



Catholic Charities Leominster

196 Mechanic Street
Leominster, MA. 01453

A Program of Catholic Charities
Website: ccworc.org

Facebook: Catholic Charities Worcester County

CLIENT MANUAL

MAIN OFFICE: (508) 754-1865

FOR CLIENTS ONLY

ABOUT THE CLIENT MANUAL

This booklet describes the most important policies and procedures as a Recovery Home model for women that is shaped to meet the Bureau of Substance Addiction Services “Standards of Care” and the ASAM 3.1 Level of care in the treatment of both Substance Use Disorders and Co-Occurring Enhanced Disorders.

If you decide to come to Catholic Charities Leominster, we assume that you are ready to commit yourself to a daily program of recovery, to accept the discipline of a structured community, and to cooperate with us, clients and staff, while preparing yourself towards future independent living.

For our part, we will attempt to provide you with a healthy, *substance-free* environment, one in which you are consistently challenged to work toward your recovery. There will be opportunities for individual counseling, clinical education concerning health and wellness, psycho-educational and addiction and mental health related groups. At your request and as a team of helping professionals we will also attempt to assist you in solving any problems (Health, family, legal, financial etc.) that could impede your progress while in treatment.

As a participant in our program, you will also have an opportunity to attend other self-help meetings in the community that may be of benefit to your personal recovery needs. It is our belief and experience that participation in a milieu of services and self-help groups will be crucial to your ongoing recovery efforts while in treatment and more importantly after leaving our program.

Recovery from addictions and your overall well-being is your personal responsibility. No other person can achieve this for you; nor can any program. However, with your cooperation and commitment, Catholic Charities Leominster is here to assist you in this process.

MANUAL UPDATED: 12/23/19 by: A.B.

Catholic Charities Leominster Program Mission

Catholic Charities Leominster is a 16-bed residential rehabilitation treatment program (Recovery Home) for adult females who present with a Substance Use Disorders and Co Occurring Enhanced Disorder(s). The express purpose of Catholic Charities Leominster is to provide a clinical based substance-free environment for women. Catholic Charities Leominster provides the necessary rehabilitation services to strengthen and maintain residents' physical, mental and emotional stability in their fight towards regaining control of their lives in hopes of returning to an independent, stable and substance-free life style.

Catholic Charities Leominster operates as a "voluntary" 24-hour Residential Recovery Home model operating 365 days a year. The target population for Catholic Charities Leominster will continue to address adult females, ages 18 and over, who present with both a substance use and co-occurring enhanced disorder(s). Specific outreach will be undertaken for all women of minority, who are Opiate Dependent /IV drug users, HIV/AIDS status and at risk, who are physically disabled, homeless and in need of other services that can be provided by our agency.

Catholic Charities Leominster will also interview any adult females within the Department of Corrections of Massachusetts who are incarcerated for substance use related crimes and present with a co-occurring disorder. Such potential clients are referred by either the Department of Corrections and/or that of the Massachusetts Probation and/or Parole Boards. Catholic Charities Leominster is also a handicap accessible building and provides one handicap bedroom and handicap accessible bathroom and shower room. Residents at Catholic Charities Leominster will primarily be from the Worcester County geographic region, but accepts any and all referrals from the entire Commonwealth of Massachusetts. Most referrals will originate from local acute detox units (ATS), Clinical Stabilization Units (CSS), and Transitional Support Services (TSS), Hospital based facilities, Emergency Crisis Services along with Justice Related Providers. Self-Referrals are also welcomed.

In consultation with a Counselor and our clinical team, the resident develops goal-oriented treatment goals and continuing care plans designed to develop, maintain, and address both mental health and substance use recovery areas during their treatment time. Prior to the completion of the residents first three months, the resident will begin to work with her counselor on personal aftercare and ongoing treatment needs. Referrals will be made to the appropriate living arrangements, out-patient counseling and therapy, and any other personal needs and goals that are pertinent to that particular resident *prior* to discharge.

Goals within each treatment plan(s) include at minimum:

1. Scheduled weekly sessions with her Counselor/Case Manager to address individual treatment and recovery needs.
2. Attending daily clinical / educational groups related to personal health and wellness, psycho-educational and recovery oriented groups. All groups will be held on-site as noted on the weekly schedule. (5-9 groups per week with minimum of 5-hours of clinical group time per week)
3. Meet with on-site Psychiatrist / Nurse Practitioner on evaluations and medication regimens (if necessary), while remaining in compliance with all prescribed medications and any Medically Assisted Treatment methods that may be in place as directed by such prescriber(s). (see MAT Policy and Medication Policy)
4. Referrals for any other various outside therapy sessions will be made as appropriate to each individual client's needs (via Community Partnerships)
5. Scheduled appointments for various medical checkups with Primary Care Physician and/or Specialists
6. Discuss compliance with probation, parole and drug court(s) conditions, while in compliance in meeting the programs daily structured schedule of care.
7. Begin to seek gainful employment upon ability to do so, (*part time*) and open a bank account for savings towards independent / sober living arrangements upon discharge. Attendance of 5-7 weekly Self-Help Meetings in accordance to each resident's status while working on a support network from the self-help recovery communities.
8. Working with a counselor, residents will develop an Aftercare Plan to address ongoing mental health and recovery needs while also developing the appropriate living arrangements prior to discharge. Referrals can be made to another level of care, a $\frac{3}{4}$ -graduate program, and MASH Certified Sober Housing within the Commonwealth of Massachusetts.

All treatment plans and individual goals are reviewed weekly with the resident and her assigned Counselor. Treatment plan(s) are developed or adjusted according to the particular needs of each individual resident. Catholic Charities Leominster clinical staff may suggest certain behavioral changes or adjustments as well as imposing restrictions to assist the resident in meeting the goals she has established with her assigned Counselor/Case Manager. All residents are allowed two written warnings for failure to meet program policies and procedures as noted in program manual. Also, if resident is not progressing within her personal designed treatment plan(s), she would then be referred to another appropriate level of care. Residents are also expected to be in compliance with the programs daily schedule and its policies and procedures that are in place to safeguard all clients and staff from harm. Consistent failure to reach the established goals may result in the referral of the resident from the program and possible removal from Catholic Charities Leominster once a third written warning is issued for ongoing non-compliance by a resident.

STATEMENT OF MUTUAL RIGHTS AND RESPONSIBILITIES

Your decision to enter Catholic Charities Leominster, and our decision to admit you, constitutes an agreement, with rights and responsibilities for each of us.

You have the right to:

- (1) To expect freedom from physical and psychological abuse;
- (2) To expect freedom from strip searches and body cavity searches;
- (3) To have control over her bodily appearance, provided, however, on program premises that the program may prohibit attire and personal decoration which interfere with an individual's treatment;
- (4) To have access to her client record in the presence of the administrator or designee unless there is a determination that access to parts of the record could cause harm to you as a client.
- (5) The right to challenge information in your client record by inserting a statement of clarification or letter of correction signed by both the clinician and the client;
- (6) The right to obtain a copy of the client's records (105 CMR 164.083: Client Records);
- (7) The right to have the confidentiality of her records secured as required by HIPPA and Confidentiality Laws;
- (8) The right to terminate treatment at any time;
- (9) To have freedom from coercion;
- (10) To treatment without regard for disability, race, gender, gender identity, creed, ethnic origin, sexual orientation, religion, age, or ability to speak English;
- (11) To treatment in a manner sensitive to individual needs and which promotes dignity and self-respect;
- (12) The right to grievance actions or decisions of the licensee regarding the client's treatment; (See Grievance Policy)
- (13) To freedom in practicing her religious faiths;
- (14) The right to request referral to a facility which provides treatment in a manner to which the client has no religious objection;
- (15) Drug screens conducted in a manner which preserves the client's dignity and, when the drug screen is by urine sample, accommodates any medically confirmed inability to give urine by providing for an alternate effective means of screening such as oral swab; and
- (16) The right to file Grievance to Program Administration (*See Grievance Policy pg. 11*) and/or contact the Bureau of Substance Addiction Services Complaint Line. (Refer to "Know Your Rights" policy (*See appendix*)).

We have a right to:

- 1) Determine the nature of our services and establish the rules and regulations that apply to clients.
- 2) Keep a record of your activities as a client, and include an appraisal of your progress in our record.
- 3) Release your record or portions of it with your informed consent or as otherwise directed by law, and destroy your record in accordance with agency policies.
- 4) Review your activities and evaluate your progress at weekly staff conferences, and to expect you to participate in those conferences whenever appropriate.
- 5) Modify our policies and procedures so as to improve the quality and continuity of your care.

ADMISSION POLICY AND PROCEDURE

Catholic Charities does not refuse admission to qualified applicants because of age, race, creed, sexual preference, handicap or inability to pay. To be eligible for admission, candidates must:

- 1) Be at least 18 years old, and a resident of the Commonwealth of Massachusetts.
- 2) Present with both a Substance Use Disorder and that of a Co-Occurring Enhanced Disorder as defined by the American Society of Addiction Medicine (ASAM 3.1). Have completed a routine physical within the past twelve calendar months or are willing to schedule such a physical with the proper medical doctor within 30-days from admission into the program.
- 3) Present with a history of inpatient psychiatric hospitalization(s), or two or more Emergency Mental Health visits within the past 90-days or a history of unsuccessful attempts at other residential settings and levels of care.
- 4) Be capable of self-preservation as determined by testing upon interview with Program Director / Clinical Director. Indicate their willingness to participate in the rehabilitation program of Catholic Charities by signing a Consent to Treatment Form upon admission and work on an agreed upon Treatment Plan with their assigned Counselor within first 7-days of admission.
- 5) Clients are not required to pay for services but should be made aware that their insurance company will be billed for Stated services as appropriate.

Applicants are admitted according to the following procedures:

- 1) All applicants are required to participate in either an on-site face to face interviews, by phone referral, or with arrangements to do interviews at referring sites and agencies. Appointments for screening interviews may be made by phone number (508)-860-2222 and are normally scheduled between 9 a.m. and 4 p.m., Monday through Friday. Interviews are scheduled with the Program Director or her designee as openings become available.
- 2) After such interview(s), eligible candidates who indicate their desire to enter Catholic Charities Recovery Homes (in the treatment of both Substance Use and Co-Occurring Enhanced Disorders) are then placed on a waiting list and given an anticipated date of admission (according to bed availability). If a candidate is without her own safety resources during the interim waiting list period, we will attempt to seek referral arrangements to outside resources while awaiting your placement into our program.
- 3) While awaiting admission, applicants are required to maintain their abstinence from substance use, remain compliant with medication management and refrain from any possible illegal offenses. If candidates decline to be placed in an interim holding facility, they will be required to contact our program at least twice a week to personally confirm their intention of entering the program. These candidates are also subject to a random drug screening test at the time of admission and during this waiting period. (At the discretion of the Program Director).
- 4) Priority for admission is determined by the applicant's interview date or according to a scheduled release date from various psychiatric inpatient services or correctional facilities. Placements are made as beds become available at which wait list applicants are contacted and offered admission. Applicants who fail to appear for a scheduled admission are either removed from the waiting list or given a new interview date and placed back on waiting list if found appropriate for our level of care.
- 5) Applicants who do not meet the criteria for admission are so informed, (ASAM 3.1 SUD/COE Requirements) and are referred to a more appropriate level of care. (E.g. ASAM 3.1 SUD/COC Level of Care, Detox, or higher levels of care)
- 6) The waiting list is reviewed and updated each week. The names of those applicants who have not maintained their agreements with the Program Director / Clinical Director are removed from the waiting list or in some cases referred to another proper level of care.

GENERAL RULES

ALL clients, regardless of their status, are required to:

- 1) Develop and implement personal short-term and long-term treatment plans to maintain their recovery in both addiction and mental health areas;
- 2) Meet with their assigned Counselor/Case Manager weekly. The day for each meeting is posted every Friday on the weekly program schedule.
- 3) Rise and have breakfast between the hours of 5:30 a.m.-7:30 a.m. on weekdays, and 5:30 a.m.-8:30 a.m. on weekends, **NO LATER !**
- 4) Clients are to have their rooms cleaned, be showered and ready to go before the mandatory 8:00 am meeting M-F. (8:00 a.m. meeting is mandatory for all clients.
- 5) All clients must be in the house by 5:00pm and be present for supper at 6:00 p.m. Monday through Friday; **ALL CLIENTS**
- 6) Dinner is at 5:00 p.m. on weekends, (must be in by 4:00pm) this is for all clients that are not on pass.
- 7) Return for curfew by 10:00 p.m. Sunday-Thursday and 11:00 p.m. Friday and Saturday. (**All clients are expected to be in by curfew.**) Clients are also to turn in their cell phones 15 minutes after set curfew times **and** observe quiet and lights out beginning at 11:30 p.m. Sundays-Thursday evenings. (Friday and Saturday nights quiet time and lights out is at midnight.)
- 8) Attend a variety of self-help meetings or therapies of the clients choosing or as arranged by clinical staff, except for Tuesdays and Thursday nights when there are mandatory evening in-house psycho-educational groups for ALL CLIENTS. (ALL CLIENTS are required to remain in-house after these meetings are over; regardless of what time they end.)
- 9) Submit to your assigned counselor by 9:00am on Monday morning, a weekly report of their In-house clinical groups, self-help meetings, and counselor assignment sheets.

Alcohol / Drug screening

Random drug testing are administered on-site with respect to client's rights to privacy. Such screening will be based on individualized needs and at times that do not interfere with clients personal daily treatment schedules.

Staff members may request these tests from any client at any time. Any client who refuses to comply with such a request for testing is subject to Administrative Discharge and will be referred out from our program. If client is unable to produce such a request within a limited two-hour time frame, this will also be cause for Administrative Discharge from our program.

Medication(s) / Prescription(s)

All medications are to be checked into program staff immediately upon receipt and upon entry into program where all such medications will be kept locked up in the Medication Cabinet in the Main Office. Any refusal to take such prescribed medication(s) must first be cleared by the Client's prescribing physician, prior to such refusal to take prescribed medication(s). Residents are to sign off on Medication Sheet if refusing to take such medication(s). All medication(s) not being taking or left behind upon exiting program will be properly disposed of accordingly as noted in programs medication disposal form. All staff and residents are to properly initial daily medication intake mutually on programs medication sheets.

STATUS: (Phase-Orientation; Phase-I; and Phase-II)

Successful residency at the Catholic Charities Recovery Home for women requires progress through various stages: Orientation; Phase-I; and Phase-II. Each stage is described in this booklet. The rules as they apply to you will vary with your status. You are expected to be aware of the requirements that apply to you --when in doubt, you should seek clarification, in advance, from a staff member.

PHASE: ORIENTATION

All new clients are expected to contract with the staff for an initial two-week orientation period. This may be extended, if staff deems such an extension necessary.

While on orientation, clients must be accompanied by a non-orientation status client when leaving the property on weekday evenings and on weekends. Exceptions to this may be made by the staff person on duty. In all cases, clients are expected to follow sign-out procedures. Clients on orientation-restriction are not permitted to make or receive personal phone calls, other than one call on arrival, to notify family or others of status. Confidentiality laws prevent staff from taking messages on the office phone. Mail may be received and sent during this phase.

Any clients on orientation who has a vehicle cannot bring it on Catholic Charities property until the client has completed the orientation period. To have a vehicle on the premises, it must be registered and insured in the client's name, and client must have a valid Massachusetts driver's license.

Client's on orientation must be present for weekend suppers and attend morning clinical groups, a mid-day self-help group and that of evening self-help meetings on weekends. (See page 12 for Phase- Orientation schedule.). Residents on orientation must return to the house within a reasonable time period after the end of outside groups and self-help meetings including other staff approved activities, (half-hour to forty-five minutes depending on distance.)

PHASE-I. / Misc.

After successfully completing a two week period of orientation, clients reach phase-I. Clients may continue working on personal treatment goals with a milieu of services including both case management and daily therapeutic groups.

While on Phase I, clients may make or receive phone calls from resident phone, and /or make use of their personal cell phone once signing and agreeing to the programs Cell Phone Policy Contract. When leaving the grounds, Phase I -Status clients need not be accompanied, but they must observe to program scheduling and sign-out procedures.

Clients on Phase I -Status are to have a daily structured schedule that includes both on-site and off-site clinical services and time frames in place when leaving for the day. All other appointments not related clinical services must be first cleared with the Staff on duty, prior to leaving in the morning.

Also, no one is to leave the house after they return from their day's activities or before dinner without prior approval from the Staff or Counselors on duty. (E.g. going to the store etc.)

Clients on Phase-I status must be present for weekend suppers and attend two self-help meetings on weekends. If seeking gainful employment clients should also communicate with their assigned Counselor on their daily schedule prior to leaving for the day. Such clients may leave at 11:00am.and can spend the day attending groups, therapies, or looking for gainful employment. Phase-I Status clients have until-2:30 pm Mondays thru Fridays to return to the program in order to attend the daily 3:00 p.m. group.

Phase-II.

Phase-II clients will begin to prepare themselves for independent living, or re-integration back into their previously arranged living environments. Including seeking gainful employment opportunities (**Optional**).

Phase-II clients, including those who chose to be gainfully employed, do not have to attend weekend meals or Saturday morning meetings, and are allowed late-nights (until 1:00 a.m.) on Saturdays only, if their status with the house is satisfactory. Exception to this policy is when such Phase-II clients are placed on a focus restriction that would entail them being present at these weekend dinners and the loss of such privileges (e.g. late-nights and overnights).

Clients who choose to work will be permitted to work PART TIME, and must be home by 5:00pm Mon-Fri. Clients are not allowed to work past 5 p.m.

Catholic Charities recognizes that some clients, for reasons of medical condition or disability, will be unable to participate in gainful employment or volunteer activities. Such clients, along with staff, will arrange an alternate, structured daily schedule appropriate for a client throughout their time in our treatment program. Our staff will assist each individual client in overcoming any difficulties that personal disabilities may pose in their treatment and recovery efforts.

DISCIPLINARY PROCEDURES

Catholic Charities has an obligation to provide a therapeutic environment for all clients, at all times. To meet that responsibility, it is understood that clients are subject to disciplinary action(s) under the conditions described below:

- 1) **Written Warning:** A client is subject to a written warning if she fails to comply with program requirements without good reason, **or** if she continues to absent herself from program and personal daily scheduled activities without prior approval from clinical staff. Such warnings are given by staff review on client's behavior or non-compliance.
- 2) **Focus restriction:** Clients are subject to focus restrictions for continued disregard to treatment schedules and non-compliance reasons as determined by staff review. During such a restriction, the client must follow a revised schedule (no use of client phone, only leaving for scheduled services and self-help groups, and to be present for the weekend dinners at 5:00 p.m. Client is to continue following their Orientation Phase treatment schedules and / or work schedule while on Focus Restriction. (Client may use cell phone during day scheduled appointments off the property or if gainfully employed schedules) *Clients should sign out of program and return from such activities at reasonable time(s) while on Focus Restriction.
- 3) **Dismissal with notice:** A client may be discharged with notice for the willful or repeated disregard of program requirements. In most cases, continued failure to adhere to program requirements after already receiving two written warnings during the course of a client's residency may constitute grounds for a third written warning which will be cause for dismissal with notice. All final written warnings will first be evaluated by Program Director and Clinical Director as appropriate prior to any discharge. All clients will be held on-site until a proper referral or safe placement is in place. The client's behavior must be in compliance during this referral time-frame and will generally take 1-3 business days to complete.
- 4) **Dismissal without notice:** A client may be dismissed **without** notice for any of the following reasons:
 - A) The use of alcohol, marijuana or any illicit mood-altering substance on site including those that are not prescribed or approved by the Programs Clinical Staff. *Knowing another resident is using or in the possession of illicit substance(s) without informing staff of such substance use and/or known possession of substance(s) could also be cause for dismissal without notice.

- B) Refusal of Drug Screening as a treatment tool in determining if or what substance may have been consumed and more so for the safety and well-being of both the individual client and for the risk factors that it poses towards other program participants
- C) Stealing of any items from either client(s), employees of the program or that of the building.
- D) Allowing Visitors upstairs into client's rooms or entry into areas of the building reserved for Catholic Charities Leominster Area Offices. Clients cannot enter other client's rooms without prior consent from both clients whom are occupying that room.
- F) Any Sexual Contact or Physical Violence or such threats to cause harm against **any** client(s) or staff members or guests.
(Racial slurs and/or graphic propaganda included). In the case of verbal disputes between clients and or between a staff member(s) and clients(s), a staff meeting will be held to determine the need or cause for discharge and to what extent disciplinary action needs to be taken to all involved.
- G) Signing in or out for another client and opening the door for another client after curfew are also cause for an Administrative Discharges.

*In all disciplinary cases, the gravity of the offense, the status of the client, and the client's treatment performance in the program are taken into consideration. Catholic Charities will attempt to provide immediate care and/or referral as appropriate to each client's needs.

COMPLETION OF PROGRAM: All Clients who are about to complete the Catholic Charities Leominster will need to work with their assigned Counselor on seeking independent / sober living arrangements or plans for transferring back to their family. The clients will complete both a Final Treatment Plan and Continuing Care Plan with their assigned Counselor/Case Manager. Such planning is crucial before the client's date of completion in order to give the client the proper time for a transition into appropriate independent living arrangements.

Re-admission

The Program Director and clinical staff will decide on a case by case basis such requests. The reason for discharge and related circumstances of the client's last departure from our treatment program will be reviewed when making a decision. Readmission to the program will not be denied solely because a client withdrew from treatment against clinical advice on a prior occasion, relapsed from earlier treatment or filed a grievance regarding an action or decisions of the program.

Absences

Any client who is planning to absent themselves from any program activity must **first** seek authorization in advance from a staff member on duty, (e.g. medical appointments, court mandates, etc.) this process is unnecessary if client and counselor have set up client to attend other services or if such appointments are already logged in on the desk calendar for client's.

Visitors

Phase I. And Phase II. Clients may receive visitors on Saturday and Sunday between the hours of 1 p.m. and 5 p.m. Such clients are to assume responsibility for **any** visitors while they are on the premises. Clients on both ***Orientation*** and if in Phase-I; Phase-II that are on a ***Focus Restriction*** are not permitted to have visitors. The staff on duty should be notified of any visitors prior to these set hours. NO VISITORS are to be on the property outside of these set visiting hours. All drop offs should be cleared first with the staff member on duty and logged by staff member who approves such requests prior to receiving such drop offs by family, friends and/or acquaintances. Please give a time, date and name of person dropping off such belongings to staff on duty. Any outside provider visits will be coordinated thru your counselor (*DCF with or without child visits, probation/parole, family sessions, DMH.etc*)

- 1) A person (former client, staff member or visitor) will be prohibited from entering the building and grounds of Catholic Charities who:
 - A) Continues to use any non-prescribed, illicit substance(s), or tries to sell, give out or seek out such alcohol and drugs on our property.
 - B) Publicly uses profane or abusive language toward anyone within the program and on Catholic Charities Leominster property.
 - C) Uses, or threatens to use, physical violence toward anyone at Catholic Charities, staff, residents or guests.

*The decision to implement this policy and the determination of the length is a staff decision approved by the Program Director and the Senior Management of Catholic Charities Diocese of Worcester.

All such prohibited individuals will be notified in writing (if appropriate and able to do so). Such individuals will be noted to the staff within Catholic Charities 196 Mechanic Street; Leominster, MA. 01453. Also, prohibited individuals names *may* be posted in the "Programs Workplace Violence" listing for safety protocol.

Gambling

Like alcohol and drugs, gambling can be addictive, and it is a potentially destructive activity for newly-sober individuals. Since Catholic Charities has a responsibility to discourage any activities *which may* be harmful to rehabilitation, gambling for money of any kind is not allowed at Catholic Charities and is grounds for a written warning.

Tobacco / Vaping Products

State Law prevents tobacco use in any part of the building and within certain distances from door ways. **(Smoking is permitted outside in the designated smoking area only).**

Also, No use of smoke-less tobacco or vaping products are permitted in any part of the building and is cause for Administrative Discharge. Smoke in outside designated smoking area and during such scheduled smoking times ONLY!

Discharge

The total rehabilitation program at Catholic Charities is designed for individuals who wish to remain here for a period of 3-6 months. Clients who are about to complete their program or who choose to leave prior to their completion are asked to give notice and to participate in an exit interview. (E.g. self-discharge)

If a client leaves without giving notice, all mail will be returned to sender. *Personal belongings will be locked up, but if not claimed within 30 days are donated to local agencies or discarded. (*Refer to Risk Release form signed upon entering treatment.)

Administration

Catholic Charities Leominster is licensed by the DPH/Bureau of Substance Addiction Services and is administered in conformity with the Department's Standard and Guidelines for Recovery Homes.

The program is administered by Catholic Charities, Diocese of Worcester Inc., which is the sponsoring agency.

In addition to fulfilling their specific shift responsibilities, all full time staff and clinical staff participate in weekly meetings, at which the effectiveness of the program is reviewed, and the progress of each individual client and the program as a whole is regularly evaluated.

All important decisions affecting program participants, either individually or as a group, are reached through such staff consensus. Staff meetings are held every Wednesday from noon-3 p.m. All other non-clinical program employee's meet quarterly for group updates and monthly for all mandatory on-site training opportunities as appropriate to staying current with treatment trends.

All clients are provided with an opportunity to assist in the administration and review of the recovery home program at their own Weekly-In-house Meetings. A staff member will always be present to answer any questions or concerns you may have and we will also communicate any program changes or concerns as they arise to clients at this weekly in-house meeting. (e.g. *Tuesday Evenings-In-House "Resident Peer Group Sessions")

GRIEVANCE PROCEDURE

This process addresses many situations in which a client may have an issue regarding actions/decisions made by the programs staff and in some cases made by other program clients themselves.

Therefore, Clients are encouraged to fill out a **Grievance Form**, which are located on Residents Information Board next to client's mailboxes. Such forms should be given to the Program Director in his/her office. In lieu of the Director not be immediately available at that time, the client also has the option to address this grievance with the programs Clinical Director.

The Program Director, whose office is readily accessible in the same building, would respond to the client with a meeting to discuss her grievance or review any anonymous grievance forms that are giving to the Director. The Director/Administrator would listen to the grievance, and upon the assertion of the facts, contact the party(s) involved to discuss further in order to make a determination on a resolution, as soon as possible.

If this process and/or appropriate outcome is not met, then an appeal could be made to the Sr. Administrator of Catholic Charities. The Program Director of Catholic Charities would send a written report of the grievance and her response to her supervisor (Sr. Administrator) who would then decide if he/she needs to meet with the individuals involved to make a finalized decision on this appeal.

In most cases, grievances are dealt with at weekly staff meetings and at clients' peer groups and will be resolved in the first procedure without further actions being needed.

All clients have the right to file grievance or may call the Bureau of Substance Addiction Services Confidential Complaint Line At: (617) 624-5171 if you think your rights have been violated. (See **KNOW YOUR RIGHTS** Form giving to you upon admission).

STAFF FUNCTIONS: (summarized)

Recovery Specialist - Recovery Specialist's (fulltime and part-time) is primarily responsible for the health and well-being of the clients. This staff member is expected to monitor the progress of each client's activities on a daily basis. Any questions or concerns relating to the daily schedule room assignments, food service, chores or absences should be addressed directly to him/her. Direct Care workers also provides guidance to clients who request assistance in their affiliations to various self-help groups in the community. All Direct Care/Recovery Specialist members are able to refer individuals who contact the program by phone to the appropriate agency, such as an acute detox for help. ***(Supervised by the Recovery Specialist Supervisor)**

Overnight Recovery Specialist -- *This is an awake shift.* (Fulltime and part-time) The night managers are responsible for the safety and well-being of the clients between the hours of 11 p.m. and 7 a.m. The Night Managers are to be available to the clients during this time period. *Clients are to keep doors slightly open at night for safety concerns. Night Shift Staff are to regularly be making rounds to check in on client's well-being.

Counselors: Performs multiple responsibilities and is assigned a case load of clients for weekly scheduled one-on-one counseling sessions. The role of the Counselor/Case Manager is to assist clients in implementation of the daily structured schedule within Catholic Charities Leominster and to assist clients in achieving individual treatment needs and goals. (E.g. Medical needs, recovery goals.) The counselors plan and implement both individual and group sessions designed to assist clients in their personal recovery process. Joint sessions with other helping professionals or significant others or with family members are also available, either on-site or by referral to partnering agencies or community services.

Counselors function as independent professionals, and counseling activities are conducted under the strictest confidentiality. All residents are assigned to meet weekly with a Counselor throughout her treatment period.

Counselor Sessions Weekly:

- 1) After re-evaluation by our program Psychiatrist (within 48-hours from admission), the Counselor will draw up an initial assessment on the clients within 7-days from date of admission
- 2) Within 30 days of admission, each client will have made arrangements for obtaining a Primary Care Physician with assistance from their assigned Counselor
- 3) During the first 7- days in treatment, each client will draw up a treatment plan with her assigned counselor. This plan will detail the client's goals for the next 30-60 days
- 4) After 60 days in the house, the client and counselor are to draw up a second treatment plan (*or if time is limited and client chooses to stay only 90-days, then a Final / Aftercare Treatment Plan will be completed).
- 5) Upon client's final month of treatment, the assigned counselor/case manager will begin a Final Aftercare and Continuing Care Plan with the client in order to address the next level of care and/or living arrangements prior to the client's completion of treatment.

Clinical Director: The Clinical Director / Supervisor is responsible for the overall Supervision of all Counselor/Case Managers, and Volunteers / Interns. The Clinical Supervisor is in charge of the implementation of all program psycho-educational groups for the clients and within the program. In the absence of the Program Director, all grievances and referrals should be addressed to the Clinical Director. The Clinical Director may also work as a Counselor for both individual and group sessions, while also providing other needed services to the clients and the overall clinical aspects to the program.

Program Director: The Program Director is responsible for the overall Administration of the Recovery Home program, and for the supervision of all Direct Care and Program Staff and Volunteers. The Program Director schedules all interviews for potential clients and is available to both current and past clients during regular business hours, M-F 8:00 a.m.-4:30 p.m. *Any complaints or concerns within the Program that have not been resolved by regular process of informing staff on duty or by individual or peer group sessions, should be addressed to the Program Director as appropriate. (*please see Grievance Procedure on pg. 11 of this manual).

Psych. Nurse Practitioner: The facility RN / Psych. NP will work in tandem with clinical staff and in some cases physicians to care for the daily health of each client on-site. The NP will safeguard individuals by maintaining a sanitary environment and following infection-control procedures and pharmaceutical handling safety measures while promoting patient well-being by teaching self-care techniques to program participants. The NP's primary role is to Record observations, vitals and other pertinent health information in order to keep an accurate record of client(s) conditions and monitor the client's pharmaceutical products (medications) while creating an environment of compassion with physical, emotional and other psychological support for clients.

Psychiatrist: (Psychiatric Care in Residential Treatment)

Psychiatrists are medical doctors who concentrate on brain health. In some cases, a psychiatrist may treat both physical and mental health conditions. If you're in therapy, your psychiatrist will also work with your therapist and your counselor and may even want to sit in on some sessions.

So what can a psychiatrist offer you? Because mental health medications such as antidepressants require medical supervision, a psychiatrist is the only person who can prescribe these medications. Your psychiatrist is a key player in your treatment team, and will advocate for your mental health, help diagnose any underlying mental health conditions, and may recommend you to further therapy. Psychiatrists are doctors first and foremost, which means that your psychiatrist's primary job is to diagnose you. If your psychiatrist asks intrusive questions or seems abrupt, it's only because he/she is trying to get the most accurate information on you in order to provide you with the proper care and diagnoses while in treatment.

Daily schedules

All clients on Phase-I status are required to follow the schedule listed below until further notice:

Phase: Orientation- weekday schedule:

<u>Days</u>	<u>Hours</u>	<u>Event</u>	<u>Explanation</u>
<u>Mornings:</u>			
M-F	5:30-7:30	Rising/breakfast	-Clients must eat breakfast by 7:30 am .
M-F	7:30-8:00	Personal chores	-Clients must clean their room area, bathrooms, make beds And shower by 8 am . M-F (NO LATER)
M-F	8:00	A.M. meeting	- Mandatory Group in Common Room. Daily Meditation read. Any schedule problems for the day should be brought up here.
M-F	8:30-9:00	A.M. chores	-Cleaning the house under supervision of the Staff Member on duty.
M-F	10:00-11:00	On-Site Group	- Required “Psycho-Educational” Group
**	New clients have initial meeting with Psychiatrist / Nurse Practitioner		**
M-F	11:00-11:45	Free Time	-Clients may read, converse, laundry or leave to attend other Scheduled appointments
<u>Afternoons and Evenings:</u>			
M-F	12:00-1:00	self-help meetings	-Attend various recovery meetings in the community
M-F	1:30-2:45	Lunch, chores	-Lunch at program; complete any remaining chores
M-F	3:00-3:55	On-Site Group	- Required for Orientation, Phase-I. Health & Wellness Groups
M-F	4:00-6:00	Counseling / Free Time	- Clients may read, watch tv, or see their Scheduled Counselor/Case Manager as posted on schedule.
M-F	6:00 PM	Dinner	- Mandatory: ALL Clients must be present at dinner by 6 p.m.
Tues.	6:45-7:45 7:46-7:59	Evening Group **** Break ****	- Required “Psycho-Educational” Groups
Tues.	8:00-8:30 8:31-8:44	Peer Meetings **** Break ****	-In house “Peer Group” under Counselor supervision
Tues.	8:45-9:30	Individual Story	-One client weekly shares their story with clients only.
Thurs.	6:45-7:45 7:46-7:59	Evening Group **** Break ****	- Required Woman’s Groups
Thurs.	8:00-9:30	Recreation	- Required In-House “Recreational Period”

Phase-I and II: Weekday's schedule *Phase II pre-approved optional schedule(s):

<u>Days</u>	<u>Hours</u>	<u>Event</u>	<u>Explanation</u>
<u>Mornings:</u>			Required for all Phase: Orientation I. & II Clients
M-F	5:30-7:30	Rising/breakfast	-Clients must eat breakfast by 7:30 am .
M-F	7:30-8:00	Personal chores	-Clients must clean their room area, bathrooms, make beds And shower by 8 am . M-F (NO LATER)
M-F	8:00	A.M. meeting	- Mandatory Group in Common Room. Daily Meditation read. Any schedule problems for the day should be brought up here.
M-F	8:30-9:00	A.M. chores	- Cleaning the house under supervision of Direct Care Worker on duty.
M-F	10:00-11:00	On-Site Group	- Required "Psycho-Educational" Group
M-F	11:00	Day Activities	-Clients on Phase-II should spend this time period productively between on-site or in the community attending workshops, self-help meetings, addressing health needs or looking for employment (OPTIONAL) and return to program upon completion of such activities.
<u>Afternoons and Evenings:</u>			
M-F	3:00-3:55	On-Site Group	- (Required) Health and Wellness Groups
M-F	4:00-6:00	Counseling / Free Time	-Clients may read, watch tv, or see their Scheduled Counselor as posted on weekly schedule.
M-F	5:30-6:00	Kitchen Duty Crew	-Set up dinner tables with plates, cups, silverware and assist Program cook with finalizing meals to be served to each table. *Clean up dishes and dining areas after dinner is completed and before nightly groups / meetings begin.
M-F	6:00 PM	Dinner	- Mandatory: ALL Clients must be present at dinner by 6 p.m.
Tues.	6:45-7:45 7:46-7:59	Evening Group **** Break *****	- Required "Psycho-Educational" Groups
Tues.	8:00-8:30 8:31-8:44	Peer Meetings **** Break *****	-In house "Peer Group" under Counselor supervision
Tues.	8:45-9:30	Individual Story	-One client weekly shares their story with clients only.
Thurs.	6:45-7:45 7:46-7:59	In house Meeting **** Break *****	- Required Woman's Groups
Thurs.	8:00-9:30	Recreation	- Required In-House "Recreational Period"

Weekend Schedule: (*Any changes to this schedule needs to be noted to the Friday 3-11 shift *prior* to weekend absence) **All Phase-II status** clients should attend a night meeting on Saturday, and one meeting on Sunday. For those clients on **All Phase-II status** clients (**or if on a disciplinary restriction**)-are required to attend two self-help meetings on both Saturdays and Sundays of clients choosing. This entails attending both a morning and an evening meeting on both days. The program will make adjustments to this schedule as appropriate to each individual client's needs. ***Dinner is at 5:00 p.m. on Saturday and Sunday,** and is required for all clients with exception of the client's that are on pass. Kitchen Duty crew must be present at 4:00 p.m. in order to prep, cook, and set up and clean up the weekend dinners.

Duties

The following duties are regularly assigned at Catholic Charities: All clients are responsible for their personal bedrooms and bathroom chores daily and such duty assignments on holidays and weekends. (*any changes or absences to the duties below need to first be cleared by Staff prior to missing such duties)

Kitchen duty: Three Clients are assigned to this duty, which runs from Monday to Sunday. The clients must be present at **5:30 pm on weekdays** to the program cook and begin to set up / prep for dinner M-F along with cleaning up after dinner. On weekends clients on this duty are to be present at **4:00 pm on Saturday and Sundays** in order to start prepping and having the food fully cooked for scheduled weekend dinner time of 5:00 p.m and clean up after dinner.

Evening duty: Two Clients are assigned weekly. They empty trash, sweep, clean counters/tables, and mop or vacuum floors. This duty would be unnecessary if all residents would clean up after themselves. **Duty begins no earlier than 9:45 and is finished by 10:45 pm.** (*Changes in times can be made at the discretion of the staff person on duty.)

Weekend duty: Two Clients clean up after breakfast on Saturday and Sunday. Starting no earlier than at 8:45 am., in order for Clients to have had breakfast first. (*Any changes to individuals assigned to this duty needs to be noted on the Friday 3-11 shift prior to absence, e.g. weekend schedule log)

Self-help schedule (varies)

It will be a requirement that each client be involved in some form of self-help group(s), therapy or other staff approved activities in the community while a client in the Catholic Charities Leominster Program. Attendance at Religious Services that do not interfere with program scheduling will also be allowed. Participation in such activities is found to be beneficial to each client's daily structure, long-term recovery goals and one's overall well-being while in treatment. Our hopes are to provide our clients not only with on-site clinical services, but to also participate in community based self-help services that will enhance each individual client's overall physical, mental and emotional health while under our care.

*All privileges within the house (late-nights/over-nights etc.), will be based on meeting these rules and other requirements. Each client's eligibility for privileges will be assessed on a weekly basis by their counselor / case manager, and reviewed by the full clinical staff every Wednesday at the weekly staff meeting.

Late-Night Policy

Only Phase-II Clients whom have remained in treatment for 60-days or are of Phase-II (Gainfully employed Client's) may apply for late-night's on Saturdays,-(until 1:00 a.m.) and only if their status with the house is satisfactory. If a Phase-II working client happens to be placed on a "focus restriction" then this would entail such working status clients having to be present at the weekend dinners and loss of such privileges until further notice (e.g. late-nights and overnights).

Overnight policy

Two overnights may be granted during the clients Third month (after 60-days) and only allowed on every other weekend until the client's final month in treatment. Once in the final month of treatment, four overnights may be granted as follows:

- 1) All overnights must be requested by filling out an overnight form, and must be approved by client's Counselor/Case Manager at the weekly staff meeting on Wednesdays. *Turn in such requests on Tuesday evenings
- 2) All overnights are approved based on the status of the client and the progress of her recovery as determined by staff.
- 3) The client requesting the overnight must be willing to discuss her scheduled plans and activities with her Counselor/Case Manager during their weekly meeting and note such plans on the overnight form.
- 5) Any written warnings or restriction before an overnight can be grounds for denial of a request. *By Staff review
- 6) The client applying for the overnight must be in program for 60-days minimum while on Phase-II status. (E.g. gainfully employed, or engaged in other activities that are approved by staff.)
- 7) The client must be willing to submit to an alcohol/drug screening test when returning from an L/N or O/N.
- 8) Keep in mind that if assigned either weekend duty or kitchen duty, that such responsibilities need to be completed prior to leaving for any approved overnights. If emergencies, arise arrangements will be made as appropriate.
- 9) All clients regardless of status, will be allowed a Thanksgiving Eve and Christmas Eve overnight.
- 10) Late Nights and Overnights are privileges and can be revoked for cause upon staff review.

Assorted points of information:

- **Weekdays:** There are to be **no substitutions for house duties** unless “Emergencies” arise. If so, substitutions for the duty *must* first be cleared by a Staff Member and noted in the daily log. **Weekend Duties:** *Clients need to report on Fridays to the Staff member on duty any and all weekend changes to duties. This will be noted by Staff on duty before the end of the 3-11 shifts on Fridays. (e.g. weekend work schedules, appointments) **Failure to communicate such absences in advance is grounds for a written warning.**
- No one outside of current clients and staff of the program are to be on property during times that would interfere with program and client schedules. At other times former clients in good standing are always welcome. All of this is at the discretion of the staff on duty. **SEE VISITATION SCHEDULE**
- Clients that do not sign in or out of the program are subject to extra duty. Clients having extra duty (learning lessons) must report to main office by 9:30am on Saturdays. Any client signing in on Sign In/Out sheet for another client is cause for a written warning / admin. discharged. We need to know who’s in and out of the building at all times!
- Client’s on Orientation Status, Phase-I and/or Phase-II. are not to leave in the morning without the prior approval of the staff member on duty, which is usually after the morning meetings and completion of all house chores or other individually scheduled on-site groups.
- Please turn off the kitchen and dining room lights and coffee machine etc. at required set times. Also, **Coffee is very expensive so use only one bag of coffee per container** and do not attempt to heat leftover coffee by running it through the machine a second time as this will damage such machines.
- Visitors are to remain in authorized areas only, when in doubt, check with the staff on duty.
- Working Clients having the day off from work **must notify** a staff member in advance of such normal days off along with any other scheduled appointments you need to attend. The staff member is to log such days off and appointments in the daily log and on the desk calendar in the Main Office. This is so staff on duty are aware of such individual schedules in advance.
- Knowing another client is using any mind-altering illicit substance (s) without making program staff aware can be grounds for discharge. We want to look out for one another’s well-being and safety as best as possible please.
- Kitchen hours are posted on the kitchen doors. There is to be **no hoarding** or **hiding foods** in cabinets etc. NO FOODS or DRINKS are allowed in any part of the upstairs living quarters. Clients are not to use Ovens after dinner time during weekdays and weekends. NO Cooking on stove tops after 8:30 p.m. M-F and after 9:30 pm on weekends. **General Rule: Clients are NOT to be eating breakfast between the hours of 7:30 –8:30 a.m.** on weekdays unless medically necessary (diabetes) for this interferes with that of the morning meeting and chores.
- Clients should **not** place nails, tape or *any holes* on their bedroom walls. **(NOTHING SHOULD BE PLACED ON THE WALLS OF THE BEDROOMS.)** Any damage to rooms could result in payment by the client.
- Cell Phones are only allowed for Phase-I and Phase-II status clients. ***See Cell Phone Policy**
- All day shift Working Status Clients must return to the program by 5 p.m. during the weekdays and return by 4 p.m. on weekends. Clients are to check in with their assigned Counselor before quitting or changing their jobs and for any additional hours that are over 20-hours per week. Discuss all employment with your Counselor and a review will be held weekly at clinical staff meetings.
- Any client who engages in criminal activity while living in Catholic Charities, will be subject to dismissal from the program. In other words, if one is arrested for a *new* offense while a client of Catholic Charities, the client is subject to being Administratively Discharged from the program.
All Other violations that may occur within a client’s current legal conditions are reviewed by the Staff and outcome will be decided at the discretion of the Programs Administrator and Program Director.
- Once a client is in the house after evening meetings, she may not leave again. You may stop at a store *prior* to returning to program. No one leaves the house on “In-House” group meeting nights (Tuesdays and Thursdays), regardless of what time these meetings end. So Plan ahead if you need something from the store(s)!

- (Assorted points of information continued.)

- Clients are not allowed to have; TV's, Stereo's, Video Games, Portable DVD players in their bedrooms or other devices that staff deems inappropriate (e.g. laptops). Experience has shown that such items can distract clients ability to focus with following their treatment schedules and also helps individual clients to avoid being in isolation. The more important reason for this is SAFETY, as the Fire Department deemed having to many instruments plugged into one outlet in each bedroom puts each room at higher risk of electrical fires.
- No hats, spaghetti straps, halter tops are allowed to be worn. All skirt's, dresses and shorts must be mid-thigh length.

- **See cell phone policy*** Clients are only allowed to use their cell phones in their bedrooms. Clients' are also allowed small alarm clock radios, I pod's and mp3 players (please use ear buds when listening to your music/videos on such devices as allowed in your bedrooms only! All such devices are **not** allowed in any other open areas of the program. (*e.g. hallways, common rooms, tv rooms, offices, kitchen etc.).
- **NO blue tooth headphones are allowed to be on your neck when outside your bedroom and are to be used only when off the property.**

- All cleaning / chemical supplies are to be locked up after use. All chemicals used for daily cleaning on the main floors are to be locked up by staff on duty upon completion of chores and after residents use for when cleaning their bedrooms. Staff on duty will do a daily facility checklist to ensure such chemicals and cleaning supplies are locked up after such use.
 - **NO CHEMICALS ARE TO BE LEFT OUT IN OPEN AREAS (COUNTER TOPS, BEDROOMS ETC)**

Medically Assisted Treatment (MAT) Policy

Medication Assisted Treatment (MAT) Policy: Catholic Charities Leominster accepts participants who, with professional medical advice, voluntarily elect Medication Assisted Treatment (MAT) as part of their treatment protocol provided the therapy is available through state or federal public funding, Medicaid, private insurance or private pay. In addition to traditional treatment for chemical dependency, all residents, at the sole discretion of Catholic Charities, are subject to random drug testing to ensure medication compliance as well as program requirement adherence.

MAT/Medication participants may be required to attend specifically designed treatment modules used to address recovery issues at the discretion of client's treatment team (e.g. Clinician, PCP, etc.) **Catholic Charities Leominster does not provide direct medical treatment; however, our program expects program participants who select MAT as part of their recovery protocol to authorize communication between Catholic Charities Leominster and all medical professionals writing prescriptions to such clients to safeguard against the issue of unnecessary drug seeking behavior.**

MAT/Medication clients must agree to the following treatment philosophy or be subject to discharge / referral:

1. Select a credentialed addiction specialist medical professional recognized by the American Society of Addiction Medicine, American Board of Addiction Medicine or the Substance Abuse and Mental Health Services Administration or personal physician with advanced knowledge of recovery issues.
2. Use effective medications with the lowest risk of abuse for the treatment of addiction disorders and/or co-occurring disorders.
3. Discontinue medications with prior approval of prescriber or at the request of the client's primary care physician or as required after the participant and/or treatment team have made reasonable efforts to have client follow daily recommended dose(s) and compliance and refuses to do so.
4. Demonstrate treatment engagement and program compliance to progress in the goals of sustainable recovery.

Catholic Charities Leominster will support participants in the development of a Continuing Care Plan (CCP) to prevent relapse and promote long-term recovery leading up to and upon completion of treatment. The CCP focuses on long-term treatment plans and skillful transition plans that extend beyond RRS treatment completion. In addition to other completion requirements.

MAT/Medication participants who receive or have received MAT services are expected to meet the following Sustainable Recovery goals *prior* to program completion:

1. Sustained abstinence from all non-prescribed psychoactive substances;
2. Medication compliance with anti-craving medications and/or medications for co-occurring disorders
3. Demonstrate ability to use non-addictive and cognitive behavioral coping strategies;
4. Engagement in a sober social support and recovery network; and
5. If a client has stopped the use of such MAT's and elects to re-engage with MAT services then the clinical staff will review the client's request and needs for re-engagement with MAT services. Such re-engagement will be made with an approved addiction specialist on-site or by community partnership(s) prior to potential relapse or discharging of such clients from the program.

MAT and Pregnancy

Should a woman enter the program pregnant, or if an established resident is found to be pregnant, the goal of Catholic Charities is to help that woman have a successful pregnancy and ultimately give birth to a healthy baby. She will be treated in accordance with SAMHSA guidelines from “Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants.”

A pregnant woman with OUD should be offered MAT consisting of pharmacotherapy with Methadone or Buprenorphine. Pharmacotherapy is strongly recommended – treatment without pharmacotherapy is associated with poor fetal health, high rates of return to substance use, and the consequences such as risk of overdose. It is not recommended that a pregnant woman be treated with Naltrexone or Vivitrol, as there is insufficient information about the safety of these medications during pregnancy. If a woman is already on Methadone, or elects to start Methadone, she will be referred to local Methadone clinic and will be treated per their policy.

The risks to the fetus if she stops MAT and experiences withdrawal will be explained. It is not recommended for a pregnant woman, who is stable on an opioid agonist, to change to another opioid agonist, due to pregnancy alone. If she is still experiencing cravings or withdrawal, she will be evaluated and dose may possibly be adjusted. All efforts will be made for the pregnant woman to be treated with the Buprenorphine monoprodut (Subutex), unless limited by supply of local pharmacies, in which case the combination product may be given by treatment provider and with informed consent by the patient. It is not recommended for a pregnant woman on pharmacotherapy for OUD to discontinue treatment, as this is associated with high rates of return to substance use and poorer fetal health.

The pregnant woman will be counseled on neonatal abstinence syndrome, its diagnosis, management, and consequences. She will also be given information on how to optimize the well-being of her fetus, such as tobacco cessation.

A pregnant woman is required to sign three release of information forms:

1. Obstetrician
2. Anticipated hospital of delivery
3. DCF

Pregnant women will be seen by the provider biweekly. From gestational week 36 until delivery, she will be seen weekly. If she is struggling during pregnancy, visit frequency may be increased.

At each visit, in addition to regular MAT documentation, provider must document:

- Prenatal care compliance
- Date of next OB appointment
- Presence or absence of fetal movement

Resource Guide

Individual Shelter List:

Our Father's House

55 Lunenburg St., PO Box 7251

Fitchburg MA 01420

978-345-3050

Elizabeth House

76 Mechanic ST., Fitchburg MA 01420

978-342-5720

Triage and Assessment Center (SMOC)

25 Queen St., Worcester MA 01610

508-757-0103

Domestic Violence Shelter List:

Best to contact Safelink Hotline at 1-877-785-2020

YWCA battered women's resources

54 Main St. Leominster MA 01453

978-345-1008

Abby's House (both family and individual)

52 High ST. Worcester MA 01609

508-756-5486

Daybreak Resources (Family)

1 Salin Sq. PO Box 115 Worcester MA 01608

508-793-9661

Hotline- 508-755-9030

Finex House (individual)

24 hour hotline 617-288-1054

Family Shelter list:

Montachusett Interfaith Hospitality Network

758 Main St. Leominster MA 01453

978-466-1704

SMOC

7 Bishop St., Framingham MA 01702

508-620-2645

Food Pantries/Clothing:

Catholic Charites

196 Mechanic St. Leominster MA 01453

978-840-0696

1-800-232-0843

Ginny's Helping Hand Pantry

52 Mechanic St. Leominster MA 01453

978-840-0696

www.ginnyshelpinghand.org

Spanish American Center

112 Spruce St. Leominster MA 01453

978-534-3145

Salvation Army

739 Water ST. Fitchburg MA

978-342-3300

Additional Local Resources:

Catholic Charites

FEMA, utility assistance, budgeting class, food pantry, diaper pantry, clothing, PCA services

196 Mechanic St

Leominster MA 01453

978-840-0696/ www.ccworc.org

Mass 211

A directory of information resources for emergency food, rent, help paying heating and utility bills, mental health counseling, health programs, public health and safety services, child care referrals, job resources and other help.

Community Legal Aid

Provides free legal services for people most in need.

405 Main St. Suite 400 Worcester MA 01608

1-855-252-5342

www.communitylegal.org/apply-online

DCF

690 Mechanic St. Leominster MA 01453

978-353-3600

DDS

49 Nursery Lane Fitchburg MA 01453

978-342-2140 Intake line- 413-284-5040

DTA

49 Nursery Lane Fitchburg MA 01420

978-665-8700

Statewide assistance line 877-382-2363

Ginny's Helping Hand Pantry

Food and clothing assistance

52 Mechanic St. Leominster MA 01453

978-840-0696

Fuel Assistance

435 Main St. Fitchburg MA 01420

978-342-4250

LUK Main Office

Services available to children, adults and families, including placement services, counseling services, prevention services, and support services.

545 Westminster St., Fitchburg MA 01420

978-345-0685

1800-579-0000

luk.org

Legal Resource finder

www.masslegalservices.org/findlegalaid

Health Insurance

<https://mahealthconnector.optum.com/individual>

MassHealth Customer Service- 1-800-841-2900 (TTY 1-800-497-4648)

North Central Career Center

100 Erdman Way, Leominster MA 01453

www.ccncm.com

Salvation Army

ER disaster services, rent, utility assistance

739 Water St Fitchburg MA 01420

978-342-3300

www.salvationarmyusa.org

United Way of Mass

Education, income, health, food and utility assistance

649 John Fitch HWY, Fitchburg MA 01420

978-345-1577

www.uwncm.org

RCAP Solutions, INC

Rental assistance, transitional housing, housing vouchers, financial assistance, homeowner's education

12 East Worcester, Worcester MA 01804

1-800-488-1969

www.rcapsolutions.org

MOC

Child care, education, workforce development, nutrition, health, community services (Weatherization assistance), asset development, energy conservation and housing and homelessness services

133 Prichard St., Fitchburg MA 01420

978-342-7040

www.mocinc.org

SMOC- South Middlesex Opportunity council

Housing resources, case management, rooming/sober housing

35 Holt St., Fitchburg MA 01420

978-342-9656

www.smoc.org

WIC

Food for children birth to age 5.

375 Nichols Rd., Fitchburg MA 01420

www.wicprograms.org/ci/ma-fitchburg

Housing Resources:

Sober Living

Massachusetts Association for Sober Houses

102 Clematis Ave, Waltham, MA 02453-48

(781) 472-2624

mashsoberhousing.org

The Living House-Leominster

58 Grove Ave, Leominster, MA 01453-38

(978) 656-1882

SMOC - Pax House

2 June Street, Worcester, MA 01602

(508) 879-6691

The Living House- Worcester

Vernon Street, Worcester, MA 01605

(508) 439-2022

Northborough House

Main Street, Northborough, MA 01532

(508)439-2022

Stepping Stones Sober House Recovery Program

8 Elm Street, Leominster, MA. 01453

(978) 423-6737

Jeffrey's House

10 Burnett Street, Fitchburg, MA 01420

(617) 680-6247

Gardner Sober Living

23 Limerick Street, Gardner, MA 01440

(603) 400-0937

Additional Housing Resources:**Fitchburg Housing Authority**

100 Main St., Leominster MA 01453

978-537-5300

NewVu communities

470 Main St., Fitchburg MA 01420

978-400-0164

Hilltop Garden

47 Princeton St. Leominster MA 01453

978-534-6349

Worcester Housing Authority

40 Belmont St., Worcester MA

508-798-4500

Health and Wellness Services

MAT Providers:

Spectrum Health Systems - Leominster

40 Spruce St, Leominster, MA 01453

(508) 792-5400

spectrumhealthsystems.org

Treatments offered: Methadone / Opioid Treatment,

Right Choice Health Group - Fitchburg

76 Summer Street Suite # 045, Fitchburg, MA 01420

(978) 696-3668

Treatments offered: Vivitrol / Injectable Naltrexone, Buprenorphine / Suboxone / Office-based Opioid Treatment,

Community Health Connections, Inc.

326 Nichols Road, Fitchburg, MA 01420

(978) 878-8100

www.chcfhc.org

Treatments offered: Buprenorphine / Suboxone / Office-based Opioid Treatment,

Fitchburg Comprehensive Treatment Center- Methadone / Opioid Treatment

155 Airport Road, Fitchburg, MA 01420

(978) 343-6300

(978) 343-2803

www.fitchburgctc.

Detox list:

New England Center for Addiction in Westminster (RCA)

9 Village Inn Road, Westminster MA 01473

617-409-2427

www.recoverycentersofamerica.com

Adcare HSP – Detox

107 Lincoln St., Worcester MA 01605

800-345-3552

508-753-3733

www.adcare.com

CHL- detox

12 Queen Street 3rd floor, Worcester MA 01610

508-860-1200

www.communityhealthlink.org

Washburn House

1183 Main St., Worcester MA 01603

www.washburnhouse.com

New England Recovery Center

155a Oak St., Westborough MA 01581

877-697-3422

508-898-1565

www.newenglandtreatmentcenter.com

Spectrum Primary Detox

154 Oak St. Westborough MA 01581

800-366-7732

508-898-1569 www.spectrumhealthsystems.org

Primary Care Providers:

Reliant medical group

225 New Lancaster Rd. Leominster MA 01453

978-534-6500

Fitchburg CHC

326 Nichols Road, Fitchburg MA 01420

978-878-8100'

Leominster CHC

14 manning Ave., Leominster MA 01453

978-878-8100

Mental Health Services:

DMH - North County Services - Emergency / Crisis Intervention

40 Spruce St., Leominster, MA 01453

(800) 977-5555

www.northcentralhumanservices.org

CORNERSTONE BEHAVIORAL HEALTH-

COUNSELING AND MENTAL HEALTH

33 ELECTRIC AVE. LEOMINSTER

978-342-2710

SOUTH BAY MENTAL HEALTH

80 EDRMAN WAY SUITE 208, LEOMINSTER, MA

978-870-1840

SOLOMON KATZ

COUNSELING AND MENTAL HEALTH

881 SOUTH ST. FITCHBURG, MA

978-345-7705

Department of Mental Health (DMH)

515 MAIN ST STE 3

FITCHBURG, MA

978-353-4400

BEHAVIORAL HEALTH SERVICES

326 NICHOLS RD FITCHBURG

978-878-8461

GREATER GARDNER COMMUNITY

175 CONNORS ST GARDNER, MA

978-878-8100

LEOMINSTER COMMUNITY HEALTH

14 MANNING AVE. LEOMINSTER, MA

978-878-8100

ACTION COMMUNITY HEALTH CENTER

130 WATER ST. FITCHBURG 01420

978-878-8100

TAK CENTER FOR MENTAL HEALTH

1069 CENTRAL ST LEOMINSTER, MA 01453

978-728-4953

CHL

40 SPRUCE ST LEOMINSTER, MA

978-466-3405

CHL COUNSELING SERVICES

40 SPRUCE St, Leominster MA 01453

978-534-6116

HEALTH ALLIANCE HOSPITAL

60 HOSPITAL RD.

LEOMINSTER, MA

978-466-2685

CENTER FOR HEALTH AND DEVELOPMENT

43 HIGHLAND ST FITCHBURG

978-343-0022

NEW DAWN INTEGRATED BEHAVIORAL HEALTH CENTER INC.

ELECTRIC AVE. FITCHBURG, MA

978-627-3929

SPECTRUM HEALTH SYSTEM

40 SPRUCE ST LEOMINSTER, MA

978-466-3820

LUK Inc. Behavioral Health Clinic

99 Day Street

Fitchburg, MA. 1420

978-345-0685

Multicultural Wellness Center Inc.

515 Main Street

Fitchburg, MA. 1420

978-343-3336

Day Street LUK Site

99 Day Street

Fitchburg, MA. 1420

978-345-0685



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

KNOW YOUR RIGHTS

You have many rights under 105 CMR164.079 related to your care. There are also 'rules' describing how treatment should be provided. You are encouraged to contact the Department of Public Health, Bureau of Substance Addiction Services (BSAS) to report any potential violations of these rights or rules.

- If a provider completes an assessment and determines that this is not the right level of care for you, the provider must make a referral to the appropriate level of care and support you through the referral process.
- You *cannot* be denied admission based only on the results of a drug screen.
- You *cannot* be denied admission only because of a medication prescribed to you by a physician. This includes medications such as methadone, buprenorphine, naltrexone, and other medications prescribed for substance use disorder, mental health, or other medical conditions.
- You *cannot* be denied re-admission to a program based solely on one of the following happening when you were in the program:
 - (1) you left treatment against medical advice;
 - (2) you relapsed while in treatment; or
 - (3) you filed a grievance or complaint either to the program or to the Bureau of Substance Addiction Services regarding any aspect of your treatment.

**IF YOU THINK YOUR RIGHTS OR THE ABOVE RULES AROUND
TREATMENT HAVE BEEN VIOLATED, PLEASE CALL THE
BSAS CONFIDENTIAL COMPLAINT LINE AT
(617) 624-5171**



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Executive Office of Health and Human Services
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CHARLES D. BAKER
Gobernador

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Vicegobernadora

MARYLOU SUDDERS
Secretaria

MONICA BHAREL, MD, MPH
Comisionado

Tel.: 617-624-6000
www.mass.gov/dph

CONOZCA SUS DERECHOS

Usted tiene muchos derechos respecto a su atención médica en virtud del 105 CMR164.079. También hay “reglas” que describen cómo se debe prestar el tratamiento. Le recomendamos que se comunique con la Oficina de Servicios para la Adicción a Sustancias (BSAS) del Departamento de Salud Pública para informar cualquier posible violación de estos derechos o reglas.

- Si un prestador completa una evaluación y determina que este no es el nivel de atención adecuado para usted, el prestador debe hacer una derivación al nivel de atención pertinente y brindarle su apoyo durante el proceso de transferencia.
- *No se le puede negar* la admisión basándose solamente en los resultados de la prueba de drogas.
- *No se le puede negar* la admisión basándose solamente en un medicamento que le haya recetado un médico. Esto incluye metadona, buprenorfina, naltrexona y otros medicamentos recetados para el trastorno de uso de sustancias, salud mental u otras afecciones médicas.
- *No se le puede negar* la readmisión a un programa basándose solamente en cualquiera de las siguientes situaciones que hayan sucedida cuando estaba en el programa:
 - (1) Dejó el tratamiento en contra del consejo médico.
 - (2) Tuvo una reincidencia mientras estaba en tratamiento.
 - (3) Presentó una queja o una denuncia ante el programa o ante la Oficina de Servicios para la Adicción a Sustancias sobre cualquier aspecto de su tratamiento.

**SI CREE QUE SUS DERECHOS O LAS REGLAS ANTERIORES
SOBRE EL TRATAMIENTO HAN SIDO VIOLADOS, LLAME A LA
LÍNEA CONFIDENCIAL DE DENUNCIAS DE LA BSAS AL
(617) 624-5171**

EXHIBIT 1.2. Comparison of Medications for OUD

PRESCRIBING CONSIDERATIONS	METHADONE	NALTREXONE	BUPRENORPHINE
Mechanism of Action at mu-Opioid Receptor	Agonist	Antagonist	Partial agonist
Phase of Treatment	Medically supervised withdrawal, maintenance	Prevention of relapse to opioid dependence, following medically supervised withdrawal	Medically supervised withdrawal, maintenance
Route of Administration	Oral	Oral, intramuscular extended-release	Sublingual, buccal, subdermal implant, subcutaneous extended release
Possible Adverse Effects	Constipation, hyperhidrosis, respiratory depression, sedation, QT prolongation, sexual dysfunction, severe hypotension including orthostatic hypotension and syncope, misuse potential, neonatal abstinence syndrome	Nausea, anxiety, insomnia, precipitated opioid withdrawal, hepatotoxicity, vulnerability to opioid overdose, depression, suicidality, muscle cramps, dizziness or syncope, somnolence or sedation, anorexia, decreased appetite or other appetite disorders Intramuscular: Pain, swelling, induration (including some cases requiring surgical intervention)	Constipation, nausea, precipitated opioid withdrawal, excessive sweating, insomnia, pain, peripheral edema, respiratory depression (particularly combined with benzodiazepines or other CNS depressants), misuse potential, neonatal abstinence syndrome Implant: Nerve damage during insertion/removal, accidental overdose or misuse if extruded, local migration or protrusion Subcutaneous: Injection site itching or pain, death from intravenous injection
Regulations and Availability	Schedule II; only available at federally certified OTPs and the acute inpatient hospital setting for OUD treatment	Not a scheduled medication; not included in OTP regulations; requires prescription; office-based treatment or specialty substance use treatment programs, including OTPs	Schedule III; requires waiver to prescribe outside OTPs Implant: Prescribers must be certified in the Probuphine Risk Evaluation and Mitigation Strategy (REMS) Program. Providers who wish to insert/remove implants are required to obtain special training and certification in the REMS Program Subcutaneous: Healthcare settings and pharmacies must be certified in the Sublocade REMS Program and only dispense the medication directly to a provider for administration

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CLIENT MANUAL SIGN OFF SHEET

Date: _____

By signing this I, _____ acknowledge that I have read, understand and agree to comply with the rules and expectations outlined in this manual. I agree to participate in treatment and prioritize my recovery while residing at the Catholic Charities Leominster Women's Program.

Client Signature

Date

Recovery Specialist Signature

Date