

Marquette General Health System
Center for Intensive Addiction Services
Patient Handbook
www.mghs.org

Welcome to Marquette General's Center for Intensive Addiction Services (CIAS). Thank-you for choosing Marquette General for your treatment needs. Please let our staff know if there is anything we can do to make your stay more comfortable.

Our Philosophy

The Center for Intensive Addition Services (CIAS) at Marquette General Health System believes addiction is a disease. We believe this disease is treatable. We know people do recover and become healthier in their bodies, minds, and ways of living. We have helped many people to begin this journey.

The CIAS Unit has a staff of addiction professionals and specialists, made up of physicians, nurses, counselors, support personnel, and supervisors who are dedicated to the treatment of the disease of addiction.

This treatment is directed by certain principles.

1. The most important person on the treatment team is the client.

With some diseases the doctor may be able to "treat" the client and make them well. With the disease of addiction professionals can only help. Addictions are powerful. Addictions are also confusing. Part of the help we give is counseling and education to help sort out what has been happening in a person's life. Are you a person with an addiction? Our doctors and counselors can diagnose you using standard diagnostic instruments, but the decision to accept the diagnosis and proceed with treatment is yours.

2. There are physical, emotional, social and spiritual factors involved in treatment.

Professionals often refer to the disease of addiction as biopsychosocial. What they mean is that there are many factors that contribute to people developing this disease, there are many factors that occur as the result of this disease, and there are many factors involved in treating this disease.

The biopsychosocial factors include:

Biological- Genetics play a part in many people developing addiction. If one of your parents, grandparents, aunts, uncles, brothers, sisters are, or were, a person with addiction problems then your chances of becoming a person with addiction is greater than in families with no history of addiction. Other biological

factors include physical dependence – after a while your body needs the drug in order to function. Withdrawal is because of this dependence. Some people need medical help to manage physical and psychological withdrawal. Physical damages from drinking and drug use are also common – liver disease, nutritional problems, diabetes, heart disease, and many other medical issues that may be the result, or complicated, by addiction.

Psychological – Many people with addiction suffer some emotional consequences from this disease. Depression and/or anxiety are common problems. Other psychological problems may be paranoia, defensiveness, or extreme anger. Many times the treatment for addiction will help address these problems too.

Sometimes people need two kinds of help – help for the addiction and special help for the emotional problem. This is sometimes called “dual-diagnosis” or a “co-occurring disorder.”

Social – Common social problems that are part of addiction include legal problems, job and/or school problems, and family problems. Family problems are so common that addiction is often called a “family disease”.

Spiritual – Spiritual does not mean religious. It means the way a person views life and his or her relationship to life. Common spiritual problems with addiction are hopelessness, fear, and despair.

3. Recovery takes time.

Although recovery is different for each person, often it takes a time or a variety of treatments for all the major problems to really get resolved and for the person to start feeling comfortable as a recovering person. **Relapse** – returning to alcohol and drugs – is always a possibility for people with addiction but especially so for the first year. Many people find it helpful to remain involved in some kind of treatment for the first year. Treatment differs for each person, which is why you and your counselor will develop a personal **Aftercare Plan** prior to your discharge from the CIAS unit.

4. Abstinence is necessary if things are going to get better.

No one knows exactly why some people become addicted to alcohol or drugs and why some people can drink or use without negative consequences. All those factors discussed earlier – biological, emotional, and social seem to play a role. What we do know is that once dependence is there – the person can't use without some kind of trouble happening. That's why our programs are based on accepting abstinence or not using alcohol or drugs. The program “Alcoholics Anonymous (AA)” talks about “being powerless” over alcohol. This means

acknowledging the impact of the drinking and drugs on your life and coming to believe that life will be better without them.

5. Change is a process.

People consider treatment and other life changes prior to making those changes. We understand that each person who seeks treatment with CIAS may not be at the same stage of change. We attempt to customize your treatment and services based on your readiness to change. Precontemplation, Contemplation, Preparation, Action, Relapse, and Maintenance are stages of change that relate to addiction and other life changes. Assisting you in examining your personal process, current needs, and experience of change is part of the educational supports we provide.

The Program

Services provided include stabilization, residential treatment, partial hospitalization services, intensive outpatient treatment, case management, and referral supports.

Stabilization Services

If you are planning to attend treatment at MGHS the first step in getting better may be a safe withdrawal from alcohol and drugs. The CIAS medical staff (physicians and nurses) provide the assessments and the care needed to safely withdraw patients from alcohol or other drugs. The physician may also arrange for a consultation with other specialists at Marquette General Health System as needed. During this time you are restricted exclusively to the unit for observation by medical and treatment staff.

You will be expected to attend treatment groups while in stabilization.

For your safety there is NO SMOKING while receiving stabilization services

Treatment Services

The setting where you receive substance abuse services is decided by the staff and is based on your needs (physical, emotional and social). This may be in the residential setting, in partial hospitalization, or intensive outpatient treatment. Residential patients and many intensive outpatient patients have rooms on the unit. Some intensive outpatient clients live in the local community and attend treatment during the day. Intensive outpatient patients have more freedom than residential patients as will be explained in the section on community living. Many times patients move from one level to another, as they become healthier. If you are from outside of the local area, you may also start services here and then transfer to a clinic site in your community.

Whatever program you are involved with you will have the same therapeutic services available to you. These are:

Patient Centered Treatment:

You are the most important member of the treatment team. You must play an important part in your treatment from the day of admission to the day of discharge. That is why you will always be at the center of the treatment team's planning. You and your counselor will develop your treatment plan based on your current strengths, challenges, and needs. Cultural accommodations will be made for any patient as needed. Please ask if there is anything we can do to meet your cultural needs or beliefs.

Individual Counseling:

Individual counseling sessions will be scheduled with your primary counselor. This counselor will work with you to develop a treatment plan and support you in addressing the areas that you identified during your assessment. You may also receive individual counseling from other team members such as a nurse, another counselor, or an outside referral source. You and your counselor, along with others on the treatment team, will develop an **Aftercare Plan** to assist you in your continued recovery following your discharge from CIAS. You will begin working on this plan early during your stay.

Family Counseling:

We believe that addiction is a disease that impacts not only you, but also those people around you. We also believe that family members may be a major part of your recovery. We are happy to offer family therapy sessions to you and any family members you choose, when appropriate. These sessions generally are scheduled in your final week of treatment as you plan to return home. Please talk to your primary counselor if you are interested in family counseling sessions.

Groups:

Group therapy is an essential part of your treatment. Groups can help you begin to understand that you are not alone in dealing with this disease. Your peers are the most important part of group therapy. You will help each other understand the things that enhance or prevent recovery. Active involvement in group therapy is important. It can help you address any underlying issues that contribute to your addiction. Some group therapy sessions focus on special issues like family dynamics or gender specific issues. This is a great place to practice talking about your feelings or issues without using alcohol or drugs.

Education/Didactics:

Another important part of the treatment program is the education you receive which helps in understanding different aspects of chemical dependency. This may be in the forms of lectures, tapes, exercises, and discussions. It is important for you to become actively involved in the discussion portion of the topic of the day. This will help you understand the materials presented and begin applying them into your own recovery program.

Ocular Acupuncture

We offer ocular acupuncture to our CIAS patients on a first come, first serve basis. These treatments consist of placing five needles in each ear. Ocular acupuncture has had positive results in individuals who are experiencing the uncomfortable symptoms of withdrawal and detoxification. Members of our staff are nationally certified by the National Acupuncture Detoxification Association. This adjunctive service is available to anyone interested in the evenings from 6 to 7 M, T, W or most evenings after 11 pm.

It is your responsibility to be on time for group.

Group attendance is mandatory and an important part of your recovery.

Recovery Journals:

One of the most important aspects of intensive treatment is the written work that you do. Much of that work is done in personal recovery journals. These journals have a variety of themes from relapse prevention to spirituality. You will receive one or two of these journals when you begin treatment. They guide you through important aspects of your treatment. The material and steps in the journals are put together so they build on each other. The work you do in the journals will help you to keep track of your progress in treatment. “**Personal**” means **it is yours**. This means that what you put into it will determine what benefits you will receive from it. The “First Step” book will begin to help organize and clarify why you are participating in alcohol or drug treatment. Your counselor will assign additional journals that apply specifically to you once you complete the First Step.

Health Services:

Patients in the stabilization services receive nursing care. Patients in residential also have daily nursing care available. Patients in IOP do not receive daily nursing care but still have access to nursing staff if there are problems. Any patient with a health issue may speak with a nurse or counselor. Physician referrals can be made if needed. If you are interested in an anonymous and

confidential HIV test and/or a Hepatitis C test while you are in treatment, please let the physician or nurse know so arrangements can be made.

AA/NA Meetings:

During treatment you will have the opportunity to attend Alcoholics Anonymous (AA) and/or Narcotics Anonymous (NA) meetings in the community or on the hospital property. This is an important part our program and you **are expected to attend at least three meetings a week**. Patients living on the unit should sign out when attending AA/NA. Residential patients are able to attend AA/NA meetings when they are on hospital property or when our physician and staff find it appropriate and make it part of your treatment plan. We encourage the use of self-help groups to sustain recovery and abstinence.

Nursing Staff:

Nurses provide day-to-day care and education necessary for your recovery. Our staff of skilled LPN's is available 24 hours per day. Your involvement with the nursing staff, again, depends upon your level of medical need. We are a teaching hospital. Student nurses and medical residents may be involved in your care while you are here. They are a great resource for your recovery. Ask them questions.

Counseling Staff:

When you are admitted to the program you will be assigned a **primary** counselor. Your primary counselor coordinates your treatment and conducts therapy groups, individual counseling sessions, and family sessions when requested and appropriate.

Support Staff:

During your stay, you will come in contact with many other professionals from other areas of our program and Marquette General. You may meet some of our billing/clerical staff, outpatient counselors, administrative staff, dietary staff, and student nurses or interns. We are all here to provide you with the best possible supports and to maintain your privacy and confidentiality. Information about you and your treatment will not be released without your written consent in the form of a release of information.

Students:

Because we are dedicated to educating future professionals, you may also have the opportunity to be involved with nursing, counseling, psychology and social work interns from Northern Michigan University, or other educational institutions. Occasionally medical students, therapeutic assistants, and family practice resident students also serve apprenticeships here. These students have been

oriented to our program and have agreed to follow federal confidentiality regulations as part of their professional development.

Volunteers:

Our program utilizes volunteers from the recovery community, area universities, and the community at large. These volunteers include members of Alcoholics Anonymous and other self-help groups such as Al-anon and Narcotics Anonymous. The volunteers assisting on the unit all have been screened and trained by our staff. Like the students, they have agreed to follow federal confidentiality regulations.

Community Living

You may feel you are alone on your journey to establish a recovery program. Once in treatment you do not need to look far to see that others are beginning that same journey and you are not alone. Living in any community means living with different people, some of whom you may like and others whom you may not. The important thing is that the common goal for everyone is recovery. You need to be supportive of each other, even when it is challenging to do so. You must respect each other. It helps to understand that everyone here is in treatment because of their addiction issues. Remember that learning how to care for, support, and respect one another will not end with treatment. It will continue as you return home and draw upon support of other individuals, family members, or support groups.

Each week, the staff will select a patient to serve as unit leader. The unit leader will be responsible for:

1. Making sure the patients are up every morning at scheduled time.
2. Announcing all meetings five minutes before start time.
3. Making sure everyone is informed of the meetings and letting other patients know of any schedule changes.
4. Making sure that unit jobs are assigned and completed.

As part of your treatment we ask that you also take part in some of the responsibilities that are part of this therapeutic community. There is a list of responsibilities posted in the kitchen and the unit leader will assign each patient a chore such as cleaning the kitchen, making coffee and stocking supplies.

There will be “community” meetings to discuss issues related to living in a therapeutic community. Staff members and the unit leader conduct community meetings. These meetings are to ensure your safety, compliance with rules, and overall comfort. Community meetings also help to continue to develop negotiation and conflict resolution skills necessary in a recovery program.

Any patient may be asked, on occasion, to show a new patient around the unit. We would like you to spend some time with that patient to help them become familiar with the treatment program. Your willingness and enthusiasm can make a big difference in how a new patient feels about their first day or two in the program.

Each patient has a specific status on the CIAS Unit. You may be a residential patient, a partial hospitalization client, or an intensive outpatient participant. Residential patients are restricted to the hospital property unless the activity is potentially therapeutic, time limited, and approved by the physician. Residential patients have their medication included in the cost of treatment. Partial hospitalization or intensive outpatient clients may leave the property during free time for meetings or other activities as they choose. Intensive outpatient clients that live in the local community and attend treatment during the day are only on the unit from 8:30 am to 5:00 pm three days per week. These people leave the CIAS unit each afternoon to return home.

All individuals who leave the unit are required to document where they are going and the times they leave and return on the "Client Location Log" or sign out sheet. Clients leaving the unit are doing so on their own accord. When they leave the unit they agree to hold Marquette General Health System harmless from any personal injury, illness or personal property damage that might occur while registered in a program and not on the unit. This includes, but is not limited to, purposes such as meeting attendance or appointments off the hospital campus, visits with guests/family, or any other reason. Individuals leaving and returning to the unit are subjected to random breathalyzers and drug screens.

Whether or not you live on or off the unit, there are scheduled activities that you are required to attend as part of the treatment program. All patients will follow the posted scheduled activities. This schedule is provided to you at your admission to the CIAS unit. Additional copies of the schedule are available upon request.

The CIAS unit has only 18 beds. We may request that you change your room while in the program. Such change will enable us to admit another person who needs treatment. If you are in a single room you may be asked to move to a double occupancy room. In unusual cases you may be asked to sleep in a Hospitality Room. If you are sleeping in one of our Hospitality Rooms we encourage you to stay on the unit during day/evening and eat your meals on unit.

Designated telephones are available for patients to use. Calls are limited to 15 minutes so that all patients have the opportunity to use the phones. These phones will not be available during group sessions. There are no telephone calls after 11:00 p.m. Incoming calls will stop at 10:00 p.m. Please answer all phone calls by simply saying "hello" and not identifying it as the Center for Intensive Addiction Services (CIAS). This helps protect everyone's confidentiality.

No cell phone usage is permitted while on the CIAS treatment unit. Cell phones may be used in common or public areas of the hospital per hospital policy.

The telephone numbers for **patient phones** are (906) **225-3587** and (906) **225-3588**. You may be reached at the same phone by having people call the **hospital “800” number at 1(800) 562-9753 and ask for extension 3587 and 3588**. To make local calls dial “9” and then the number. For long distance calls in the U.P., dial “9-1” and the rest of the number. To call outside the U.P. dial “8-0” (Collect or third party) and an operator will assist you.

Please inform your family and friends of the meeting schedule so they do not call when you are in a meeting. You will not be called out of any group for a phone call.

Your address here is:

(Your name and room number)
MARQUETTE GENERAL HOSPITAL
580 West College Avenue
Marquette, MI 49855

Incoming mail is distributed at the nursing station and large items or boxes must be opened under staff supervision.

Caution: Overnight or priority mail may be delayed due to internal hospital policies and procedures for handling mail.

Information you should know about confidentiality

Here on the CIAS unit we take your confidentiality and privacy seriously. We will only disclose very specific information about you with a signed and dated release of information. There are limits to this confidentiality. If you are planning on hurting yourself or someone else we are responsible to provide enough information to keep you or a third party safe. We are also mandatory reporters of abuse or neglect of children and/or elderly individuals.

We are mandated by federal laws to keep your treatment here private. Most of our staff lives and works in this community. If you bump into one of our staff members in the community they will not speak to you unless you speak to them first. This is to avoid potentially identifying you as a person who has received substance abuse counseling to people around you.

You should know there is always a risk to seeking treatment. One risk is that nothing will change in your life. The other risk is that major things will come up during treatment and you will need to address them. What generally happens is somewhere in between. Recovery is a process. Some things in your life change

during treatment and others stay the same. Some goals are long-term to address chronic issues. We treat your acute problems here related to your addiction. There may be other chronic or long-term issues, medical or emotional, to address when you leave treatment.

Rules and Responsibilities

As with any group of people living or working together, rules and responsibilities need to be established to maintain a safe and comfortable environment. All patients, whether living on the unit or not, are asked to follow certain rules as a part of treatment. These rules have been developed to help you remain safe and focused on treatment.

1. Alcohol or other Drugs

Patients may not use, or have in their possession, alcohol or any other drug except those prescribed by the attending physician. During treatment, we may request random drug and alcohol screens. Possession or use of alcohol, other drugs, or even misuse of your prescription medications will result in disciplinary action up to and including discharge. Patients must agree to random drug screens and breathalyzer/s. Refusal of a random drug screen &/or breathalyzer will be considered a positive test and constitute grounds for discipline up to and including discharge.

Possession of alcohol or drugs will result in disciplinary action up to and including discharge.

2. Tobacco

Our program philosophy considers tobacco to be a mood altering substance and we encourage everyone who uses tobacco to quit. We can provide assistance to help you quit if you are interested. **MGHS IS A TOBACCO FREE FACILITY.** There is no smoking or chewing on hospital property. Stabilization patients are restricted to the CIAS floor until they are admitted into treatment. There is no smoking during that time. Other new patients beginning treatment must be accompanied by another patient or staff member when smoking during the first 24 hours. **Smoking on the unit or MGHS property is prohibited.** Smoking times begin at 5:00 am and end at 10:45 pm Sunday through Thursday and end at 11:45 pm on Friday and Saturday. Patients must sign in and out when going to smoke. Smoking after pm meditation is a privilege designed for a brief final smoke. You are permitted to go back outside from 10:30 pm to 10:45 pm Sunday through Thursday and 11:30 pm to 11:45 pm on Friday and Saturday for a final smoke. Please limit your time off the unit to 15 minutes as your day winds down.

Violations of the tobacco free policy can result in immediate discharge from the program.

Smoking in your room can result in immediate discharge.

3. Prescription and over the counter medications

All medications will be held in the nurse's station and locked at all times. Prescriptions filled outside MGHS will be presented to the nurse, bag unopened, and inventoried upon your return to the CIAS unit. Patients will take their medications as prescribed or as directed on the packaging. Patients be observed by the nurse or who will document all medications taken. Patients who have medications from home or a local pharmacy will set up weekly medication boxes with staff support. Utilizing these medication organizers will support medication compliance and build healthy lifestyle patterns. Over the counter medication, along with sharp objects (razors) or grooming products containing alcohol will be held in a locked area and provided to the client on request. The only exception is over the counter medication that is specifically identified to be held by the patient as ordered by the doctor. When you have finished using these items please return them to the nurse's station locked area.

NOTE: All sharp objects like disposable razors must be disposed of at the nurse's station. Please bring all unwanted sharp objects to your nurse on duty for proper disposal.

Upon completion of the program or at your discharge session prescription medications will be returned to you, just prior to your being escorted from the unit by staff. Forgotten over-the-counter or prescription medication will be held for three days and then disposed of through the Marquette General Health System's pharmacy.

Medication times are 8:00 am to 9:00 am, 12:15 pm to 1 pm, 5:00 pm to 7 pm, & 9:00 pm 12:00 am (midnight). If you go to bed earlier than 10:00 pm you can take your medications prior to going to bed. If you have special needs, like being diabetic or you are in stabilization, you are a priority and your medication times may be more frequent or flexible. Please check with the nurse on duty if you have any questions about medication times.

All medications prescription or over the counter must be locked in the nurse's station.

4. Violence, property damage, destruction, theft

Patients may not be verbally or physically abuse another patient, visitor, or staff member.

Verbal abuse includes raising your voice or racist, sexist, or vulgar language.

Physical abuse includes use of physical gestures and/or threats. Federal laws and regulations related to confidentiality do not protect any information related to

past or future crimes committed by a patient either at or outside the program or any threat to commit such a crime. Violations of this nature must be reported to the proper authorities.

Our staff is required by state mandate to report abuse or neglect of elderly people and children.

Destruction or theft of personal or MGH property is forbidden. Intentional disregard for this rule can and will result in immediate discharge.

Room searches by staff are permissible if there is a perceived possibility of danger or harm to patients, property, staff, or another third party. MGH reserves the right to search any or all patient rooms on the CIAS unit to ensure the safety of patients and staff and the integrity of the program with the approval of the clinical supervisor or the clinical director.

Violence will not be tolerated and is grounds for immediate discharge from the program.

5. Relationships: Exclusive, romantic, or sexual

Exclusive relationships, romantic and/or sexual activity of any kind with other patient or visitor are prohibited. Patients are not permitted in each other's rooms at any time, including entering the room or standing in the doorways. Exclusive relationships distract from treatment goals. Hugging, kissing, and physical contact are not permitted. Outside activities should be in groups of three or more to avoid exclusive relationships.

Please avoid exclusive relationships.

6. Profane or Derogatory Language

Patients are discouraged from using profane or derogatory language of any kind while in treatment. This includes sexual, racial, ethnic slurs, put-downs, jokes and offensive comments and is considered a form of violence.

7. Self-Harm: Mutilation

Patients may not participate in any form of self-mutilation such as piercing, tattooing, scratching or cutting one's self with sharp items, or drawing on self.

8. Clients leaving the hospital grounds

All patients are restricted to the CIAS unit for the first 24 hours of their stay. Clients who are at a residential status are not allowed off property boundaries without staff approval and prior inclusion of the event into your treatment plan.

Clients are expected to sign in and out of the unit. Any client leaving the unit is subject to random breathalyzer's &/or drug screens upon return.

All packages brought back are to be inspected at the nursing station when you return to the CIAS floor.

Clients leaving the CIAS unit agree to hold Marquette General Health System harmless from any personal injury, illness, or personal property damage that might occur while registered in a program and not on the unit. This includes, but is not limited to, purposes such as meeting attendance or appointments off the hospital campus, visits with guests/family or other reasons.

9. Dress Code and Appearance

You are to be appropriately dressed at all times, including:

No bare feet or stocking feet allowed. You must wear something with a sole or hospital slipper. Please do not wear hospital slippers when leaving the 5th floor.

Walking shorts (long shorts close to the knee and baggy) may be worn during free time and on walks. No Lycra, short shorts, or tight shorts can be worn.

Shoes and shirts will be worn on the hospital property at all times.

Appropriate undergarments will be worn.

Robes will be worn over sleepwear. No lounging in night clothes in the kitchen, hallways or group rooms.

Tank tops, revealing necklines, tight, and torn or revealing clothing are not appropriate in the unit.

No clothing that reflects the drug or drinking culture is allowed. Clothing making references to alcohol and drugs or with profane or suggestive messages are not acceptable.

No caps, hats, bandannas, sunglasses, or coats are to be worn indoors.

No sunbathing is permitted on MGHS property.

Patients are expected to practice good personal hygiene, including frequent showers and shampoos, good dental care, foot hygiene and clean clothes.

Free washers and dryers are available for personal use. We ask that you do not use the machines after 10:00 p.m. or before 7:00 a.m. due to the noise. Each

patient is expected to do his/her own personal laundry. Soiled linens and towels should be placed in the blue laundry bags located in the hallway.

10. Coffee, meals, and snacks

Snack foods are sent to the unit throughout the week. You may help yourself unless you are on a special diet. The food is for all clients, please be respectful.

Please return pop cans to the kitchen. Please label and date all food and beverages that are kept in the refrigerator.

Outpatient clients must notify the staff and complete a menu if you want to eat on the unit. All CIAS patients are asked to fill out a menu to ensure they receive food they prefer and to reduce waste.

High caffeine/high energy/high sugar drinks are **prohibited** on the floor. Beverages containing high amounts of sugar and caffeine are discouraged while in treatment.

11. Room Cleanliness

Please keep personal items off the floors

Be respectful of others and the housekeeping staff

Use the trash bins

Staff will knock before entering your room and ask for permission to enter unless there is a perceived emergency.

12. Attendance at program activities

You are expected to attend all unit activities, including lectures, group sessions, and recreation activities unless prior arrangements have been made with staff. Please refer to the daily schedule for specific program activities and be on time for unit functions. Warnings may be issued for non-compliance with treatment expectations. Three warnings for non-attendance may result in discharge.

Patients are asked to report to the staff station for medications and vital signs if necessary. Please report promptly to the desk. We ask that patients do not congregate at the desk for confidentiality purposes.

Note: If you need to miss pm meditation due to your personal sleeping patterns or needs we ask that you remain sleeping and do not go outside for the final smoking time.

13. Medications

Please only one person at the nurse's station at a time for medication.

As part of a healthy lifestyle, our expectation is that you will take all medications as prescribed by your physician.

All medication, hygiene items containing alcohol, or sharp objects should be in a locked room at the nurse's station, unless in patient's treatment plan or approved by physician.

Any abuse of over the counter or prescription medications may result in discharge from the treatment program.

At discharge prescription medications will be returned to you, just prior to your being escorted from the unit by staff.

Medication forgotten by discharged patients will be disposed of through the MGHS pharmacy 72 hours after discharge.

14. Fire/Safety Drills

Fire Drill (Code 100)

In the event of a fire drill, you must report to the large group room (#14) immediately when a drill is announced and remain until all clear is given.

If you are in group therapy or individual counseling, remain in that room until the all clear is given.

Close all doors on the way to Room #14, or any other doors if you are in another room.

If the drill is called after 11:00 p.m., all patients are to remain in their rooms. Staff will close all doors.

Please familiarize yourself with signs marking emergency exits posted throughout the hospital. Ask a staff member if you are unsure of any of these procedures.

Signing in and out when leaving the unit helps us account for you during drills and emergencies. Please sign in and out.

General Rules

For your protection we suggest keeping all valuables behind the staff station. Large amounts of cash or valuables are to be stored in the hospital safe. We cannot be held responsible for lost or missing items.

Smoke or chew off hospital property and don't leave debris behind.

Patients are not allowed in the staff station without prior approval from staff.

Upon admission, all personal items will be inspected, including purses, pockets and suitcases. Any additional items brought or sent to the unit by family or friends will also be inspected at the staff station.

All medications (over the counter and prescription), sharp items, car keys and certain personal items will be kept at the staff station.

CIAS staff reserves the right to search patient rooms for unauthorized items to ensure the safety of the patient and the entire therapeutic community.

Wi-fi is available on the hospital grounds. Laptops and other electronic devices are permitted as long as they do not detract from treatment. This means they are not used during group times, in place of sleeping at night, or in place of socialization on the unit. Electronic devices with headsets may be used if they do NOT interfere with your ability to hear overhead pages or emergency announcements.

Your primary counselor or designated staff must approve additional reading and listening materials, or musical instruments. Our general rule of thumb is that such items should not detract from treatment for you or your roommate. Music or materials that glorify alcohol or drug use is not permitted.

To keep the focus on treatment we ask that you only go into the room you are living in. Room doors are open during the day unless otherwise instructed by staff. Doors are ajar at night for room checks. Electric beds must be in the lowest position.

Quiet time begins at 10:00 p.m. daily. Please use this time to wind down and end your day. Be respectful of others who may already be asleep.

There will be no gambling of any form. Card playing of any kind is restricted to free time.

TV or DVD watching is allowed during free time.

You will be required to do minor housekeeping chores on the unit as part of your therapy. Please have your beds made by 9:00a.m and change the linen at least weekly. You are responsible for keeping your room clean and safe.

Personal items may be used to decorate your room. Do not tape anything to the walls. Please use the bulletin board provided. No posters or signs with suggestive messages or which reflect the “drinking or drug culture” are allowed.

Visiting hours for all patients are Sundays and holidays from 2:30 pm until 5:30 pm. Visiting will be on the unit or outside within designated boundaries. Exceptions can be made with prior staff approval.

Patients are expected to attend AA/NA meetings inside or outside of the hospital during free time when unit activities are not scheduled.

Patients must agree to random drug screens and breathalyzer tests upon request.

In the event of an emergency, patients may apply for a physician-approved Leave of Absence (LOA). Emergency LOA's will be incorporated into your treatment plan, approved by treatment staff, and have agreed upon departure and return times. All individuals returning from a LOA with need to comply with automatic drug screen and breathalyzer to return to treatment.

The patient computer on the unit is for everyone. Please be considerate of others and limit your use to 30-minute periods.

Please respect the confidentiality of others. What happens here stays here. Do not speak about confidential information related to other people in treatment with your family or friends.

Client Expectation Contract

You will review and sign this contract with a staff member during the admission process. **The following is a copy of this contract for you to keep:**

Once in treatment there are certain expectations we have of you, unless you are specifically excused or exempted by a staff member.

1. No alcoholic beverages, chemicals, over-the-counter drugs, illegal substances, or weapons are to be brought into the treatment center.
2. Any client who uses alcohol and/or drugs while in the program will face consequences up to and possibly including discharge to be determined by staff and may require disclosure to other group members as a part of the recovery process.

3. Clients will follow the CIAS daily schedule including group, education, and meditation activities.
4. Clients will be on time for all scheduled activities.
5. Clients will participate in diagnostic screenings, interviews, and assessments.
6. Clients will attend at least three 12 step meetings or support group meetings per week and document their attendance.
7. Clients will be required to complete readings and written exercises as a part of treatment. If you have issues with reading or writing taped materials or verbal reports will be substituted.
8. Clients will complete daily goals & inventory sheets, recreation sheets, and menus as a part of treatment.
9. Clients are to keep all information obtained in groups or interactions with other clients in strict confidence. What you hear or see here stays HERE. DO NOT DISCUSS SPECIFICS OR INDIVIDUALS WITH FAMILY MEMBERS OR FRIENDS.
10. Violence, threats of violence, or implied threats of violence in any form will not be tolerated and will result in immediate termination.
11. Theft, destruction of hospital property, or criminal behavior will not be tolerated.
12. Exclusive or romantic relationships with other clients are not permitted while in treatment.
13. Clients agree to random drug and alcohol screening as a part of the treatment program.
14. All clients are restricted to the hospital grounds for the first 24 hours of treatment.
15. Residential clients are restricted to the hospital grounds for the duration of their treatment unless otherwise specified by a physician in their treatment plan.
16. Violation of program rules and expectations may result in verbal and/or written warnings. Three of these warnings may result in restrictions, behavioral contracts, and discipline up to and including discharge.
17. If discharge for a violation of rules I will be referred to other programs or services. I understand that I must wait 30 days for any potential readmission.

Statement of understanding and agreement: I understand the rules and expectations of the program and agree to comply with them. I understand additional individualized goals may be developed as a part of my treatment plan. I understand that noncompliance with these rules and expectations can result in restrictions up to and including discharge from the program.

Once you have been admitted to the program there will be a signed copy of this form in your record.

Review of Discharge Policy

Patients can be discharged, prior to program completion, for violations of program rules. This can be for a single major rule violation, repeated violations of the same rule, or for multiple violations of different rules. All discharges from the unit are the decision of the program staff, clinical supervisor, and/or clinical director, under the supervision of the medical director.

Generally when a problem or rule violation occurs, the individual will be counseled by staff about the behavior, attitude, infraction of rules, or failure to comply with treatment plan. Objectives will be set with the person in the form of a behavioral contract and a date to review progress will be agreed upon. This will be documented in the person's chart.

If the behavior or problem continues, a discharge will be recommended. The person will be notified of the discharge and a notation made in the medical record. Discharge will occur within 24 hours unless extenuating circumstances prohibit this as determined by the clinical director, clinical supervisor or other staff.

Violence in any form will not be tolerated and will result in discharge from the program. Violence, property damage, destruction, or theft are serious concerns and can result in being discharged without advanced warning.

Violations of other rules may result in a written warning and a behavioral contract or corrective action plan. Three written warnings for any violation of rules can lead to discipline up to and including discharge with the approval of the clinical supervisor &/or the clinical director.

Failure to make progress toward treatment goals and/or to comply with treatment plan can result in discharge from the program.

Violations of rules related to using alcohol or drugs, smoking on the premises, exclusive relationships, or non-attendance in program activities can be grounds for immediate discharge, depending on the severity of the offense and whether it compromises the safety of other patients and staff.

Patients discharged for non-compliance with rules are not eligible for re-admission for 30 days following the discharge. (Requests for re-admission, after the 30-day period, will be reviewed by clinical staff and may require a face-to-face interview with the patient, prior to the re-admission.) Referral and/or funding sources will be notified of patients who are discharged from the CIAS unit.

A patient may appeal a discharge by requesting a meeting with the treatment team. The meeting will include, at a minimum, the counselor, an LPN, and the clinical supervisor representing the unit. Such meetings will be held immediately,

if possible, and prior to discharge unless the patient has violated rules related to violence, property damage, destruction, or theft or a rule in which the safety of other patients or staff has been compromised, in which case such a request will not delay actual discharge but be held after discharge. Patients who are discharged and awaiting an appeal must still leave the unit.

All staff discharges will be approved by clinical director or clinical supervisor except in cases of violence.

Aftercare and Continued Care

Treatment is the beginning of your recovery process. Maintaining a recovery program in your daily life is the focus of discharge or **Aftercare** planning.

During treatment you and your counselor will set goals to work toward after you are discharged. Ongoing support group attendance, substance abuse counseling, and good medical care can support your recovery efforts. In addition to regular AA/NA meetings or sober support groups, your counselor will encourage you to become involved in aftercare groups, individual counseling or other non-using community supports. Group or individual counseling is usually available through a substance abuse agency in your community. Your counselor will provide you with contact information for treatment providers in your area so you can continue with counseling when you return home. Ongoing healthcare is a part of your **Aftercare Plan**. If you don't have a primary care physician (PCP) we will provide you a list of doctors in your area to assist you in optimizing your physical health and supporting your recovery with non-addictive medications. If you need a copy of the list of PCP's in your area please ask any staff member.

Your counselor can provide you with local referrals and supports for **Aftercare** but it is your responsibility to follow through with these appointments.

Orientation to Alcoholics Anonymous

Resources highly recommended to you are Alcoholics Anonymous (AA), Narcotics Anonymous (AN), Al-Anon and Adult Children of Alcoholics (ACOA). AA is a fellowship of men and women whose primary purpose is to stay sober and help other alcoholics to achieve sobriety.

Building a sober support network is a challenging task in the recovery process. AA/NA programs are a practical and convenient way to find recovering people and supports in your own community. Many people have fears or misconceptions regarding AA/NA attendance. The following are some facts about AA.

MEMBERSHIP

“You are an AA member if and when you say so.” The only requirement is a desire to stop drinking. There are no dues or membership fees. AA is wholly self-supporting. Voluntary donations by members at meetings support the AA functions.

PARTICIPATION AT MEETINGS

While participation is encouraged no one is asked to do anything they do not want to do. Participation is limited as the AA preamble says, to sharing one’s “experience, strength, and hope.” Members do not give counsel or advice.

GOOD VS. BAD MEETINGS

You may hear discussions about good meeting versus bad meetings. Overall meetings tend to be different and it is important that you find a meeting where you are comfortable. It is imperative that you remain open-minded at meetings, as this is what usually creates the atmosphere for a “good” meeting. Remember you don’t have to enjoy a meeting to benefit from it; you just have to be there.

GOD AND RELIGION

Sometimes people don’t continue to attend AA because of “all that GOD stuff”. They have an inaccurate perception or interpretation of what they have heard about spirituality and recovery. AA is not, and does not teach any religion but is a fellowship of men and women from all walks of life whose main purpose and goal is their sobriety. Secondly, they hope to help others who wish to achieve the same goal. They place no expectations on any person regarding religious attitudes or feelings, prayers, or spiritual concepts.

ANONYMITY

The cornerstone of recovery refers to the fact that all are equal, everyone is dealing with the same problem. Anonymity is the basis for trust at meetings. Anonymity in simple terms is what happens at meetings stays at meetings. It is never acceptable to break someone else’s anonymity. It is the individual’s choice to use his or her own full name around AA, as long as they do not identify themselves as a member of AA in the press, radio, television, or film.

Lists of local AA/NA meetings are available from our staff or online. Hometown meeting lists are available from your counselor or on the Internet.

OTHER 12 STEP GROUPS

Other organizations have been formed based on the success and philosophy of AA. Each of these programs is separate but similar to AA. They are not branches of AA, but are separate programs. The AA steps have been incorporated into these programs with only minor changes.

Narcotics Anonymous (NA): For people addicted to drugs other than alcohol

Al-Anon: A support group for family members and friends of alcoholics.

Ala-teen: A program for teenagers who are affected by their parents' alcoholism.

Overeaters Anonymous (OA): A support group for people addicted to food.

Gamblers Anonymous (GA): For people addicted to gambling.

Adult Children of Alcoholics (ACOA): A support group for individuals raised by parents with addiction issues.

Complaints

Many complaints and concerns can be addressed when they are still relatively minor occurrences. You can begin the informal complaint process by reporting your concerns to your primary counselor or a neutral nursing or counseling staff member. If your issue is not resolved, the next step is to discuss your concerns with the clinical supervisor. If your complaint is still resolved you can discuss your complaint with the clinical director or medical director. If they cannot resolve your issue you will be provided contact information for the Recipient Rights representative for the hospital.

Your Rights

As a person receiving services from the Center for Intensive Addiction Services, you have rights provided through rules set by the State of Michigan Center for Substance Abuse Services. These rights are listed below.

YOU HAVE THE RIGHT TO KNOW:

- How much our services cost, and how much you must pay.
- When violation of program rules could lead to your discharge.
- All about any drugs that you used in your treatment.
- If you or information about you will be used in any research or experiments.

YOU HAVE THE RIGHT TO:

- All civil rights guaranteed by State and Federal Law.
- Suggest changes in our services.
- Expect us to look into your complaints.
- Help make up your own treatment plan.
- Refuse our services and be told what will happen if you do.
- Talk with your own doctor or lawyer
- Obtain any copy or summary of your client record unless the clinical director recommends otherwise.

YOU HAVE THE RIGHT TO EXPECT THAT PROGRAM STAFF WILL NOT:

- Abuse or neglect you.
- Give out information about you without your permission and a completed release of information, unless it is an emergency.
- Require you be part of any research if you do not wish to be.

AND YOU HAVE THE RIGHT TO:

- Know all the rules about having visitors.
- Not be restrained – physically or by drugs, unless authorized by a physician for your immediate safety.
- Refuse to work for us unless the work is part of your treatment plan.
- Have space to put your personal belongings.
- Keep your own money. (Recommended no more than \$20.00)

If you want to know more about your rights, please read the recipient rights poster in the lobby or ask the program rights advisor for a more complete list of your rights.

YOU AND YOUR RIGHTS ADVISOR

If you think your rights have been violated at our program, please talk to your Rights Advisor. This person is interested in listening to your complaint(s) and helping you find a solution.

THIS IS YOUR MGHS PROGRAM RIGHTS ADVISOR & CONTACT NUMBER:

Bill Christesen

(906) 225- 4543

WHAT YOU CAN DO:

Talk to your program Rights Advisor. Maybe together you can find a simple solution to your complaint.

If that doesn't work, you can fill out a formal complaint. Your Rights Advisor has a complaint form.

After you give your complaint to your Rights Advisor, the complaint will be investigated. You will get a written answer to your complaint within 30 working days.

If you don't accept the written answer to your complaint, you have 15 working days to file an appeal to the REGIONAL RIGHTS CONSULTANT. Your rights advisor will provide you with appeal forms, upon request.

Within 30 working days, the regional rights consultant will give you a written answer to your appeal.

If you don't agree with the written answer to your appeal, you can file another appeal to the STATE RIGHTS COORDINATOR.

For additional information or an appeal form, write to:

Recipient Rights Coordinator
MICHIGAN DEPARTMENT OF PUBLIC HEALTH
OSAS-LED-RR
3500 North Logan
P.O. Box 30035
Lansing, MI 49809

ABOUT YOUR BILL OR FUNDING SOURCE

MGHS's Behavioral Health Services Billing Department will bill basic charges for your treatment directly to your insurance. You may receive separate bills for "*additional medical, psychological and other services*" provided through the hospital. It is recommended that you contact your insurance company or your employer or funding source to verify your benefits for substance abuse services. Questions regarding your coverage can be directed to the Behavioral Health Services Billing Supervisor @ (906) 225-3216. The billing supervisor will help you as much as possible; however, you are ultimately responsible for your bill.

Whatever your source of payment, you are entitled to an itemized statement and an explanation of the charges. MGHS's Business Office can provide you with both of these. The number to call is (906) 225-3406. Their office hours are 1) by

telephone from 9:00 am to 4:00 pm EST or 2) by walk-in: 8:00 am To 5:00 pm EST.

The following is a copy of a document you will sign upon admission. The original signed copy will be maintained in your file.

Client Orientation Documentation

During your admission you will read, review, & sign the following form. Your signature indicates that you understand the flowing issues and procedures and are ready for admission. A signed copy of this form will be included in your file.

My clinician has explained to me the goals, objectives, and services available through the Center for Intensive Addiction Services (CIAS) at Marquette General Health System, the expectations for me as a client, the cost of these services, and the client's rights. I have been given a copy of the "Know Your Rights" brochure. I understand that I have rights as a recipient of addictions services and that I can get more information about my rights from the Patient Advocate.

I understand the statements below regarding confidentiality and that I will be given a copy of this form for my future reference.

Federal Law and Regulations (42CFR Part 2) protect the confidentiality of alcohol and drug abuse patient records maintained by this program. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless the client consents in writing. Violation of the Federal Law and Regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal Regulations. You may rescind any release you sign at any time with the exception of criminal justice releases. The following are some exceptions to confidentiality:

1. Federal Laws and Regulations do not protect any information about suspected child abuse or neglect from being reported under State Law to appropriate state or local authorities.
2. Federal Law and Regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.
3. The disclosure is allowed by a court order.
4. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

The hospital also follows a Duty to Warn policy by which any threats against another person are reported to both that person and the police.

I know that I have a condition requiring either the assessment or treatment services of the CIAS Unit and I voluntarily consent to the care by Marquette General Health System, as is deemed necessary by the CIAS Staff. I understand that random, supervised drug screens may be part of the services I receive, if my clinician deems it necessary.

I have also had the opportunity to review a listing of services, which I may receive through referral to other agencies, and services provided by this agency to include reasons for which I may be discharged and what I may also do if I wish to appeal.

I have been made aware of the Medicaid grievance procedure along with the telephone number for either NorthCare Substance Abuse Services CDR or the Western Upper Peninsula Substance Abuse Coordinating Agency and the name and number of the Recipient Rights contact person for the Upper Peninsula, Mary Swift, (888) 333-8030.

I have received a copy of the MGHS BHS CIAS Patient Handbook.

A signed copy of this form will be included in your file.

The Beginning

Welcome to Marquette General and the CIAS unit. We are pleased you chose to begin or continue your recovery process with us. We are glad you are here. Please let us know what we can do to make your stay here more comfortable or productive.

ITEMS PROHIBITED

Drugs/Alcohol
Weapons
Energy drinks

Items Restricted

IPods/MP3 Players
Hand held games
Cell phones
Laptops

Cell phones may only be used in public areas of the hospital or outside of hospital property per hospital policy.

Electronic devices may be utilized during free time as long as they do not interfere with treatment activities or other individuals on the unit. CIAS staff

reserves the right to confiscate any of these devices for the duration of treatment if they are deemed to be disruptive. We request that laptops be stored in the locked nurse's station when not in use. Use of restricted devices ends daily with lights out.

All electronic devices are strictly prohibited during group sessions.

During free time and recreation it would be appropriate to do things like needlework, drawing, sketching, etc. If you have an interest in these, bring supplies for them. It would also be appropriate to bring personal or portable exercise equipment.

Security

While MGHS is a public facility, only persons with legitimate business should be on hospital property. After visiting hours, only patients, staff, and physicians should be on the CIAS unit except those with special permission of a Director, Supervisor, or staff in charge of the unit.

MGHS has Security Police who make periodic rounds to all hospital departments. Please be aware that the CIAS unit may utilize a camera and/or alarm system to monitor the entrance of the hospital after hours and the unit specifically. The purpose of this equipment is to increase the safety and security of the CIAS unit.

Bed Checks are conducted at least once per night by the nurse in charge to ensure client safety. More frequent bed checks will be conducted by the nurse if your condition warrants it. Stabilization patients have more frequent checks for assessments. To decrease noise the nursing staff is not required to knock before entering during overnight shifts. You are encouraged to keep your door ajar to decrease the noise associated with the checks.

Computers

Computers with Internet access are available for patient use during free time. Computers are excellent tools in seeking recovery resources in your home community. One computer is located on the CIAS Unit for client use. Other public computers are located on the first floor near the coffee shop. These computers access limited content from the Internet to ensure compliance with MGHS's policies. Please limit your use of shared computers to 30 minute sessions in consideration of other patients who may also want to use the computer. Our wireless network is available through out the hospital and common areas. Family members can send you e-mail through your personal account or through our website <http://www.mgh.org> by following the prompts for "Patient E-Mail" and including your name and room number. These e-mails will be hand delivered to your room.

Criteria for a Successful Completion

At MGHS we want you to have a successful experience. The following is our “criteria” for a successful completion of the CIAS program. You will discuss these criteria with your counselor during your orientation.

1. Completed and shared 1st Step (or equivalent) with group to explore the origin or reasons for my abuse/dependence on alcohol or other drugs.
2. Developed non-using life skills and taken responsibility for my own behavior and choices.
3. Understand AA/NA principles and can use AA/NA in home community if I choose.
4. Identify sober supports in my home community.
5. Completed a personal relapse prevention workbook that includes triggers to using alcohol or drugs.
6. Completed an aftercare plan that includes recommendations to address counseling, medical, and other basic needs in my immediate future.
7. Know what to do if my current problems come back.

We **welcome** you to the Center for Intensive Addiction Services (CIAS) at Marquette General Health System. We are glad you are here. Please ask any staff member if you have any unanswered questions or concerns. We are pleased to be a part of your personal recovery efforts.