



**Harlem East Life
Plan's Manhattan
Connection
Orientation and
Program Guide**

Our Mission Statement

Harlem East Life Plan is a diagnostic and treatment medical facility that serves the multi ethnic communities of the tri state area.

H.E.L.P. offers a continuum of health care and addiction medicine services, which include the Medication Assistance Program, Intensive Individual and Group Counseling, and the Adam Clayton Powell IV Health Clinic.

H.E.L.P. is committed to offering quality, culturally sensitive services that are accessible, comprehensive and affordable:

- General Medicine
- Infectious Disease
- Medication Assistance
- Case Management
- Counseling
- Psychiatry
- Nutrition

Services offered are facilitated through:

- Individual and Group Counseling
- Health Education Sessions
- Vocational and Educational Sessions

Introduction

Welcome to HELP's Manhattan Connection. Congratulations for taking this first step towards a new and rewarding life experience. HELP is here to help support and make this the most positive treatment experience for you. No matter where you are from, what brought you here, or why you believe you are here, we want to make this experience one that you can be proud of. Our staff team is here to help you help yourself in treatment. So if you find yourself having any difficulties, please talk to one of the HELP staff team about it. We are here to help. Remember, "What we can't do alone, we can do together." So you're never alone, and welcome to the HELP's Family.

We look forward to working with you and your family members and to help you with your individual needs and positive lifestyle changes. Together, we will make it happen. We all wish you the very best. We want to help you achieve big things in your life. We want you to feel hope for a bright future. This is our commitment to you.

Wishing you success,

Program Description

Harlem East Life Plan Parolee Empowerment Project (P.E.P.) a Manhattan Connections Collaboration

Program Introduction

Harlem East Life Plan's P.E.P. "Parolee Empowerment Project"(P.E.P.) is a criminal justice initiative in collaboration with Manhattan Connections Program NYS Division of Parole. This program is designed to reduce recidivism and relapse into criminal behavior while promoting participants empowerment. The program consisting of a culturally diverse staff is geared towards motivating and educating clients to utilize learned strategies to manage their feelings and establish positive coping mechanism to control impulse and work towards concrete goal achievement. Clients will be assisted with support and available resources that promotes educational and vocational enrichment, personal growth, which transcends into self- actualization. A holistic approach to treating the client is the primary focus. During program evaluation, a comprehensive psychosocial assessment of patients' life and historical data is collected to develop treatment planning and referrals to appropriate levels of care & other services needs are determined. These services will include and is not limited to: housing, employment /vocational, educational, social services assistance, medical and mental health needs.

Mission Statement

"Our mission statement is to give patients the skills, tools and resources to achieve and maintain sobriety. We are committed to serving the community and the problems, which plague our communities resulting from drug abuse and recidivism".

Program Coals and Objectives

- To educate clients on their addiction by reinforcing treatment as an alternative to drug use and incarceration. We are committed to provide evidenced based treatment approaches by integrating clinical interventions to match client needs.

- To provide relapse prevention education through individual counseling and self-help support groups. Through counseling, recidivist patients are encouraged to identify their triggers to relapse and to develop alternative methods of dealing with triggers.
- To provide vocational and educational opportunities and case management services leading to community integration and self-sufficiency.

Treatment Phases - (Treatment Phases will follow existing format of 822 Program at HELP).

Orientation Phase I (3 months) - Evaluation & Engagement

Basic Guiding Principles:

- Orientation to program rules & regulations, weekly drug testing obligations, expectations & scheduling of initial social service appointments and referrals
- Personal responsibility: Why am I here?
 - Assessment & Treatment Planning
 - Maslow's Hierarchy of Needs: Physiological, Safety, Belongingness, Esteem, & Self-Actualization
 - Life Skills: Hygiene / grooming, money management, resume preparation, accepting feedback
 - Thinking For Change: Thinking For Change : Criminal thinking vs. problem solving skills; An integration of evidenced based treatment approaches - Motivational Interviewing, Cognitive Behavioral Therapy (CBT), Aggression Replacement Training (ART) and Alternative to Violence Program (AVP) and / or others .

Treatment Phase II (3 months) - Stabilization

Basic Guiding Principles:

- Relapse Prevention Education
- Vocational & Employment Focused
- Reinforcement of support network and program linkages

Reentry Phase III (3 months)- Retention

Basic Guiding Principles:

- Social Responsibility
- Pro-social activity & Self management skills (relapse prevention)
- Aftercare Planning

Program Completion (3 months) — Retention

- Recovery Planning (Sober support networks)
- Community integration & Linkages
- Family Integration (when applicable)
- Continuum of supervision, aftercare, and continuing care programs

If indicated as a result of team case conference meetings including utilization reviews, each phase can be extended an appropriate period of time.

Treatment Components

- Psycho-education "Disease Model Of Addiction" Chemical Dependency Educational Workshops
- Anger Management Group "Alternative to Violence Workshops"
- Life Skills Management Group
- Relapse Prevention Education Group
- Vocational Service Development Group
- Parenting Skills Educational Workshops
- DWI Groups
- Marijuana Cessation Groups

Treatment Services On-site

- Individual & Group Counseling
- Case management
- Primary Care & Psychiatry
- Vocational Services - assessment & job placement
- Housing assistance
- Urine Toxicology testing
- Medicaid application benefits assistance

Program Evaluation

- Upon completion of each treatment phase, client will be issued a progress report highlighting areas of achievement, strengths, needs and continuing treatment recommendations.
- Quarterly data collection will be maintained evaluating program effectiveness to enable refinement and improvement in service delivery.

Contacts

Michael Colden- CASAC-T- Case manager (212)876-2300 Ext 120
Marjorie Thadal, CASAC- Administrator (212) 876-2300 Ext. 110
Joanne King, MA- Administrative Director (212) 876-2300 Ext 107
Cynthia Holman - CASAC- Assistant Administrator (212) 876-2300 Ext 204

Program Hours: Monday thru Friday 7:00am to 7:00pm

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PATIENT BILL OF RIGHTS AND CLIENT RESPONSIBILITIES

As a participant in our program, you have very specific rights as set forth by the Office of Alcoholism and Substance Abuse Services (OASAS).

THESE ARE YOUR PATIENT RIGHTS

1. The right to receive services without discrimination as to race, age, color, religion, sex, national origin, disability or sexual orientation.
2. The right to be treated with consideration, respect, dignity and privacy when receiving care.
3. The right to be informed of the services available at Harlem East Life Plan, including the provision of after-hours' emergency back-up coverage.
4. The right to be informed of the charges for services, eligibility for third-party reimbursement and, when applicable, the availability of reduced-cost care. The right to receive an itemized copy of your account statement.
5. The right to receive complete and current information about your diagnosis, treatment and prognosis in terms that you can reasonably be expected to understand. When it is not medically advisable to give such information to you, the information shall be available to your representative.
6. To be made aware of all the program's rules and regulations regarding your participation in the program.
7. The right to receive all the information you need to give informed consent prior to the start of any procedure or treatment, with exception of emergency care. To be afforded the opportunity to participate in the development of the plan. This information shall include the possible risks and benefits of the procedure or treatment.
8. To end your participation in treatment at any time.
9. To obtain in writing, a statement explaining the reason(s) for your discharge from the program and information describing the program's appeal process.
10. The right to receive confidential treatment. This means that, except for a medical emergency or a court order, a program cannot generally release information about your treatment without your consent.
11. The right to refuse treatment and to be informed of the medical consequences of such action.
12. The right to refuse to participate in any research.
13. The right to privacy and confidentiality of all information and records pertaining to your treatment, including the right to refuse the release of your medical record to any health care practitioner of facility except as required by law or third-party payment contract.
14. The right to complain without fear of reprisal about the care and services you are receiving, and to have the Center investigate and respond to such complaints. If you are not satisfied with the Center's response, you have the right to express your complaint to the **Department of Health at (212) 417-5995** or the **Office of Alcoholism and Substance Abuse Services at (800) 553-5790**.

Keep in mind that with Patient Rights come Patient Responsibilities.

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

- (1) work toward the goal of abstinence from drug, alcohol, and tobacco use
- (2) treat staff and other patients with courtesy and respect;
- (3) respect other patients' right to confidentiality;
- (4) participate in developing and following a treatment plan;
- (5) become involved in productive activities according to ability;
- (6) pay for services on a timely basis according to financial means;
- (7) participate in individual counseling and/or group and or family counseling sessions as applicable;
- (8) inform medical staff if receiving outside medical services;
- (9) address all personal issues adversely affecting treatment; and
- (10) act responsibly and observe all provider rules, regulations and policies;

Consequences for patient non-compliance:

(1) Provider policies and procedures to address patient non-compliance shall be designed to support a patient's positive response to treatment. Such policies and procedures must specify standards and expectations for patient behavior, and any consequences of non-compliance, including behavior which may result in treatment termination.

(2) Providers shall address patient non-compliance with timely and appropriate incremental interventions designed to assist patients in responding positively to treatment. Such incremental interventions shall be incorporated in the patient's treatment plan, be time-limited, and be documented in the patient's record.

(3) No treatment intervention or action can include delay or denial of any clinical, medical, or other required service vital to the health or recovery of the patient.

(4) Providers shall first warn patients of any behavior that could result in a recommendation of discharge with continued non-compliance, and must document such warning(s) in the patient's record.

BILL OF RIGHTS AND RESPONSIBILITIES – ACKNOWLEDGEMENT

Directions: Keep this signed document in the Clinical Chart

Patient Name: _____

I acknowledge that I have received a copy of the Patient Bill of Rights and Responsibilities.

SIGNATURE: _____ **DATE:** _____

HELP Manhattan Connection Program

I have spoken with a counselor and I understand all of the following:

I can be discharged for breaking any Cardinal Rule of the program.

Cardinal Rules are designed to protect the entire community, such as:

1. No violence or threats of physical violence
2. No destroying HELP property
3. No drugs or alcohol on HELP property

In addition to the Cardinal Rules the following rules must be followed:

I will:

1. Attend as scheduled to obtain the maximum benefit from treatment.
2. Participate in random toxicology screening.
3. Arrive for service at the scheduled time.
4. Dress appropriately (no tank tops, shorts or skirts above the knees, Spandex or overly revealing clothing, pants at waist level with a belt if needed and no untied shoelaces).
5. Not use profanity or speak in a disrespectful tone to anyone.
6. Not bring tobacco products into the facility or in the surrounding area.
7. Not engage in gambling.

I understand that my participation is voluntary and that I may discontinue treatment at anytime. If I am mandated into treatment, I understand that I may be held accountable and experience negative consequences by the agency which mandated me, for failure to comply with treatment.

I have been informed that my treatment is confidential under Federal Law. The information I disclose is protected by 42 CFR Part 2 of Mental Health Law and the Health Insurance Portability and Accountability Act of 1996 ("HIPPA"), 45 C.F.R. 160 & 164: I was given an overview of this law.

I was given a patient's bill of rights, which I read and understand.

I Have Read and Confirm the Above:

Patient's Name (Print)

Patient's Signature

Date

Grievance and Appeal Procedure

If you believe that any of your rights have been violated we encourage you to file a formal complaint. This procedure allows for several steps for review affording your complaint the most consideration possible. Please be mindful, we take the grievance process very seriously as it is a means for addressing violation of your rights; it is *not* a forum for expression of your preferences.

PROCEDURE:

- ❖ First sit down and talk with your counselor
- ❖ If your issues cannot be resolved with your counselor you can request to speak to his/her immediate supervisor.
- ❖ If the supervisor does not resolve your issue you can request to speak with the Clinical Director.
- ❖ If you feel the Clinical Director did not resolve your issue you can speak to the next level of Administration.
- ❖ If you believe it is necessary you can request an appointment with the Client Advocacy Unit of the organization.

Client Advocacy Unit:

Deborah Adams
Carlos Diaz

If you still need assistance you may contact:

OASAS Client Advocacy Unit
501 Seventh Avenue
New York, NY 10019-6708
Call Toll Free
1-800-553-5790

Patient SATISFACTION SURVEY

Your opinion matters to us. It is important for you to feel safe and free to share your opinions about the services you are given. The staff team at Phoenix House collects data through client satisfaction surveys to improve services and plan for future activities.

Procedure:

All persons served (patients) will be asked to complete a confidential client satisfaction survey. The surveys will be completed on the first Wednesday of each month.

- 1) Patients will be given the option of completing the survey anonymously or supplying his or her name.*
- 2) Surveys will be summarized and the results forwarded to Program Administrators, Quality Improvement Committee, Board of Directors and Patient Advocacy Committee:*
 - a) post the results in a visible location;*
 - b) take corrective action, as necessary; and*
 - c) include summaries of the survey results and corrective actions taken in their management reports.*

HELP's Manhattan Connections

OUR PLEDGE:

We are here to help. We are here to care for you.

- You will be treated with professionalism and respect
- If at any time you feel you are being treated unfairly, we want to know and we promise to respond.

Help us know something about you -

Are you: male female

Length of participation in the program?

less than 1 month 31-90 days 91-180 days 181-365 days more than 1 year

How old are you? 21 years or less 21 - 40 older than 40

DID WE KEEP OUR PLEDGE THIS WEEK? YES NO

Tell us how you feel about your stay with us (put a check in the box that describes how you feel):

CATEGORY	Bad	Not So Great	Okay	Good	Great
Your counselor's helpfulness					
Other staff helpfulness					
The program environment					
Location (Access)					
Safety and Security					
Group member's helpfulness					
Frequency of groups and seminars					
Recreation – after program hours					
Referral to community services					
External relations and sober support					

Is there anything else you would like us to know good or bad? _____

If you would like to talk with someone about your recommendations or concerns, please tell us your name and program:

Your name: _____ Facility location: _____

Thanks for sharing your thoughts. All of your responses are confidential – we won't tell anyone.

We look forward to hearing from you.

Manhattan Connections Reporting Notice

For those of you who are mandated to treatment from the criminal justice system, have or will sign a consent to release information about your progress in treatment. This includes treatment plan compliance, toxicology and progress reports. The information is to support your achievement of treatment plan goals.

It is also important for you to know that although you may have a mandate to complete treatment, your participation in HELP is voluntary.

Reporting

We are required to report discharges to the appropriate referent. This means if you:

- *Decide to leave against clinical advice and/or self discharge*
- *Communicate where you have been referred to for additional services for a continuum of care*
- *Are hospitalized or discharged for any medical reasons*
- *Leave the program on an approved day out pass or business related destination, do not return, and are lost to contact*
- *Satisfactorily complete the program and require additional follow-up for a continuum of care*
- *Are arrested and/or engage in any illegal activities*
- *Are terminated from treatment for physical violence, threats of physical violence, entering the facility with drugs, alcohol, or paraphernalia, destroying HELP property, and places the safety of other patients at risk*

Collaboration

Collaboration between the referring agency and your case manager is important to meet your individual needs. You can also contact and communicate with your referents regarding any concerns or treatment issues that arise.

Group NORMS

- **Observe the facilitator's role.**
- **Welcome New Members: body language speaks *louder* than words.**
- **Be on time: do not become upset if you are told you cannot participate due to lateness.**
- **Respect the group process, do not get up in the middle of the group to go to the bath room etc, do these things BEFORE the group starts.**
- **NO Eating or Drinking while group is in session, if you are hungry pick up a snack before the group starts.**
- **CONFIDENTIALITY: all participants are expected to maintain what is said in group *inside* the group.**
- **Be respectful of each other: treat others the way you want to be treated.**
- **NO Cross-Talking: only one discussion at a time.**
- **NO Interrupting: ask if the person is finished before speaking, sometime we need a few second to gather our thoughts before continuing.**
- **NO Sleeping: sleeping is *non*-participation.**
- **Constructive Criticism: this means focusing on the speaker's positives and 'building' on these.**
- **NO verbal/physical attacks or implied threats!**
- **NO Monopolizing the group, if asked to give others a turn to speak, be respectful.**
- **Burning Desires at the group's start; that way we can help**

Negative Behaviors in Treatment to avoid; these behaviors hurt the individual and stops them from making progress in treatment

Intimidator – *uses anger to drive people away*
Intellectual – *mistakes knowledge for understanding*
Victim – *blames negative events for addiction*
Blamer – *blames other people for addiction*
Playing Dumb – *“I don’t understand”*
Avoider – *tries to keep a low profile*
Socialite – *keeps a high profile but is superficial*
AA/NA Expert – *speaks in slogans but doesn’t get personal*
Con Man – *thinks he (or she) is fooling people*
Closed-Minded – *“I know what I have to do”*
Magic Bullet – *“I know what caused my addiction”*
“Yeah, but” – *“That’s a good idea, but it won’t work”*
Deflector – *tries to focus attention away from self*
Lip Service – *agrees to follow through, but never does*
Controller – *tries to control the course of treatment*
Rabble-Rouser – *tries to turn patients against staff*
Suspicious – *“What will you do with this information?”*

These roles attempt to place the group member above the group and are destructive to the group.

- **Aggressor:** Attacks other group members, deflates the status of others, and other aggressive behavior.
- **Blocker:** Resists movement by the group; comes late, gets up to go to the ‘bathroom, etc.
- **Attention seeker:** Monopolize group’s time by calling attention to themselves.
- **Confessor:** Seeks to disclose non-group related feelings or opinions.
- **Dominator:** Asserts control over the group by manipulating the other group members, also monopolizes group time.
- **Help seeker:** Tries to gain the sympathy of the group.
- **Know-it-all:** has the answer to everything except their own issues.
- **Complainer:** criticizes everything about the group, the program, etc.

All of these behaviors are used to avoid the real issues that need to be addressed.

Each member of this program *chooses* either to do time or use time; the choice is yours; choose wisely.

MANHATTAN CONNECTION ORIENTATION NOTE

Date: _____ Time: _____ Length of Session: 60 minutes

Patient's Name: _____

Client ID# : _____

By signing I attest to having received a copy of the Orientation Guide and understand the contents discussed in this group session:

Signature

Orientation Group:

Participants were provided with a copy of the **Orientation Guide** and engaged into discussion about same. Counselor/client roles and expectations were defined, clarified and discussed. Facilitator reviewed program services including assessment and treatment planning process and activities, hours of operation, orientation to emergency exits and building layout, i.e. where services are provided (group and individual), toxicology process, Client rights, responsibilities and Grievance Procedure and Tobacco Free policy were reviewed and discussed. Process of obtaining information regarding quality and satisfaction with services was described and each was encouraged to participate in these activities.

Code of Ethics and description of policy on confidentiality and overview of HIPPA-42 CFR followed in addition to requirements of mandated clients. Emphasis was placed on the voluntary nature of treatment and the potential consequences of choosing not to participate. Client fees, fee scales and payment process were explained.

Facilitator then engaged group via Round-Robin format to confirm understanding of information presented. Group concluded that the information was understood and each agreed to read Manual and bring any questions to Primary Case Manager for clarification.

Case Manager Print and Sign Name: