



Casa Esperanza, Inc.
***Conexiones* Integrated Acute Treatment &
Clinical Stabilization Services**

Patient Manual
November 2023

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1. Orientation

Welcome to Casa Esperanza, Inc.

This manual is part of your orientation to our program. It is a guide that explains our expectations, procedures, activities, policies, and program philosophy. The manual includes lots of important information, including about your treatment options and your rights and responsibilities as a patient. Please take your time to read this manual and ask a staff member any questions you may have.

On your first day, as part of your orientation, you will also receive a tour of the facility, including emergency exits and safety and first aid equipment, and will be introduced to staff and other patients. A staff member will check your belongings in your presence, make a property inventory list, and remove items that are not allowed. You may have a family member or other support pick up these items or make other arrangements for storage.

In addition, we ask you to participate in program groups and meetings so that you can learn more about how the program works and how to make the most of your treatment here. During these groups and meetings, you can raise concerns, provide feedback to staff, make suggestions about services, and discuss any challenges you may be having in the program.

2. Agency Overview

Mission, Vision and Values

Casa Esperanza, Inc. is a bilingual and bicultural behavioral health center that specializes in serving the Latinx community in Massachusetts. Our mission is to empower individuals and families to recover from addiction, trauma, mental illness and other chronic medical conditions; overcome homelessness; and achieve health and wellness through comprehensive, integrated care.

Casa Esperanza's vision of the future is that all affected by addiction and mental illness are empowered to lead healthy and purposeful lives.

We believe:

- That treatment begins with **non-judgmental compassion and caring**; meeting each individual “where they are.”
- That we must prioritize the care of **those most in need** in our community.
- In the **dignity of each individual** and family affected by addiction and their capacity to become the architect of their own recovery.
- That people in recovery **have a right to a safe, stable environment** in which to receive treatment, recover and live.
- In integrated care. We cannot treat a single problem, but rather, **we must treat the whole person** and the whole family.
- That **recovery happens in community**. While peers must play a unique and indispensable role-- providers, family, friends and other allies are also essential to building a community of recovery.
- That **culture**, in all of its diverse representations, including values, traditions, beliefs and experiences is key in determining a person's journey and unique pathway in recovery. Drawing on the Latino philosophy of **personalismo**, staff across disciplines and departments work to assure that all feel welcome, known, and understood.
- That we **must remain rooted in the self-help and self-sufficiency traditions** in which we were founded in order to remain accountable to our mission, our patients, and our community.
- That **physical, mental, and spiritual health** are the essential building blocks of economic independence, family reunification, and community development.
- That ultimately **our work is about sustaining hope and encouraging dreams**— helping people move beyond “just getting by” so they can lead lives filled with pride, purpose, and love.
- In cultivating a “team-oriented” environment that values the unique contributions of each individual; **fosters collaboration, mutual respect, and confianza**; and encourages employees to have a balanced life.

Casa's Programs

Casa Esperanza provides integrated care through our CasaCare model, which includes access to services from all of our programs to provide you with the best treatment experience. CasaCare programs include:

1. Familias Unidas Outpatient Services
 - a. Individual and Group Psychotherapy
 - b. Structured Outpatient Addiction Program (SOAP)
 - c. Recovery Support Services
 - i. Intensive Case Management
 - ii. Peer Supports
 - iii. Reentry Services
 - iv. Supported Education and Employment Services
 - v. Supportive Housing Services
 - d. Psychiatry & Medication-Assisted Treatment
 - e. Primary Care
 - f. Tu Bienestar HIV Services
 - g. Youth HIV & Substance Abuse Prevention Services
2. *Conexiones*
 - a. Acute Treatment Services
 - b. Clinical Stabilization Services
3. Residential Services
 - a. Casa Esperanza Men's Program
 - b. Latinas y Niños Center Co-Occurring Enhanced
4. Supportive Housing Program
5. Medication Reconciliation, Management, and Induction on Management Assisted Treatment (MAT)

3. *Conexiones* Acute Treatment & Clinical Stabilization Services

CSS Program Description

Welcome to the *Conexiones* Program. *Conexiones* is an integrated Acute Treatment Services/Clinical Stabilization Services (ATS/CSS) program that supports individuals from medically monitored detoxification through clinical stabilization and works to transition patients to ongoing care in the community. This integrated model allows us to work with individuals needing a medically monitored intensive inpatient detoxification service (but not a hospital-based detoxification), who can then transition smoothly to clinical stabilization in the same facility and with the same treatment team. This helps to reduce dropout from care immediately after detoxification and makes it easier for people to connect to ongoing care.

Based on the C2 Unit of the Saunders Building at Tewksbury Hospital in Tewksbury, MA, *Conexiones* provides 24-hour-per day supervision, observation, and support, including nursing services and medically supervised withdrawal management, seven days a week, as well as counseling, groups, and case management and aftercare planning. Our services are delivered by a multi-disciplinary treatment team with training in substance use disorders, mental health, nursing, psychiatry, medication management, and health education. We have the capacity to serve up to 22 men and 10 women at any one time.

Our *Conexiones* ATS/CSS program is licensed by the Massachusetts Department of Public Health, Bureau of Substance Abuse Services and comply with regulations laid out in 105 CMR 164. Our Services are grounded in our mission, vision, and values, and our commitment to excellence by following evidence-based, patient-centered, trauma-informed, and culturally competent best practices.

Conexiones focuses on Phase 1 of Casa's four-phase approach to recovery, Safety & Stabilization. In order to build and sustain recovery, it is important to first stabilize and begin learning ways to stay safe. The goals of *Conexiones* are to:

- Stabilize your substance use and mental health symptoms, including managing withdrawal symptoms;
- Clarify your medication needs, review and reconcile any and all medications, and facilitate access to Medication Assisted Treatment, if appropriate;
- Establish or reconnect you with primary care and other community providers to support your health, mental health, and recovery;
- Help you develop the relapse prevention and other skills you need to maintain safety in early recovery;
- Develop an aftercare plan to support your safety and help you transition to ongoing care to continue to build your recovery.

Conexiones has the following core community ground rules to ensure the safety of patients and staff:

1. This is a sober, substance-free environment.
2. This is a safe place from all forms of abuse, threats, or bullying, where patients and staff work collaboratively without the use of profanity or disrespect.
3. This is a tobacco-free, smoke-free environment.
4. This is an environment where we maintain safe boundaries.
5. This is an environment that centers safety.

Services Provided

Casa tailors residential treatment according to each person’s unique needs. All of Casa’s services are research-based and available in both Spanish and English. Services in our Clinical Stabilization program include:

- **Safe, Structured Environment**—to support stabilization, relapse prevention, and transition to ongoing care.
- **Withdrawal Management**—giving medications that help ensure safe withdrawal from alcohol and/or other substances and help with symptoms of withdrawal.
- **Nursing, MAT, and Psychiatry**—including nursing assessment, physical examination and medical history, medication reconciliation, medication monitoring and management, medication assisted treatment, connection to and coordination with primary care, and connection to psychiatric consultation if needed.
- **Health Education**—including around behavioral and physical health, medications, tobacco cessation, and HIV/AIDS, Hepatitis, and other STIs.
- **Counseling**—with a focus on crisis and relapse prevention through safety planning and development of coping skills.
- **Groups**—psychoeducation groups and group therapy.
- **Family Engagement & Consultation**—working with families, with your consent, to provide education and build support for your ongoing recovery.
- **Peer Support and Recovery-Oriented Services**—introducing you to peer support and recovery-oriented experiences and providing connection to these services as part of aftercare planning.
- **Case Management and Discharge/Aftercare Planning**—planning, linkage, supported referrals, advocacy, interpreting, and case consultation to connect you to ongoing care and recovery supports.

Medication Assisted Treatment

Medication Assisted Treatment can play an important role in recovery, along with counseling and skill development. Your treatment team will speak with you about MAT options, their risks and benefits, and the risks of not using MAT. Here is some information about different options that you can discuss further with your treatment team.

MEDICATION ASSISTED TREATMENT OPTIONS FOR OPIOID ADDICTION

Today there are three medications approved by the Food and Drug Administration (FDA) for the treatment of opioid addiction. Scientific research indicates that all of these medications, when combined with counseling and social support, are safe and effective in helping people to stop using heroin and misusing prescription opioids. Below is a summary designed to help you understand more about these medications. Our staff can arrange for you to speak with a medical professional or counselor specializing in substance use treatment to decide if one of these medications is right for you.

Key Considerations	Methadone	Buprenorphine	Extended-Release Injectable Naltrexone
Frequency of administration	Daily	Daily	Monthly
Route of administration and administration site	Liquid taken orally, at an Opioid Treatment Program, or through the provision of take home doses	Tablet or film dissolved under the tongue at home, in the office of a qualified medical professional or in an	Intermuscular injection in the gluteal muscle (buttocks) provided in the office of a qualified medical professional or

Key Considerations	Methadone	Buprenorphine	Extended-Release Injectable Naltrexone
		Opioid Treatment Program	in an Opioid Treatment Program
Prescribing and dispensing information	Can only be dispensed at a Opioid Treatment Program when it is being given for the treatment of an opioid addiction	Can only be prescribed by a licensed medical professional who is DEA registered and waived to provide the medication in an office setting; Also can be dispensed in an Opioid Treatment Program	Any medical professional who is licensed to prescribe medication may directly provide or order the injection of the medication; Also can be provided in an Opioid Treatment Program
Use in detoxification or maintenance treatment	Can be given for short or long term (180 day) detoxification as well as for maintenance treatment of any length	Can be prescribed for detoxification or for maintenance treatment of any length	Cannot be used for detoxification; can only be used for maintenance treatment of any length
FDA approval date for treatment of opioid use disorder	1972	2002	2010
FDA approved for use in pregnancy	Yes	No	No
Abuse and diversion potential	Yes	Yes	No
Barriers to accessing treatment	Daily dosing requires close proximity to the program site and a reliable mode of transportation	Federal regulations limit the number of patients per qualified prescriber in an office setting, limited number of qualified prescribers	Requires a 7-10 day period of opioid abstinence prior to starting the medication, not indicated for persons with acute hepatitis
What the medication does	Blocks withdrawal symptoms, decreases opioid craving	Blocks withdrawal symptoms, decreases opioid craving	Blocks the effects of opioids, decreases opioid craving
Treatment Benefits	Decreased opioid use, longer stays in treatment	Decreased opioid use, longer stays in treatment	Decreased opioid use, also effective for alcohol use disorders
Treatment Risks	Risk of overdose if mixed with other substances like alcohol or benzodiazepines	Initial dose can cause opioid withdrawal in some cases	Overdose risk is increased after stopping the medication if there is a return to opioid abuse; using an opioid to overcome the blockade can lead to overdose
Benefits of refusing treatment	None known	None known	None known

Key Considerations	Methadone	Buprenorphine	Extended-Release Injectable Naltrexone
Risks of refusing treatment	Significantly higher relapse to opioid use	Significantly higher relapse to opioid use	Significantly higher relapse to opioid use

Qualifications of Staff Delivering Services

Casa’s Program staff work together as an integrated care team and include Recovery Specialists, Counselors, Case Managers, and nursing staff, led by a Program Director and Clinical Supervisor. All staff are trained in working with people with co-occurring substance use and mental health disorders. Many of our staff have credentials such as Licensed Professional Nurse (LPN), Registered Nurse (RN), Certified Alcohol and Drug Addiction Consultant (CADAC), Licensed Alcohol and Drug Counselor (LADC), Licensed Mental Health Counselor (LMHC), Licensed Clinical Social Worker (LCSW), or Licensed Independent Clinical Social Worker (LICSW).

Recovery Specialist: a staff member who can assist with day to day needs, and is responsible for keeping you and your peers safe in the program. Ensures the program schedule is being met and regular routine activities are happening. This person can assist with medications, laundry, snacks, toiletries and ensure your needs are being met here at Casa Esperanza.

Counselor: a staff member who assists you in your recovery journey and path during your time at *Conexiones*. A counselor will conduct assessments, help you learn skills and manage emotions, facilitate group and individual sessions, and provide documentation needs for verification letters, completion letters or discharge status letters.

Case Manager: a staff member who assists you in everything considered aftercare. Aftercare means referrals, appointments, applications. You can expect to meet with this assigned person for 30-minute sessions either daily or three times a week, depending on where you are in your recovery, to coordinate and follow up on your aftercare plan.

Nursing Staff: a staff member who conducts a medical examination, reviews and reconciles all your medications, and may recommend medication changes. They will also help you learn about your health and your medications.

Restrictive Criteria for Specific Services

All services provided at Casa Esperanza are open to all patients with the exception of the following:

- HIV/AIDS Services—Patients must have a HIV+ diagnosis to participate in HIV/AIDS case management and HIV/AIDS support groups. These services are not available for patients who are HIV affected.

Program Hours

Conexiones treatment facility is a 24-hour a day operation. Counselors and Case Managers are on-site from 8:00 a.m. until 8:00 p.m. seven days per week. Nurses and Recovery Specialist are on duty 24 hours/day, seven days a week. The Program Director, Clinical Supervisor, and/or Medical Director are on call 24/7 in case of any emergencies.

4. Admission Requirements & Intake Procedures

Casa Esperanza's *Conexiones* assesses each applicant carefully to identify whether our program is the right fit for you. We will do this through reviewing your application form or other information we receive from you or someone referring you. We may also conduct a phone or face-to-face interview if appropriate.

In order to follow the rules set by our regulators and ensure safety for you and other patients, Casa Esperanza's *Conexiones* Acute Treatment Services have the following admissions criteria. Accepted patients must:

- Be over the age of 18 and be able and willing to consent to treatment
- Be a resident of Massachusetts.
- Have a substance use diagnosis according to the DSM-5
- Be experiencing, or at significant risk of developing, an uncomplicated, acute withdrawal syndrome as a result of an alcohol and/or other substance use disorder.
- Not require the medical and clinical intensity of hospital-based, medically managed withdrawal management, nor be effectively treated in a less-intensive outpatient level of care.
- Be willing to participate in the treatment process and commit to meet the Program Expectations and Ground Rules outlined in the patient manual and participate in their individualized treatment plan
- Be capable of maintaining safety and self-preservation

In order to meet our obligation to provide a safe environment for all patients, the ATS program may exclude individuals who:

- Demonstrate behavior that jeopardizes the safety of staff or other patients on campus
- Have acute mental health, medical, or other symptoms that require a higher level of care

Clinical Stabilization Services have the following admissions criteria. Accepted patients must:

- Be over the age of 18 and be able and willing to consent to treatment
- Be a resident of Massachusetts.
- Have a substance use diagnosis according to the DSM-5
- Current and potential withdrawal symptoms are not severe
- Be willing to participate in the treatment process and commit to meet the Program Expectations and Ground Rules outlined in the patient manual and participate in their individualized treatment plan
- Be capable of maintaining safety and self-preservation
- Be able to function in a group individual setting

In order to meet our obligation to provide a safe environment for all patients, the CSS program may exclude individuals who:

- Demonstrate behavior that jeopardizes the safety of staff or other patients on campus
- Have acute mental health, medical, or other symptoms that require a higher level of care

Denied admissions are based solely on these criteria. No person will be denied admission to Casa Esperanza's *Conexiones* solely on the basis of race, religion, sex, sexual preference, color, national origin, gender, age, sexual orientation or illness. No individual will be denied re-admission due to the fact that they have been terminated by another treatment program; relapsed from earlier treatment; or filed a grievance regarding an

action or decision made by Casa Esperanza, Inc. Individuals who are denied admission are told which admissions criteria they do not meet, and this information is documented in our electronic log of applications.

Procedures for Admission and Intake

- Individuals interested in entering the program may complete an Admissions Application, or may call seeking help.
- We will review this application form or ask you or the person referring you some questions about your situation.
- After reviewing all the information gathered, we will determine whether we are able to serve you based on our Admissions Criteria, and we will explain our decision to you.
- If we determine that we cannot serve you, we will tell you about other services in the area, including other services at Casa Esperanza. We will also provide you with a letter explaining why we could not serve you based on our Admissions Criteria and explain this to the case worker who referred you too, if applicable.
- If we can serve you, and we have a bed available, we may admit you immediately.
- If we can serve you, but we do not have a bed available, we will put you on our Waitlist and explain how it works.
- On the day that you are admitted, you will sign a consent to treatment/admissions agreement, and we will begin an even more thorough assessment of your needs and your strengths, abilities, and preferences, so that we can begin to make an individualized treatment plan for your recovery. We will also ask you to work with us to make a safety plan for your time in the program.
- Throughout the admissions and intake process, the information we will gather will cover, at a minimum: your substance use, medical, and mental health history, including treatment history, medications, allergies, and nutritional needs; your housing and economic status and history; your social and family history; your occupational history; your legal history; and your strengths, needs, abilities, and preferences in all these areas.

5. Accessibility

Serving People with Disabilities

To the maximum extent possible, persons with disabilities are afforded equal access to the facilities, programs, and services of Casa Esperanza, Inc. and its affiliates in accordance with section 504 of the Rehabilitation Act and the Americans with Disabilities Act. The agency regularly conducts a self-evaluation. Bi-annual surveys note the results of the examination, remedial steps to be taken where deficiencies are identified, and timelines for completion.

Emergency Evacuation:

All properties operated by Casa Esperanza, Inc. use both visual and auditory emergency alarm systems. Automated emergency alarm systems activate if they detect signs of danger such as smoke or carbon monoxide. Program sites also include PA systems and manual alarms in case of emergencies outside the scope of automated systems. Program Directors serve as Disabilities Coordinators for their respective sites. As Disabilities Coordinator, the program director works with patients during admission to address accommodation needs and develop an appropriate evacuation plan. Accommodations for safe evacuation include ramped entrances to each building, evacuation chairs on upper levels, and emergency pull cords in patient bathrooms to alert staff if a patient needs assistance.

Assistive Devices:

Casa Esperanza, Inc. is committed to providing equal access for patients who require assistance to use on-site resources. Communication accommodations include closed caption TV decoders, descriptive video services, assistive listening devices, visual and/or tactile signaling devices, and speech capable organizational devices. All adaptive equipment is available for use as available upon reasonable prior notice of need. Casa prioritizes use of movies and videos with closed captioning and/or descriptive video services. When such services are not available, Casa provides alternatives to ensure communication access. Assistive listening devices are available for one-on-one sessions and meetings as determined through cooperative discussion with all affected patients. Physical accommodations include ramped access to buildings, wheelchair accessible furniture in public spaces, accessible equipment in exam rooms, and bed rails to reduce the risk of injury from nighttime fall.

Assistive Equipment:

Casa Esperanza meets or exceeds all applicable Federal and State laws and regulations regarding use of assistive equipment, including qualified service animals. Casa will not restrict or place limitations on the type or quantity of assistive devices patients bring to program sites, including qualified service animals. In instance where space is a limiting factor, Casa prioritizes patient access needs during the decision-making process. Additionally, should patients have unmet access needs upon arrival, Casa will work with patients to determine appropriate accommodations to ensure access to program facilities, equipment, and services.

6. Program Expectations & Ground Rules

On admission to the program, you have signed a Consent to Treatment and Admissions Agreement. This agreement describes the expectations for receiving treatment here at Casa Esperanza, so that we can help ensure the safety of our entire community. Please review this agreement again, and be sure to ask a staff person if you have any questions about it.

Admissions Agreement

I understand that, in order to access treatment and engage in services, my peers and I need to feel safe. I agree to participate in creating a safe environment by keeping the following agreement.

I agree to follow all program rules and procedures.

I agree to collaborate in the development of an individualized treatment and service plan.

I agree not to engage in any violent behaviors or make threats of violence, through language or body language. I will work to help create a safe environment for myself, other patients and staff, and I understand that support for maintaining safety will be provided to help me, if needed.

I will respect the confidentiality of others. When outside of the agency I will not mention names or other information that could identify a person that is receiving treatment here at Casa Esperanza, Inc. and its Affiliates.

I understand that, in order to keep myself, other patients, and staff safe, I cannot participate in services here while intoxicated, unless I am seeking access to detoxification or hospital level of care.

I understand that my services here may be discontinued if it becomes clear that my needs cannot be met here, and that, in this situation, staff will provide support, whenever possible, to connect me with a more appropriate level of care.

I understand that my services here may be discontinued if I am or have been involved in any activity that may compromise me or the agency with legal implications.

If my services are discontinued, I will receive a letter explaining this. If I am on probation/parole, or any other outside agencies (e.g., DCF, DCF, DMH, DYS, etc.) are involved in my care, they will also be notified, as long as a consent to release this information is in place.

I am committed to working with Casa Esperanza toward my goals while in treatment.

Conexiones Program Ground Rules

Casa Esperanza's *Conexiones* also has specific ground rules and expectations. We have developed these community commitments and ground rules to support the safety of the program community: you, your peers, and staff. Please review these guidelines and discuss them with your Counselor/Clinician.

Conexiones has the following core community ground rules to ensure the safety of patients and staff:

1. This is a sober, substance-free environment.
 - You may not have any medication, alcohol, or drugs in your possession while you are here (except for emergency medications, such as inhalers and epipens). Please hand over any and all medications to staff when you arrive.
 - In order to maintain this safety, staff will search everything that comes onto the unit. Please talk with your case manager if you need something dropped off at the program.
 - In order to help you stabilize and begin to build recovery, you may not leave the unit except when authorized and escorted by staff.
2. This is a safe place from all forms of abuse, threats, or bullying, where patients and staff work collaboratively without the use of profanity or disrespect.
 - Please use respectful and appropriate language at all times. No verbal abuse, swearing, or sexual comments or harassment of any kind are permitted.
 - No threats or use of physical violence can be tolerated in this program. We need to keep this a safe space for you and your peers to work on your recovery.
 - Please wear appropriate clothing at all times. We explain more about this later in this manual.
3. This is a tobacco-free, smoke-free environment.
 - Please speak to staff about tobacco cessation and nicotine replacement therapy.
 - If smoking is allowed during an outdoor break, please put cigarettes in disposal containers, not on the ground.
4. This is an environment where we maintain safe boundaries.
 - Please do not enter any restricted areas, such as staff areas, without permission.
 - Please do not enter any other patient's room. Physical and sexual contact is not permitted. Lights are kept on in the TV Room to help maintain a safe environment.
 - Please follow the schedule of the day. This will help you stabilize and begin to build recovery.
5. This is an environment that centers safety.
 - Please follow staff instructions at all times.
 - Please note the emergency exits, ask questions if you are unsure, and follow staff instructions in the event of an emergency evacuation.

7. Patient Rights

In addition to the responsibilities we ask you to accept as part of your agreement to join this community of recovery, you have a number of rights as a patient. These are your patient rights. If you have any questions about these rights, please talk with your Counselor/Clinician, Case Manager, or another staff person.

1. You have the right to be treated with courtesy, respect and dignity
2. You have the right to receive services in an environment that is free from harassment or discrimination based on race, ethnicity, creed, national origin, religion, sex, sexual orientation, age, disability, or illness.
3. You have the right to be free from physical and psychological abuse, financial or other exploitation, retaliation, humiliation, or neglect.
4. You have the right to ask questions and be an active participant in the planning of the services you will receive.
5. You have the right to access self-help and advocacy support services.
6. You have the right to refuse serving as a research subject and the right to refuse to be examined, observed, or treated when the primary purpose is educational or informational rather than therapeutic.
7. You have the right to confidentiality regarding your participation in this program and your treatment information.
8. You have the right to privacy while you are here. If, for some reason, outside visitors will be touring the facility, you will be notified in advance. These tours will be conducted in such a way as to cause minimal interruptions in your usual activities.
9. You have the right to see your patient records in the presence of a program staff member or to request a copy of your patient record at any time.
10. You have the right to challenge information in your patient records by inserting a statement signed by you and your clinician.
11. You have the right to be free from strip searches and body cavity searches.
12. You have the right to control over your physical appearance.
13. You have the right to end your treatment at any time.
14. You have the right to understand and know in advance any fees we will charge you for services.
15. You have the right to receive another copy of our grievance procedures and forms if you ask for them.

16. You have the right to contact the Bureau of Substance Abuse Services of the Commonwealth of Massachusetts, which licenses this facility, to discuss any questions or concerns you may have.
17. You have the right to have a hearing of any grievance.
18. You have the right to participate, or not, in religious worship of your own choosing.
19. You have the right to have regular physical exercise.
20. You have the right to send and receive sealed letters. However, we reserve the right to ask you to open packages in the presence of staff, if there is a safety concern.
21. You have the right to regular and private use of a pay telephone, in accordance with the Telephone Use policy.
22. You have the right to receive visitors at reasonable times, in accordance with our Visitors Guidelines.
23. You have the right to request and receive interpreter services, including American Sign Language interpretation (see Interpreter Services).
24. You have the right to access legal entities for appropriate representation, as needed

8. Program Activities

Schedule

- Wake-up time is 6:00 AM.
- Lights out time is 11:00 PM. The TV Room closes at 10:00 PM (at 10:30 PM on weekends.)
- Snacks and meals must be eaten at the assigned times, and only in the designated kitchen/dining area.
- Medication times are scheduled and listed in your program schedule.
- Groups are at 9:00 AM, 10:30 AM, 3:30PM, 6:30PM. Groups are a central part of your treatment, so—once you are medically cleared—we ask you to attend each of these groups. There is a peer support group at 7:30 PM, which is optional.

Treatment Activities

Intake & Orientation

The first 24-48 hours of the program serves as an orientation period. During this time you will go through some intake paperwork, have a physical exam with a member of our nursing staff, and meet your treatment team and other staff. You can begin attending groups and other program activities when you are medically cleared to do so. Your treatment team includes Nurses, Counselors and Case Managers—they will work together to help you meet your goals for your stay here. The entire *Conexiones* team communicates regularly to ensure your treatment needs are supported.

Within the first 48 hours, the team will conduct a biopsychosocial assessment—this is an assessment of your needs in multiple areas (substance use, mental health, medical, and other recovery and life needs), but also your strengths and abilities, and your preferences for care. They will also assess for any disabilities and related provisions of care that you may need, and talk with you about ways to stay safe while you are at the program. You will also meet with your Case Manager, who will help you with practical issues and connecting you with ongoing care (aftercare) for when you are stabilized, as well as other services.

Following this, a Nurse and Counselor or Case Manager will develop a treatment plan and aftercare plan with you. These plans are individualized and will include goals, actions and a plan to coordinate with other care providers.

Safe, Structured Environment

Recovery Specialists will help guide you through the activities of the day. They help ensure the safety of the program, supervise outdoor breaks and various recreational activities and conduct various checks of clients, among other duties. If you have any concerns about building safety please report this to staff immediately. Recovery Specialists and/or nursing staff will observe you while you take your medications—there are medication times 4 times a day.

Withdrawal Management

If you need medications and monitoring to ensure that you are detoxifying from substances safely, we will provide this. A Nurse will assess your physical needs in this area and develop a protocol to help keep you safe and comfortable. The Nurse will monitor your progress. It is important that you communicate with the Nurse about how you are feeling so that adjustments can be made if necessary.

Nursing and Health Education

Nursing staff are also available each day to address any other medical or health issues you are having, help you with the treatment process, provide you with education about your health and your medications, and lead groups on health-related topics. If you have any medical concerns you should let the nursing staff know immediately.

Counseling

You will meet with your counselor 3 times per week for 1 hour sessions when you are in the Clinical Stabilization phase of your care. They will assist you in your recovery journey by helping you learn skills, manage emotions, and plan for safety. They are also your primary provider here in the program, so they are the main person to ask if you need some documentation about your participation in the program.

Groups

Groups are a really central part of your treatment here. We ask that you attend our 4 daily groups, and we also offer an additional, optional self-help group in the evening. Groups give you a chance to learn about substance use, mental health, and recovery; practice new skills; and give and receive support in a community of peers who are struggling with similar problems. There are times when being in a group can feel uncomfortable, but people almost always say that they were pleased they attended them because they learned new things, built new kinds of relationships, and felt supported and less alone. So please commit to this part of your treatment. Group topics are varied, and may include information and discussion about:

- How substance use impacts the body and brain
- How substance use leads to difficulties
- Strategies that can be useful in recovery
- Different stages of recovery and change
- Decision making to support recovery
- Family and social support for recovery
- Overdose prevention
- Medication assisted treatment pros and cons
- Understanding how addiction
- Managing free time and boredom
- Dealing with friends who use
- Watching out for relapse
- Increasing social connection
- Dealing with difficult feelings
- Managing anger effectively
- HIV/Hepatitis C/STD

Family Meetings

A healthy relationship with family may be a great resource in the recovery process. A meeting may be approved by the treatment team if it is considered therapeutic to the foundation of your recovery process. Visits are generally held at a time when your Counselor can participate, with the goal of reviewing your progress in treatment, strengthening family support for you, and discussing aftercare plans. Some restrictions may apply to a visit, which include but are not limited to: restraining orders or potential risks of safety for either you or the program as a whole.

Case Management and Aftercare Planning

You can expect to meet with a Case Manager at least 3 times per week for 30 minute sessions (daily if you are receiving Acute Treatment Services). These sessions are focused on putting in place the aftercare and other

services you will need when you are stable and ready to leave the program. Your Case Manager will ask you to be an active partner in this process, so that you can work together to complete applications and set up appointments.

Toxicology Screening

- Casa Esperanza, Inc. uses toxicology screening as part of our therapeutic treatment model. Toxicology screening has wide therapeutic value:
 - It helps patients stay safe by providing critical information about what is in their systems to support the best possible collaborative decisions about treatment, including risk management and medication management.
 - It helps us maintain a safe, sober environment for all patients and staff, which allows the community to do its work of supporting patients' recovery.
 - It helps patients and their treatment team monitor progress and maintains and enhances motivation.
 - It helps patients meet requirements for parole, probation, DCF, and other systems, so that they can work to rebuild their lives.
- All patients entering Casa programs will read and discuss this policy with their treatment team, to ensure they understand it, as part of the shared treatment agreement.
- A 14-panel instant screening cup and breathalyzer may be used for the screenings. Any of the following staff members may observe urine screens: Recovery Specialist, Counselor, Program Assistants, Program Managers, and Program Directors.
- We encourage you to ask questions about the process, work with your Counselor to identify ways to make the observed urine screen less difficult, such as being observed through a mirror, using music to calm anxiety, etc. We also encourage you to observe your sample being closed and labeled to ensure accuracy.
- If it is not possible for you to provide a urine sample, we will provide an oral swab or, depending on availability, another reasonable alternative, including toxicology screening with a PCP or an urgent care facility/ED as appropriate.
- If there is an unexpected result, please know that we do not make treatment decisions based only on this result. Your team will meet with you as soon as possible to try to understand the result and discuss together how to proceed. We will want to conduct a risk assessment and talk with you about options, such as re-testing if we think there was a mistake, making a change in your treatment plan, developing a behavior change plan, transferring you to a different level of care, or discharging you if you no longer wish to engage in treatment. We will do our best to help you get back on track to your recovery, and ask that you engage with us in problem solving in this way.

Medications

- Many patients are taking medications for substance use, mental health, or medical conditions. Medications are an important part of treatment. We will work with you to help you learn about your medications and to support you in your medication goals.
- On intake, we will confirm your full medication list. We will ask you to sign a release to allow us to collaborate with anyone who prescribes medication to you. This is required—otherwise we cannot safely take care of you. You will meet with our Nurse Practitioner or Psychiatrist, who will review your medications with you, and you can discuss any medication issues or possible changes with them.
- All medications, including over-the-counter medications, are kept in a locked closet and cannot be in patient bedrooms (with the exception of asthma inhalers, Narcan, Epi-pens, and prescribed lotions).
- Recovery Specialist staff will supervise you in taking your medication according to the directions on the prescription.

- If you have any concerns regarding dosing or about side effects to medications, please discuss them immediately with your Clinician/Counselor and the physician who is prescribing the medication. Our Recovery Specialist staff have to follow the instructions of the person who prescribes the medication.
- Please do not give medications or exchange medications with your peers in the program.
- If your medication list or dosing instructions change, please provide program staff with the new information from the person who prescribes the medication as soon as possible.
- Patients on methadone maintenance go to Habit OPCO or Lahey for guest dosing. We have strong collaborative relationships with these providers to help ensure that patients on methadone receive the appropriate care.

Food Services

- *Conexiones* partners with Aramark to coordinate all meals 7 days a week with no disruption.
- Each patient will have a nutritional assessment upon intake.
- Meal alternatives will be available for those with special dietary needs, including dental, medical and religious restrictions.
- Patients are allowed access to the kitchen for coffee, soft drinks, or fruit during their free time.
- All food/drinks must be consumed in the kitchen/dining area.
- Meals are served only during scheduled hours.

Free time, sober and recreational activities

- Television is provided in the TV Room. Personal TVs and other video players and radios are not allowed in patient rooms.
- Shows and music videos with a high level of drug use, sexual content or violence are not allowed in the program. In order to ensure the safety and comfort of all clients, Casa Esperanza, Inc. reserves the right to place blocks on any television channel and/or programming that is not in line with the mission and values of our organization.
- The Recovery Specialist on duty is responsible for monitoring television use and should retain the remote control.
- Patients may not access On Demand shows or other subscription-based programming.
- The television cannot be in use during group hours.
- All TV programming will end by 10:00pm nightly, or 10:30pm on weekends.

Bedrooms

- You have access to your room during your free time.
- Please keep your room clean and the bed made at all times as part of maintaining a safe and healthy space for your recovery. We ask you to have your bed made and room clean before coming to the common areas every morning.
- We do not allow food in rooms—please eat in the kitchen/dining area. This helps keep rooms clean.
- Please turn the lights off in your room when you are not there to save energy.
- Patients may not be in one another's rooms. This is to support safe and healthy boundaries for everyone.
- Patients should be in their rooms by 10:30 pm, and light out at 11:00pm.
- There may be times when we have to conduct room searches, if we have a concern that there are unsafe items on the unit. Please reference Room Search Policy

Dress Code/Hygiene/Appearance

- In order to be part of a supportive and respectful environment with your peers, where the focus is on recovery, we ask you to dress appropriately. Clothing should be clean and not overly revealing. Underwear should not be revealed through your clothes. Piercings are permitted as long as jewelry is not a safety issue. Staff may ask you to change if your clothing is not appropriate.
- Patients are expected to bathe daily and do laundry every week, as part of building and maintaining a good daily living routine.
- Razor blades, nail clippers, cuticle removers, tweezers, electrical devices, and any sharp objects are locked in a closet by staff, but you may request them when you need them. Please return them as soon as you have finished using them. Please do not share these items for health and safety reasons.
- Please do not lend or borrow clothes, jewelry, underwear, or shoes from other patients.
- If you need any assistance obtaining appropriate clothing or personal hygiene supplies, please talk to your Counselor/Clinician or Case Manager.
- Please get dressed for the day before you come to the common areas in the morning. Pajamas, robes, and flip flops should not be used during the day.
- We do not allow patients to give each other tattoos or piercings inside the program.
- Please do not bring gold jewelry, diamonds, or precious gems to the program. Please find a secure place to keep these items. Casa Esperanza will not assume responsibility for lost items.

Laundry

- All patients are assigned a specific time to do laundry. If you miss your time to do laundry you will be reassigned another time by the staff.
- We ask that you do your laundry every week so that dirty clothes do not pile up.
- You may not give your clothes to another resident to wash.
- You may not do laundry together with another client.

Phone Use

Phones, including cellphones and smartphones, are very important for staying connected to loved ones. They are also critical for managing many tasks related to building independence, and nowadays, many medical and other appointments take place via telephone or smartphone. At the same time, cell phones can keep you connected to people who are not supportive of your recovery, and smartphones with access to cameras and social media can present a risk to your own privacy and confidentiality and that of your peers while you are in treatment. Casa Esperanza tries to balance these issues by implementing fair and thoughtful policies around use of phones and cellphones.

The hall phone may be used at any time except during group or when the halls are being cleaned. Please limit your phone calls so others have a chance to use it as well.

Cell phones are made available to patients at specific times, as set out by the Program Director, for specific and appropriate use. A patient may not be permitted to use their cell phone at a specified time if it would not be supportive of their recovery. In order to protect the safety and confidentiality of everyone in the program, we do not permit any video, camera or recording at any point.

Mail

- You may send and receive mail at the program as soon as you arrive. Mail will be distributed after 4 pm Monday through Friday.
- Our address is: Casa Esperanza, Inc. PO Box 1678 Tewksbury, MA 01876
- We consider your mail to be private. Staff are not permitted to open your mail, but they may request that you open it in their presence, for safety reasons. All packages received must be opened in the presence of a staff person, for safety reasons.
- Staff may hold mail for 2 weeks for patients that have been discharged from treatment. After that, any mail for former patients will be returned to sender.

Drop-Off of Items

- If you need some items to be dropped off for you, you may complete a Drop-off Request form and submit it to your Counselor or Case Manager for review and approval. You may only request a drop-off once a week. You must provide the name of the person who will drop the items off, and their contact information, in case any changes need to be made.
- The drop-off request must be approved by your Counselor or Case Manager and a drop-off time and date scheduled, during the Counselor or Case Manager's work schedule, before any drop off items can be accepted by front desk staff. The drop-off information must be provided to the front desk staff at least 24 hours in advance.
- When the items arrive, you will open them in the presence of a staff member.
- Please note that an individual who has been barred from the program or agency will not be approved to make a drop-off.

Transfer/Discharge

When you have stabilized, you will be ready to discharge and move onto the next stage in your recovery. Our hope is that everyone leaves treatment at *Conexiones* with increased stability and new skills to aid in their recovery. Prior to leaving you will have your full discharge/aftercare plan. This will include follow-up aftercare appointments, self-help information, other contact phone numbers and resources, and your plan for staying safe.

In the event that your discharge is unplanned or you are asked to leave due to difficulty following our ground rules for safety, you will still be given the opportunity to receive a transition plan. You may also appeal any decision around discharge by requesting to speak with the program manager and/or file a grievance.

You are asked to take your belongings with you when you leave the program. Your belongings will be kept for 2 weeks after your discharge date. After that they will be discarded or donated. If you need to make an appointment to pick up your belongings, please do so during office hours 9:00am-5:00pm. Patients who have been discharged from the program may enter the lobby to meet a staff person to pick up their belongings under the authorization of the Program Director.

Prior to you leaving we will ask if you are willing to have us contact you a week or two after you discharge. The purpose of this follow-up is to ask about how the transition went and offer any other assistance if needed.

9. Confidentiality & Mandated Reporting

Confidentiality

When you signed the Consent to Treatment and Admissions Agreement, you read a lot of information about confidentiality. The confidentiality of records maintained by this program is protected by Federal law and regulations. Staff may not disclose any information to anyone outside the program about you, including to your family, or confirm that you are in treatment at Casa Esperanza, Inc., without your specific consent. Likewise, patients may not disclose any information about other patients to anyone, including confirming if an individual is a patient in the program with you. **Because of this regulation, you may feel that you are being asked to sign a lot of forms while you are a patient at Casa Esperanza, Inc. These forms are all designed to protect you from the release of information about your residency to persons you do not wish to give this information to.**

There are some exceptions. Staff can disclose information:

- For Treatment, Payment or Health Care Operations
- In a medical or psychiatric emergency
- In response to a valid subpoena or court order
- To protect a person from harm when it is judged that the person is a danger to himself or others
- The mandatory reporting of abuse or neglect of a child (51A), elder, or person with a disability
- To report a crime or a threat to commit a crime on program premises or against staff

Please note that 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. 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. 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. (See 42 U.S.C. 290dd–3 and 42 U.S.C. 290ee–3 for Federal laws and 42 CFR part 2 for Federal regulations.)

Please see our full Notice of Privacy Practices at the end of this manual for more information.

Mandated Reporting

Casa Esperanza, Inc. has a duty to report child abuse and neglect, elder abuse, or abuse of an adult with a disability by law. Staff who have reason to believe that a child, elder, or vulnerable adult is being abused are mandated to report this to the appropriate authorities.

Child Abuse means: any intentional act by a caretaker that causes (or creates substantial risk of) physical or emotional injury; or any sexual contact between a caretaker and a child.

Child Neglect means: failure by a caretaker, either deliberately or through negligence or inability, to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care.

Elder abuse includes physical, emotional and sexual abuse, neglect by a caregiver, self-neglect and financial exploitation.

Abuse of a Person with a Disability includes physical, emotional and sexual abuse, neglect by a caregiver, self-neglect and financial exploitation.

Access to Your Records

When you enter treatment at Casa Esperanza, we will create a chart in our electronic medical record system where we will document information about you and your care. As explained in our Consent to Treatment, the information we keep is kept confidential and not shared with others without your permission, except in some specific circumstances. Access to your record is password protected and given a unique Patient Number for identification purposes. Only your clinical team may be granted access to your record. Other staff may only have access to demographic information for reporting purposes or list of medications for medication monitoring.

As a patient, you have the right to read or request a copy of your clinical records. You also have the right to request that we amend your records. We will document your request to read, receive a copy of, or amend your clinical record in your chart.

Procedures:

- Patients must submit requests to review their medical records in writing to their Counselor/Clinician. The Counselor/Clinician will discuss your request with you before you review the record.
- An appointment to read the record will be arranged at a mutually convenient time. Casa Esperanza, Inc. reserves the right to have the patient read the clinical record in the presence of a counselor and/or the Program Director. This ensures availability of staff to answer questions or to discuss the content with the patient.
- The patient may request a print-out by specific written request.
- The staff member present will note in the record that the patient has read their record on this date or that a copy has been taken by the patient.

10. Discharge, Aftercare, and Criteria for Termination

Discharge and Aftercare Planning

From the start of the program, you will be working with your team to develop a plan for discharge and aftercare, based on your individual needs and achieved goals. Aftercare planning begins the process of building a broader community. Your Aftercare Plan will identify resources for you such as residential treatment, outpatient counseling and case management, transitional care services, family services, medical services, and self-help groups. We work where possible to ensure that all patients completing the program have a safe place to stay after they leave the program and that all referrals to aftercare have been made to facilitate a smooth transition and seamless continuum of care. Examples may also include any primary, psychiatric, medication assistance, or other specialty care appointments.

It is important for you to participate fully in this process, so you understand your Aftercare Plan and can take the steps to follow through with it. Your Aftercare Plan can be written in Spanish or English, whichever language is most comfortable to you. Aftercare planning starts upon admission and is worked by your case manager through the duration of your treatment.

Different Types of Discharge

If you complete the program, by participating in the treatment and meeting your treatment plan goals, you will receive a Completion Letter. We will work with you to help you transition smoothly to the next stage in your recovery journey.

You may be involuntarily discharged from the program if you are not engaging in treatment and not following the Program's Community Commitments and Ground Rules, or if we determine that it is not safe for us to treat you at this level of care. In this situation, your treatment team will meet with you to explain this decision and make a plan with you that helps you stay safe. We will provide a written notice of this termination, including your right to a hearing.

In an emergency situation, Casa Esperanza, Inc. has the right to suspend a patient immediately if his or her continued presence presents an immediate and substantial threat of physical harm to other patients, staff, or the community. In these cases, we will review plans with the patient later, if it is safe to do so, and we will provide the patient with a written notice of this termination. The patient has the right to a hearing within 7 days from receipt of this written notice.

Some patients choose to leave the program against staff advice. We will do our best to help you stay engaged in care, but you have the right to voluntarily discharge yourself from treatment if you choose.

Transfer and Referral

Casa Esperanza Inc.'s extensive referral network provides an essential link between service providers outside of the agency as well as with other Casa Esperanza, Inc. programs.

External partnerships and collaborations provide a resource rich recovery environment, and support patients in their transition to a stable independent life. Casa Esperanza forms collaborations thoughtfully, working only

with agencies proven to respect patients in treatment and to serve individuals appropriately with regard to race and ethnicity, gender, religion, sexual orientation, HIV/AIDS status and socio-economic backgrounds. Furthermore, Casa Esperanza places importance on collaborating with agencies that serve cultural and linguistic minorities. All contacts with outside agencies are consistent with Federal and State client confidentiality rules and regulations.

Case Managers will work with you to develop an aftercare plan that meets your needs, including options for residential or outpatient treatment and connection to primary care and other services. If your needs change while you are in the program and you need to transfer to a different setting to address physical, mental health, or withdrawal management needs, the multidisciplinary team will work carefully to identify the right facility and ensure a smooth transition, including sharing all the necessary information to safeguard continuity of care.

Discharge Hearings

Patients terminated because of policy or rule violations have the right to file a grievance to challenge the decision. Patients have the right to choose to invite a responsible adult of their own choice, including an attorney, to the meeting reviewing the grievance. Patients have the right to call witnesses to this meeting.

Procedures:

- The Program Director will ensure the patient receives prompt written notice of the termination, the specific reasons for the termination, and the fact that the patient has a right to file a grievance.
- Even if the patient elects to file a grievance, the patient will be asked to leave the residence until the matter is resolved.
- The regular grievance procedures will be followed upon receipt of the Grievance Form.

Barring

Casa Esperanza, Inc. has the right to bar a patient if his or her continued presence presents an ongoing, and/or substantial threat to other clients, staff, visitors, community or property. The patient has a right to file a grievance about a barring decision, and standard grievance procedures will be followed. Barring is not intended to be used as a standard response to a critical incident, however it is used to maintain the safety and security of all patients, staff, and community. We do not deny re-admission to patients because they have dropped out or relapsed in the past, or because they have filed a grievance.

Follow-Up

If you agree on our Consent to Treatment and Admissions Agreement form to participate in our follow-up program, staff will attempt to contact you at 30, 60, and 90 day intervals from your date of discharge to see how you are doing and check that you are connected with your aftercare.

Additionally, through Casa Esperanza's Supportive Housing and Outpatient programs, patients can participate in Casa Esperanza's Consumer Advisory Board (CAB) and engage in a range of aftercare support services. The Casa CAB is made up of patients and former patients who are maintaining their recovery, including patients of our outpatient services and supportive housing programs. The Casa CAB meets quarterly to provide direct input to program development, implementation, and quality assurance efforts as well as planning and participating in pro-social, recovery oriented activities and peer support groups.

11. Health & Safety

Casa Esperanza, Inc. prioritizes the health and safety of all staff and patients in our programs and ask all patients and employees to help ensure the facility is clean and disinfected, including the regular cleaning of high-touch areas and surfaces, such as bathrooms, breakrooms, conference rooms, door handles and railings. We ask patients to be considerate of their peers and help staff maintain a clean and healthy living environment for everyone living in our facility.

Cleaning & Disinfecting

Cleaning refers to physically removing soil and dirt. Disinfecting and sanitizing, however, is removing or killing the germs that can cause disease. Surfaces in a room or equipment can harbor these germs.

As part of daily chores, Patients supervised by staff on duty are to disinfect the following:

- Dorm Rooms
 - Doorknobs, Handrails and Light Switches
 - Bathrooms & Half Bathrooms
- Laundry Rooms
 - Washers, dryers, counter
 - Doorknobs, Handrails and Light Switches
- Foyer Entrance (Entry Hallway) must be disinfected and mopped
- Children's Playroom
 - Tables, Chairs, Toys and Books
- Living/Meeting room
 - Sofas, coffee tables, remote controls, television, windowsills
- TV Room/Patient Lounge
 - Remote controls, sofas, coffee table, television, windowsills
- Dining Area
 - Tables, Chairs, countertops, and kitchen appliances/equipment
- Conference Room
 - Tables, chairs, light switches

The following solutions are approved by OSHA and CDC and should be used for cleaning and disinfection equipment, furniture, floors, tables, counter tops, doorknobs and railings, as instructed.

- 102 Glass & Multi-surface Cleaner
- 103 HBV Disinfectant 256
- QUAT 64 - Disinfection/Cleaning/Deodorizing
- 117 Winter clean

Disinfectant spray and wipes as well as hand sanitizers are made available to all patients.

Standard Infection Control

Standard precautions are basic steps that every patient and employee should take to prevent the spread of germs. Standard precautions include keeping hands clean, not touching the face, covering coughs in sleeves, wearing masks when recovering from coughs or colds, and using safety needles and sharps. Patients and Staff should observe the standard precautions of not touching blood, body fluids, mucous membranes, cuts, wounds, or rashes with bare hands—and not letting these touch your skin, face, or clothes.

Hand Hygiene

Proper hand hygiene is required by all patients and employees of Casa Esperanza, Inc. Hand hygiene refers to the practice of removing or killing germs on hands so that the germs do not spread to other people or to surfaces. Keeping your hands clean is the most important thing that can be done to prevent infections. **Hands are to be washed with soap and warm running water for a minimum of 20 seconds before and after eating, after using the bathroom, if hands are visibly dirty.** Signs on proper hand hygiene practices are posted in all bathrooms.

Public Health Emergencies

Casa Esperanza Inc.'s responsibility is to ensure that appropriate procedures are in place for infection prevention and control in order to protect all patients, staff and visitors from the spread of contagious disease and viruses. Casa Esperanza takes proactive steps to protect our patients, staff, and facilities in the event of an infectious disease outbreak and ensure we can continue to provide essential services. Casa Esperanza is committed to providing information about the nature and spread of infectious diseases, including symptoms and signs to watch for, as well as required steps to be taken in the event of an illness or outbreak. Every effort is made to provide availability of information, training/education, testing, and immunizations to all Casa Esperanza, Inc. employees and patients. Each infectious disease has its own specific signs and symptoms and therefore also has its own particular protocols. This may mean that there are periods of time when leaving the program, receiving visitors, and other activities are restricted for public health reasons. We ask you to follow staff instructions at all times.

Emergency Evacuation

Policy

In the event of an emergency, patients and staff are shelter in place. The Tewksbury Hospital Safety Officer will coordinate with Program Director and First Responders to evacuate as needed.

1. Shelter in place designated areas are the dining rooms.
2. Evacuation meeting location is the far left side of parking lot C.

Patient Fire Safety Procedures

1. Familiarize yourself with fire exits and the Emergency Assembly point.
2. In the event of a fire:
 - a. Follow instructions of the staff.
 - b. Meet at the identified shelter in place location. OR
 - c. Exit the facility in an orderly manner immediately.
 - d. If you are in a room with the door closed, feel the door first, before opening it. If the door is not, do not open it—there will be a fire on the other side of the door. Go to the window and yell for help.
 - e. If the door is cool, open it and proceed out of the building.
 - f. If there is smoke, crawl low to the ground in seeking an escape route.
 - g. Once outside, do not return to the building for any reason.
 - h. Assemble with other patients at designated location, where staff will take attendance.
 - i. If you are aware of a person remaining in the building, inform staff, fire department or police.

Tobacco

Casa Esperanza, Inc. recognizes that nicotine is an addictive drug and that tobacco contains many substances which pose a substantial risk to life and health of individuals who use tobacco or who are exposed to tobacco smoke. Therefore, it is the expectation of the program that patients refrain from smoking in designated areas and work with the Tobacco Counselor/Clinician to address their tobacco dependence and work towards tobacco cessation.

Procedures for Patients:

- Patients who are admitted to Casa Esperanza, Inc. programs review and sign the Tobacco-Free Policy.
- During intake, clinical staff complete the 5A form with the patient (Ask, Advise, Assess, Assist, and Arrange). Patients who report that they are nicotine dependent are provided with education about tobacco cessation and information about tobacco cessation services we provide.
- The Counselor/Clinician provides individual counseling to patients using the Stages of Change and Motivational Interviewing Techniques and generates a treatment plan with the patient to assist the patient in moving from one stage to another towards the Action stage (quitting smoking).
- Nicotine Replacement Therapy (NRT) in the form of Nicotine Patches (21 mg, 14mg, and 7mg), Nicotine gum (2mg) and Lozenges (2mg) will be available to all patients who are quitting smoking and who are medically appropriate to participate in such therapy. Patients must sign the Patient Nicotine Replacement Therapy Release before receiving any NRT.

Overdose Prevention: Maintaining a Safe, Recovery-oriented Environment

Casa Esperanza, Inc. is committed to maintaining a safe, recovery-oriented environment for all patients, staff, neighbors, and visitors. We believe that an essential part of the recovery process is developing and sustaining respect for the right of each individual to live, work, and receive treatment in a safe environment that affirms the worth and dignity of each person.

Procedures

In order to ensure a safe recovery environment, Casa Esperanza, Inc. will:

1. Inspect any bag or package entering our programs in the presence of the owner of that bag or package to ensure that no alcohol, illegal drugs, or drugs not prescribed to the carrier are brought into our programs.
2. Ask any staff, patient, or visitor to leave our facilities at anytime due to safety concerns, including the possession of drugs or alcohol.
3. Designate Health and Safety Officers in each program to make regular rounds to inspect critical areas where Overdose is likely to occur on campus.
4. Use the GuardTrax System, to gather data on regular rounds and review Rounds Reports on a daily and monthly basis to ensure that appropriate inspections are conducted each hour.

Preventing and Reversing Overdose:

Casa Esperanza, Inc. considers Nasal Naloxone a rescue medication necessary to the health, safety, and wellbeing of our patients and staff and therefore ensures that any and all patients and staff who have been prescribed Nasal Naloxone may carry it on their person at all times.

To ensure the safety of children, all staff and patients are asked to store their Nasal Naloxone carefully to prevent children from breaking the glass tube used to administer this life-saving medication. Additionally, Nasal Naloxone Rescue Kits have been installed near the bathrooms in each of our buildings along with instructions for administration of Nasal Naloxone and CPR and information regarding emergency services.

Procedures

To ensure that all staff and patients have access to, and are trained identify, and prevent an overdose Casa Esperanza, Inc. will:

1. Require all Direct Care Staff to receive training in recognizing the signs and symptoms of Overdose, administering Nasal Naloxone, and delivering First Aid and CPR before being scheduled to work independently with patients.
2. Require staff to renew their Naloxone, CPR, and First Aid credentials consistent with State guidelines and maintain a copy of all certifications in their Personnel File.
3. Ensure that staff who are not credentialed for Naloxone, CPR, and First Aid are not scheduled to work a shift for which they are the only staff on site.
4. Ensure that all patients receive Overdose Prevention training as part of their formal Orientation to Casa Esperanza, Inc. programs.

Staff and patients will receive ongoing training and information about Overdose Prevention in the following ways:

1. Posted signs and alerts from the Federal Drug Enforcement Agency, Department of Public Health, Boston Public Health Commission, or Casa's Emergency Response Team through our All Hazards Response and Continuity of Operations Plan.
2. Weekly Orientation Group, All Agency Meetings, or All Community Meetings.

If an individual is demonstrating signs or symptoms of an overdose staff will intervene following the appropriate protocols including the following:

1. If someone appears to be overdosing, assess the situation. First, try speaking to the person to identify whether they are responsive or not. If they do not respond from a verbal cue, begin sternum rub or upper lip rub. Rub knuckles over the person's breastbone or their upper lip. This will determine if the person overdosing is responsive or not.
2. If the person has been identified as non-responsive, call 911 immediately. If there are two staff present, one should call 911 and the other staff present can assess if the person is still breathing.
3. If identified that breathing has ceased, begin **rescue breathing**:
 - Lay person on the back tilting their head back with chin up.
 - Pinch the person's nose and give two breaths to the individual.
 - After the initial two breaths, give one breath every 5 seconds.

If the person does not regain consciousness or start breathing better on their own, administer dose of Narcan:

1. Pull or pry off protective covering on the back of the plastic packaging
2. Tilt the head back and spray half of the Naloxone up one side of the nose (1cc) and half up to the other side of the nose (1cc)
3. If there is no breathing or breathing continues to be shallow, continue to perform rescue breathing for them while waiting for the Naloxone to take effect.

If there is no change in 3-5 minutes, administer another dose of Naloxone and continue to breathe for them. If the second dose of Naloxone does not revive them, something else is wrong, there are no opioids in their system, or the opioids are unusually strong and require more Naloxone (can happen with Fentanyl, for example) Continue rescue breathing until paramedics arrive.

When an Overdose Occurs:

Staff will, as soon as safely possible alert senior staff on duty and engage assistance either from other staff and **contact emergency services by calling 911**. Staff will then continue to follow the MACDADD process. All confirmed overdoses will be documented in keeping with Casa Esperanza, Inc.'s Critical Incident Policy. All Critical Incidents will be reported to the Department of Public Health as required, by the Program Director and with the support of the Executive Team.

Continuous Quality Improvement:

Casa Esperanza, Inc. will strive to continuously improve our response to Opioid Overdose through regular review of these and other relevant policies and procedures through our Health and Safety Committee.

Room Searches

Patients have the right to be free of intrusion. However, in some situations, room searches may be necessary to ensure patient and community safety. The decision to conduct a room search is made in consultation with a Crisis Lead as part of a response to a critical incident.

Examples of situations that may necessitate a room search are:

- Drugs or a weapon found on the unit;
- Report of drugs or weapons on the unit;
- Relapse or overdose on the unit;
- Concern about fire safety issues;
- Concern about items that do not support patients' recovery or community safety (e.g., cellphones, which may threaten confidentiality of other patients and may enable unhealthy relationships or behaviors);
- Conflict on the unit around accusations of stealing.

Casa Esperanza, Inc. staff clearly explain the reason for room searches, and patients have the right to be present for a room search. However, if the safety issue that necessitates a room search is urgent and the patient is away from the program, staff may conduct a room search without the patient's permission and presence. If this occurs, staff will have a private conversation with the patient to explain what occurred.

Casa Esperanza, Inc. staff do not do body checks or "pat downs." When doing a search, staff should never touch a patient. Patients may be asked to turn out their pockets or shake out their clothes. Engagement with patients around these issues should remain clinically driven and focused on unsafe or unhealthy behaviors. If staff believe that a patient has a weapon on their person, staff must not approach the patient, and must call 911 immediately.

The following items should not be in patient rooms and may be confiscated during a room search:

- All medications, including over-the-counter medications, with the exception of asthma inhalers, Narcan, Epi-pens, and prescribed lotions.
- Cigarettes or other tobacco products
- Any illegal drugs, marijuana, alcohol or paraphernalia for the use of drugs
- Knives, switchblades, or any other item that may constitute a threat to the life, health or safety of patients or staff
- Razor blades, nail clippers, cuticle removers, tweezers, or any other sharp objects
- Phones, radios or other electrical devices
- Food or Drinks
- Portable room heaters, such as space heaters, electric heaters, or heaters using kerosene, gas, or any other open-flame method are prohibited.
- Candles, matches, lighters or other items that pose a risk to fire safety
- Laundry detergent, bleach, or any other chemicals

Procedures

If a room search is decided on, the following procedures should be followed:

- Communicate to patient, prior to room and/or belongings search, the reason for the search and his/her right to be present during the search.

- If a search has had to be conducted in the patient's absence and without patient's prior knowledge, due to urgent safety concerns, staff must meet privately with the patient as soon as the patient returns, to explain what occurred.
- Allow patients the opportunity to have a private conversation with a staff person before the search about any items they would like to disclose to staff.
- There must be at least two staff conducting the search. No staff member should ever be alone in a client's room during a room search.
- Staff should never sit on patient beds during a room search.
- Staff must be respectful of patients' possessions, moving them carefully and replacing them immediately after search.

While staff may confiscate items that are not allowed in rooms/or in patient possession while in treatment, including cameras, phones, and other electronic devices, staff may not review the contents, except in the presence of the patient. Any confiscated items will be logged and placed with patient's other stored possessions so that they are not misplaced.

12. Grievances

Casa Esperanza, Inc. believes in creating an environment where patients and staff feel safe and respected, and where patients receive the best quality services. If you disagree with a decision that has been made or you have a concern about your treatment that cannot be resolved informally, you have the right to file a formal grievance.

Grievances will be investigated and addressed thoroughly and in a non-retaliatory way. Practicing an open and thorough response to grievances is essential to maintaining a safe environment for everyone.

STEP 1:

If you have a problem or disagreement that could not be resolved with program staff, you may submit a formal grievance to the Chief Clinical Officer (CCO) within 30 days of the grievance occurring. If possible, please submit the grievance in writing. The grievance may also be filed verbally in a face-to-face interview with a staff person who will document it, and you will be asked to review and approve it, and sign it only if it accurately represents your grievance. A copy of any grievance is submitted to Casa's Quality Assurance Team.

STEP 2:

The Chief Clinical Officer or another designated staff member will immediately assess for safety. If there is a situation that is potentially unsafe, we will take steps immediately to document and put a safety plan in place. We will share this safety plan with you.

STEP 3:

The Chief Clinical Officer will conduct a thorough assessment of what led up to the grievance. The Chief Clinical Officer may designate another staff person to take the lead in this process. The assessment will include meeting with you to review your statement, which may include additional questions to ensure we have a clear understanding of the problem, and meeting with any other people involved to obtain detailed statements from them.

STEP 4:

The Chief Clinical Officer will decide on steps to take to resolve the grievance. This may involve a conflict resolution meeting with you and the staff person, or it may involve other steps. The Chief Clinical Officer (or another staff person designated to take the lead) will explain the resolution plan clearly to you, verbally and in writing, including any resolution steps that are decided on in a conflict resolution meeting. Our goal is to develop and share this resolution plan with you within 2 weeks.

STEP 5:

You may appeal the grievance decision within 10 days and request a conference with the Chief Operating Officer. The appeal may be made in writing or verbally.

STEP 6:

The Chief Operating Officer will schedule a meeting with you within 10 days of receiving a written or verbal appeal to try to resolve the issue.

STEP 7:

Within 5 business days, the Chief Operating Officer will develop and share a resolution plan with you, verbally and in writing. If you are not satisfied by these efforts, and at any time, you may request an external review

with BSAS or another external agency. We will help you in this process, including sharing information about the resolution plans we have offered.

All program participants have the right to file a grievance with the Bureau of Substance Abuse Services. The BSAS Confidential Complaint Phone Line is 617-624-5171. A written grievance may also be submitted via fax at 617-624-5599.

13.Visitor Guidelines

Policy

Casa Esperanza understands that family and friends play a huge part in our patients' recovery process. We strive to provide phone calls and offer visitation opportunities as much as possible while patients are in treatment. Family members can offer helpful insights about the history of the substance use problem and potential resources for aftercare. Casa also helps family members get education about addiction or co-occurring disorders, identify appropriate aftercare plans, and point families in the direction of essential supports and resources.

Your Role as a Support

One of the most important roles for family and friends is to provide encouragement and support for progress made and help create an environment that supports long-term recovery. This can include things like offering to attend self-help meetings together and providing sober social opportunities and a substance-free living environment (if you are living with the individual). Another way to encourage progress towards recovery is to verbally acknowledge positive changes, and avoid accusations or rehashing the past.

COVID Procedures

All visitors are required to complete a COVID symptom screening (per Casa's COVID-19 Screening Policy & Procedure) upon entering the program, regardless of vaccination status.

Visits

- Visits by family and friends is not conducive to treatment at this time, however if a family session is needed this may be approved by the Program Director.
- DCF visits, attorney, probation or other third party professionals may be permitted.
- If a visitor does not follow the Visitor Guidelines, they will no longer be permitted to visit.
- **No person who is barred from the program and/or agency will be approved for visits.**
- **Visitor rules and guidelines may change as needed to address health and safety emergencies.**

Confidentiality

Visitors and patients will respect the privacy of other patients' visits. No cell phones or cameras are permitted in the visiting area. If you plan to take a family photo, please inform the treatment team prior to the visit and coordinate with the shift supervisor to ensure other patients' safety and confidentiality. Casa staff cannot share information about any patients without their written consent. Please note, however, that you may share with clinicians any information that you think is important for the patient's treatment and recovery.

Outside Items

All packages, handbags, and backpacks brought into the building are subject to be searched. Please leave any unauthorized items at home. Visitors may not bring any contraband items onto Casa Esperanza premises. This includes drugs, alcohol or items containing alcohol, weapons. Patients may not give (or receive) mail through visitation. Mail for patients brought into the facility should be handed to the shift supervisor and will be provided to the patient by their assigned coordinator. Food and beverages may not be brought into the facility, unless pre-approved by the Program Director; this is for the safety of all patients, staff and visitors. Casa Esperanza is not responsible for any large packages delivered to the program and left unattended by delivery company.

If any questions arise please ask staff on duty to avoid any misunderstandings. We are here to help.

Patients and Visitors will be required to sign this document in acknowledgement that they have read and understood the expectations. A copy of this will be kept in patient record.

Addendum: Notice of Privacy Practices

Casa Esperanza, Inc.
Notice of Privacy Practices

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

Casa Esperanza, Inc. (Casa) keeps a record of your health information. This includes health information about you that is collected during the course of your treatment at Casa, and includes information that may be kept in paper or electronic form. Information such as your symptoms, test results, diagnoses, treatment, care plan, demographic, and payment information are examples of your health information that may be a part of your health record. We are legally required to keep this health information private. This Notice is being given to you because Casa is required by federal law to tell you ahead of time about:

- How Casa will handle your health information
- Casa's legal duties related to your health information
- Your rights with regard to your health information.

This Notice applies to Casa and the following individuals/organizations:

- Any provider who is a member of Casa's behavioral health or case management staff.
- All Casa workers, including employees, volunteers, and interns
- Any staff member authorized by Casa to enter information into your health record.
- Any health care provider that is part of Casa's integrated care clinic in partnership with Boston Health Care for the Homeless Program.
- Casa and BHCHP share medical information for treatment, payment, and health care operations purposes as described in this Notice.

A. USE AND DISCLOSURE OF HEALTH INFORMATION WITHOUT AUTHORIZATION

1. Treatment: Your Clinician, Treatment Coordinator, Case Manager, Recovery Support Staff, Nurse, and Psychiatrist involved in taking care of you at Casa may use your health information to provide you with treatment or related services. Different departments and your interdisciplinary care team—including, without limitation, medical, behavioral health, and care management staff—may share your health information for purposes of care coordination. This helps to make sure that everyone caring for you has the information they need. Casa believes that sharing your information is critical in order to provide you with the best health care and is necessary given the complexities of co-occurring substance use and mental health needs and various other health conditions.

2. Payment: Casa may use your protected health information to bill for services provided to you and to collect payment for our services. For instance, your insurance company or third party payor, such as Medicare or Medicaid, may request to see copies of your record to verify services which you received or to determine if you are eligible for benefits or if the services you received were medically needed.

3. Health care operations: Health Care Operations are the functions that all health care facilities and agencies perform to verify that the delivery of care to patients is being properly performed and that the facility or agency is functioning properly. Some of the information is shared with outside parties who perform these health care operations or other services on behalf of Casa (“business associates”). These business associates must also take steps to keep your health information private. Examples of activities that make up health care operations include:

- Monitoring the quality of care and making improvements where needed
- Making sure health care providers are qualified to do their jobs
- Reviewing medical records for completeness and accuracy or as required by law
- Meeting standards set by agencies who regulate Casa
- Supervising health professionals
- Using outside business services, such as auditing, legal or other consulting services
- Storing your health information on our computers
- Managing and analyzing health information

4. To contact you regarding your care: Casa may use your health information to contact you:

- At the contact information you give to us (including leaving messages at the telephone numbers): about scheduled or cancelled appointments, registration/insurance updates, billing or payment matters (if applicable), or test results
- With information about patient care issues, treatment choices, and follow up care instructions
- To discuss health related benefits or services that may be of interest to you.

5. In medical emergencies:

Information may be disclosed to medical personnel who need such information about a client in order to treat a condition that poses an **immediate threat** to the client’s health and that requires **immediate intervention**.

6. As required by law or legal authorities: BCasa is either permitted or required by law to disclose your health information to the following types of entities and for the following reasons, including but not limited to:

- **Public Health:** Casa may disclose your health information for public health activities, including to prevent, lessen or control disease, injury, disability, or other serious threats to your or the public’s health or safety; to report child abuse, or neglect, or as otherwise authorized by law; to report reactions to medicine or problems with products; to notify a person exposed to a contagious disease.
- **Victims of Abuse, Neglect or Domestic Violence:** Casa staff are permitted to disclose your health information to an appropriate agency(ies) authorized by law to make an initial report of abuse or neglect of a child, an elder or a person with a disability. Any additional information requested in relation to such a report needs a court order and subpoena as described above.
- **Health Oversight:** Casa may be required to disclose health information to oversight agencies for activities such as audits or inspections to oversee the health care system and/or government programs.
- **Legal Proceedings:** Casa may be required to disclose health information as part of a judicial or administrative proceeding, such as in response to a legal order or subpoena.

- **Law Enforcement:** Casa may be required to disclose health information if a patient has committed a crime or is threatening to commit a crime. Staff may only divulge: the client’s status, name, address, and last known whereabouts.
- **Medical Examiners, Funeral Directors, and Organ Donation:** Casa may be required to disclose health information to a coroner or medical examiner to identify a deceased person or to determine the cause of death. We may also disclose health information to a funeral director or their designee, as necessary to carry out their duties. Health information may also be disclosed to coordinate organ, eye or tissue donation at death.
- **Research:** Under certain circumstances, Casa may share health information about patients for research purposes; however, all individual identifying information is removed and we will request your consent to participate in any research and evaluation studies. If a researcher will have access to your name, address, or other information that reveals who you are, we will ask for your specific permission or get approval from an Internal Review Board.
- **Specialized Government Functions:** Under certain circumstances, Casa may be required to disclose health information to units of the U.S. government with special functions, such as the U.S. military or the U.S. Department of State.
- **Workers' Compensation:** Casa may use and disclose health information as required to comply with workers' compensation laws, and other programs that provide benefits for work-related injuries or illnesses.

Required By Law: Casa may be required to use or disclose your health information as required by federal, state or local law. This includes by means of a valid subpoena AND Court Order or Client Consent

- **All disclosures of client information must be recorded in the patient file.** Under HIPAA, clients have the right to obtain an accounting of certain disclosures made by a program during the preceding 6 years. To ensure Casa Esperanza, Inc. and its affiliates can meet this requirement, all disclosures of client information will be recorded.

B. USES OR DISCLOSURES THAT MAY BE LIMITED OR YOU MAY REQUEST NOT BE MADE

1. Emergency Situation

If you are in an emergency situation and not able to make your wishes known, we will use our best judgment to decide whether to share information. If it is thought to be in your best interest, we will only share information that others really need to know.

2. Disaster relief purposes: Including:

- To coordinate uses and disclosures to individuals involved in your care.
- To authorized public or private entities to assist in disaster relief efforts.

C. USE OR DISCLOSURES THAT REQUIRE YOUR WRITTEN PERMISSION

Using and/or disclosing your health information for most purposes other than those detailed above requires your written authorization. Under state and federal law, certain types of information in your medical record are considered to be highly sensitive and confidential. Releases of this sensitive information require you to provide a specific written authorization. Examples of sensitive medical information that requires an authorization include: HIV testing or test results, certain clinical therapy documentation, and behavioral health history and treatment (including both mental health and substance use).

Revocation of Your Written Authorization

If you provide written authorization for us to share your health information, you may revoke that authorization, in writing, at any time. Once revoked, we will no longer share your health information for the purpose(s) covered in the written authorization; however, we are unable to take back any information we have already shared prior to the time your authorization was revoked.

Sale of Protected Health Information and Marketing Efforts

Casa prohibits the sale of protected health information without your express written authorization. This means we will never sell or lease your health records without first obtaining your written authorization.

Casa's direct marketing efforts to community members may include patients. As a patient, you have the right to "opt out" of receiving Casa marketing materials. In order to opt out, please contact the Privacy Officer; see section G below.

D. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

1. Right to inspect and copy: You have the right to inspect and copy health and billing information that may be used to make decisions about your care. This does not include psychotherapy notes, or information compiled in anticipation of or for use in a civil, criminal or administrative action or proceeding.

To inspect and copy your health information, you must complete an Authorization for the Release and/or Discussion of Medical Records and submit it to Casa Esperanza, Inc. Administrative Office, 302 Eustis Street, Roxbury MA 02119. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, and supplies used.

Casa may deny your request to inspect and copy your record in certain, very limited, circumstances. Casa may ask that you receive this information in a meeting with your provider, so that you can ask questions and receive explanations while you review your record. You may request that we release copies of your record for inspection to you through another provider or you may request that we release copies of your health record to you through your attorney.

2. Right to request an amendment: If you feel that health information we have about you is inaccurate or incomplete, you have the right to request an amendment to your record. You have the right to request an amendment for as long as the information is kept by (or for) Casa.

Casa has the right to deny your request for amendment of your medical records if it is not in writing or if it does not include a reason to support your request. Casa may also deny your request if you ask us to amend the following types of information:

- Information that was not created by Casa, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for Casa;
- Is not part of the information which you would be permitted to inspect and copy; or,
- Is accurate and complete.

To request information about the steps to be taken if you wish us to amend your record or if you wish to submit an amendment, you must submit your request in writing to the Privacy Officer; see section G, below.

3. Right to an accounting of disclosures (shared information): You have the right to request an accounting of disclosures, which is a list of the health information about you which we have shared.

To request an accounting of disclosures (shared information), submit your request in writing to the Privacy Officer; see section G, below. Requests for an accounting of disclosures may be for a period of up to six years and requests may not include requests for information released (shared) before August 4, 2014. Your request should indicate if you prefer to receive the list on paper or electronically. The first list you request within a 12-month period will be free. For additional lists, we may charge you. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

4. Right to request restrictions: You have the right to request a restriction or limitation on the health information we share about you for treatment, payment, or health care operations. The right to request restrictions does not apply to or limit uses and disclosures required by law. You also have the right to request a limit on the health information we share about you to someone who is involved in your care or payment for your care, like a family member or friend.

To request restrictions, contact the Privacy Officer; see section G, below. In your request you must tell us 1.) what information you want to limit and 2.) to whom you want the limits to apply. We may use or disclose restricted information for emergency treatment or as defined in Section A and B above.

5. Right to request confidential communications: You have the right to request that we communicate with you about health information in a certain way or at a certain location. For example, you can ask that we only contact you by telephone or by email.

To request confidential communications, contact the Privacy Officer; see section G, below. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

6. Right to a paper copy of this notice: You have the right to obtain a paper copy of this Notice. You may obtain a copy of this Notice at our website (www.casaesperanza.org) or by other electronic means (e-mail). Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

You may obtain a paper copy of this Notice on admission, on your first in person visit after the effective date, or you may contact the Privacy Officer (see section G, below) for a copy of this Notice at any time.

7. Right to access PHI electronically: You have a right to obtain a copy of your protected health information in electronic format where it is maintained in an Electronic Health Record (“EHR”). This means you may request a PDF copy of your health information and we must provide you with one for the information that was stored in our EHR.

8. Right to complain: If you feel that your privacy rights have been violated, you may file a complaint with Casa by notifying the Director of Compliance by filing a Grievance in accordance with the Casa Grievance Procedure. If the complaint/grievance is about a violation of privacy, it will be forwarded to the Privacy Officer.

You may also file a complaint with the Secretary of the Department of Health and Human Services.

You will not be penalized for filing a complaint. Casa will not retaliate against you for filing a complaint.

E. CASA’S RESPONSIBILITY TO RETAIN MEDICAL RECORDS

Casa maintains outpatient health records for a period of up to 20 years from a patient’s last date of service. Residential health records are maintained for up to 7 years from a patient’s last date of service.

Patient access to health records will not change with this change in the law. Patients continue to have the right to inspect their health records upon request at any time during the period for which we are required to maintain medical records.

When the record retention time period has expired, Casa is required to notify the Department of Public Health, 30 days prior to the intended date of destruction, of our intention to destroy the records. Destruction of records is done by a vendor who has signed an agreement to transport and destroy the records in a manner which protects confidentiality at all times.

You may obtain a full copy of the Casa Esperanza, Inc. Records Retention and Destruction Policy by contacting the Privacy Officer; see section G, below.

F. CHANGES TO THIS NOTICE

We reserve the right to revise or change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you or any information we receive in the future. The effective date will be at the top of the first page.

Addendum: Family Resource Guide

About Casa Esperanza, Inc.

Casa Esperanza, Inc. is a bilingual and bicultural behavioral health center that specializes in serving the Latinx community in Massachusetts. Our mission is to empower individuals and families to recover from addiction, trauma, mental illness and other chronic medical conditions, to overcome homelessness, and to achieve health and wellness through comprehensive, integrated care.

1. What is a Substance Use Disorder (SUD)?

A **substance use disorder** (SUD) is defined by the Diagnostic Statistical Manual of Mental Disorders (DSM V) as a **pattern of substance use in which an individual continues to use despite problems that result.**

Substance use disorders are caused by a combination of biological, genetic, and environmental factors, and are very common. Problems that arise from substance use are defined by these 11 criteria:

1. Taking the substance in larger amounts or for longer periods than you meant
2. Wanting to cut down or stop using the substance but not managing to do so
3. Spending a lot of time getting, using, or recovering from use of the substance
4. Cravings and urges to use the substance
5. Not managing to do what you should at work, home or school, because of substance use
6. Continuing to use, even when it causes problems in relationships
7. Giving up important social, occupational or recreational activities because of substance use
8. Using substances again and again, even when it puts you in danger
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance
10. Needing more of the substance to get the effect you want (tolerance)
11. Development of withdrawal symptoms when you stop using the substance, which can be relieved by taking more of the substance

2. How do I know if I have or someone I know is misusing substances?

Addiction comes with many faces. Depending on the nature and degree of the substance use, there are a few major signs to look for:

- **Problems at school or work** — frequently missing school or work, a sudden disinterest in school activities or work, or a drop in grades or work performance
- **Physical health issues** — lack of energy and motivation, feeling under the weather, weight loss or gain, or red eyes
- **Neglected appearance** — lack of interest in clothing, grooming or looks
- **Changes in behavior** — exaggerated efforts to bar family members from entering his or her room or being secretive about where he or she goes with friends, possibly with prolonged absences; or drastic changes in behavior and in relationships with family and friends
- **Money issues** — sudden requests for money without a reasonable explanation; or your discovery that money is missing or has been stolen or that items have disappeared from your home, indicating maybe they're being sold to support drug use

Check out this more detailed article on **signs and symptoms of substance use** if you think you or someone you know may be using substances: <https://www.mayoclinic.org/diseases-conditions/drug-addiction/symptoms-causes/syc-20365112>

3. What Treatment Services does Casa Esperanza Offer?

Many people are successful with stopping substance use on their own, or with the aid of self-help groups such as Alcoholics Anonymous or SMART Recovery. However, for some, through no fault of their own, professional treatment consisting of some combination of assessment, counseling, medication, skills-building, and supports

is necessary. Treatment for substance use disorders occurs in a variety of settings, depending on the severity/frequency of use and the treatments that are required to assist an individual with stopping safely.

Residential Treatment:

Casa Esperanza has two Residential Treatment Programs, one for men and one for women, that focuses on the **unique cultural and social needs of the Latino community**. Our **Men's Residential program** promotes positive male roles as a nurturing parent, supportive partner and friend, and contributing community member. Casa's approach helps men heal from trauma and abuse; establish and maintain healthy relationships; grieve lost loved ones; develop critical thinking, conflict resolution, and health-management skills; exchange unhealthy behaviors for healthy behaviors; and secure essential resources including housing, health insurance and other benefits, education, and employment to sustain recovery and achieve independence. The program typically lasts 6-9 months, although all programming is tailored to the needs of each client and family.

Our residential **Latinas y Niños Center (LyNC)** focuses on single women, pregnant women, and women with children **up to 9 years of age who will turn 10 no less than 12 months after date of admission**. The Program promotes positive female roles as a nurturing parent, supportive partner and friend, and contributing community member. Casa's approach empowers women in early recovery to heal from trauma and abuse; reunify with their children; establish and maintain healthy relationships; grieve lost loved ones; develop critical thinking, conflict resolution, and health-management skills; exchange unhealthy behaviors for healthy behaviors; and secure essential resources, including housing, health insurance and other benefits, education, and employment to sustain recovery and achieve independence.

Casa Esperanza, Inc. focuses on serving individuals:

- struggling with alcohol or substance use, mental illness, and other chronic medical conditions
- without secure and stable housing
- living with HIV/AIDS
- re-entering from incarceration
- who are single, pregnant, and/or have children up to 9 years of age who will turn 10 no less than 12 months after date of admission (LyNC only)

All of Casa's services are provided in **both English and Spanish**, including:

- Substance use counseling
- Care coordination and case management
- Relapse prevention, anger management, life skills and other psycho education and therapeutic groups
- Family education, reunification, and case management
- Parenting education
- Supervised visitation
- HIV education, counseling, and case management
- Tobacco cessation education and counseling
- Recreational, wellness and stress management programming, including meditation, yoga, nutrition, running/walking groups, and sober social activities
- Linkages to domestic violence, medical, legal, employment and educational services

If you are looking for **residential inpatient treatment**, call Casa's main number, 617.445.1123, and dial ext. 100 to inquire about admission to our **Men's Residential Program**. For information or admission to our **Latinas**

y Niños Center (women's residential treatment) please call Casa's main number, 617.445.1123 ext. 200; you can also email MensProgramIntake@casaesperanza.org or LatinasIntake@casaesperanza.org, respectively.

Outpatient Treatment:

Casa Esperanza's **Familias Unidas Outpatient Program** is a licensed, CARF-accredited mental health clinic that provides culturally competent, integrated substance use, mental health, and primary care services, including Greater Boston's only **Spanish-language Structured Outpatient Addictions Program (SOAP)**. Our outpatient clinic provides:

- Comprehensive Assessments
- Psychiatric Services, including Medication Evaluation and Management
- Medication-Assisted Treatment (MAT), including: Suboxone, Vivitrol, Naltrexone
- Primary Care Services
- HIV/HCV/STI Counseling and Testing
- Recovery Support Services, including Case Management, Peer Recovery Coaching
- Individual, Family, and Group Psychotherapy

About our Structured Outpatient Addictions Program (SOAP):

SOAP is a day treatment program designed to address the needs of individuals with co-occurring substance use and mental health disorders. SOAP is for clients in early recovery who are at high risk for relapse and/or overdose and require a more intensive level of care than outpatient services or a step-down from inpatient services. The group is offered in both English and Spanish. Led by our multidisciplinary team, the program is 3.5 hours per day, 5 days per week and includes:

- Individual, family and group psychotherapy and psycho-education
- Toxicology screening when clinically indicated
- Recovery support services, including intensive case management, care coordination and service linkage, and access to peer recovery supports
- Discharge, transition and aftercare planning and supports

For more information or to schedule an evaluation/appointment at Casa Esperanza's **Familias Unidas Outpatient Clinic**, please call the outpatient clinic number at **617.445.1123 ext. 300** or email FamiliasUnidasOutpatientIntake@casaesperanza.org. **Walk-in services** are also available Mon-Fri from 9:00am-12:00pm at 245 Eustis Street, Roxbury, MA 02119.

Conexiones Acute Treatment and Clinical Stabilization Services:

Casa Esperanza's **Conexiones** program is **Massachusetts' first bilingual/bicultural detoxification and clinical stabilization services** program. *Conexiones* offers a medically monitored intensive inpatient detoxification service, integrated with a 14-day clinical stabilization program committed to empowering individuals to **transition successfully to services that will continue to support their recovery** from substance use disorders, as well as trauma, mental illness and other chronic medical conditions.

Conexiones accepts referrals from a variety of settings, including detoxification, outpatient, and residential programs, the criminal justice system, and self-referrals. In the first week, patients will complete an assessment reflecting what they believe is important to accomplish in treatment. We provide nursing seven days per week to support patients in stabilizing their treatment. Other services provided at *Conexiones* include:

- Individual Counseling
- Therapeutic Groups

- Psycho-Educational Groups
- Individualized Case Management
- Aftercare Planning
- Health Education

For more information and admission, please call Casa Esperanza's **Conexiones CSS Program** at **857.293.2893** or email CSSintake@casaesperanza.org.

BELOW IS A LIST OF OTHER SUPPORTS FOR PEOPLE WITH SUBSTANCE USE PROBLEMS:

Detox

If you or someone you know is struggling from a substance use disorder and is unable to stop on their own, short-term [medical detox](#), which means detoxing under the care of medical personnel, is the best place to start. Detoxing alone can be extremely dangerous, particularly if you are addicted to [depressants](#) such as [alcohol](#) and [benzos](#) or [opioids](#) like [heroin](#) and [oxycodone](#). Check out these local detox resources: <https://www.detox.net/clinics/detox/massachusetts/>

Halfway House

Halfway houses can be helpful in providing longer-term rehabilitation in the community for those who cannot afford private pay residential treatments. A halfway house has an active treatment program throughout the day, where the residents receive intensive individual and group counseling for their substance use while they establish a sober support network, secure new employment, and find new housing. Check out these local halfway house resources: <https://www.halfwayhouses.us/state/massachusetts>

Sober Homes

Sober homes are group sober environments where people live together substance-free, pay a weekly rental fee, and create their own day structure. There is some monitoring and supervision, usually consisting of at least once weekly urine toxicology screens. Residents often attend self-help meetings together and have one community meeting per week. Check out these resources for sober homes: <https://mashsoberhousing.org/certified-residences/>

Self-Help Groups

Self-help groups such as can be very helpful for people in recovery. In fact, many people recover from substance use problems without professional treatment, using just self-help. These groups hold meetings worldwide, are easily accessible in most communities, and are free and anonymous. People attend self-help groups to meet and get support from others, like a sponsor, who are in recovery. Substance use professionals encourage the use of self-help, as research shows that people who actively participate in these groups do better with their recovery. Below are some links to **self-help webpages and meeting information**:

- Alcoholics Anonymous: www.aa.org
- Narcotics Anonymous: www.na.org
- SMART Recovery: www.smartrecovery.org
- Depression and Bipolar Support Alliance: www.dbsalliance.org
- Marijuana Anonymous: www.marijuana-anonymous.org
- Cocaine Anonymous: <https://ca.org/>
- MindWise Innovations: www.mindwise.org
- Northeast Recovery Learning Center: www.nilp.org
- Samaritans of Merrimack Valley: www.stop-suicide.org and www.fsmv.org
- The Pheonix: www.thepheonix.org

4. How Effective Is Treatment? What is the Prognosis?

The prognosis for recovery from substance use disorders is varied, depending on the substance used, duration of use, the presence or absence of co-occurring psychiatric disorder(s), level of motivation and social/family support, and many other biological and socio-cultural factors. Some people recover completely, others experience periods where they remain sober, but then relapse, and others have a hard time sustaining any sobriety.

The good news is that many people do achieve long-term sobriety, and learn to live with their substance use disorders and manage them. Like other chronic medical and psychiatric illnesses, the key is staying engaged in treatment, following treatment recommendations, getting help quickly when things are not going well, and maintaining social supports.

5. As a Family Member or Friend of Someone with a Substance Use Disorder, What Can I Do to Help?

Family and friends play a huge part in the recovery process for people with substance use problems. One of the most important steps you can take is to **educate yourself about substance use disorders**. Another important role for family and friends is **providing encouragement and support** for any progress made towards getting help. This can include things like offering to attend self-help meetings together and providing **sober social opportunities and a substance-free living environment** (if you are living with the individual). Another way to encourage progress towards recovery is to verbally acknowledge positive changes, and avoid accusations or rehashing the past.

6. What Supports Are Available for Family Members and Friends of People with Substance Use Problems?

Having a family member or friend who is struggling with substance use problems can be very distressing and sometimes devastating. It is important that family members and friends get help, whether through an individual counselor, self-help or therapy group. Listed below are free and anonymous support groups for family and friends of people with addiction problems, as well as educational reading material to become familiarized with signs and symptoms of substance use.

- **Alanon:** <https://al-anon.org/>
- **Alateen:** <http://www.al-anon.alateen.org>
- **Naranon:** www.nar-anon.org
- **SMART Recovery Family & Friends Program:** <http://www.smartrecovery.org/resources/family.htm>
- **Learn to Cope (for opiate use disorders only):** www.learn2cope.org
- **Adult Children of Alcoholics World Service Organization:** <https://adultchildren.org/>
- **AdCare:** www.adcare.com
- **COASA: Children of Alcoholism and Substance Abuse:** www.rfkchildren.org
- **The Recovery Connection:** <http://therecoveryconnection.org/aboutus.htm>
- **UTEC:** www.utec-lowell.org
- **Compartiendo Esperanza:** <https://www.nami.org/Get-Involved/What-Can-I-Do-/Become-a-Leader-in-the-Mental-Health-Movement/Compartiendo-Esperanza-Speaking-with-Latinos-about>
- **NAMI Mass Basics and Family Support Groups:** <https://namimass.org/nami-family-support-groups/> and <https://www.nami.org/Find-Support/NAMI-Programs/NAMI-Basics>
- **SOAR (Supporting Our Addicts Recovery):** <https://www.facebook.com/SOAR-Natick-1052788631398144/>
- **AA Central Service Committee of Eastern MA:** <https://aaboston.org/>

- **Spanish Speaking AA Meetings of Eastern MA:** <https://aaboston.org/wp-content/uploads/2018/09/spanish-meetings.pdf>
- **Gosnold Reaching Out Family Meeting:** <https://gosnold.org/for-families/>
- **Institute for Health & Recovery (IHR):** <https://healthrecovery.org>
- **Families Anonymous:** <https://www.familiesanonymous.org/>
- **NIDA Family Resources:** <https://www.drugabuse.gov/patients-families>
- **What is Substance Abuse Treatment?** <https://store.samhsa.gov/product/What-Is-Substance-Abuse-Treatment-A-Booklet-for-Families/SMA14-4126>
- **NACoA Voice for the Children:** <https://nacoa.org/>
- **MassTAPP:** <http://masstapp.edc.org/resource-library>
- **Family Therapy Can Help:** <https://store.samhsa.gov/product/Family-Therapy-Can-Help-For-People-in-Recovery-From-Mental-Illness-or-Addiction/sma15-4784>
- **Caron Parent & Family Support Groups:** <https://www.caron.org/support-after-treatment/support-groups/caron-parent-and-family>
- **Cambridge Health Alliance Community Resources:** <https://www.challiance.org/community/community-education>
- **BMC Grayken Center for Addiction:** www.bmc.org/addiction
- **Advocates.org:** <https://advocates.org/services/family-caregiver-services>
- **Massachusetts Substance Use Helpline:** <https://HelplineMA.org>
- **Allston-Brighton Substance Abuse Task Force:** <https://abdrugfree.org>
- **Revere Cares:** <http://reverecares.org/>

7. How will family members be involved in treatment at Casa Esperanza and aftercare planning?

Patients who are 18 years old or older are legal adults with legal privacy rights. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) prohibits clinical staff from sharing treatment information without a patient's written consent. All health providers must obtain formal permission to share information (including diagnosis, treatment and prognosis) with you, or anyone else, even if you are a spouse, a parent or a guardian of a patient. A patient provides permission by signing a release of information (ROI) form. If the patient has not signed a release for the clinical staff to give you information, they cannot share this information. Please note, however, that you may share with clinicians any information that you think is important for the patient's treatment and recovery.

If the patient does give permission, a multidisciplinary team provides phone contact and offer visitation opportunities as appropriate while patients are in treatment. Family contact is crucial to treatment for the patient, as family members can offer helpful insights about the history of the substance use problem and potential resources for aftercare - and for family members, engagement can provide education about addiction or co-occurring disorders, identify appropriate aftercare plans, and point families in the direction of essential supports and resources.

8. What do I need to know about insurance and substance use treatment?

If you are a patient or family member at Casa Esperanza, your treatment team will work with you and the insurance company to obtain coverage for the recommended treatment.

9. Who do I call for admission to a Casa Esperanza program?

To schedule an evaluation at Casa Esperanza's **Familias Unidas Outpatient Program** or if you are uncertain about what treatment makes sense at this time, please call the outpatient clinic number at **617.445.1123 ext. 300** or email FamiliasUnidasOutpatientIntake@casaesperanza.org.

If you are looking for residential treatment, call **617.445.1123 ext. 100** to inquire about admission to our **Men's Residential Program**. You can also email MensProgramIntake@casaesperanza.org. For admission to our **Latinas y Niños Center** (women's residential program) please call **617.445.1123 ext. 200**; you can also email LatinasIntake@casaesperanza.org.

If you are seeking **Clinical Stabilization Services**, please call Casa Esperanza's **Conexiones CSS Program** at **857.293.2893** or email CSSintake@casaesperanza.org.

10. What are some other resources and websites where I can get information about substance use and recovery?

For information on the addictive qualities of drugs use, visit <http://www.drugabuse.gov/drugs-abuse-and> <http://www.drugfree.org/drug-guide>

For facts about alcohol use, visit <http://www.niaaa.nih.gov/publications/brochures-and-fact-sheets> and <http://www.connectoresearch.org/publications/69>

To find substance use and mental health treatment nationwide, visit <http://www.samhsa.gov/treatment/index.aspx>; and for Massachusetts, visit <http://db.state.ma.us/dph/bsas/search.asp>

For information about addiction, visit http://www.hbo.com/addiction/understanding_addiction; <http://www.helpguide.org/topics/addiction.htm>; and <http://www.recoveryanswers.org>

For a guide to helping your child with substance use problems, visit http://www.drugfree.org/wpcontent/uploads/2012/04/treatment_guide-2014.pdf

For information on how people become addicted to drugs, go to <http://www.drugabuse.gov/publications/drugfacts/understanding-drug-abuse-addiction>

For facts about protracted withdrawal, go to http://162.99.3.213/products/manuals/advisory/pdfs/SATA_Protracted_Withdrawal.pdf

For information on how to prevent and avoid opioid overdose, go to <http://www.mass.gov/eohhs/docs/dph/substance-abuse/naloxone-info.pdf>

For information on how to file a Section 35 (involuntary hospitalization), go to <http://www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/addictions/drugs-andalcohol/section-35-faq.html>

Addendum: Covid

PATIENT ACKNOWLEDGMENT FORM

The Patient Manual describes important information about Casa Esperanza’s Conexiones Clinical Stabilization Program. I understand that I should speak with my Counselor regarding any questions not answered in the manual.

Since the information described in the manual may change, I acknowledge that revisions to the manual may occur. All such changes will be made in written format and distributed to all patients, and I understand that revised information may supersede, modify, or eliminate existing policies.

I have received the manual, and I understand that it is my responsibility to read and comply with the policies contained in this manual and any revisions made to it.

I understand that Casa Esperanza may charge \$2.00 for the cost of copying and assembling the policy manual for an interested party or for a second copy to a patient.

Name of Patient (print): _____

Signature of Patient: _____ Date: _____