. Do not text during a meeting.

Consequences for Breaking the Rules for Electronic Devices

Individual

- If a resident is caught using an allowable electronic device during an unscheduled time he will lose those privileges for 7 days. If a resident violates this rule a second time he will lose those privileges for the duration of his stay. The electronic device will be kept by staff and returned when the resident goes on pass or is discharged.

House

- If enough residents are breaking these rules everyone in the house may lose his privileges.
- Again, possession of any electronic equipment including cell phones is at your risk and NCFH will not be responsible for loss or damage.

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Things You May Bring

The amount of clothing and some other personal items you can have is quite limited. The reason for this is explained at the beginning of the clothing section

Personal Possessions

If circumstances require possession of more than pocket money or items of high value to you, NCFH may accept money or other items and hold them in safe keeping. A written receipt will be given for anything we accept for safekeeping. What is accepted for safekeeping is at the sole discretion of North County Freedom Homes and are the only things we accept responsibility for.

Clothing

Because there is an epidemic of Bed Bugs we are taking steps to avoid them here.

No resident will ever have any response when reporting a possible problem except Thank You. Please let us know if you have any reason to suspect their presence.

Admission Process

When you arrive, we will be placing all your belongings in a Hot Box. We will remove anything that cannot be placed in Hot Box, that has a very high heat so do not bring clothing that cannot ensure such heat.

All possessions, except those approved by staff, will be placed in plastic bags and stored until they can be checked. Items not approved will be stored in a locked area until your first opportunity to remove from facility or discharge.

Before coming please arrange to store anything beyond the list.

We do understand that sometimes a new resident must bring all they own. In this case, we will bag and store as many of your extra belongings that we can with our limited space.

We will supply you with a sweat suit to change into during this process. Staff will do all of this for you so there are no mistakes about how things are done.

Changing Seasons

A couple of weeks before each season begins we will select a day that your items in storage may be exchanged for something appropriate for the coming season. Everything will have to be treated the same as at admission.

Our restrictions on what you can bring and how it must be processed are all based upon proven ways to reduce the chance of an insect infestation.

The amount of clothing and some other personal items you can have is quite limited.

10 pairs of pants – a pair of shorts would be counted as one of the 10.

10 shirts, a suit coat is acceptable but would need to be dry cleaned at your expense before you would be able to access it. It would be counted as one of the 10 shirts.

10 undershirts

10 pair of boxers or briefs etc.

10 pair of socks

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- 2 sets of sleepwear
- 3 pairs of street shoes and 1 pair of slippers and some kind of shower foot ware.
- 1 jacket or coat appropriate for the season
- 1 hat or head covering
- 1 set of gloves
- 1 tie
- 1 swimming suit

What you are wearing at admission counts toward the numbers above.

The answer to the question "If I have 8 pants can I have 12 shirts" is no. There will be no mix and match because it makes things too confusing.

Personal Hygiene Items

This is your choice as long as:

- they do not contain alcohol or are known to be abused by inhaling
- can fit, without stacking on 2 8 ½ x 11 side by side sheets of paper

Food and beverages

Candy (gum is included) may be kept and consumed in your room if all of it can fit in a single gallon zip lock baggie.

A maximum of six 12 oz. soda or similar beverages may be kept in your room. Any energy drinks with high levels of caffeine or other stimulants are not allowed. No beverage container may be opened or consumed in any bedroom. Failure to comply with these rules will result in losing the privilege of soda in your room.

Buddy System

You will be assigned a buddy upon your arrival. It will be this peer's responsibility to assist in orienting you to the program and the facility. During your first month, he will eat meals with you, review your resident handbook with you, orient you to chores and when and how to do them, show you our recreational and laundry facilities, and so on. He will be expected to make himself available to you to answer any questions you may have, to show you around town, and as well to introduce you to other residents and in general help make your first month or so with us more comfortable.

Rewards Program

The reward system is NCFH's way of noticing and rewarding residents who model recovery behaviors, who are helpful to their peers, who consistently go over and above. Rewards will be given to those who go 30 days with no points.

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Peer Guide

1. 2 Peers Guides
 - Will be an elected level 2 or 3.
 - Will have the responsibility for 1 month.
 - One from each group will work together.
 - Peer Guides will not be writing points.
 - In Peer Guides absence, guide will find someone to temporarily accept responsibility.
 - A clip board will be ready each morning to collect in the RM's office. We will update names and room numbers as necessary.

2. Weekday Job Completion Checklist (done together by both Peer Guides)
 - Will turn it in to staff upon completion of each time checklist

3. Room Checks (done together by both peer guides), will stand in doorway looking for;
 - Clean Rooms

4. Group Attendance
 - Tardy
 - Absent

5. Meal
 - Absent
 - Tardy

6. Buddy System-
 - Verify with new resident that all categories have been reviewed with a full understanding.
 - Verify everything is signed and dated.
 - Sign and date after review with new resident weekly, after 1 month' upon completion turn form into Counselor.

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Safety and Security for Residents and Staff

The safety and security of residents, staff and the community at large is of utmost importance to NCFH. At any given time, there are residents that are; serious about recovery, those that are simply avoiding consequences, and some that are on the fence. It would be easy for those who are serious about their recovery or who would not do anything to put others at risk to be insulted by security measures intended to keep them safe. Our problem is that we don't "know" who may be a threat and who aren't.

We ask that those who are feeling insulted or who feel we don't trust you to keep these points in mind:

- We trust everyone that walks through our doors until he has proven himself untrustworthy.
- All security measures are intended to keep you safe.
- If you don't break any rules there is will be nothing for you to be concerned about.

Night Rounds

During the night, staff will make rounds of the facility at random intervals but no less than once an hour. Staff may choose at their discretion to verify you are in your room.

If someone is not in his room and cannot be quickly located all other residents will be verified in a manner appropriate to the situation. The Addictions Counselor will be advised immediately, if they cannot be reached the Executive Director will be called.

Contraband

What is Contraband

- Tobacco products of any kind. These will be kept and destroyed.
- Anything that will produce an open flame or actual use would require burning. For example, a lighter, candle or incense.
- Anything that is a weapon or anything that could be used as a weapon that there is no justification for having. Violation of this may result in immediate discharge.
- All Over the Counter medications unless you have written permission from the Executive Director. This will be granted infrequently and for a specific period of time.
- Alcohol and any illicit substance. Violation of this may result in immediate discharge.
- Prescription drugs without a valid prescription and written permission from Executive Director.
- Tools of any kind.
- Pornography
- Anything demeaning to any race, color, creed, gender, disability, orientation, or either origin.

Search for Contraband

We reserve the right to search property owned or leased by NCFH including individual rooms and vehicles at any time.

Individuals may be searched for contraband on demand. Any materials brought onto our property, this includes anything worn or carried by an individual may be searched. All individual searches will comply with the OASAS regulations quoted below.

The following actions are taken regularly.

- Staff will check the entire building including bedrooms daily.
- Each week at least one room will be searched on a random basis and in more depth than during the daily search. This will be documented and forwarded to the Executive Director on a weekly basis.

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- Searches will occur whenever staff believes that there is justification for a search. The staff member that does the search, under these circumstances, will document the reason for the search and the results of that search. Their supervisor will sign off on the search and it will go to the Executive Director.

Disposal of Contraband

Any time something is removed from a bedroom or taken from a resident a written receipt will be given. A decision regarding disposal of the contraband will be made and the resident given a copy of that information. If any of the items are to be returned to the resident a Contraband Receipt of Return will be completed and signed by the Resident at the time of the return.

OASAS Regulations Pertaining to Searching Individuals

All individual searches will comply with OASAS regulations. These regulations are as follows:

“Section 815.10 Patient Searches

(a) The purpose of patient searches is to ensure a safe and therapeutic environment for all patients. However, patients shall be free from searches except those searches that are authorized pursuant to this section.

(b) Subject to the following requirements, a provider may choose to conduct searches of patients by establishing written policies and procedures which are provided to each patient at admission. Such policies may include the following:

- (1) Routine frisk or "pat down" searches of patients at admission or when returning to the service are permitted.
- (2) Searches of a patient's room or a patient's belongings may be conducted at any time with reasonable cause.
- (3) A provider may conduct a strip search of a patient only if:
 - (i) reasonable suspicion exists that the patient possesses contraband;
 - (ii) the provider's director authorizes the search;
 - (iii) a same-sex-as-the patient supervisor of the staff member requesting the search is present when the search is conducted; and
 - (iv) the patient consents to the search.

(c) Under extenuating circumstances and subject to the preceding requirements, a provider may elect to conduct a body cavity search of a patient. Such a search must be conducted only by a member of the provider's medical staff. If the provider does not employ medical staff, the provider must utilize a physician, nurse practitioner, registered physician's assistant, registered nurse, or licensed practical nurse to conduct the search.

(d) Any strip search or body-cavity search must be reported to the Office

(e) If a patient refuses to consent to a proper request to conduct a search he or she may be discharged in accordance with this Part.

(f) All contraband must be disposed of in accordance with the applicable law including but not limited to 10 NYCRR Part 80.51, and 21 CFR Part 1307.21.”

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What We Expect of a Resident

Read carefully.

Failure to understand and live by this section may result in discharge.

We welcome residents that have:

1. **A desire to change abstinence into growth in recovery.**
2. **The self-control to behave in a way that respects peers, staff and self.**
3. **A commitment to themselves, their peers and this program.**
4. **A determination to grow through hard and often emotionally painful work.**

This handbook provides information and guidance without any attempt to cover all possibilities. Each rule supports a value consistent with living in ways consistent with good recovery. These values, ideals, or ideas are much more important than the specific rule because they create and support the atmosphere required for recovery.

Some of the most important of these ideas are:

1. **Recovery requires abstinence in a drug and alcohol-free environment.**
2. **Recovery requires serious self-examination.**
3. **Self-examination and growth require safety and an atmosphere of trust.**
4. **Trust cannot exist without respect for self and others.**
5. **Recovery requires effort, self-control and the change of many addictive values and the behaviors that support them.**
6. **Recovery requires a focus on self, but not to the extent that it hurts others.**
7. **No matter how difficult and damaging life has been in the past; a resident is responsible for both their attitudes and actions today.**
8. **Residents belong to a community and the health of the community is as important as the health of individual members.**

We expect residents to look beyond the exact wording of the handbook and behave according to the values it represents.

In addition, the following are to be lived by. There are no specific consequences attached because each violation will be handled as appropriate by staff. This may mean that we use the situation as an opportunity to teach new skills or decide that another response is appropriate.

1. **All peers and all staff are to be treated with the same respect. This is to be at all times, in all situations and whether administrative staff is present or not.**
2. **Courtesy toward others is expected. Say “Please”, “Thank you” and “You are welcome” etc.**
3. **Yelling and/or swearing at others is not acceptable. “F*** you” shows extreme disrespect. A continued pattern of disrespect may be grounds for discharge. A specific incident of disrespect based upon race, religion, gender, or sexual orientation will very likely result in discharge.**
4. **Behavior is to reflect honesty. When a resident reports Self-Help meeting attendance this means that they stayed in and at the meeting, not went in and then spent the meeting time sitting outside. When a pass is approved to go somewhere and do something, that is exactly where and what is to be done.**
5. **The time and effort necessary to do a job, homework assignment, etc. well, will be taken. Doing just enough to get by is ineffective and not acceptable.**

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6. Any behavior that would damage or destroy the trust placed in you by staff and your peers is unacceptable. The following are some examples of this unacceptable behavior.
 1. Talking about house issues anywhere other than in the house or at your Outpatient Treatment Provider.
 2. Any behavior or statement that threatens, frightens, or intimidates anyone, anywhere at any time.
 3. Relationships that are new or pre-existing whether sexual or not that interfere with an individual's ability to become a fully integrated group member or impacts the community negatively are not acceptable.
 4. Deliberate behavior or statements that result in misunderstandings, confusion or hurt feelings. We understand that this is part of early recovery and can happen occasionally. This type of situation is an opportunity for all involved to learn and grow. This is unacceptable only when it is part of a pattern clearly intended to defocus or damage.

We are interested in healing, not creating further damage. We want every person that enters our program to get as much as they can out of it. Upon admission, the new resident is trusted and accepted as someone wanting to recover. We are ready and willing to help and guide in this process. Our experience is that anyone willing to work and make necessary changes will benefit from our program.

The staff observes all residents' behaviors and attitudes. If it is determined that an individual's behavior and attitude has reached an unacceptable level that resident will be discharged as positively as possible given the circumstances. The discharge may state that there was a failure to follow program rules or expectations.

If you do not successfully complete our program you may face additional consequences based upon your individual circumstances.

Situations arise that are not adequately covered in this handbook.

NCFH reserves the rights to make decisions that we believe are in the best interests of both the individual and his peers in unexpected or unusual situations.

Living in A Way That Supports Recovery

Learning to live in a way that supports recovery involves many changes. Negative attitudes, behaviors, and destructive core beliefs need to be identified and then replaced by positive ones. Taking the 'easy way out' must change to 'doing it in a manner consistent with recovery'. 'Doing it in a manner consistent with recovery' requires practice and more practice. This helps develop increased self-control. This portion of our program provides a major part of the structure required for this process.

Doing this reflects real life issues and requires real work. Individuals are held accountable through appropriate consequences for unacceptable behavior. Consequences range from 3 points for violation of minor rules to discharge for a single behavior or the accumulation of a total of 30 points.

Living in a way that supports Recovery:

- Provides guidelines for behavior
- Involves every resident
- Promotes self-evaluation
- Acknowledges successes
- Identifies areas needing improvement
- Ensures residents consistent and equal responses from staff

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- Gives Addictions Counselors information necessary for prompt and accurate feedback
- Alerts staff to signs of regression or potential relapse
- Helps create an atmosphere conducive to recovery
- Works around the clock, 7 days a week (24/7)
- Increases self esteem

House Rules and How They Work

Orientation:

During orientation, a resident receives a **Resident Handbook**, additional information about the program including the memo on **Relationships** and a **Point Form**.

A staff member will go over the rules and our expectations.

Point System

Adjustment Period at Admission

We are aware that new residents may have difficulty in adjusting to the Community Residential Services schedule and rules. Sometimes there are lingering effects of the drug and/or alcohol use. Sometimes it is obvious that a specific resident still isn't thinking clearly. Sometimes ADHD or ADD makes learning a challenge. There may be diagnosed or undiagnosed TBI (Traumatic Brain Injury). Other times a specific individual may just have difficulty remembering.

We will give time for the new resident to adjust and staff to evaluate different capabilities in each resident. Any points written for violation of 3-point rules during the first week will be forgiven at the end of the adjustment and settling in period.

If we determine a resident is incapable of understanding or following rules, continued residency is not in his best interest. We will consult with the resident to make appropriate discharge/referral plans.

This is not a license to ignore rules but an opportunity. There are several conditions that go along with this privilege.

- Everyone starts with a one-week adjustment period. If at the end of that week it is obvious someone is experiencing a real problem the Administrative Team may extend the adjustment period. If the problem is the person just needs more time to recover from the impact of use on their brain, then additional time is all that is needed. If there is a specific treatable issue the resident must cooperate in getting appropriate care.
- The adjustment period only applies to 3-point rules. Rules that are broken which result in 10 points or Discharge will be **fully** in effect. There are fewer of these rules and they are important enough that there must be immediate consequences for breaking them. Anyone earning 30 points for violation of 10-point rules may be discharged whether in the Adjustment Period or not.
- Every time staff is aware of any rule being broken it will be documented on a Point System form. The resident will be asked to sign each one so there is no question that we are directly communicating problems with their behaviors and there is an expectation of change. These will then be entered on the Point System Log.
- **All of the points** written during the adjustment period will be entered into the Points Log along with the number of points. At the end of the adjustment period the record of the 3-point rules broken will remain but the three points changed to zero. Any ten points assigned will not be removed except by the normal reduction process. This will give the counselor information about past issues addressed should they reappear or that the issue at hand is a new one.

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- Anyone being given extended adjustment time will remain on Level I regardless of his point total. If points are consistently low enough to move to Level II further time for adjustment is probably not needed, the adjustment period ended and if appropriate advancement to Level II on the next day that Levels are posted.
- Once the adjustment period has ended it will not be reinstated without the agreement of the Executive Director.

Assignment of Points:

Staff members write **Point Sheets** whenever appropriate. Usually points are written within 24 hours of the rule violation. Points may be written after the 24 hrs. but require the approval of the Executive Director or designee. Staff reviews the completed sheet with the resident, who signs it. Upon request, a copy of the **Point Sheet** will be given to the resident.

Grievances:

1. In case of disagreement, Use the grievance procedure
2. Submit grievances on a **Point Grievance Form** within 24 hours. The only acceptable proof that the grievance was submitted in a timely manner is the signature of the staff member that receives the grievance and notes the time and date that the grievance is accepted
3. Any grievance submitted after 24 hours will not be considered

Point Reduction:

A maximum of one point will be deducted from a resident's point total for each day they go without receiving points. The point total can never be a minus.

Program Rules

The following infractions are grounds for immediate discharge

1.	Use of any drug (including alcohol) or substance not prescribed or approved by a qualified medical practitioner. This includes mouthwash and anything else that can be swallowed and contains alcohol.	30
2.	In possession of any prescription medication not prescribed to them. (Prescribed and over-the-counter medications are available only through staff.)	30
3.	Smoking or chewing on corporate property, in corporate vehicles or, buildings.	30
4.	Physical abuse of another person, regardless of provocation.	30
5.	Possession of a 'weapon', including but not limited to, any firearm, blackjack, Billy club, sap, stiletto, switchblade, gravity knife, butterfly knife, any knife with a blade longer than 3 1/2", brass knuckles, "throwing stars," or "chukka sticks etc."	30
6.	Refusal to submit to any test that screens for alcohol and/or substance usage or any search that conforms to OASAS regulations.	30
7.	Theft or willful destruction of individual or corporation property.	30
8.	Engaging in sexual activity with other residents, or any staff member. Staff will be dealt with in an appropriate manner as well.	30
9.	Behavior once brought to the resident's attention, which continues and interferes with their participation, as a fully integrated group member is reason for discharge. This includes failure to abide with any element of a written contract, which is part of the Service Plan.	30
10.	Unauthorized absence of more than 8 hours.	30

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10 Points

11.	Possession of tobacco products, which includes but is not limited to cigarettes, cigars, pipe tobacco, chewing or dipping tobacco. Possession of any tobacco paraphernalia including lighters, matches, pipes, rolling papers etc. All of these materials will be confiscated and destroyed.	10
12.	Over the counter medications must be approved by a qualified medical practitioner. Once approved OTC must be stored in the medication cabinet and are available only through staff. Over the Counter and/or prescription medications which require daily use and/or application must have written approval from Resident Manager IE: foot cream, eye drops, inhalers etc.	10
13.	Failure to return from pass on time. It is the resident's responsibility to arrange for dependable transportation.	10
14.	Failure to treat either peers or staff with respect and consideration. This includes verbal abuse and any behavior that would make continued residency unsafe for another.	10
15.	Failure to respect the property of peers, staff, or the Corporation.	10
16.	Failure to show for groups and individual sessions in house, actively participate in and remain at house sponsored activities in-house. We will not come to find you it is your responsibility to know the schedule posted in group room weekly.	10
17.	Failure to be on time for medical appointments, or at other service providers (Out Patient). This includes failure to be ready 1 hour prior to appointment time, reschedule any appointment at least 24 hours in advance and notify Resident Manager of change 24 hours in advance of appointment. The driver will not look for you it is your responsibility to be ready.	10
18.	Failure to comply with a staff member's direct request. In case of disagreement, comply with the request, and then submit a grievance within 24 hours. (A direct request includes asking you to sign a Point Sheet.)	10
19.	Entering anyone else's bedroom or personal possessions without permission.	10
20.	Failing to comply with the curfew set by the Level System, unless other arrangements have been approved by the Residence Manager, Addictions Counselor, or Executive Director.	10
21.	Having a car available for personal use without the Executive Director written permission or using unauthorized transportation. Must be on and maintain Level 4 Status	10
22.	Possession of, or viewing, X-rated films or videos is not allowed. (Some R-rated movies may also be judged inappropriate.)	10
23.	Failure to exit the building and meet in the designated location within 2 minutes of the alarm being sounded. The first time 10 points will be assigned. The second time the individual will be discharged.	10

3 Points

Household Operation and Maintenance

24.	Failure to contribute to the appearance and daily operation of the facility by doing various assigned chores or by failing to: <ul style="list-style-type: none"> a. Complete the work on time and as scheduled. b. Do the work well and as instructed. c. Arrange to have the work done during any absence. d. Help staff when asked. (There will be times that various projects are undertaken that would constitute normal maintenance of a home but beyond daily upkeep. We expect residents to help with these projects). 	3
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25.	Failure to have the bedroom clean and neat including making the bed as instructed before leaving the room. A thorough cleaning at least once a week is also required and covered by these points. Please Note -Our intent is to respect individual privacy as much as possible. We reserve the right to knock, enter and/or search at any time. Neat includes having all clothes either hung or folded neatly. Dirty clothes are to be in the container provided. If the container is full it is time to do the wash not throw the clothes elsewhere. Making the bed in a way that is acceptable requires: The bottom sheet is to be smooth and tucked in on all four sides. The top sheet is to be smooth and tucked in at the foot of the bed. The pillow must have a pillow case. The comforter is to cover the pillow, the rest of the bed and be smooth and wrinkle free.	3
26.	Failing to change and launder bed linens and towels at least once a week.	3
27.	Failure to remove laundry from machines keeping others from using them.	3
28.	Failure to bathe or shower daily or maintain acceptable personal hygiene including the use of deodorant products.	3
29.	Failing to be dressed in street clothes including shoes or slippers. Monday through Friday 8:00 am, Saturday and Sunday 10:00 am.	3
30.	Obstructing doors, hallways, stairwells or safety exits.	3
31.	Watching television during times other than those posted.	3
32.	Attaching anything to bedroom walls, ceilings, doors (both inside and out) or anywhere else other than the bulletin board.	3
33.	Using a cell phone or any other electronic device during a time that it is not allowed	3
34.	Failure to comply with the 11:00 pm lights out.	3
35.	Failure to take medication as prescribed. (To stop taking a prescribed medication, complete the appropriate form and return it to staff before the next dosage is scheduled.)	3
36.	When there is a medication that indicates, it is to be taken once a day, the resident will be given the opportunity to pick one specific time that meds are available and then take the medication at that time. Failure to take it when agreed upon breaks this rule.	3
37.	No sleeping or lying down from the time breakfast is scheduled until 5:00 pm Monday through Friday.	3
38.	Playing a radio, or similar equipment, so loud that it can be heard outside the room, or outside loud enough that it may be disturbing to the neighborhood.	3
39.	Wearing a hat, head covering or sunglasses inside is not allowed. Exceptions may be made on a case by case basis for religious, or hygienic health reasons	3
40.	Wearing or using any device that emits sound is not allowed inside the house or in any corporate vehicle. Wearing includes placed on the head but not the ears, around the neck, or in any other way that allows the device to be heard.	3
41.	Residents will remain on the 2 nd floor from 11:00pm to 5:00am unless there is an emergency.	3
42.	Being late for in house groups or individual sessions	3

Coming and Going

43.	Failing to personally sign out and in giving accurate information. If it is determined that failure to sign in or out was an attempt to avoid 10 points for failing to stay within the time limits set by the Level System a minimum of ten (10) points will be assigned.	3
44.	Leaving the facility before 10:00 am is not allowed. Exceptions are: scheduled appointments previously approved and noted, church and activities documented in the individual's Service Plan, assigned chores are to be completed unless an extension is granted before leaving.	3
45.	Failure to submit a written Transportation Request, as soon as you know about it, but no less than 24 hours in advance. Requests for transportation on Monday are to be given to the Residence Manager as early as possible but no later than 9:00am Thursday.	3

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Eating and Food Preparation

46.	Failure to limit eating to the dining room. The consumption of candy in the bedroom is an exception. Each staff member will decide what is appropriate for their space.	3
47.	Failure to limit drinking to allowed areas. The allowed areas are living room, group room, and basement and staff offices with the staff member's approval.	3
48.	Failure to be on time for meals	3
49.	Failure to wear either a hair net or gloves while preparing food either for self or others. Hats, cloth or other coverings are not acceptable replacements for a hair net. Gloves do not have to be worn while actively cooking on the stove or putting things in or removing them from a heated oven.	3
50.	Failure to pick up after cooking, eating, snacking etc. Rinse and place in the dishwasher any silver, glassware, china, etc. used. Pots and pans must also be washed and put away.	3
51.	Failure to remain seated for at least 15 minutes at main meals.	3

Sabotaging Behaviors

Many individuals admit themselves to a Community Residence when it is seen as the lesser of two evils. It's better than jail, prison, or some other negative consequence. Better does not necessarily mean good or desired in their eyes. As a result, the person when admitted has a number of different feelings. Frequently there is resentment, anger, resistance and distrust.

It is much easier for someone to access, acknowledge and direct the anger-based emotions at someone or something else rather than inward where they really belong. Occasionally these feelings are expressed through relapse or simply leaving the program. Others break enough rules to be discharged for non-compliance. Still others express their anger in less direct ways. These individuals do not relapse, walk out or break enough rules to be discharged. What they do is behave in an underhanded or sabotaging way.

Everyone has the right to make decisions about how they will live life. All those decisions have consequences. As long as the decision has consequences that affect only the person making the decision we will not intervene. We will respond to them as appropriate.

When a resident makes a decision that impacts others negatively it is not their right. We will intervene, and it is these behaviors that this section addresses.

These behaviors include but are not limited to:

- Failure to participate in group(s) or act in such a way that it interferes with others opportunity to recover.
- Avoiding communicating directly with someone else by going through a third person.
- Engaging in gossip or the rumor mill.
- Intimidation whether physical, verbal or emotional at any time.
- Humiliating or shaming anyone.
- Joining with one or more residents forming a group that splits the residents.
- Engaging in any activity that is generally seen by society as inappropriate and unnecessary. Deliberately passing gas or belching loudly are two examples of this.

When staff identifies a resident engaging in sabotaging behavior a decision will be made. If the behavior is serious enough to warrant immediate discharge, then the person will be discharged. If it is decided that, though damaging, immediate discharge is not called for the resident will be given one opportunity to change the behavior.

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A contract effective for the time specified will be written with the resident. It will identify a behavior or behaviors that are problematic. Specific changes will be listed, and a time limit will be given to make those changes. Immediate change is expected. The time period is to give enough time to practice the change, so it can be kept. If there is no effort to make change discharge may occur prior to the end of the time limit.

When that time expires a decision will be made regarding continued residency. If there has been enough positive change the resident may continue the program. It is expected that the behavior will not resume. If it does there will be no second chance.

If discharge happens because the contract for change failed it will be part of the discharge documentation.

Recommendations to Get the Most Out of This Program

Over time we have seen many behaviors or choices that end up with the resident being discharged. If you want to do everything you can to further your recovery, we recommend that you follow these recommendations.

- Stay out of any new relationship
- Avoid spending excessive time anywhere away from the house.
- Make your peers your primary support system
- We ask that you do not refer to yourself as sober. Sobriety requires years to achieve.
- We ask that you do not swear.
- Think of everything you do here as a beginning of something to be continued for life. We ask that you do not loan money or anything else to other residents. If you do and it is lost NCFH will not repay you for what you have lost. Remember the ancient adage: never a borrower nor lender be!

If you chose not to follow the above and this choice negatively impacts your or others recovery it will become a treatment issue. We will advise you of the changes we believe you need to make. Choosing not to make these changes can result in discharge.

Structured Program Elements

There is a Structured Program that all residents participate in. This Program consists of a combination of Groups, Classes and Exercises that are presented or supervised by personnel of NCFH. The exact content of these structured elements changes over time, as the needs of the residents change.

Areas that have been part of the program from the beginning to date include:

Community Group		Provides an opportunity to enhance interpersonal relationships and communication skills on a feeling level.
Individual Counseling		Provides supportive counseling, formulation of an Individual Service Plan with ongoing revision
Destructive Core Beliefs		Teach residents to identify the inaccurate and destructive beliefs that they have accepted about themselves that in turn keep them sick. Once recognized the task is to change them.

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Relapse Prevention		Introduces basic concepts of relapse/recovery dynamics. To help residents identify relapse indicators and develop individualized strategies to deal with them.
Peer Council		Provides a forum for discussion and to make group decisions that are communicated to Staff through their spokesperson the Senior Peer. Appropriate staff will meet with the entire residency upon request.

Program Priorities

Scheduling conflicts do occur. Those activities listed in Number 1 have the highest priority; those listed in Number 2 have the second highest priority, etc.

1. All Structured Program Elements. This includes appointments, groups, etc. with Outpatient Services
2. Health Services including medical, dental, etc. appointments may conflict with #1. In those cases, these services take priority. This is allowed only with staff approval in advance
3. Voluntary attendance at Self-Help Meetings
4. Recreational and Social Activities

Residents are to schedule their activities accordingly. Resolve potential conflicts, in sufficient time to avoid problems, by talking with the appropriate staff.

Mornings, Monday through Friday are reserved for groups and classes held within the Community Residence. Afternoons, Monday through Friday are reserved for treatment at a local Outpatient Treatment Provider. It is expected that residents work on assignments or attend Self-Help meetings in the evenings. During the weekend's residents may go on pass (if approved by clinical staff for therapeutic reasons), participate in planned leisure activities and attend worship services.

Length of Stay

To be discharged, as Program Complete requires the completion of numerous exercises designed to help you:

- Identify the steps in your relapse process and assist you in designing an effective relapse prevention plan
- Identify your Destructive Core Beliefs, identify attitudes and behaviors that support them and change them

There are minimum lengths of time between these exercises. No one can do an exercise before the minimum length of time specified.

The date that an individual will do the exercise will most likely be later than the earliest date that it can be presented. This depends on numerous factors. These include but are not limited to: resident readiness including level earned and seniority. The final exercise tends to trigger regression in those that complete it. Because of that we strongly urge residents commit to at least 30 days of residency after completing this exercise. This allows time to identify, halt and grow beyond the regression.

The last 30 days a resident will meet weekly with your Addictions Counselor to assure housing is in place and referrals have been made for outpatient treatment, medical appointments, legal appointments. There are times when an early discharge is necessary (e.g., a job, school family circumstances). In these cases, the counselor and resident will work closely to assure that appropriate closure is made, and appointments/housing are in order

Because of these factors we cannot provide an expected length of stay.

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Program Levels and Privileges

How Resident Attitude and Behavior Impact the Level Earned

A resident adjusts and grows over time determines levels and privileges.

Advancement depends upon a combination of things. Some of these are clearly measurable. For example, a resident's point total is either zero or a specific number. Other indicators not so easily measured can be even more important to recovery than the easily measured ones.

For example, one peer may not directly threaten another peer but still be threatening. Telling stories that center on the violence done to others by one peer can be threatening to other peers indirectly. The tone of voice, body posture, or the way someone looks at someone else can also be threatening.

Though not a direct threat, this behavior is damaging to everyone involved. The person that makes the implied threat avoids or stops honest feedback and builds a defensive wall that interferes with recovery. Those being indirectly threatened are denied the safety in which their recovery can progress and to which everyone is entitled to live.

If we limited our conditions for advancement to objective or measurable items and ignored subjective or not easily measurable items, we would not be doing our job. It would make it possible for a resident to complete this program and advance through the levels by keeping a low profile, following all the rules, and doing just enough to get by. Just getting by is not what recovery or life is all about.

To avoid this kind of situation from occurring, advancement to and retention of levels requires work that is measured both objectively and subjectively.

Every resident begins on Level I. All requirements for advancement in Level must be met prior to advancement. Once a level is earned continued effort is required to keep it.

Each week a resident's progress will be assessed and the Level Earned will be posted. A resident on Level IV could drop to Level I. Length of time in the program has no impact on how low the level may drop.

Once a level is reached it is kept by continued work. This means that anyone on Level III must continue to meet all the requirements of Level I, Level II and Level III to stay on Level III. If advancement in a level creates a privilege the rule for the highest level will be the one followed.

Anyone going on a **Pass** must be on the Level necessary for that pass **at the time the pass starts.**

A pass may be approved based upon a resident's actual or anticipated Level status. If the Level changes so that the resident no longer qualifies for the pass or the anticipated Level is not reached, **the pass is cancelled.**

Of course, this does not apply to **Emergency, Medical, or Legal Passes**

Honesty and the Level System

Every new resident is trusted to comply with the rules for his level. If trust is abused, it becomes apparent quickly and both peers and staff will address it.

Abuse of this trust or honor system will result in consequences. What the consequences are may range from a decrease in the Level to discharge, in the most extreme cases.

Level Determination

A resident's level is determined by comparing what the resident has accomplished to the requirements for each level. The resident is then placed on the highest level that all conditions have been met.

There are two sets of conditions.

The first set is objective. This includes anything that is concrete and does not require staff making a judgment to determine. This set includes:

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- Length of time in residence. This is determined by counting the number of full days since admission. The actual day of admission does not count toward time in residence
- Total Number of Points
- Has all required documentation been completed (this includes appropriate discharge planning)
- Has the resident been admitted to and continuing satisfactorily with an Outpatient Treatment Provider
- Have all required Clinical Exercises and or Assignments as indicated on the **Requirements for Discharge as Program Complete** been satisfactorily completed
- Is there satisfactory progress in meeting the goals specified in the Comprehensive Service Plan

The second area examined depends on staff judgment. The primary staff members responsible for this area are the Residence Managers and Addictions Counselors. Any staff member may provide additional input. Other sources of information about resident behavior and attitudes may be used in the determination of the Level earned.

The set of behaviors and or attitudes that are examined are listed for each Level under “**Earning and Keeping Levels**”.

A resident will be placed on the highest level that they have met all requirements, both objective and subjective.

Approval of the Residence Manager and Addictions Counselor

Advancement in Level requires the approval of both of the above staff. The type of behaviors and attitudes each person looks for are similar while somewhat different based upon his area of responsibility.

Responsibilities While on Level I

All residents are expected to be actively working toward earning Level IV status. Any resident not working toward his growth and development will be discharged. If one is not moving forward, he is going backwards.

Privileges during Level I:

May come and go for up to **two (2) hours** once a day from 10:00 am to 7:00 pm Monday through Friday with another peer for first seven days above a Level I. On Saturday, Sunday and Holidays may come and go for up to **two (2) hours** twice a day. Church attendance must be within the two hours. Self-Help meeting attendance or activities that are approved by either the Residence Manager or Addictions Counselor and documented in the Shift Report does not use two hours for that day. Signing in and out with an accurate destination is required. Attendance at meals and all other responsibilities must still be met. House sponsored and/or staff (Executive Director, Administrative Assistant, Addictions Counselor, Residence Managers only) activities are the only exceptions to the 7:00 pm Curfew.

Earning and Keeping Level II Requires

Measurable Requirements

- More than 28 days in residence
- A Point Total of 19 or less
- All NCFH Admission Paperwork and both the Initial and Comprehensive Service Plans Completed
- Admitted to an approved Outpatient Treatment Provider
- All Level I tasks as indicated on the **Requirements for Discharge as Program Complete** must be completed

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Observable by Resident Manager

- Is honest at all times
- Treats both Peers and Staff with Courtesy and Respect
- Minimal or no isolation
- Works well with at least five peers
- No use of intimidation or threat either direct or implied
- No relationship internal or external is interfering with resident progress

Observable by Addictions Counselor

- Is honest at all times
- Engaged in Classes and Groups
- Meaningful Self-Disclosure
- Defenses are not a total block to progress
- All Assignments reflect effort not compliance
- No relationship internal or external is interfering with resident progress

Privileges During Level II:

1. May come and go for up to **five (5)** hours from 10:00 am to 9:00 pm. Signing in and out with an accurate destination is required. Attendance at meals and all other responsibilities must still be met. Planned, staff approved, house sponsored activities are the only exceptions to the 9:00 pm Curfew
2. When requested 24 hours in advance and with the approval of the Addictions Counselor may attend one Self-Help meeting per week (every 7 days) with their sponsor
3. May apply for and if approved have a one-day pass once every 28 days*
4. May apply for and if approved have one weekend pass every 28 days*

Approval of Passes is not automatic and will be approved only if it appears that it is in the best interest of the individual.

*Once every 28 days means that there will be 28 days between the beginning of one pass and the next. Day passes, and weekend passes are separate, and the 28-day rule is applied separately to each.

Earning and Keeping Level III Requires Everything from Level I and II Plus

Measurable Requirements

- All Level 2 tasks as indicated on the **Requirements for Discharge as Program Complete** must be completed
- More than 123 days in residence
- A Point Total of 14 or less
- Outpatient Treatment is Continuing successfully unless Discharged as Program Complete

Observable by Resident Manager

- No isolation

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- Works well with all peers. (If there is a peer on Level I that has not become part of the community and is obviously not yet willing to work with other peers it will not be held against a more senior peer. This does not excuse the more senior peer from continuing to be available to the peer on Level I as a model of mature, healthy behavior.
- Is a Role Model most of the time in all places. Any more than one indication that the resident is not living up to this standard of behavior will result in this advancement indicator being disallowed. Some examples of unacceptable behaviors are:
 1. Arguing over who gets what seat in the van
 2. Arguing about the radio station or cranking up the volume in the van
 3. Acting inappropriately at functions in the community or being immature in the house
 4. Making others wait, beyond the agreed 15 minutes after the meeting ends, because .to speak with someone
- Accepts feedback and makes positive changes in response
- No relationship internal or external is interfering with resident progress

Observable by Addictions Counselor

- Growth since admission is obvious. Obvious means that specific changes in attitudes and behaviors can be identified.
- Acts as a Role Model in all Clinical settings
- Defenses do not block progress
- Accepts feedback and makes positive changes in response
- Focus is on self and individual change needed to continue personal growth
- Understands need for and is supportive to others. Focus on self and growth in recovery now includes an understanding, with appropriate supporting behaviors, that it is only through being there for and giving to others that recovery can continue

Privileges during Level III:

1. May come and go for up to **five (5)** hours from 10:00 am to 10:00 pm. Signing in and out with an accurate destination is required. Attendance at meals and all other responsibilities must still be met. Planned, staff approved, house sponsored activities are the only exceptions to the 10:00 pm curfew.
2. May submit and take* a one-day pass once every 14 days**
3. May submit and take* a weekend pass every 14 days**
4. May be absent from one main meal per week by notifying the Residence Manager at least 24 hours in advance
5. With 24-hour advance notification of the Addictions Counselor, the resident may travel, on a voluntary basis, to one Self-Help Meeting per week with their sponsor

*Passes for Level III residents are usually approved. Passes must be submitted in a timely manner. Staff may discuss the wisdom of a questionable pass with a resident. The decision to go or stay on that pass remains with the resident. When in our judgment the pass is clearly not in the resident's best interest we reserve the right to disapprove the pass. Disapproval will require that the Executive Director be in agreement with the Addictions Counselor that the pass is ill advised.

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** Once every 14 days means that there will be 14 days between the beginning of one pass and the beginning of the next. Day passes, and weekend passes are separate and the 14-day rule is applied separately to each.

Earning and Keeping Level IV Requires Everything from Level I, II and III Plus

Measurable Requirements

- All Level 3 tasks as indicated on the **Requirements for Discharge as Program Complete** must be completed
- More than 159 days in residence
- A Point Total of 9 or less
- Outpatient Treatment is continuing successfully unless Discharged as Program Complete

Observable by Both the Residence Manager and Addictions Counselor

- Shows continued growth
- Fully Engaged in Program
- Is a Role Model everywhere all of the time
- Outside activities further recovery without detracting from Program Responsibilities.
- No relationship internal or external is interfering with resident progress.

Privileges of Level IV:

1. May come and go from 10:00 am to 10:00 pm. Signing in and out with an accurate destination is still required but there is no specific time limit. Planned, staff approved, house sponsored activities are the only exceptions to the 10:00 pm curfew. Attending meals and all other responsibilities must still be met
2. May submit and take* Day Passes as desired
3. May submit and take* Weekend Passes that may start at 7:00am on Friday and end at 10:00 pm on Sunday, as desired. If a resident on Level IV wants to leave before 7:00am on Friday morning a pass must be submitted to and approved by the Addictions Counselor
4. Make any arrangements desired for transportation to outside appointments, meetings and functions. If you have already requested transportation from NCFH or agreed to go to an event these obligations must be met
5. Policy: Residents on Level 4 may have a motor vehicle for their use with the permission of the Executive Director.

Procedure for Requesting Permission to have a personal motor vehicle

1. A resident who has achieved Level 4 may request, in writing, permission from the Executive Director to have a motor vehicle for their use. The approval or disapproval to have a motor vehicle will be in writing from the Executive Director.
2. **If a resident loses Level 4 status, permission to have a vehicle is automatically revoked immediately and permanently.**
3. When a person loses the privilege of having a vehicle, the keys must be turned into the staff person on duty, and the vehicle parked on NCFH property as directed by staff.

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Notes:

- The driver is responsible for knowing whether a passenger can ride in the vehicle. Only Level IV peers are allowable passengers.
- The vehicle may be used while on pass.

*When in our judgment any pass is clearly not in the resident's best interest we reserve the right to disapprove the pass. Disapproval will require that the Executive Director be in agreement with the Addictions Counselor that the pass is ill advised

Loss of Level IV Status and Privileges

Any staff member may speak with the Executive Director about a specific behavior or incident that is believed to be a serious breach of our expectations for those on Level IV. The Executive Director may decide to remove Level IV status including privileges at that time. The Executive Director will also decide what the resident's new Level will be based upon the circumstances. This reduction will remain in effect for a minimum of seven days. On the first Wednesday following the minimum seven days the normal Level determination will resume.

Medication Assisted Treatment (MAT)

Medication assisted treatment (MAT) is the use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders. A combination of medication and behavioral therapies is effective in the treatment of substance use disorders and can help some people to sustain recovery. NCFH supports the use of medication assisted treatment. If you are currently using MAT or are interested in beginning MAT, NCFH will facilitate an appointment with an addiction medicine provider in as timely a manner as possible.

Transportation

Transportation Requests

All transportation of residents by corporate, private or public transportation must be pre-approved in writing on an **Individual or Group Transportation Request** with the following exceptions:

- Residents may make any arrangements desired for private or public transportation while on an approved Pass (this does not include normal sign out)
- Residents on Level IV may make any private or public transportation arrangements as desired

Individual and Group Transportation Requests:

- Are available from the Residence Manager
- Individual requests are to be submitted as soon as possible but no later than one business day in advance for the following:
 - Medical and Dental Care
 - Counseling Appointments
 - All other Professional Appointments

Requests for transportation on Monday are to be given to the Residence Manager as early as possible but no later than 9:00 am Thursday.

- Outpatient Groups

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- Group requests, by at least half of the residents not on pass, for activities such as going to the gym, shopping etc. may be submitted to the Residence Manager at any time but at least 24 hours before the proposed event. The Residence Aides have no ability to approve such requests and they will not contact their supervisor for special permission. **Plan ahead!**
- The Residence Manager is to be notified of cancellations and/or changes.

Appointments must be rescheduled when transportation is unavailable.

If approval has been granted for an ongoing activity a **Transportation Request** must still be submitted each time the resident is transported.

Tobacco-free

NCFH fully supports the OASAS regulations regarding tobacco-free treatment. From financial, health, recovery and relapse prevention perspectives the individual that stops using tobacco wins. Few people that will honestly examine their tobacco usage would argue that they are further ahead by continuing to use. The difficulty is in the details. Withdrawal from nicotine is hard. Our goal is to make this as painless as possible and provide support.

Almost everyone admitted has had a period of significantly reduced use or abstinence from the use of tobacco. Some withdrawal symptoms as well as psychological ones continue. Still the worst is over. Don't give in.

There is a safety net for anyone trying not to use a substance. The trick is to not have the substance readily available. If someone decides to use after a period of abstinence and the substance is at hand the odds of not using are very poor. If on the other hand, it requires a series of behaviors to obtain that substance each action required is an opportunity to re-think the decision to use. In essence this is much of what the OASAS regulations provide.

We know that we can't stop anyone from using tobacco if he is determined. We can offer support by not allowing tobacco products or paraphernalia to be easily accessed. We can also offer support in other ways.

- Staff is always available to talk and offer support.
- Nicotine patches, gum and throat lozenges are available from your Primary Care Physician. Patch and gum can be used together for greater relief if necessary.
- We will refer to other programs or medical providers as available.

There are consequences, in the form of points, for failure to comply with program rules. Tobacco products and paraphernalia will be viewed as contraband the same as alcohol or other drugs. NCFH will confiscate these when found and they will be destroyed.

A room search for contraband will be done at staff discretion. In addition, any resident may be asked to empty his pockets at any time. Failure to do so will be treated in the same way that failure to submit to an alcohol or drug screen is. Our primary objective is to help residents stop and stay stopped.

Frequently the response to becoming tobacco-free is "No one is going to tell me how to live my life or that I can't use tobacco." Our hope is that the resident with that attitude will carefully and honestly consider what is really going on. Is the real issue "being forced" or is this a way to avoid dealing with one more addiction?

Passes

A pass is an approved absence from the facility. A pass request is to be submitted whenever it is likely that a resident will need to be away from the residence more hours than their Level allows. If in doubt submit the pass request.

A pass is not a vacation from working on recovery.

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There are no other passes than the ones listed below.

Types of Passes

- **Day Pass**

A **Day Pass** starts at the time approved by the Addictions Counselor for **Saturday or Sunday only** and ends at Level curfew of that day.

- **Emergency Pass**

An **Emergency Pass** depends on individual situations and is granted by the Addictions Counselor or Executive Director.

- **Legal Pass**

A **Legal Pass** starts and ends as approved by the Addictions Counselor. Before any **Legal Pass** is approved we must be able to verify from the Legal Agency involved or the resident's attorney that a personal appearance is required.

- **Medical Pass**

A **Medical Pass** must be submitted for any medical procedure that **may** require an absence from the residence of more than 8 hours. Starts and ends as approved by the Addictions Counselor.

Before any **Medical Pass** is approved two conditions must be met. They are:

We must be able to verify directly from the Medical Provider that the procedure is scheduled.

We must determine that the procedure makes sense both from a medical and recovery point of view. We will not interfere in the provision of any medical care. Certain choices by a resident however may indicate that this program is inappropriate for them and that a referral elsewhere is in everyone's best interests.

- **Special Pass**

A special pass may be submitted for situations that would not be covered by any other type of pass. There must be a good reason for the pass to have it approved.

- **Weekend Pass**

A **Weekend Pass** starts on **Friday** and ends on Sunday at the times approved by the Addictions Counselor.

For residents on Level IV a **Weekend Pass** that only requires submission* starts at 7:00 am on Friday Morning and ends at 10:00 pm on Sunday. If a resident on Level IV wants to leave before 7:00 am on Friday morning a pass must be submitted to and approved by the Addictions Counselor.

*When in our judgment, the pass is clearly not in the resident's best interest we reserve the right to disapprove the pass. Disapproval will require that the Executive Director be in agreement with the counselor that the pass is ill advised.

Extension of time for Weekend Passes

All passes are intended to allow the resident time to work on specific recovery issues. Resident's from St. Lawrence County are in effect given longer time "at home" than resident's that have to travel long distances to get home. Residents that live outside of St. Lawrence County may be allowed additional travel time on Friday only.

The following conditions must be met before a **Weekend Pass** starting on Friday will be considered:

1. All other conditions for the pass must be met.
2. The resident must be going to a location outside of St. Lawrence County.

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3. All appointments at other service providers, including Outpatient Treatment must be kept. The failure to keep any appointment will result in 10 Points being assigned. If there is any misunderstanding about whether, you were supposed to attend an appointment we will accept what a staff member of that agency says. If you are concerned about this, request a written excuse or appointment card that indicates a change in appointment from the agency providing you with services. This will be the only acceptable proof in any grievance.

There will be serious consequences if it appears that missing any appointment was deliberate.

If the above conditions are met the pass will start on Friday at the time approved by the Addictions Counselor and end as indicated.

Time between Passes

How often a pass can be taken depends upon the level. If a pass is permitted every 28 days, then 28 days must be between passes*. An individual may not take a pass one weekend for the previous 28 days and then take a pass the following week for the next 28 days.

To determine when the next pass may be submitted, the first day of the previous pass is counted as day one. If the pass began on a Friday that would-be day one, day 14 or 28 would fall on a Thursday. The next pass could begin on Friday.

Each type of pass is considered separately. It would be possible to take a Weekend Pass this weekend and then a Day Pass the following week.

*Exception: If a previous weekend pass was approved to start on Friday technically the next weekend pass could not start until Friday. To allow weekend passes starting on Friday 13 or 27 days between passes will be accepted.

How Passes Are To Be Requested

To apply for a **Day Pass** or **Weekend Pass**, complete a request form and give it to the Addictions Counselor no later than 1:00 pm on the Wednesday before the pass is to begin. The Addictions Counselor decides if the pass should be approved.

All **Medical Passes** or **Legal Passes** are to be submitted as soon as the resident can after becoming aware of the need for a pass.

Emergency Passes are submitted as needed.

Special Passes are submitted as needed.

Resident's Responsibilities Associated with Passes:

- Plan for your pass and have enough money for the pass. ***NCFH will not advance money for a pass.***
- Return from pass on time. The only staff members that may approve the extension of a pass are the Addictions Counselors, or Executive Director
- Notify staff on duty of a decision not to use an approved pass
- Arrange for transportation. NCFH will provide transportation to and from the Canton or Potsdam Bus Stations only. Anyone using transportation other than the bus will have to make arrangements for transportation from the residence and to the residence
- Get required medications from the staff
- Make written arrangements to have chores done and give this to the Residence Manager
- Notify staff immediately upon return

Returning to the residence **ENDS** the pass.

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Resident Level At The Time a Pass Starts

Anyone going on a **Day Pass**, or **Weekend Pass** must be on the Level necessary for that pass **at the time the pass starts**.

A pass may be approved based upon a resident's actual or anticipated Level status. If the Level changes so that the resident no longer qualifies for the pass or the anticipated Level is not reached, **the pass is cancelled**. (Emergency, Medical or Legal passes are not cancelled.)

Approval of a **Special Pass** is not linked to a resident's level.

When returning from an overnight pass

As mentioned above when on pass your chance of exposure increases from the variety of places you go and the length of time that you are there. We require that you put all of the clothing in a plastic bag on return and go change. Add the clothes you have just removed to the others you brought back will be put in hot box.

Religious Services

Spiritual growth is an important part of recovery and we strongly support this without requiring any particular path. If you wish to attend formal religious services, you may, but there are certain conditions

Resident's may attend services within walking distance whenever they wish as long as they have sufficient time to attend and return within times allowed by their current level and attendance does not conflict with other program obligations. All that is required is to sign in and out with an accurate destination.

A resident may attend services at a location beyond reasonable walking distance once per week. Transportation both to and from is the resident's responsibility. The person providing transportation should ideally be someone that will be attending services as well.

When special times or arrangements are necessary to attend services the **Addictions Counselor** is to be consulted during their normal working hours, no less than 24 hours prior to services. Counselors will provide written approval.

The following are expected whenever a resident has a visitor:

The resident may have visitors during these hours

Monday through Friday 1:00 pm. to 9:00 pm

Saturday, Sunday and Holidays 10:00 am to 9:00 pm

The resident is to advise their visitor(s) that this is a tobacco-free program prior to the visitation if possible. The resident is also asked to tell their visitor(s) that the basement, second floor, bedrooms and staff areas are off limits unless accompanied by staff.

Visitors are not to be under the influence of alcohol or drugs.

Visitors are not to bring tobacco products or paraphernalia onto corporate property. We will advise them of this at the time they sign in.

Visitors are expected not to swear or use any language that a resident would not be permitted to use.

There will be no physical contact with a visitor including public displays of affection.

Visitations will not excuse residents from regular program activities or responsibilities.

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If the resident would like to have a visitor as a guest at a meal the Residence Manager should be advised in advance.

Any visitor that is not able to comply with these expectations will be asked to leave. Repeated violations will result in that person no longer being allowed on corporate property.

Visitation by Former Residents

Former residents may return for visitation during normal visiting hours with the following exceptions:

1. In possession of or under the influence of alcohol or drugs.
2. Since discharge has behaved inappropriately while on corporate property or with current residents and has been advised by staff that they are no longer welcome.

Discharge & Retention

Zero Tolerance Policy

Relapse is taken very seriously at NCFH. Any relapse on any mood-altering substance by a resident will be considered grounds for administrative discharge. The decision will be made at the discretion of the clinical staff with input from the Administrative Team. Under usual circumstances the resident will be referred to some type of crisis center for assessment and evaluation for the appropriate level of care.

If a resident is deemed appropriate to return to our Community Residence after a referral to a detox, crisis center evaluation or inpatient facility and has followed through with their recommendations, no guarantee can be made that a bed will be open at this residence. If there is no available bed, the resident will be placed on the waiting list, he or the referring Agency will be encouraged to apply to another residence.

If the decision is made to discharge a resident after a relapse, every effort will be made to transfer the resident to an appropriate level of care at another facility. If the resident chooses to return home, transportation arrangements will be made.

If a resident is in possession* of or uses Over the Counter Medication, Prescribed Medication, or Substances that are not illicit per se but can be used to produce a high, discharge is automatic. It is the resident's right to appeal the discharge, but the possession or use will be considered a threat to the community and he may not continue in residence while the appeal is being considered.

* All Over the counter and prescription medications will be kept securely by NCFH. The only time a resident may keep medications on their person or in their room with written permission which is to be kept with the medication at all times.

Discharge Intent

Our goal is to discharge each person admitted as Program Complete All Goals Met. Whenever we see that someone is unlikely to achieve that goal efforts are increased by the entire team here and at Outpatient to attempt to meet the individual's needs so retention is possible. With the resident's cooperation, we attempt to identify the problem, its cause(s) and develop a plan to address the issue(s). These efforts and their results will be documented in the weekly Progress Notes.

Every discharge is intended to be in the best *long-term* interest of the resident and the community here. Sometimes this is a straightforward and simple decision; often it is a complex one. Each discharge is based upon the individual resident's circumstances.

It is our policy to discharge residents under the most positive circumstance consistent with behavior and circumstances.

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The actual wording for the type of discharge used in the Discharge Summary will be consistent with that used by NYS OASAS at the time of discharge.

Resident Initiated Discharge

We do not keep any resident against his will. Any resident is free to leave at any time. The Discharge Type will reflect the circumstances of discharge.

An individual leaving “voluntarily” in an attempt to avoid another type of discharge is not workable. For example, a resident with 27 points that is about to get an additional 3 points who says that he is leaving will not receive a more favorable discharge.

Any resident that chooses to leave prior to advising staff or without staff knowledge will be reported to the authorities at the end of twenty-four hours because he is AWOL and this presents an unknown danger. This will trigger a search involving many agencies to ascertain the individual’s location. To avoid this, advise staff that you are leaving and provide contact information.

The type of discharge depends on circumstances to meet NCFH and OASAS conditions for a specific discharge.

NCFH Initiated Discharge against Resident Wishes

Discharge Appeals Procedure

(a) The Executive Director shall be responsible for any recommendation to discharge a patient against the patient’s wishes. The Executive Director or his or her designee shall implement such recommendations only after he or she:

1. reviews the recommendation to discharge to ensure that the reason(s) is fair, not arbitrary or capricious, and is serious enough to warrant discharge;
2. reviews and evaluates the patient's total response to treatment, in light of the recommendation to discharge;
3. confers with appropriate staff to discuss the patient's response to treatment and the recommendation to discharge;
4. confirms that, within reasonable clinical judgment, all incremental interventions have been tried and failed, including consideration of transfer to another provider;
5. provides a written notice to the patient that indicates the reason(s) for the recommended discharge as well as required information on how to appeal;
6. if the patient appeals, the Executive Director meets with the patient to review the appeal no sooner than 24 hours after provision of the notice, to allow the patient time to seek the advice of others, if desired, and discusses with the patient the reasons to implement or rescind the recommendation to discharge;
7. informs the patient in writing of the appeal decision no later than 72 hours after the appeal is made;
 - (i) if discharge is decided after the appeal, assures that the patient receives information about treatment and referral options;
 - (ii) if rescission of the discharge is decided after the appeal, assure the patient full opportunity to continue treatment anew.

(b) For inpatient and residential providers, no patient shall be forced to leave the service until after completion of the aforesaid process. No patient shall be forced to leave the service between 6 P.M. and 8:00 A.M. unless appropriate arrangements have been made. Safe and appropriate transportation, travel arrangements, and travel costs shall be provided or arranged as needed.

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(c) None of the foregoing shall apply to an emergency discharge where the individual is reasonably determined to be a danger to others. A provider may make an emergency discharge immediately upon making such a determination, subject to the patient's right to appeal after the patient is discharged.

(d) A discharge pursuant to a patient's refusal to consent to a proper request to search in accordance with Section 815.10 of this Part may be made immediately upon the refusal, subject to the patient's right to appeal after the patient is discharged.

(e) All of the foregoing must be documented in the patient's record. Said documentation shall consist of all resident records to date and scanned copies of the **Notice of Discharge for Cause** and **Findings of Discharge for Cause Appeal**

Discharge under Emergency Circumstances

Any resident that:

- Is a threat to self or other's.
- Has tested positive for the use of alcohol or other substances and leaves corporate property.
- Consistently behaves in a way that creates an atmosphere for Residents or Staff that is disruptive to the overall program.

will be discharged immediately under Emergency Circumstances. This includes safe housing to the extent the residents' behavior allows. The appeals process may be started and or continued even though the individual is not residing in the residence. This process is explained in the written notice given to or mailed to the resident.

Discharge not under Emergency Circumstances

Generally, the resident may continue in residence until the Appeals Process has completed. During this period the resident must abide by all program rules and behave in a way that is non-disruptive. Doing either consistently will constitute choosing not to use the Discharge Appeals Procedure and ends the right to appeal.

Referral to Other Services

At the individual's request, NCFH will attempt to assist the resident in making appropriate referrals including further addiction treatment. The primary responsibility for obtaining continued or additional services is that of the resident. The Addictions Counselor or other staff will provide support and guidance by allowing fax and phone usage and written documentation requested. Proper releases of information must be signed. In those situations, where the resident is incapable of doing the necessary work staff will assume the lead role.

When it is obvious that services needed by the resident are unavailable locally, referral to other services will be discussed with the resident. The results of that discussion will guide additional planning.

We will not make referrals to other services when it is apparent that the request for a transfer is to avoid the consequences of disruptive behavior. At the residents' request and with signed releases we will provide information to whomever the resident requests. That information will be accurate from our perspective. Upon request the resident will be given the opportunity to revoke the release of information except in the case of a release that is non-revocable.

Readmission

A former resident may request readmission through the normal admission process. All admission criteria must be met. The Executive Director will make the determination regarding appropriateness for readmission.

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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

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 to be paid for services. Generally, you must also sign a written consent

before the program can share information for treatment purposes or for health care operations. However, federal law permits the program to disclose information in the following circumstances without your written permission:

1. To program staff for the purposes of providing treatment and maintaining the clinical record;
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;
8. 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 it to make the disclosure. Any such written consent may be revoked by you in writing. (NOTE: Revoking consent to disclose information to a court, probation department, parole office, etc. may violate an agreement that you have with that organization. Such a violation may result in legal consequences for you.)

Furthermore, redisclosure of your information is prohibited. Another signed release must be obtained prior to any further disclosure of your information.

* 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 2

Your 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.

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- You have the right to request that 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 also 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 also 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 patients with an updated notice and will provide affected former patients with new notices when substantive changes are made in the notice.

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Complaints and Reporting Violations

Patients have the right to make a complaint about the Confidentiality and Privacy of their Health Information. The patient may complete a complaint form (per program grievance procedure) and/or submit a complaint directly to:

Jennifer Barron
25 Dies Street
Canton, NY 13617
Phone: 315-379-0139

The patient may also register a complaint with the:

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

Voice Phone (212) 264-3313
. FAX (212) 264-3039
. TDD (212) 264-2355
OCR Hotlines-Voice: 1-800-368-1019

You will not be retaliated against for filing such a 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.

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Voluntary Participation

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

Patient Rights

Each patient has the following rights:

- (1) to receive services that are responsive to individual needs in accord with an individualized treatment plan, which the patient helps develop and periodically update;
- (2) to receive services from provider staff who are competent, respectful of patient dignity and personal integrity, and in sufficient numbers to deliver needed services consistent with regulatory requirements;
- (3) to receive services in a therapeutic environment that is safe, sanitary, and free from the presence of alcohol or other drugs of abuse;
- (4) to know the name, position, and function of any person providing treatment to the patient, and to communicate with the provider director, medical director, board of directors, other responsible staff or the Commissioner;
- (5) to 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;
- (6) to receive information about provider services available on site or through referral, and how to access such services;
- (7) to receive a prompt and reasonable response to requests for provider services or a stated future time to receive such services in accordance with a individual treatment plan;
- (8) to know the standards that apply to his or her conduct, to receive timely warnings for conduct that could lead to discharge and to receive incremental interventions for noncompliance with treatment plans;
- (9) to receive in writing the reasons of a recommendation of discharge and information of appeal procedures;
- (10) to 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) to examine, obtain a receipt, and receive an explanation of provider bills, charges, and payments, regardless of payment source;
- (12) to receive a copy of the patient's records for a reasonable fee;
- (13) to be free from physical, verbal or mental abuse; (14) to be treated by provider staff who are free from alcohol or drug abuse; Patient Rights Continued

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(15) to be free from any staff or patient coercion, undue influence, intimate relationships, and personal financial transactions;

(16) to 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 service in accord with applicable state and federal law; and

(17) the following rights apply to patients who reside in an inpatient/residential setting:

(i) to practice religion in a reasonable manner not inconsistent with treatment plans or goals and/or have access to spiritual counseling if available;

(ii) to communicate with outside persons in accord with the individualized treatment plan;

(iii) to freely communicate with the Office, public officials, clergy and attorneys;

(iv) to receive visitors at reasonable times in relative privacy in accord with the individualized treatment plan;

(v) to be free from restraint or seclusion.

(vi) to have a reasonable degree of privacy in living quarters and a reasonable amount of safe personal storage space;

(vii) to retain ownership of personal belongings, that are not contrary to treatment goals;

(viii) to have a balanced and nutritious diet.

(18) Participants referred to a faith-based provider have the right to be given a referral to a non-faith based provider

Patient Rights concerns may be directed to:

**Program administrative staff
Executive Director 315-379-0139**

and/or

NYS Office of Alcoholism and Substance Abuse Services Patient Advocacy #1-800- 553-5790

North Country Freedom Homes, Inc. Community Residential Services Handbook

Patient Responsibilities

Participation in a chemical dependence service presumes a patient's continuing desire to change lifestyle habits and requires each patient to act responsibly and cooperatively with provider staff, in accord with an individual treatment plan and reasonable provider procedures. Therefore, each patient is expected to:

- (1) work toward the goal of abstinence from drug, alcohol, and tobacco use;
- (2) treat staff and other patients with courtesy and respect;
- (3) respect other patients' right to confidentiality;
- (4) participate in developing and following a treatment 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; and
- (10) act responsibly and observe all provider rules, regulations and policies;